

OVERVIEW OF RISEVT EXPANSION 2020

Implementation & Evaluation

Green Mountain Care Board Presentation
February 5, 2020



TODAY'S PANELISTS



Marissa Parisi, MS
Executive Director
RiseVT



**Jennifer Laurent, PhD,
APRN**
University of Vermont
College of Nursing



Alice Stewart, MA
RiseVT Program
Manager
Mt. Ascutney Hospital
and Health Center



**Billie Lynn Allard, MS,
RN**
Administrative Director
of Population Health
and Transition of Care
Southwestern Vermont
Medical Center

RISEVT EXPANSION

2015 Pilot

1. Northwestern Medical Center

2018

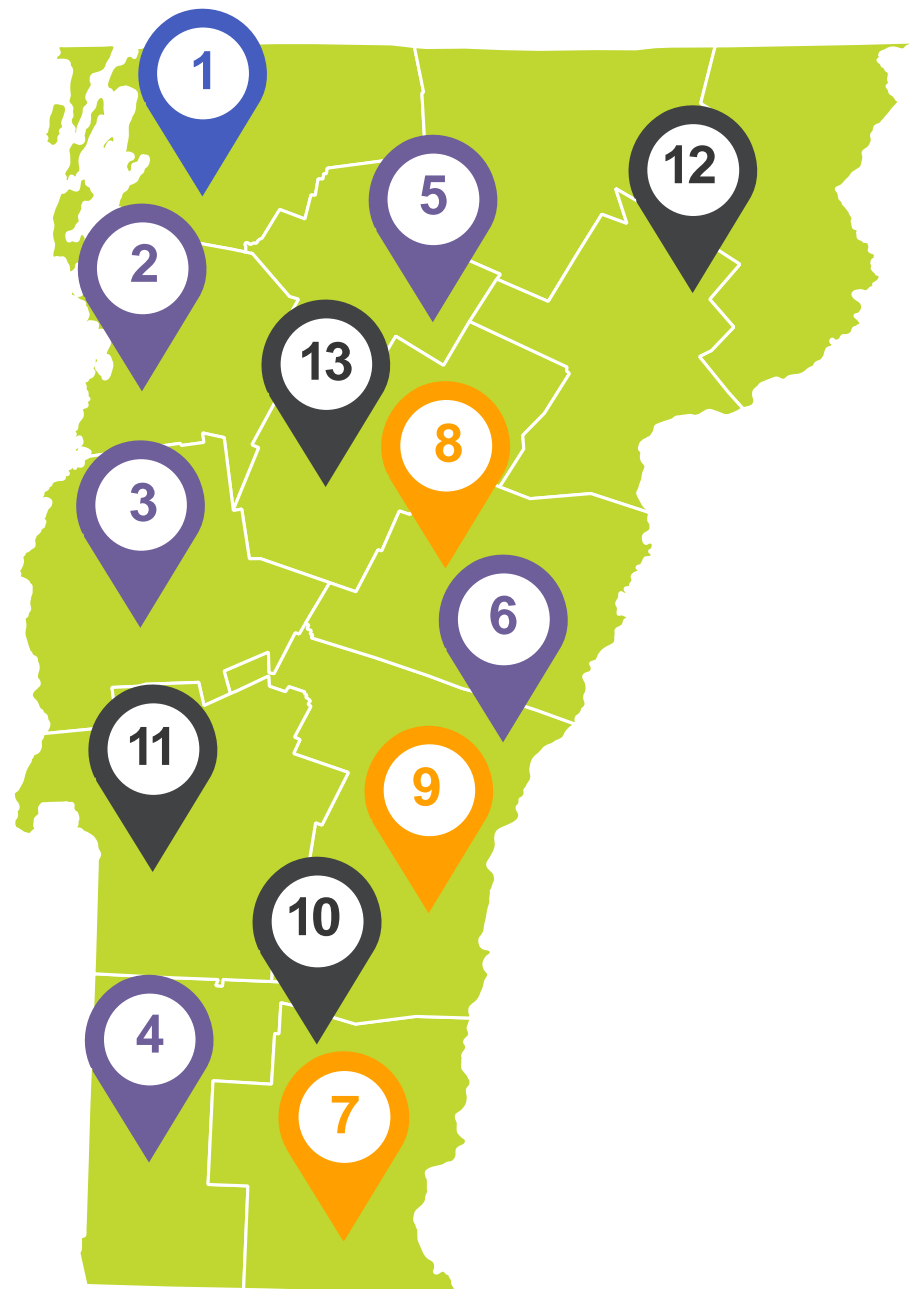
- 2. UVM Medical Center
- 3. Porter Medical Center
- 4. Southwestern Vermont Medical Center
- 5. Copley Hospital
- 6. Mt. Ascutney Hospital and Health Center

2019

- 7. Brattleboro Memorial Hospital
- 8. Gifford Medical Center
- 9. Springfield Hospital

2020

- 10. Grace Cottage Hospital
- 11. Rutland Regional Medical Center
- 12. Northern Counties Health Care
- 13. Central Vermont Medical Center





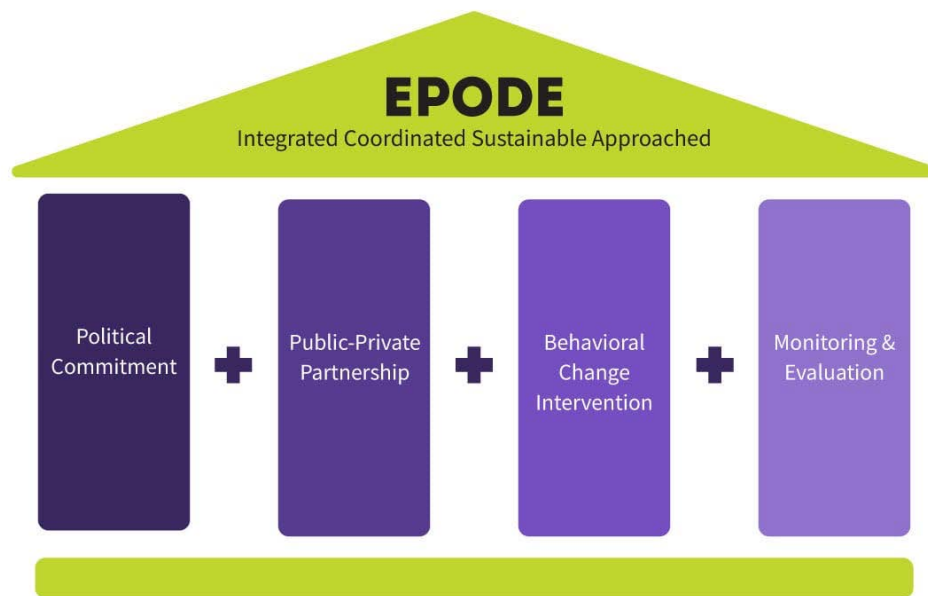
IN NINE HOSPITALS, SERVING 36 VERMONT COMMUNITIES IN 2019

- 16 RiseVT Program Managers are embedded in local communities employed by Vermont hospitals.
- Launched **Sweet Enough**, a statewide campaign to reduce sugary beverage consumption in September of 2019.
- Awarded **\$223,021** in Amplify Grants directly to Vermont communities for health and wellness activities and systems change.
- Developed comprehensive suite of program evaluation measures to ensure our initiatives are tied back to our evidence based model.
- 2020 goal is to have RiseVT in all 14 Vermont counties. Northern Counties Health Care and Rutland Regional Medical Center start January 2020.

INNOVATIVE LOCAL PROJECTS

- **Rise and Walk** programs promoted physical activity, while connecting community members with local hospital leaders.
- Implemented **Dinner Together**, a program to encourage family meal time.
- Created **Health on a Shelf**, an effort to develop a sustainable supply of healthy foods at food pantries for patrons to manage chronic illness.
- Developed the **Online Playground**, a web-based resource center for teachers.
- Partnered with **Come Alive Outside** to bring their passport program to new communities across the state.
- Supported evidence-based mindfulness programs through teacher trainings and preschool yoga offerings.

OUR EVALUATION IS TIED BACK TO MULTIPLE EVIDENCE-BASED MODELS



KEY QUESTION ABOUT OUR WORK



WHY IS RISEVT PART OF THE ACO AND HOW IS IT FUNDED?



- RiseVT is the lead primary prevention initiative for OneCare Vermont.
- We are the quadrant one initiative within the four quadrant model-the long-term strategy to reduce chronic illness among the population which is the biggest driver of cost.
- Funded with Delivery Service Reform (DSR) funds which can only flow to the ACO. From there the ACO must ensure there is a coordinated, evidence-based response statewide to increase impact.
- We get healthcare out of the medical office!

IS RISEVT DUPLICATING EFFORTS?

- Our mission: To work together in Vermont's communities to improve the quality of life and build healthy environments where people live, work, learn, and plan.
- Our top value is partnership. We explicitly always amplify existing work before launching something new. This involves extensive assessment in communities and work with state partners.
- We provide additional capacity to existing efforts that did not exist before.



HOW ARE YOU MEASURING IMPACT AND OUTCOMES?



- Measurement is built into everything we do at RiseVT.
- We look at high-level population measures collected by YRBS, BRFSS, and census.
- We then take a closer programmatic look at our impact within the evidence-based models we utilize.
- We have a rigorous evaluation plan outlined in the presentation.
- More information is available on an ongoing basis on the risevt.org website.

DR. JENNIFER LAURENT, PHD, APRN

**RESEARCH & EVALUATION ADVISOR FOR RISEVT
UNIVERSITY OF VERMONT COLLEGE OF NURSING**



A COMPREHENSIVE SUITE OF EVALUATION MEASURES



Population Health Trends

Mid and long-term population health data trends. RiseVT has selected key indicators from the YRBS and BRFSS that convey health outcomes by county.



Key Informant Interviews

Interviews with RiseVT Program Managers to measure program alignment with evidence-based practice guidelines and to inform our dose calculation.



Measuring Height & Weight

Biannual longitudinal measurement study surveilling the BMI of 1st, 3rd, and 5th graders in 20 elementary schools in 2 pilot counties.



Amplify Grant Tracking

RiseVT awards micro-grants to community partners for aligned projects that meet one or more of the CDC's 24 Strategies to Reduce Obesity.



Behavior Change Marketing Evaluation

RiseVT conducts behavior change marketing campaigns to influence the behaviors of Vermonters. The campaigns involve pre and post testing with surveys and focus groups to evaluate impact.

MONITORING POPULATION HEALTH TRENDS

RISE 



VERMONT SNAPSHOT



NUTRITION

- 22%** Adults eating vegetables three or more times/day
- 40%** Adults eating fruit two or more times/day
- 18%** Adolescents eating vegetables three or more times/day
- 33%** Adolescents eating fruit two or more times/day
- 12%** Overall food insecurity rate
- 17%** Adolescents who drank at least on sugar-sweetened beverage/day



ACTIVITY

- 59%** Adults meeting physical activity guidelines
- 21%** Adults with no leisure time activity



TOBACCO

- 17%** Percent of adults who smoke cigarettes



HEALTH

- 28%** Adult obesity
- 13%** Adolescent obesity
- 8%** Adult diabetes
- 8%** Adult cardiovascular disease
- 33%** Adults with 2 or more chronic conditions
- 28%** Adult high cholesterol

Data in this Snapshot are available from the American Community Survey (2016), the Youth Risk Behavior Survey (2017) (YRBS) and the Behavioral Risk Factor Surveillance System (2015 and 2017) (BRFSS). Data from the YRBS and the BRFSS were provided by the Vermont Department of Health.

RiseVT.org



ADDISON SNAPSHOT



NUTRITION

- = 19%** Adults eating vegetables three or more times/day
Vermont: 22%
- = 37%** Adults eating fruit two or more times/day
Vermont: 40%
- = 16%** Adolescents eating vegetables three or more times/day
Vermont: 18%
- = 33%** Adolescents eating fruit two or more times/day
Vermont: 33%
- ★ 10%** Overall food insecurity rate
Vermont: 12%
- ★ 15%** Adolescents who drank at least one sugar-sweetened beverage/day
Vermont: 17%



ACTIVITY

- = 58%** Adults meeting physical activity guidelines
Vermont: 59%
- = 23%** Adults with no leisure time activity
Vermont: 21%

Data in this Snapshot are available from Map the Meal Gap (2016), the Youth Risk Behavior Survey (2017) (YRBS) and the Behavioral Risk Factor Surveillance System (2015 and 2017) (BRFSS). Data from the YRBS and the BRFSS were provided by the Vermont Department of Health.

RiseVT.org



TOBACCO

- = 16%** Percent of adults who smoke cigarettes
Vermont: 17%



HEALTH

- = 26%** Adult obesity
Vermont: 28%
- = 13%** Adolescent obesity
Vermont: 13%
- = 8%** Adult diabetes
Vermont: 8%
- = 7%** Adult cardiovascular disease
Vermont: 8%
- = 36%** Adults with 2 or more chronic conditions
Vermont: 33%
- = 31%** Adult high cholesterol
Vermont: 28%

- =** Same as state average
- Worse than state average
- ★** Better than state average

Comparisons between county and state rates indicate whether there is a statistically significant difference.

KEY INFORMANT INTERVIEWS





RISEVT PROJECT REPORT: HIGHLIGHTS FOR 2019

75

of Projects

42

Community-
wide

44

Environmental
Changes

REVIEW OF DOSE METHODOLOGY

The Community Programs and Policies (CPP) Index



WHY ARE WE USING THE CPPI INDEX

STANDARDIZED



The Community Programs and Policies (CPP) Intensity Score was developed to provide a standardized method to measure the progress of multi-sector community health efforts over time. (Collie-Akers et al., 2013)

WELL STUDIED



The CPP Intensity Score was used in the Healthy Communities Study, a nation-wide study of 130 communities, over 5,000 children and households, and over 1400 key informant interviews. (Collie-Akers et al., 2018).

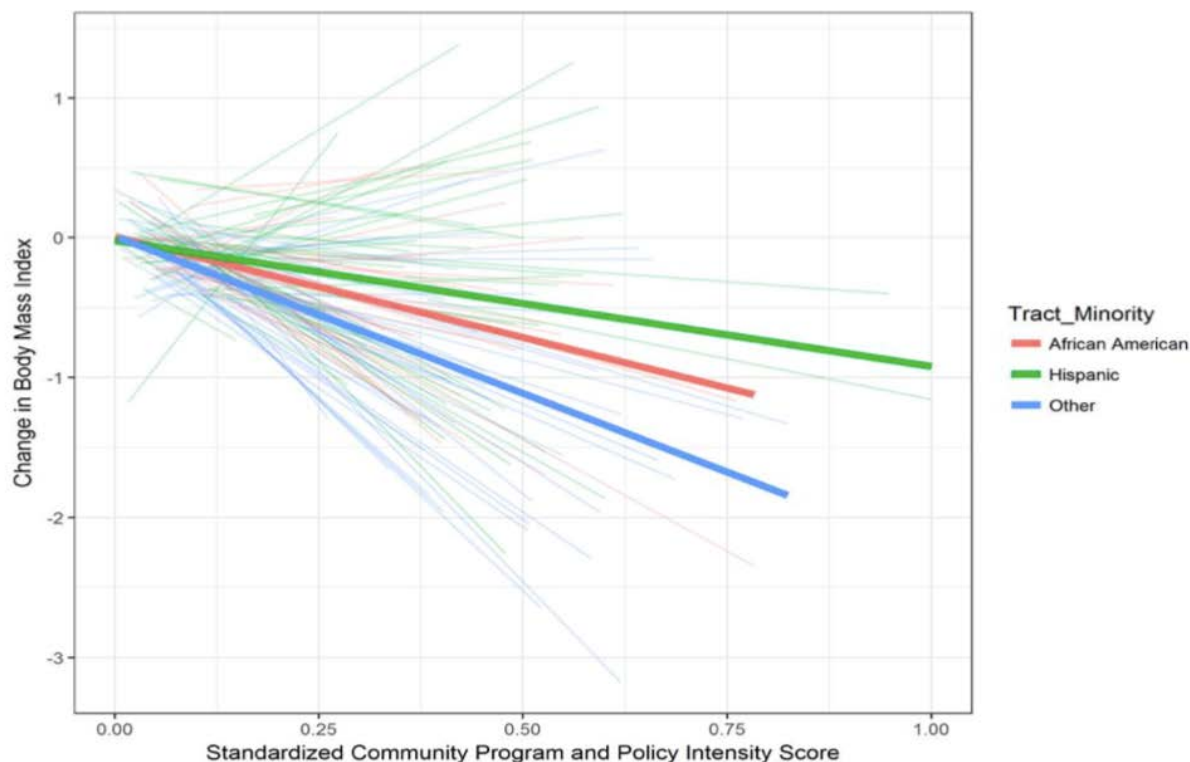
RELATIONSHIP TO DROP IN BMI



In this study researchers observed that higher intensity community programs and policies were associated with a greater decrease in childhood BMI (body mass index).

KEY FINDINGS FROM THE HEALTHY COMMUNITIES STUDY

- 2010-2016: Observational, cross-sectional, retrospective study
- 130 Communities, 5,138 Children/Households, 436 Schools, 1,421 Key Informants
- BMI measurement, medical record reviews, interview
- Community Programs and Policies Intensity Score developed using duration, reach and strength of intervention



Calculating “dose” using the Community Programs and Policies Intensity Score		
Dimension	Scoring rubric for characterizing intensity of documented community programs/policies (1=highest intensity; 0=lowest intensity)	Examples
Duration	High (1.0) – Ongoing (i.e. throughout the designated year of the project/study period	A new bike path continuously available Formation of a municipal parks/recreation committee
	Medium (0.55) – Occurring more than once during that year	Series of cooking classes Rise to 5K program “Walk with a Doctor” series
	Low (0.1) - One-time event	A local health fair or 5K One-time “show-up” event
Reach	High (1.0) – ≥21% of the population to benefit from to the CPP	A citywide pedestrian policy having an impact on all residents Strengthening a school wellness policy Walk to school day with high participation School-wide healthy snack program Creation of community center used by 25% of residents in a town
	Medium (0.55) – 6%–20% of the population benefitting from to the CPP	New playground in community park Students grades 3-5 participate in school gardening Several classrooms in school complete weekly wellness journal Exercise room used by 10% of employees at worksite
	Low (0.1) – 0%–5% of the population benefitting from the CPP	Rise to 5K program “Show up” event New extracurricular sport or club
Behavior Change Strategy	High (1.0) – Modifying policies and systems; Changing consequences; Modifying access, opportunities, and barriers	Implement universal free school meals Sidewalk improvements Trail signage Building a school or community garden New or upgraded park or playground Removing vending machines Clinic provides weekly CSA to patients
	Medium (0.55) – Enhancing services and support	Rise to 5K Program Walk/bike to school program Fitness classes Nutrition education/cooking classes Rise VT Smoothie Bike at Farmer’s Market Worksite biometric screening program
	Low (0.1) - Providing information and enhancing skills	Providing an in-service to teachers Social media engagement/campaign Surveying community members about mobility

DIRECT MEASUREMENT OF HEIGHT AND WEIGHT





2017

- 1,866 students in grades 1, 3, and 5 were measured by RiseVT staff
- 52 parents did not consent to participation.
- 27 students chose not to be measured.
- 18% of students were clinically overweight*
- 22.5% of students were clinically obese*

2019

- 1,719 students in grades 1, 3, and 5 were measured by RiseVT staff
- 48 students chose not to be measured.
- 18.5% of students were clinically overweight*
- 23.8% of students were clinically obese*

Our data show that between 2017 and 2019 there has been no statistically significant change in rates of overweight and obesity among schoolchildren in Franklin and Grand Isle counties. Additional years of data are needed before a trend can be reliably assessed.

*The CDC defines childhood overweight as BMI between the 85th and 95th percentile. CDC defines childhood obesity as BMI at or above 95th.

AMPLIFY GRANT TRACKING



AMPLIFY GRANT TRACKING

- Awarded **\$223,021** in Amplify Grants directly to Vermont communities for health and wellness activities and systems change.
- Projects leverage local enthusiasm and energy and range from small programmatic efforts to supporting larger infrastructure initiatives, including traffic calming measures, sidewalk investments, accessible playground equipment, and water bottle filling stations.
- Grants are aligned with one or more of the Centers for Disease Control and Prevention's 24 Strategies to Reduce Obesity and Overweight.



EVALUATING BEHAVIOR CHANGE MARKETING CAMPAIGNS



CURRENT BEHAVIOR CHANGE MARKETING CAMPAIGN

- Research partner is the Center for Research and Public Policy (CRPP). They conducted focus groups and an online survey to assess **knowledge** and **beliefs** around sugar sweetened beverages, as well as **motivation** to change behavior.
- On average, Vermonters reported consuming 6.76 sugar-sweetened beverages each week. The 3 most frequently consumed beverages were **sodas, fruit drinks, and sugary coffee drinks**.
- Top motivators likely to encourage people to change behavior included concern over health issues, weight loss, and feeling good.
- Both quantitative and qualitative data collection will be repeated in the fall of 2020 to evaluate the success of the Sweet Enough campaign.



ALICE STEWART
RISEVT PROGRAM MANAGER
MT ASCUTNEY HOSPITAL AND HEALTH CENTER



PROJECT OVERVIEW: HEALTH ON THE SHELF

What we're working toward:

- Generate a sustainable supply of healthy foods for Windsor area food shelf patrons trying to manage or prevent chronic illnesses

How we're doing it:

- Partner with area food shelves through a collaborative, consultative approach that respects each food shelf's culture, processes, and clientele
- Recruit local businesses, municipalities, and other organizations to adopt a month each year for a healthy foods drive (or monetary donation in lieu of a drive)

WINDSOR AREA FOOD SHELF PROFILE

- 4 towns in Mt. Ascutney RiseVT service area
 - Windsor, West Windsor, Weathersfield, and Hartland
- 5 food shelves
 - Smallest are open 1 hour per week
 - Largest is open 3x per week (3.5 hours total) last 3 weeks of the month
- 2 get food from the VT Foodbank
- 2 others get food from Willing Hands (donated fruits and vegetables from stores and farms)
- Most food is donated by town residents or purchased with donated funds

HEALTH ON THE SHELF GOALS

Primary goal:

Sustainable supply of healthy foods in area food shelves

Secondary goals:

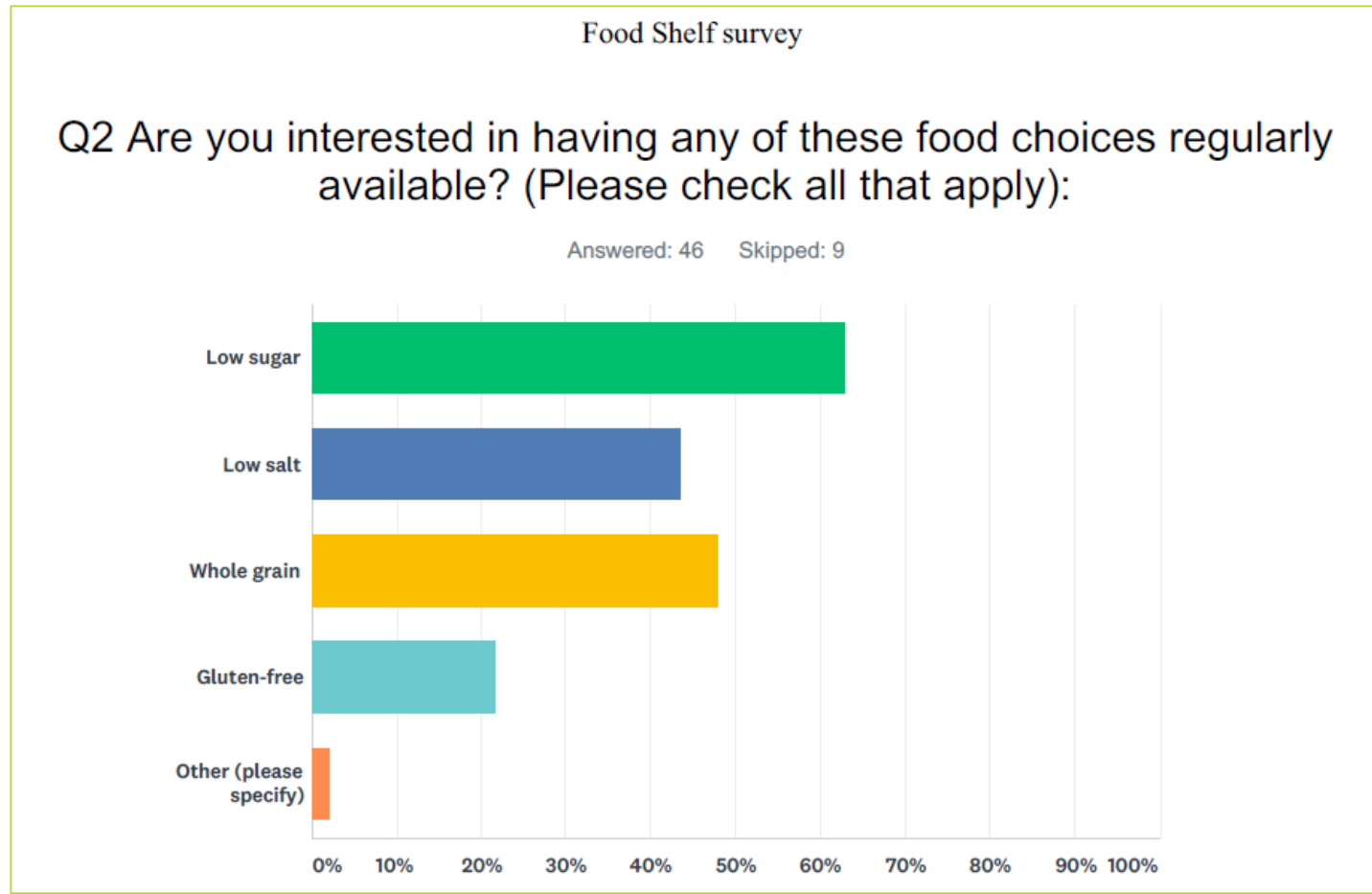
- Community education around nutrition
- Building an accountable community for health mindset



HEALTH ON THE SHELF – KEY PARTNERS

- 5 food shelves
- Vermont Department of Health
 - Kate Roome, Chronic Disease Designee based out of Springfield Office of Local Health
- Area businesses, municipalities, and community groups that sponsor food drives

PHASE 1 – GATHERING FOOD SHELF INPUT AND PATRON DATA



PHASE 2 – TESTING WHAT WORKS AND APPLYING A QUALITY IMPROVEMENT APPROACH

Testing food drive concepts to offer business and community partners a menu of workable ideas to fit their culture and setup

To generate donations:

- Departmental champions
- Competition to collect the most items
- Wellness program points

To generate needed donations and provide nutrition education:

- Shopping list and a food label with callouts
- Gift tags with needed food
- Theme months

TEST #1 - SHOPPING LIST WITH FOOD LABEL

Food Shelf Healthy Foods Shopping List

Low Sugar

- Instant Oatmeal – plain or labeled “low sugar”
- Fruit spreads and jams – no sugar added or reduced sugar
- Canned fruit in water or fruit juice

Low salt

- Canned tomatoes, spinach, corn, carrots -- low sodium or no salt added
- Low sodium Rice a Roni
- Healthy Choice soups

Gluten free

- Gluten-free pasta
- Rice noodles
- Cheerios

Whole grain

- Whole wheat pasta
- Whole grain cereals

Protein

- Protein shakes like Ensure
- Tuna, chicken or ham – low sodium, packed in water
- Canned beans, low sodium, no salt added
- Peanut butter with no added sugar

Herbs and spices

- Cinnamon
- Basil
- Oregano
- Cumin
- Turmeric
- Garlic

Please bring your donations to:

All donations benefit clients with chronic medical conditions at area food shelves: Windsor Food Shelf, Ascension Food Shelf, Union Food Cupboard, Perkinsville Food Shelf, Reading-West Windsor Food Shelf, and the Hartland Food Shelf.

NUTRITION FACTS

Serving size: ½ cup (120g) tomatoes, diced, low-sodium, canned

Amount Per Serving

Calories 40 Calories from Fat 0

	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 140mg	7%
Total Carbohydrate 9g	3%
Dietary Fiber 2g	9%
Sugars 3g	
Protein 2g	

Vitamin A	15%	Vitamin C	20%
Calcium	4%	Iron	8%

*Percent Daily Values are based on a 2,000 calorie diet.

Low salt: 140 mg or less per serving qualifies as low sodium

Low sugar: Aim for 10g or less per serving. Check ingredients for hidden sugars: corn syrup, dextrin, honey, brown sugar, molasses, maple syrup, sucrose, dextrose, fructose, maltose, glucose

Canned vegetables: at least 15% DV of vitamin A or C, or combination of vitamins and minerals equal to at least 20% DV

Hints to help you make healthy choices for your food shelf donations

Thank you for your contributions!

Canned Fruit: at least 20% DV for Vitamin A or C, or combination of vitamins and minerals equal to at least 30% DV

RISE VT
Embracing Healthy Lifestyles

TEST #3 – GIFT TREE FOR HEART HEALTH MONTH



RESULTS-BASED ACCOUNTABILITY MEASURES FOR FOOD SHELF PROJECT

	Measures Developed by Planning & Evaluation Workgroup
How much did we do?	# of organizations that agree to sponsor food drives
How well did we do it?	% of organizations that agree to do a food drive the second year
Is anyone better off?	# of donated healthy food items that turn over at food shelves (indicator of interest by clients)

CALCULATING DOSE – HEALTH ON THE SHELF

Project: Monthly food drives through different businesses and community partners to stock food shelves with healthy foods for patrons with chronic medical conditions

Dimension	Intensity	Score
Duration	High	1.0
Reach	Medium*	0.55
Behavior Change Strategy	High	1.0

*Based on assumption that those buying the foods are learning to scrutinize food labels and what is low sugar, low salt, etc.

Total score: 2.55

SHORT-TERM OUTCOMES FOR HEALTH ON THE SHELF

- Windsor Food Shelf changed its purchasing practices and will only buy *no salt added* canned vegetables going forward
- Anecdotal reports from food drive donors that they have been reading labels
 - Finding low sodium and low sugar foods is challenging
 - Re-evaluating what they are buying for themselves

PROJECT OVERVIEW: WINDSOR WALKS

What we're working toward:

- A series of walking loops in Windsor, ranging from 1/4 mile to 4 miles, with at least some negotiable by wheelchairs and strollers

How we're doing it:

- Partnering with the town of Windsor and VDH on signage content and placement
- Working with community consultants ranging from avid walkers to those with impaired mobility to design a system that offers options for a variety of Windsor residents



WINDSOR WALKS - GOALS

Primary goal:

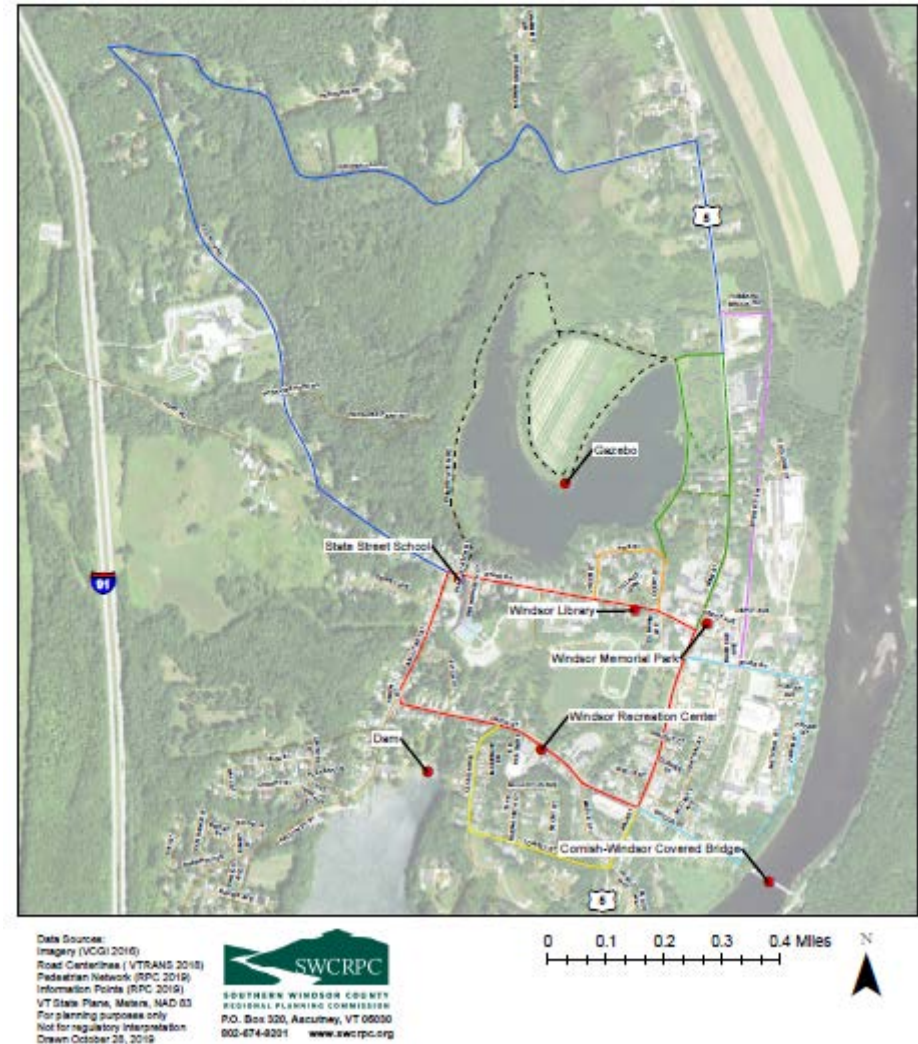
- Increase walking by Windsor residents and workers through way-finding and decision prompts and establishment of walking groups

Secondary goal:

- Promoting Windsor as a healthy place to live or visit



Draft: Windsor Walking Path Map



WALKING LOOPS IN WINDSOR – KEY PARTNERS

- Town of Windsor – Bob Haight, Zoning Administrator
- Community consultants
- VDH – Kate Roome, CDD based out of Springfield OLH
- Southern Windsor County Regional Planning Commission
- Abutting property owners
- Retired Seniors Volunteer Program



CALCULATING DOSE – LOCAL EXAMPLES

Project: Way-finding signage for walking loops throughout the town of Windsor, coupled with weekly walking groups and special guided walk events

Dimension	Intensity	Score
Duration	High	1.0
Reach	High	1.0
Behavior Change Strategy	High	1.0

Total score: 3.0

BILLIE LYNN ALLARD, MS,RN

**ADMINISTRATIVE DIRECTOR OF POPULATION HEALTH AND
TRANSITION OF CARE**

SOUTHWESTERN VERMONT MEDICAL CENTER



SEEKING RISEVT IN BENNINGTON - 2016

SAVE THE DATES – Sept. 19 and 20

Leading Health Care Reform BY BUILDING ACCOUNTABLE COMMUNITIES

Please join your peers across many disciplines for this important regional conference.

RECEPTION Evening, Monday, September 19, 2016

CONFERENCE All day, Tuesday, September 20, 2016
Grand Summit Resort and Conference Center | Mount Snow, VT

SESSIONS:



KEYNOTE PRESENTATION:

The Relationship of Transitional Care to Population Health & System Redesign

MARY NAYLOR, PhD, FAAN, RN

Marian S. Ware Professor in Gerontology
Director, New Courtland Center for Transitions & Health
University of Pennsylvania School of Nursing



Financial Implications of Accountable Care Organizations

KEVIN STONE, BA, MBA

Senior Consultant and Principal, Helms & Company
Project Specialist for Accountable Care Organization Development and
Regional Services, Dartmouth-Hitchcock



Integrating Population Health and Prevention in Health Care Reform:

Vermont's Exploration of Accountable Communities for Health

HEIDI KLEIN, BA, MBA

Director, Division of Health Surveillance
Vermont Department of Health

Panel discussion moderated by Gay Landstrom, PhD, RN, NEA-BC,
Executive Vice President and Chief Nursing Officer, Dartmouth-Hitchcock

Round table discussions led by pharmacists, nurses, and specialists in
public health, addiction, and behavioral health

CALL FOR ABSTRACTS

POSTER PRESENTATIONS Abstracts will be accepted.

For submission information, to receive a full registration packet,
and/or to join the mailing list, contact Beth Dillard at
beth.dillard@svhealthcare.org



Program support from VHICP

Organized by Southwestern Vermont Health Care
100 Hospital Drive, Bennington, VT 05201
802-442-6361 | svhealthcare.org



STAKEHOLDER GROUP CONVENED 2017

- Cathy Vogel, Department of Health Director
- Billie Allard, Administrative Director of Population Health



BENNINGTON COUNTY CHALLENGES

- Rank 12th out of 14 counties in the state of Vermont for health outcomes
- 8% of babies born with low birth weight
- 43.5% of children under age 6 living in poverty
- 39% of children living in single households
- 19% of families experiencing severe housing problems



<https://www.ucsvt.org/programs/bennington-county-head-start/>

ONE CARE STRATEGY/RISEVT

- Summer Intern to keep momentum
- Show up activities -
- Andrea Malinowski hired in Fall 2018
- Site visits from Marissa and Emmie
- Steering Team
- Stake holder group



BENNINGTON COUNTY: OUR STORY



An Accountable Care Organization is a voluntary network of health care providers working together.



Smart choices. Powerful tools.



STEERING COMMITTEE

- RiseVT Program Manager (Bennington, VT)
- Administrative Director of Population Health
- Assistant Superintendent of Schools
- Director of Community Development
- Coordinator of Volunteer Services and Community Engagement
- Director of Vermont Department of Health
- Director of Operations United Counseling Services
- President of Credit Union



\$30,000 IN GRANTS

- Healthy Eating and cooking programs
- Mindfulness Training in schools
- Community Self Care
- Community fitness opportunities
- Equipment and playground support
- Breastfeeding (babysitting available)
- Bicycle Education
- Swim classes for children (and adults)



FREE FITNESS CLASSES

- Day Care Center and Head Start
- Senior Care Centers
- YMCA pool (special needs)
- Couch to 5K training and race
- Walking and running groups



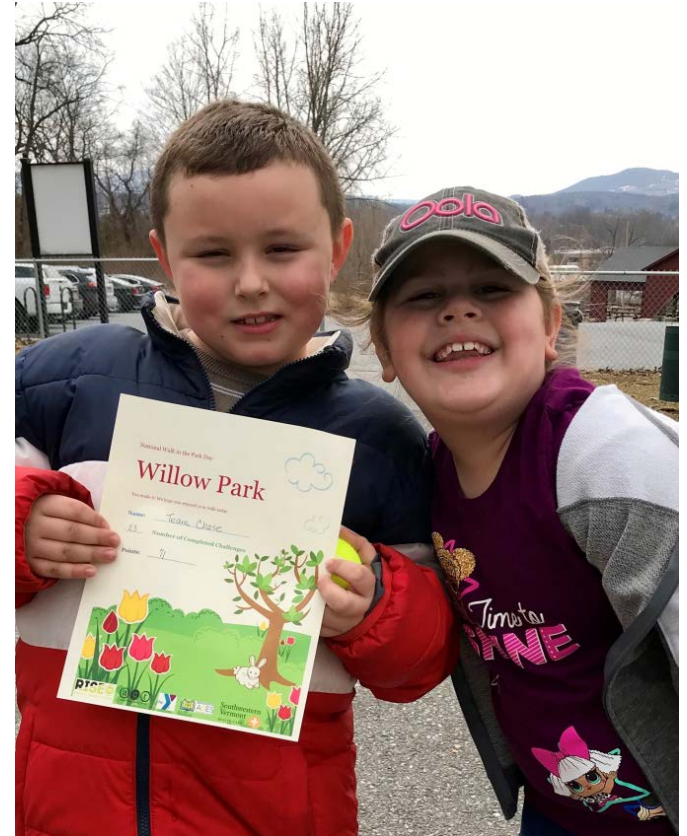
SVMC Wellness Walkers

COMMUNITY SHOW UP EVENTS

- Kite decorating and flying
- Disc Golf
- Scavenger Hunts
- Obstacle course
- Hula hooping
- Composting
- Trail clearing
- Hiking, running, biking, ski, snowshoe



Healthy Kids Day



National Take a Walk in a Park Day & Scavenger Hunt

ACTION...IN THE RIGHT DIRECTION

- Directing wellness policies for school systems
- Assisting with health curriculum (integration with health system)
- Classroom activities



INTEGRATION IN COMMUNITY

- Select board presentations (make decisions based on health)
- Serving on town boards (ACT)
- Meeting with businesses/agencies in community
- School Health and Wellness Committee
- Staff Health Improvement Committee



FUTURE PLANS

- Pre Diabetes Education
- Teaching kitchen in downtown Putnam Block
- Food pharmacy program
- Increased physical activities in all schools
- Access to free activities for all age groups
- Work with schools on curriculum development
- Mobilize health care workers in education
- Work site wellness program (hospital, UCS, other area businesses)



- Complete one bingo and be entered into a quarterly drawing of a \$50 Amazon gift card and prizes (prizes to be announced closer to the date of the drawing)
- Complete a blackout bingo (all spaces filled) and receive a \$20 Amazon gift card, plus you will be entered into the quarterly drawing.
- Please bring copy to front desk when completed or send to Abigail Fowler at Abigail.fowler@vnahsr.org (don't forget to hold on to your physical copy if you are going for a blackout bingo!)
- Please fill in the corresponding box on the back side of this page with the date you completed each action and notes (optional).

Health and wellness plans administered by



RISEVT-CATALYST FOR CHANGE

- Convening community and health system to improve health
- Investment in children

