

Pediatric Obesity mini CollN CDC ECE Networking Call April 27, 2016

Sandy Perkins, MS, RD/LD
Public Health Nutrition Consultant
ASPHN







2016 Pediatric Obesity mini CollN

- ✓ Supported by:
 - ✓ CDC, Division of Nutrition, Physical Activity and Obesity and
 - √HRSA, Maternal and Child Health Bureau





Federal Agency Collaboration

CDC

- ✓DP13-1305
- √Spectrum of opportunities

MCHB

√CoIIN model of success and prestige





What is a CollN?

- ✓ A Collaborative Innovation Network (CoIN) ¹
- ✓ Adapted to focus on both innovation and improvement
 - ✓ Collaborative Improvement & Innovation Network (CollN)
- ✓ A team of self-motivated people with a collective vision collaborating to achieve a common goal by sharing ideas, information, and work.



¹ Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.



Key Elements of a CollN

- √ Collaborative learning
- **✓** Common benchmarks
- √ Coordinated strategies
- √ Rapid test cycles
- ✓ Innovation through rapid and on-going communication





CollN Purpose

- ✓ Disseminate practices known to work
- ✓ Innovate
- √ Achieve results faster
- √ Build leaders of QI sustainability
- ✓ Demonstrate effectiveness of strategies





Model for Improvement



AIM

Measures

Ideas

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Series of testing "cycles"



CollN Steps



 Project Leads and Organizers Articulate the Topic(s) Step 1 • Hold Expert Meeting/Technical Content to Create a Charter with Aim Statement Step 2 Step 3 Create a Driver Diagram Draft a Change Package Begin State Application Process •Teams Engage in Pre-work Hold Learning Session 1 • Engage in Action Period 1/Continue PDSA at Locales •Teams Report Results Hold Learning Session 2, Action Period 2, and Learning Session 3 11.12 Implement and Spread ASSOCIATION OF STATE PUBLIC HEALTH NUTRITIONISTS

Planning Stage



1. Define Gap, Scope and Nature of the Problem Too many children 2 - 5 years of age overweight.

 to increase the proportion of children ages 2-5 who fall within a healthy weight range

2. Aims

3. Strategies

- ECE Policies and Practices
- Consistent Messaging
- Care Coordination

 Ultimate Goal % of children whose BMI within a healthy range

4. Measures

5. Build and Sustain Cyberteams



Driver Diagram: Pediatric Obesity CollN



AIM

INTERMEDIATE AIMS

PRIMARY DRIVERS

SECONDARY DRIVERS

100% of states will improve policy in at least one of the 10 spectrums of opportunities

Policies and practices that support healthy weight behaviors

States will act to insure policies and practices affecting early care and education facilities result in improved nutrition and physical activity; and reduced screen time.

The Pediatric
Obesity Mini CoIIN
will increase the
proportion of
children ages 2-5
who fall within a
healthy weight
range from _% to
_% by September
2016.

100% of states will develop and disseminate universal, evidence-based messaging in at least 2 of the 3 areas targeted to children 2-5 years old and their families through multiple venues (e.g., WIC, public health, clinical, child care, Head Start)

Evidence-based communication messages that support healthy weight and behaviors are tailored to state needs Universal, evidenced-based communication messaging will be developed and disseminated to health and community providers (e.g, Head Start, primary care providers, health department, day care) of 2-5 year old children based on state needs.

Participating states
demonstrate that one QI
project has increased the
number of children
screened for BMI, and those
who need them were
referred to high-quality
nutrition services

Optimal care coordination practices support maintaining a healthy weight States will promote care coordination practices within systems or for individual practices to assure that all 2-5 year old children have their BMI monitored and receive high-quality, weight management services if needed.

Policies and Practices in Early Care and Education Change Package Advancing Healt

Change concept (or secondary drivers/interventions)	Key Changes	Specific changes
States will act to insure policies and practices affecting early care and education facilities result in improved nutrition, and physical activity; and reduced screen time.	Teams will implement policy changes and practices in the early care and education (ECE) system in their state that support healthy eating and physical activity behaviors. Everything needed for this change package is on the website www.eceobesityprevention.org .	 Education Include obesity prevention strategies in Pre-service & Professional Development requirements. Strengthen Technical Assistance requirements related to obesity prevention strategies. Revise Early Learning Standards to emphasize nutrition, physical activity and screen time. Environment Increase Child & Adult Care Food Program (CACFP) participation and exposure. Start a Quality Rating and Improvement System (QRIS) with nutrition, physical activity and screen time standards. Use Facility-level Interventions to promote nutrition and physical activity and to limit screen time. Promote Access to Healthy Environments. Policy Adopt Licensing and Administrative Regulations to promote healthy eating and decrease obesity. Enhance obesity prevention efforts with Funding and Finance Family Engagement to support successful implementation of

improved policies and practices.

NUTRITIONISTS



State Teams

2015

- ✓ Arkansas
- √ Louisiana
- ✓ Ohio
- √ Wisconsin

New for 2016

- √ California
- ✓ Oregon
- ✓ North Dakota





Contact Information

- √ Sandy Perkins
 - ✓ Sandy@ASPHN.org
 - **√**785-640-1675
- ✓ Amber Phipps
 - ✓ Amber@ASPHN.org
 - **√**785-392-0474

