

# Effective work in early childhood and youth: Obesity Prevention in the Clinical Setting and beyond

Chris Reinold  
Division of Physical Activity, Nutrition and Obesity, CDC

March 4, 2008



---

---

---

---

---

---

---

---

## Overview

- Clinical overview
  - 📄 Current status
  - 📄 Behavior counseling
  - 📄 The role of interventions and evaluation in a clinical setting
- NICHQ efforts
- VENA
- State Examples beyond Clinic
- Helpful tools

---

---

---

---

---

---

---

---

## Clinical Overview

- Clinical overview
  - 📄 Current status
  - Expert Committee recommendations*
    - Rated the evidence as follows:
      - 📄 Recommends with Consistent Evidence (CE)
      - 📄 Recommends with Mixed Evidence (ME)
      - 📄 Suggests, that is not good evidence, but consensus is strategy supports healthy weight and won't be harmful if studies disprove an effect

---

---

---

---

---

---

---

---

## Clinical Overview

*Expert Committee recommendations*  
Given our discussion on a mixed portfolio of strategies (or interventions) we could categorize these recommendations by quadrant as follows:

- ☞ (CE) is Quadrant 1
- ☞ (ME) is most likely Quadrant 2, possibly 3
- ☞ Suggests is probably Quadrant 4

---

---

---

---

---

---

---

---

## Clinical Overview

- Expert Committee recommendations*
- Universal assessment of obesity risk  
Physicians were surveyed about use of routine BMI measurement in 2005. The percent of MD's routinely screening with BMI as a tool:

---

---

---

---

---

---

---

---

## Clinical Overview

Results of survey:  
How often do you use BMI percentile to assess overweight in children:

Never	7%
Rarely	11%
Sometimes	25%
Often	32%
Always	25%

---

---

---

---

---

---

---

---

## Clinical Overview

### 2. Behavior counseling

#### *Target Behaviors:*

- 📄📺 Limit SS Beverages (CE)
- 📄📺 Encourage eating breakfast daily (CE)
- 📄📺 Limit TV and other screen time (CE)
- 📄📺 Increase PA (CE)
- 📄📺 Limit eating out, particularly at FF (CE)
- 📄📺 Encourage family meals together (CE)

---

---

---

---

---

---

---

---

## Clinical Overview

### ■ Behavior counseling

#### *Target Behaviors continued:*

- 📄📺 Limit portion sizes (CE)
- 📄📺 Encourage diets with appropriate amount F&V intake (ME)

Given these recommendations for behavior, what percent of physicians in the prior survey routinely counseled on behavior change?

---

---

---

---

---

---

---

---

## Clinical Overview

Results:

**Person in office most likely to provide counseling to patients about weight loss?**

<b>PHYSICIAN</b>	<b>94%</b>
<b>All others</b>	<b>6%</b>

---

---

---

---

---

---

---

---

## Clinical Overview

Results of 2nd question:

**Agreement with statement: I have effective strategies and/or tools to help a patient with weight loss?**

<b>Strongly Disagree</b>	<b>3%</b>
<b>Disagree</b>	<b>24%</b>
<b>Neutral</b>	<b>28%</b>
<b>Agree</b>	<b>43%</b>
<b>Strongly Agree</b>	<b>3%</b>

---

---

---

---

---

---

---

---

## Clinical Overview

*What are the barriers to effective counseling?*

- 🕒 Time
- 👤 Patient/parent motivation
- 📏 Degree of overweight
- 🏠 External factors on the child
  - Cultural/language
  - Who provides care for the child
    - 👶 Day care
    - 👪 Family member or neighbor

---

---

---

---

---

---

---

---

## Overview

### ***3. The role of interventions and evaluation in a clinical setting***

Why evaluate clinical practice?

- 📄 New recs not always based on Quadrants 1,2 or 3-type evidence
- 📄 Evaluation of clinical practice adds to the evidence base, moving more of the recs into higher quadrants

---

---

---

---

---

---

---

---

## Overview

### 3. *The role of interventions and evaluation in a clinical setting*

Kaiser Permanente has evaluated their training of physicians and other modifications they have made in the office setting to address behavior change, especially related to overweight.

---

---

---

---

---

---

---

---

## Overview

### 3. *The role of interventions and evaluation in a clinical setting*

Kaiser Permanente findings:

Training led to:

- ☑ Significant increases in charting BMI %iles
- ☑ Significant increases in utilization of pt. self-history for counseling
- ☑ Use of behavior change Rx pads with parents

---

---

---

---

---

---

---

---

## *The role of interventions and evaluation in a clinical setting*

Suggested evaluation based on new recommendations:

Incorporate 15-minute obesity prevention protocol (Using 5 A's or other type of motivational counseling):

- ☑ Assess based on BMI
- ☑ Agenda-setting with parent
- ☑ Assess motivation in family
- ☑ Agree on plan
- ☑ Arrange follow-up

---

---

---

---

---

---

---

---

## *The role of interventions and evaluation in a clinical setting*

Suggested evaluation based on new recommendations:  
Evaluate 15-minute obesity prevention protocol by assessing self-efficacy in clinicians to do behavior counseling  
Assess confidence about counseling using barriers:  
Time, Family Motivation, Level of Overweight, External  
Once at baseline, once after several months  
To determine if training and practice improved confidence. If training worked, scores should increase

---

---

---

---

---

---

---

---

## Overview

- NICHQ efforts
- 📄 Implementation Guide
  - 📄 Report to Obesity Congress with recommendations for advocacy at several levels
  - 📄 Development of state report card of activities comparing state to national levels

---

---

---

---

---

---

---

---

## Report to Obesity Congress

- For the frontline health professional:***
1. Serve as role models to patients, families, communities
  2. Achieve and maintain proficiency in prevention, identification and management of childhood obesity
  3. Participate as full partner in state efforts to address childhood obesity

---

---

---

---

---

---

---

---

## Report to Obesity Congress

### For the frontline health professional:

4. Use bully pulpit afforded clinicians to advocate for comprehensive strategies to address childhood overweight
5. Learn from existing champions and engage more at the local level
6. Become active with early childhood providers and serve as clinical expert when needed to help change policies
7. Be available to media as a resource for information

---

---

---

---

---

---

---

---

## State Report Card Contents

NIHCQ incorporated data from National Survey of Children's health at [www.childhealth.org](http://www.childhealth.org)

Plus data from the university of Baltimore which ranked state efforts at targeting childhood obesity based on five types of obesity legislation:

1. Nutrition Standards
2. Vending machine prohibitions
3. BMI measured in school
4. Recess and PE requirements
5. Obesity programs and education

---

---

---

---

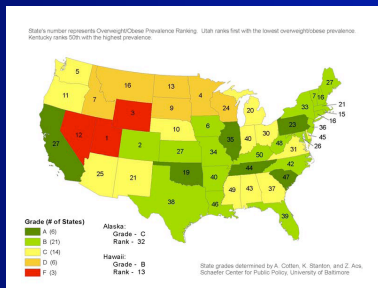
---

---

---

---

## State Report Card Included from Univ of Balt [www.ubalt.edu/experts/obesity.index.html](http://www.ubalt.edu/experts/obesity.index.html)



---

---

---

---

---

---

---

---

## Overview

VENA – WICs effort to incorporate behavioral counseling

Training is ongoing in Maine and it is required for all WIC staff

Will focus on rapport building, health outcomes, stages of change, critical thinking and diet assessment

---

---

---

---

---

---

---

---

## VENA in MAINE

### DIET ASSESSMENT

#### Pre-VENA

- Focus on nutrients
- Focus on # of servings in all food groups
- Focus on deficiency findings
- We have to go over diet!

#### Post-VENA

- Focus on behaviors
- Focus on health goals of family
- Focus on positive outcomes
- Let parent identify concerns
- Help parent be in charge of identifying solutions

---

---

---

---

---


---


---

---

## State Examples beyond Clinic

INTERVENTIONS IN pre-school settings:  
2 evaluated examples:

 Color me healthy

 NAP-SACC (Nutrition and Physical Activity Self-Assessment for Child Care)

---

---

---

---

---

---

---

---

## State Examples beyond Clinic

### NAP-SACC:

*Description: Child care centers use tool to evaluate NPA environment and choose 3 areas for improvement*

*Intervention: Workshops provided for training on use of tool*

*Process Results for pilot: 122 centers from 6 counties participated.*

*Outcome Results / evaluation methods: Child care centers improved their NPA environment as demonstrated through SA tool and interview and FG data*

---

---

---

---

---

---

---

---

## State Examples beyond Clinic

### NAP-SACC:

This research has added to the evidence base through publication of results.

Access this information on line at

[http://www.cdc.gov/pcd/issues/2007/jul/06\\_0115.htm](http://www.cdc.gov/pcd/issues/2007/jul/06_0115.htm)

---

---

---

---

---


---


---


---


## Helpful Tools

### ■ Hand-outs

 Supplement to Pediatrics

 NICHQ implementation guide (also available on line at NICHQ site: [www.nichq.org/obesityactionnetwork](http://www.nichq.org/obesityactionnetwork))

 Ideas for coding (about 20 copies) or email me and I will send you pdf produced by ILSI

 A few of our R2P's available, also available at: [http://www.cdc.gov/nccdphp/dnpa/nutrition/health\\_professionals/practice/index.htm](http://www.cdc.gov/nccdphp/dnpa/nutrition/health_professionals/practice/index.htm) On other handout as well.

---

---

---

---

---

---

---

---