Office of Disease Prevention and Health Promotion
Healthy People eLearning: Measuring Policy and Environmental Change in Obesity Prevention: Comparing and Contrasting Opportunities & Challenges from Local Communities
July 24, 2013, 1:30 p.m. ET

EMMELINE OCHIAI: Welcome and thank you for joining today's Healthy People eLearning webinar. You are now in listen-only mode. You can use the question function on the right of your screen to submit any questions you may have during this webinar. Your questions will be answered during our roundtable discussion. The audio for today's webinar will be through the phone only although slides are not available to download today, they will be available soon online at http://www.HealthyPeople.gov.

Today's webinar was developed to complement our first Healthy People eLearning lesson, which focuses on San Diego's Childhood Obesity Initiative and how to define and measure success in a systems approach. To build on that topic, today's webinar brings both experts and communities together to problem-solve around how we can implement and evaluate policy and environmental changes that work to reduce childhood obesity. Next slide. Next slide.

Healthy People eLearning lessons and activities like the one today are designed to help communities learn how to reach the Nation's health goals as outlined by Healthy People 2020. Lessons and activities feature case studies of communities working to reach Healthy People 2020 Leading Health Indicator objectives and are designed to take participants beyond the data to explore the challenges, successes, and processes involved in creating and sustaining healthier communities. Next slide.

The Office of Disease Prevention and Health Promotion partners with the Centers for Disease Control and Prevention to offer free continuing education for Healthy People eLearning activities. After this webinar you will be eligible to obtain the following types of continuing education: Continuing Medical Education, Continuing Education Contact Hours in Health Education, and Continuing Education Units. You will need to complete a brief post-test and evaluation to receive your continuing education or certificate of completion. For directions on how to obtain continuing education for this activity, visit Healthy People eLearning under the Learn tab at http://www.HealthyPeople.gov.

For today's webinar, we are delighted to be joined by a diverse group of panelists from the Centers for Disease Control and Prevention, Health Resources and Services Administration's Healthy Weight Collaborative, as well as two HRSA Healthy Weight Collaborative communities – San Diego, California

and Sarasota, Florida. All of our panelists will be joined, all of our panelists will be on the line and ready to participate in today's Q&A and we will also be joined by Dr. Shikha Anand, Director of Obesity Strategic Operations for National Initiative for Health, for Children's Healthcare Quality, which worked with HRSA to implement the Healthy Weight Collaborative project. Next slide.

During today's webinar you will learn about: Healthy People and the Healthy People 2020 Leading Health Indicator topic on Nutrition, Physical Activity, and Obesity; resources and indicators of policy and environmental change in obesity prevention; HRSA's Healthy Weight Collaborative; the challenges and opportunities communities face when measuring policy and environmental change; and how individual strategies can be linked to and scaled with larger population level policy and environmental strategies. Next slide.

So, what is Healthy People? Often called a "roadmap" for nationwide health promotion and disease prevention efforts, Healthy People is about understanding where we are now, and taking informed action to get where we want to go over a ten-year period. It provides science-based objectives for improving the health of the Nation, engages a network of multi-disciplinary, multi-sectoral stakeholders at all levels; creates a comprehensive strategic framework for health promotion and disease prevention issues; and includes specific measurable objectives with targets to be achieved by the year 2020. Healthy People calls for the tracking of data-driven measures and outcomes that monitor our progress over time, allowing us to see trends and to motivate, inform and focus action. Next slide.

Healthy People is used in many ways -- by health officials at the national, state or local levels; national membership organizations; businesses, health professionals and researchers. Consider Healthy People as a menu from which you can choose a la carte items for your needs. It is used as: a data tool for measuring program performance; a framework for program planning and development, a goal setting and agenda building platform; a foundation for teaching public health courses; benchmarks for comparing State and local data; a national agenda for forging partnerships; and a model for other countries. For more information on Healthy People, visit the "About" section on http://www.HealthyPeople.gov. Next slide, please.

Healthy People 2020 includes a set of Leading Health Indicators. The Leading Health Indicators, otherwise known as the LHIs, represent critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses. These indicators, or critical health issues, are linked to specific Healthy People objectives.The LHIs have been selected to communicate high-priority health issues to the public, along with actions that can be taken to address

them, with the overall goal of improving the health of our entire population. One of the LHIs is Nutrition, Physical Activity, and Obesity. Next slide, please.

In today's webinar we will focus on policy and environmental strategies that are working to address the Leading Health Indicators specific to children, which are highlighted here and include: the Nutrition and Weight Status objective 10.4: Children and adolescents who are considered obese and the Nutrition and Weight Status objective-15.1: Total vegetable intake for persons aged 2 years and older. Next slide, please.

At this time, I would like to invite you to submit your questions to, using the question and answer feature on the right portion of your screen. You may submit your question throughout the presentation. We will respond to your questions following all presentations. Next slide, please.

Now that you have had an overview of Healthy People and the Nutrition, Physical Activity, and Obesity Leading Health Indicator topic. I'd like to introduce Laura Kettel Khan, Senior Scientist in the Office of the Director in the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention.

LAURA KETTEL KHAN: Thank you.

EMMELINE OCHIAI: Laura

LAURA KETTEL KHAN: It's such a pleasure to be with you this afternoon and everyone else. At least I'm calling it the afternoon because we are on the east coast but I know that many of you are calling from the, the west coast so it might be a little bit before lunch. Anyway, let's go to the next slide. What I'd like to talk about today is what is the evidence related to obesity prevention especially at the community level.

Obesity has been on the rise over the past two decades. And, I think most of you on the phone know that. Between 1988–1994 and 2009–2010, the obesity rate among children and adolescents age 2 to 19 increased by 69% or 10.0% to 16.9%. Looking at both overweight and obesity combined, nearly 1 out of

3 children was overweight or obese between 2007-2008. The obesity epidemic continues to be a challenging health concern. Next slide, please.

Oops, hang on. I'm having technical difficulties here. Just a second. Obesity is a national epidemic, it increases the risk for numerous health outcomes and also causes higher medical costs and a lower quality of life. Obese children are more likely to have high blood pressure, high cholesterol, diabetes, breathing problems, joint problems, and other chronic diseases. They are also more likely to develop social and psychological problems. In addition, obese children are more likely to become obese adults. Which is even more problematic.

Chronic diseases associated with obesity – such as heart disease, stroke, cancer, and diabetes – are among the most prevalent, costly, and preventable of all health problems. The medical care costs of obesity in the United States are staggering. In 2008, these costs totaled more than $147 billion [billion] dollars. By addressing obesity, we can help reduce the risk of life-threatening, costly, chronic conditions and help address the significant costs for the health care system. Next slide, please.

What I'd like to focus on today, just really quickly, is a significant problem in terms of the scientific evidence. We know obesity is a problem of caloric intake and expenditure of calories, you know, out. But the problem is the evidence base is very, very weak especially at the population level. So, one of our major goals is to build this population-based evidence. The strategy is to link local and multi-sector partners and scaling up that knowledge to state and national efforts. Next slide, please.

The high-priority strategies and indicators that we have are number one, increase access to healthy foods and beverages by providing access to healthier food and retail or healthier food retail and farmers markets. Secondly, to implement food service guidelines and nutrition standards where foods and beverages are available in priority settings, such as early child care centers and worksites. Next slide, please.

The third is implementing policies and practices that create supportive nutritional environments in schools, including: establishing standards for all competitive foods; prohibiting advertising of unhealthy foods; and promoting healthy foods in in schools, including those sold and served within the school meal program, from USDA and and others, as well as in. And finally increase physical activity access and outreach by creating or enhancing access to places for physical activity, which focus on walking combined with informational outreach, and design our communities and our streets so that physical activity is an easy thing to do or so that individuals can be easily physical active. Next slide, please.

What I'd like to share with you is, and it's very exciting news, we have a number of places or localities around the country that are starting to report success. Next slide, please. Those promising localities include states such as California, Mississippi, New Mexico, and West Virginia. But then we also have individual communities or cities such as Anchorage in Alaska, El Paso in Texas, Granville in North Carolina, Kearney in Nebraska, New York City, Philadelphia, and Vance in North Carolina. Next slide, please.

These locations that are reporting success are extremely exciting, and, but we need to, you know, investigate what they're doing, how they're doing it, what it has taken to achieve those decreases in in body mass index or obesity rates. So, from CDC's perspective, or the federal government's perspective, I want to share a few things about what we're doing relative to documenting that success as well as supporting it.

The first is a funding announcement or a federal, state level grant program that we're starting right now this year. It will be announced, just in the next couple weeks, in August. That there will be state-level grants that focus on healthy eating and active living with a new emphasis that we have not ever done before. That it's not just community efforts in terms of schools and and governments and worksites but we're incorporating healthcare and clinical connections to the community that support and synergize the efforts to support healthy eating and active living. So that's that's a grant or a funding mechanism.

But the second is a different approach of supporting or encouraging new lines of research that will build the evidence base for us over the next coming years. One area in particular, one level of focus, is a partnership called NCCOR or the National Collaborative for Childhood Obesity Research. And it's a partnership between the NIH, USDA, CDC, those are the three federal agencies, and then the Robert Wood Johnson Foundation, which is a private foundation. And we're doing a whole host of things that accelerate or are attempting to accelerate what we know via research and evaluation. But two things I'd like to point out, or two activities that I'd like to point out, are the registry of studies, which is, it's a very simple concept where we are going to put in one location on the NCCOR website, which is NCCOR.org. Just it's it's going to be one website that links all these, a number of major research and or evaluation studies in terms of their instrumentation, their methodologies, their analytical approaches, to looking at population-based obesity prevention. So, that's one.

Another is a project called Childhood Declines in Obesity: What's Working. And it, this is, if I could just step back for a second and I shared some of those locations around the United States that are showing

declines in obesity. What we're doing is actually going to those sites and trying to document, and do a deep dive, in terms of assessment of what did they really do. I mean what were the components that had to happen, how much funding did they need, what types of interventions did they engage in, were they policies? You know, just the whole gambit of what you can wrap your mind around. So that's another thing that's happening. Next slide, please.

On this slide, are just a, just a few resources that you all might be interested in, in terms of evaluation and helping you recognize how to assess success and how to evaluate those successes. Just to have those in your back pocket. Next slide, please.

From a federal perspective, I think there are lots of things that can be happening here. But, to be honest, you all out there in the field are the ones who are doing the, the hard work. And one of the things that the federal government is engaged in is HRSA's Healthy Weight Learning Collaborative which is an example of how we're trying to learn about what works in these changing communities to reduce and prevent obesity. I'd like to have someone tell you more about that initiative. So I'm going to turn the microphone over to Rear Admiral Sara Linde, Chief Public Health Officer at the Health Resources and Services Administration of the US Department of Health, Health and Human Services. Thank you.

REAR ADMIRAL SARAH LINDE: Thank you, Laura. And thank you for having me. It's an absolute pleasure to be here. If I could go on to the next slide. The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. So, we work to improve access to health care services for millions of people who are uninsured, isolated, or medically vulnerable. The Healthy Weight Collaborative is one such innovative program, but first, I want to tell you a word or two more on HRSA. Next slide, please.

How does HRSA achieve its mission? We have a budget of more than $9 billion dollars, which funds 80 different grant programs. We support the health center program which includes community health, migrant health, homeless health, and public housing centers. And that includes nearly 9000 sites, and serves 21 million patients. We also fund maternal and child health through partnerships with state and local governments, and 34 million woman and children throughout the country benefit from those programs. The largest program, is the Maternal and Child Health Services Block Grant to States, and this program focuses on reducing infant mortality and childhood illness and controlling costs associated with poor pre- and neo-natal care.

Our Ryan White HIV/AIDs Program, provides care and services for half a million people living with HIV and AIDs. And, the National Health Service Corps, and its over 9,000 primary health care professionals work in medically underserved communities in exchange for loan repayment or scholarships. Next slide, please.

We also give financial support to colleges and universities, and in so doing we develop, distribute, and retain a diverse, culturally competent health workforce in the areas of medicine, dentistry, nursing, and public health. We are the lead federal agency that bolsters rural hospitals and coordinates coalitions of rural health providers to make health care more accessible for the 60 million residents of rural America. We oversee all organ, tissue and blood cell donations; we are the federal agency primarily responsible for poison control, and we administer a drug discount program, known as the 340B program that allows the neediest patients to receive discounted drugs through eligible providers participating in the program. Next slide, please.

So, now that you have a general overview of what HRSA does, I'd like next to talk about using quality improvement to prevent and treat obesity in communities and specifically about HRSA's Healthy Weight Collaborative. HRSA has a long history of supporting evidence-based quality improvement activities for clinical care, for example in the areas of HIV and AIDs care, organ transplantation, and maternal and child health.

In September of 2010, $5 million dollars was awarded to the National Initiative for Children's Healthcare Quality through a cooperative agreement and funded by the Prevention and Public Health Fund, described in the Affordable Care Act, to establish the Prevention Center for Healthy Weight, or also known as the Collaborate for Healthy Weight Initiative.

There are two main activities of this initiative. One, to plan, manage, and implement the Healthy Weight Collaborative. And second, to serve as a resource center for widespread dissemination and communication of evidence-based interventions that focus on the link between primary care, public health, and community related, and sorry and the community related to obesity prevention and treatment. So, this slide shows the timeline of other significant dates to include authorization of the ACA in March of 2010. Next slide, please.

So, what exactly is the Healthy Weight Collaborative? It's a national quality improvement initiative using the Breakthrough Series Approach in which multi-sector teams comprised of primary care, public health, and community as well as consumer representatives are applying evidence-based interventions to

prevent and treat obesity in children and families. The Breakthrough Series was developed by the Institute for Healthcare Improvement in 1995 to help health care institutions design and execute rapid-cycle quality improvement initiatives using evidence-based interventions that were capable of achieving widespread change in a relatively short time frame and closing the gap between what we know and what we do. Next slide, please.

This is the scariest slide of the set. But this just shows you what the process of improvement is. The Healthy Weight teams engage stakeholders representing primary care, public health, and community and this collaborative effort emphasizes common goals, rapid-cycle change methodology, and integration, and it serves as the voice of the community. We believe that all three sectors have to collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. Using the Breakthrough Series, a collaborative is a short-term learning system that brings together a large number of teams, usually from clinical areas to seek improvement in a focused topic area. For the Healthy Weight Collaborative, as I mentioned, the teams are not only clinical, but also include primary care and the community, and the focused topic area is a public health issue: obesity. So, this slide shows the process of the learning collaborative….which includes team formation, faculty recruitment, a series of learning sessions interspersed with action periods during which action is planned, carried out, assessed, and revised. Next slide, please.

For this Collaborative, the aims were to establish sustainable partnerships and implement and test interventions to achieve healthy weight. In order to meet those aims, the Collaborative supported approximately 50 teams from all over the country. In phase one, 10 teams with previous experience in cross-sector collaboration participated in both in-person and virtual Learning Sessions. And then in phase two, we added about 40 additional teams participated in an entirely virtual Collaborative. The two-phased approach was intentional so that we could harvest the emerging lessons and refined experience of the Phase 1 work to inform and assist Phase 2 work. Next slide, please.

So, what interventions were tested? What have the teams learned? Have any of their changes been successful? How are teams evaluating their work? And how do they plan to sustain those changes? Those are all great questions and I'm excited to introduce you to two of our Healthy Weight Collaborative teams. The San Diego Healthy Weight Collaborative is being represented by Dr. Shaila Serpas, and the Florida Healthy Weight Collaborative is being represented by Kari Elingstad. These are two of the standout teams who will describe in more detail opportunities and challenges the Healthy Weight Collaborative presented and also how they are evaluating their work. So thank you again for having me join the call and I will be happy to answer any questions. Dr. Serpas?

DR. SHAILA SERPAS: Yes, thank you and it's really a pleasure to be here. Thank you for inviting us. I feel honored as part of a larger team I just want to reflect that I am one of many including people like Phil

Nader from UCSD, and Sharon Hillidge from our school district in Chula Vista, Cheryl Moder from the County Obesity Initiative, our Health and Human services partners Eric McDonald and Elena Quintanar and many of other community partners that have made our collaborative in San Diego successful. Next slide, please.

I would like to begin our discussion with this diagram which demonstrates a framework for the complex interactions of a systems approach. So I want to talk about what is meant by a systems approach. This is when strategies focus on interactions between different sectors in the community and between the individuals and their environment.

Secondly, a systems approach accounts for the context and characteristics of a community in planning strategies. This allows unintended consequences of intervention strategies to be immediately recognized and altered if required. As an example, early in our Collaborative work, we attempted to do healthy weight assessments and plans with families at a large school event – however we discovered that this was not a location that allowed for individual BMI measurement and goal setting due to lack of privacy and excessive competing activities. Thirdly, in a systems approach it utilizes a multidisciplinary strategy that is feasible, sustainable, and scalable with reach across cultural and language population sub-groups. A systems approach is different from a multilevel or sectored approach. Next slide, please.

San Diego Healthy Weight Collaborative implemented several key strategies as outlined here. Today I will focus on key learnings from our second strategy, disseminating a healthy weight message across multiple sectors as well as our fourth strategy, implementing policy changes. We have further details in our publication that can be referred to in the Journal of Healthcare for the Poor and Underserved in May this year. Next slide, please.

This slide identifies the many partners involved in our collaborative that include the public health, primary care, schools, community organizations, and promotoras who represent our community. There was no budget at the beginning of our collaborative, so it required a commitment of resources from each of the agencies. Aligning the work plans of individual agencies with the collaborative helped to ensure sustainability. It was important to track from the beginning any data such as meeting minutes, chart reviews, surveys, BMI measurements and the effort to help us evaluate our Collaborative. Next slide, please.

Our work focused on a definable and specific region. We chose 3 sites that represent a population over 8,800 and included a community clinic, an elementary school and an early childhood center. All are

located within a few blocks from each other, in Southern San Diego, 7 miles north of the border crossing into Mexico. Our team reviewed available data to characterize our target community: a predominantly Latino and low socioeconomic population.

We were fortunate to have data from the Chula Vista elementary school district 2010 BMI surveillance project that measured over 25,000 students. Our target school was shown to have obesity rates of 28%,. but when overweight students were added, it raised the total number of students with an unhealthy weight to 44%. As you can see in the chart, other obesity data was not as readily available. Next slide, please.

This is a complicated strategy map that represents how our collaborative uses systems thinking as a tool to design our interventions. Central to our plan- in the blue circle- is the target population. Surrounded by 5 large boxes that frame our overall strategies. Within each strategy, there are 5 color coded sectors representing primary care, public health, schools, community, and early childhood. Team members actively participated in each of the strategies and we constantly looked for new ways to develop interactions between the different sectors. Key to this process was ensuring that parents and kids would be impacted in each strategy. We also looked at what data could be collected and how to measure our impact with the resources available to us. Next slide.

To disseminate a healthy weight message, our team reviewed the literature and selected 5210 from Portland Maine. We considered language and cultural factors in translating our message by eliciting input through focus groups at each of the 3 target sites that included staff, parents, students, physicians, and teachers. We created a variety of bilingual materials with the Healthy Weight message, to place at multiple sites to reach our target population. Bilingual posters, pictured here, included all 17 logos from the Collaborative. On the right side, the clinic received bilingual prescription pads that we adapted from the American Academy of Pediatrics, as well as other health education materials. We disseminated with staff trainings to help consistently incorporate the materials into work flow. Quality improvement was monitored through the year long process reviewing charts. We supported school and childcare classroom activities and school wide events that focused on 5210 and wellness that included students, staff, parents, and our Healthy Weight Collaborative team. This helped to link the work in the clinic with the work in the community outside the walls of the clinic. Next slide, please.

Media coverage was critical to disseminating the message in the target population and countywide for broader reach. Government officials, the Chula Vista School District Superintendent, community partners, public health department, and community clinics were all engaged in supporting the effort through participation in the media events, including 5210 messaging on their websites and reproducing

5210 materials for broader dissemination. This was a systems approach to disseminating a Healthy Weight message that involved all sectors in our community simultaneously participating in each step. This allowed greater reach than any single agency could have achieved alone. Next slide, please.

This strategy involves changing policies that support healthy eating and physical activity. Our collaborative supported and influenced the Chula Vista school district and YMCA early childhood setting wellness policies through coordinated strategies and a systems approach. All sectors were involved in testing the wellness changes on a small scale at one target school and one early childhood center. This allowed the policy to become a living document and garner support from the community. The 5210 messaging efforts were linked with the broader policy efforts and 5210 was incorporated into wellness policy materials. Next slide.

Over 24,000 kindergarten through sixth grade students in the Chula Vista school district had their BMI measured in 2010 shown in the top map. This data served as a catalyst for change. And it was repeated in 2012, on the lower map, the lower map, excuse me. A downward trend is observed on this map as we see less red and orange, which represent the higher BMI rates. We need to continue to track this data over a longer period of time. And we also realize that we do not have information on cause and effect relationships. Our yearlong collaborative focused on the green circled school, on these maps, but policy changes were district wide.

It is a challenge to link specific interventions to the changes we are observing because there are several activities going on simultaneously so how do we prove a causal relationship? This has been one of our challenges**.** Our Healthy Weight Collaborative initiative had a single year budget of $15,000 dollars. Evaluation does cost money and we challenge funders and academic institutions to find ways to support community based research and help programs like ours with evaluation. As was mentioned earlier in the presentation by Laura Kahn, it's very exciting to hear about some of the opportunities upcoming.

In summary, our collaborative has identified many opportunities and challenges to obesity prevention. Sustainability was built in from the beginning, as we formed our team. Finishing our second year of collaborative work, we continue to have monthly meetings. The 5210 messaging continues dissemination across multiple sectors. From a single school, 5210 is district wide. From a single childcare site, it is used county wide.

In the measurement arena, what to measure and how to measure it? Well we've seen BMI surveillance data has been useful to our work. We have local BMI data because we are fortunate to have a school district that invests in collecting BMI data. County wide, San Diego has developed the capacity to enter

BMI data into the county-wide immunization registry and are looking into ways to add BMI data from other sources such as schools, and other community environmental data. Plus, the State of California has mandated BMI measurement for all 5th, 7th, & 9th graders through yearly physical fitness testing.

Funding as mentioned, there is a huge need for funding expertise and additional evaluation resources. Systems thinking is needed when measuring and evaluating policy and environmental change. And, linking Policy with environmental change. A specific example of this was a somewhat controversial change in the Chula Vista district Wellness policy to eliminate chocolate milk from all school cafeterias. Students in our target population that were first exposed to 5210 were interviewed on public radio, with a memorable quote. "If we shouldn't have sweetened beverages as 5210 states, then why does the cafeteria serve us chocolate milk?" end quote. The School district has stopped serving all *flavored* milk as part of its school meal program. This was an unexpected result and demonstrates the benefit of linking policy changes with the environment and testing feasibility on a small scale to identify barriers before implementation on a broader scale.

Thank you and I would now like to turn it over to Kari Ellingstad. Ms. Ellingstad is the Team Lead for the Sarasota County Healthy Weight Collaborative and is the Director of Community Health Improvement Partnership.

EMMELINE OCHIAI: Excuse me. Sorry, Kari. Before we turn it over to you I would just like to make an announcement. The GoToMeeting webinar servers are now back up; so for those of you who are attending and might have audio but no visual access, please try and log-in again. Thank you and we apologize for any difficulties due to the GoToMeeting webinar servers. So, with that said, Kari, please go ahead.

KARI ELLINGSTAD: Great. Thank you and I'm really pleased to participate today and share some of our work in Sarasota County and represent my great Healthy Weight Collaborative team. Shaila and Sarah have both touched on the Healthy Weight Collaborative and before I sort of delve into some of the details of our experience with policy change in Sarasota County. I did want to acknowledge HRSA and NICHQ for advancing a tremendous framework for a collaborative, and a collaborative approach, that really helped our community organize our obesity prevention efforts. I wanted to take a minute to, you can go to the next slide please.

To touch upon some of the characteristics of the collaborative that I feel really helped our team achieve focus and move forward. We know that with this work achieving focus can be difficult and so this was

really helpful. First, the Healthy Weight Collaborative approach provided the strategic framework that we needed. We didn't need to build it ourselves.

Goals and strategies and expectations were outlined from the beginning and we had to sort of buy into that. It might seem prescriptive, but the framework really helped our team focus and implement strategies in a way that aligned with the assets in our community. So there was flexibility within that framework. We had to next define a small multi-sector team. I think we had four sectors: public health, primary care, community, and consumer sectors. And we were told that we couldn't have more than 11 or 12 people on our core team.

As a team lead I had to be really thoughtful about who we would involve. Would they be active participants, committed to the goals? Would their spheres of influence align with what we needed? Did they have the authority and ability to impact change in their respective sectors? All of those were considerations as I pulled together the team. As a team lead, it was easier to define the roles for each team members and the smaller team was easier to coordinate. And, I have learned that you can have a small, focused team, while still maintaining broad community partnerships.

Next, the focus on quality improvement was so important. We didn't have to come up with the perfect plan before testing small changes. This meant that our team was "doing" things all along. Even if what we were doing needed to be adjusted down the road, still we felt like we were making progress and learning all the time. The learning collaborative approach meant that our team had access to the Healthy Weight Collaborative faculty as well as other teams. We just felt like we were connected to something bigger and that was really important for us. We learned a lot, together, during the learning sessions and webinars that we participated in. But we were also put in a position of teaching from time to time, and that, that helped build capacity for our team.

Next, we had to define a clear target population at the outset, a population that we would be able to measure on a monthly basis. We had a think smaller than we would have had we been left to our own devices. But having the defined population allowed us to get the data we needed, because finally the measurements that were expected of us were clarified from the outset and we needed to develop a habit of getting and giving data on a regular basis. We were collecting or proving data on message reach, process steps, policy change, and even the nature of our collaborative. Just as there was a strategic framework, there was a corresponding measurement framework. And collecting the data regularly helped our team see progress – which was encouraging – but we were also able to share that data with key stakeholders later, so that they could better understand our goals and the progress we'd made. So the measurement really helped us set ourselves up to be sustainable. Next slide, please.

And this is just an example of the strategy map that we put together to help us organize our thinking and figure out which strategies needed to be implemented or could be implemented in each of the sectors that we were working in. Next slide.

As Shaila mentioned, there were, we were required to select a core message to use throughout, to support our efforts. And like San Diego we also selected the 5210 message. This common message linked the work in all of the sectors and helped create more of a community movement. And I'll describe how that transpired ina bit but the message has really been vital for giving our efforts a "stickiness factor" and has been a great tool for engaging partners. Next slide, please.

So I wanted to touch a little bit on the work that has been done in each sector. In the primary care sector we've been working with a pediatric clinic managed by our local health department. And here we've implemented some new processes and workflows to support improved assessment and follow-up in addressing healthy weight. One of the biggest changes that we've made was to develop and implement a healthy weight plan. This is a standardized tool which helps our physicians navigate that somewhat difficult conversation about healthy weight and also facilitates goal-setting among patients and families. This plan aligns with the 5210 message and was recently included in our new EHR.

We've done some early evaluation on the plan utilization and effectiveness and we found that among patients who have completed the plan there have been some significant improvements in BMI which is very encouraging. We have also had some great feedback from the physicians and staff regarding the plan. They were engaged in the process of developing and testing this tool and they are now very receptive to actually using it, which of course is important. In our primary care site we've also implemented obesity-focused group visits and these provide an opportunity for physicians to provide additional guidance, but also for patients and their families to discuss challenges and successes. As a policy target we're looking to embed the use of the Healthy Weight plan into all of our clinical sites under our health department and expand the group visits as well. And we're hoping we can have some influence on other primary care practices in our broader community as well. Next slide please.

Our work has also touched the child care sector. We've held a couple of *Healthy Sarasota County Child Care* trainings; these are designed to help staff and directors understand how they can incorporate healthy practices and policies into their sites. Our local program and training aligns to the standards included in the Let's Move Child Care initiative. To receive designation as a Healthy Sarasota County Child Care site, each center has to submit and action plan which identifies policy and environmental

targets. Each site was also subject to a "validation visit." We are able to quantify how many sites earned this designation, and, but now we are interested in finding out, learning a little bit more about how these policies and practices have been implemented and whether they've "stuck."

We are about to send out a survey to all of the sites that completed this training. And just last week we held a focus group with another, with a group of sites that completed the training to see kind of where they were. And, we were really encouraged by those discussions. We are also, we also had a big policy success when our local early learning coalition added the training and designation to their rating tool for child care centers. So this means that sites can get extra points for having completed this training successfully. And that's really important for the sustainability and credibility of that overall effort, so we're really proud of that win. Next slide, please.

In our school sector, we didn't start with the school superintendent or leadership at the top. We had gone that route before and had some push back. So we took a new tactic with this effort. We engaged the director of the school nurses. In our county, school nurses are in every school, already charged with conducting BMI assessments in grades 1, 3, 6 and 9, and many of those nurses are very interested in doing more to address the obesity epidemic which confronts them every day. When we engaged the nurses in this way, instead of starting with the district leadership, we were working with folks on the ground, and building a cadre of advocates. The nurses have used the healthy weight plan, they've engaged principles, and they have been important partners in disseminating our 5210 message. Once we had the school nurses on board we are able to get buy in from the food and nutrition services staff who have also incorporated the message and included 5210 as a core part of their curriculum when they do nutrition education.

When it comes to asking for district-wide policy change, which we hope to do, we feel like we will be in a better position to compel our leaders to do the right thing because of the movement we've created and our ability to show progress. At this point, we're working with individual schools, and encouraging schools to earn distinction as a HealthierUs School. This mechanism already encourages schools to adopt healthy policies and practices. And we're proud to report that so far, 24 of our local elementary schools have already earned this important distinction. Next slide, please.

And then worksites are a new area for us. Our worksite initiative is still evolving, but we're looking forward to launching this in the next month or so. And our goal here, like the child care intiaitive, is to create a recognition program which would promote those employers who had been successful in adopting healthy policies and practices. Next slide, please. We are also looking at opportunities at broader policy changes in the community. We have long wanted to do something to improve access to

healthy foods. We recently held a food summit that helped us find focus and some policy targets and we're looking forward to advance some of those things to address food access issues particularly in our underserved communities. Next slide.

In all of these sectors it's really important to note that the individual strategies can be scaled up with larger population level policy and environmental strategies. Here from a tactical standpoint the messaging is really important. Messaging can be a hook for securing partners that might be willing to adopt policy changes. Partners are often willing to be a part of the effort to spread the message and if you can provide them with materials to help spread the message, then later on you create an opportunity to have a broader conversation about policy change. If it's a school principal that's really embraced the message you can say well you know what else do you think you can do in your school environment to support, to support this message. And it brings them along with you we have found. It is really a great tool for building that partnership and having some of those conversations.

Once the policy change has been achieved, it's important to realize that there are can still be some challenges. We had an issue here in Sarasota County several years ago our Food Policy Council made some recommendations to the Board of County Commissioners, most of which were accepted as policy amendments to the Chapters for Environmental and Future Land Use. So that was exciting; however it took years before any of those recommendations were actually implemented. So it's important to remember that sometimes the policy has been adopted, but the steps haven't been taken to fully implement or embed the change. And perhaps there might not be the will, intention, or the resources to fully implement. If we focus just on the fact that a policy has been adopted or passed, we may be thinking we've made more progress than we actually have. The policy change may be necessary, but isn't always sufficient to lead to improvements.

So I would encourage you to think about the steps required for successful implementation of policy change and not just the adoption of a policy. Think about where you want to be when the policy is successfully implemented and kind of work backwards. Embed key process measures into an overall measurement strategy so you'll know you're making progress. The type of progress which will actually lead to improvements. Be aware that there are many "little p" efforts that should be tended to before you can make the leap to the "big P" of policy change. And this really all depends on the context and where your community is at now. You may need to develop your partnerships, try out some process and practices and programs, and deal with the politics of change before your community is ready for that big policy change. And, this may require some additional p's of patience and persistence. So, hang in there. Next slide.

We are certainly proud of the progress that we've been able to make in Sarasota County. And as a team lead, I am thrilled that our team is as committed as ever to our collaborative goals, and our partnerships are growing. If you're interested in learning more about our efforts, please take a look at our website HealthySarasota.com to find out more and I will be happy to answer any questions during the discussion. Thank you.

EMMELINE OCHIAI: Thank you so much, Kari. If you have any questions – to our audience members – if you have any questions you would like to pose to the presenters, please type it into the Q&A panel on the right of your screen. We will address as many questions as we can in the time allotted. We would also like to apologize for the difficulties we've been having with the GoToMeeting server. The slides will be made available on http://www.HealthyPeople.gov at a later date and we will be looking to reschedule the webinar for another go around in order to allow all members of the audience to fully participate.

At this time we are going to begin the Q&A session. Again, all panelists are on the line and ready to participate. We also have on the line, Dr. Shikha Anand., Director of Obesity Strategic Operations for National Initiative for Children's Healthcare Quality, which worked with HRSA to implement the Healthy Weight Collaborative project. We've received a number of questions through the question line from members of the audience. The first question is for Kari. The question is: Are the tools being discussed ready available for replication? Specifically, will the Healthy Weight Plan for the school setting be available?

KARI ELLINGSTAD: Yeah, I think that's on our website currently and if it's not you can email me and I would be glad to send it. With the school we include, we created a Healthy Weight Plan for general use that has been offered to the broad school community and many schools and some cases the principal sent out a letter to help that be completed. And then we have also created an obesity-focused individual health plan like school nurses implement for kids that have asthma, or diabetes, or those types of things. This one is focused on obesity and again aligns with the 5210 message and it sort of dictates the work flow that that our nurses follow when they work with a patient, or a student, that has obesity. And they are encouraged to work with 6-8 students per school that are obese. But yes, we are happy to share anything that we have created and are using and if it is not on the website please feel free to email me.

EMMELINE OCHIAI: Thank you, Kari. The next question is for Shaila. Could you share where we can find evaluation data for the 5210 approach. We would like to know where we can find evidence that this approach is effective.

DR. SHAILA SERPAS: Yes, so thanks for that question. That is the exactly the question that all 10 teams at the table for our very first healthy weight collaborative activity. We had several of the NICHQ and HRSA expertise at the table and a binder of incredible resources and background that was looked into. So I'm wondering if maybe some of that material – maybe NICHQ can comment – if that's available for public access. Because a lot of that was vetted before we even arrived. Looking at messaging and effectiveness of messaging, not just 5210 but there's a clock program in Chicago that has messaging as well. And many of these programs, the one in Maine that we chose, has done some local research, not on a national level, that we saw two years ago when we were looking and reviewing which messaging had the best data to support its effectiveness and also how easy was it to implement in our own community. So we considered those factors.

And what we saw in the evidence for 5210 specifically was that if the families that were surveyed – and they've published it, I can forward the references that I recall reading, two published studies – one was regarding the effectiveness of reaching the families with the messaging and could they recall it. So that's just a recalling ability of being exposed to the message, not an assessment of behavior change. And what they found was that if the families were exposed in more than one setting – so school and the business or in their doctor's office – two settings, the likelihood of their recall was much higher.

And then the second one, which I think we're more apt to be interested in is not just that they can recall the message, but does it in fact lead to behavior change, which has been, I think lacking in the evidence at that time. There was really a paucity of material that we could see that really demonstrated behavior change as a result of the messaging, but there was a small study that they did show us that showed. And I'm thinking, I'm recalling now, and I might be wrong, but I'm thinking that there was behavior change in consumption of fruits and vegetables in people that were able to recall the message more clearly and perhaps a little bit higher physical activity level. So I would have to forward those references for you, but there was a small amount of data again, like I said, at the local level and nothing at this national level at that time and maybe we've moved forward on more evidence behind those messaging efforts since that time.

EMMELINE OCHIAI: Thank you so much, Shaila. The next question is for Dr. Linde. How does the Healthy Weight Collaborative align with other federal initiatives.

REAR ADMIRAL SARAH LINDE: Well the Healthy Weight Collaborative from the start was designed with other federal initiatives in mind and it was designed to be complementary to work going on at CDC and

that's probably the primary agency that has significant obesity initiatives. Of course we also aligned it with the First Lady's Let's Move initiative and throughout the Collaborative in addition to the teams that you've heard from today we've had lots of partners and stakeholders. So, partners within the federal Department of Health and Human Services, from other federal departments, and with numerous outside stakeholders. For example we've had a representative from the Let's Move initiative with us in the various meetings and planning. So what distinguishes this collaborative is the focus on bringing together the primary care, public health, and the community using the evidence base and then testing it through the Breakthrough Series model, revising things and then moving on and of course the scale up and sustainability beyond that.

EMMELINE OCHIAI: Excellent. Thank you, Dr. Linde. The next question is for Dr. Anand. Is there a summary of all the communities and their initiatives, particularly those doing things other than 5210?

DR. SHIHKA ANAND: That's a great question, thank you. We have some information about each of the teams posted on our website at www.collaborateforhealthyweight.org. We are in the process of, we've just finished a final report, and have created a team page for each of the teams that we work with and are in the process of uploading those to the website as well. And they do have granular examples of things that the teams have engaged in. In addition to 5210 there are examples of healthy weight plans and other strategies that the teams have used as well as links to some of the resources as Shaila mentioned earlier.

EMMELINE OCHIAI: Wonderful. The next question is directed to Laura Kettel Khan. Are there any common elements among the promising examples that you mentioned. For example, do they implement a certain strategy or multiple strategies?

LAURA KETTEL KHAN: Actually yes, and as a matter of fact one of the things that I neglected to say when I was presenting is that the one thing that we've noticed and we have not documented this well yet, but as I said that is part of the NCCOR what's working project, is to document all this. What we're realizing in our real, and I mean this is very high level assessment of these locations where we're seeing BMI decline is that it truly is a multi-sectorial approach, its policies from the perspective of urban planning and community managers relative to complete streets and access to parks and then it's also policies and regulations within school systems and school districts as well as individual schools. It might even be what you would call individual schools that are almost champions of taking on these policies and really, I hate to say this, but in the school systems there is the local wellness policies, which is a federally mandated policy that every, all schools are supposed to have, but there's no funding behind it and etcetera so the level and intensity of implementation varies widely, but if, in some of the communities

that are reporting successes the schools are really taking those policies to heart and doing major overhauls of their food service practices and truly taking on the time allotments during the day and during the week for physical education to really get the kids to have an opportunity to be extremely physically active. I mean at the moderate and vigorous level.

So, when all those things, those multiple components come together that's when and where we're seeing success. And so as folks have mentioned on this call today, it's not one single driver. It's almost like it's got to be this mix of a whole bunch of different forces coming together, that even – how do I say this – that it seems to be supporting and encouraging a social norm change and, and when I say social norm I mean social expectation of the help of their community and that's when we're seeing the actual declines in BMI. Unfortunately right now, I mean today, we don't know what that magic mix is. And I'm almost suspicious there's not going to be any particular magic formula like you have to do x, y, and z. It's going to be a cluster of different things that have to happen. But as I mentioned when I was talking earlier, that's what we're trying to tease out from a research and evaluation perspective on getting some tools and protocol developed that we can share with communities to say you've got to at least do a blend of x, y, z or it's not going to happen. Because just working in one sector is not showing results, you can't just have a single champion; you can't just have lots of money it's really got to be very dynamic and so that's what we're… I can't, I don't have the data to show that, but that's where we're headed. I mean I just know a year from now that's what I'm going to say again.

EMMELINE OCHIAI: Great that's very, actually very helpful and really informative, Laura. Thank you for sharing that with us. Our next question is to Kari and Shaila. Many schools do not want to adopt or implement policies because they feel they will be sued if they do not follow them, they prefer guidelines instead. Do you find this to be the case in your school?

DR. SHAILA SERPAS: This is Shaila, I'll go first because we've had a lot of engagement from our school district and I think it was a process of initially reaching out to staff and parents from within the school district. So first of all really having the leadership of a Superintendent that really felt like this wellness was important, and then a staff person in charge of wellness in the district. So I feel like those were two critical pieces because years before that was in the place as a parent in the district without polices set in place I really did have a hard time at the local level working to support improved wellness at a local level at a school site. So coming from the top I think it's really critical to that process and I think that it, it was not overnight it was really testing it at local sites was part of it to engage parents and for those parents to be sort of like the positive deviants and be spokespeople for the community and go to board meetings.

Another critical thing the Superintendent did is was when the principals report to the board the status of their schools, which is a traditional event and they put together a PowerPoint and they report on what's going on at their school site, what their testing is, and their…the wellness a key component that was included in that. So then suddenly principals were showcasing and sharing and highlighting and didn't want to be left behind so there were sort of multiple levels of engagement form the top from the bottom from a grassroots level and I think that really over time led to the very strong wording and even removing chocolate milk had some pushback from like dairy council and you know some local, you know even the food service people were concerned about dropping revenues and things. So, but once the kids were engaged and parents then it was just, it made sense to remove that as part of the overall strategies that were going on.

KARI ELLINGSTAD: And this is Kari, in our community, I can't say that we really dealt with the issue or heard feedback about schools being afraid of being sued for implementing a policy. I guess one of the challenges and this is different than what Shaila has cited in San Diego, is that you know we don't necessarily have our district leadership driving or commanding that we you know take this on district wide our schools here are really autonomous and our principals have a lot of power and authority over their own schools. And so, you know, we're really leveraging those school nurses to have those conversations with the principals about the policy change opportunities and opportunities for practice changes at those schools and, and working with the school health advisory committees at the schools to make those changes happen. So it's for us, you know it's a little bit school by school in terms of those policy changes and you know we're hoping that will change as we build this, this culture that is demanding healthier policies and practices.

EMMELINE OCHIAI: Thank you so much Kari and Shaila. That's very informative. The next question is for Dr. Anand. Was there a body of evidence, evidence-based programs that communities could specifically choose from when participating as a Healthy Weight Collaborative team?

DR. SHIHKA ANAND: So there was a body of evidence related to the evidence-based programs in the published literature and then we drew from the experience of our faculty and all the wonderful things we had heard about successful programs on the ground because as many of us know only a small set of what is actually being done out there makes it into the literature fast enough to be useful for a program like this. So we drew upon all of our knowledge. So I don't think there's kind of a registry of the programs that exist. There are some standouts that are available on the website as well and, and I think that there is a lot, a larger body of experience now that the Collaborative has closed and we can point to the examples that were used within the Collaborative.

EMMELINE OCHIAI: Great that's, that's wonderful. Could you, since you referenced your website, could you please provide the website address?

DR. SHIHKA ANAND: Sure, do you want me to chat it in?

EMMELINE OCHIAI: If you could just share it right now through audio.

DR. SHIHKA ANAND: Absolutely. It's http://www.collaborateforhealthyweight.org.

EMMELINE OCHIAI: Thank you very much. Our next question is for Dr. Linde. The question is, what have you learned about linking the primary care, community, and public health settings from the overall Healthy Weight Collaborative effort?

REAR ADMIRAL SARAH LINDE: Well, I think what we've learned is how important that link is if you want to improve the health of not only individuals but of communities and ultimately the Nation. There's a lot of discussion in the public health world and in the health care delivery world about transforming the healthy system in our country. And, I think the Affordable Care Act in particular has provided us an opportunity to really integrate these two or three areas, primary care, public health, and the community. And, so there's a lot of effort the Healthy Weight Collaborative is one example of how this can be done again with the focus on obesity, but with, with outreach and enrollment as new people are going to be eligible for health insurance more than ever, you know, that's going to place a huge demand on the health care delivery system which again will sort of drive further efficiency. There's primary care and public health both focus on prevention. We know that most non-communicable diseases that are the source of health care costs are preventable diseases and so if we work better together among primary care, public health, and the community, hopefully we can change some of those environments and circumstances in which people live and work and play and achieve better health, not only in the area of obesity, but also in the other major chronic diseases.

EMMELINE OCHIAI: Great. Thank you so much, Dr. Linde. The next question is actually for Kari. Do your worksite changes and recognition program include breastfeeding support, facilities, and or policies?

KARI ELLINGSTAD: Yes, it does and actually we are working with our local Healthy Start Coalition for that. They already had a recognition program to honor those worksites that were taking on those types of policies. So what we're doing is sort of blending that recognition in with, in with ours and doing some I guess extra promotion for them and kind of handing it off to the them, the Healthy Start Coalition when a business identifies that as a policy target that they want to work on. So you know like we are trying to align some of these things to national initiatives that are going on, we're also trying especially with that worksite initiative, to link our efforts with some of the local initiatives that are happening as well so we can be efficient and really do this in an effective way where all of our community partners can benefit from this.

EMMELINE OCHIAI: Great. We actually have so many questions coming in for the Healthy Weight Collaborative teams, we have another question for Shaila. In San Diego, was the decrease in BMI seen among minority populations as well?

DR. SHAILA SERPAS: Oh that's a great question. Actually almost 80% of our population is minority if you can, I didn't get a chance to really explain in detail the map, but there is sort of an east west divide in our district and so on the map the higher BMI rates of the schools on the left hand side of the map were really concentrated on what we call this fast food corridor and a really unhealthy environment with limited open space and older homes and more safety issues with parks being overtaken by homeless or gang activity. So a lot of that environment on the left side of the map had to do with lower socioeconomic and environmental conditions that led to higher rates of obesity in those schools, which also housed a predominantly lower socioeconomic and minority population. So the dropping rates that we noticed were actually indeed in many of those schools.

EMMELINE OCHIAI: Great. That's actually really helpful to know. Especially because Healthy People one of its overarching goals is the elimination of health disparities. Kari and Shaila, we have yet another question for you. Do you have particular private partners who are playing a very key role in your activities?

DR. SHAILA SERPAS: Kari, go ahead.

KARI ELLINGSTAD: Private part...I would say that we have a number of businesses at this point that are really interested in what we're doing and of course a lot of organizational partnerships from, you know the extension office to non…various nonprofits to just a wide range of faith-based partners as well. I wouldn't say that any, any private partner is particularly driving the process they're just sort of going

along with us at this point. But we do see opportunities to sort of build those private partnerships in the future especially with, in regard to our worksite initiatives but that hasn't been fully explored or implemented just yet.

DR. SHAILA SERPAS: And this is Shaila in San Diego, private partnerships, yes we have one very large organization the COI, which is the County Obesity Initiative, which is both private and public so it has the public health department, but it also has CHIP, which is a private partnership and it's really allowed a lot of our work in the initial target population to reach more broadly county-wide. And I'm not sure what other categories of private you're thinking about through that question.

In terms of physicians in private practice we have engaged some of those, although predominately we're working with community clinics and larger healthcare organizations. And other private that comes to mind would be the local liquor stores that were engaged in a project to bring more fruits and vegetables into these sort of desert areas that didn't have access to fruits and vegetables and so some of the liquor stores were partnered through the County Obesity Initiative and some public-private partnerships to create a farm-to-store project to stock more fruits and vegetables there. So over time there are also some recreational programs that are private that have collaborated with us to provide increased physical activity through the school sites and after school programs. So I would say sparsely there are intermittent sort of private partnerships, but predominately as Kari mentioned we are more public dominated collaboration with county support.

EMMELINE OCHIAI: Thank you so much, Shaila and Kari. Thank you also to Laura Kettel Khan and Dr. Linde and also to Dr. Anand for participating in today's webinar. We appreciate the tremendous participation we've had today.

Instructions for obtaining the continuing education can be found on http://www.HealthyPeople.gov under the "Learn" tab. This concludes today's webinar. The slides for today's webinar will be available soon on http://www.HealthyPeople.gov. We hope that you'll continue to join us for other Healthy People activities in 2013. We sincerely apologize for technical issues we had today with the GoToWebinar servers. You can find the slides online, once again at http://www.HealthyPeople.gov. We plan to look into rescheduling the webinar for another round to fully allow others to participate and you as well. Next week on July 30, Healthy People will be hosting a Progress Review webinar focusing on the progress we have made on immunization and infectious disease and global health. In August, you can expect a webinar featuring "Who's Leading the Leading Health Indicators?" The bulletin will address clinical preventive services. In August there's also a Progress Review webinar on blood disorders and blood safety and health care associated infections. To receive notices about upcoming webinars, please

sign up for our email announcements on the Healthy People website, http://www.HealthyPeople.gov. Thank you for joining today's webinar. Your session is now ending.