

2016

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Elaine E. Wang
University of Vermont

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Recommended Citation

Wang, Elaine E., "Childhood Obesity: A National Emergency" (2016). *Family Medicine Clerkship Student Projects*. 199.
<https://scholarworks.uvm.edu/fmclerk/199>

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Childhood Obesity: A National Emergency

Elaine Wang

University of Vermont College of Medicine Class of 2018

Brookfield Family Medicine, Brookfield CT

Family Medicine Clerkship September 2016

Mentor: Dr. Laurie Schedgick-Davis, DO

Description of Problem

- ▶ Obesity in children is a rapidly growing concern in the United States. Experts estimate that the children of this generation will not live as long as the adults of the previous generation due to obesity-related complications
 - ▶ Prevalence has increased 2-3 fold in the past decade, depending on the age group in question, in both the US and other countries
 - ▶ This is a public health priority due to the psychosocial and medical burden of complications
- ▶ Family practice doctors are seeing multiple patients per day, both adult and child, who they counsel on weight loss through healthy diet and exercise plans
 - ▶ Childhood is the time to start implementing lifestyle habits to promote continued lifetime health: children are still learning and growing and bad habits are easier to break at this early stage. However, parents must be on board
- ▶ The American Academy of Pediatrics published a clinical report in 2012 stating the importance of the Physician's role in longitudinal childhood obesity prevention
 - ▶ Family centered perspective
 - ▶ Trusted health advisor
 - ▶ Advocates in the community

Public Health Cost

- ▶ The comorbidities associated with childhood obesity are numerous and have implications on cardiovascular, endocrine, gastrointestinal, pulmonary, orthopedic, neurological, skin, and psychological health.
 - ▶ Hypertension, Dyslipidemia, and Diabetes being the most common comorbidities
- ▶ The economic burden of obesity is significant. In 2012, the estimated annual health care cost of obesity was \$190 million, or 21% of annual medical spending. \$14 million of that was directly related to childhood obesity, and the medicals costs will rise as today's obese children become tomorrow's obese adults. These numbers are climbing from years past.
- ▶ Childhood Obesity in Connecticut: Data from stateofobesity.org

2- to 4-year-olds from low-income families	10- to 17-year-olds	High school students
Current obesity rate (2011)	Current obesity rate (2011)	Current obesity rate (2015)
15.8%	15.0%	12.3%
Rank among states (2011)	Rank among states (2011)	Rank among states (2015)
5 /41	23 /51	27 /43

Community Perspective

- ▶ Raul Arguello, MD is a pediatric endocrinologist who sees obese children with comorbidities. He stresses that obesity prevention is about family level education:
 - ▶ “I always start my conversation with a discussion about caloric needs, except I refer to it as “energy.” The “energy” in must not exceed the “energy” out. I have many handouts that I provide to the patients using visual references for portion sizes. I tell them “you only need one fist of rice per meal” and the patient is always shocked and says “Doc, I’ve been eating four fists!””
- ▶ Maureen Farrell, RD, MPH is the director of several chronic disease prevention programs at the YMCA, including the Fit Kids childhood obesity prevention program. She states that obesity prevention must happen at the community level and start from the schools. To this end, she has given presentations to the local Board of Education in Danbury on obesity prevention guidelines.
 - ▶ “The government needs to get behind the same message. Danbury public school now only has 24 minutes of physical activity per week. Public schools are reimbursed based on academic scores and that puts pressure on the schools to cut out physical activity. We want kids to at the very least have 30 minutes of play per day in school, all the way through the high school level. This is especially important for our New American families who cannot always help their kids into afterschool programs like sports.”

Intervention

- ▶ Provide nutrition/healthy lifestyle tips to Parents through a visually appealing paper brochure
 - ▶ The target population for this brochure is the parents who are usually responsible for their children's meals and schedules each day
 - ▶ Many other campaigns exist which have promoted healthy eating habits and parents believe they understand what to serve. However, their common challenge is in implementing the knowledge.
 - ▶ The AAP has a lot of advice for parents
- ▶ Goals of the Brochure
 - ▶ Concrete, specific advice based on clinical trials and peer reviewed data
 - ▶ Address common concerns expressed by parents when faced with their child's obesity
 - ▶ Tips to help their children make healthy lifestyle choices
 - ▶ Easy to grab and go while waiting in the exam room or waiting room
 - ▶ Websites listed for additional specific nutritional education
 - ▶ Community resources to help them get started

Results- brochure title and back

Additional Resources:

Websites

Healthychildren.org

Choosemyplate.org

Letsmove.gov

MyFitnessPal.com

UWWesterCT.org/Lets-go-5210

Health Apps

My Fitness Pal

Community Resources

YMCA

**Questions? Comments?
Ask your Provider Today!**

Healthy Habits for Hungry Kids

**10 Tips for Parents on Weight Loss,
Eating Well, and Healthy Lifestyles in
Growing Kids**



Results- brochure interior

1. Shop Smart

Keep only healthy foods at home and serve low fat milk after age 2. If you do buy high calorie foods, wrap them in tin foil and push them to the back of the refrigerator or pantry. Kids can't eat what they can't access!



2. Limit Juice

4 oz or less per day, no soda or energy drinks. Artificial sweeteners have been shown to be useful during a transition from sodas to water, but water and milk are best!



3. Get agreement among all caregivers

Get the grandparents and daycare staff on your side! Talk to the other adults who serve your child food. You'd be surprised how many will be on board to serve healthy options.

4. Cook with your Kids

Kids are more likely to eat it when they helped to make it! Make it a game: How many colors can we fit on the plate?

5. Avoid Temptation

The drive home passes by McDonalds? Try a new route! Try keeping a food diary to track what are triggers for poor food choices.

6. Control Portion Size

Serve food in smaller bowls, with small serving spoons. If you do buy high calorie snacks, repackage them into smaller servings.

7. Have the Fight

Toddlers need to try a new food 15-20 times before they accept it! If your kid won't eat it now, save it for later. Do not make a habit of offering a replacement snack.



8. Avoid food as a reward

Celebrate a big event with a family outing to the park instead of out for ice cream. Similarly, don't withhold food as a punishment for bad behavior.

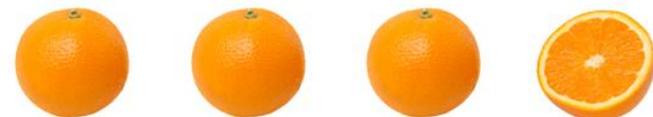
9. Get out and Play

Kids should exercise 60+ minutes per day. Active play, biking, running, hiking- anything counts!



10. Limit Leisure Screen time to 2 hours or Less

Research shows TV watching leads to more mindless eating and a more sedentary lifestyle, and it is reasonable to think cell phones and tablets have a similar effect. Plus, advertisements are always going to promote high calorie, unhealthy food options!



Evaluation of effect/Limitations

- ▶ The intervention in this project comes in the form of a paper brochure. The brochure is designed to be digestible, eye catching and informative to encourage parents to pick it up and take it home. However, we are not forcing parents to take it and we cannot force anyone to implement the strategies advised by this project.
- ▶ Though the ultimate goal is childhood obesity prevention, the immediate goal is to foster a supportive and trusting relationship between the healthcare provider and the family. Weight loss and health maintenance is a life long goal.
- ▶ For this reason, success of this project would be measured by a questionnaire to the parents. Are families picking up the brochure and reading it? Are they coming to their provider to ask for more clarification or to inform providers of their intent to implement some strategies? Do families feel supported and that they have the resources they need to live healthy lifestyles? Has anyone had success implementing the recommended strategies?
- ▶ We would like to see childhood obesity rates decrease but another limitations is that there are many other community factors at play which affect the potential success of weight loss programs. After school care programs and school systems need to be involved as well in this common pursuit of health and wellness.

Recommendations for Future Projects

- ▶ Community level involvement- It takes the whole community to prevent childhood obesity.
 - ▶ One suggestion from Dr. Arguello, MD is to promote after school physical activities. There are many adults in the area who were active in sports as children. One future project is to mobilize a group of adults to serve as volunteer coaches for baseball, basketball, tennis, or a myriad of fun activities
 - ▶ The community in Brookfield is lacking in sidewalks, limiting the convenience of outdoor activities
 - ▶ The school systems need to get behind the same message for health as the doctor's office. They must provide the healthy choices in the cafeteria and the vending machines
- ▶ Health provider involvement- The role of the Pediatrician or Family Medicine Doctor is to connect patients to community resources.
 - ▶ Maureen Farrell, RD, MPH believes the next step is to make Family Doctors aware of all the current projects and resources in the community they can be referring patients to
 - ▶ Fit Kids Program at the YMCA has been shown to increase motivation for weight loss and self esteem in obese children aged 9 – 12 through peer mentorship and support. However, they have a minimum requirement of 8 kids each semester to continue the program. Recently, they have not been able to meet this minimum goal.
 - ▶ Since the Fit Kid program runs on physician referral, it is necessary to target physicians to ensure that they are referring all eligible children

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