Pediatric Obesity Toolkit

The New York Times noted that “...for the first time in 200 years the current generation of children in America may have shorter life spans than their parents…”

Much of the blame is placed on the rapid rise in childhood obesity.

National Statistics

- Approximately 17% (or 12.5 million) of U.S. children and adolescents aged 2—19 years are obese.
- Since 1980, obesity prevalence among children and adolescents has almost tripled.
- Obese adolescents have a 70% chance of becoming overweight or obese adults.

S.C. Statistics

- Obesity is the leading preventable cause of death in South Carolina.
- South Carolina is the 8th most obese state in the country with an overall adult obesity rate of 30.9%.
- If current trends continue, 1 in 3 children born in the year 2000 will develop type 2 diabetes, primarily due to a poor diet and lack of physical activity.

- The obesity rate in this state has increased more than 80% over the last 15 years.
- In 2009 it is estimated that $1.2 billion was spent on the sequelae of obesity (projected to be $5.3 billion 2018).
- 29.6 percent of S.C. high school and 48.6 percent of S.C. middle school students were overweight or obese.
- Slowing or halting the rate of increase in the prevalence of obesity could save the state up to a total of $3 billion by 2018.
Pediatric Obesity

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

**Obesity is multifactorial**

- **Genetics** (not usually alone)
  - Genetic characteristics haven’t changed in 30 yrs
- **Behavioral Factors**
  - Energy intake
  - Physical activity
  - Sedentary behavior
- **Environmental Factors**

**Points of wisdom**

- Overweight is not only about a patient’s weight
- Overweight is a symptom, the problem is usually poor health habits
- Parents are usually aware if a child is overweight and are usually making some attempt to manage this issue;

**Design Precept**

- Augment Motivational Interviewing
- Customizes approach to obesity management
- Minimizes transfer of information to prevent information overload
- Promotes healthier approach to dealing with fast foods
- Allows provider to quickly assess cause of obesity
Motivational Interviewing

4. Principles of Motivational Interviewing

1. Express empathy—Empathy involves seeing the world through the patient’s eyes. The provider’s accurate understanding of the patient’s experience facilitates change.

2. Develop discrepancy—When patients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes.

Motivational Interviewing

3. Roll with resistance
   Do not fight patients resistance, but “roll with it.” Allows provider to accept a patient’s reluctance to change as natural rather than pathological.

4. Support self-efficacy
   Patients are held responsible for choosing and carrying out actions to correct behavior. The patient is in charge.

Implementation

- Staff training
- Provider engagement: “Make it a problem”
- How much time required to implement?
- Does it interface with EMR?
- Coding Procedures
Implementation

- Staff training
  - Nursing staff/ Front office
  - trained to recognize BMI requirements for Obesity and Overweight
  - Encouraged to check BMI at every visit from ages 2–18
  - Encourage to give out toolkits at each visit when appropriate

Limitations

- Limitations in provider education of obesity management strategies
- Not fully EMR implementable, yet
- Statewide distribution in development

Patient flow

- Medical providers
  - Assess risk factors
  - Medical screen/ labs
  - Choose 1 opportunity for improvement
  - Follow up 3–6 months
  - Re-assess behavior change
  - Re-evaluate
  - Choose additional behavior

Obesity management strategy

- Financial reimbursement– Done
  - Obesity/ Overweight diagnosis now covered

- Developing physician management tools
  - 1. Health Habits Questionnaire
  - 2. Online Obesity Resource database

- Provider education
  - CME (live/ online)