

2nd Annual Taking Charge of Childhood Obesity Conference: Strategies for Health Professionals
Saturday, June 3rd, 2006

Breakout Session: South

Facilitator

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Participants

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Barriers to obesity prevention strategies within the health care system:

- Need research and routine tracking
- Need evidence-based counseling
- Physical activity and structured physical education reduced at school sites, not incorporating physical activity during the school day.
- Substitute physical education for physical activity; hope that children are physically active during recess. Need to have mandated physical education.
- Tracking BMI – singling out kids and labeling them “overweight/obese” has negative consequences. Patterns of obesity start at age 3-5 years.
- Hard to measure self-esteem, eating disorders, etc.
- Handouts or messages to provide counseling are not standardized
 - For example: message for doctors like 5-4-3-2-1-Go [from the Consortium to Lower Obesity in Chicago Children (CLOCC)]
 - Need to counsel/advise family as unit
 - No specific protocols, just guidelines ---several pages each
- Need for resources for physical activity, like recreation centers
- Need for doctors to become advocates for referral sources (i.e. doctors identify overweight/obese child, counsel and provide referral to recreation centers)

Resources and ideas to solve the barriers:

- Pilot: surveillance in 13 elementary schools in Chula Vista. The pilot will allow schools to collect baseline on the school entrance form that physicians complete for new enrollees.
 - Observe trends, implement intervention and monitor
 - Screening mechanisms in place
- Consortium to Lower Obesity in Chicago Children (CLOCC) will provide the program/computer system to collect BMI data
- Arkansas example: show obesity trend is increasing. They are working on measuring self-esteem, eating disorders, etc.
- Current data available – Fitness Gram includes BMI up to 6th grade

- Need to increase awareness of Fitness Gram requirements so that parents can help their children prepare.
 - Be specific – some parents may be motivated to help their children with fitness requirements (23.6% passed minimum levels)
- CHDP should include BMI
 - Include nurses in meeting to reform CHDP forms
- Integration of resources
 - Standardizing what happens/single message for all (not just doctors)
 - Identify barriers to help families comply with their children's treatment
 - Accessibility
 - Time
 - Afraid of unknown (promotoras are the bridge between the agency and the community)
 - Too much information – hard to sort i.e. SPARK, etc.
- Follow-up on WIC
 - Call your elected officials and don't let special interests (for example, the dairy man) dictate how the program will be modified and expand eligibility to more farmers markets
- Resource for Health and Nutrition (toolkit)
 - Give to nurses
 - Health education trainings and get out into the community