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.
Current Look at Our Engagement Measures

WHO’S ALREADY RISING?

30003 PEOPLE
56 BUSINESSES
18 SCHOOLS
11 COMMUNITIES

VIEW ALL
VIEW ALL
VIEW ALL
VIEW ALL

RISE VT
Embracing Healthy Lifestyles
# Measuring Impact Over Time

<table>
<thead>
<tr>
<th>BRFSS (2014-15) or YRBS (2015)</th>
<th>FR (%)</th>
<th>GI (%)</th>
<th>VT Current (%)</th>
<th>US Current (%)</th>
<th>Vermont Target (%)</th>
<th>RiseVT Target (July 1, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults (20+) who are obese</td>
<td>30</td>
<td>24</td>
<td>25</td>
<td>29</td>
<td>20</td>
<td>29%/23%</td>
</tr>
<tr>
<td>% of adolescents in grades 9-12 who are obese</td>
<td>16</td>
<td>19</td>
<td>12</td>
<td>14</td>
<td>8</td>
<td>15%/18%</td>
</tr>
<tr>
<td>% of adults eating fruit 2 or more times daily</td>
<td>33</td>
<td>26</td>
<td>32</td>
<td>29</td>
<td>45</td>
<td>35/28</td>
</tr>
<tr>
<td>% of adolescents in grades 9-12 eating fruit 2 or more times daily</td>
<td>31</td>
<td>28</td>
<td>34</td>
<td>32</td>
<td>40</td>
<td>33/30</td>
</tr>
<tr>
<td>% of adults eating vegetables 3 or more times daily</td>
<td>18</td>
<td>15</td>
<td>20</td>
<td>17</td>
<td>35</td>
<td>20/16</td>
</tr>
<tr>
<td>% of adolescents in grades 9-12 eating vegetables 3 or more times daily</td>
<td>13</td>
<td>16</td>
<td>18</td>
<td>15</td>
<td>30</td>
<td>15/16</td>
</tr>
<tr>
<td>% of adults meeting aerobic physical activity guidelines</td>
<td>49</td>
<td>60</td>
<td>59</td>
<td>51</td>
<td>65</td>
<td>50/61</td>
</tr>
<tr>
<td>% of adults with no leisure time aerobic physical activity</td>
<td>26</td>
<td>20</td>
<td>21</td>
<td>26</td>
<td>15</td>
<td>26/20</td>
</tr>
<tr>
<td>% of adolescents in grades 9-12 meeting physical activity guidelines</td>
<td>25</td>
<td>22</td>
<td>23</td>
<td>27</td>
<td>30</td>
<td>27/24</td>
</tr>
<tr>
<td>% of students who agree that in their community they feel like they matter to people. (protective factor)</td>
<td>FRCE 46</td>
<td>48</td>
<td>50</td>
<td>N/A</td>
<td>N/A</td>
<td>1% each school</td>
</tr>
<tr>
<td>% of adults exposed to second-hand smoke</td>
<td>50</td>
<td>N/A</td>
<td>46</td>
<td>37.8 (2005-08)</td>
<td>35</td>
<td>45</td>
</tr>
</tbody>
</table>

- Increase number of eligible families enrolled in WIC (WIC data)  
  - June 2017: 1,379  
  - June 2018: 1,480 (July 1, 2018)

- Increase % of infants being breastfed (birth certificate data)  
  - Quarter ending 12/2016: 83%  
  - Quarter ending 12/2016: 90%  

- Decrease % of women using tobacco during pregnancy (birth certificate data)  
  - Quarter ending 12/2016: 19%  
  - Quarter ending 12/2016: 17%  

- Increase number of Breastfeeding Friendly employers  
  - 2016: 52  
  - 2016: 2  

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**RISE VT**  
Embracing Healthy Lifestyles
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

- **Grand Isle**: 67% Healthy weight, 13% Overweight, 20% Obese
- **Franklin Northwest**: 53% Healthy weight, 18% Overweight, 28% Obese
- **Franklin Northeast**: 55% Healthy weight, 20% Overweight, 25% Obese
- **Franklin West**: 68% Healthy weight, 17% Overweight, 14% Obese
- **Maple Run Unified School District**: 56% Healthy weight, 19% Overweight, 24% 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 3rd, 5th, and 6th 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

Northwestern Medical Center

UVM MC

Porter Medical Center

Southwestern Medical Center

North Country Hospital

Copley Hospital

CVMC

Mt. Ascutney Hospital

Springfield Hospital

Brattleboro Memorial Hospital

RISEVT Embracing Healthy Lifestyles
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 (≥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 (≥4x/yr)*
  • Create & maintain shared care plan*
  • Coordinate among care team members*
  • Emphasize safe & timely transitions of care
  • SDoH management strategies*

Category 1: Healthy/Well
(includes unpredictable unavoidable events)

Category 2: Early Onset/Stable Chronic Illness

Category 3: Full Onset Chronic Illness & Rising Risk

Category 4: Complex/High Cost Acute Catastrophic

16% Lives
40% Spending
89% Multiple Chronic
67% MH Condition

* Activities coordinated via Care Navigator software platform