Healthy Clinics, Healthy Kids

A Lifestyle Intervention on Obesity and Cardiometabolic Disease Prevention in Pediatric Clinical Settings

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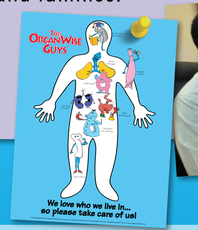
RATIONALE

Childhood obesity should be addressed in multiple sectors, including the health services/clinical setting. While many physicians believe it is their responsibility to help adult patients lose weight, the majority feel they are not equipped to manage weight problems of their patients, especially their pediatric patients. Healthy Clinics, Healthy Kids (HCHK) was designed to test the impact of addressing obesity, using a lifestyle approach, among pediatric patients and families in a variety of primary care clinical settings.

OBJECTIVE

The goal was to help pediatric clinical staff address obesity issues and concerns of patients and families.



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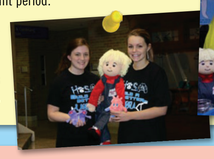
METHODS

HCHK interventions took place over a 2-year period (2010-2012) in three states (MI, MS and NM). Interventions (nutrition, healthy living, and physical activity education) aimed to help children and parents/caregivers in low-income communities understand how to prevent obesity and its associated cardiometabolic disease risk factors. Knowledge was shared by clinicians using HCHK tools (The OrganWise Guys Doctor/Health Clinic/WIC Kit), after receiving trainings from project staff. Interventions took place in traditional clinical settings (pediatric offices, community-based clinics, etc.), as well as school-based clinics. HCHK clinicians were trained by project personnel at the beginning of the project, and continued to be assisted through electronic and in-person technical assistance sessions. In the school setting, clinicians were encouraged to link their efforts with school cafeterias and physical education programs, with the intention that these settings could support educational efforts and sustain them in the post-grant period.

Impact of interventions was assessed using pre and post surveys. 21 sites completed pre and post surveys (MI (9), MS (9), and NM (3)). Respondents included nurses (14), managers (2), physicians (2), coordinators (1), and a registered dietitian.



RESULTS

CONTEXTUAL CHARACTERISTICS

In the study locations, the prevalence of childhood obesity was higher than the national average – respondents reported that only 56% of their pediatric patients were "normal," as compared to approximately 66% nationally. About one-third (32%) indicated private insurance pays for some obesity care, and 42% indicated public insurance covers some obesity-related care.

CLINICIAN-INITIATED DISCUSSIONS ABOUT OBESITY

Forty-four percent of clinicians indicated they discuss weight issues with parents of "normal" weight children. As expected, more (73%) indicated they discuss issues of obesity with parents of "overweight" children.

During the study period, statistically significantly (at the $p<.05$ level) more respondents indicated, at the end of the project than at the beginning, that they discuss "the impact of childhood obesity on their future risk for chronic diseases in adulthood" (70% versus 57%) with their pediatric patients.

During the study period, statistically significantly more clinicians indicated that they discussed this topic with *parents* by the end of the intervention period (76% versus 57%).

INCREASED DISCUSSION OF OBESITY-RELATED TOPICS DURING PEDIATRIC VISITS

During the study period, there was an increase in discussions with pediatric patients regarding exercise and physical activity (+8.5%), as well as limiting sedentary behaviors (+5.0%). There was an increase in conversations with parents as well, regarding healthy food and beverage choices (+4.8%), physical activity (+9.4%), limiting sedentary behaviors (+4.7%), "creating a healthy home environment" (+19.1%), and "removing the TV from the bedroom" (+14.3%). Although at baseline it was not discussed very much (22.2%), at follow-up, there was an increase in "encouraging breastfeeding for childhood obesity prevention, if pregnant" (38.1%). Regarding comfort of discussing obesity-related topics with parents, although already a topic with high comfort level at baseline, statistically significantly more respondents indicated at the end of the project that they felt comfortable discussing exercise and physical activity (76.2% versus 90.5% respectively).

CONCLUSION

Overall, HCHK showed that pediatric staff can increase their level of activity in the clinical setting regarding addressing childhood obesity and its associated cardiometabolic disease risk factors. HCHK also showed that a toolkit, and accompanying training and technical assistance program, are useful in supporting such efforts in a feasible and effective manner.

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