

# RiseVT Measurement Study Results

## Presentation to Green Mountain Care Board

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## *RiseVT is a Movement*

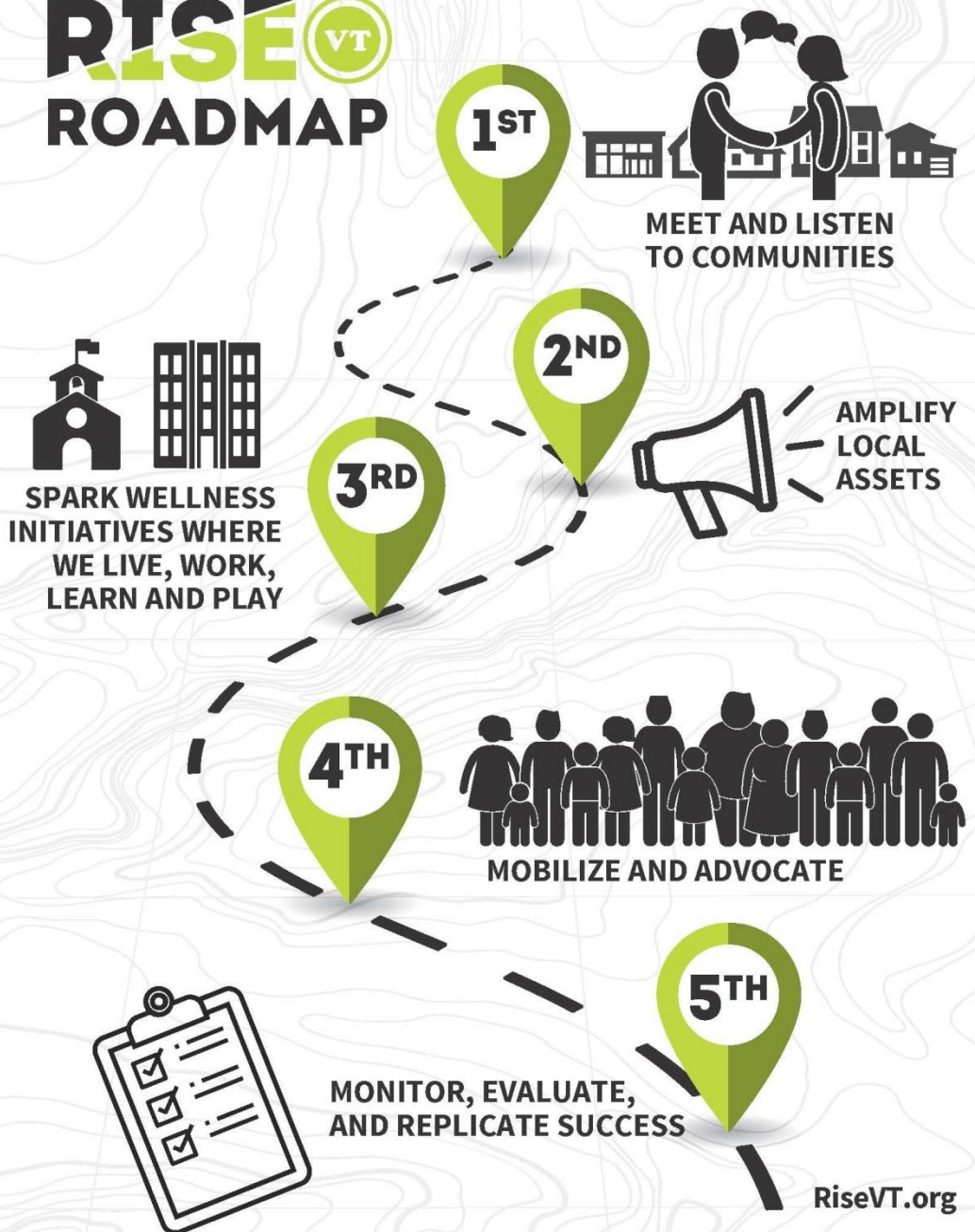
We are a community collaborative to embrace healthy lifestyles, improve the quality of life and reduce healthcare costs where we live, work, learn, and play.

Our RiseVT vision is that Vermont will be recognized as the healthiest state in the nation with healthy living being the norm.



The RiseVT approach is designed to spark wellness initiatives and mobilize community wellbeing.

**RISE** VT  
**ROADMAP**



# Current Look at Our Engagement Measures

## WHO'S ALREADY RISING?



**30003**

PEOPLE

[VIEW ALL](#)



**56**

BUSINESSES

[VIEW ALL](#)



**18**

SCHOOLS

[VIEW ALL](#)



**11**

COMMUNITIES

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# Measuring Impact Over Time

BRFSS (2014-15) or YRBS (2015)	FR (%)	GI (%)	VT Current (%)	US Current (%)	Vermont Target (%)	RiseVT Target (July 1, 2019)
% of adults (20+) who are obese	30	24	25	29	20	29%/23%
% of adolescents in grades 9-12 who are obese	16	19	12	14	8	15%/18%
% of adults eating fruit 2 or more times daily	33	26	32	29	45	35/28
% of adolescents in grades 9-12 eating fruit 2 or more times daily	31	28	34	32	40	33/30
% of adults eating vegetables 3 or more times daily	18	15	20	17	35	20/16
% of adolescents in grades 9-12 eating vegetables 3 or more times daily	13	16	18	15	20	15/16
% of adults meeting aerobic physical activity guidelines	49	60	59	51	65	50/61
% of adults with no leisure time aerobic physical activity	26	20	21	26	15	26/20
% of adolescents in grades 9-12 meeting physical activity guidelines	25	22	23	27	30	27/24
% of students who agree that in their community they feel like they matter to people. (protective factor)	FRCE 46 FRNE 48 FRNW 35 FRW 45	48	50	N/A	N/A	1% each school
% of adults exposed to second-hand smoke	50	N/A	46	37.8 (2005-08)	35	45
Increase number of eligible families enrolled in WIC (WIC data)	1,379 June 2017	N/A				1,480 (July 1, 2018)
Increase % of infants being breastfed (birth certificate data)	83% Quarter ending 12/2016		90% Quarter ending 12/2016			85%
Decrease % of women using tobacco during pregnancy (birth certificate data)	19% Quarter ending 12/2016		17% Quarter ending 12/2016			15%
Increase number of Breastfeeding Friendly employers	52	2	N/A	N/A	N/A	62/4

# Why the Measurement Study?

- Most weight-related data is collected by self-report, which introduces considerable error.
- Weight data is not routinely collected for our youngest children.
- Monitoring weight trends in young children help us identify early opportunities for support and intervention.
- Early intervention has the greatest impact on children's lives!

# Background for the Measurement Study

- Study was completed in the Franklin & Grand Isle County Supervisory Union Elementary Schools
- Grades 1, 3, 5
- n=1,742
- 27 children declined to participate
- 52 parents opted out
- Used the CDC guidelines for overweight and obesity

# Participants by School

**Total number of participants = 1,715**

Maple Run, n=473

Franklin West, n=387

Franklin Northeast, n=297

Franklin Northwest, n=414

Grand Isle, n=117

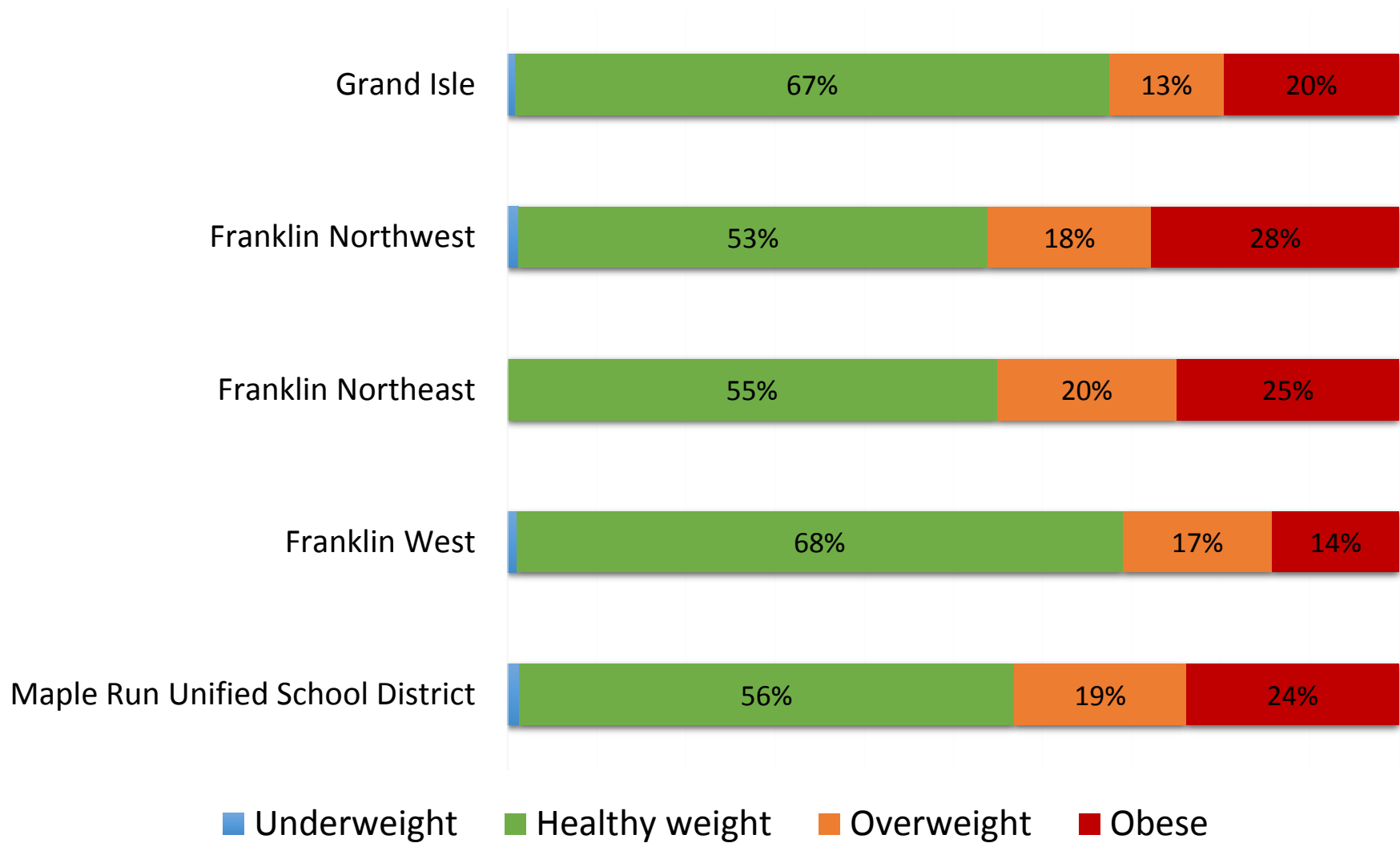


# Comparing Our Data to National Trends

- **Nationwide:** 30% of children in the US are either overweight or obese\*
- **Our Data: 41% children in FGI are either overweight or obese.**
- **Reflection:** 41% of our children are at risk for weight-related health issues now and in the future.
- **Reflection:** When an overweight or obese child reaches their teens there is an 80% chance they will remain overweight or obese as an adult.
- **Reflection:** What does this tell us...

\*CDC. Overweight and Obesity: Data, Trends and Maps, 2017.

# BMI Categories For Students In 1st, 3rd and 5th Grade By School District



■ Underweight ■ Healthy weight ■ Overweight ■ Obese

# What is the Impact of Childhood Overweight (OW) & Obesity (O)?

- One of the most stigmatizing and least socially acceptable conditions in childhood
- Devastating to OW/O Children:
  - Excluded in activities
  - Low self-esteem/confidence – retreat; isolate
  - Fewer friends
  - Depression, emotional problems
  - Unresolved childhood issues become adult issues
- 4x more likely to have trouble in school, miss school, and more absences with chronic condition

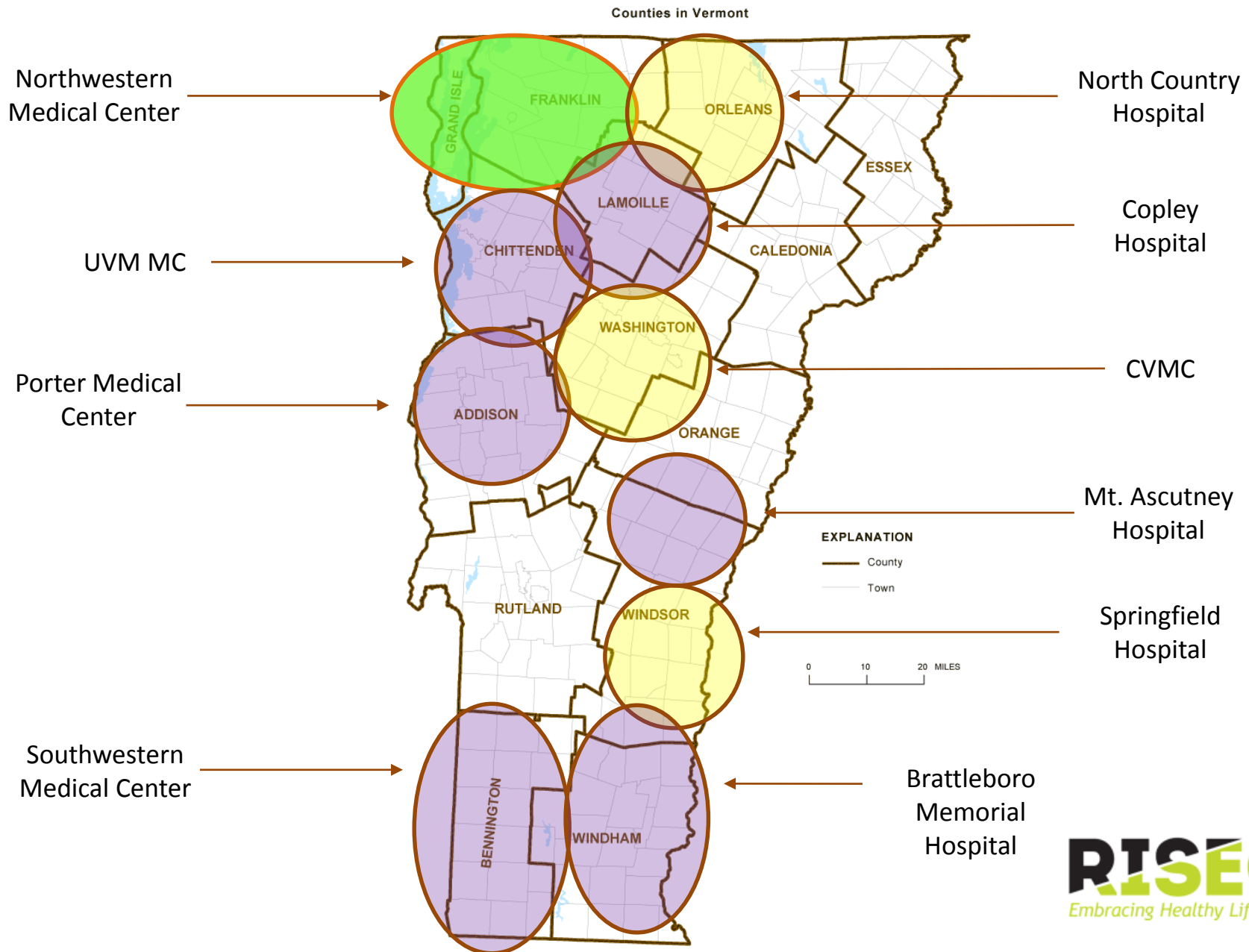
# What is the Learning Impact of Childhood Overweight (OW) & Obesity (O)?

- 25% of OW/O (self reported) children were victims of bullying in the 3<sup>rd</sup>, 5<sup>th</sup>, and 6<sup>th</sup> grades
- OW/O kids more likely to be perpetrators of bullying as well
- OW in Kindergarten have greater behavioral issues and lower test scores in 1st three years of school, more absences, greater grade repetition
- OW girls have lower math scores
- OW/O kids have lower overall academic performance

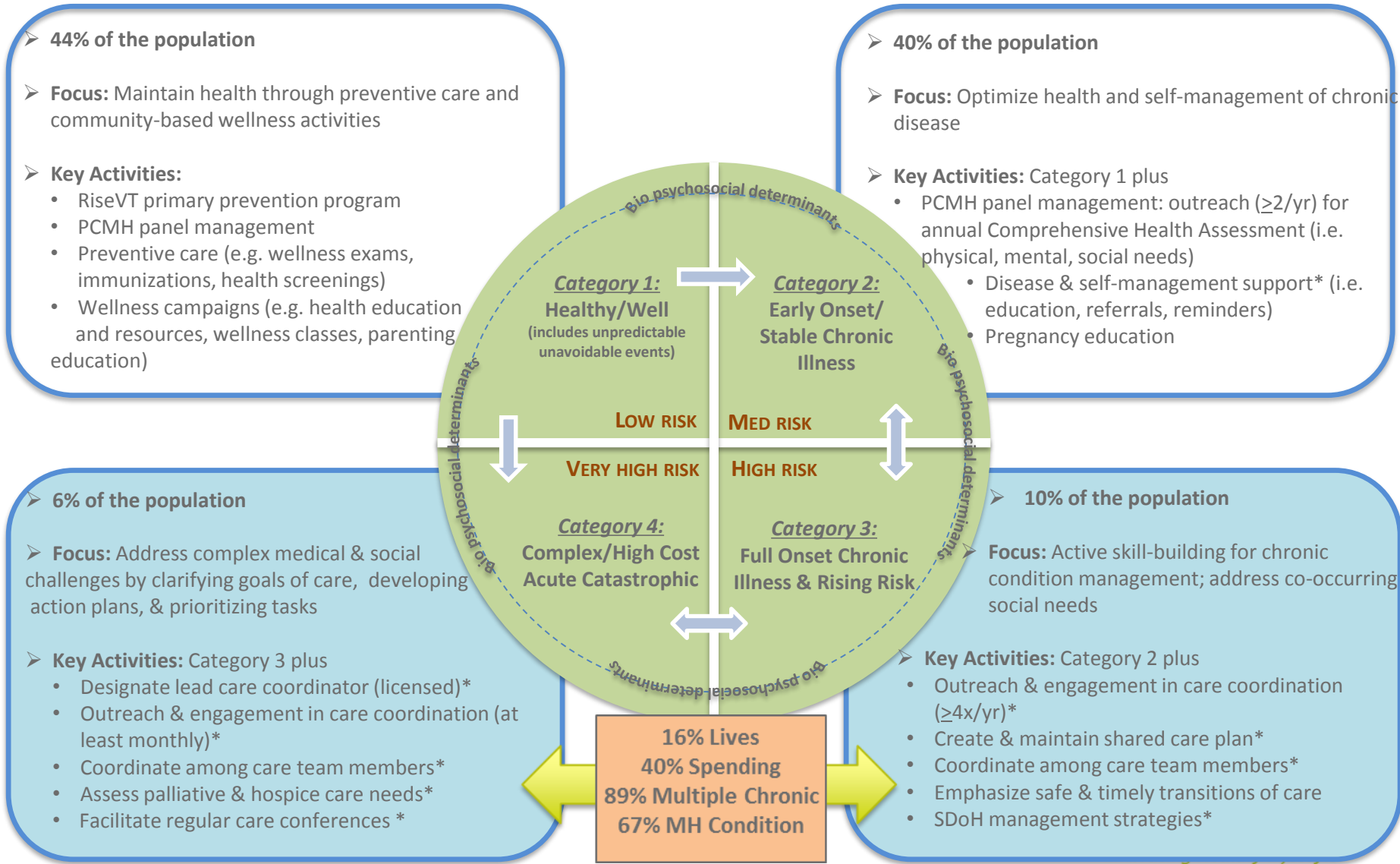
# RiseVT's Partnerships with Schools

- Strengthen Wellness Policies - Whole School Whole Child Whole Community (WSCC) for all Supervisory Unions in collaboration with RiseVT & Voices For Healthy Kids
- Encourage and increase Wellness and Movement in classroom learning
  - ❖ i.e. Wellness with Mindfulness Breaks/Movement/Healthy choices/Recess
- Support Measurement Study implementation, continuation
- Greater use of RiseVT classroom and school scorecards
- Engaging Activities with School - Families
- RiseVT is your partner - here to assist, guide, support, & amplify your great work

# RiseVT is Scaling Up Statewide



# Population Health Approach to Care Coordination



➤ **44% of the population**

➤ **Focus:** Maintain health through preventive care and community-based wellness activities

➤ **Key Activities:**

- RiseVT primary prevention program
- PCMH panel management
- Preventive care (e.g. wellness exams, immunizations, health screenings)
- Wellness campaigns (e.g. health education and resources, wellness classes, parenting education)

➤ **40% of the population**

➤ **Focus:** Optimize health and self-management of chronic disease

➤ **Key Activities:** Category 1 plus

- PCMH panel management: outreach ( $\geq 2$ /yr) for annual Comprehensive Health Assessment (i.e. physical, mental, social needs)
- Disease & self-management support\* (i.e. education, referrals, reminders)
- Pregnancy education

➤ **6% of the population**

➤ **Focus:** Address complex medical & social challenges by clarifying goals of care, developing action plans, & prioritizing tasks

➤ **Key Activities:** Category 3 plus

- Designate lead care coordinator (licensed)\*
- Outreach & engagement in care coordination (at least monthly)\*
- Coordinate among care team members\*
- Assess palliative & hospice care needs\*
- Facilitate regular care conferences \*

➤ **10% of the population**

➤ **Focus:** Active skill-building for chronic condition management; address co-occurring social needs

➤ **Key Activities:** Category 2 plus

- Outreach & engagement in care coordination ( $\geq 4$ x/yr)\*
- Create & maintain shared care plan\*
- Coordinate among care team members\*
- Emphasize safe & timely transitions of care
- SDoH management strategies\*

\* Activities coordinated via Care Navigator software platform



Questions?