

KAISER PERMANENTE®

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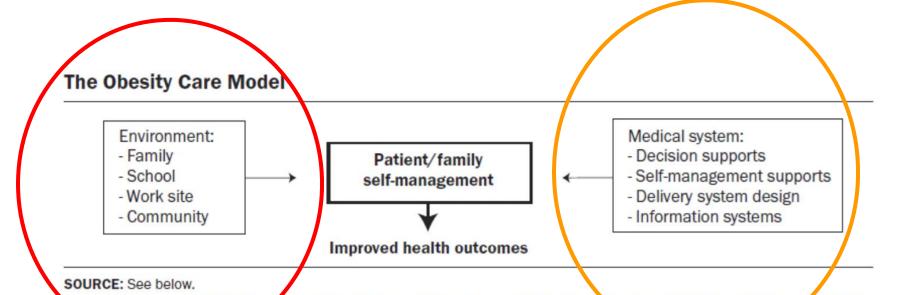
HEALTHCARE AND EARLY OBESITY PREVENTION

American Academy of Pediatrics

Evidence - Early Behaviors

- Maternal weight gain during pregnancy
- □ Rate of weight gain during infancy
- Breastfeeding
- Introduction of complimentary foods
- Diet quantity and quality
- Parent feeding practices
- □ TV viewing time
- Physical Activity
- □ Sleep Routine
- Family Meals

Healthcare Integral to the Solution



NOTES: The obesity care model is an adaptation of the chronic care model developed by Edward Wagner. E.H. Wagner, "Chronic Disease Management: What Will It Take to Improve Care for Chronic Illness?" *Effective Clinical Practice* 1, no. 1 (1998): 2–4. The model shows that management is central to the process. For pediatric patients, self-management assumes that the family is engaged and makes the changes necessary to improve nutrition, increase physical activity, and reduce inactivity. As the model indicates, improved health outcomes depend not only on effective delivery of care by the medical system but also on complementary changes in schools and communities to support evidence-based strategies.

Health Care Providers as Advocates

Enhancing and Improving Clinical Interventions

Healthcare as Part of the Solution



- Provide standardized care
- Advocate for healthy communities
- Ensure coverage of, access to, & incentives for obesity prevention
- Ensure active living & healthy eating at work
- Encourage healthy pregnancy and breastfeeding

Smart Start: Leverage Key Touchpoints



Infants

3 times the first month 6 times in the first 6 months 8 times in the first 12 month



monthsToddlers8 times in the first 1211 times in first 24 months



Preschoolers

Minimum of 15 visits betwee birth and age 5

Opportunities for Clinical Care

- Enhance knowledge and competency of healthcare providers
- Improve systems to facilitate obesity prevention, assessment and tx
- Explore multi-disciplinary approaches
- Study ways to extend traditional clinical care

Promising Focal Areas in Clinical Care

Mother & infant dyad

- Breastfeeding
- Hunger and satiety cues
- Appropriate bottle feeding
- Parent skill-building
 - Responsive feeding
 - Routines (sleep and family meals)
- Cumulative prevention and risk reduction

Growing Grassroots Impact

Kristin Rowe-Finkbeiner Executive Director/CEO, MomsRising



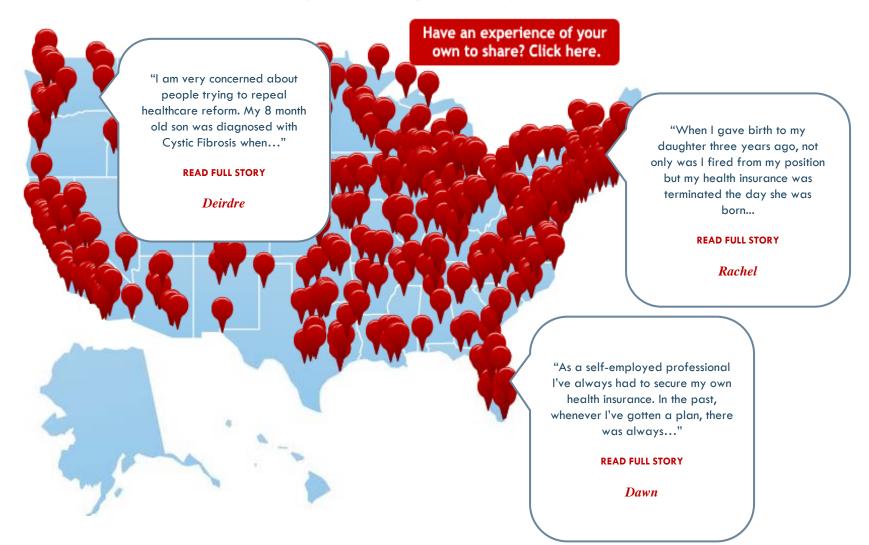
MomsRising.org

Mamás Superándose



Stories Across the Nation

Click on a red thumbtack below to read the story of a MomsRising member near you:



MomsRising Is.....









Big Barriers to Engagement

Now you want me to write a letter?











Four Key Principles:



- 1. Stay nimble and responsive
- 2. Constantly test
- 3. Maintain the dialogue
- 4. Open as many engagement avenues as possible

1. Synergistic Collaboration

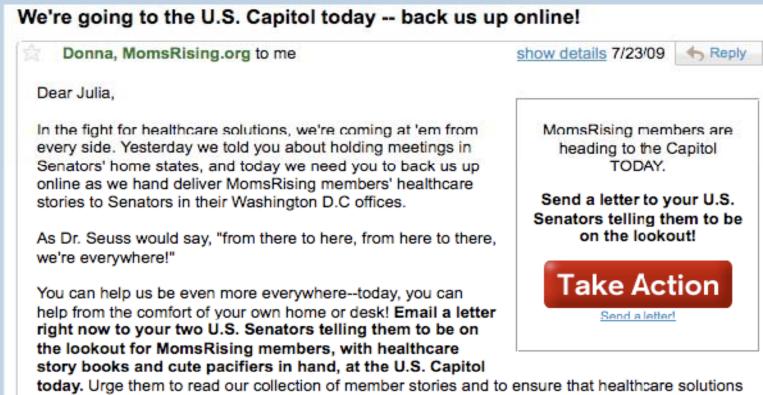




The largest national Latino civil rights and advocacy organization in the United States, NCLR works to improve opportunities for Hispanic Americans

The Voice for Health Care Consumers

2. ONE-CLICK MEMBER ADVOCACY



address the needs of families.

http://momsrising.democracyinaction.org/o/1768/t/1546/campaign.jsp?campaign_KEY=27291

3. "CITIZEN PRESENCE/MEMBER VOICE" PROXY

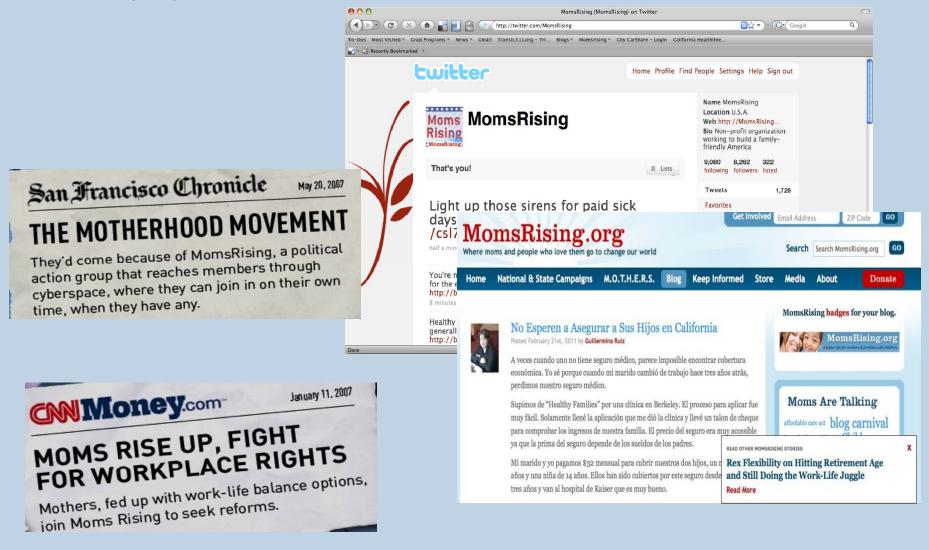


4. ON-THE-GROUND ENGAGEMENT





5. Traditional and New Media, Public Education& Engagement



MOMS ARE NETWORKED, BUILDING COMMUNITY, AND MOVING PUBLIC POLICY FORWARD



EW10 Made the images bigger here. Suggested dropping the "Applegram" text, as it'd duplicate Kristen's remarks. Also added animation. Ed Walz, 5/31/2011



Key Lessons Learned



- Provide multiple ways to engage and dialogue;
- Be creative and experiment;
- Be ready to act fast and learn quickly from experience/failure;
- The voices of real people can change what policymakers think is possible;
- Utilize metrics to keep the organization on track with goals; and
- □ Keep it fun.