

WV Health Innovation Collaborative
Better Health Work Group
November 18, 2014

People Present: Anne Williams, Barbara Wessels, Jeff Wiseman, Paula Fields, Rebecca King, Arnie Hassen, Jean Kranz, Debbie Waller, Amanda McCarty, Richard Goff, Cybele Boehm, Teresa Mace, Jessica Wright, Ted Cheatham, Kathy Cummons, Dana Singer, Tim Hazelett,

Participating by Phone: Sarah Woodrum, Co-Chair, Leslie Cottrell, Co-Chair, Cindy Hanna, Judy Crabtree

Anne Williams opened the meeting and introductions were made. Anne shared with the group that the Better Care Work Group met on November 18 and the Lower Cost Work Group will be meeting on November 19th at 1:00 p.m. Anne turned the meeting over to Sarah Woodrum, Co-Chair, who participating by conference call.

Presentations:

Sarah welcomed everyone to the meeting. She introduced Jamie Jeffrey, Medical Director, HealthyKids Pediatric Weight Management Program, CAMC Health System; Director, KEYS 4 HealthyKids; Clinical Associate Professor Pediatrics, WVU; to present on the HealthyKids Project. Her presentation was sent to all members of the workgroup in advance of the meeting.

- Dr. Jeffrey shared with the group NHANES 1963-2012 trends in obesity among children and adolescents in the United State and a Socio-Ecologic Model for Preventing Obesity
- CAMC's approach:
 - Primary Prevention – CMC 2008 and 2013 Research Study
 - Multi-Disciplinary Treatment – HealthyKids Pediatric Weight Management Program
 - Community Advocacy – KEYS 4 HealthyKids
- A study done in a pediatric teaching clinic in 2008 revealed the overall prevalence of overweight and obesity was 44%. The peak prevalence was 50% at age 7 and the age of onset showed a bimodal peak at age 3-4 and age 8.
- Shared a chart showing the age of onset of pediatric overweight and obesity in CMC.
- Shared charts of body mass index-for-age percentiles: boys 2 to 20 years.
- A comprehensive intervention in the primary care setting focused on infant/toddler nutrition: Sample diet with portion sizes, water and whole fruits instead of fruit juice and 5-2-1-0 healthy (5 or more servings of fruit and vegetables each day, 2 hours or less each day of recreational screen time, 1 hour or more each day of moderate to vigorous physical activity and 0 sugary drinks), and active Rx given at each check-up
- Decrease in overall prevalence of overweight and obesity – 44% in 2008; 36% in 2013

- CARDIAC is the most comprehensive source of school-based BMI surveillance data in WV. In the last 15 years, over 150,000 children have been screened.
- 2-5 year old prevalence of overweight and obesity now closer to national average.
- According to Quattrin, 80.6% of children who were referred to an obesity treatment program had become obese before the age of 6. We are waiting too late for children.
- Based on a study, identifying the “tipping point” when the child is most at risk is the ideal time for age appropriate intervention. Because of the results of this study, the quality improvement projects and targeted prevention efforts in her practice shifted to the infant/toddler age.
- HealthyKids Pediatric Weight Management Program: They have a team with herself, a dietician, a nurse educator, two psychologists, and an exercise physiologist
- The program is an intensive program with 8 consecutive weekly visits
- The first four weeks focuses on nutrition, using the stop light diet plan and the next four weeks focuses on exercise.
- Five pilot groups which equals 23 patients.
 - 96% decreased BMI – BMI went from 35.5 to 33.5 in 8 weeks.
- 88.1% completed the 8 week program
- Motivational Interviewing – patient centered care approach. People are more likely to accept and act on opinions that they voice themselves
- KEYS for Healthy Kids (Robert Wood Johnson funding) – obesity prevention through policy, system and environment changes. The goals are to increase access to affordable, health foods and increase active living and physical activity
- K is for knowledge, E is for eating healthy, Y is for youth being active and S is for safety and environment.
- Followed 100 kids. Half have maintained, half have not. Will have some long-term data soon.
- Dr. Jeffries passed around a sign-up sheet for folks around the table if interested in receiving more information and to sign-up to be on their listserv. If you would like to have you name on the listserv or other information, you can contact Dr. Jeffries at Jamie.jeffrey@camc.org
- A flyer is attached with more information on the KEYS for Healthy Kids project.

Dr. Jeffries was thanked for her wonderful presentation and for all the great work.

The next presentation is the Regional Wellness Specialist Network. Sarah introduced Cybele Boehm, Wellness Coordinator, WV Department of Education/Office of Child Nutrition and Teresa Mace, Coordinator, Bureau for Public Health/Coordinated School Health Initiative who is participating by conference call. A powerpoint presentation was shared with the group prior to the meeting.

- The Regional Wellness Specialists are a statewide network of 8 people, one in each RESA, funded by WVDHHR and the Department of Education.
- They facilitate a collaboration framework among county, school, and community to implement and maintain school health initiatives designed to promote the well-being of students in WV.
- The 2015 work plan areas: teen pregnancy prevention, oral health, adolescent well-child visit, school-based health center, tobacco prevention, substance

abuse, mental health, physical activity, diabetes, asthma, obesity and hypertension, feed to achieve, wellness, farm to school, community eligibility provision, smarter lunchroom

- With each work plan area, they partner with state and regional level entities. The West Virginia Wellness Network partners are listed in an attachment that was sent out to everyone prior to the meeting.

Ms. Boehm and Ms. Mace were thanked for their presentation and to keep up the good work to help promote the well-being of students in WV.

Next on the agenda, a presentation by Paula Field and Rebecca King, WV Department of Education, Office of Special Programs, Education and Health: Moving Towards an Integrated Medical Home Concept through Community Schools. A copy of their presentation was shared with the group prior to the meeting.

- One in 4 students with a medical order and/or health care plan in WV schools equal 70,253 students.
- They shared the top 5 medical diagnoses/procedures in 2012/2013.
- They are more than just belly aches and band-aides.
 - Mechanical ventilators, tracheotomy care, phrenic nerve simulators, tube feedings through multiple intestinal sites, behavioral disorders, seizure management, insulin pumps, glucose monitoring and more.
- They discussed the integrated medical home and all the services they provide.
- Communicable Disease Prevention: Gatekeepers of Vaccinations for new enterers and adolescents and daily infectious diseases
- Promotion of medical and dental home. HealthCheck for new enterers in PreK and K. Working towards grades, 2, 7, 12
- Dental Examination – by 2018/19 goals to have PreK, K and grades 2, 7, 12. Working with the Legislature
- School Health Solution – full-service community schools at every WV public school. A full service community school is a public elementary or secondary school that participates in a community-based effort to coordinate and integrate educational, developmental, family, health, and other student services through partnerships with community-based organizations, public/private entities, families and other key stakeholders.
- Research finds with the full-service community schools concept, students gain, parent/family gain, schools gain and the community is stronger.
- The anchor to success of a full-service community school is the site coordinator
- As funding becomes available for full-service community schools, school nurses are encouraged to think outside of the box, advocate for a full-service community school and for a school nurse to serve as the community schools coordinator.
- Community schools are about focusing joint community and school resources on student success which leads to community success.
- Department of Education, Office of Special Programs, was awarded a \$0.7 million dollar SAMSHA grant that focuses on mental health needs of children, families and communities through the public school system over the next 5 years. The goals of the grant are to address the mental health needs of children, youth, families, and caregivers, and, assist communities with the implementation of Mental Health First Aid and Youth Mental Health First Aid programs.
- School Health Conference being held June 16-17, 2015 at the Charleston Civic Center

If anyone has questions for Paula or Rebecca, you can email Paula at prfields@k12.wv.us and Rebecca at rjking@k12.wv.us

Ms. Fields and Rebecca King were thanked for their presentation and keep up all the good work they are doing.

Projects

- WV State Health Improvement Plan (SHIP) – Amanda McCarty shared with the group a draft of the priorities identified by the Better Health, Better Care and Lower Cost Work Groups. There was discussion regarding the additional priorities that were added by the Lower Cost Work Group which included Hepatitis B & C associated with substance abuse and Care for the Elderly. After discussion, it was recommended to streamline the priorities, using big categories and working down from that. Ms. McCarty will redo the draft and present it to the Better Care and Lower Cost Workgroups.
- New Projects Discussion: Leslie Cottrell, Sarah Woodrum - Co-Chairs
An email was sent to all the members of the Better Health Work sharing a few project opportunities that were raised by one or more of the Work Group members and/or partners from other workgroups who share similar interests. The Better Health Work Group can send an email to Anne Williams at Anne.A.Williams@wv.gov if they are interested in working on one or more of the projects. Here are the projects:

Better Health Workgroup Project A – Identifying Evidence-Based Programming

Project Purpose: Review the national literature and current logs in the Collaborative Inventory noting evidence of evaluation and effectiveness for each program. Programs specifically focusing on the health needs and ages we have previously identified will be most important.

Project Charge: Develop criteria and parameters for review, conduct review, work closely with Jeremiah Staples to add information to the Collaborative Inventory when finalized, develop short document with recommendations for moving forward and summary points.

Subcommittee Size: 5-7 members minimum

Better Health Workgroup Project B – Recommendations for Modifying Existing Programs for Specific Populations

Background: In previous workgroup meetings, several members have noted the value and need to identify programs that are not just effective but are appropriate for our rural population. Identifying programs that are tailored or rural populations, lower income populations, and other settings that are characteristics of our high risk populations, will be needed to realistically establish a menu of programming.

Project Purpose: Review national, regional, and local literatures to identify programs that are either evidence-based (literature supporting effectiveness for populations of interest) OR practice-based (programs that have been sustained and known to be effective for our population but may not have literature/publications supporting them).

Project Charge: Develop criteria for the review, conduct review, and work closely with Jeremiah Staples to add information to the Collaborative Inventory when finalized.

Subcommittee Size: 5-7 members minimum

Better Health Workgroup Project C – Recommendations for Disseminating Research Findings to Practitioners, Policy Makers, and Community Members

Background: Separations continue to exist between important research on targeted health issues and those who want/need the latest research findings to translate that information into effective policy and practice. Currently, a short guideline/manual does not exist that would educate all partners on how best to share information.

Project Purpose: Review multiple sources of information to identify best ways to share the latest local, regional, and national research for a particular health issue with policy makers, health providers, payers, and community members.

Project Charge: Review literature for current guidelines, note needs and requests of all partners in terms of what information is needed, the best way to communicate that information, etc., and develop a final guideline/manual for all partners to use to increase communication and share work across areas.

Subcommittee Size: 5-7 members minimum

Next Meeting: **December 16, 2014, 10:00 – 12:00 p.m.**
One Davis Square, Suite 100 East, Conference Room 134



KEYS Initiative.pdf