

Medical Home Telephone Conference Tuesday, April 27, 2004

Childhood Obesity Resources

Guest Speaker: Julie Metos, Director of Outpatient Nutrition and Dietetics at Primary Children's Medical Center

Moderated by Dr. Lisa Samson-Fang

It is stressed to follow the Body Mass Index (BMI) on the back of the growth chart for ages 2-20. The national guideline is if you are in the 85th percentile or greater you are at risk of overweight and if you are in the 95th and above percentile you are overweight. In pediatrics, the national standard is to not use the word obesity but rather talk about the risk of overweight as an adult to allow for the variability in growth. Most of the programs at Primary Children's are based on where the child is at for body mass index. Some resources available at Primary Children's:

1. Educational Course called *Family Food Fitness*, which is a six-week class that is offered four times a year for the family. It is a two-hour long class held once a week. The first hour is spent in nutrition education with hands training. They talk about portion size, which can include a measure game for the kids. The second hour covers fitness activities that families can do with their kids. They talk about flexibility, they play twister, line dance and jump rope. This education class is appropriate for any family with obesity in it who are trying to prevent it or for kids who are in the 85th percent BMI. This is probably not the best class for kids who are already overweight or obese or seriously obese kids although though some of those kids are there because of the minimal options available. The cost is \$150.00 for the whole family and they try not to single out the child that the family is there for.
2. Consultation with dietitian. The dietitians in the outpatient area can meet with families individually. They try to emphasis the long-term nature of obesity treatment since being overweight is a chronic issue. They help them develop a plan for upcoming year. They make arrangements to work with the pediatrician or physician office to do regular weight checks in between visits or can suggest a higher level specialty clinic, if needed, like the endocrine clinic or follow up nutrition clinic with Dr. Jackson. Most of them pair with provider.

They have trained staff at Utah Valley to teach the *Family Foods Fitness* course, starting in the second week in May. Primary Children's has a grant that allows them to beef up material so it's more professional looking and do some marketing and training. Primary Children is offering training to any interested site staff members (they should be a dietitian, nurse or an exercise physiologist) so they can teach this class. Primary Children's will be monitoring and training so these resources can be offered all over the state because it's hard for some families to come to Primary Children's.

In regards to insurance coverage, 60% of the time the visits are covered. Medicaid and Medicare seem to cover obesity. Some parents self pay and also the staff at Primary's will help parents write letters for reimbursement. Primary Children's doesn't bill insurance for their class since it's an

education service. Out of pocket expense is \$26.00 for 15 minutes, so the first visit usually an hour so the cost is under \$100.00. Follow up visits are 15-30 minutes. For the class, they offer two scholarships are offered per session. Comparably, in most cities, the average price is \$780.00 for a 6-week program for a family.

In the community, in many Title I schools there is the Gold Medal School Program, which is partnered with the Department of Health. The program addresses the school health environment. The schools have to meet certain requirements to be a gold, silver or bronze medal school. They have to do things like provide appropriate recess, participating in the nutrition education and P.E. requirements of the state. They also need to come up with alternative policies to rewarding with food or candy in the classrooms, following certain guidelines in the cafeteria. Primary Children has also been involved with some plans where the division or clinic has worked with the schools to come up with a written educational plan for the weight issues, such as no food rewards in classroom, help parents monitor how much money is in their child's pocket for vending machines, helping them in the cafeteria to make right food choices, making sure those children are able to play at recess with no social issues. They also work with school counselors to help overweight children deal with teasing and bullying. Another helpful resource in the community is the psychologist, by the provider pairing with the psychologist if the child is using food for comfort or nurturing, or if the child was suffering consequences of obesity by being teased. Those services tend to be reimbursed very well by insurances. They can also help with behaviors around portion control and reward for slowing down eating and for taking smaller bites. It has been found that rewarding for developing behaviors rather than rewarding for refraining from behaviors works better for most children and adults.

Five major coach and counsel points that are being presented to pediatricians:

1. Television. American Academy of Pediatrics recommends only 1-2 hours of TV watching at the most. Research shows that TV ads may have a bigger effect on children than just a sedentary life.
2. Beverage issues. Over consumption of soft drinks, Snapple, all the fruit juice beverages are addressed. They are taught that water is the main beverage, and that milk is at meals and other beverages are for infrequent special treats. This includes juice.
3. Activity. Age appropriate activity such as: 1-2 hours of active play a day and then this is altered as they become teenagers. Help adults understand that kids get exercise through fun and play. There is a program called *Sit And Be Fit* that has exercises for kids who are less mobile.
4. Portion size education – what is appropriate. Many younger kids are offered or expected to eat more than is required. The format they follow is a high fiber, moderate fat, moderate glycemic, low sugar controlled diet. It's been found that if the dietary piece is not approached in a comprehensive way the parents may feel that it is either brushed off or may at times become defensive. Complete nutrition assessment often helps.
5. Coaching and counseling in office.

Two studies that are being done are a pedometer use study and a low fat verses a low glycemic index diet study. They will compare the outcomes and the participants will receive weekly classes modeled after Family Food Fitness. This will help compare what works best with families.

The UFIT Program of athletic activities is designed for children with severe cognitive or physical disabilities. This is sponsored by the University of Utah and held at the University. There are gym and pool activities on Friday evenings with one on one support or two on one support, if necessary. There is a very nominal fee of \$30.00 to \$50.00 dollars per semester and runs with the academic year. UFIT takes a strong look at what activities that child can develop and use with parents at home. For more information, email address is ufitprogram@yahoo.com If a school has a Gold Medal Mile, families can use that after school hours.

Three helpful tips to use as family rules:

1. Have a family rule that there are seconds only with fruits and vegetables. Serve up meat and starches in kitchen on the plates and then have fruit on table. Helps lower calorie intake without feeling deprived. The child is given boundaries – not denied food.
2. Kitchen is now opened and now closed. Get a piece of red paper and green paper, when red is showing that means the kitchen is closed, so no coming into the kitchen to snack or graze and when the green shows that means the kitchen is open for meals or snacks. This sets boundaries for children, around eating – times to eat, times to play, times to study.
3. Physical activities. Ask families to commit to a half of a day a week, (3-4 hours) to do a family activity together that is movement based.

For older kids and parents calorie counting can be valuable. Dietitians will ask older children and families to keep a three day diary of what they eat, this is a quick way of showing families that there is an over consumption of food going on and it increases their awareness of what they are doing.

As for portion size, there are handouts from the Dairy Counsel or information found on the internet. The dietitians have a form that lists various food groups that kids have and shows how many servings from each food group a child needs and explains what a serving is. There is more interest in having families set boundaries, rather than in micro managing their children's food.

Next call is scheduled for Tuesday, May 25th.