

# “Innovative Strategies and Practical Tips for Dealing with Childhood Obesity”

**Presented by:**

***Maraiah Popeleski, RD, CLC & Veronica Mansfield, APRN  
Middlesex Hospital’s Fit for Kids program***

CT-DPH and CT AAP  
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# Program Objectives.

- Review and discuss existing tools and recommendations to diagnose and treat obesity in children
- Enhance well child visit anticipatory guidance with stronger focus on nutrition, physical activity and importance of health weight
- Understand how clinicians and nutritionists can work together to combat obesity.
- Discuss ways the primary care provider can use the WIC referral form to communicate with the WIC nutritionist to manage feeding issues in young children.
- Initiate discussion with parents on childhood obesity: Do's and Don'ts
- Empower families to set goals and make habit changes for healthy living



# All ages effected

- About 14% of toddlers (age 2-5) are overweight.
- Number of overweight children and adolescents (age 6-19) has drastically increased.
- 90% of obese adolescents will become obese adults.



*“This generation may be the first in history NOT to outlive their parents.”*

# It's not just baby fat

- Eating & activity habits are shaped for life in early childhood.
- Poor diet and lack of physical activity influence risk factors for most every chronic disease.
- Cost of treatment vs. prevention.



# Obesity related conditions.

- HTN
- Elevated lipids
- Sleep apnea
- Orthopedic disorders
- Depression
- Fatty liver disease
- Pre-diabetes, diabetes
- Other

# Screenings

- Blood pressure
- Lipids
- Other labs
- PT assessments
- Behavioral health
- Other screenings

# Tools available for clinicians.



- Clinical guidelines
- Books
- Web resources
- Community programs
  - Fit for Kids
  - WIC
  - others

# Treatments...

- Medical Nutrition Therapy (MNT)
- Physical activity
- Medications
- Therapies

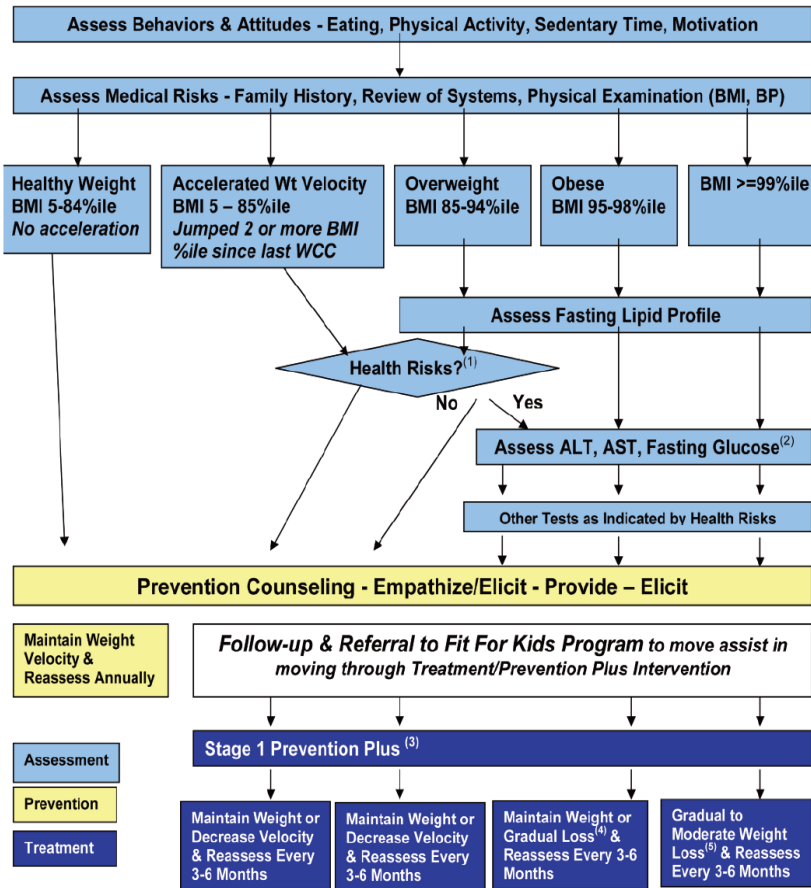


# Childhood Obesity Algorithm

# Childhood Obesity Algorithm

From the "Fit for Kids Provider Toolkit"

## Assessment, Prevention & Treatment



- (1) Example – medical risk or behavioral risk
- (2) 10 years and older every 2 years
- (3) Progress to next stage if no improvement in BMI/weight after 3-6 months and family willing
- (4) Age 6-11yr = 1 lb/month, Age 12-18yr = 2lbs/week average
- (5) Age 2-5yr = 1 lb/month, Age 6-18yr = 2lbs/week average

- Stage 2 Structured Weight Management<sup>(3)</sup>
- Stage 3 Comprehensive Multidisciplinary Intervention<sup>(3)</sup>
- Stage 4 Tertiary Care Intervention



# 5-2-1-0 Survey for Patients at Well-Child Visits

Your child's doctor wants to know about his or her health habits. Parents, please answer the questions below as best you can. Your doctor will review this with you during your visit today.

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## Parents

Please circle your answer

My child is offered 5 or more servings of fruits and vegetables on most days. Yes No

My child watches TV, videos or plays computer games more than 2 hours a day. Yes No

My child has a TV in her or his bedroom. Yes No

My child is active (moving, running, walking, playing games or sports) at least 1 hour every day either at home or at school. Yes No

My child drinks juice, soda or punch. Yes No

My child drinks milk. If yes, what kind: Whole, 2%, 1%, non-fat, soy, other \_\_\_\_\_ Yes No

My child eats breakfast every day. Yes No

My child eats dinner at the table with the family at least 2 times a week. Yes No

My child eats take-out food (fast food places, restaurants) less than 2 times a week. Yes No

Please write your answer:

What is one thing that you like about your child's eating?

What is one thing you do not like about your child's eating?



# Birth to 4 years anticipatory guidance.



## Newborn (1<sup>st</sup> visit) Anticipatory Guidance

### Food for Thought

Parents have the power to provide a healthy start and a healthy life for their children. The choices you make now about feeding and being active with your child will shape your child's health this first year and for a lifetime. Form healthy habits now so your child will not develop poor health, diabetes or obesity.

*How many times per day is your baby eating?  
How do you know when your baby is hungry or when your baby is full?*

### Feeding Advice

- The best food for your baby is breastmilk.
- If you use formula make sure it is iron-fortified.
- Expect to feed your newborn every 2 to 3 hours.
- Use small, 4 ounce bottles.
- Babies will take different amounts of breastmilk or formula at different feedings. *It is acceptable if your baby does not finish their bottle at each feeding.*
- Your baby knows how much breastmilk or formula to take. When your baby releases the nipple and turns attention to other things, or falls asleep, they are full.
- Not all crying means hunger. Sometimes babies have a fussy time. This is normal.
- Comfort your baby by rocking, massage, cuddling or playing music.
- Always hold your baby at feeding times. This makes your baby feel loved and secure!

### Be Active

- Limit time in swings and infant seats.
- Use crib mobiles.
- Encourage kicking, stretching and belly play time.
- Screen time (TV, computer, electronic games) is not recommended under age 2.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's name \_\_\_\_\_ Date \_\_\_\_\_  
Length \_\_\_\_\_ Weight \_\_\_\_\_ Weight for Length percentile % \_\_\_\_\_



# Providers working with nutritionists.

- **Why**

- Team approach
- Food & behavior expertise
- Medical diagnosis related to obesity
- Time

- **How**

- “Fit for Kids” referral
- Out patient program
- WIC referrals



# Provider roles & WIC.

- **Doctors, RN's and MA's**
  - Accurately measure & weigh children
  - Test Hgb, Hct & lead screen
  - Provide medical diagnosis and history
  - Communicate special dietary needs & allergies
  - Specialist referrals
  - Medical treatment
- **Nutritionist & Registered Dietitians**
  - Assess client/ patients nutrition risks: educate
  - Provide healthy food vouchers
  - Cooking & shopping tips
  - Breastfeeding support & guidance
  - Community referrals

# Collaborating to Treat Obesity.

- Primary care provider can encourage families to utilize WIC & nutrition services
- Primary care provider can communicate information to WIC via certification form
- Nutritionist can reinforce PCP's messages and provide additional support
- Nutritionist can encourage follow up with PCP and refer to community resources

# Change how we think & communicate about weight problems.



- Obesity as a chronic disease
- There is always a reason for excess weight gain
- It is not anyone's *fault esp. not the child*
- Consider the caregiver: help them, in order to help the child
- Food marketing, fad diets
- Cultural differences

# Talking weight

## ***Using motivational interviewing techniques to help families understand the diagnosis & treatment***

- Ask permission, include child if appropriate
- Provide facts: explain BMI, growth and importance of correcting irregular growth
- Have a conversation, ask about feelings and concerns



# Talking weight continued...

- Open ended questions
- Reflect on comments/ concerns
- Provide encouragement & feedback
- Assess desire to change, work on motivation: guide & support

*Coach*



# Goal setting.

- Concerns or “problems” become goals
  - Use parents & child's ideas
  - 5-2-1-0 findings
- Very specific, simple, measurable
- Write it up! Goal setting sheet or “Rx”
- Rewards can be helpful
- Schedule follow up and or refer

# More on goal setting...

- Change takes time
- Small changes add up
- Success can be motivating

*Encourage parents and family  
to all work on goals.*

*Don't single one child out.*

# Empower and support.

- Consider an obesity “coordinator”
  - Phone follow ups
  - Support group
  - Praise
  - Celebrate success
- *Work together as a community*
- *Unmotivated families*
  - *Time, support & encouragement*



# Q & A

