GOLISANO CHILDREN'S HOSPITAL

A Weighty Challenge: Rochester's Response to the Epidemic of Childhood Obesity

Stephen Cook, MD, MPH, Golisano Children's Hospital at Strong,

Heidi Burke, MPH, Senior Program Officer,

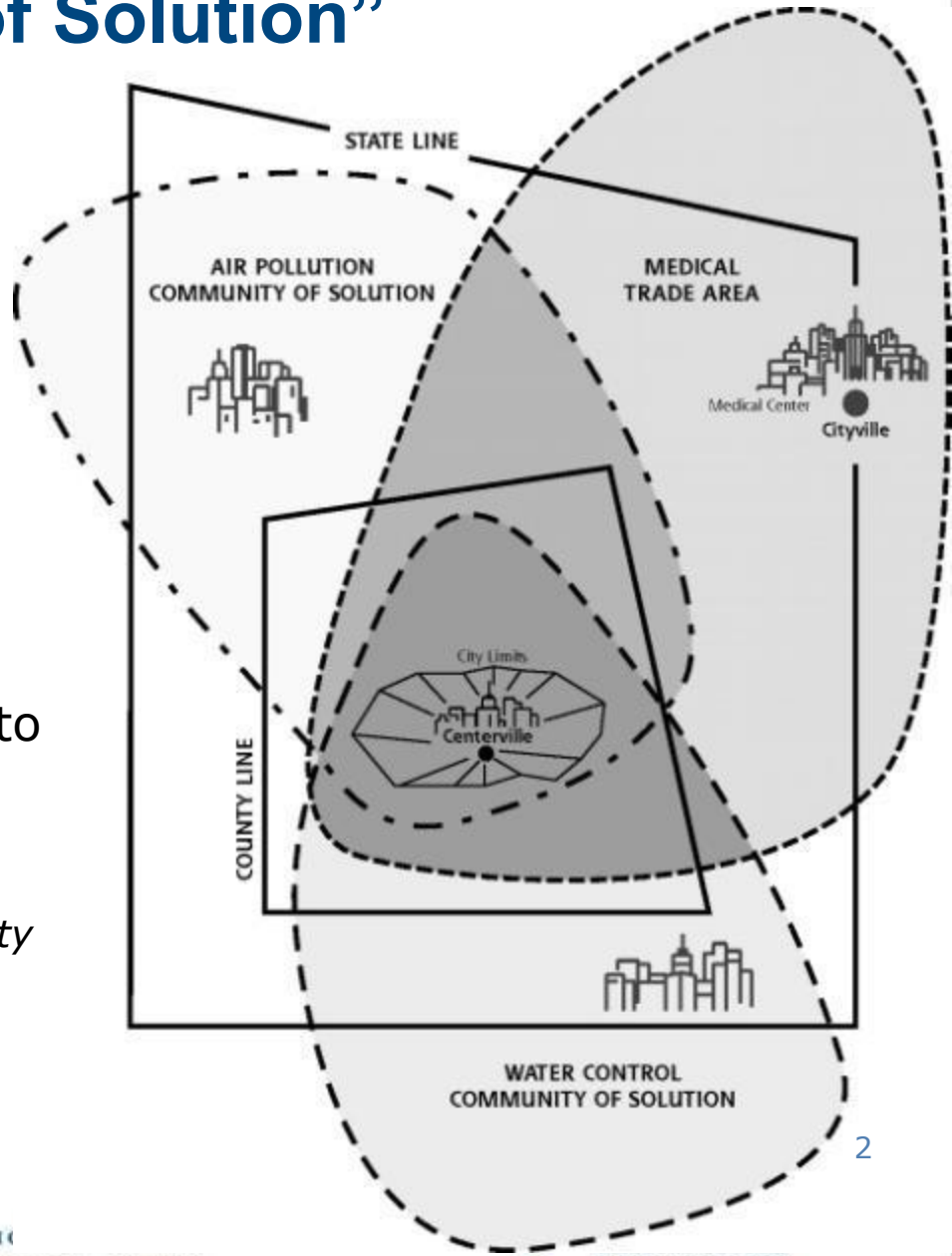
Greater Rochester Health Foundation, and Carlos Cotto, Executive Director of Health, Physical Education & Athletics,

Rochester City School District

MEDICINE *of* THE HIGHEST ORDER

UNIVERSITY *of* ROCHESTER MEDICAL CENTER

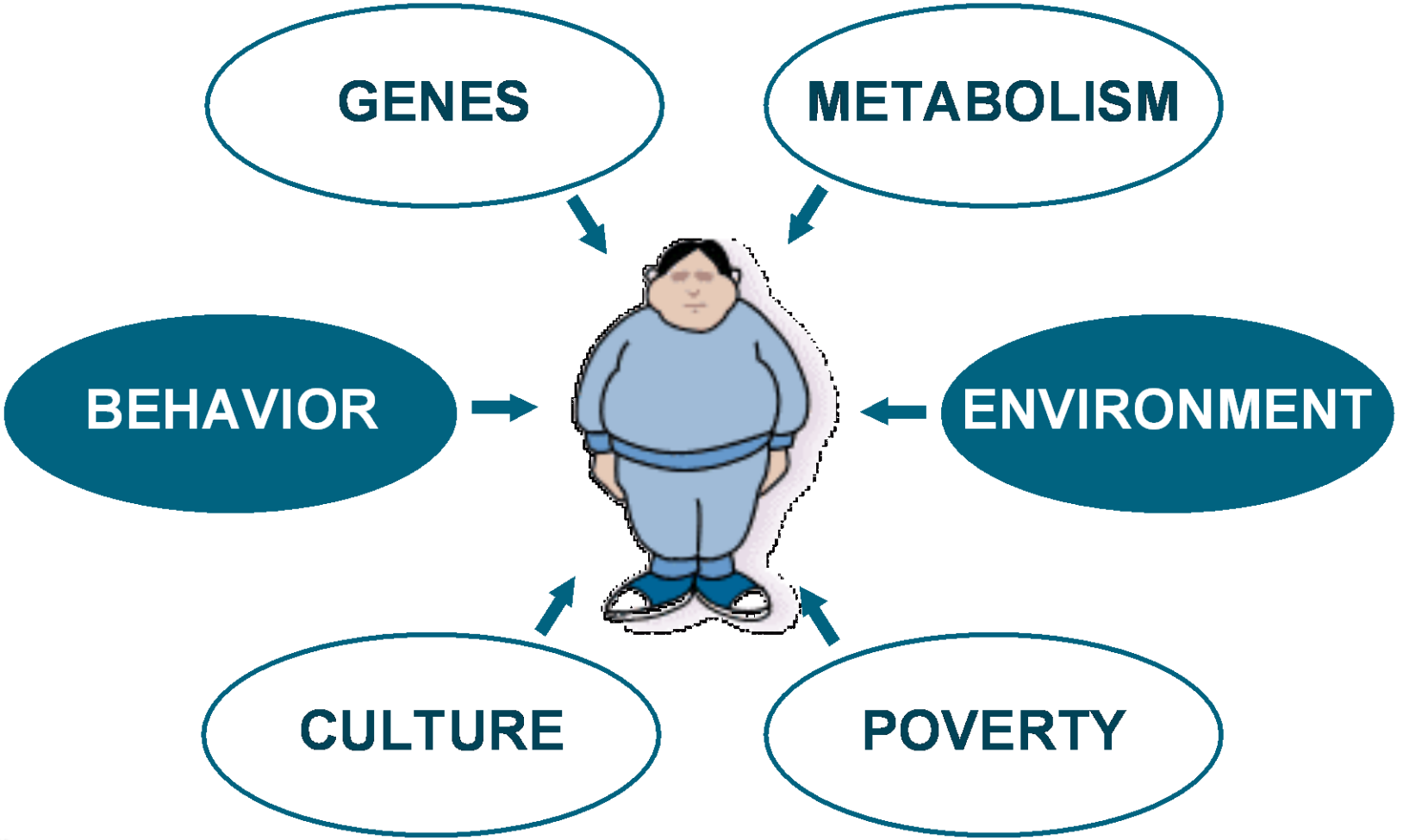
One City's "Communities of Solution"



Note: Political boundaries, shown in solid lines, often bear little relation to a community's problem-sheds or its medical trade area.

Adopted from Folsom M. *Health is a Community Affair: Report of the National Commission on Community Health Service,* 1967

What are the modifiable risk factors?



Parents estimation of child's weight status vs. measured weight, 2-9yo

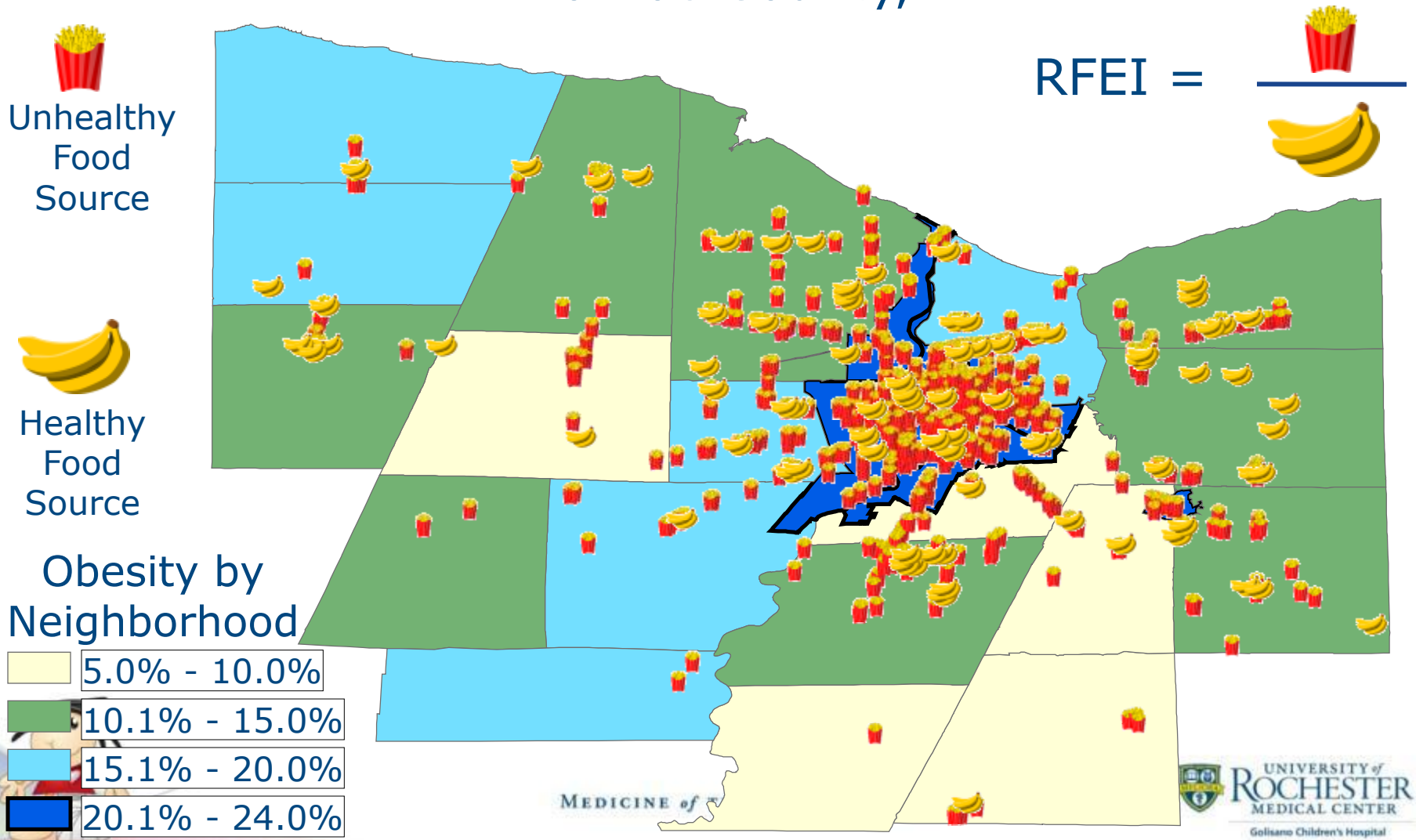
Parent Description	Measured Weight Status, N (%)	
	Normal Weight[b]	Overweight[c]
Very underweight or a little underweightt	32 (24)[a]	0 (0)[a]
About right	99 (74)	27 (46)[a]
A little overweight or very overweight	3 (2)	32 (54)

Estimation of weight 193 parent/child dyads from Strong Pediatrics

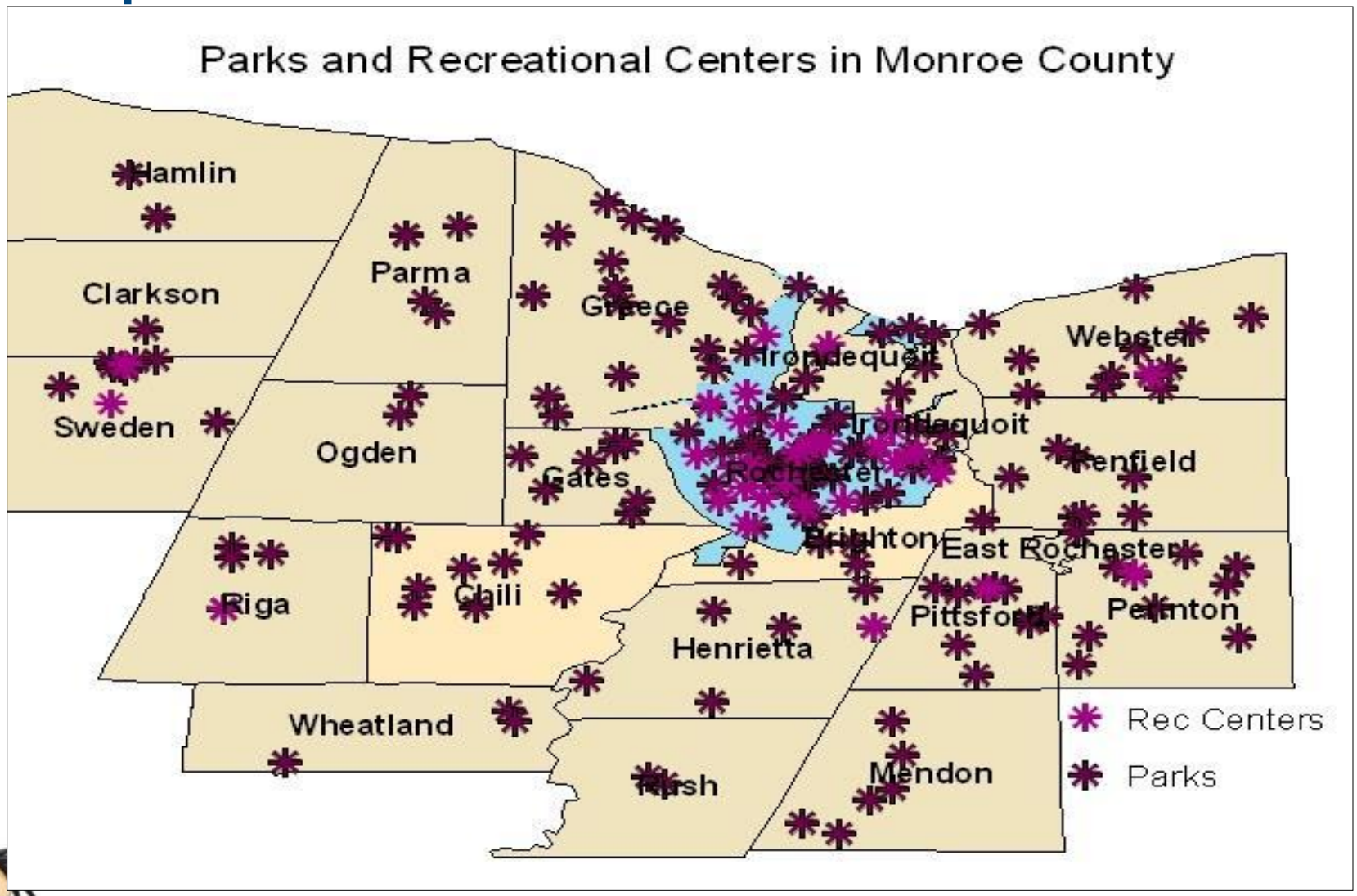
Tschamler, et al, *Clin Peds*, 2010;49:470

Results

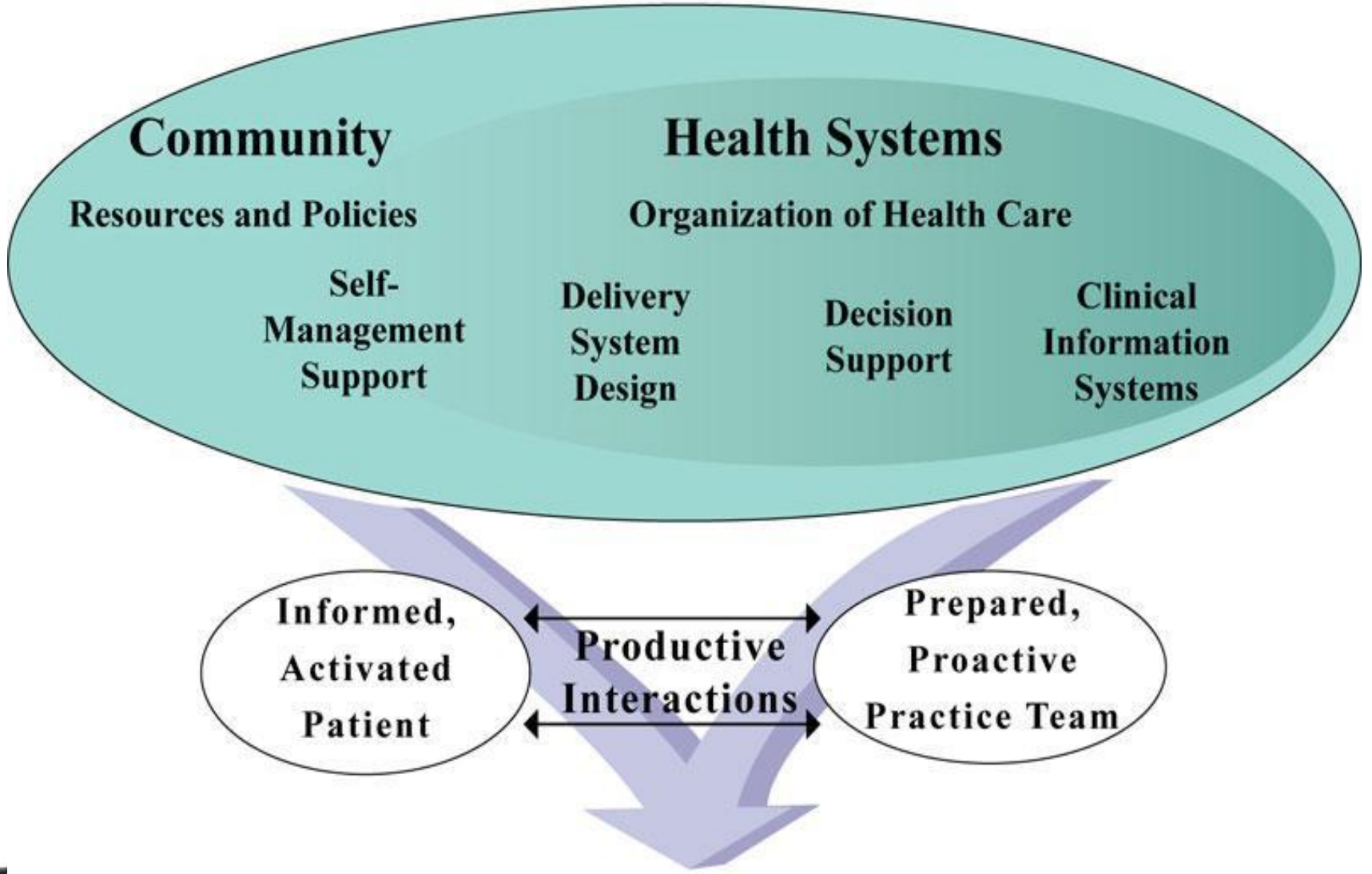
Monroe County, NY



Maps of Parks and Recreation Centers



The Chronic Care Model



Improved Outcomes

Evidence-based Behavioral Strategies

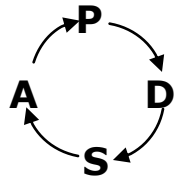
- Breastfeed
- Limit sugar-sweetened beverages
- Consume the recommended fruits and vegetables
- Eat daily breakfast
- Limit fast food
- Use appropriate portion size
- Eat meals together as a family
- Limit television and screen time and keep televisions out of children's bedrooms
- Encourage moderately vigorous physical activity of 60 min/day or more
- Ensure adequate sleep; 1-3yr: 12hr, 3-5yr: 11hr, 5-12: 10hr and try to get teens after 8.5 hrs of sleep at night

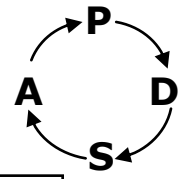
GROC Breakthrough Series (12 Months)

How well do successful teams "hold the gains" after LS3?

Select Topic → **Expert Meeting** → **Planning Group**

Participants → **Pre-work** → **Develop Framework & Changes**





LS 1 → **LS 2** → **LS 3** → **Beyond LS 3**

Stages of Improvement

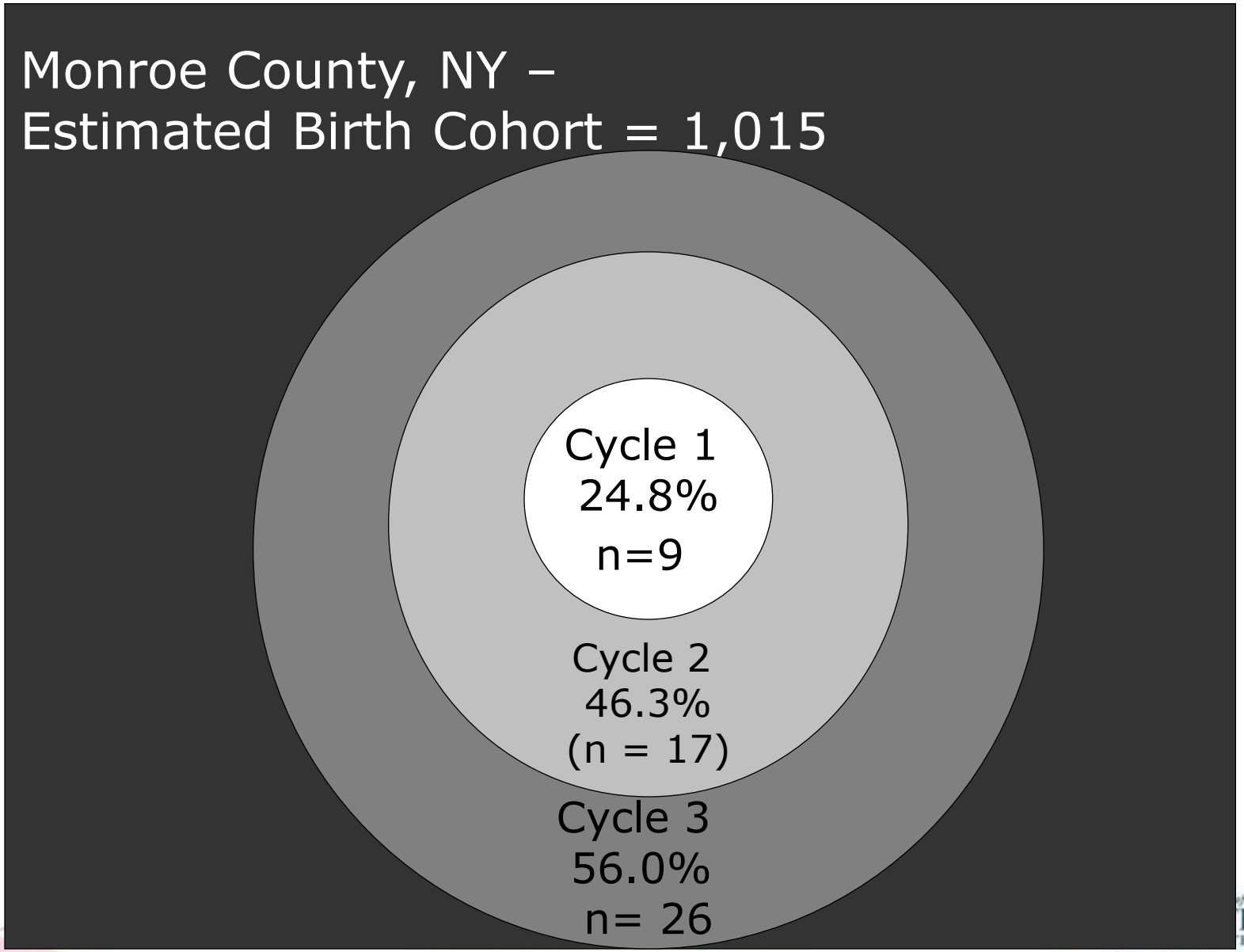
- -test
- -implement
- -hold the gain
- -spread

Supports

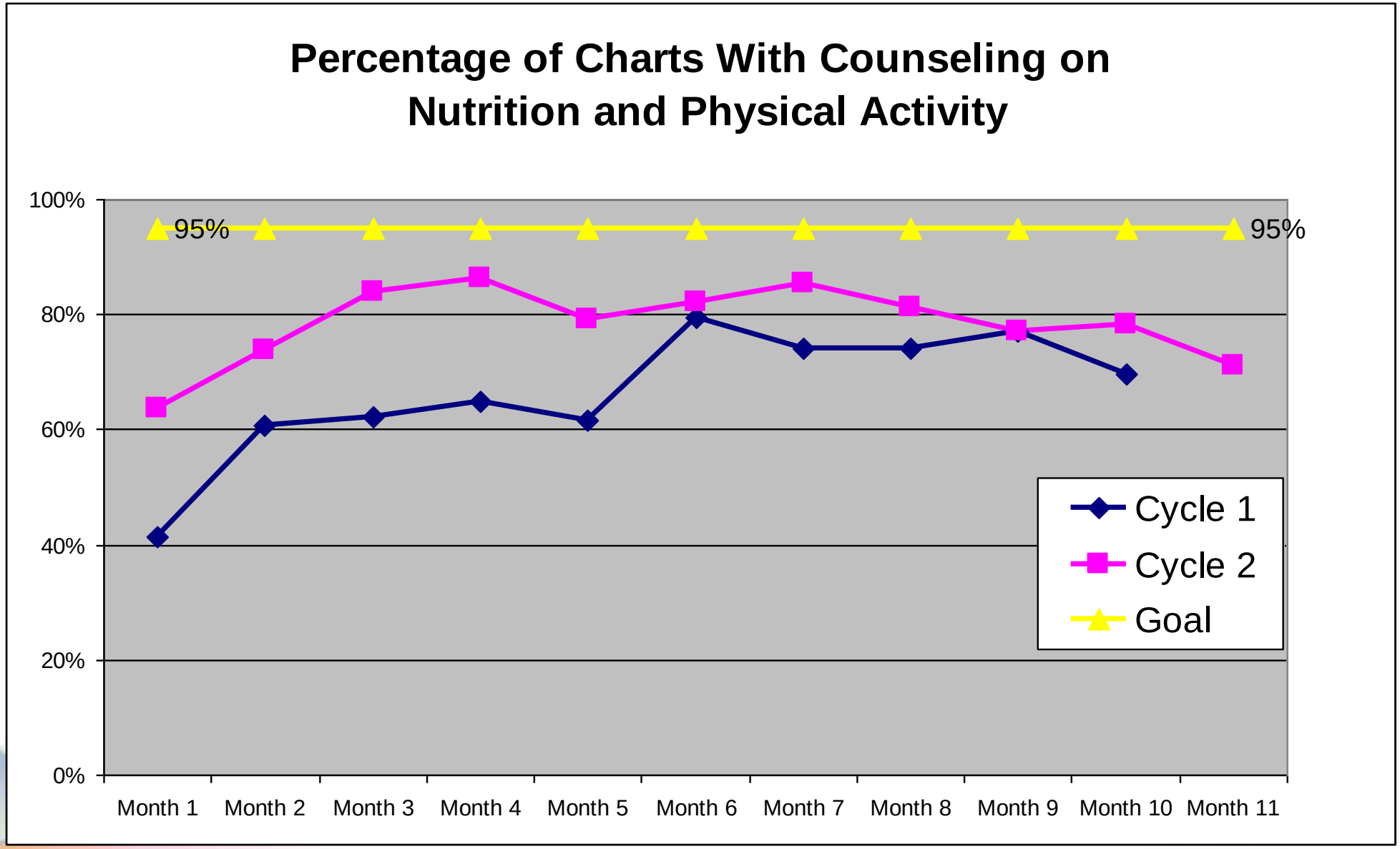
- -Emails
- -Office Visits
- -Phone Conferences
- -Monthly Team Reports
- -Assessments

Borrowed from IHI

Extent of Community Reach



Some Results from Our Practices

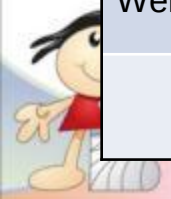


Documentation at WCV of kids 2-18 yrs of age for 5 preventive behaviors at baseline, completion, 6 month and 12 months after learning collaborative

Metric		No. (%) of Visits Baseline (N = 175)	No. (%) of Visits Completion (N = 299)	No. (%) of Visits 6-month (N = 377)	N. (%) of Visits 12-month (N = 378)
BMI Plotted					
	Yes No	123 (72) 47 (28)	**280 (96)*** 12 (4)	**300 (84)*** 59 (16)	**308 (84)*** 57 (16)
Lifestyle Survey Completed					
	Yes No	N/A	134 (47) 153 (53)	**64 (18)*** 295 (82)	**88 (24)*** 277 (76)
Counseling Provided					
	Nutrition Physical Activity Both Neither	57 (37) 1 (1) 70 (45) 27 (17)	17 (6) 0 (0) **218 (78)*** 46 (16)	111 (30) 8 (2) **235 (64)*** 14 (4)	85 (23) 22 (6) **236 (64)*** 25 (7)
Weight Status Documented					
	Yes No	174 (42) 101 (58)	**268 (90)*** 31 (10)	**246 (66)*** 129 (34)	**254 (67)*** 123 (33)
Weight Status Discussed					
	Yes No	89 (58) 65 (42)	**229 (79)*** 60 (21)	150 (41) 218 (59)	162 (45) 202 (55)

Comparison of rates of documentation at Well-Child Visits of kids 2-18 yrs of age for 5 preventive behaviors between non-collaborative providers and collaborative providers

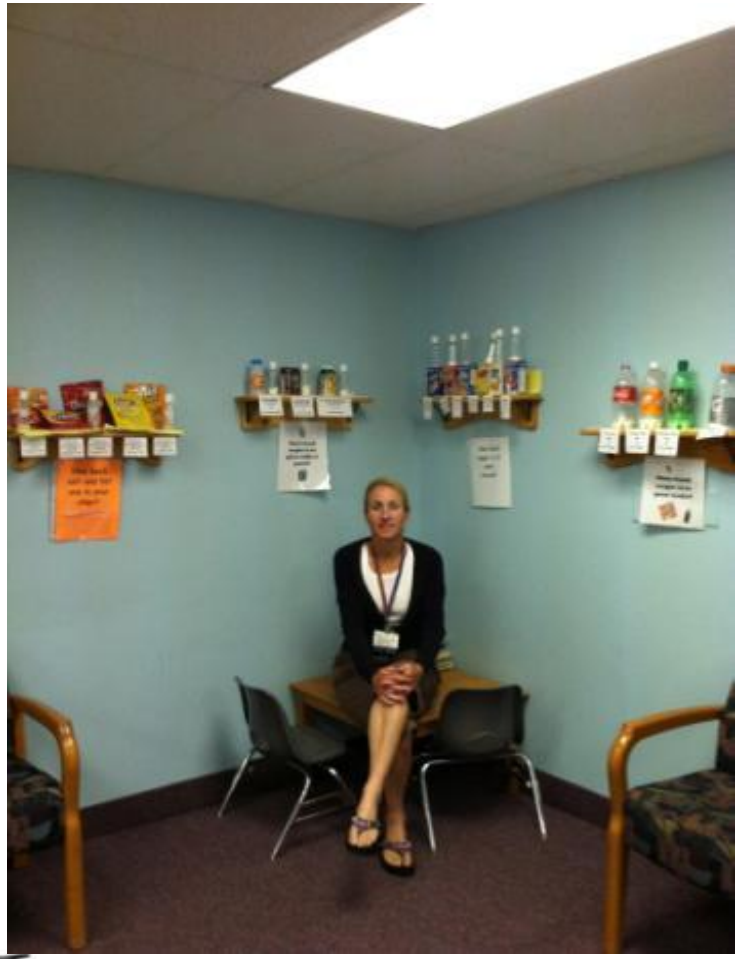
Metric		# (%) of Visits Non-Collaborative Providers (N = 412)	# (%) of Visits Collaborative Providers (N = 205)
BMI Plotted			
	Yes No	326 (83) 68 (17)	169 (83) 34 (17)
Lifestyle Survey Completed			
	Yes No	82 (21) 318 (80)	47 (23) 154 (77)
Counseling Provided			
	Nutrition Physical Activity Both Neither	121 (30) 10 (2) 254 (63) 16 (4)	49 (25) 18 (9) 113 (57) 19 (10)
Weight Status Documented			
	Yes No	**243 (59)*** 167 (41)	**134 (66)** 70 (34)
Weight Status Discussed			
	Yes No	152 (38) 249 (62)	65 (33) 130 (67)



Dr. Colpoys at Genesee Pediatrics

Penfield Pediatrics

Unity Pediatrics



More Unity Pediatric Pics

SWAP these foods and beverages	For these LOWER-CALORIE choices	And SAVE this many CALORIES
2 tbsp of butter on toast	2 tbsp of jam on toast	100
Biscuit	Dinner roll	130
2 oz of regular potato chips	2 oz of fat-free potato chips	100
12-oz can of regular cola	12-oz can of diet cola	140
1 cup of regular vanilla ice cream	1 cup of fat-free frozen yogurt with no sugar added	110
Slice of regular-crust pepperoni pizza	Slice of thin-crust cheese pizza	110
½ cup of guacamole	½ cup of salsa	145
¼ cup of Alfredo sauce	¼ cup of marinara sauce	105
6-oz can of tuna packed in oil	6-oz can of tuna packed in water	150
2 tbsp of regular mayonnaise	2 tbsp of low-fat mayonnaise	120
Package of peanut butter candy	Peanut butter granola bar	110
1 cup of sweetened applesauce	1 cup of unsweetened applesauce	100
½ cup of regular shredded cheese	½ cup of low-fat shredded cheese	130
1 cup of peaches in heavy syrup	1 cup of peaches in water	130
7 pieces of chewy caramel	7 pieces of dried pineapple	130
Fast-food double cheeseburger	Fast-food regular cheeseburger	150
4-oz hamburger patty made of 70% lean meat	4-oz hamburger patty made of 95% lean meat	120
12-oz glass of orange juice	Orange	110
Two whole eggs	Three egg whites	100
Chicken breast half with skin	Chicken breast half without skin	120
3½-inch bagel	Piece of whole-wheat toast	110
Beef hot dog	White turkey hot dog	135
1 cup of canned corn	Ear of corn on the cob	120
Small order of french fries	Small baked potato	120

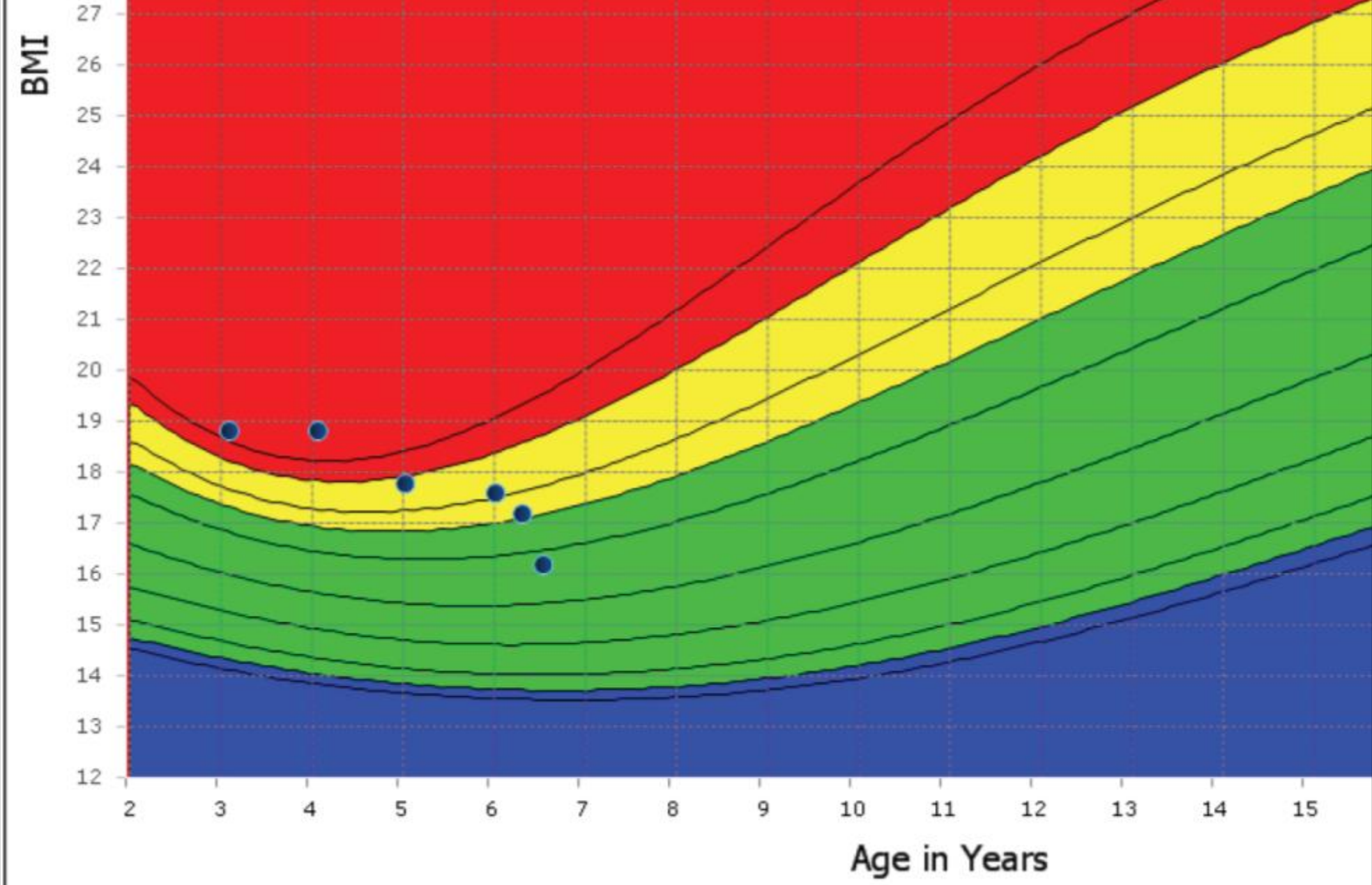
Pt NW, first seen at 3yrs and noted to be obese

PNP informed pt in ‘Red zone’ as unhealthy. Can we discuss?

Patient Vitals

Age	Height	Weight	BMI	Percentile
3.07 years	37.36 in.	37.48 lbs.	18.87	>97%
4.04 years	40.12 in.	43.21 lbs.	18.87	>97%
5.00 years	42.64 in.	46.08 lbs.	17.82	93.92%
5.99 years	45.08 in.	50.93 lbs.	17.62	89.58%
6.29 years	45.47 in.	50.71 lbs.	17.24	85.99%
6.52 years	46.46 in.	49.82 lbs.	16.23	69.15%

All Height and Weight data points containing non-numeric data have been removed from the BMI Report. If you feel that a data point is missing, please verify vital data
Weight in Allscripts Enterprise.


BMI
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
2
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4
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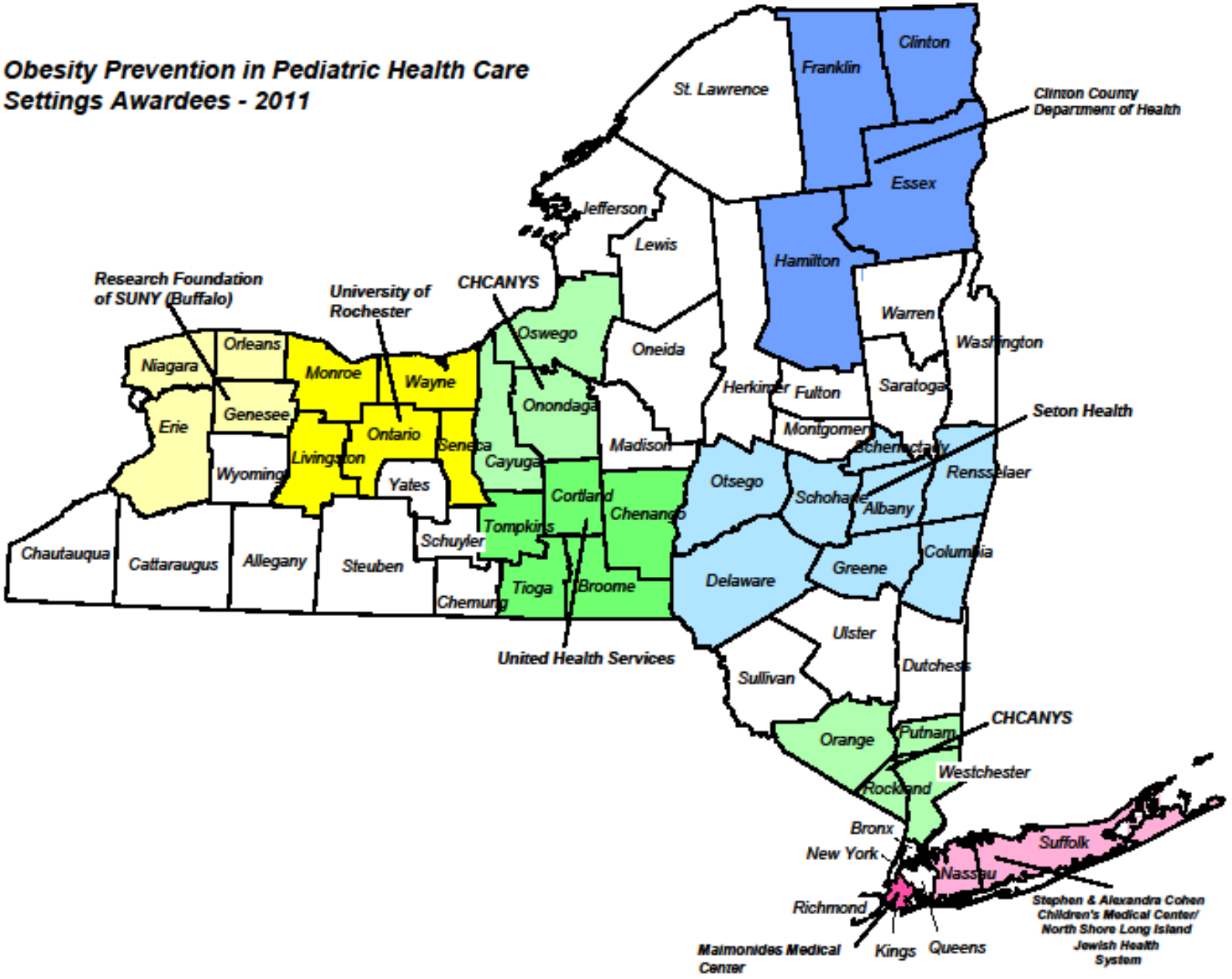
6
7
8
9
10
11
12
13
14
15
Age in Years

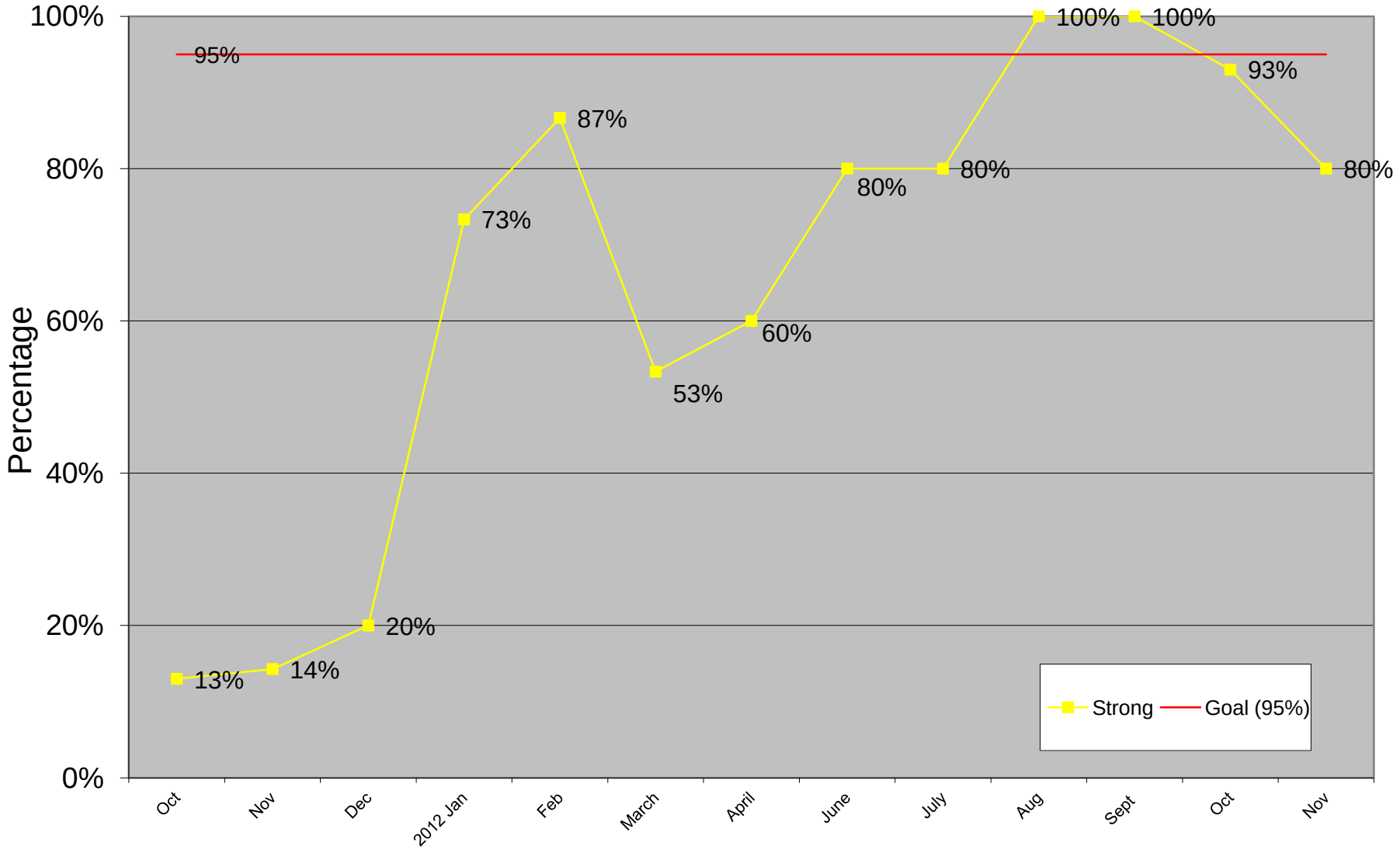
NYS DOH Obesity Collaborative


Obesity Prevention in Pediatric Health Care Settings Awardees - 2011
St. Lawrence
Franklin
Clinton
Clinton County Department of Health
Essex
Jefferson
Lewis
Hamilton
Warren
Washington
Research Foundation of SUNY (Buffalo)
University of Rochester
CHCANYS
Oswego
Oneida
Herkimer
Fulton
Saratoga
Seton Health
Orleans
Niagara
Monroe
Wayne
Onondaga
Montgomery
Schenectady
Genesee
Erie
Ontario
Seneca
Madison
Rensselaer
Wyoming
Livingston
Cayuga
Otsego
Schoharie
Albany
Yates
Cortland
Chenango
Tompkins
Columbia
Chautauqua
Cattaraugus
Allegany
Steuben
Schuyler
Greene
Delaware
Tioga
Broome
Chemung
Ulster
United Health Services
Sullivan
Dutchess
CHCANYS
Orange
Putnam
Westchester
Rockland
Bronx
Suffolk
New York
Nassau
Richmond
Stephen & Alexandra Cohen Children's Medical Center/ North Shore Long Island Jewish Health System
Maimonides Medical Center
Kings
Queens

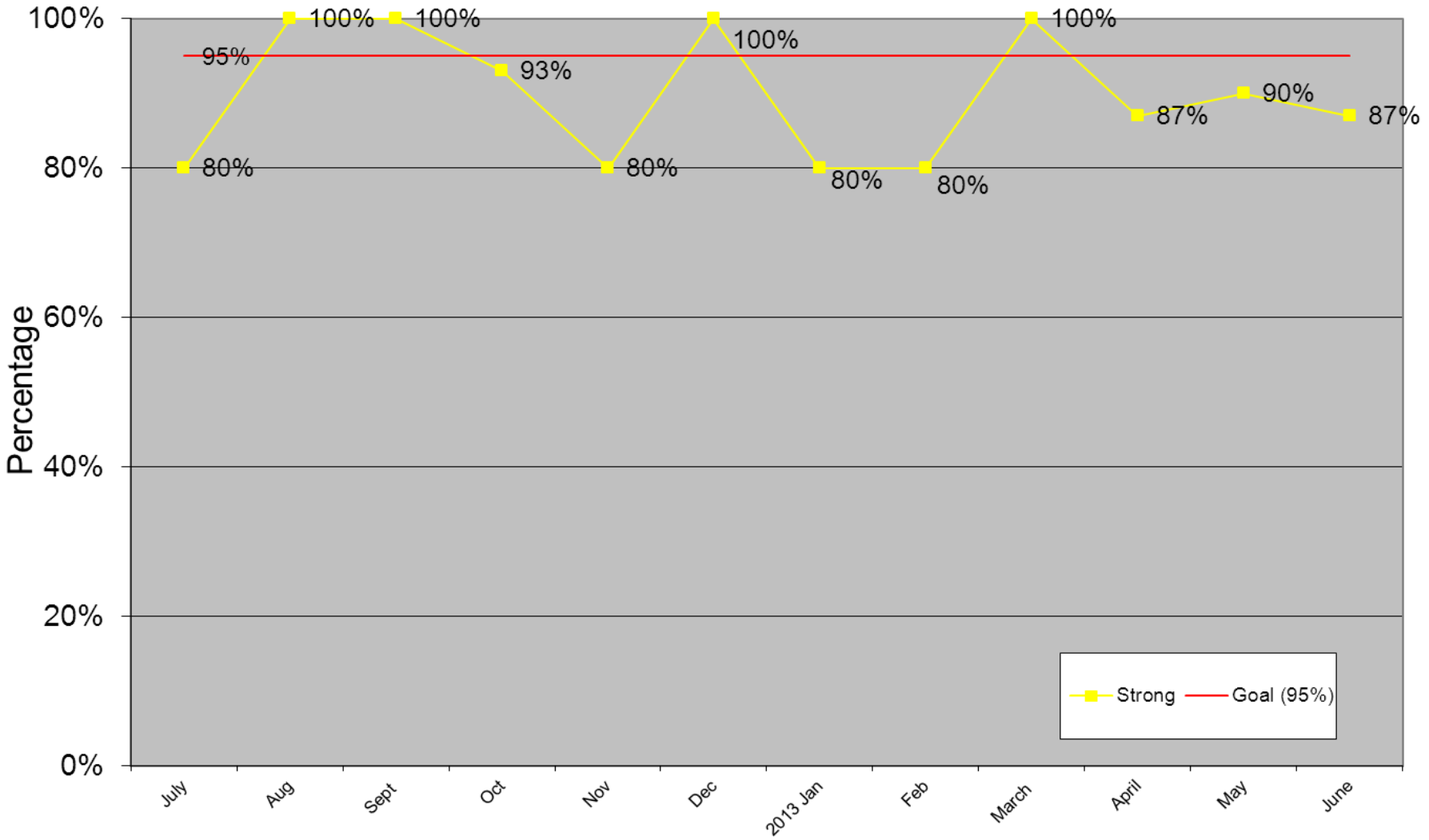
OBESITY CHRONIC CARE MODEL			
Community Resources and Policies		**Health Care Organization**	
• Encourage patients to participate in effective programs • Form partnerships with community organizations to support or develop programs • Advocate for policies to improve care	• Visibly support improvement at all levels, starting with senior leaders • Provide incentives based on quality of care	• Promote effective improvement strategies aimed at comprehensive system change	• Encourage open and systematic handling of problems • Development of agreements for care coordination

OBESITY CHRONIC CARE MODEL			
Self Management Support	**Decision Support**	**Delivery System Design**	**Clinical Information Systems**
• Emphasize the patient's central role • Organize resources to provide support • Use effective self-management strategies that include assessment, goal setting, action planning, problem solving, & follow up	• Embed evidence-based guidelines into daily clinical practice • Integrate specialist expertise and primary care • Use proven provider education methods • Share guidelines and information with patients	• Define roles and distribute tasks among team members • Use planned interactions to support evidence-based care • Provide clinical case management service for high risk patients • Ensure regular follow-up • Give care that patients understand and that fits their culture	• Provide reminders for providers and patients • Identify relevant patient sub-populations for proactive care • Facilitate individual patient care planning • Share information with providers and patients • Monitor performance of team and system

Percentage of Charts with Weight Status Was Discussed



Percentage of Charts with Weight Status Was Discussed



“Rec on the Move” comes to the Doc Office

Additional Partners / Tools

YMCA: State and Regional Activities

YMCA of the USA partnered with RWJF to reduce the prevalence of childhood obesity

- Awarded 14 State Alliances to work on policy, systems and environmental changes

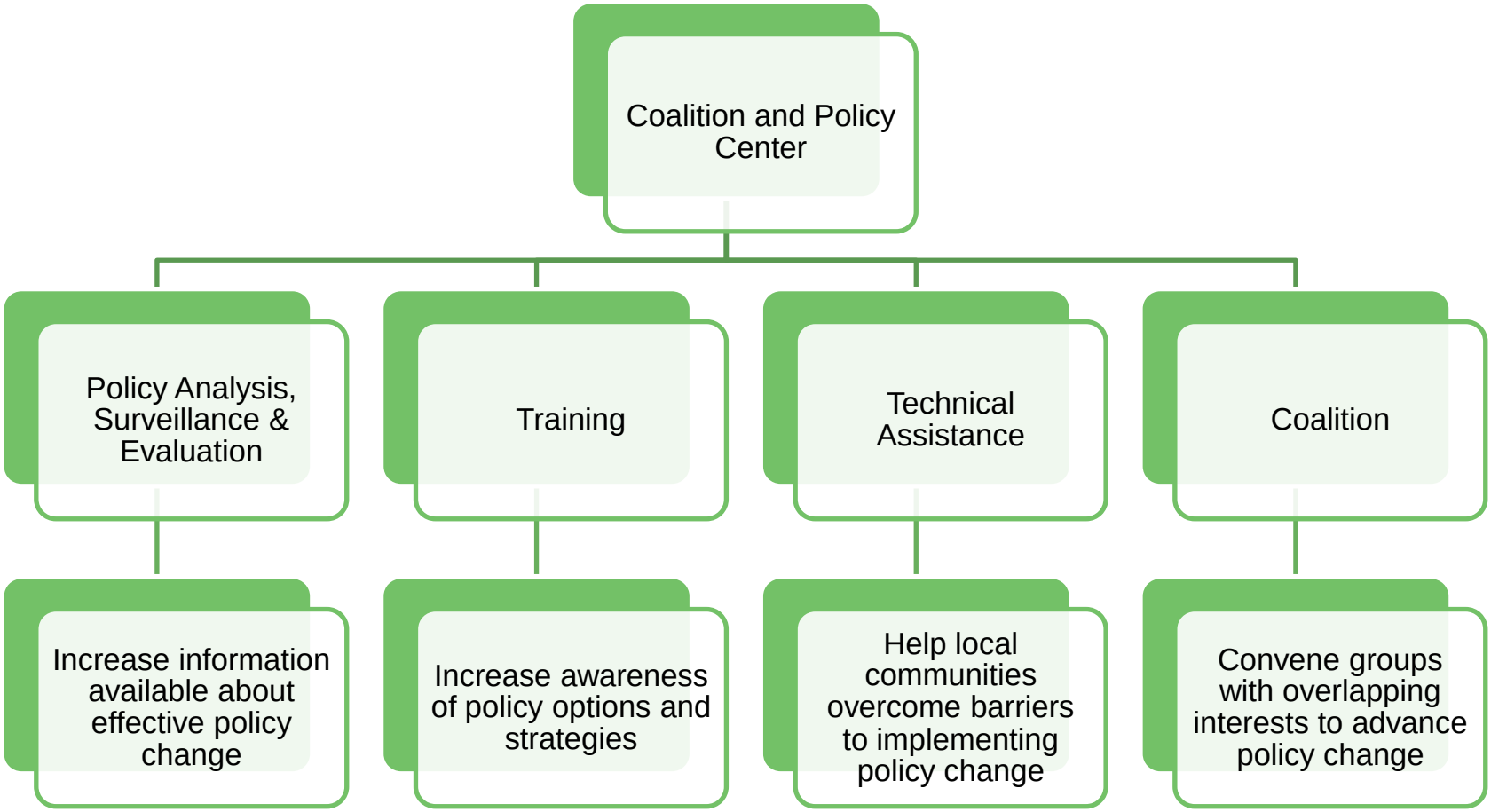
- The Alliance of NYS YMCAs was one / partnering with DASH-NY on this work

- The YMCA priority areas include:

1. healthy eating and physical activity standards into OCFS's regulations
2. healthy food procurement
3. including public health in NYS's economic development
4. making childhood obesity a priority for the NYS legislature

- 6 YMCAs to act as our regional centers and create a grassroots network within their region, Rochester being one.

DASH-NY is New York's
Obesity Prevention Coalition and Policy Center



The Prevention Agenda

Section 9007 of The Affordable Care Act

Among new requirements, every three years a hospital must complete:

- Community Health Needs Assessments (CHNA)
- Implementation Strategy

The Prevention Agenda

A recent study published in the New England Journal of Medicine calculated that in 2009, hospitals spent:

- 7.5% of total expenses on community benefit investments;
- Approximately 6.4% of all expenses (85% of community benefit) involved financial assistance and expenditures associated with Medicaid participation (which pays less than the cost of care);
- Less than one half percent (0.4%) of total hospital expenditures were devoted to community health improvement activities.

Next steps from the AAP

Structured Weight Management

AAP & Academy of Nutrition and Dietetics (former ADA):

- Set of visits with PCP and RD
- Based on motivation at start
- Self monitoring and uses tracking forms

Suggested Pediatric Weight Management Protocols

DEFINING VISIT SCHEDULE OVER A CALENDAR YEAR

The following care paths are a possible framework for pediatric weight management care (prevention plus) between primary care providers and registered dietitians participating in the Alliance Healthcare Initiative. These paths are not meant to be prescriptive, but provide a possible schedule of visits throughout the year after a problem is identified. In general, if you have a patient with a BMI > 85th percentile, the goal should be to work with the patient and family on behavior change. To support this behavior change, it would be ideal for the patient and family to have 9-12 touch points with a provider. There is flexibility in how these touch points can be structured (i.e. with whom PCP, RD, other, and via various mechanisms via office visit, phone or other mechanism). As a provider, you will need to identify what is best for the patient and family.

step one

1ST PCP VISIT Well Child Visit: Problem Identified

At the Well Child Visit, primary care provider (PCP) should determine appropriate treatment track based on patient and family readiness and confidence to change.

Track 1: For patients and families who are engaged and ready to begin weight management with a registered dietitian (RD) after the initial visit.

Track 2: For patients and families who are not fully engaged and need more time to learn about overweight and obesity and the associated risk factors as well as the value of seeing a registered dietitian (RD) and importance of follow-up.

TRACK 1	TRACK 2
1ST RD VISIT 2-4 weeks following 1st PCP Visit (Well Child Visit)	2ND PCP VISIT 2-4 weeks following 1st PCP Visit (Well Child Visit
2ND RD VISIT 2-4 weeks following 1st RD visit	1ST RD VISIT 2-4 weeks following 2nd PCP Visit
2ND PCP VISIT 2-4 weeks following 2nd RD Visit	2ND RD VISIT 2-4 weeks following 1st RD visit
3RD RD VISIT 4-6 weeks following 2nd PCP Visit	3RD PCP VISIT 6 weeks following 2nd RD Visit
3RD PCP VISIT 6 weeks following 3rd RD Visit	3RD RD VISIT 4-6 weeks following 3rd PCP Visit

Pediatric e-Practice:
Optimizing Your Obesity Care

Healthy Active Living for Families

American Academy of Pediatrics
Institute for Healthy Childhood Weight
WHERE LIFELONG RESULTS BEGIN

News from the Institute

October 20, 2012

Announcing the launch of the American Academy of Pediatrics Institute for Healthy Childhood Weight

The American Academy of Pediatrics is thrilled to announce the launch of the AAP Institute for Healthy Childhood Weight. The Institute will serve as a translational engine for pediatric obesity prevention, assessment, management and treatment, and will move policy and research from theory into practice in American healthcare, communities, and homes. Governed by an expert Advisory Board and Steering Committee, the Institute will have a small staff and a budget for operations that will allow a broader portfolio of obesity project and programs.

Please visit our booth in the Academy Resource Center (#1443) at the National Conference and Exhibition to learn more about the Institute and our current projects! At the booth we will be featuring two premier projects launching this fall.

- The Healthy Active Living for Families project: HALF incorporates parent feedback and expert recommendations into extensive web-based healthy active

For more information visit our booth in the AAP Resource Center or email obesity@aap.org.

Funding Acknowledgements

Founding sponsorship of the Institute provided by Nestlé

Planning support provided by Tomorrow's Children Endowment

Funding for individual projects:
- Centers for Disease Control & Prevention
- MetLife Foundation
- Michael & Susan Dell Foundation

Next steps

- Pediatric Primary Care Practices and using EMR
  - Writing reports for data collection
  - CDC piloting EMR templates for surveillance
- Linking Resources in Community with Patient Centered Medical Home
  - STRONG Pediatrics has medical home designation
  - RGH completing pediatric medical home
  - Highland FM and Anthony Jordan
- STOP Obesity Alliance: Community Health Benefit
- Children's Hospital Association: Focus on a Fitter Future
- Robert Wood Johnson Foundation

Stigma of Childhood Obesity

"The lot of fat children is a sad one. They are bashful and ashamed of their shapeless figures, yet unable to conceal them. Wherever they go they attract attention…..Obesity is a serious handicap in the social life of a child, even more so of a teenager. Obesity does not have the dignity of other diseases…"

Bruch H. *Pediatric Annals*: 1975

GOLISANO CHILDREN'S HOSPITAL

Thank you

Department of Pediatrics, GCH@URMC

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