

HEAC Conference

June 3, 2006

Breakout Session – Central

Facilitator – Jaime Moody

Note taker – Kim Thomas

Attendees: Kathleen Burke, Joseph Jayner, Mary Brown, Kathy Basiliere, Christine Kornu, Cheryl Stigel, Cathy Lourte

Group briefly reviewed Obesity Action Plan.

Challenges:

Time constraints in a 15 minute clinic visit. There is Medi-Cal paperwork and other paperwork that takes time.

Sick visits are common and its difficult to bring up obesity. Obesity is a lengthy topic to address in a short visit.

There are lots of obese patients and questions on what to do with them. Providers advise to diet and exercise but the advise is not working because people are still gaining weight. Some are seeing serious affects of obesity, ex. severely bowed legs in a 3-4 year old) Other issues are diabetes and hypertension.

Referring overweight kids difficult because it depends on insurance, Children's Hospital will see if it's linked to a medical condition (ex. hypercholesterol, fatty liver). Sometimes has to refer to other programs depending on insurance.

Talking to parents is difficult. Parents will "put up a wall" because they don't want to hear.

Type of food consumed.

There are 300-500 pound kids in Children's Hospital program.

Resources are not adequate, need home based programs to see what is going on with the family at home. –

Parents are slaves to their kids and don't think they have the authority, already is so much conflict in the family, don't know how to make changes in portion sizes and food choices.

It's demoralizing to providers to see kids gain weight when providers are trying to help.

Cultural influences – parents don't see kids as overweight, see them as healthy.

We live in a border town with lots of influences from Mexico and other generations. Providers don't learn this type of information in training.

Kids observe what adults and doctors do, they will make the connection whether its good or bad.

Solutions:

Need protocol for identifying and addressing obesity as each visit. If there isn't time to discuss at the visit, mention the issue and advise the patient to come back.

Peer Review provider charts to see what kind of care is offered.

Community Clinics are using educational tools to reach clients, ex. visual aids of lard to see how much fat is in hot cheetos, visual aids of sugar cubes to see how much sugar is in Pepsi.

Hands on demo of food content a good idea and should be used in multiple settings, ex. waiting room at doctor's office, schools.

Talk to parents about the health issues and risks related to overweight. Schools can make a medical referral and "write a prescription to see a doctor."

Social services is a great resource, use interns to work with clients.

Establish connections with families and give them ideas and resources.

Work with Child Protective Services because a lot of families already work with CPS.

Families need therapy, home visits, school resources.

Prescribe low fast food for children in schools.

Coordination with multisystems is needed.

More prevention.

Set goals with children, have them choose a self management goal and negotiate with kids to help them manage their goals, must be reasonable with goals. Ex. choose healthier options on school lunch menu. One community clinic has menus from SD Unified District and evaluated the calorie and fat count, highlighted best choices. Another goal could be drinking water and not juice.

The key is don't give up.

Group activities are the best bang for the buck. Work with parents, kids, teens. Groups are cost effective and fund. Maybe online groups for kids.

Open Airways is a asthma program at schools, it's a good model the ADA does in 6-8 classes. Good model to modify to nutrition.

Role model behavior to influence kids. Its hypocritical to have coke machines in a teacher's lounge or sell chicharones in a doctor's office. Behavior has to trickle down from us and we have to end bad role modeling. Need management to support changes.

Comprehensive Health Center has resources – school lunch menus, education tools.

The group discussed Jamie's upcoming program with Health and Rec. Centers. The program would work with clinic staff/MA's, people that have a medical training and know the community. Below are ideas that came out of that discussion.

- Pediatricians to speak with PTA, Parents, and go to the schools. Parents want to speak to physicians no matter what the event is. They can identify with the MD in the "real world."
- Health fairs at rec centers.
- Use Nurse Practitioner and Nurses at events.
- Use clinic Promotoras.

- Link with Scripps community health worker regional development center, Conference here in August.
- Use athletes but be careful that the kids identify with the athlete as a role model.
- Use University students.
- Raffle athletic equipment.

The Urban League has programs for youth.

Get doctors involved in the community or showcase what they do, demonstrate physical activity by showing pictures in waiting room in a showcased area.

Influence kids by demonstrating what you are talking about.

Use videogame bikes or treadmills.