

Pediatric Healthy Weight Case Management

A Project Supported by the Duke Endowment

**PRIVATE
PHILANTHROPY
PROGRAM
PROFILES**

James Cox, MSW, ACSW and Peggy Sessoms, RD, LDN

The Pitt County Memorial Hospital (PCMH) Pediatric Healthy Weight Case Management Program (PHWCMP) is a multifaceted initiative supported through a grant from The Duke Endowment to address the epidemic of childhood obesity in Pitt County. The goal of the PHWCMP is to develop effective strategies that will reduce premature morbidity and the risk of premature mortality associated with “at-risk for overweight” and “overweight” children ages two to 18 years. The primary focus of the program is to inform children, families, and the community that the epidemic of childhood obesity is not an *appearance* issue, rather it is a *health* issue with life-long medical implications. The three interrelated components of the program include: interdisciplinary case management, care standardization, and social marketing.

Multidisciplinary case management is not a new concept for the management of chronic illness; however, the utilization of an interdisciplinary case management team is an innovative approach to the management of the complex issues related to childhood obesity. The PHWCMP interdisciplinary team consists of nursing, nutrition, and social work and depends upon input from the child’s physician and other community partners.

Both at the beginning and throughout the duration of the PHWCMP intervention, *Readiness to Change* and *Quality of Life* surveys are administered to patients and their families. These results, along with an assessment of psychosocial, medical, nutritional, and physical activity needs are used to develop individualized treatment plans. The case manager develops and implements the treatment plan in partnership with the child, parent or guardian, and physician. Clinical case management services are provided in a variety of innovative settings including: homes, schools, medical clinics, the workplace, the community health office, and other community-based settings.

The PHWCMP is relationship-based and family-focused. To have success in dealing with the complex issues associated with childhood obesity (e.g. psychosocial, behavioral health, medical co-morbidities), the establishment of a long-term trusting relationship between patient, family, and case manager is essential. Each child and family member is encouraged to

participate in “STARTING POINT,” a ten-week program that provides the foundation for case management and healthy lifestyles changes. The curriculum focuses on helping families understand about childhood obesity by including information on behavioral health, nutrition-related, medical conditions, and physical activity. The goal is to move families through different levels of interventions, addressing barriers that may prevent them from making changes. The case manager implements a treatment plan recognizing that the child’s and parent/guardian’s participation is key to the success of the intervention. Each of the clinical case managers is responsible for their individual case load, but also relies upon the professional expertise of their interdisciplinary team members in order to provide comprehensive services to each referral.

Convincing families that childhood obesity is a chronic health issue is the focus of the social marketing campaign. In order to more effectively address this barrier, 500 families were surveyed. Focus groups were conducted in local day care centers. The information collected was incorporated into a social marketing campaign. This campaign utilizes television, print materials, and the internet to share information about childhood obesity with the public. The website will also be used for some case management with enrollees. A major component of the campaign focuses on the use of Body Mass Index (BMI) grids as screening and tracking tools. BMI “wheels,” specific to the pediatric population, have been developed and shared with healthcare providers. The wheels are an important tool in the effort to standardize care and to help track the health status of children. A media campaign to educate the public about BMI is under development.

Childhood obesity has reached epidemic proportions locally and nationally. Given the complexity of the issue, the development of creative and innovative approaches is vital. Strategies developed have the potential to be replicated on a larger scale. The utilization of an interdisciplinary case management model, enhanced through implementation of social marketing and care standardization efforts, is a unique approach in addressing issues related to childhood obesity. **NCMedJ**

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Fit Families NC: A Study Committee on Childhood Obesity

A Project Supported by the NC Health & Wellness Trust Commission

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Lt. Governor Beverly E. Perdue

Childhood obesity is a growing problem with a startlingly simple solution: get kids to eat healthier and engage in more physical activity. While all segments of society have roles to play in fighting obesity, state government has a unique responsibility. Thanks in large part to contributions made by a project of the NC Health and Wellness Trust Fund Commission (HWTF), North Carolina has stepped forward to make change happen.

HWTF was created in 2000 by the General Assembly to receive one-quarter of North Carolina's share of the Master Settlement Agreement payments. Its Commissioners were charged with addressing the health needs of vulnerable and underserved populations and with developing a comprehensive, community-based plan to improve the health and wellness of the people of North Carolina.

The HWTF's core plan focuses on grants for state and local programs and multi-media campaigns to address: teen tobacco use, prescription drugs for seniors, medication assistance, health disparities, and obesity.

In 2003, the Commission unanimously voted to establish a study committee on childhood obesity called *Fit Families NC*. HWTF Commissioner Dr. Olson Huff, Senator William Purcell, and Representative Verla Insko agreed to lead this effort.

They were tasked with helping HWTF better understand the causes of childhood obesity and, more importantly, to develop practical recommendations for addressing this growing health concern in North Carolina. Committee members were strategically selected to represent broad diversity, both professionally and geographically.

To accomplish its objectives, the Study Committee took a multi-pronged, balanced approach that considered lessons learned from other states, and created a forum for *all* stakeholders to be heard. The inclusive nature of *Fit Families NC* included representatives from public health, business, education, academia, faith-based organizations and more.

During 2004-2005, the Study Committee held seven public hearings throughout the state that covered pertinent topics. Recommendations were received during the year-long study committee process and organized into two action areas: (1) Legislative Policy Proposals and (2) Proposals for State and Local Agencies, Organizations, Trade Groups etc.

The following policies directly resulted from *Fit Families NC* recommendations:

Revision of the State Board of Education's Healthy Active Children policy

- The State Board of Education voted unanimously to adopt a daily 30-minute physical activity requirement for all students, K-8. The first state in the nation to pass such a policy at the State Board level. This requirement will be implemented in the 2006-2007 school year.

School Nutrition Standards legislation (House Bill 855 – Sponsored by Rep. Verla Insko)

- Establishes a statewide nutrition standard for all school meals, a la carte items, beverages, and the After School Snack Program in elementary, middle and high schools.
- Decreases foods high in total fat, trans-fat, saturated fat and sugar.
- Increases foods containing fruits, vegetables, and whole grain products.

School Vending Standards legislation (Senate Bill 961 – Sponsored by Sen. Bill Purcell)

- Bans soft drink and snack vending sales in elementary schools altogether.
- Prohibits sale of sugared carbonated beverages in middle schools and restricts soft drink sales in high schools.
- Requires that by 2006-2007 school year, 75% of snacks in middle and high schools have no more than 200 calories per package. The consensus work of *Fit Families NC* to develop this recommendation led the American Beverage Association to adopt a national voluntary policy that honors the provisions of this legislation.

While these policies are far from a solution to childhood obesity in North Carolina, each is an important step in the right direction. HWTF and *Fit Families NC* continue their work to ensure proper implementation of these policies, while remaining steadfast in our goal to make North Carolina's kids the healthiest in our nation.

For more information on the Health and Wellness Trust Fund or *Fit Families NC*, visit www.HealthWellNC.com.

Lt. Governor Beverly E. Perdue, Chair, NC Health and Wellness Trust Fund Commission. Telephone: 919-733-6137.