



Oregon Maternal and Child Health Title V Strategy Webinar:

Physical Activity

Presenters:

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Welcome and webinar housekeeping

Thank you for joining us today –
we really appreciate it!

- If there is more than one person participating at your site, please enter everyone's name and affiliation in the chat box.
- We welcome everyone's ideas – feel free to chime in by phone or through the chat box. When not speaking, please keep your phone muted.
- Please do not put your phone on hold or take a call on another line during the webinar! Hang up and rejoin if necessary.

Poll #1

What type of organization do you represent?

- Local health department
- Tribe
- Community-based agency
- Coordinated Care Organization
- State agency



Purpose of the webinar

Bring together state and local Maternal and Child Health (MCH) Title V grantees and partners to:

- Review and discuss evidence-informed strategies that Oregon's Maternal and Child Health programs might use to improve physical activity for children.
- Learn about strategies already underway that participants feel would be a good match for MCH/Title V work.
- Determine if we're missing any key strategies.

What we ask of you today

Put on your consultant hat:

- Help us think about strategies that might be important for state and local MCH programs to invest in and help lead – whether or not they are right for your community.

If you are a Title V grantee:

- Trust that there is a process and will be time to choose among the priorities and strategies that are a good fit for your work and your community.

Questions we won't address today, But will at a later date...

- **Parameters for local choice and implementation** – how many priorities and strategies counties or tribes will work on, work plan and reporting guidelines, etc.
 - A Conference of Local Health Officials Healthy Families/Tribal/State MCH work group will draft parameters and guidelines – stay tuned.

- **Local capacity** for implementing the strategies
 - This is an important consideration to be addressed by each Title V grantee once the strategies/implementation parameters have been developed.

Questions we won't address today, But will at a later date...

- **Measurement** of progress on these strategies
 - Development of measures will follow once we have honed the list of strategies.
- **Technical Assistance for implementation**
 - State and local Title V partners will work on identifying and meeting technical assistance needs as the work unfolds.

What is the Title V Maternal and Child Health Program?

- Federal appropriation of Maternal and Child Health funds to Oregon.
- Purpose of the Federal Title V Maternal and Child Health program: to provide a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.
- In Oregon, funds distributed to: Oregon Center for Children and Youth with Special Health Needs, Local Health Authorities, Oregon Tribes, and the State Public Health Division.

MCH Title V Block Grant 3.0

The Maternal and Child Health Bureau (MCHB) is transforming Title V' s work to align with Federal health care transformation.

- Goals of the transformation: reduce burden, increase accountability, and maintain flexibility

States are required to:

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and strategic measures to “move the needle” on the national priorities
- Align use of funds with these priorities and strategies

Oregon's 2016-2020 Title V Priorities

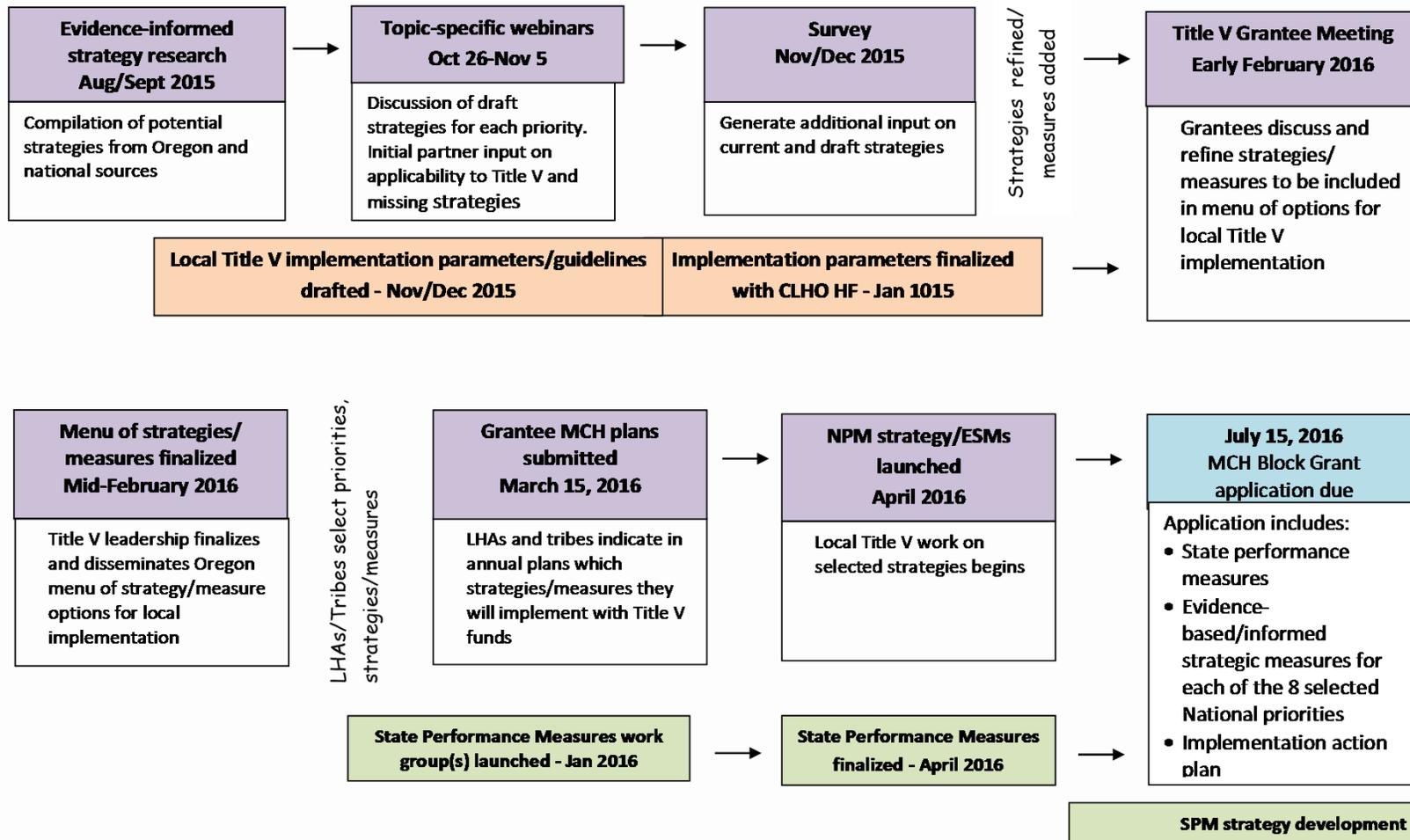
Oregon's selected national priority areas

- Well woman care
- Breastfeeding
- **Children's physical activity**
- Adolescent well visit
- Oral health
- Smoking
- Medical home for children/youth with special health needs *
- Transition for children/youth with special health needs*

State-specific priority areas:

- Toxic stress, trauma and Adverse childhood experiences (ACEs)
- Food insecurity
- Culturally and linguistically responsive MCH services

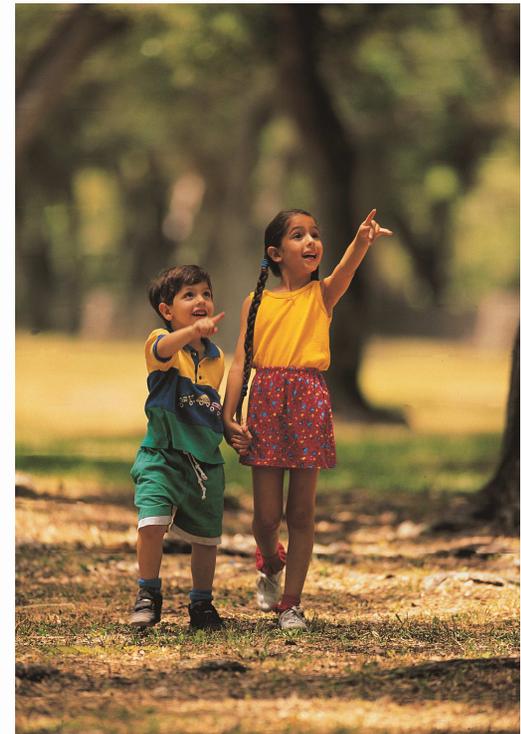
Development and Launch of MCH Block Grant Strategies and Measures



Poll #2

How would you rate your knowledge of strategies to improve physical activity?

- I know very little
- I know a moderate amount
- I am very knowledgeable in this area



What's so important about physical activity?

- Emotional health, promotes self-esteem and feelings of happiness
- Social skills – problem solving, sharing, communicating, decision making
- Maintenance of healthy weight
- Promotes good sleep
- Builds and maintains healthy bones, muscles and joints
- Develops brains and promotes ability to learn – better grades, school attendance, cognitive performance, classroom behaviors
- A lifetime of healthy habits!

STUDENTS ARE **20% MORE LIKELY TO EARN AN A+** IN MATH OR ENGLISH WHEN THEY HAVE THE CHANCE TO BE PHYSICALLY ACTIVE

STUDENTS' STANDARDIZED TEST SCORES **JUMPED 6% IN JUST 3 YEARS** AFTER PHYSICAL ACTIVITY WAS INCORPORATED INTO THEIR SCHOOL DAY

FOLLOWING A PROGRAM THAT STARTS THE SCHOOL DAY FOR ELEMENTARY STUDENTS WITH **10-20 MINUTES** OF TEACHER-LED PHYSICAL ACTIVITY, **DISCIPLINE REFERRALS DROPPED 57%**

TEACHERS REPORT **43% LESS BULLYING** AT RECESS WHEN KIDS HAVE AN ORGANIZED RECESS ENVIRONMENT.

KIDS WHO SPEND MORE TIME OUTDOORS ARE UP TO **41% LESS LIKELY TO BE OVERWEIGHT**

CHILDREN LIVING WITHIN **2/3 MILE** OF A PARK WITH A PLAYGROUND ARE **5X MORE LIKELY TO HAVE A HEALTHY WEIGHT.**

CHILDREN LOWER THEIR **INSULIN LEVELS BY 33%** WHEN THEY BREAK UP 3 HOURS OF SEDENTARY TIME WITH SHORT, MODERATE-INTENSITY WALKING

WHEN ELEMENTARY SCHOOL STUDENTS ARE LED IN **10-20 MINUTES OF PHYSICAL ACTIVITY** AT THE BEGINNING OF EACH SCHOOL DAY, **SCHOOL NURSE VISITS DECLINE 67%**

www.rwjf.org/leapsandbounds

Robert Wood Johnson Foundation

What are the recommended guidelines for children?

Children and adolescents should participate in 60 minutes of physical activity each day.

- Most should be moderate or vigorous
- Muscle and bone strengthening should be included
- Can be small doses throughout the day
- Activities should be age-appropriate, enjoyable, and offer variety!

Moderate=faster than a slow walk, able to talk but not sing

Vigorous=activities that get children breathless or breathing deeper

Title V National Priority: Physical Activity



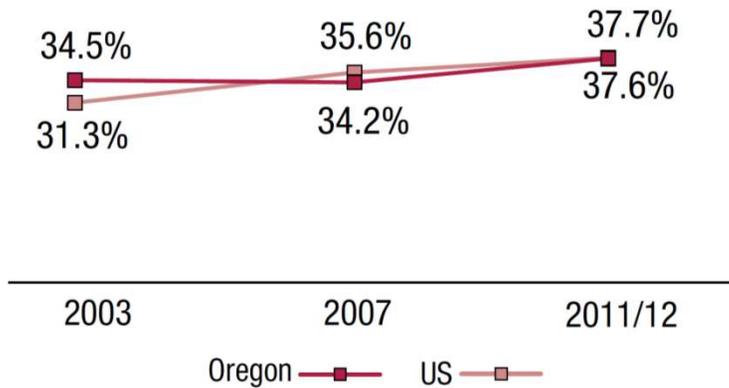
NPM: % children ages 6-11 years who are physically active at least 60 minutes per day (NSCH)

NOM: % of children in excellent or very good health (NSCH);

% of children and adolescents who are overweight or obese (WIC, NSCH, OHTS)

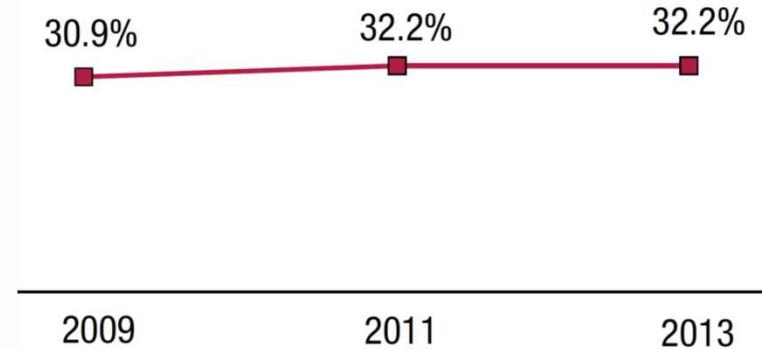
How are we doing?

Percent of children ages 6 through 11 years who are physically active at least 20 minutes per day, 2003 - 2011/12



Source: National Survey of Children's Health
Note: NSCH reports 20 minutes of physical activity, and racial/ethnic stratification not available

Percent of 8th graders who report exercising for at least 60 minutes everyday, Oregon, 2009 - 2013



Source: Oregon Healthy Teens
Note: US data not available for 8th graders

Domains for Physical Activity Priority



Child Care

Schools

Community

Worksites

Health Care

The context in Oregon: Policies, Partners, Initiatives, Funding, Resources

- USDA Local School Wellness Policies – *local educational agencies (LEA)*
- State Public Health – *Health Promotion and Chronic Disease Program, 1305 Grant activities*
- Department of Education - *PEEK-8 Grants for HB3141 Implementation*
- School Wellness Awards – *ODE Child Nutrition Programs*
- Action for Healthy Kids - *collaboration of over 75 organizations, agencies*
- Alliance for a Healthier Generation – *catalyst founded by AHA and Clinton Foundation*
- American Heart Association
- Oregon Active Schools – *Let's Move, Nike, Kaiser Permanente, NWHF*
- OEA Choice Trust – *worksites wellness*
- Oregon Dairy Council – *Fuel Up to Play 60*
- Oregon Healthiest State Initiative, Blue Zones
- SNAP-Ed – *DHS Supplemental Nutrition Assistance Program*

The context in Oregon: Life Course

*Timeline * Timing * Environment * Equity*

- The importance of early childhood: evidence suggests that physical activity habits learned early in life may track into adolescence and adulthood. (AAP) Our 6-8 year old children of 2020 are today's infants in child care settings...
- The role of parents and caregivers: parents influence behavior and choices made in the home, children's behavior is often shaped by observation and adaptation (World Health Organization)
- The broader community – biologic, physical and social – affects the capacity to be healthy.
- There is more to health than genetics and personal choice.

The context in Oregon: Child Care

- Toddlers *shall be given opportunities* to participate in...running, climbing, and other vigorous physical activities
- School age children *shall have opportunities* to choose from a variety of activities, including...exposure to individual and team physical activities
- Outdoor space shall...be suitably surfaced, be equipped to provide age-appropriate activities for gross motor development
- The [daily] schedule shall...include periods of outdoor play each day when weather permits

QRIS/HS4: Healthy fitness habits are supported and encouraged.

The context in Oregon: Schools

- 2007 House Bill 3141 states that by 2017:
 - K-5 students receive physical education for 150 minutes per week
 - 6-8 grade students receive 225 minutes of PE per week
 - At least 50% of PE class time must be actual physical activity, with as much time as possible spent in moderate physical activity
 - Health education does not count as PE instructional minutes
 - Recess and intramurals do not count as PE instruction

Objective: to help students develop the knowledge, motor skills, self-management skills, attitudes, and confidence needed to adopt and maintain physical activity throughout their lives.

How are we doing? Learn more here:

<http://www.ode.state.or.us/teachlearn/subjects/pe/final-2013-14-pe-legislative-report.pdf>

How were the strategy lists developed?

- National MCHB consultants at Johns Hopkins
 - Review of the literature and evidence base
- Oregon Title V research consultant:
 - Review of the literature and Johns Hopkins evidence review
 - Review of local public health plans and reported activities
 - Interviews with State Title V Priority leads
- State Title V leads:
 - Consultation with other state public health programs and partners
 - Review of Consultant list of strategies
 - Refinement with SMEs and local co-leads

Note: The strategies presented are at a high level, and may have multiple state and local level activities associated with them. This provides flexibility to tailor Title V activities to meet community needs, while allowing us to tell the story of Title V's work around the state to improve health in this priority area.

Evidence-Informed Strategies – Child Care

1. Support child care providers in increasing physical activity for infants and children in their care.

Local:

- Provide child care health consultation to local child care providers: technical assistance with assessment, policy development and implementation, professional development and education for families.
- Use a quality improvement and/or learning collaborative approach to improve policies and practices supporting physical activity in child care.
- Provide resources, information and tools for child care providers about the promotion of physical activity.

Evidence-Informed Strategies – Schools

2. Support the implementation of HB 3141.

Local:

- Collaborate with Healthy Communities coordinators, local school boards, PTAs and other community organizations to support implementation.
- Educate the community about the benefits of physical activity for academic achievement and lifelong health and wellness – emphasize health.
- Promote comprehensive school physical activity programs.
- Advocate for adequate resources and personnel.
- Promote policies that promote enjoyable, lifelong PA for all children, regardless of sex, ability, etc.

Evidence-Informed Strategies – Schools

3. Support physical activity before, during and after school.

Local:

- Collaborate with Healthy Communities coordinators, local school boards, PTAs and other community organizations to adopt a comprehensive school physical activity program or policy that increases physical activity minutes before, during and after school: recess in school wellness policies, activity breaks in class, active transportation to and from school.
- Include comprehensive approach in school district wellness policies.
- Provide education and technical assistance about the benefits of physical activity for academic achievement and lifelong health and wellness.

Evidence-Informed Strategies – Schools

4. Collaborate with the Oregon Healthy Schools Partnership (OHA – PHD and ODE – CNP).

Local:

- Collaborate with HC coordinators, local school boards, PTAs and other community organizations to activate school district wellness policies that support the health of students and staff. Ensure opportunities for physical activity including PA minutes, recess, class activity breaks and opportunities before and after school.
- Support school and district wellness councils.
- Provide education, technical assistance and resources about the benefits of physical activity for academic achievement and lifelong health and wellness.

Evidence-Informed Strategies – Schools/Community

5. Support joint use agreements enabling use of school facilities for community physical activity.

Local:

- Collaborate with Healthy Communities coordinators, local school boards, PTAs and other community organizations to promote and adopt joint use agreements.
- Provide education and technical assistance about the benefits of physical activity for academic achievement and lifelong health and wellness.

Evidence-Informed Strategies - Community

6. Promote community wide campaigns for physical activity.

Evidence-based community-wide campaigns are interventions that: 1) Involve many community sectors 2) Include highly visible, broad-based, multi-component strategies (e.g., social support, risk factor screening or health education) 3) May also address other cardiovascular disease risk factors, particularly diet and smoking.

Local:

- Convene community partners and foster support for community-wide campaigns that promote equity and inclusion, and the importance of physical activity for lifelong health and wellness.

Evidence-Informed Strategies - Community

7. Promote policies to improve the physical environment for physical activity.

Local:

- Collaborate with Healthy Communities coordinators, local county and city planners, architects, engineers, and other partners to identify and promote changes to the physical environment that support safe and accessible physical activity opportunities.
- Use Health Impact Assessments to illustrate the importance of a health lens in local design and planning decisions.
- Promote a Health in all Policies approach.

Evidence-Informed Strategies - Community

8. Promote safe and active transportation options.

Local:

- Collaborate with Healthy Communities coordinators, local county and city planners, architects, engineers, PTAs and other partners to support safe and active transportation options for children and families.
- Provide education and technical assistance to promote safe and active transportation as a means to achieve physical activity minutes and lifelong health and wellness.
- Use Health Impact Assessments to illustrate the importance of a health lens in local land use decisions.

Evidence-Informed Strategies – Community

9. Promote limits to recreational screen time.

Local:

- Foster and support partnerships to increase the number of community campaigns focused on wellness – include recreational screen time as a focus.
- Promote a screen time challenge for children.
- Provide resources, information and tools for child care providers about limiting screen time for children in care.

Evidence-Informed Strategies – Community

10. Promote point-of-decision prompts for physical activity throughout the day.

Local:

- Collaborate with community businesses, organizations and schools to implement point-of-decision prompts for physical activity.
- Foster community partnerships to increase community campaigns focused on wellness – include point-of-decision prompts as a focus.
- Promote challenges for community members and schools.
- Provide resources, information and tools.

Evidence-Informed Strategies – Worksites

11. Promote policies and programs for healthy worksites, with a focus on physical activity.

Local:

- Collaborate with Healthy Communities coordinators to conduct assessment of policies, provide resources, information, training and support, and support implementation of policies for staff and client wellness.

Evidence-Informed Strategies – Health Care

12. Promote partnerships with clinical care providers to provide anticipatory guidance about the importance of physical activity, as recommended in the American Academy of Pediatrics Bright Futures Guidelines.

Local:

- Collaborate with local primary care providers to promote physical activity guidance, evidence-based wellness programs and prevention programs and education for children.
- Use home visiting nurses to educate families and provide care coordination.

Discuss and “Chat”

Which of these strategies do you think have the most potential to improve health?

1. Provide child care health consultation to early care providers.
2. Support the implementation of HB 3141 – physical education by 2017.
3. Support physical activity before, during and after school.
4. Collaborate with the Oregon Healthy Schools Partnership.
5. Support joint use agreements.
6. Promote community wide campaigns for physical activity.
7. Promote policies to improve the physical environment.
8. Promote safe and active transportation options.
9. Promote limits to recreational screen time.
10. Promote point-of-decision prompts for physical activity.
11. Promote policies and programs for healthy worksites.
12. Promote partnerships with clinical care providers.

Discuss and “Chat”

Which of these strategies do you think are **foundational** – meaning the **most important/ best place to start** in order to work on other strategies?

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11. Promote policies and programs for healthy worksites.
12. Promote partnerships with clinical care providers.

Discuss and “Chat”

Are there strategies already underway in your community that you think should be included in this discussion?

Discuss and “Chat”

Are there strategies missing from this list?

If yes, what are they?

Discuss and “Chat”

From your perspective, and thinking about your community, which strategies would you like to see **Title V invest in?**

1. Provide child care health consultation to early care providers.
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4. Collaborate with the Oregon Healthy Schools Partnership.
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Discuss and “Chat”

Are there strategies that are **less relevant** for Oregon’s maternal and child health work, and could be eliminated?

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2. Support the implementation of HB 3141 – physical education by 2017.
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Webinar Evaluation

- Poll #3: How well did this webinar accomplish its purpose?
 1. Not at all
 2. A little
 3. Somewhat
 4. Well
 5. Very well
- What went well with this webinar?
- What should we do differently for the upcoming webinars?
- Any other comments?

Next steps

- **November:** Webinar feedback will inform the list of strategies
- **November-December:** Survey will gather more input on strategies across all MCH Title V priority areas
- **November-January:** Implementation guidelines and proposed measures will be developed by Title V state and local leads, CLHO HF and state MCH staff/consultant
- **February:** Title V grantees will meet to discuss and refine the menu of strategies and proposed measures for local implementation
- **March:** Local Title V grantees will choose priorities and strategies to include in work plans

Ideas? Questions?

General Title V questions:

- Nurit Fischler, Title V Coordinator nurit.r.fischler@state.or.us
- Cate Wilcox, Title V Director cate.s.wilcox@state.or.us
- MCH Title V website: <http://healthoregon.org/titlev>

Children's physical activity priority and strategy work:

- Heather Morrow-Almeida, State Public Health Lead
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