

SIM PCMH Initiative Affinity Groups

Kid's Health: Overweight and Obesity



November 28th, 2017

Michigan Care Management Resource Center Affinity Group Support Staff



Marie Beisel, Introductions



Scott Johnson - Group Facilitator



Betty Rakowski - Questions



Judy Avie – Participant
Facilitator

SIM PCMH Affinity Groups

The care manager and coordinator affinity group facilitates networking and promising practice sharing across the state. This group is open to all Initiative care managers and coordinators offering an opportunity for peer to peer learning.

Collaboratively, care managers and care coordinators will identify areas of interest, topic focus, and prioritize challenges.

Outcomes include:

- “What works”
- “What has been tried and does not work”
- Shared learning
- Identification of best practices
- Identify educational needs



Care Manager and Coordinator Learning Credits

One hour of SIM PCMH Longitudinal Learning Credit will be earned per each hour of participation in the Affinity Groups.

- Participants must register with their complete information to earn credit, anonymous participants will not earn Learning Credits.
- To obtain Longitudinal Learning Credit participants must join sessions “live” (in real-time).



Instructions for Obtaining a Certificate of Completion

To receive a certificate of completion for the “Kid’s Health: Overweight and Obesity” Affinity group

1. Attend and participate in the entire Affinity Group
2. Check inbox for email from MiCMRC for “SIM Affinity group Evaluation”
3. Follow instructions in the e-mail: Attest to completing the Affinity Group, complete the evaluation and submit. This step generates an email to you containing the certificate of completion

For technical assistance please e-mail:

micmrc-requests@med.umich.edu



Care Manager & Care Coordinator Participant Commitment:

Attendees participating in a variety of ways during the interactive virtual meeting

- Posting questions, verbally sharing experiences and lessons learned, responding to polls
- Completion of post meeting evaluation
- Attendee contact information will be shared with the group to promote networking
 - Example: in addition to the contact information, sharing information such as area of expertise
- Completion of a brief survey to identify future high priority Affinity Group meeting topics.

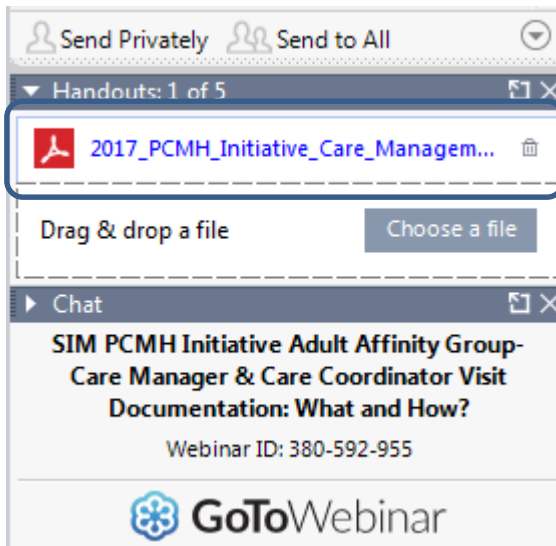
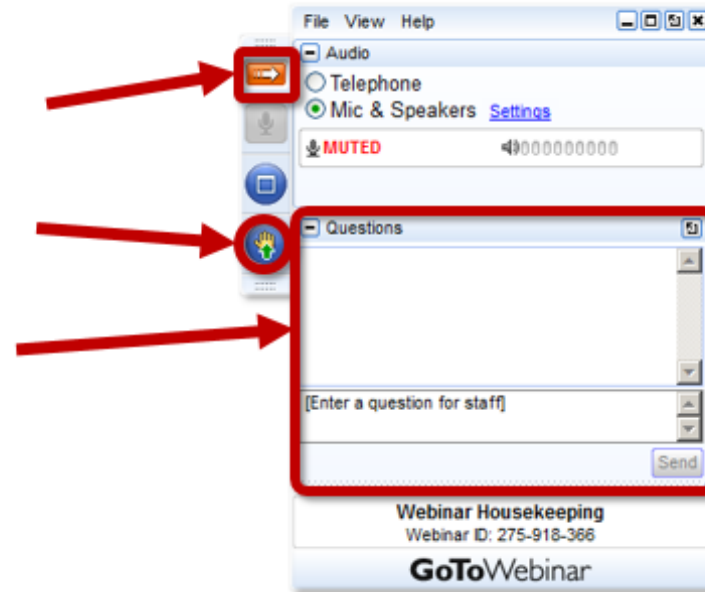


Housekeeping: Webinar Toolbar Features

Collapse Toolbar

Raise Your Hand

Ask a Question

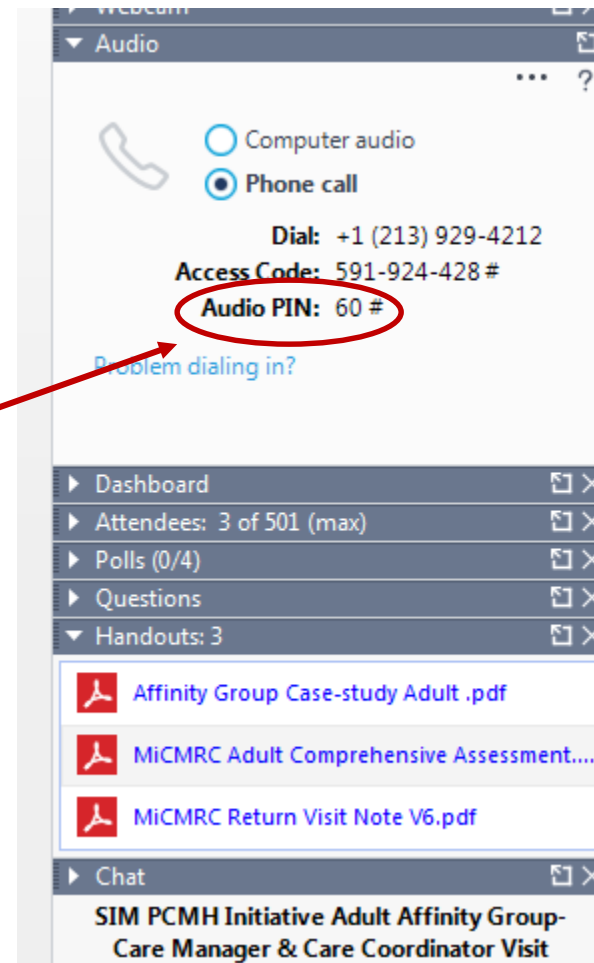


Access PDF Versions of documents

Use question box at any time for your questions and we will try to answer during session.



If you did not enter your audio pin when first dialing in please input it now to allow for unmuting of your phone





- How long have you been in care management, less than 1 year, 2 to 3 years, 4 or more



- Provide one question you would like to get answered about Kid's Health: Overweight and Obesity– **type into question box**



- Raise your hand if you find working with the overweight and obese pediatric population a challenge
- Raise your hand if you would like to share a specific challenge



- Raise your hand if you have found a solution or had success in the challenges mentioned



Let's pause a moment to address any questions or comments



Agenda

- Define childhood obesity
- Discuss social determinants and their impact on obesity
- Promoting healthy lifestyles
- Obesity guidelines and interventions



Definition

The Centers for Disease Control utilize Body mass index (BMI) as a measure used to determine childhood overweight and obesity.

Overweight is defined as a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.



National Statistics

Youth 2-19 years

- 17% of youth were considered obese from 2011-2014
 - 2-5 years 8.9%
 - 6-11 years 17.5%
 - 12-19 years 20.5%
- The pattern was the same for males and females
- In 2016 the National Survey of Children's Health indicated that 31 percent of children age 10 to 17 were overweight or obese although the data indicates the obesity rates have stabilized from 2011 to 2016

*NCHS Data Brief No. 219 November 2015 Centers for Disease Control

*<https://stateofobesity.org/children1017/>



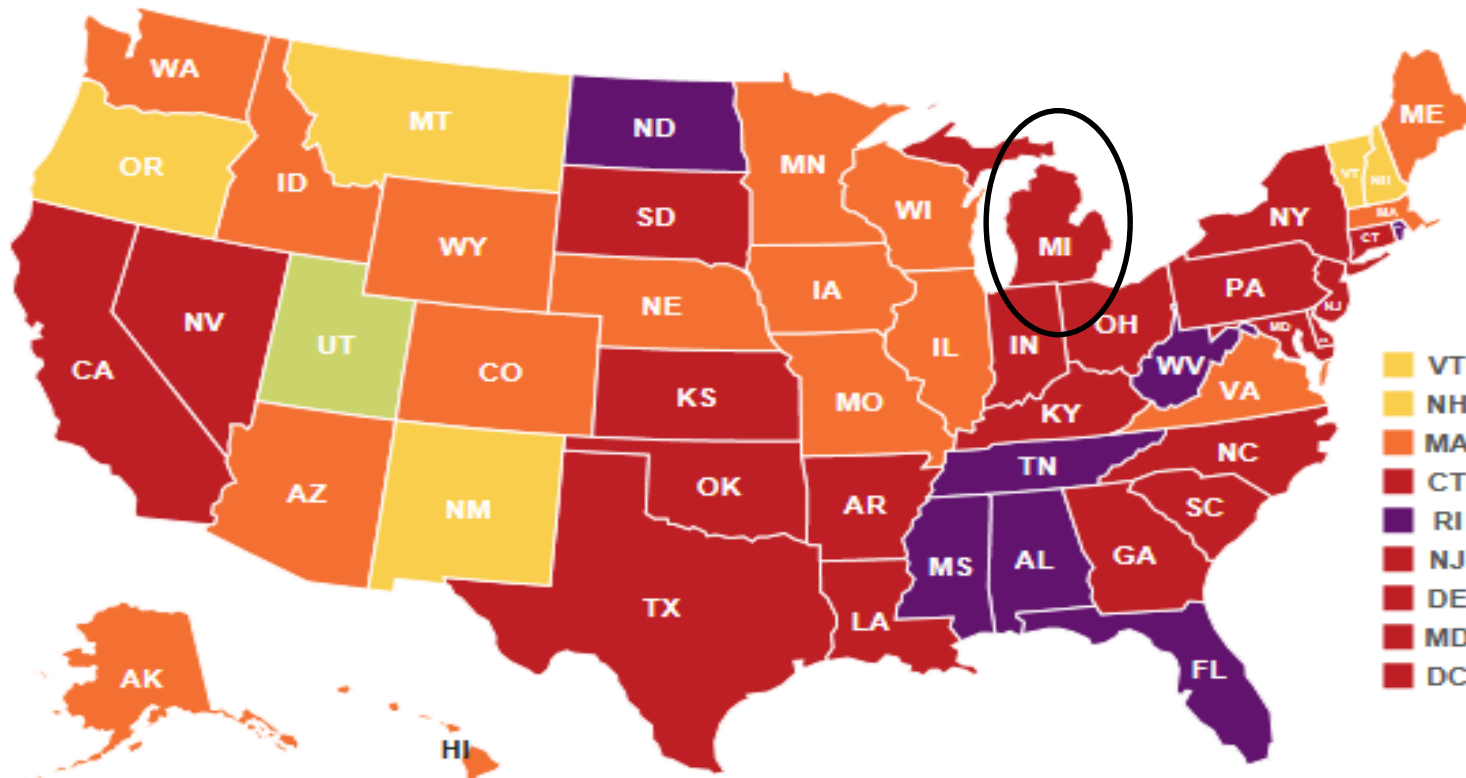
Overweight & Obese Children 10-17, 2016

Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.

Follow the link below to access Michigan specific information

Combined overweight and obese rates, children ages 10 to 17

0 - 9.9% 10 - 14.9% 15 - 19.9% 20 - 24.9% 25 - 29.9% 30 - 34.9% 35%+



Michigan

Childhood Overweight and Obesity **New Data**

2- to 4-year-old WIC participants

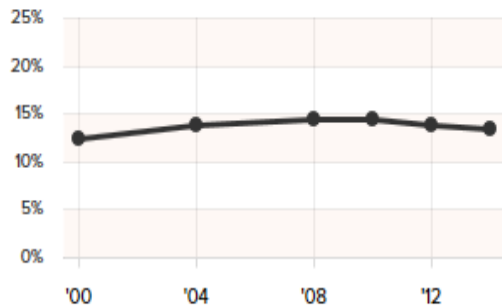
Current obesity rate (2014)

13.4%

Rank among states (2014)

31 /51

Historical rates (2000-2014)



Source: stateofobesity.org/wic

10- to 17-year-olds*

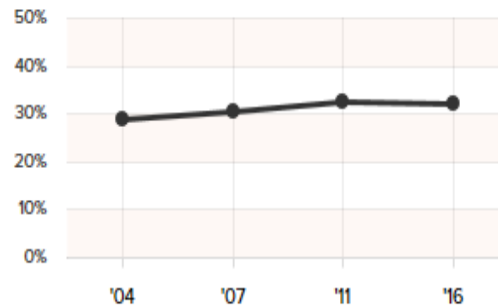
Combined overweight & obesity rate (2016)

32.0%

Rank among states (2016)

19 /51

Historical rates (2004-2016)



Source: stateofobesity.org/children1017

High school students

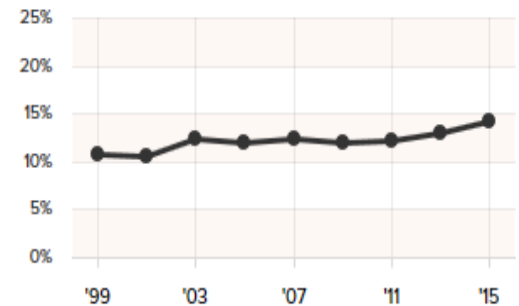
Current obesity rate (2015)

14.3%

Rank among states (2015)

13 /43

Historical rates (1999-2015)



Source: stateofobesity.org/high-school-obesity

* Represents the combined rates of overweight and obese 10-17 year-olds



- What percentage of your pediatric population in your practice is considered obese?

Obesity and Socioeconomic Status - Income

2005 to 2008

- Low income children and adolescents are more likely to be obese than their higher income counterparts, but the relationship is not consistent across race and ethnicity groups.
- Most obese children and adolescents are not low income (below 130% of the poverty level).
- Children and adolescents living in households where the head of household has a college degree are less likely to be obese compared with those living in households where the household head has less education, but the relationship is not consistent across race and ethnicity groups.
- Between 1988-1994 and 2007-2008 the prevalence of childhood obesity increased at all income and education levels.

Obesity and Socioeconomic Status – Education Level 2005 to 2008

- Childhood obesity prevalence decreases as the education of the head of household increases, but the relationship is not consistent across race and ethnicity groups.

<https://www.cdc.gov/nchs/products/databriefs/db51.htm>



Obesity and Other Social Determinants

- Psychosocial stress is associated with child obesity
- Mothers mental and emotional wellbeing
- Home food environment
- Negative life events, parental stress
- Having an obese parent has been identified as a risk factor childhood overweight and obesity.



- Have you been able to identify those social determinant factors and their impact on your patient population?

Promoting Healthy Lifestyle & Prevention

- It has been suggested that overweight and obesity reductions may accrue if the prevention focus is shifted, more broadly, to promoting healthy lifestyles and healthy environments and beyond the focus on individual children's body weight as the outcome
 - Life's Simple 7 for Kids
 - Just for Kids.org
 - Choose My Plate.gov
 - Lets Go.org

"Biological, environmental, and social influences on childhood obesity"
Pediatric Research(2016)79,205–211doi:10.1038/pr.2015.208



Hurricane Resources:

Help for those impacted by recent catastrophic storms



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Vary your veggies.

Vary Your Veggies

Any vegetable or 100% vegetable juice counts as a member of the Vegetable Group.

1 of 5

Sign up for updates

GO

Just for Kids!

The Nation's Leading Obesity Prevention Program



Just for Kids! Program | Program Materials | Order Now | Research and Links | Contact Us

Thank you for your interest in preventing child obesity!

Just For Kids! was developed at the University of California School of Medicine, and was successfully tested in San Francisco schools.

Just For Kids! is a health education program for all children which helps them make changes in their diet, exercise, communication and affect which result in decreased obesity, improved cardiovascular and physical fitness, and increased nutrition knowledge.



Program Materials

Duration

Just For Kids!

The Just For Kids!

Approach

Just For Kids!

When to use

A Just For Kids!



5-2-1-0 Let's Go!

Let's Go! is a nationally recognized childhood obesity prevention program implemented throughout Maine and in a few communities in neighboring states. We partner with schools, child care and out-of-school programs, healthcare practices and community organizations to change environments where children and families live, learn work and play. We developed 5-2-1-0 as the foundation for change.

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

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





- Raise your hand if you are currently utilizing any resources from these organizations listed? If so, please share your experience
- Raise your hand if using other materials? If so, please share your experience

Guidelines for treatment of overweight and obesity



Michigan Quality Improvement Consortium Guideline

June 2016

Treatment of Childhood Overweight and Obesity

The following guideline recommends specific treatment interventions for childhood overweight and obesity.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Children 2 years or older with a BMI ≥ 85th percentile	Identify presence of weight-related risk factors and complications	<p>Reinforce Prevention Recommendations (See MQIC Prevention and Identification of Childhood Overweight Guideline)</p> <p>History and physical exam [D]: Pulse and blood pressure, using appropriate technique and cuff size for age Family history, patient or parental concern about weight, dietary patterns (e.g. frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, etc.), physical activity level, sleep patterns, and history of medication use including nutritional supplements Symptoms of diabetes, hypothyroidism, digestive disorders, gallbladder disease, obstructive sleep disorders, weight-related orthopedic problems, depression and anxiety, or other mental health concerns, etc. Be alert to secondary causes of obesity and consider genetic, endogenous, or syndrome-associated causes of obesity.</p> <p>Testing: Screening lipid profile</p> <p>Reinforce lifestyle and behavior modifications [D]: Focus is avoiding weight gain as the child grows; monitor BMI percentile. Family must recognize the problem and be actively engaged in the treatment. Small, gradual lifestyle changes are recommended. Promote healthy diet and lifestyle with focus on 5-2-1-0: 5 or more fruits and vegetables, 2 hours or less recreational screen time, 1 hour or more physical activity, 0 sugary drinks daily. Monitor for the development of risk factors or complications.</p>	<p>Each periodic health exam, more frequently as case requires</p> <p>Consider management of childhood obesity as a long-term intervention</p>
Children 2 years or older with a BMI ≥ 85th-94th percentile with risk factors or complications	Lifestyle intervention with treatment of risk factors and complications as needed	<p>All of the above, plus: Primary goal of childhood weight interventions is regulation of body weight and fat with adequate nutrition for growth and development. Treat risk factors and complications as needed. Substantial slowing of weight gain may be achieved by relatively small but consistent changes in energy (200-500 kcal/day) intake, expenditure or both. If weight loss is desired, an appropriate starting goal is about 1 lb. of weight loss per month. Consider a moderate- to high-intensity multidisciplinary approach in the treatment of childhood obesity.</p> <p>Testing: AST, ALT, and screening for diabetes every two years for children ≥ 10 years of age</p>	
Children 2 years or older with BMI ≥ 95th percentile (obese) with or without risk factors or complications	Weight loss with concomitant treatment of risk factors and complications as needed	<p>All of the above, plus: If available, offer obese children and adolescents ages 6-18 a comprehensive, intensive behavioral intervention to promote improvement in weight status. Long-term goal should be a body mass index below 85th percentile for age and sex. Consider counseling and psychological services.</p>	

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel
This guideline lists core management steps. It is based on Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement, Pediatrics 2010; 125:361; the Institute for Clinical Systems Improvement. Prevention and Management of Obesity for Children and Adolescents. Published July 2013; and the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity (www.ama-assn.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors November 2006; June 2008, 2010, 2012, 2014, 2016

MQIC.ORG

Interventions

- Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older from American Academy of Pediatrics*
- Calculate BMI annually in children 2 years and older
- Limited screen time
- Routinely promoting physical activity
- Recognize and monitor for obesity-associated risk factors

*available at micmrc.org

<http://www.aafp.org/afp/2008/1101/p1052.pdf>



Interventions

From the American Psychological Association:

- Motivational strategies
- Problem solving – whole family approach
- Dietary changes
- Behavior modification





- Raise your hand if you would like to share what interventions you've found to be of value working with your patients.



Questions or comments



New Chronic Condition Pages!

- Care management interventions
- Guidelines
- Quick tools

The screenshot shows the Michigan Care Management Resource Center (micmrc) website. The header includes the micmrc logo and a search bar. A navigation menu lists: Home, Training & Support, Care Management 101, Topics, Resources, Webinars, and Best Practices. The main content area is titled "CHILDHOOD OBESITY" and includes a sidebar with a settings gear icon and a list of menu items: Home, About, Training & Support, Care Management 101, Topics, Resources, Webinars, and Best Practices. The main content includes a breadcrumb "Home > Childhood Obesity", a "Childhood Obesity" title with "View" and "Edit" buttons, a "Definition" section with text about BMI, "Childhood Obesity Guidelines" with links to Endocrine Society and Michigan Quality Improvement Consortium guidelines, and "Care Management Interventions" with a link to an obesity action plan. A user login box shows "Logged in as Scott Johnson U of M" with "Dashboard" and "Logout" buttons. A yellow box contains links for "Childhood Obesity Statistics" and "Michigan Statistics".

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Announcing Pediatrics Focus for the December 2017 SIM PCMH Initiative Office Hours

- Title: SIM Pediatric Office Hours: Social Determinants of Health and Behavioral Health-Real Life Pediatric Practice Experiences
- Date: Wednesday, December 13, 2017
- Time: 12:00 noon – 1:00 pm
- Presenters: Susan Wakefield MD, Claire Olgren MD, and Laurisa Cummings LMSW

