

Linking Community-Based Obesity Prevention with Primary Care Practice

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Childhood Overweight: Chicago is Severely Affected

Child Overweight, 2003-2004

Level	National	Chicago	Illinois
Preschool	~12%	~22%	~18%
Elementary School	~18%	~25%	~20%

Ogden et al, 2006; Mason et al, 2006; IDPH, 2006

Childhood Overweight in Chicago: Risk Varies by Neighborhood

Neighborhood	Risk of Overweight	Overweight
Chicago (36% Black, 25% Hispanic, 21% White)	~15%	~25%
Humboldt Park (47% Black, 45% Hispanic)	~10%	~45%
West Town (47% Hispanic, 39% White)	~15%	~45%
South Lawndale (83% Hispanic)	~15%	~35%
North Lawndale (94% Black)	~15%	~45%
Roseland (99% Black)	~10%	~50%
Northwood Park (88% White)	~10%	~15%

Whitman et al, 2004

What I Will Describe Today

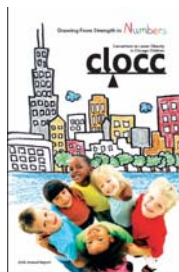
- Working in Chicago communities to address childhood obesity (CLOCC)
- Linking community work to providers and patients in clinical settings
 - Primary care settings
 - Resident training

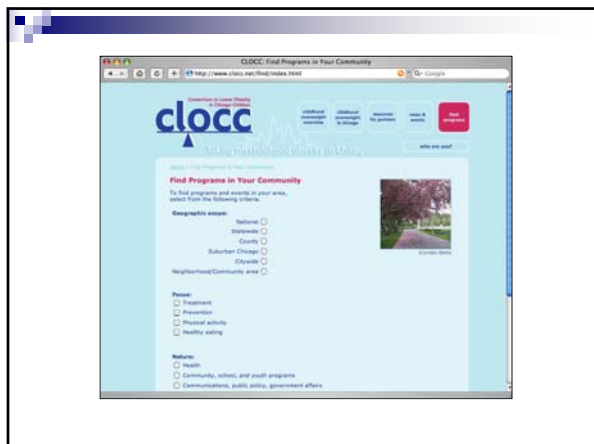
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Consortium to Lower Obesity in Chicago Children: Mission

- Confront the childhood obesity epidemic
 - Promote healthy and active lifestyles for children
 - In Chicago metro area
- Facilitate connections
 - Prevention researchers, public health advocates, practitioners
 - The children, families, and communities







CLOCC's Public Education Message

Eating Right and Being Active Are as Easy as...

5 servings of fruits and vegetables a day

4 servings of whole grains a day

3 servings of low-fat dairy a day

2 hours of moderate physical activity a day

1 sugar-sweetened beverage a day

■ Goal: Wrap-around messaging

- Media
- School
- Church
- Physician offices
- Events
- And more

www.clocc.net

**A Big Challenge:
Linking Community & Clinical Work**

- Primary care practices may be less than effective in managing overweight children if they do not refer families to community programs
 - But there is no existing link between the clinical and community program worlds
- Solution, community by community
 - Build bridge between practices and community programs
 - Practices: identify those interested, provide program info

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**Enhancing primary care
for obese children**

Adolfo J. Ariza, MD
CLOCC, Clinical Outreach Director

Typical primary care approach for obesity prevention & intervention

- Assessment
 - Child's weight-age/height-age
 - BMI (sometimes)
 - Child's diet & physical activity
- Instructions
 - Eat less
 - Be more active--Watch less TV / movies / video games
 - Follow-up: "See you next year"
"Come back in 2 months"

**Management in primary care:
Challenging**

- Current structure
- Available resources
- Time – seconds for visit topics

<u>Topic</u>	<u>Median Time</u>
Growth	30 seconds
Diet	98 seconds
Physical Activity	15 seconds

Healthy weight: ~ 2 minutes
Overweight: ~ 4 minutes

Ariza, J Peds 2008

Needs for primary care implementation of recommendations

- Clinical tools
- Skills to address family behavior change
- Change practice procedures to allow for effective interventions

Tools Teamwork & Tenacity (TTT)

- Tools
 - Routine identification of nutritional status
 - Health Indicators Analyzer (HIA)
 - Height/weight/BMI for age, %IBW
 - Age- and nutritional status-specific parent handouts
 - BMI wheels
 - Algorithm for management obesity and co-morbidities
 - Developed with CLOCC Clinical Practices Working Group
 - Patient handouts
 - Nutrition & diet; Parenting skills; PA resources; PA circuits
 - Community organizations
 - Documentation and tracking forms
 - 1st visit form; general health survey; follow-up form

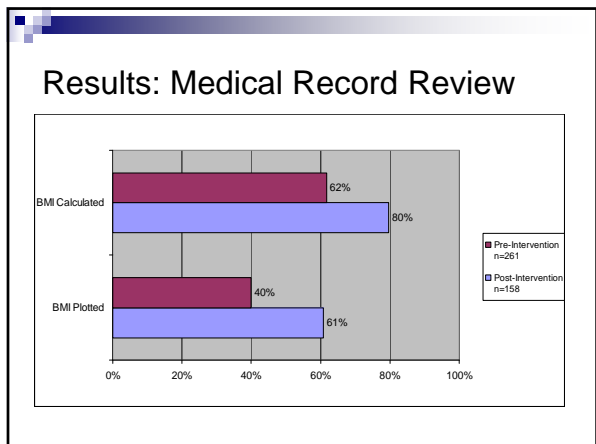
www.childrensmrc.org/pprg/resources/obesity

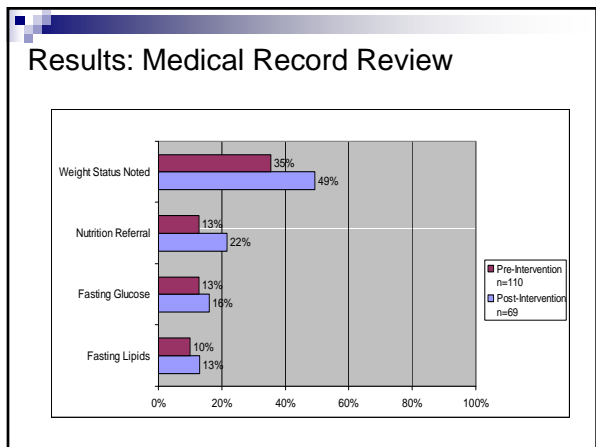
TTT (cont'd)

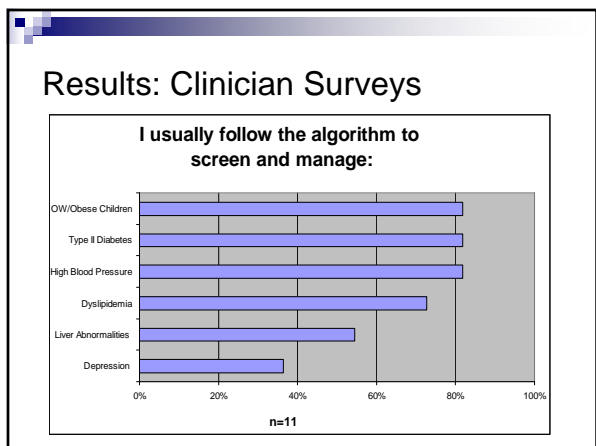
- More Tools
 - Information on community programs
 - Physical activity; nutrition: School-based
 - Training in Motivational Interviewing
 - Patient centered designed to enhance intrinsic motivation
 - Setting pt agenda not MD agenda
- Teamwork & Tenacity
 - Facilitation of implementation of program tools/components
 - Foster an obesity team
 - Develop in house obesity clinics
 - Work with practice as a whole to maintain changes

Participants & evaluation

- Practice Characteristics
 - 8 inner-city, FQHC
 - Medicaid/uninsured children
 - Average patients/week: 248
- Pre and Post Intervention evaluations
 - Medical record review
 - Clinician surveys & interviews







Results: Clinician Surveys

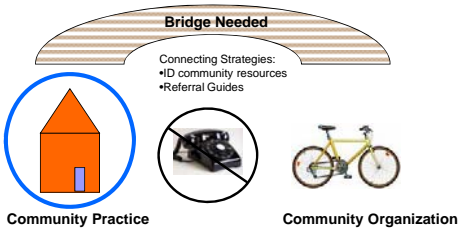
- The majority routinely use most of the handouts
 - 45% routinely use with information on community organizations
- Few routinely use documentation/tracking forms
- A couple of practices routinely use the HIA for OW pts
- Most said algorithms are helpful
- MI helped them understand their patients better; but hared to use MI w time constraints
- Facilitated obesity management and frequent F/U

A Missing Link: Patients Need Resources Between Visits



Based on: Etz, Am J Prev Med, 2008

A Missing Link: Patients Need Resources Between Visits



Based on: Etz, Am J Prev Med, 2008

Clinical Practices to Community Program (CP-CP)

- Less intense program than TTT, provides
 - Tools for identifying, treating, tracking OW children
 - Materials listing community programs
 - Updated periodically
 - Information to community organizations on practices

CP-CP program components

- Clinical Tools
 - Algorithms to manage obesity and co-morbidities
 - Patient handouts
 - Documentation and tracking forms
- Information on local community programs
 - By age group and type of program
 - Physical activity, School-based, Nutrition programs
 - To provide parents with info on
 - Contact information
 - Program description
 - Local low cost activities

Information on local programs



Participants & evaluation

- Practice Characteristics
 - 15 inner-city, FQHC
 - Medicaid/uninsured children
- Post Intervention evaluations
 - Practice resource assessment survey
 - Provider feedback from periodic semi-structured interviews with clinicians
 - Qualitative interview of key physician

Results: Practice assessments

- Few plans for evaluation/treatment of obesity
- Absence of charting/intake forms
- Lack of awareness of protocols for co-morbidities screening/treatment
- Some knowledge of city-wide programs
- Limited knowledge of local programs

Results: Clinician interviews

- Very positive on the usefulness of materials
 - Helped parents visually understand health concepts
- MDs and medical assistants used pt intake forms
- RNs and medical assistants use community program handouts
 - In one practice all staff including used
- "It is difficult to have all providers implement the tools due to time constraints".

A Missing Link: Patients Need Resources Between Visits

Bridge Needed

Connecting Strategies:
•ID community resources
•Referral Guides

Community Practice Community Organization

Based on: Etz, Am J Prev Med, 2008

Community resource assessment

- 2008 summer student project
- Semi-structured interviews with 22 CBOs
 - West Town
 - Lower West Side
- Goals
 - Determine **challenges** and assess **needs**
 - Assess organization's **awareness** of CP-CP
 - Maintain **working relations** with community organization

Gibbs, July 2008

Interview results

- Altered programming required update
- Frequent employee changes led unfamiliarity with CLOCC and CP-CP
- Most were excited and appreciative to be included on CLOCC's list of programming
- Most had difficulties with funding, staffing (high turnover), and desires for expansion

CP-CP accomplishments so far

- Clinical materials being used
- Community referral materials being used
- Evidence of some practice changes

Information we wish we had

- How many pts go to community sites?
- Of those, do they benefit?

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5-4-3-2-1-Go!

RESIDENT EDUCATION TO ADDRESS THE OBESITY EPIDEMIC IN CHILDREN AND YOUTH

Christiane E Stahl, MD,
University of Illinois at Chicago,
Jonathan W Necheles, MD, MPH
Children's Memorial Hospital, Northwestern University
Jay H Mayefsky, MD, MPH,
Stroger Hospital, Rosalind Franklin School of the Health Sciences

Supported by the Otho S.A. Sprague Memorial Institute

Background

- CLOCC Clinical Practices Working Group
- Trained health care providers could
 - Reinforce the 5-4-3-2-1 message in clinic
 - Assist parents or teens in developing individualized change plan

5-4-3-2-1 GO! Worksheet

How do you get from where you are to 5-4-3-2-1-GO!

Currently each day my child

has _____ servings of fruits & vegetables each day

drinks _____ servings of water each day

has _____ servings of dairy (how many servings are low/nonfat? _____)

spends _____ hours watching TV, videos, or using computer/video games

does _____ hours of physical activity

Are you ready to change?

Set 2 goals for change (include what you will change & how much you will change – for example if you currently serve your child 3 servings of fruits & vegetables, you might choose to increase to 3 servings of fruits & vegetables daily)

1. _____

2. _____

3. _____

When will you start changing (today, tomorrow, in 3 days?, etc.) _____

Getting ready: Just saying you'll change won't make it happen – right? What do you need to do to get ready to make the changes you've chosen? (for example, buy at least 21 servings of fruits & vegetables for my child each week OR take TV out of the bedroom)

Getting ready list:

1. _____

2. _____

3. _____

Assessment of Training Effects

- Residents accessed web-based training, including
 - Strategies to engage parents, teens in behavior change
 - Message content
 - Pre- and post-testing

How can you discuss this in a way that is helpful?

- Ask permission first -
- Determine whether someone is ready to make changes
- Determine how soon someone is planning to make changes and tailor your counseling
- If a patient makes a change plan –
 - Give it to them in writing and
 - Plan a follow-up check, in-person or by phone

Recruitment/Counseling trial

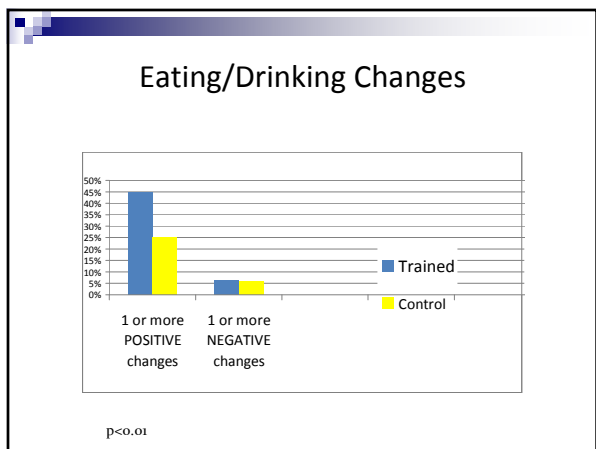
- 23 clinics
- 60:40 Active (Trained) vs Control Clinics
- 119 Residents Recruited
- 4 months (winter/spring 2008)

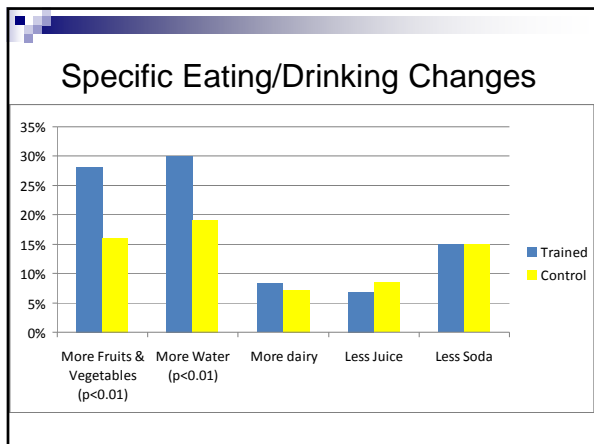
Results – Web-Training

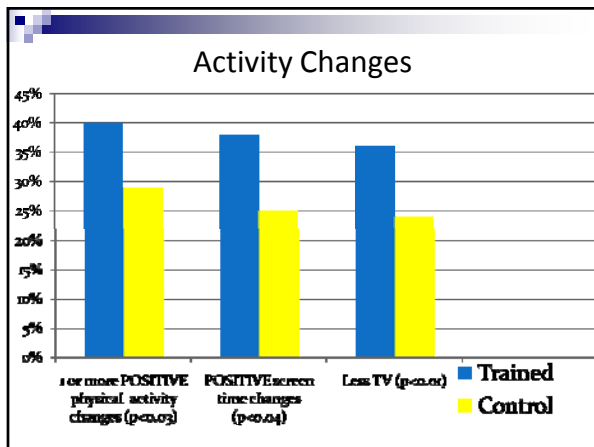
- 113 residents completed the web-based training
 - Performed better on post-test ($p < .001$, paired t-test).
- No significant pre-training differences btwn active counseling and control residents.

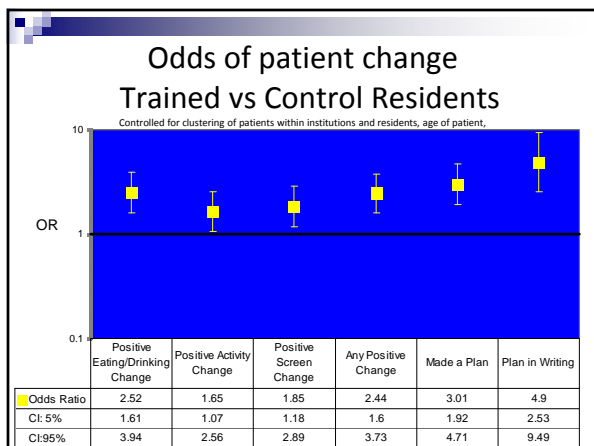
% Residents correctly identifying recommended	Fruits and Vegetables	Dairy Products	Physical Activity- Minimum Recommended Time = 1 hour	Engagement - Based Initial Strategy
	Minimum # servings=5	Minimum # servings=3		
PRE training	39 %	49%	37%	41%
POST training	74%	86%	96%	87%











Summary

- Community work in child obesity prevention may be stronger when linked to clinical settings
 - We are exploring opportunities for such linkage
- In our primary care practices, there is strong acceptance of packages of clinical tools that include community program information
 - Clinical effects not yet explored
- Resident training on messages developed for community use holds promise re education and patient outcomes
- Expanded work is needed to further develop and test these linking efforts

Thank you for your attention!
