The First 1,000 Days© Newsletter

December 2015

The First 1,000 Days Program aims to work across early-life systems to prevent obesity, promote healthy routines and behaviors, and reduce health disparities among vulnerable children and families.

Collective Impact Meeting—October 26, 2015

We had 37 attendees at the October 26, 2015 Collective Impact meeting! The meeting included an overview of the currently planned First 1,000 Days program components, including the "universal" components that all families will be exposed to, and the "high-risk" components that will target a select group of families with additional risk factors for pediatric obesity. The meeting also engaged attendees in sector-specific small group discussions followed by a large group feedback session. The discussion topics centered around: 1) opportunities for cross-sector collaboration and mutually reinforcing activities, 2) improving cross-sector communications, and 3) shared outcome measures. Below are common themes that emerged from the discussions.

Topic	Feedback
Cross-sector collaboration and mutually reinforcing activities	• Integrate fatherhood/partner involvement and maternal/paternal health • Adapt existing programs to First 1,000 Days population, e.g. Outdoors Rx • Link with outside partners/resources • Need to assess capacity for referral programs/agencies • Use Home Visiting/WIC to understand psychosocial context of at-risk families
Cross–sector communication improvement	• Use Home Visiting as a model for communication between sectors • Standardize clinical messages in Epic • Health Coach to track, monitor and manage clinical messages
Shared outcomes	• # referrals made and completed • # enrolled patients over time • Patient-reported outcome measures

Mark your calendars for our next Collective Impact meeting on Monday, May 9, 2016, 2-4:30pm, at the Revere HealthCare Center.

Save the Dates & Timeline

- January 2016: First of monthly Executive Committee Meetings to begin in Chelsea and Revere
- March - June 2016: Provider Training on First 1,000 Days program components
- May 9, 2016, 2-4:30pm: Collective Impact Meeting, Revere HealthCare Center
- May 2016: Hire First 1,000 Days Health Coaches
- July 2016: Program launch begins with pregnant women. Tracking and support of high-risk families.

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The First 1,000 Days Program in Pregnancy

The First 1,000 Days program will launch for pregnant women around July 2016. The program will have "universal" components and a "high-risk" component. All women will be exposed to the "universal" health care delivery systems components, listed below.

- *Patient & family educational materials (paper-based, videos, text messages)*
- *Obstetric-focused nutrition and activity counseling, with guidelines and prescriptions*
- *Referrals to health center and community resources*
- *Weekly standardized text messages to promote healthy habits*
- *Linkage to Pediatric and Adult Primary Care via registry in Epic*

In addition to the "universal" components, "high-risk" women identified through an initial pregnancy and/or early 3rd trimester assessment will also be closely followed by a First 1,000 Days Health Coach. "High-risk" will be defined as women who have a combination of factors that may place the child at increased risk of obesity, while considering program capacity. The Health Coach will track visit and referral compliance and support women and families in obesity risk-reduction via phone/video calls and text messages.

Key Behavioral and Health Targets for Pregnant Women

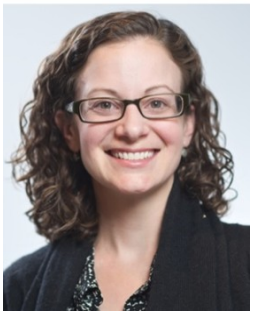
Target	Current Practice	First 1000 Days Goals
Diet & physical activity in pregnancy	Varied recommendations by sector and provider	• Patient/provider evidence-based education • Standardize recommendations based on most recent evidence (see page 3 for new ACOG guidelines) • Text messaging to support and encourage healthy behaviors • Diet and activity prescriptions to motivate optimal health habits
Gestational Weight Gain & Post-partum weight retention	Universal assessment; individualized OB and WIC provider counseling	• Patient/provider evidence-based education • Clinician alerts for women with excessive weight gain • "High risk" health coach coordination and patient support
Gestational Diabetes	Universal early 3rd trimester screening	• Patient/provider evidence-based education • "High-risk" health coach coordination and patient support
Depression in pregnancy and post-partum	EPDS depression screening at initial OB visit and 6 weeks post-partum visit	• Patient/provider evidence-based education • Consistently refer women who screen positive to OB social worker for support and assessment, with follow-up referral to mental health as needed • Improve communication with primary care • "High-risk" health coach coordination and patient support
Breastfeeding	Universal promotion consistent with Baby Friendly Hospital Initiative, including mothers' lactation groups	• Patient/provider evidence-based education • Integrate with Baby Friendly Hospital Initiative to support women in the post-partum period
Social determinants of health (e.g. housing, food security, etc.)	Not routinely assessed/ addressed	• Patient/provider evidence-based education • Assess social context of families and refer to resources for support as needed
Partner support, including involvement of fathers	Not systematically addressed/ assessed	• Patient/provider evidence-based education • Encouragement of fathers/partners to attend visits • Linkage to existing fatherhood programs
Smoking and substance use	Routinely assessed, with varied referrals by sector and provider	• Patient/provider evidence-based education • Refer to resources for support • "High-risk" health coach coordination and patient support
Pre-pregnancy & inter-pregnancy BMI	Varied assessment and counseling by sector and provider	• Patient/provider evidence-based education • Improved tracking in health record, including communication between Obstetrics & Primary Care • "High-risk" health coach coordination and patient support

Spotlight!

Learn about what else is happening in the area of early life child development and obesity prevention from experts in the field. If you have a "spotlight" to share for a future newsletter, please contact Program Manager, Meghan Perkins.

Tiffany Blake-Lamb, MD, MSc— ACOG Guidelines for Physical Activity in Pregnancy

I was ecstatic to see that the American College of Obstetricians and Gynecologists (ACOG) recently published a Committee Opinion on "Physical Activity and Exercise During Pregnancy and the Postpartum Period" – previously, there had been no consensus guidelines from the national OB/GYN organization. This publication provides long-needed support for OB providers on how to appropriately counsel pregnant women about physical activity, and further to recommend exercise during pregnancy. Additionally, ACOG's Practice Bulletin on "Obesity in Pregnancy" was updated just this month (from 2013) to include sections on "interventions for the management of obesity before and during pregnancy" and "effective postpartum care and interconceptual strategies for weight loss before the next pregnancy." These publications are a first step in a very complicated landscape that includes a wide array of socioeconomic and cultural factors that influence how pregnant women eat and move, such as safety, food security, pregnancy risk, etc. Nevertheless, these guidelines provide a great foundation from which providers and the First 1,000 Days program can build.



Sarah Matathia, MD — First 1,000 Days at DotHouse Health

The First 1,000 Days program is also working in the Boston-based health center, DotHouse Health. Our program will be slightly smaller in scope compared to the work in Revere and Chelsea, but still working towards the shared goals of reducing childhood obesity and improving child development. We have organized a Perinatal Collaborative with representatives from a range of departments, and have established initial priorities of improving communication and collaboration between health center departments, increasing knowledge of community organizations, and improving the patient-centeredness of service delivery. We are also actively exploring ways to improve information transfer between prenatal and pediatric care. The Collaborative piloted a group prenatal registration visit to provide enhanced patient education in a group based format and improve patient knowledge of and access to supportive services including WIC, Behavioral Health, Nutrition and Case Management. I look forward to learning from the experiences in Chelsea and Revere, and sharing our progress at DotHouse Health as the program continues to develop.

Derri Shtasel, MD, MPH — First 1,000 Days Executive Committee

Guided by the Collective Impact model we have established a First 1,000 Days Executive Committee at each health center (Chelsea and Revere) to provide on-site engagement of relevant health sectors and promote local leadership during the program's implementation process. Each committee will meet monthly to guide the 1,000 Days leadership team in launching an effective, collaborative program for patients and providers, while considering the needs and strengths of individual departments. We will keep you informed of the Executive Committee's progress through upcoming newsletters, with an update at our next Collective Impact meeting on May 9, 2016.

Welcome to Dr. Milton Kotelchuck!

We would like to formally introduce and welcome Milton Kotelchuck, PhD, MPH, to the First 1,000 Days program! Milt is a Senior Scientist in the MGH's Division of General Academic Pediatrics. He will serve as the program's Evaluator, helping us to develop a comprehensive evaluation that provides a strong evidence-base for the program's anticipated success. As some of you may have heard at his MGH grand rounds on November 17, 2015, Milt is considered the "father" of maternal-child health. We are so lucky and excited to have him as an official member of the team.

Contact us!

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