“Innovative Strategies and Practical Tips for Dealing with Childhood Obesity”

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CT-DPH and CT AAP
2010 Teleconference Program
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Program Objectives.

• Review and discuss existing tools and recommendations to diagnose and treat obesity in children
• Enhance well child visit anticipatory guidance with stronger focus on nutrition, physical activity and importance of health weight
• Understand how clinicians and nutritionists can work together to combat obesity.
• Discuss ways the primary care provider can use the WIC referral form to communicate with the WIC nutritionist to manage feeding issues in young children.
• Initiate discussion with parents on childhood obesity: Do’s and Don’ts
• Empower families to set goals and make habit changes for healthy living
All ages effected

- About 14% of toddlers (age 2-5) are overweight.
- Number of overweight children and adolescents (age 6-19) has drastically increased.
- 90% of obese adolescents will become obese adults.

“This generation may be the first in history NOT to outlive their parents.”
It’s not just baby fat

• Eating & activity habits are shaped for life in early childhood.
• Poor diet and lack of physical activity influence risk factors for most every chronic disease.
• Cost of treatment vs. prevention.
Obesity related conditions.

- HTN
- Elevated lipids
- Sleep apnea
- Orthopedic disorders
- Depression
- Fatty liver disease
- Pre-diabetes, diabetes
- Other
Screenings

• Blood pressure
• Lipids
• Other labs
• PT assessments
• Behavioral health
• Other screenings
Tools available for clinicians.

- Clinical guidelines
- Books
- Web resources
- Community programs
  - Fit for Kids
  - WIC
  - others
Treatments...

- Medical Nutrition Therapy (MNT)
- Physical activity
- Medications
- Therapies
Childhood Obesity Algorithm

Assessment, Prevention & Treatment

Assess Behaviors & Attitudes - Eating, Physical Activity, Sedentary Time, Motivation

Assess Medical Risks - Family History, Review of Systems, Physical Examination (BMI, BP)

Healthy Weight BMI 5-84%ile No acceleration

Accelerated Wt Velocity BMI 5 - 85%ile Jumped 2 or more BMI %ile since last WCC

Overweight BMI 85-94%ile

Obese BMI 95-99%ile

BMI >=99%ile

Assess Fasting Lipid Profile

Health Risks? (1)

No

Yes

Assess ALT, AST, Fasting Glucose (2)

Other Tests as Indicated by Health Risks

Prevention Counseling - Empathize/Elicit - Provide – Elicit

Maintain Weight Velocity & Reassess Annually

Follow-up & Referral to Fit For Kids Program to move assist in moving through Treatment/Prevention Plus Intervention

Assessment

Prevention

Treatment

Stage 1 Prevention Plus (3)

Maintain Weight or Decrease Velocity & Reassess Every 3-6 Months

Maintain Weight or Decrease Velocity & Reassess Every 3-6 Months

Maintain Weight or Gradual Loss (5) & Reassess Every 3-6 Months

Gradual to Moderate Weight Loss (5) & Reassess Every 3-6 Months

Stage 2 Structured Weight Management (4)

Stage 3 Comprehensive Multidisciplinary Intervention (3)

Stage 4 Tertiary Care Intervention

Modified from Childhood Obesity Action Network – January 2008

(1) Example – medical risk or behavioral risk
(2) 10 years and older every 2 years
(3) Progress to next stage if no improvement in BMI/weight after 3-6 months and family willing
(4) Age 6-11yr = 1 lb/month, Age 12-18yr = 2lbs/week average
(5) Age 2-5yr = 1 lb/month, Age 6-18yr = 2lbs/week average

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**5-2-1-0 Survey for Patients at Well-Child Visits**

Your child’s doctor wants to know about his or her health habits. Parents, please answer the questions below as best you can. Your doctor will review this with you during your visit today.

Patient Name: ___________________________ Age: _________ Today’s Date: ________

### Parents

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is offered 5 or more servings of fruits and vegetables on most days.</td>
<td></td>
<td></td>
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<tr>
<td>My child watches TV, videos or plays computer games more than 2 hours a day.</td>
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<td></td>
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<tr>
<td>My child has a TV in her or his bedroom.</td>
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<tr>
<td>My child is active (moving, running, walking, playing games or sports) at least 1 hour every day either at home or at school.</td>
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<tr>
<td>My child drinks juice, soda or punch.</td>
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<tr>
<td>My child drinks milk. If yes, what kind: Whole, 2%, 1%, non-fat, soy, other________</td>
<td></td>
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<tr>
<td>My child eats breakfast every day.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child eats dinner at the table with the family at least 2 times a week.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child eats take-out food (fast food places, restaurants) less than 2 times a week.</td>
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</tbody>
</table>

Please write your answer:

What is one thing that you like about your child’s eating?

What is one thing you do not like about your child’s eating?
Birth to 4 years anticipatory guidance.

Newborn (1st visit) Anticipatory Guidance

Food for Thought

Parents have the power to provide a healthy start and a healthy life for their children. The choices you make now about feeding and being active with your child will shape your child’s health this first year and for a lifetime. Form healthy habits now so your child will not develop poor health, diabetes or obesity.

*How many times per day is your baby eating?*

*How do you know when your baby is hungry or when your baby is full?*

Feeding Advice

- The best food for your baby is breast milk.
- If you use formula make sure it is iron-fortified.
- Expect to feed your newborn every 2 to 3 hours.
- Use small, 4 ounce bottles.
- Babies will take different amounts of breast milk or formula at different feedings. **It is acceptable if your baby does not finish their bottle at each feeding.**
- Your baby knows how much breast milk or formula to take. When your baby releases the nipple and turns attention to other things, or falls asleep, they are full.
- Not all crying means hunger. Sometimes babies have a fussy time. This is normal.
- Comfort your baby by rocking, massage, cuddling or playing music.
- Always hold your baby at feeding times. This makes your baby feel loved and secure!

Be Active

- Limit time in swings and infant seats.
- Use crib mobiles.
- Encourage kicking, stretching and belly play time.
- Screen time (TV, computer, electronic games) is not recommended under age 2.

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Child’s name ___________________________ Date ____________

Length ___________ Weight ___________ Weight for Length percentile %
Providers working with nutritionists.

• **Why**
  – Team approach
  – Food & behavior expertise
  – Medical diagnosis related to obesity
  – Time

• **How**
  – “Fit for Kids” referral
  – Out patient program
  – WIC referrals
Provider roles & WIC.

• **Doctors, RN’s and MA’s**
  – Accurately measure & weigh children
  – Test Hgb, Hct & lead screen
  – Provide medical diagnosis and history
  – Communicate special dietary needs & allergies
  – Specialist referrals
  – Medical treatment

• **Nutritionist & Registered Dietitians**
  – Assess client/ patients nutrition risks: educate
  – Provide healthy food vouchers
  – Cooking & shopping tips
  – Breastfeeding support & guidance
  – Community referrals
Collaborating to Treat Obesity.

- Primary care provider can encourage families to utilize WIC & nutrition services

- Primary care provider can communicate information to WIC via certification form

- Nutritionist can reinforce PCP’s messages and provide additional support

- Nutritionist can encourage follow up with PCP and refer to community resources
Change how we think & communicate about weight problems.

- Obesity as a chronic disease
- There is always a reason for excess weight gain
- It is not anyone’s fault esp. not the child
- Consider the caregiver: help them, in order to help the child
- Food marketing, fad diets
- Cultural differences
Talking weight

*Using motivational interviewing techniques to help families understand the diagnosis & treatment*

- Ask permission, include child if appropriate
- Provide facts: explain BMI, growth and importance of correcting irregular growth
- Have a conversation, ask about feelings and concerns
Talking weight continued...

- Open ended questions
- Reflect on comments/concerns
- Provide encouragement & feedback
- Assess desire to change, work on motivation: guide & support

*Coach*
Goal setting.

• Concerns or “problems” become goals
  – Use parents & child's ideas
  – 5-2-1-0 findings
• Very specific, simple, measurable
• Write it up! Goal setting sheet or “Rx”
• Rewards can be helpful
• Schedule follow up and or refer
More on goal setting…

- Change takes time
- Small changes add up
- Success can be motivating

Encourage parents and family to all work on goals.
Don’t single one child out.
Empower and support.

- Consider an obesity “coordinator”
  - Phone follow ups
  - Support group
  - Praise
  - Celebrate success
- Work together as a community
- Unmotivated families
  - Time, support & encouragement
Q & A