

Downsizing the Supersized

Tools and Techniques to Help Prevent and Manage Pediatric Obesity

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Defining our terms

- Body Mass Index
 - Adult **Overweight** when BMI >25
 - Adult **Obese** when BMI >30
- Different in children



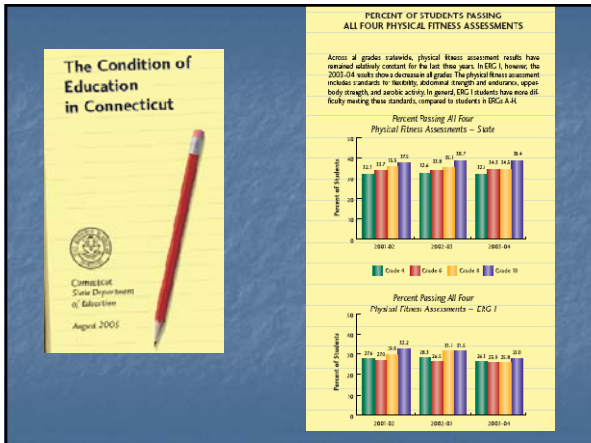
The Prevalence of Obesity (BMI ≥30) Among U.S. Adults, 2007



2007 State Obesity Rates							
State	%	State	%	State	%	State	%
Alabama	30.3	Illinois	24.9	Montana	21.6	Rhode Island	21.4
Alaska	27.8	Indiana	25.6	Nebraska	26.0	South Carolina	28.8
Arizona	25.4	Iowa	25.9	Nevada	24.1	South Dakota	26.2
Arkansas	28.7	Kansas	25.9	New Hampshire	24.4	Tennessee	30.1
California	22.6	Kentucky	27.4	New Jersey	23.5	Texas	28.1
Colorado	18.7	Louisiana	29.8	New Mexico	24.6	Utah	21.8
Connecticut	21.2	Maine	24.8	New York	25.0	Vermont	21.3
Delaware	27.4	Maryland	25.4	North Carolina	28.0	Virginia	24.3
District of Columbia	21.6	Massachusetts	23.2	North Dakota	26.5	Washington	25.3
Florida	23.6	Michigan	27.7	Ohio	27.5	West Virginia	29.5
Georgia	28.2	Minnesota	23.6	Oklahoma	28.1	Wisconsin	24.7
Hawaii	21.4	Mississippi	32.0	Oregon	25.5	Wyoming	23.7
Idaho	24.5	Missouri	27.5	Pennsylvania	27.1		

Weight Status of Head Start Children in Middletown, CT and New York, NY

Weight Status by BMI category	% children (#) Middletown, CT	% of children New York
Total children measured	103	> 16,000
Underweight (< 5 th %)	5.8% (6)	5%
Overweight (85 th to 95 th %)	14.6% (15)	15%
Obese (> 95 th %)	24.3% (25)	27%
Combined Overweight & Obese (> 85th %)	38.8% (40)	42%



What Are the Health Risks of Overweight and Unfit?

Health problems in childhood

- Type 2 diabetes
- Joint problems
- High blood pressure
- High cholesterol
- Asthma
- Sleep apnea
- Depression
- Low self-esteem
- Eating disorders

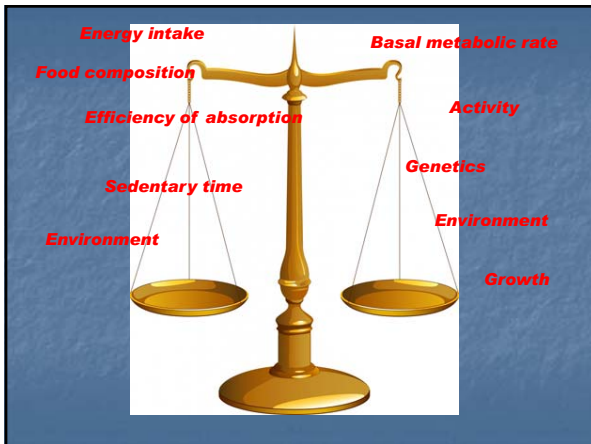


Potential increased risk as adult

- Heart attack
- Stroke
- Cancer
- Gallbladder disease
- Kidney stones
- Osteoarthritis
- Pregnancy complications

Critical Repercussions

- Estimates of decreased life expectancy are from 7 to 20 years.
- "Children born in the year 2000 or later are not expected to outlive their parents" stated Dr. David Katz of the Yale Preventive Medicine Research Center in New Haven, Connecticut at a nutrition conference last April. In March of last year, Dr. Katz quoted in a Wall Street Journal article that a **'poor diet in kids is more dangerous than alcohol, drugs, and tobacco combined!'**



Why? The food market

- Soda/sweetened beverage consumption
- Fast food, food away from home
- Portion sizes
- Increase in housing and other household costs relative to food
 - corn sweetener, refined grains subsidized by USDA
 - Price of fruits and vegetables directly related to consumption
- Increase in processed, "value-added" foods
- Advertising
- Availability (or lack thereof) of local food

Why? The built environment

- Less daily activity
- Less walking or biking to school:
 - 1970 70%
 - 2002 20%
- More early out of home care
- Fewer venues for activity with lower SES
- Safety as impediment to outside activity
- Proximity to grocery stores



Why? The role of parents



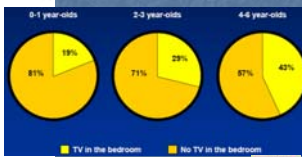
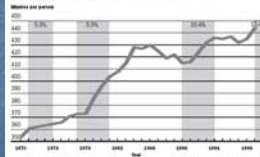


1970: <35% homes had >1 TV
6% of 6th graders had TV in their bedroom.



1999: 88% homes had >1 TV
77% of 6th graders had TV in bedroom

Figure 7. Average Daily Minutes of TV Watching, All Viewers



Source: NIMES data. Daily television minutes are from various years of Nielsen Media's 2008 Report on Television. Note: Small areas represent years for which NIMES estimates are available. The percentages of children (shown) in these data is shown.



Community response to a crisis

- Be **knowledgeable**
- Be **consistent** in what we all say
- Utilize every **teachable moment**
- Use and develop **resources** and **systems**

- **Assumption**: parents want the best for their children

- **Goal**: raise caregiver/parent **awareness** of health behaviors associated with long term health outcomes and **motivate** parent to change family (perhaps extended) toward those healthier behaviors

Physician role

- Measuring, plotting and **interpreting**
- **Documenting** status in problem list as healthy, increased risk due to increase weight velocity, overweight, or obese
- **Providing** anticipatory guidance routinely
- **Communicating** healthy weight or BMI status to parents
- **Empowering** parents to change

Expanded roadmap of process

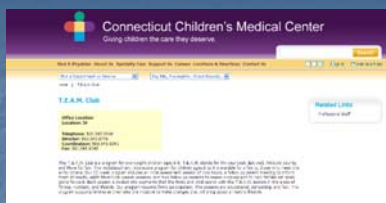
- Prenatal and WCV anticipatory guidance
- Identification and basic fact finding
- Communication through Motivational Interviewing
- Return visit to learn and discuss more
- Referral to CCCM dietitian in **Fit For Kids** program

FIT FOR KIDS OBJECTIVES

1. Support and educate PCPs to provide effective chronic illness care for weight management
2. PCPs and ECE providers will integrate preventive care
3. Establish referral, consultation, and outcome tracking systems.
4. Families implement healthy lifestyle

Working with Families

- Talking about HEALTH not weight
- Assess motivation to change
- Describing Fit for Kids
- Use Fit for Kids Care Manager to help families get referrals and participate



CCMC: *TEAM Club* for 6-9 years, 13-17 yrs and soon 9-12 years

Healthy Eating & Lifestyle Program (*HELP*) in Southport via Pediatric Healthcare Assoc.

New Britain had *FitKids* Program – dead

Yale had *Bright Bodies* - dead

Statewide initiative

- Organized through the CT AAP Chapter
- Collaborating with pediatric, family practice, and med-peds groups.

- Learning Collaborative

- Co-Management program

Conclusions and Important Points

- Burgeoning problem
- Multifaceted origins
- Community response
 - Providers who touch children's lives
 - Fit for Kids
 - Families
- Hope

References

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