CHCANYS Community Health Care Association of New York State

Defining New Directions in Community Health Care

New York City Childhood Obesity Prevention and Management Consortium

2009 Region II Conference
Rye Brook, New York
Tuesday, July 14, 2009

The Childhood Obesity "Epidemic"

- Over the past three decades, the child hood obesity rate has more than tripled
- Children who are overweight or obese are at risk for diabetes, HTN, sleep apnea etc.
- If not addressed this trend may result in a reversal of life expectancy
- Body Mass Index is not yet a part of routine practice
- Many providers do not yet feel comfortable addressing obesity with patients and families

Source: CHCANYS Childhood Obesity Initiative Charter

Background

- 2008: CHCANYS funded by the New York City Council
- UHP retained to train and mentor 8 childhood obesity teams-Registry: 1,245 children
- Refunded by the City Council in 2009.
- 2009:UHP retained to act as trainer and programmatic lead for 5 health center Childhood Obesity Teams representing 8 sites (includes school based health clinics) in a scale up project
- Innovations: use of parents as peer educators, and proactive engagement of CBO's to extend reach
- Registry Goal: 2,000 children

Initiative Aim Statement

- The Aim of CHCANYS Childhood Obesity Initiative is to improve the overall screening rate of children using the Recommendations from the Expert Committee on Childhood Obesity
- The Goal is to help reduce the prevalence of childhood obesity by enabling primary care providers in our FQHC's to better prevent, identify and treat children with this condition
- The initiative will focus on children 2-18 years old

Terminology for BMI Categories

(source CHCANYS Childhood Obesity Initiative Charter)

BMI Category	Former Terminology	Recommended Terminology
> 5th Percentile	Underweight	Underweight
5th-84th Percentile	Healthy Weight	Healthy Weight
85th-94th Percentile	At risk overweight	Overweight
≥95th Percentile	Overweight or obesity	Obesity

Childhood Obesity Measures

- Overall Outcome Measure
- 20% of patients who are overweight or obese will experience a movement toward healthy BMI for age and gender
- 40% of patients will report increases in healthy behavior

Source: CHCANYS Childhood Obesity Initiative Charter

Process Measures

- 85% of children will be classified as underweight, healthy weight, overweight or obese
- 20 % of children identified as overweight or obese will have a nutritional consult
- 50% of children who are obese or overweight will have a follow-up within three to six months of DX

Process Measures

- Patients with a positive readiness to change assessment will have a documented Care Plan and Self Management Goal
- Families will receive consistent messages about healthy food, decreased screen time and the value of physical activity

Strategy

- Provide Performance Improvement Team Training to all Team Leaders and Team Members on the Care Model and Model for Improvement (PDSA) using UHP Mastermind Train the Trainer Model
- Adapt Training to Second Year Teams Needs
- Create data reporting template and train teams on data collection and reporting prior to starting the project
- Utilize Returning Teams Lessons Learned to Build on Success for Year 2

Strategy (Cont'd)

- Conduct Weekly Coaching Conference Calls
- Obtain Team Input on Training Curriculums for Optimum Effectiveness
- Use Hands on Approaches to Parent/Child Education: We Can! Training with CMOM Approach and UHP Sugar and Cereal Demonstrations

Health Care Organization

- Support Teams in gaining Crucial Senior Leader Support
- Senior Leaders Provide Resources: time to attend meetings, expert support (eg: Information Technology, Behavioral Health, Nutrition, etc)
- Senior Leaders are charged with project sustainability and keeping accountability (data collection and reporting going) and offering continued support for Childhood Obesity Work

Delivery System Design

- Provider Driven Model
- Provider reviews BMI and Growth Chart with parents and begins discussion
- Provider encourages parent/child to see Nutritionist or walks over for point of care consult
- Waiting Room Workshops and Groups have been implemented

Decision Support

- Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity (2007) (an implementation guide from the Childhood Obesity Action Network)
- Teams Joined NICHQ website and Childhood Obesity Action Network

Decision Support (Cont'd)

- NIH We Can! (Ways to Enhance Children's Nutrition and Activity)
- Children's Museum of Manhattan
- 5-2-1-0 Educational Message
- UHP Sugar and Cereal Demonstrations
- Motivational Interviewing & Behavioral Health Training
- DOHMH Nutrition 101

Self Management

- Health Literate Approaches to Education
- Visual Aids, Interactive Presentations, Culturally and Linguistically Appropriate Materials
- Motivational Interviewing
- Readiness to Change
- Self Management Goal Setting
- Follow-up on Self management Goals

Community Resources

- Engaging Community Based Organizations
- Securing Funding
- Increasing Healthy Food and Physical Activity Resources
- Creating Environmental Changes (Public Health Approach)
- Extending the Reach Through Parent Ambassadors

Clinical Information Systems

- Implementing BMI and Weight Classification as a Vital Sign
- Creating a system to collect data on the measures
- Incorporating Obesity Measures into Organizational Clinical Report Card
- Using Peer Review
- Engaging Providers in the Chart Review Process
- Maximizing Electronic Systems to ease burden of Data Collection moving forward
- Assuring accuracy and data integrity

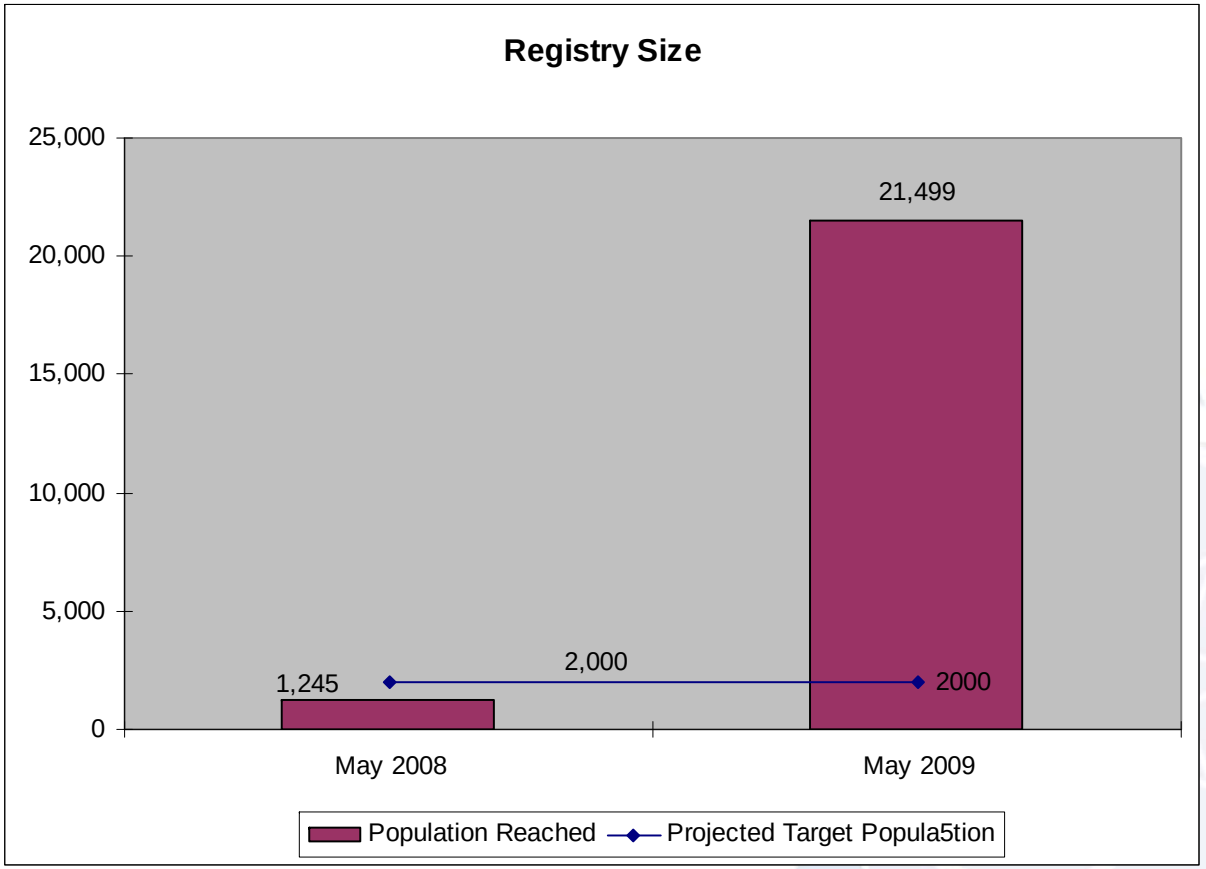
Engaging Community Based Organizations

- Health Centers can be the catalyst for enlisting CBO's
- Senior Leaders can use their influence to formalize or expand these relationships
- Working with CBO's are often Win-Win Endeavors
- Joining forces can increase resources (potentially) for both the Health Center and CBO

Parent Ambassador Initiative

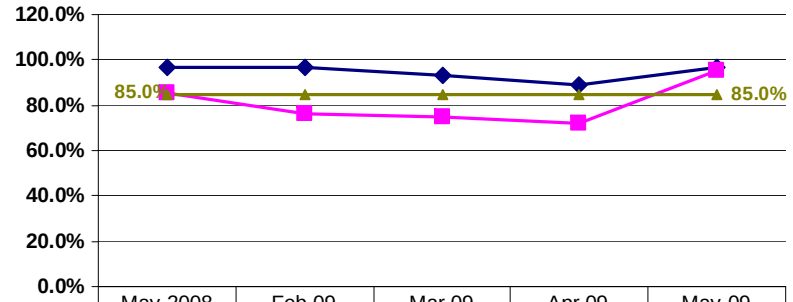
- Parents are Peer Educators
- Parents can relate to one another
- Parent Ambassadors have reach into the Community
- Parent Ambassadors who are also on the PTA can have a broad influence
- Parent Ambassador Feedback help teams understand their population better

Population of Focus



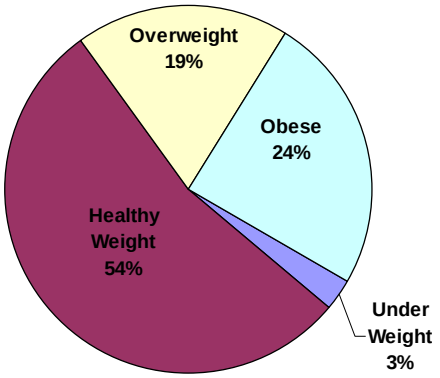
Identifying Children at Risk

Percentage of Children with a Weight Classification and Documented BMI

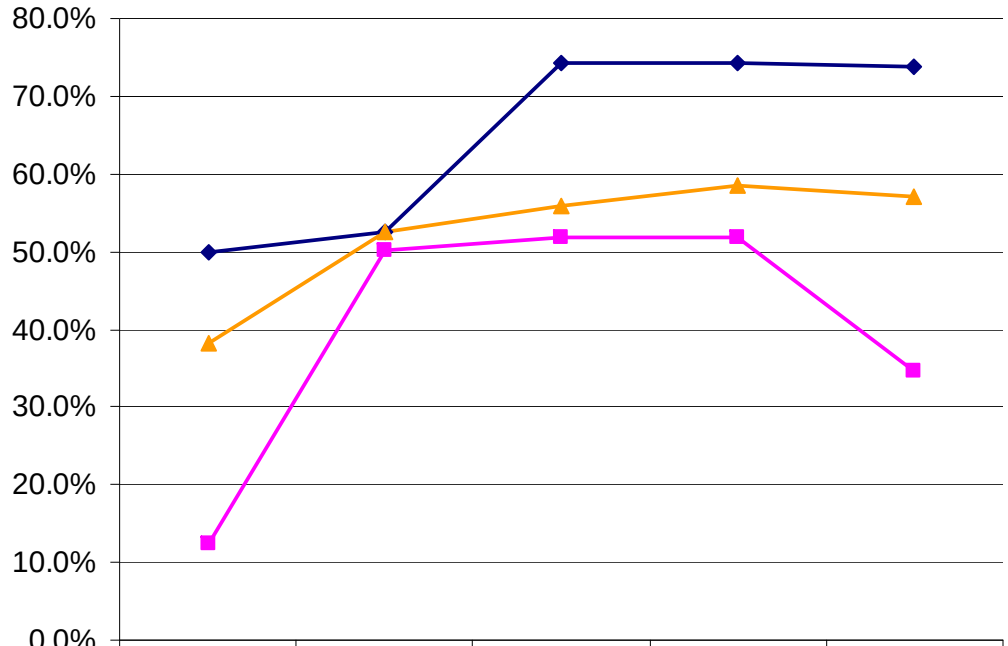


	May 2008	Feb-09	Mar-09	Apr-09	May-09
Documented BMI	97.0%	96.4%	93.0%	89.0%	96.9%
Children with Weight Classification	85.4%	76.1%	74.8%	71.7%	95.0%
Project Goal	85.0%	85.0%	85.0%	85.0%	85.0%

Percentage of Children in Focus Population by Weight Category

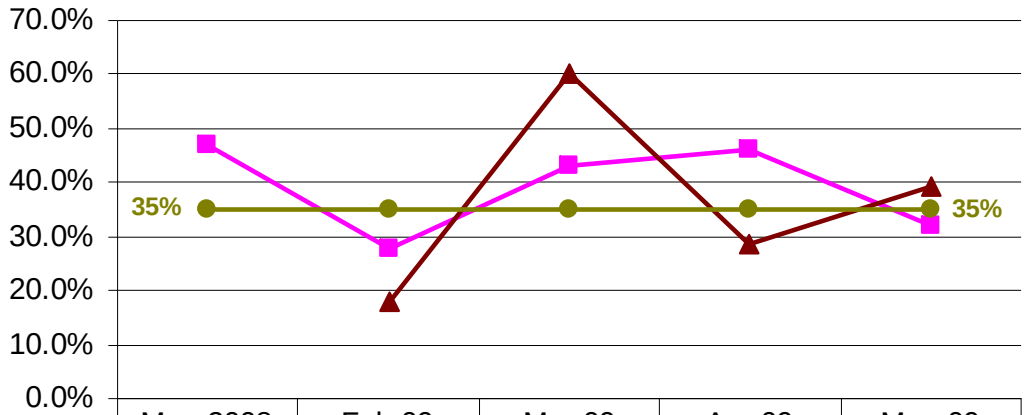


Diagnosed Children and Families Receiving Follow-up and Nutritional Counseling



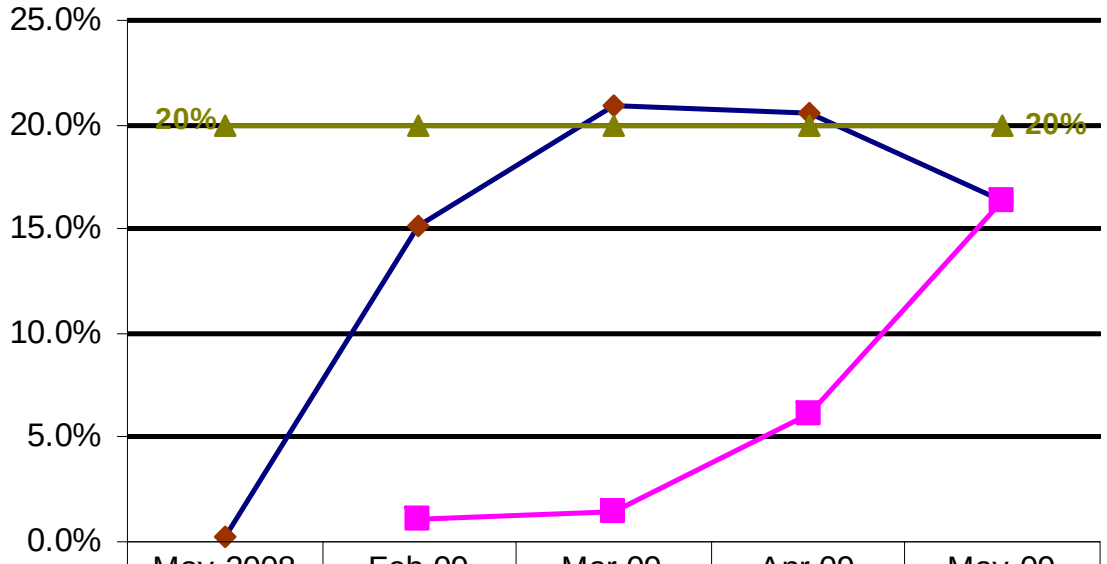
	May 2008	Feb-09	Mar-09	Apr-09	May-09
Received Nutritional Consult or Education	49.9%	52.5%	74.3%	74.2%	73.9%
Received Follow-up from Nutritionist Within 6 Months	12.5%	50.2%	51.9%	51.9%	34.6%
Received Referrals to Nutritionist	38.2%	52.5%	55.9%	58.4%	57.0%

Patients Readiness to Change



	May 2008	Feb-09	Mar-09	Apr-09	May-09
Children with Self-Management Goal	46.9%	27.6%	43.2%	46.3%	32.2%
Reporting Healthy Behavior		17.9%	60.1%	28.4%	39.3%
Readiness Target	35%	35%	35%	35%	35%

Exhibiting Movement Towards a Healthy BMI



	May 2008	Feb-09	Mar-09	Apr-09	May-09
With Documented Progress	0.2%	15.2%	20.9%	20.5%	16.3%
Reached a Healthy BMI		1.1%	1.5%	6.1%	16.4%
Outcome Goal	20%	20%	20%	20%	20%

Lessons Learned

- Building on foundation of first year contributed to broader scale up and increased expertise and ability to meet data challenges
- Training Teams before engaging in Team Work has been successful in preparing Teams to work effectively
- Providing on going coaching and feedback and incorporating Team Feedback throughout the Initiative has assured maximum benefit from Training Provided

Next Steps

- Teams can further scale up
- New FQHC Teams Can be Added
- Teams have created a Change Package that can be Replicated
- Team Training and Coaching Model is Successful and can continue to achieve outcomes
- Third Year Funding will allow the Teams to continue to build their expertise and achieve improved outcomes and continue spread by adding new teams

Acknowledgements

Urban Health Plan, Inc.

Debbie Lester, Paloma Hernandez, Dr. Acklema Mohammed

Children's Museum of Manhattan

Consortium Teams

- Charles B. Wang CHC (Chinatown & Flushing)
- Joseph P. Addabbo CHC
- Lutheran/Sunset Park (FHC, PS 172, MS 88)
- William F. Ryan CHC
- Morris Heights HC (Burnside, PS 126)

Children of the City

New York City Department of Health and Mental Hygiene / New York City Council

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