

# Creating a Healthier Future for Our Children: A Prevention- Oriented Child Health System

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**W**e are raising a generation of children who, for the first time in our history, are likely to be less healthy than their parents and may even have a shorter life expectancy (Olshansky et al. 2005). Chronic diseases remain the number one factor in poor health outcomes, many of which have their origins in childhood (Perrin et al. 2007). Over the last three decades, the number of overweight children has more than tripled, and one in every five children has a mental health problem (Ogden et al. 2006; Kataoka et al. 2002). It is a tragedy in the making, and one that is all the more disheartening because these health threats are largely preventable.

From the moment they are born until they become young adults, children interact with multiple systems – health care, early care and education, education, youth development (such as parks and recreation, community organizations) and for some, child welfare and juvenile justice. Each of these systems has the opportunity to shape the lives of children by providing or connecting them to needed services. Often, however, the systems operate in “silos” that do not communicate with each other or coordinate services for children. As a result, there can be a complex pathway for families to navigate when they need support, and this can result in children not getting the help they need when they need it.

Our nation requires a child health system designed to reach children wherever they live, learn, and play – in schools, early care and education, primary care, and community-based settings. Our definition of child health should be broader than medical care – we need to address present-day health threats and focus on prevention and promoting overall health and development. An approach that addresses the health and well-being of the whole child is a critical need at this time. The systems that care for children must proactively support children’s physical, emotional, and environmental needs over time in order to address the social determinants of health, defined by the World Health Organization as the circumstances in which people are born, grow up, live, work, and age. A prevention-oriented child health system should have at least the following three core elements: 1) a population-based framework that is outcome driven; 2) a policy and practice change agenda that achieves sustainable results<sup>1</sup>; and 3) a network of strategic partnerships that works across sectors in all the places where children live, learn, and play (Chang et al. 2010; Nemours Health and Prevention Services and The California Endowment 2008).

What is at stake is not just the health of children today, but the health of America tomorrow. The modern epidemics we face have lifelong consequences and present significant costs to the economy. Our failure to ensure that children reach their full health potential may jeopardize our children’s ability to function effectively as adults and our ability as a nation to remain strong and competitive in our global society.

Fortunately, we are living in a time of tremendous opportunities to help communities support the health and well-being of children. The Patient Protection and Affordable Care Act of 2010 (ACA) offers a

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<sup>1</sup> For strategy design purposes, “policy” is defined as a principle or course of action chosen to guide decisionmaking, and a “practice” is defined as a habit, custom, or method of doing something; actual performance or use, such as to put knowledge into practice. A fundamental assumption of Nemours work is that policy and practice are linked and are, in fact, drivers of each other.

number of new opportunities to support local and state prevention programs and ensure high-quality medical and primary care for children (Koh and Sebelius 2010; Kocher et al. 2010). The new law, for example, provides funding for communities to implement innovative prevention programs in multiple sectors, expands health care coverage for children and coordinated care through “medical homes,” and provides for pilot programs that integrate public health and clinical care. A set of provisions could be designed and implemented together to make a difference in the health and well-being of children and bring about system changes that we need (Bruner et al. 2010). In addition, the harsh reality of the obesity crisis has resulted in renewed focus on social determinants – factors such as social circumstances, environmental exposures, and behavior patterns – that contribute to more than 60 percent of morbidity and mortality in this country (McGinnis et al. 2002).

In leveraging these opportunities, communities can make sustainable and long-lasting changes for children. The private sector and nonprofit sector, including foundations, have a significant role to play in developing and implementing prevention-oriented child health systems at multiple levels. This paper provides one path for creating a healthier future for our children. It describes a set of strategies for achieving positive child health outcomes and changing the systems that nurture and care for children. Lessons learned are presented based on the experience of one foundation – Nemours – working with partners at the local and state levels to transform the system, and then bringing successful strategies to the national level to influence widespread change.

## A Statewide Strategy: Making Delaware’s Children the Healthiest in the Nation

Nemours, a foundation with more than 30 operating entities in four states, promotes child health and wellness in Delaware using a multisector approach that integrates population health and medical care. Nemours works with more than 200 partners, including those in early care and education, schools, primary care, and community-based organizations, to implement health-promoting policies and practices for children. This effort creates 360 degrees of child health promotion at the population level – influencing virtually all the waking hours of a child’s day. Nemours is currently using this “surround sound” strategy to foster healthy eating and physical activity in child-serving systems and thereby reduce the prevalence of childhood overweight and obesity in Delaware.

Nemours’ strategy for reducing the prevalence of childhood obesity is focused on social determinants. The goal is to change the culture and empower Delawareans to take more responsibility for their health and become active participants in the systems that care for, or affect, the health of children. As a pediatric health system heretofore focused primarily on treating illness, Nemours realized that it had a responsibility to help build health promotion capacity and mobilize Delaware communities to begin making the cultural shift toward child wellness, rather than sickness.

## Lessons Learned at the Local and State Levels

The Nemours experience suggests that there are three key areas that require intensive focus to achieve the desired changes at the local and state levels: 1) a population-based framework that is outcome driven, 2) a policy and practice change agenda that achieves sustainable results, and 3) a network of strategic partnerships that works across sectors. The details of how each locality tackles these three areas may differ, but we have found that they are critical to ensuring that the systems that care for children work together. We have also begun to see that results do occur when communities implement these key building blocks. Early evaluation results of Nemours’ work in Delaware demonstrate that the prevalence of overweight and obesity among the state’s children ages 2 to 17 did not change between 2006 and 2008. As these rates had previously been increasing, this leveling-off is cause for optimism. Results also showed significant positive behavior changes at the population level in terms of fruit and vegetable consumption, screen time, and consumption of sugary beverages.

- ▶ **Population Health Outcome Focus.** The work in Delaware began with a specific population health outcome in mind – reducing the prevalence of overweight and obesity for all children in the state. This focus on the aggregate population required that we think differently about how to address the problem. To achieve the desired outcome, the initiative had to reach large groups of children. Strategic partnerships with the various child-serving systems (schools, child care, youth-serving organizations, primary care, etc.) are leading to the development of a cross-systems network and shared strategies to help reach the most children, using high-impact and sustainable policies and practices to promote healthy eating and physical activity. Over time, this network has succeeded in reaching a significant number of children in the state while also building a base of like-minded groups to advocate for legislative and regulatory changes.
- ▶ **Sustainable Policy and Practice Changes in Multiple Sectors.** Policy and practice changes in multiple sectors are essential to achieving population-level outcome changes. Four key sectors – schools, early care and education, community/youth-serving organizations, and primary care – were chosen as focus areas specifically because they are the places where children spend the majority of their time and where there are significant opportunities to impart health information and change behavior. By focusing on healthy eating and physical activity practices in a wide variety of community settings, Nemours increased the chance that a given child will be repeatedly exposed to the prevention initiative, strengthening its impact. This place-based, multisector approach is more likely to affect and sustain prevention outcomes over time than any single intervention.

In order to sustain efforts, adopting policy change and increasing community capacity to implement practice change are vital. Policy change transforms local best practices into those with large-scale influence that can be sustained over time. For example, in Delaware, the child care licensing regulation that improves the nutritional quality of foods and requires physical activity has the potential to affect 54,000 children statewide compared to a pilot reaching 200 children in a single child care center. This policy has remained in effect under a new governor, demonstrating the sustainability of policy efforts.

Community capacity is important for ensuring that there is a training and skill-building infrastructure in place for those who care for children to implement new policies through practice changes. By providing partners with the training and information they need to implement best practices and spread the *5-2-1-Almost None*<sup>2</sup> prescription for a healthy lifestyle, Nemours was able to build capacity in the community, change environments, and help children/families change their behaviors. Nemours shared data and developed tools grounded in the best evidence available, and then put them in the hands of the practitioners who could best influence children’s behaviors. An efficient platform of training and technical assistance was also created, including in-person consultations and web-based support, to enable and motivate practitioners. Nemours enhanced the support provided to partners by building learning communities among practitioners in the each sector, including early care and education, schools, and primary care. These collaboratives allowed practitioners to learn and support each other in the change process over multiple sessions timed to allow skill practice and positive reinforcement. To further sustain the effort, Nemours helped establish ongoing infrastructure in the community to continue these learning collaboratives. For example, Nemours worked with the University of Delaware’s Institute for Excellence in Early Childhood to continue the spread of promising child care policies and practices in child care centers through learning collaboratives and training programs on an ongoing basis.

Another fundamental aspect of community capacity building is the use of coalitions to keep community leaders focused on the value of social change. Nemours made health promotion a

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<sup>2</sup> 5-2-1-Almost None consists of eating at least five servings of fruits and vegetables a day, limiting screen time to no more than two hours a day, getting at least one hour of physical activity a day, and drinking almost no sugary beverages.

priority and continued to disseminate information to leaders throughout the state. This was particularly needed to counteract the institutional bias that favors a “system” that addresses the sick, rather than one that promotes the health and development of children overtime. This has helped with maintaining long-term commitment and trust – the root of success in the community – as well as accountability at all levels.

Given the overall goal to reach the most children in the shortest amount of time with the greatest impact, designing a portfolio of policy and practice changes that optimize the available resources requires consideration of spread, intensity/impact, and sustainability. All three aspects are integral to maintaining a strong strategy of policy and practice change in the areas where children live, learn, and play. With a greater emphasis placed on strengthening the link between policy and practice change and desired behaviors and outcomes, the following questions were asked:

- Does this policy/practice change goal create **spread** of healthy behaviors that will lead to healthy outcomes?
- Does this policy/practice change goal provide the necessary **intensity and impact** to deliver the desired change?
- Does this policy/practice change goal create **sustainable** systems or other changes that will continue to exist beyond the length of the partnership?

► **Strategic Partnerships across Multiple Sectors.** Nemours elected to use strategic partnerships, including alliances with targeted state and regional organizations and community coalitions and networks, as the organizing structures to advance population-level change in health outcomes. These partnerships, formed across disciplines and the public and private sectors, mobilized organizations to advocate for and make priority policy and practice changes, and to leverage their resources.

Nemours forged alliances with the organizations having the greatest potential for impact, including state and local governments, nonprofit organizations such as the YMCA, child care centers, and school districts. In order to be cost effective and efficient in its use of resources to affect population-level outcomes, Nemours worked collaboratively with partners that could reach the largest numbers of children at the state or regional level, use their clout or authority to make the priority policy and practice changes, impact multiple priorities, and leverage resources.

The role of the coalitions/networks is to bring together all segments of the communities in which they are located to implement the priority policy and practice changes, integrate child health promotion efforts across the sectors, advocate for those priorities in their communities, collaborate on efforts to spread child health promotion messages, provide training and technical assistance, and leverage resources for sustainability. They play an important role in generating the momentum in a community to affect the culture shift needed to value and promote child health. Nemours has supported the development of coalitions/networks to create this permanent and sustainable capacity for child health promotion in the major political jurisdictions in Delaware. These coalitions/networks now work to serve and support the wide range of partners needed to efficiently bring about change in the community.

## Translating Regional Innovation into National Action

Locally, communities and states need support to innovate, design, and evaluate prevention-oriented child health systems. Helping community leaders take advantage of current funding opportunities is a critical first step, as is a focus on sustainability and spread. To take full advantage of the prevention climate and the funding available right now, those currently working in the field could be doing more to collaborate and share knowledge, with their sights set on helping communities be successful long-term. As our experience in Delaware showed, strategic partnerships and information sharing are essential components to empowering communities. We need to be working on both fronts – locally to mobilize communities, and nationally to focus on the spread and sustainability of system changes that

further support and enhance community efforts.

Like most mission-driven organizations, Nemours is focused on achieving outcomes. In our case, we are striving to influence children's health and well-being. The focus on a prevention-oriented child health system expanded our service population from the 55,100 patients who come through our clinical doors to all 207,000 children living in Delaware (Chang et al. 2007). In 2008 Nemours expanded further, with the goal of leveraging our experience to help improve child health and wellness nationally. The Office of Policy and Prevention based in Washington was established, with dedicated staff and resources, to work nationally toward a specific policy and practice change agenda with the potential to positively affect millions of children beyond those who receive care at Nemours. The organization found that the knowledge gained working locally and at the state level better informs national efforts in terms of spread, scaling up, and sustainability. Local/state efforts benefit from the national experience – that is, the knowledge and experiences of others working with a national focus. The office sets its agenda based on where the work of Nemours has been a model, filled a void, or had the potential to move the field of child health promotion and health care, not the specific business interests of Nemours.

Having a dedicated national staff and resources provides Nemours with the opportunity to leverage lessons learned from its prevention work in Delaware. For example, Nemours advocated for the Healthy, Hunger-free Kids Act, legislation reauthorizing critical child nutrition programs, to improve the nutritional quality of foods in the Child and Adult Care Food Program. These efforts were grounded in the organization's success working with strategic partners to change child care licensing regulations in Delaware and to provide training and technical assistance to early care and education providers. Nemours' experience in Delaware provided a model that informed federal legislation, providing the opportunity to spread its child care model nationally to more than 3.2 million children who participate in the Child and Adult Care Food Program. Nemours advocated for passage of this legislation through intense education, including coalition work, briefings for key members/staff and administration officials, letters to Congress, sign-on letters with coalitions, press releases, opinion editorials, and targeted advertising and lobbying.

More than ever before, private and public sectors need to collaborate in support of community action and making communities successful. Nemours has found it very productive to convene groups of like-minded individuals and organizations to explore different models and issues, and work together on areas of common interest. Being proactive and deliberate in identifying and convening groups and taking part in group learning have been key strategies. Best-bet policies and practices are being strategically disseminated to key stakeholders and policymakers so they can be spread to a wider population, all with the intent of informing and influencing change nationally. Similar to the model in Delaware, participants represent multiple sectors and address the themes of health and well-being of the whole child, public/private partnerships, and policy and practice changes to achieve sustainable results. A few examples of collaboration at the national level follow.

To support collaboration among experts in the obesity prevention and early care and education disciplines, the leadership of Nemours and the Centers for Disease Control and Prevention (CDC) formed the Healthy Kids, Healthy Future Steering Committee<sup>3</sup>. This expert group includes approximately 40 national and state leaders from the obesity prevention, and early care and education fields. Together these experts are working on a plan to reduce and prevent obesity in children five years of age and under. The three primary objectives are to:

- disseminate tools, technical assistance, and training to states and communities to accelerate the spread of promising policies and practices;
- prioritize policy opportunities for obesity prevention in early care and education; and
- assess the research and build the evidence base by identifying what other questions need to be

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<sup>3</sup> <http://healthykidshealthyfuture.com>

answered and then by answering them.

In 2006 a collaboration of funders came together to create the Healthy Eating Active Living Convergence Partnership (CP)<sup>4</sup> with the shared goal of changing policies and environments to better achieve the vision of healthy people living in healthy places. The steering committee includes representatives from The California Endowment, Kaiser Permanente, Nemours, Robert Wood Johnson Foundation, and W.K. Kellogg Foundation. The CDC serves as technical advisors on the committee. The CP seeks to change policies, establish systems for engaging and connecting people, and transform places so they foster health, prosperity, and well-being for all residents. To accomplish this work, it became clear that silos must be made flexible and permeable – meaning that the multiple components of the health field are working together, and the fields of health, transportation, community development, and others are working cross-sectorally – to create environments that support health. The CP has achieved significant success, seizing on national policy opportunities with the Healthy Food Financing Initiative, reframing transportation as a health issue, and health reform. The CP has also sought to spark innovation and foster partnerships within the funding community by creating regional convergences and attracting new philanthropic investment in healthy people and healthy places.

Nemours also recognized that it would be helpful to convene teams of individuals who run innovative, place-based, multisector children’s initiatives in order to identify and disseminate promising policies and practices and help inform national opportunities. In late 2009, Nemours, The California Endowment, and an anonymous donor established the Children’s Outcomes Project (COP). The COP promotes the work of multisector, integrated place-based initiatives to improve the health and well-being of children. The COP learning community is comprised of state- and community-based teams plus a select group of national program, policy, and advocacy experts. The purposes of the COP are twofold:

- to help the multisector, place-based COP teams advance integrated prevention/promotion policies and practices for children in their communities and states, and
- to influence federal policy to better support multisector and integrated place-based initiatives focused on the health and well-being of children.

## Conclusion

Nemours found that it could best support and accelerate prevention-oriented child health systems by being a catalyst and model locally while having a national strategy to expand on local strategies that have worked well. Our local and state experiences have underscored the importance of 1) a population-based framework that is outcome driven, 2) a policy and practice change agenda to achieve sustainable results for groups of children, and 3) a network of strategic partnerships that works across sectors. Our national experience has taught us that it is important to establish a national presence and a deliberate strategy focused on policy and practice change; to work in strategic partnership to move the field forward; and to share learning, with an eye toward informing change nationally. The time is ripe to catalyze community and state efforts to support a prevention orientation and to work nationally on sustainable policies and practices that help all children grow up healthy.

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<sup>4</sup> <http://www.convergencepartnership.org>

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