Obesity at Palmetto Pediatrics
A big project hopefully soon to be smaller
Deborah Greenhouse MD

Yes, we have an obesity problem

And no, it's not a new one.
Eugenia Martinez Vallejo by Juan Carreno De Miranda, 1680.
As seen in The Prado, Madrid
South Carolina Obesity Statistics

Adolescent Overweight and Obesity-
15% Overweight and 16.7% obese (2011 data)
21.3% did not have 60 minutes of physical activity on even one of 7 days
39.7% watched TV more than 3 hours per day on a typical school day

South Carolina Obesity Statistics

74.8% ate fruit less than 2x daily
91.2% ate vegetables less than 3x daily
33.2% drank sodas at least once daily
Palmetto Pediatrics, A multifaceted approach to childhood obesity

Incorporate discussion about growth and nutrition into every well visit.

Use the growth charts and the SCMA Obesity Toolkit Questionnaire as the "ice breakers".

Use motivational interviewing to help families make meaningful changes.

Use emails to reach out to families between visits.

---

BMI- Identifying and sharing the problem

BMI measured at least every 3 months.

BMI reviewed to determine need for discussion/intervention.

Realize that you can’t work on obesity at a brief visit scheduled for a cough. But you can introduce the topic and schedule a visit to discuss it.
The SCMA Childhood Obesity Toolkit

The Questionnaire—It’s not just for kids with a weight problem.
Used at every well visit beginning at age 2.
Provides a starting point for a motivational interviewing approach to discussions about nutrition and healthy lifestyle habits, regardless of whether the child is overweight or not.

Motivational Interviewing—It Works!

Meet the family where they are. Use the questionnaire to determine what they perceive as the biggest problems and what they feel most motivated to change. Then help provide the tools to make these changes.

The handouts

Less is better—Throwing a stack of handouts or websites at a family is overwhelming.
Giving one or two handouts from the Toolkit or from other resources and discussing those handouts helps the family to see that you really believe that this is important information.
No matter how slow you go, you are still lapping everybody on the couch.

The goals

Again, less is better. Keep it simple and initially short term.

Example—"I can see that you're really interested in cutting down on sweet drinks. I think that's great. Let's talk about a few easy changes that can help that to happen. And let's get back together in 6 weeks to see how things are going and discuss what other changes you might be interested in making.

Then there are the emails

Initial emails—Discussed specific BMI issues and association with fatness, gave resources to help the family

Over 1,000 emails were sent about healthy eating/snacking and exercise

Some physicians had concerns about the content of the emails

Revised emails—More general information about BMI, without mention of fatness, still including appropriate resources
And the Prescription for Parks

Initially a joint program between Palmetto Peds, Sandhills Peds and Sesquicentennial State Park.

Families are given a pass for free entry to Sesqui for a visit with the incentive of a park passport after the 4th visit.

Mixed results - Kids love it, hard to motivate parents to take the kids to the park.

75 passes given by Palmetto Peds does as of November, 2014.

Prescription for Parks - The next step

Giving a hand-written Rx for whichever park or outdoor area is close to the family. Hopefully, parents will be more motivated to take their children to an outdoor play space if it is closer to their home.

There are no easy answers

Childhood obesity is a multifaceted problem and our response must be multi-faceted as well.

We need to work with our patients and their families. Simply lecturing absolutely won't work.

This is an ongoing process. We need to be aware of new resources in our community and make use of every resource available to us.
Unless someone like you cares a whole awful lot, nothing is going to get better.
It's not.

Dr. Seuss