



Childhood Obesity Management

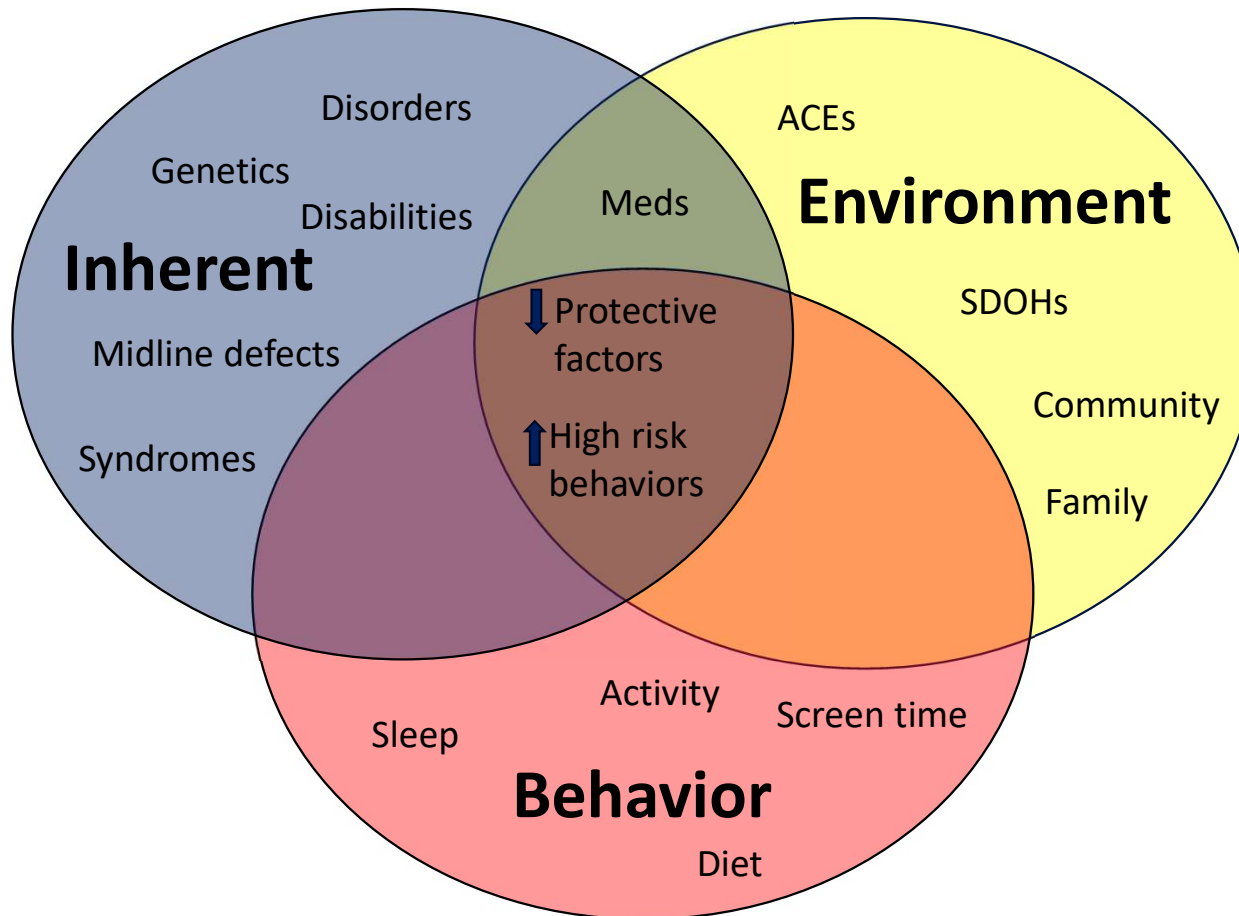
Healthy Lifestyle is Key
Addressing Toxic Stress Vital to
Comprehensive Intervention

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Wisconsin Speaker's Task Force on Childhood Obesity
Madison, WI
November 1, 2023



Causes of Childhood Obesity

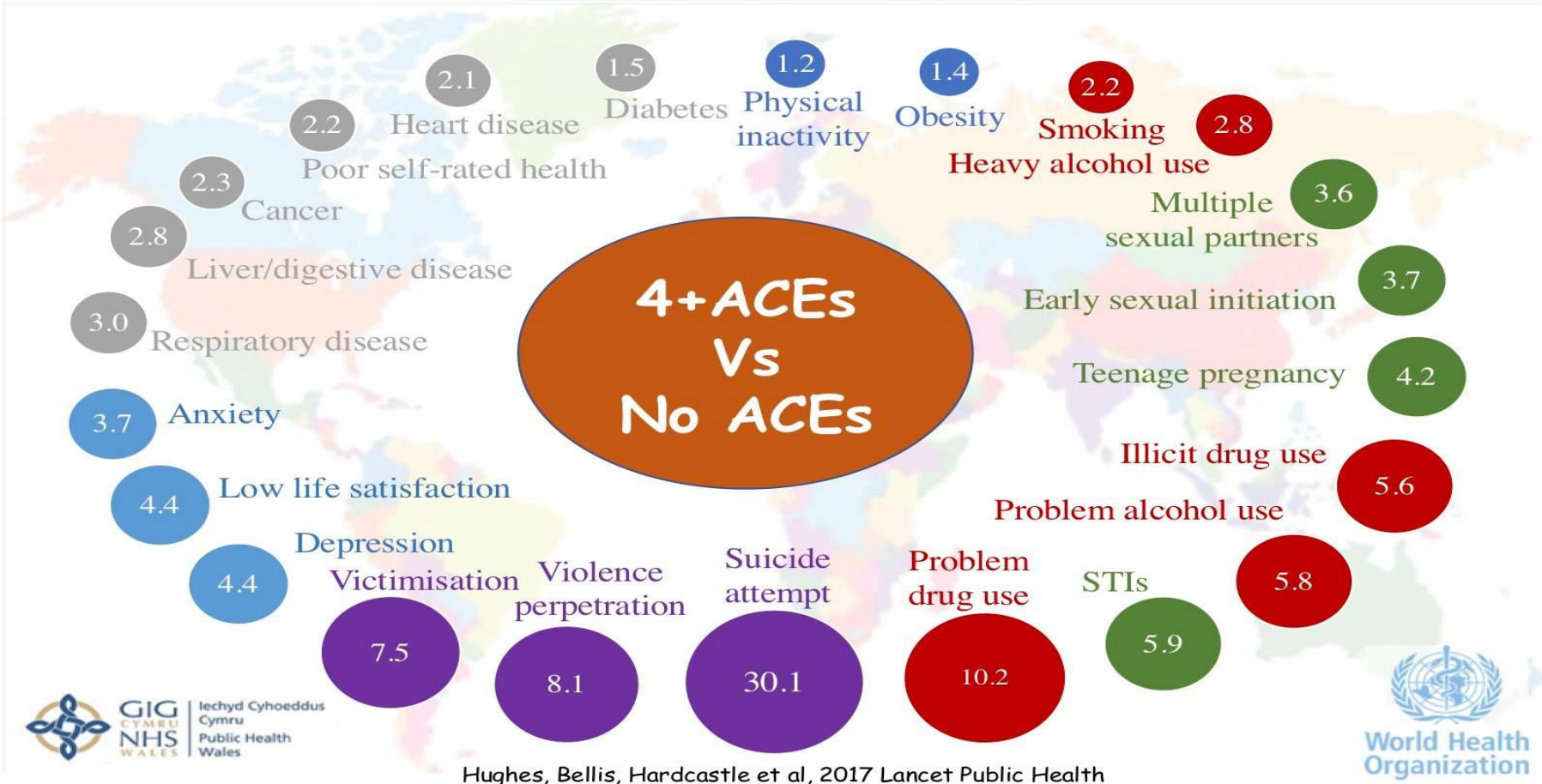


Collaborative Global ACE Analysis with WHO

PHYSICAL HEALTH

WEIGHT & EXERCISE

SEXUAL HEALTH



Hughes, Bellis, Hardcastle et al, 2017 Lancet Public Health

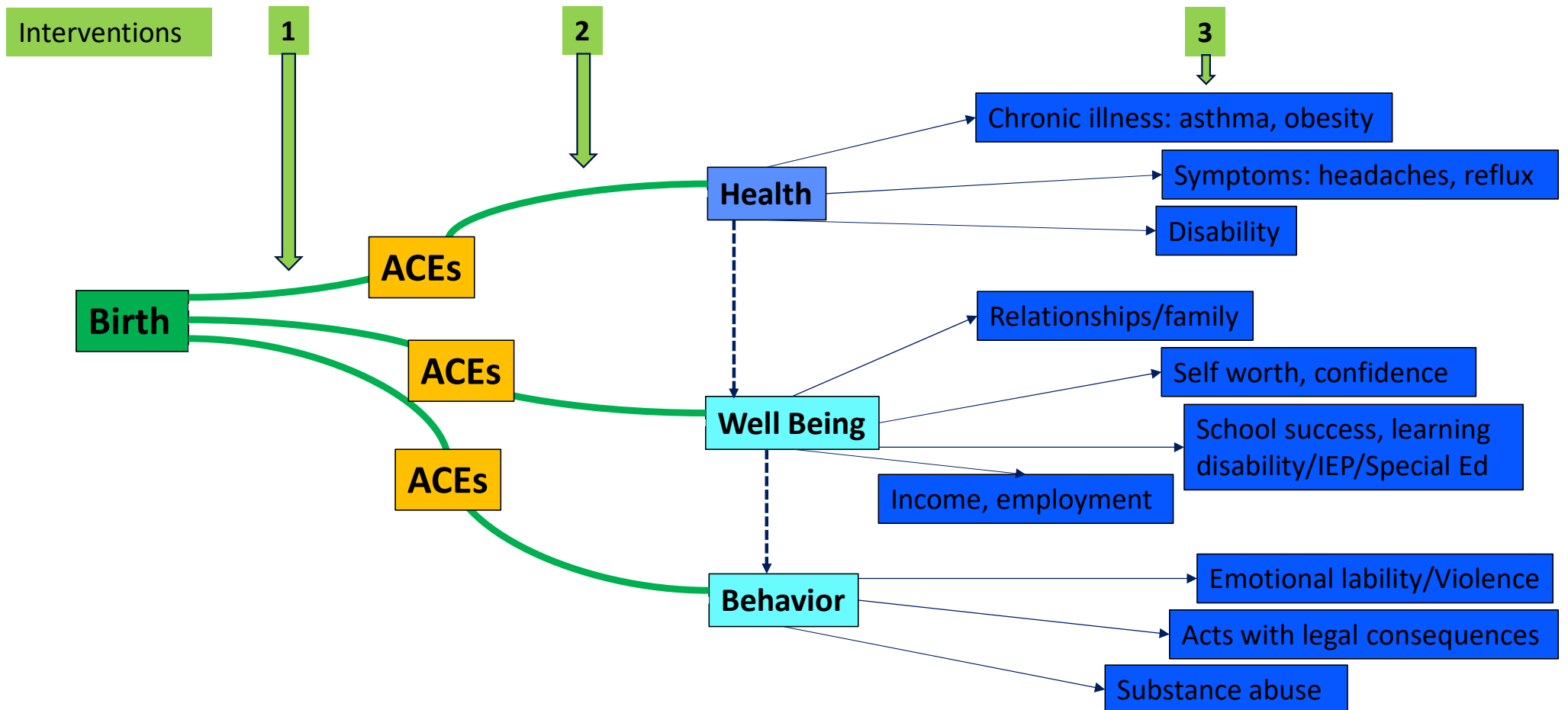
MENTAL HEALTH

VIOLENCE

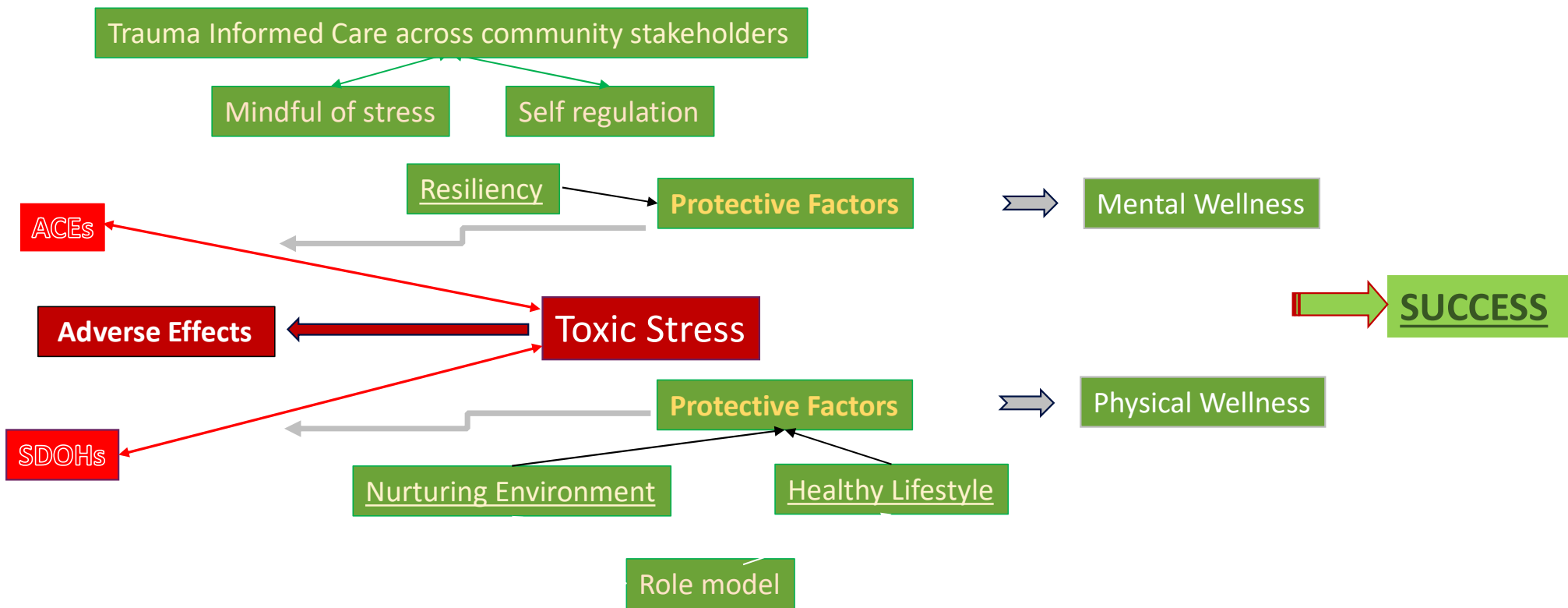
SUBSTANCE USE

ACEs Affect Health, Well-Being, Behavior

- Interventions to Help at Stages of Impact



Primary Prevention Model for SUCCESS



Why Healthy Lifestyle

Long term health

- Lowers risk of headaches, joint pain, stomach pain from acid reflux.
- Improves mental health such as depression and anxiety
- Decreases risk of vitamin and mineral deficiencies
- Potentiates normal immune function and the ability to fight infections and to heal
- Helps keep body's organs (such as heart, lungs, kidneys, liver, bones) normal
- Reduces risk of disability or earlier death

Reduction of risk of chronic illness

Lessons the risk of long-term illnesses such heart disease, diabetes, osteoporosis, cancer, high blood pressure, fatty liver disease, gallstones, arthritis, Alzheimer's and **obesity**

Improves Mental Health

- Ability to better cope detrimental effects of ACEs/toxic stress
- Decreases emotional lability, mood/depression, anxiety, schizophrenia symptoms
- Decreases high risk behavior – substance abuse, violence, sexual
- Cognitive benefits – processing speed, executive function

Helps improve personal and family life

- Improved emotional and physical health, which enriches self-worth
- Encourages more social and family time and interactions

Helps optimize school, work, and success

- Increases alertness, cognition, ability to absorb and process information
- Reduced frequency and severity of being ill results in less days being off from school or work.
- These result in better potential of doing your best and being successful

Promotion of Healthy Lifestyle

- Diet, Physical Activity, Sleep, Screen Time (All four)
- Preconception maternal obesity prevention and treatment
- Prenatal healthy lifestyle promotion
- Postnatal Anticipatory Guidance for every child
- Postnatal surveillance and intervention¹
 - “5-2-1-0” from infancy
 - Promote breast milk feeding for first 6 months
 - Start screening for obesity early
 - Flag charts of children with overweight and obesity
 - Assess barriers for healthy lifestyle (SDOHs, ACEs)
- **Advocacy: Promote efforts in schools, communities, businesses, public health policies**



¹ Davis MD et al. Pediatrics 120 (4): S229-S253, 2007
Part of AAP recommendations

Examples of Effects of Healthy Lifestyle

Mia: 8yr old female with abnormal weight gain since 3 yrs old

- Weight increase noticed 3 years ago (around COVID),
- More inside home, 2-3 hours TV + phone, 2 meals/day, sugary drinks
- More tired, feet hurting, asthma
- Fatty liver disease, high cholesterol

Dorian: 12yr old male with abnormal weight gain since 7 yrs old

- Snacks quite a bit, only 2 meals daily
- Low energy/feeling tired. Sleep disturbance/inconsistent



SSMHealth.

Fond du Lac Regional Clinic

Childhood Obesity Interventions







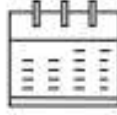


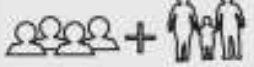


Components of Comprehensive Treatment	Overweight			Obesity		
	<6y	6 to <12y	≥12y	<6y	6 to <12y	≥12y
	Motivational Interviewing^f (KAS 10)	✓	✓	✓	✓	✓
Intensive Health Behavior and Lifestyle Treatment^g (KAS 11)	⚖️	✓	✓	⚖️	✓	✓
Weight Loss Pharmacotherapy^h (KAS 12)						✓
Offer referral to Comprehensive Pediatric Metabolic & Bariatric Surgery programsⁱ (KAS 13)						✓ ⁱ

TREATMENT

P&PHCPs *should* treat overweight/obesity & comorbidities concurrently (KAS 8) following the principles of the medical home and the chronic care model, using a family-centered and non-stigmatizing approach that acknowledges obesity's biologic, social, and structural drivers. (KAS 9)

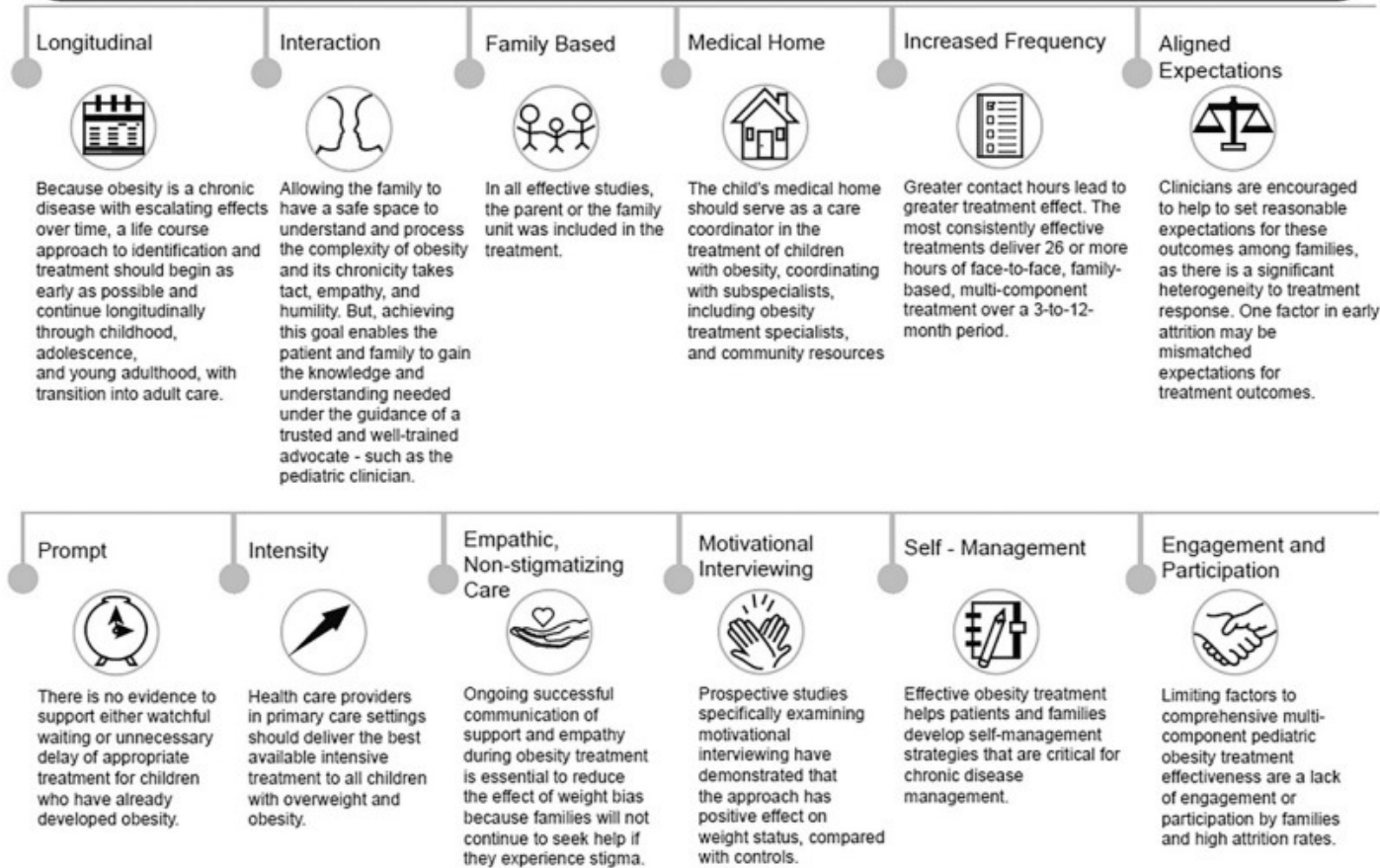
★ Optimize Healthy Lifestyle/Behavior

Intensive Health Behavior and Lifestyle Treatment (IHBLT)

WHO:	WHEN:	WHAT:	WHERE:	DOSAGE:	FORMAT:	CHANNEL:
 Patient and family in partnership with a multidisciplinary treatment team*	 Promptly for child or adolescent with overweight or obesity	 Health education and skill building on multiple topics  Behavior modification and counseling	 Healthcare setting  Community-based setting with linkage to medical home	 Longitudinal treatment across 3-12 months with ideally ≥ 26 contact hours	 Group,  Individual, or  Both	 Face-to-face (strongest evidence)  Virtual (growing evidence)

* PCPs and/or PHCPs with training in obesity as well as other professionals trained in behavior and lifestyle fields such as dietitians, exercise specialists and behavioral health practitioners

Facilitators for Successful Health Behavior Lifestyle Treatment



Gaps between Evidence-Based Interventions and Current Policies/Coverage

- Interventions with evidence grades of “A” or “B” (as given by USPSTF) mandated to be covered (with no out-of-pocket costs)*
- State Medicaid or commercial health plans do not cover most of them
- “Health care systems should build the capacity necessary to deliver this evidence-based level of care.”

USPSTF: United States Preventive Services Task Force

*Under the Affordable Care Act

SE Hampl, et al (AAP Clinical Practice Guideline) Pediatrics 151 (2), 2023.



With Limited Resources... Need for Regional Collaboration

Collective collaboration between health care experts and passionate in childhood obesity:

- SSM, Aurora, MCW, UW, Ascension, Prevea, Marshfield
- Subspecialties
- Resources (local, regional assets)

SSM regional approach

Barriers:

- Intra and Inter-organization red-tape
- Bundling vs. separate co-pays for one-stop-shop visits
- Health insurers' restrictions

Childhood Obesity Intervention/Prevention: Optimize Healthy Lifestyle and Screen/Manage SDOHs and MBH/"P"ACEs

Healthy Lifestyle through MI and IHBLT (26 contact hours per year = every 2 weeks)

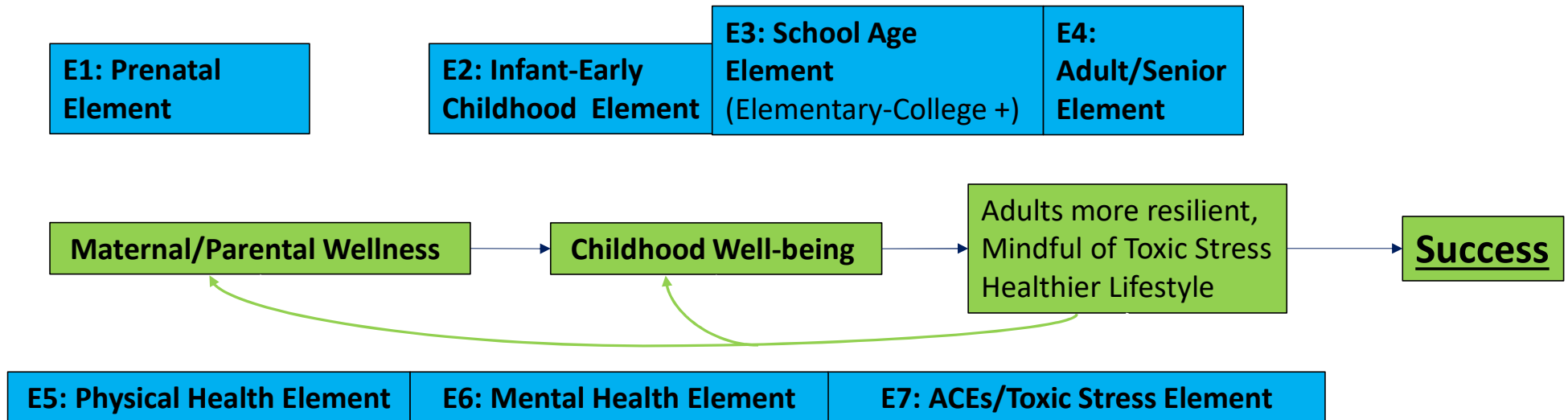
- Organized “contact” throughout community to provide MI-driven messaging

SDOH screen abnormal → CH Coordinator/Social Services → Local resources

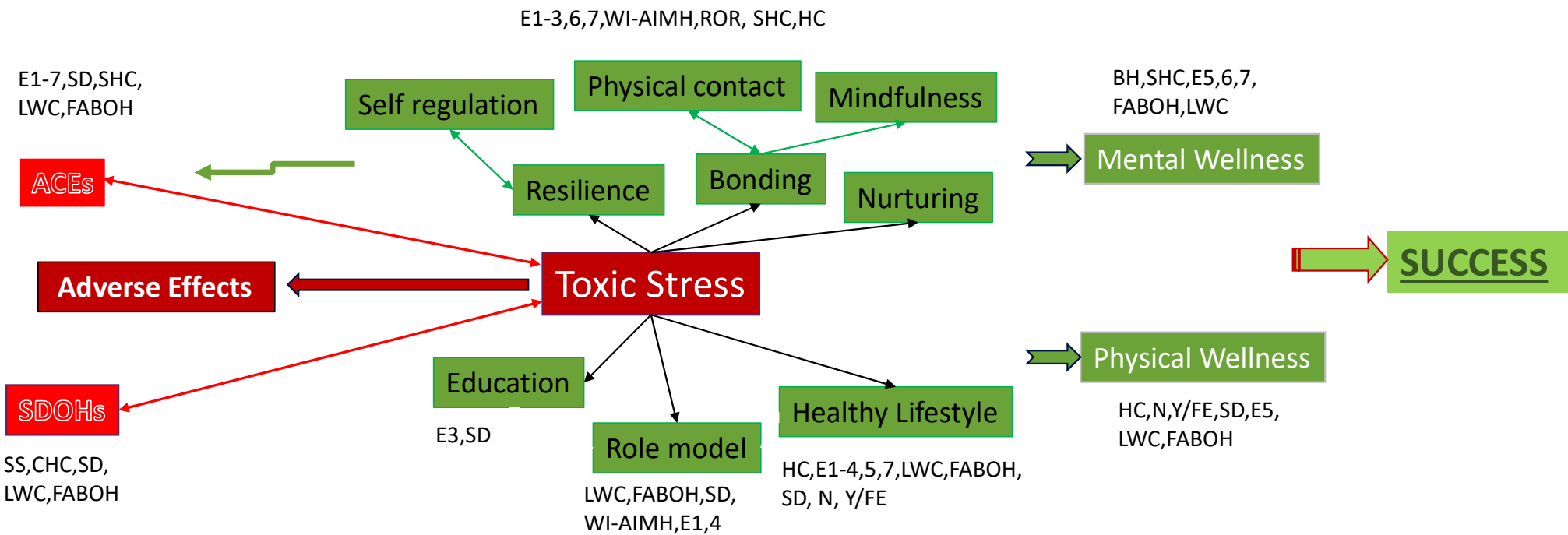
MBH/ACE screen abnormal → Behavioral Health

- Barrier: Limited IHBLT, CHC/SS or BH capacity through healthcare alone
- Comprehensive Community wrap-arounds → HL promotion, Reduce SDOH/Toxic Stress
 - Local coalitions (Elements) with like-minded interests/expertise
 - Local/Regional/State support (businesses/stakeholders, County/State incentives)
 - County HD → CHIP priorities → Action Plans
 - Community-based Services Integration (CSI) entity
 - Provides equity to resources for collective impact
 - Oversight of collaboration and success
 - Funnels in Asks for local Action Plans (good for local/regional funding, grants)
 - Central data repository → County HD → WI State
 - Grant writing/submission
 - Distribute resources: funding, volunteers, educational/messaging materials

CSI Team Community → Primary Prevention Approach

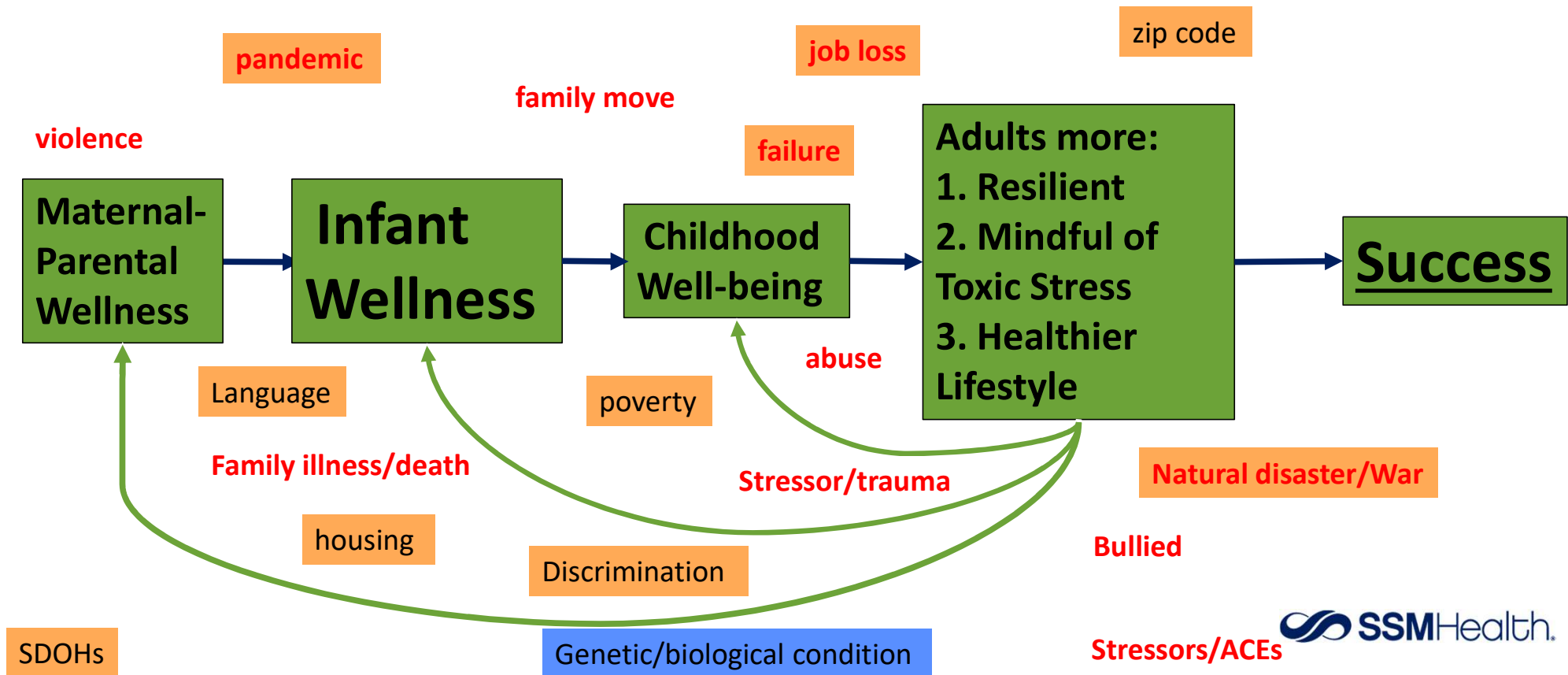


CSI Team Empowered Model for SUCCESS



SS (Social Services), CHC (Community Health Coordinator), SD (School District), Y (YMCA), FE (Fitness Expert), N (Nutrition), SHC (Spiritual Health Counselor), HC (Health Care), E1-7 (CSI Elements), LWC (Living Well Coalition), ROR (Reach Out&Read), WI-AIMH (WI-Alliance for Infant Mental Health), FABOH (Fond du Lac Area Businesses On Health)

Individual Wellness → Optimize One's Potential



“Both face poverty,
but the daughter still
sees her dad as a
king; And he sees her
as his whole world!”



Photographer and quote source unknown