CHA Healthy Weight Program

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Objectives

- Background on number one chronic health condition in children: Obesity.
- Overview of CHA Healthy Weight Program.
- What is the *Let’s Go!* obesity prevention program?
- How *Let’s Go!* works.
  - Organization
  - Messaging
  - Outcomes
- Can *Let’s Go!* help Nevada?
More white students were at a healthy weight compared to Hispanic, American Indian and Pacific Islander students. More Hispanic, Pacific Islander and American Indian students were obese compared to white students.
Impact of obesity

- ~100,000 children in Washoe County (2015 Census).
- ~34,600 have unhealthy weight (~18,000 are obese).
- CHA: ~ 40% overweight/obese (23% < 6 yr, > 50% > 12 yr)
- ≥ 50% of obese school-aged children will become obese adults.
- Obese adults have an estimated additional medical cost of $2741 annually. Costs are similar to those associated with smoking. 1/3 will develop diabetes.
- 21% of all medical costs - $190 - $250 billion annually.
- By 2030, medical costs could rise by $48 - $60 billion a year!
Preventative and Therapeutic goals

- Implement *Let’s Go!* program for all providers. Toolkits, posters, Healthy Habits Questionnaires
- Develop Healthy Weight Clinic for obese children.
  - Classes and individual appointments
  - Team approach
  - Link patients with community resources.
• Nationally-recognized, comprehensive state-wide obesity prevention program in Maine that was initiated in 2006 by Maine Health.
• Provides platform for simple and consistent messaging.
• Provides framework for community collaboration.
• Simple, consistent messaging - evidenced-based
• Free PDFs in English & Spanish
• Funded by large community stakeholders.
5210 Every Day!

5 or more fruits & vegetables
2 hours or less recreational screen time*
1 hour or more of physical activity
10 sugary drinks, more water

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

LET'S GO!
www.letsgo.org

www.chanevada.org
775-328-6300
“HEAL” behaviors have improved in Maine over past 5 years.

Toolkits and teams improve implementation of successful strategies.
Figure 29. Prevalence of Obesity among Maine Students, 2011-2015

- Grade 5: 2011 - 23.8%, 2013 - 22.6%, 2015
- Grade 7-8: 2011 - 15.5%

Figure 31. Prevalence of Obesity in Greater Portland and the U.S. (2006-2014)


Source: Maine Int...
Let's Go! Home Office
at The Barbara Bush
Children's Hospital

Facilitated in partnership with MaineHealth

Let's Go! Dissemination Partners 2015

It's about collaboration

A team of health and nutrition experts at the Let's Go! Home Office develops trainings, resources, and evaluation tools and disseminates them through a network of partners across Maine and neighboring communities. The Dissemination Partners (DPs) are local organizations committed to implementing Let's Go! in their communities. DPs play a critical role in supporting and connecting all of the Let's Go! work.

At the core of every DP is a Let's Go! Coordinator. The Let's Go! Coordinator works in multiple settings with site champions to help them change environments and policies using the program's evidence-based strategies. Together Coordinators and site champions support the 5-2-1-0 message and behaviors.

In 2015, local Let's Go! Coordinators worked with:

- 230 child care programs
- 207 schools
- 249 school cafeterias
- 123 out-of-school programs
- 173 health care practices

reaching more than 350,000 children and their families.
The 10 Strategies for Success are evidence-based and align with national recommendations to increase healthy eating and active living. Refer to your toolkit for ideas on how to implement each strategy. Let's Go! recommends creating and implementing strong policies around these strategies.

The Redy mascot refers to a Let's Go! priority strategy.

1. Limit unhealthy choices for snacks and celebrations; provide healthy choices.

2. Limit or eliminate sugary drinks; provide water.

3. Prohibit the use of food as a reward.

4. Provide opportunities to get physical activity every day.

5. Limit recreational screen time.

6. Participate in local, state, and national initiatives that support healthy eating and active living.

7. Engage community partners to help support healthy eating and active living.

8. Partner with and educate families in adopting and maintaining a lifestyle that supports healthy eating and active living.

9. Implement a staff wellness program that includes healthy eating and active living.

10. Collaborate with Food and Nutrition Programs to offer healthy food and beverage options.
Let's Go! certification for healthcare professionals.

5210 Healthy Habits Questionnaire (Ages 2–9)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Parent Name: ________________________________ Age: _________ Today’s Date: ____________

1. How many servings of fruits or vegetables does your child eat a day?
   One serving is most easily identified by the size of the palm of your child’s hand.

2. How many times a week does your child eat dinner at the table together with the family?

3. How many times a week does your child eat breakfast?

4. How many times a week does your child eat takeout or fast food?

5. How many hours a day does your child watch TV/movies or sit and play video/computer games?

6. Does your child have a TV in the room where he/she sleeps?  
   Yes [ ] No [ ]

7. Does your child have a computer in the room where he/she sleeps?  
   Yes [ ] No [ ]

8. How much time a day does your child spend in active play  
   (faster breathing/heart rate or sweating)?

9. How many 8-ounce servings of the following does your child drink a day?  
   100% juice _______  Fruit drinks or sports drinks _______  Soda or punch _______  Water _______  Whole milk _______  Nonfat or reduced fat milk _______

10. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
   [ ] Eat more fruits & vegetables.
   [ ] Spend less time watching TV/movies and playing video/computer games.
   [ ] Eat less fast food/takeout.
   [ ] Drink less soda, juice, or punch.
   [ ] Drink more water.

Please give the completed form to your clinician. Thank you.
Resources for “champions”

- Toolkits
- Decision support flip chart for healthcare providers
- Handouts
- Educational videos and slide shows
- Additional support materials and “swag” (e.g., water bottles, wrist bands, stickers)
  - [Childhood Obesity Prevention Program | Let’s Go! Maine](#)
Team with MD, RD, PhD, Promotora, Coordinator, MAs
- Group and individual appointments
- 6 classes of 8 – 10 patients with parents
- Assess for associated medical conditions, refer if needed
- Use Healthy Living Plan based on 5210 and Healthy Habits Questionnaire.
- Develop community partnerships for services (e.g, gym memberships, cooking classes, farmers markets).
- “Swag” and fresh fruit and veggies (FBNN)
- Analysis of BMI, labs, and healthy behaviors to monitor effectiveness.
A guide for implementing a healthy weight clinic in a primary care setting.

Information was compiled from a number of experiences and projects, including community health centers.

Improvement in BMI and healthy behaviors was demonstrated in the CHC experience.

Annad SG, Adams WG, and Zuckerman BS. “Health Affairs.” Specialized Care Of Overweight Children In Community Health Centers. Health Affairs, 1 Apr. 2010.
Active & Healthy Families
(Familias Activas Y Saludables)
A Pediatric Overweight Group Appointment Program
For Latino Families

Bite to Balance (B2B)
Program Manual
An Innovative Approach to Addressing Childhood Obesity in the Medical Home
Summary and future goals

- In process of getting all of the *Let’s Go!* pieces in place.
- Finalizing logistics and details on HWC – 9/26/16 start date
- Expand the “healthy messaging” beyond CHA into the community.
  - WCSD: Potentially piloting via Wooster HS and feeders
  - Other healthcare providers/systems
  - After - school programs
  - Child care programs
  - Head Start programs
5 STEP PATH TO SUCCESS

1. Engage
   - New Sites: Sign up with your local partner.
   - Returning Sites: You will hear from your local partner. Program year begins July 1. If applicable, (re-)assemble your team.

2. Assess Environment and Create Action Plan
   - Assess your environment and practices and plan for the year by completing the Let’s Go! Action Plan or by having a conversation with your local partner.

3. Implement Action Plan
   - Implement the strategies you have chosen. Engage in one or more actions as needed.

4. Complete Survey
   - Complete the Let’s Go! Survey each spring based on the policies and practices your site has in place.

5. Celebrate
   - Share your successes with other staff, children, parents, and the community.
The Let's Move Holyoke 5-2-1-0 is collaborative initiative that focuses on the promotion of healthy living by integrating the 5-2-1-0 message into the community by using the healthy living plan for children and family members, as a way to set goals for lifestyle changes.

- 5 or more fruits and vegetables each day
- 2 hours or less of screen time (TV, phone, computer) each day
- 1 hour of physical activity each day
- 0 sugar sweetened drinks

Holyoke Health has collaborated with the City of Holyoke, Holyoke Public Schools, Head Start (Springfield, Holyoke, Chicopee), Holyoke YMCA and others to help promote and educate the community about this program.
Let’s Move Pittsburgh – 2011
5210 movement launched – 2015
Hired first 5210 coordinator - 2016
Based out of the U of H SOM Department of Pediatrics - 2013
Healthy Weight Clinic: referral

- ≥ 95% BMI
- Overweight and patient/family ask for referral.
- Overweight and on rapid upward trajectory (“cross 2 curves”) or have abnormal labs.
- Patients will need to be committed to a minimum of 1 visit monthly over 6 months.
- If not already done, initiate labs per algorithm.
- Place internal referral.
- Appropriate specialist triage will occur as needed after initial evaluation.
- Brochures and pamphlets will be available for families.
Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations, new evidence and promising practices.

Assess Behaviors
Assess healthy eating and active living behaviors

Provide Prevention Counseling
5 (fruits & vegetables) 2 (hours or less of screen time) 1 (hour or more of physical activity) 9 (sugary drinks) every day

Determine Weight Classification
Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

Healthy Weight (BMI 5-85)
- Family History
- Poor oral hygiene
- Physical Exam

Overweight (BMI 85-95)
- Augmented obesity-specific risk
- Family History
- Review of symptoms
- Physical Exam

Obesity (BMI > 95)
- Augmented obesity-specific risk
- Family History
- Review of symptoms
- Physical Exam

Risk Factors Absent

Determine Health Risk Factors

Risk Factors Present

Routine Care
- Provide ongoing positive reinforcement for healthy behaviors.
- For patients in the healthy weight category, screen for gestational diabetes by obtaining a non-fasting lipid profile for all children between the ages of 0-13 and again between 14-21.
- For patients in the overweight category, obtain a lipid profile.
- Maintain weight velocity: Combining 2 percentile lines is a risk for obesity.
- Reassess annually.
- Follow up in every well-child visit.

Lab Screening
- The 2007 Expert Committee Recommendations state that a fasting glucose and fasting lipid profile along with AlT and AlST should be obtained.
- Additionally, guidelines from the AOA and Endocrine Society recommend using AlC, fasting glucose or oral glucose tolerance test for diabetes or pre-diabetes.
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences and availability of testing should be used to help determine the timing of follow-up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for Vitamin D and fasting insulin. The clinical utility and cost-effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based on the patient's health risk, some providers may start screening patients in 2 years of age.

Obesity-related conditions: The following conditions are associated with obesity and should be considered for further workup. Additional lab tests may be warranted if indicated by the patient's clinical condition. In 2016, consensus statements from the Children's Hospital Association described the management of a number of these conditions.

Dermatologic:
- Acne/adolescent hirsutism
- Acne
- Acne vulgaris

Endocrine:
- Polycystic ovarian syndrome (PCOS)
- Polycystic ovary disease
- Premature puberty
- Prediabetes, impaired fasting glucose and/or impaired glucose tolerance as demonstrated during a GTT
- Premature adrenarche
- Type 2 Diabetes

Gastrointestinal:
- Child/adolescent constipation
- GERD
- Nonalcoholic fatty liver disease or steatohepatitis

Neuropsychiatric:
- Attention deficit/hyperactivity disorder
- Depression
- Epilepsy
- Seizures

Orthopaedic:
- Wrist/hip/knee pain
- Slipped capital femoral epiphysis (SCFE)

Psychological/Behavioral Health:
- Anxiety
- Drug abuse/dependence
- Depression
- Eating disorder
- Sleep disorders

*Source of Behaviors, Family history, Review of symptoms, and physical exam, added to weight classification.
Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.
- Children age 2 – 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider
What: Planned follow-up themed visits (35-20 min) focusing on behaviors that resonate with the patient, family and provider.
Consider partnering with dietitian, social worker, athletic trainer or physical therapist for added support and counseling.
Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.
Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training
What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team
What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Weekly or at least every 2 - 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity
What: Recommended for children with BMI ≥ 95% and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children > 95% who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.
Goals: Positive behavior change. Decrease in BMI.
Follow-up: Determine based upon patient’s motivation and medical status.

References