

# Report to Legislative Task Force on Childhood Obesity

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# Focus

- Primary Care Providers' Role
- BMI screening and more

# Agenda

- Quick overview of Community Care of North Carolina (CCNC)
- Childhood obesity as it affects CCNC's role in managing health care costs
- Clinical Issues for CCNC physicians
- CCNC Childhood Obesity Initiative

# Community Care of North Carolina

- A program of NCDHHS out of the Office of Rural Health and Community Care
- Medicaid contracts through CCNC to provide local clinical care coordination for Carolina Access Medicaid enrollees

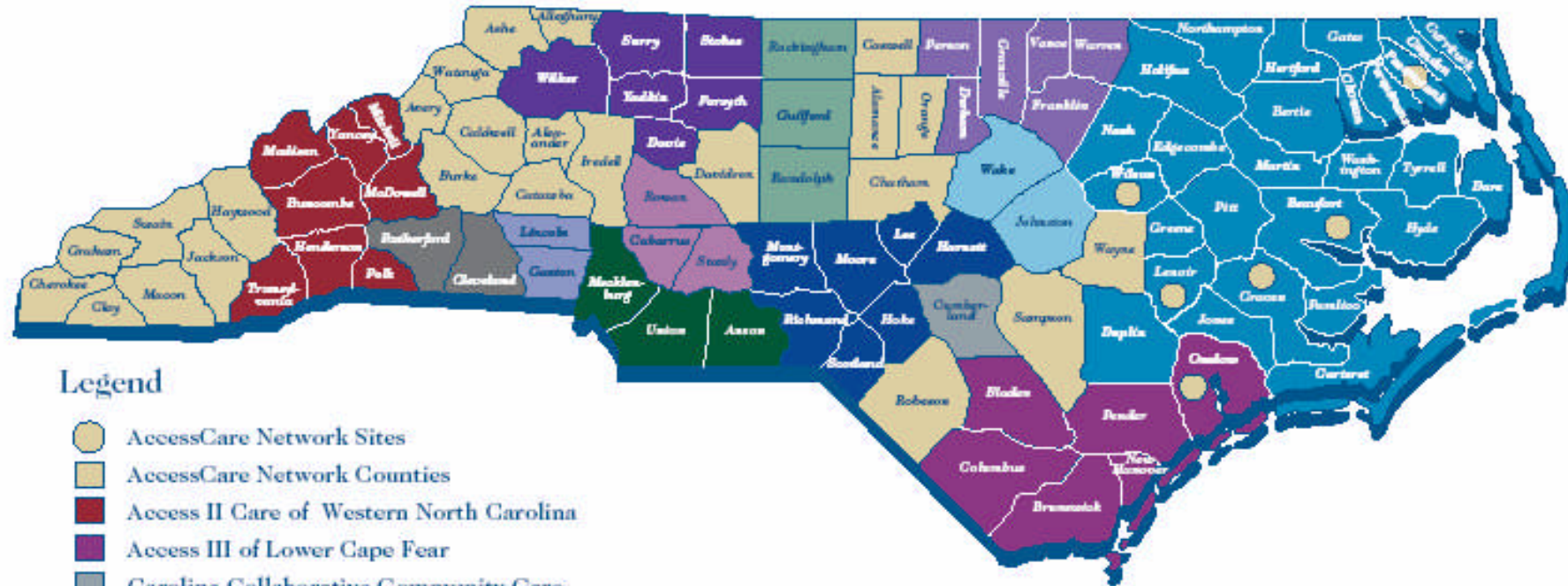
# Primary Goals

- Improve the care of the Medicaid population while controlling costs
- Develop Community Networks and local systems capable of and responsible for managing recipient care
- Fully develop and support the Primary Care Medical Home



# Community Care of North Carolina

## Access II and III Networks



### Legend

- AccessCare Network Sites
- AccessCare Network Counties
- Access II Care of Western North Carolina
- Access III of Lower Cape Fear
- Carolina Collaborative Community Care
- Carolina Community Health Partnership
- Community Care of Wake / Johnston Counties
- Community Care Partners of Greater Mecklenburg
- Community Care Plan of Eastern Carolina
- Community Health Partners
- Northern Piedmont Community Care
- Northwest Community Care Network
- Partnership for Health Management
- Sandhills Community Care Network
- Southern Piedmont Community Care Plan

# CCNC

- 14 networks with more than 3500 primary care physicians
- 985,000+ Medicaid enrollees as of Feb 2010

# Key Program Areas

- Chronic Disease Management Initiatives
  - Disease specific or co-morbid conditions
- Integration of Physical and Mental Health
- Prevention Initiatives
- Pharmacy Initiatives
- Access to Primary Care
- Support of IT Initiatives
- Nurse and Social Worker care management services
- Physician Engagement



# Childhood obesity as it affects CCNC's role in improving quality and decreasing Medicaid costs

- Higher prevalence in lower socio-economic populations
- Concurrent co-morbidities (cost)
  - Sleep Apnea, Hypoventilation Syndrome
  - Slipped Capital Femoral Epiphysis
  - Nonalcoholic Fatty Liver Disease
  - Depression
  - Asthma
- Future co-morbidities (cost)- Diabetes, heart disease

# Clinical Issues for CCNC physicians

- Often don't have tools/resources/training/time to address
- Different payors have different policies
- Medicaid Medical Nutritional Therapy benefits
  - Exclude nutritionists from directly billing
  - Limited to children and pregnant women
- Limitation of impacting obesity in purely clinical setting
- Hard to know of and link to resources

# CCNC Childhood Obesity Initiatives

- Program funded by a KBR grant
- Jan 2008-June 2010
- 4 networks participated
  - **Access II Care of Western NC** (Transylvania, Henderson, Polk, McDowell, Mitchell, Yancey, Madison, Buncombe)
  - **Carolina Community Health Partnership** (Rutherford, Cleveland)
  - **Partnership for Health Management** (Randolph, Guilford, Rockingham)
  - **Community Care of Wake and Johnston Counties**

# Program Elements

- Based on Best Practice Guidelines
  - 2007 “*Expert Committee Recommendations on the Assessment , Prevention and Treatment of Child and Adolescent Overweight and Obesity*”
  - NICHQ *Implementation Guide from the Childhood Obesity Action Network*
  - U.S. Preventive Services Task Force *Recommendation on Pediatric Obesity Screening*
- Clinical Tools
  - Developed in partnership with the NC DPH and ESMM NC and distributed by CCNC networks
- Provider trainings
- Identification and linking to Community Resources
- Care management
- Pilot co-location models with nutritionists

# Yr 1 Goals and Results for Participating Practices

- **Goal** - 75% complete a needs assessment
  - **Result** - 79-100% (95+ practices)
- **Goal** - 25% trained in the use of obesity screening tools
  - **Result** - 48-100% (69+ practices)
- **\*Goal** - 25% actively using BMI screening
  - **Result** 58-80% (74+ practices)
- **Goal** - 50% with an established link to community resources for patient and family education
  - **Result** - 60% - 100% (94+ practices)

## Year 2 goals

- 50% of practices trained in use of obesity screening tools
- 50% of practices actively using body mass index (BMI) screening.
- 75% of practices with an established link to community resources for patient and family education.

# CCWJC Obesity Initiatives

- Clinical Tools
- Co-located nutritionist
- Community Links
- Case Management
- Fostering Advocacy

# Clinical Tools

- Guidelines for Obesity Management
- Blood pressure and BMI charts
- Diet and exercise questionnaire and responses
- Prescription Pads (5-3-2-1-almost none messages)



**Table 4: Signs and Symptoms of Conditions Associated with Obesity, Diagnosis and Referral Recommendations**

Symptoms or Signs	Suspected Diagnosis	Appropriate Studies	Referral
Polydipsia, polyuria, weight loss, acanthosis nigricans	Type 2 Diabetes	Random glucose, fasting glucose, 2 hour GTT, urine ketones, HbA1c	Endocrine
Small stature (decreasing height velocity), goiter	Hypothyroidism	Free T4, TSH	Endocrine
Small stature (decreasing height velocity), purple striae, Cushingoid facies	Cushing's Syndrome	Serum cortisol, 24 hour urine free cortisol	Endocrine
Hirsutism, excessive acne, menstrual irregularity	Polycystic Ovary Syndrome	Free testosterone	Adolescent medicine or Endocrine
Abdominal pain	GER Reflux, Constipation, Gall Bladder Disease	Medication trial for suspected reflux or constipation, ultrasound for GB disease	Gastroenterology
Hepatomegaly, increased LFTs (ALT or AST >60 for >6 months)	Nonalcoholic Fatty Liver Disease	ALT, AST, bilirubin, alkaline phosphatase (also see Table 5)	Gastroenterology
Snoring, daytime somnolence, tonsillar hypertrophy, enuresis, headaches, elevated BP	Sleep Apnea, Hypoventilation Syndrome	Sleep Study	ENT or Pulmonology
Hip or knee pain, limp, limited hip range of motion, pain walking	Slipped Capital Femoral Epiphysis	X-rays of hip	Orthopedics
Lower leg bowing	Blount Disease	X-ray of lower extremities and knees	Orthopedics
Severe headaches, papilledema	Pseudotumor Cerebri	Head CT Scan	Neurology or Neurosurgery
Depression, school avoidance, social isolation, sleep disturbances	Depression	Validated depression screen (PSC, MFQ)	Psychiatry or Psychology
Binge eating, vomiting	Bulimia	Validated screen for eating disorder	Psychiatry, psychology, eating disorders center
Dysmorphic features, small hands and feet, small genitalia, no menses, undescended testes	Prader-Willi Syndrome	Chromosomes for Prader-Willi Syndrome	Genetics

**Table 5: Results Guide for Overweight and Obese Pediatric Patients**

Test	Result	Action Plan
Fasting Glucose	<100	Recheck every 2 years.
	≥100, <126	Pre-diabetes. Provide counseling. Consider oral glucose tolerance test, HbA1c. Recheck yearly.
	≥126	Diabetes. Refer to endocrine.
Oral GTT (2-hour)	<140	Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥140, <200	Pre-diabetes. Provide counseling. Consider referral to endocrine if risks present. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥200	Diabetes. Refer to endocrine.
Random Glucose	≥200	Diabetes. Refer to endocrine.
Hemoglobin A1c	≥7	Refer to endocrine. Note that this test is not routinely recommended.
Fasting LDL	<110	Repeat every 5 years.
	≥110, <130	Repeat in 1 year.
	≥130, <160	Obtain complete family history. Provide low cholesterol diet (AHA "Step 1" Diet). Recheck 1 year.
Fasting HDL	≥160 w/rits, or any LDL ≥190	Refer to cardiology.
	≥40	Routine care. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	<40	Increase activity and omega-3 fats (flax/fish oil). Stop smoking. Decrease sugar intake. Recheck 1 year.
Fasting Triglycerides	<200	Routine care. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥200, <500	Increase omega-3 intake. Decrease saturated fat, sugar. Recheck 1 year.
	≥500	Refer to cardiology.
BP, ages 3-19 • Plot percentile from BP table • Must confirm with 3 separate measures	<90th %ile	Routine care. Recheck annually.
	≥90th, <95th %ile, ≥120/80 any age (pre-HTN)	Increase physical activity. Smoking cessation. DASH diet. If other risks or symptoms, consider BUN/Cr, UA and culture, renal u/s, ECG, fundoscopic exam. Recheck every 6 months.
	≥95th %ile, <99th %ile + 5 mm Hg (Stage 1 HTN)	As above, + CBC, electrolytes (include BUN/Cr), UA and culture, ECG. Consider renal u/s, fundoscopic exam, renin. Refer to cardiology or nephrology (esp. if pre-pubertal). Consider pharmacotherapy. Recheck 1 month.
Liver function tests	≥99th %ile + 5 mm Hg (Stage 2 HTN)	As above. Refer to cardiology or nephrology. Recheck within 1 week.
	ALT or AST ≥60, <200	Lifestyle modification. Recheck every 3 months.
	ALT or AST ≥80 x 6 months or ≥200 at any time	Refer to GI.

\*\*\*Always elicit sleep history and consider sleep study to rule out OSA as cause of HTN\*\*\*



## Pediatric Obesity

1. Assess Body Mass Index (BMI) in children ages 2-18 annually.
2. Plot BMI on gender-specific BMI-for-age chart to determine percentile.
3. Diagnose weight category (Table 1).
4. Identify risk (Table 2) and comorbidities (Table 4).
5. History and physical exam, blood pressure, appropriate laboratory tests and referrals (Tables 3, 5).
6. Share prevention messages (5-3-2-1-Almost None).

### Assessment and Counseling Tips

Assess current behaviors (consider using questionnaires).

#### — Eating behaviors

- Fruit and vegetable consumption
- Breakfast consumption (frequency and quality)
- Frequency of family meals prepared at home
- Sugar-sweetened beverage consumption (soda, tea, energy drinks)
- Excess juice consumption (>4-6 oz/day for age 1-6 yrs, >8-12 oz/day for age 7+ yrs)
- Frequency of eating food bought away from home (esp. fast food)
- Portion sizes of meals and snacks
- Atypical eating/nutrition behaviors

#### — Physical activity behaviors

- Amount of TV and other screen time and sedentary activities
- Amount of daily physical activity
- Role of environmental barriers and accessibility

Assess motivation and attitudes.

- Are you concerned about your/your child's weight?
- On a scale of 0 to 10, how important is it for you/child/family to change [specific behavior] or to lose weight?
- On a scale of 0 to 10, how confident are you that you/he/she could succeed?

Summarize and probe possible changes.

### Prevention Messages: 5-3-2-1-Almost None

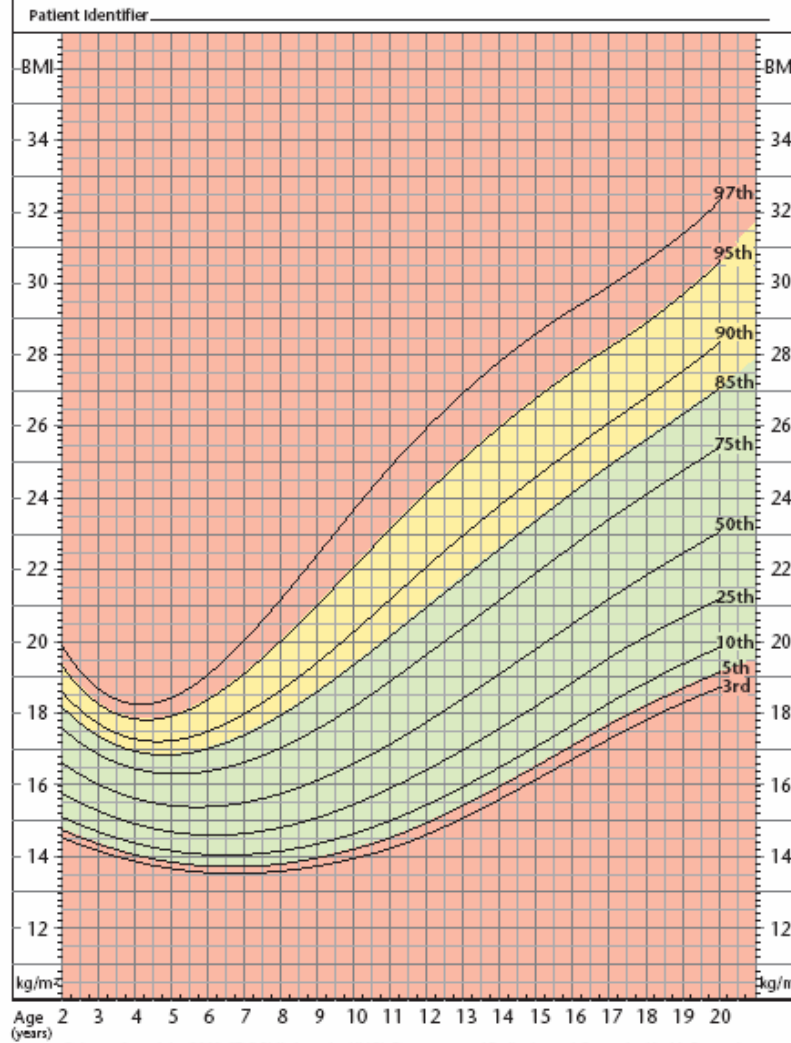
- 5** or more servings of fruits and vegetables daily
- 3** structured meals daily—eat breakfast, less fast food, and more meals prepared at home
- 2** hours or less of TV or video games daily
- 1** hour or more of moderate to vigorous physical activity daily

**Almost None:** Limit sugar-sweetened beverages to "almost none"

Adapted from the 5-3-2-1-0 message promoted by the National Initiative for Children's Healthcare Quality ([www.nichq.org](http://www.nichq.org))



# Body Mass Index 2 to 20 years



# BOYS

## To calculate BMI:

Kilograms and meters:  
 $\text{weight (kg)} / [\text{height (m)}]^2$

Pounds and inches:  
 $\text{weight (lb)} / [\text{height (in)}]^2 \times 703$

## BOYS: 99th percentile cut-points

AGE	BMI
5	20.1
6	21.6
7	23.6
8	25.6
9	27.6
10	29.3
11	30.7
12	31.8
13	32.6
14	33.2
15	33.6
16	33.9
17	34.4

From National Initiative  
for Children's Healthcare  
Quality ([www.nichq.org](http://www.nichq.org))

## Blood Pressure Levels by Age and Height Percentile

# GIRLS

Age (Year)	BP Percentile	SYSTOLIC BP (mmHg) Percentile of Height							DIASTOLIC BP (mmHg) Percentile of Height						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
1	50th	83	84	85	86	88	89	90	38	39	39	40	41	41	42
	90th	97	97	98	100	101	102	103	52	53	53	54	55	55	56
	95th	100	101	102	104	105	106	107	56	57	57	58	59	59	60
	99th	108	108	109	111	112	113	114	64	64	65	65	66	67	67
2	50th	85	85	87	88	89	91	91	43	44	44	45	46	46	47
	90th	98	99	100	101	103	104	105	57	58	58	59	60	61	61
	95th	102	103	104	105	107	108	109	61	62	62	63	64	65	65
	99th	109	110	111	112	114	115	116	69	69	70	70	71	72	72
3	50th	86	87	88	89	91	92	93	47	48	48	49	50	50	51
	90th	100	100	102	103	104	106	106	61	62	62	63	64	64	65
	95th	104	104	105	107	108	109	110	65	66	66	67	68	68	69
	99th	111	111	113	114	115	116	117	73	73	74	74	75	76	76
4	50th	88	88	90	91	92	94	94	50	50	51	52	52	53	54
	90th	101	102	103	104	106	107	108	64	64	65	66	67	67	68
	95th	105	106	107	108	110	111	112	68	68	69	70	71	71	72
	99th	112	113	114	115	117	118	119	76	76	76	77	78	79	79
5	50th	89	90	91	93	94	95	96	52	53	53	54	55	55	56
	90th	103	103	105	106	107	109	109	66	67	67	68	69	69	70
	95th	107	107	108	110	111	112	113	70	71	71	72	73	73	74
	99th	114	114	116	117	118	120	120	78	78	79	79	80	81	81
6	50th	91	92	93	94	96	97	98	54	54	55	56	56	57	58
	90th	104	105	106	108	109	110	111	68	68	69	70	70	71	72
	95th	108	109	110	111	113	114	115	72	72	73	74	74	75	76
	99th	115	116	117	119	120	121	122	80	80	80	81	82	83	83
7	50th	93	93	95	96	97	99	99	55	56	56	57	58	58	59
	90th	106	107	108	109	111	112	113	69	70	70	71	72	72	73
	95th	110	111	112	113	115	116	116	73	74	74	75	76	76	77
	99th	117	118	119	120	122	123	124	81	81	82	82	83	84	84
8	50th	95	95	96	98	99	100	101	57	57	57	58	59	60	60
	90th	108	109	110	111	113	114	114	71	71	71	72	73	74	74
	95th	112	112	114	115	116	118	118	75	75	75	76	77	78	78
	99th	119	120	121	122	123	125	125	82	82	83	83	84	85	86
9	50th	96	97	98	100	101	102	103	58	58	58	59	60	61	61
	90th	110	110	112	113	114	116	116	72	72	72	73	74	75	75
	95th	114	114	115	117	118	119	120	76	76	76	77	78	79	79
	99th	121	121	123	124	125	127	127	83	83	84	84	85	86	87
10	50th	98	99	100	102	103	104	105	59	59	59	60	61	62	62
	90th	112	112	114	115	116	118	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
	99th	123	123	125	126	127	129	129	84	84	85	86	86	87	88



## Tell Us about Your Child's Eating Habits and Physical Activity

1. What kind of milk does your child drink?
 

<input type="checkbox"/> Skim or 1%	<input type="checkbox"/> 2%	<input type="checkbox"/> Whole	<input type="checkbox"/> None
			<input type="checkbox"/> Other: _____
2. How much soda or other sugar-sweetened drinks (like sweet tea, punch, Kool-Aid®) does your child drink each day?
 

<input type="checkbox"/> None	<input type="checkbox"/> Less than 6 ounces (a half can of soda)	<input type="checkbox"/> More than 6 ounces
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3. How much fruit juice does your child drink each day?
 

<input type="checkbox"/> Less than 6 ounces (a small juice glass)	<input type="checkbox"/> 6-12 ounces	<input type="checkbox"/> More than 12 ounces
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4. How many days a week does your child eat breakfast?
 

<input type="checkbox"/> Every day	<input type="checkbox"/> Some days	<input type="checkbox"/> Rarely/Never
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5. How often do you help your child decide if s/he is really hungry before eating a snack or a second helping of a meal?
 

<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely/Never
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6. How many snacks like cookies, ice cream, chips or fast foods (like french fries) does your child get each day?
 

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 or more
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7. How many servings of fruit and/or vegetables does your child eat each day?
 

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 3-4	<input type="checkbox"/> 2 or less
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8. How many family meals (cooked and eaten at home) do you have each week?
 

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 2-4	<input type="checkbox"/> 0-1
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9. How many times a week does your child eat food bought away from home (like fast food, restaurants, convenience stores, cafeterias, "take out", or vending machines)?
 

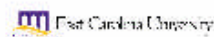
<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 4 or more
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10. How many hours of active play does your child get each day?
 

<input type="checkbox"/> 2 or more	<input type="checkbox"/> 1	<input type="checkbox"/> 0
------------------------------------	----------------------------	----------------------------
11. How many hours a day does your child sit in front of the TV, videos, DVDs, or computer?
 

<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3 or more
----------------------------	------------------------------	------------------------------------
12. How many days a week does your child play outdoors?
 

<input type="checkbox"/> 5 or more	<input type="checkbox"/> 3-4	<input type="checkbox"/> 2 or less
------------------------------------	------------------------------	------------------------------------
13. How do you feel about making some changes to help your child eat healthy or be active?
 

<input type="checkbox"/> I am not interested in making changes at this time.
<input type="checkbox"/> I am not ready to make changes yet, but want to talk more.
<input type="checkbox"/> I am ready to make some changes now and would like help.
<input type="checkbox"/> I am already working to eat healthy and be active, and I don't feel there is much more to do.







## Strategies to Help You & Your Child Be Healthy

### 1. DRINK SKIM OR LOW-FAT MILK.

- Choose skim or low-fat milk (except for children under 2).
- Change slowly from whole milk to 1% or skim.

### 2. LIMIT SUGAR-SWEETENED DRINKS.

- Choose water as your #1 beverage for the whole family.
- Buy less soft drinks like soda, fruit drinks, or sweet tea.

### 3. LIMIT FRUIT JUICE—JUICE IS HIGH IN CALORIES.

- Offer juice in small quantities and only once a day.
- Mix juice with an equal amount of water.
- Choose 100% juice instead of fruit punch, juice cocktail, or juice blends.

### 4. EAT A HEALTHY BREAKFAST EVERY DAY.

- Choose one of each:
  - GRAIN, like low-sugar cereal or toast
  - PROTEIN, like low-fat milk, cheese, yogurt, or peanut butter
- FRUIT, like bananas or raisins

### 5. ENCOURAGE YOUR CHILD TO EAT JUST ENOUGH TO SATISFY HUNGER.

- Serve smaller portions and allow seconds of healthier foods.
- Think about whether your child is really hungry or eating for other reasons.
- Don't insist that your child clean his/her plate.

### 6. LIMIT "JUNK FOOD" SNACKS.

- Keep healthy foods available for snacks, instead of cookies, candy, and chips.
- Bring healthy snacks with you when you go out.

### 7. ENJOY MORE FRUITS AND VEGETABLES.

- Choose frozen and canned fruits and vegetables if fresh costs too much.
- Keep trying new fruits and vegetables and let your child choose—sometimes you have to try up to 10 times for success.
- Cut them up and make them easily available on the table or in the fridge.

### 8. EAT TOGETHER AS A FAMILY AT LEAST ONCE A DAY.

- Serve healthy food at this meal and make it a happy family time.
- Eat away from the television.

### 9. EAT OUT LESS.

- Limit eating out to once per week.
- Choose restaurants with healthier options, and avoid all-you-can-eat places.

### 10. MOVE MORE—AIM FOR AT LEAST 1 HOUR OF ACTIVE PLAY A DAY.

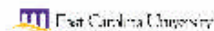
- Choose active toys.
- Make helping with household chores a fun activity for your child.
- Play active games with your child inside and outside.

### 11. LIMIT TV AND OTHER SCREEN TIME (COMPUTERS, ETC.) TO NO MORE THAN 2 HOURS PER DAY.

- Exercise during commercials when you do watch.
- Limit eating in front of the TV and don't let the ads tempt you to eat.
- Keep the TV out of your child's bedroom.

### 12. MOVE MORE—GO OUTSIDE AND PLAY AT LEAST 5 DAYS A WEEK.

- Plan outside play time.
- Start your own outdoor family fun day—play basketball, soccer, or catch.
- Work and play outside on the weekends—include neighborhood children.





## Prescription for Health

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### 5-3-2-1-Almost None

- 5** 5 or more servings of fruits and vegetables daily
- 3** 3 structured meals daily—eat breakfast, less fast food, and more meals prepared at home
- 2** 2 hours or less of TV or video games daily
- 1** 1 hour or more of moderate to vigorous physical activity daily

**Almost None** Limit sugar-sweetened drinks to “almost none”

Adapted from the 5-2-1-0 message promoted by the National Initiative for Children's Healthcare Quality ([www.nichq.org](http://www.nichq.org))



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# Additional Clinical Tools

- Motivational interviewing
- BMI wheels
- Sugar and fat displays
- Portion size and healthy meal planning tools
- Wake County Greenway guide

# Co-located nutritionist

- To take advantage of Medicaid re-imbursement for Medical Nutritional Therapy (MNT), a dietitian must bill within context of Medicaid provider.
- Piloting a co-located a nutritionist in a primary care practice
  - Clinically helpful?
  - Financially viable?



# Community Links and Resources

Community Resources are listed on  
our website

[www.ccwjc.com](http://www.ccwjc.com)

# Wake and Johnston Counties Childhood Obesity Resources

(To access links, CTRL+click)

Resource	Services Provided	Contact	Websites and Forms
<b>WakeMed Energize</b>	Intensive family based nutrition and exercise program for children with metabolic syndrome; Get on Track nutritional program for children who do not qualify.	919-350-7584	<a href="http://energize.wakemed.org">energize.wakemed.org</a> <a href="#">WakeMed Energize Referral Form</a> <a href="#">WakeMed Energize Lab Referral Form</a>
<b>Duke Children's Healthy Lifestyles</b>	Multi-disciplinary referral clinic for pediatric weight management.	919-620-5356 866-520-5356 919-471-6930(f)	<a href="http://cendo.pediatrics.duke.edu">cendo.pediatrics.duke.edu</a>
<b>UNC Pediatric Cardiology</b>	Evaluation of pediatric patients for cardiovascular disease. Patients referred with base diagnosis of overweight or obese presenting with hypercholestermia, hypertension, and hyperlipidemia.	919-966-4601	<a href="http://www.med.unc.edu/pediatrics/pediatric-specialties/cardiology">www.med.unc.edu/pediatrics/pediatric-specialties/cardiology</a>
<b>Wake County WIC</b>	Nutritional education and counseling for families and their children<5 years of age, food assistance, Farmers Market Nutrition Program, breast-feeding supplies.	919-250-4724	<a href="#">Wake County WIC Referral Form</a>
<b>Wake County WIC's "Ready to Change" Program</b>	Nutrition and exercise classes for all WIC participants and also available to non-income eligible children between 1 and 5 years.	919-250-4724	<a href="#">Wake County WIC Ready to Change Referral Form</a>
<b>Johnston County WIC</b>	Nutritional education and counseling for families and their children<5 years of age, food assistance, breast-feeding support.	919-989-5255	<a href="#">Johnston County WIC Exchange of Information Forms</a>
<b>Parks &amp; Recreation</b>	Public greenways, community centers with fitness facilities, specialized recreation, athletics, teams and leagues, aquatics, tennis.		<a href="#">Wake and Johnston County Parks and Recreation Facilities</a>
<b>YMCA of the Triangle</b>	Exercise and classes for the entire family. Sports leagues, camp programs for youth, nutritionist and personal training programs, swim teams and swimming lessons		<a href="http://ymcatriangle.org">Wake and Johnston County YMCA ymcatriangle.org</a>
<b>Boys &amp; Girls Clubs</b>	Sports, fitness, recreation, arts, education, career, health & life skills programs.		<a href="#">Wake and Johnston County Boys &amp; Girls Clubs</a>
<b>Wake Teen "Be Fit Get Moving" Program</b>	Nutrition and exercise counseling for Wake Teen patients; group sessions for ages 10-23 years.	919-828-0035	<a href="http://waketeen.org">waketeen.org</a> <a href="mailto:krichards@waketeen.org">krichards@waketeen.org</a>
<b>American Dietetic Association</b>	Can search for nutritionists in your area. No independent nutritionist can bill Medicaid.		<a href="http://www.eatright.org">www.eatright.org</a> (Top right, click on "Find A Nutrition Professional")
<b>CCWJC</b>	Provider tools, Clinicians Reference Guide	919-792-3628	<a href="http://www.ccwjc.com">www.ccwjc.com</a>
<b>My Eat Smart Move More</b>	Consumer website offering the tips for healthier eating and increasing physical activity.		<a href="http://myeatsmartmovemore.com">myeatsmartmovemore.com</a>
<b>EFNEP Families Eating Smart and Moving More</b>	Offers free nutrition classes for low income families with children.	919-250-1114	<a href="mailto:Suzanne.vanRijn@co.wake.nc.us">Suzanne.vanRijn@co.wake.nc.us</a> <a href="#">EFNEP Referral Form</a>
<b>AHA Advocates</b>	Advocates for health in action provides information on where to access healthful food and physical activities in Wake County		<a href="http://www.advocatesforhealthinaction.org">www.advocatesforhealthinaction.org</a>

# Care Management

- Co-morbid care management of Asthma and obesity
- Home visits/pantry reviews
- Helping parents and children make better choices
- Link to community resources
- Referrals from obesity programs (e.g. ENERGIZE and Duke Healthy Lifestyles)

# Fostering advocacy

- Partnering with Advocates for Health in Action
- Helping physicians engage in “a”dvocacy
- Healthy Snack Guide for youth sports programs
- Healthy Foods for Meetings guides
- Established our own Workplace wellness program
  - Can serve as model for other small businesses
- “Mobilizing Healthcare Professionals as Community Leaders in the Fight Against Childhood Obesity” grant

# Sport Snack Duty

When it's your turn to bring snacks for the team, it's tough to decide which options are the best and healthiest. Here are a few tips to help you find tasty and healthy snacks the whole team can enjoy.

## SNACK & DRINK SUGGESTIONS

Fruit and water are always the best snack choices for kids on the move. Try these popular options:

- >> Orange & apple wedges
- >> Fresh peaches & pears
- >> Dried fruit and Raisins
- >> Bananas, grapes & strawberries
- >> Fruit cups (packed in juice) or applesauce
- >> Ice cold water - no need for sugar packed sport drinks

## THE PRICE IS RIGHT

- >> Not only is grabbing fresh fruit and water fast and easy, it's cost effective too. Check out this price comparison for a team of 12.

### Healthy Snack -

- > Fresh bananas/oranges/apples - \$3 to \$4 a bag
- > 16 oz. natural spring water bottles (15 pack) - \$3.29

**Total = \$6.47**

### Typical Snack -

- > Mini bags of cookies (12 pack) - \$6
- > 7 oz. Capri Sun drink pouches (10 pack) - \$6.50

**Total = \$12.50**





[www.advocatesforhealthinaction.org](http://www.advocatesforhealthinaction.org)

February 11, 2010

As physicians serving your community, we are concerned about the obesity epidemic facing our children. Providing healthy options for children and families is one way to combat this epidemic. Sports programs, like ones offered by your agency, are wonderful opportunities to increase physical activity in children. We believe healthy snack choices would be a natural and important complement to these programs.

We would like you to consider using the following handout as a snack policy for your youth sports program. The information has been developed by dietitians and physicians who agree that fruit, vegetables and water are the best way to refuel a child's body after a game or practice. This document can be used alone or printed on the back of your league schedules.

We hope you will consider making this investment in the health of the children who participate in your programs. Evidence shows us that parents quickly become accustomed to providing these types of snacks and children easily adjust to the change when they recognize that healthy foods contribute to more energy and better athletic performance.

If you have any questions or comments, please feel free to contact Advocates for Health in Action at (919) 350-8366. AHA is happy to provide any technical support you need to implement your healthy snacking plan. Please feel free to distribute the handout in any way you wish. You may hand it out at tournaments or post it online, for example. Thank you for considering changing your environment so healthy choices are easy choices. For more information or to take the healthy snack pledge, visit [www.advocatesforhealthinaction.org](http://www.advocatesforhealthinaction.org).

#### Supporting Physicians & Practices

Murthy Manne, MD  
Anne McLaurin, MD  
Alan Mask, MD

**Blue Ridge Pediatrics**  
Tina Guisau, MD

**Carolina Kids Pediatrics**  
Robert Floor, MD  
Jeff Tanaka, MD  
Leanna Willey, MD  
Christian Nechyba, MD  
Jennifer Slagle, PA-C

**Community Care of  
Wake & Johnston Counties**  
Elizabeth Tilson, MD

**Duke Healthy Lifestyles Program**  
Sarah Armstrong, MD

**Duke Primary Care**  
William W. Lawrence Jr., MD

**Faith Pediatrics**  
Lynne Wirth, MD

**Jeffers, Mann, & Artman Pediatrics**  
Suzanne Covington, MD  
Larry Mann, MD

**Kids First Pediatrics**  
Chris Bullock, MD

**North Raleigh Pediatrics**  
Christina Flannally, MD

**Pediatric Partners**  
Melania Walker, MD  
Terry Brenneman, MD

**Raleigh Pediatrics**  
Sharon Foster, MD

**Wake County Human Services**

**Child Health Clinics**  
Andrea Newman, MD  
Isabel Ferrall, MD  
April Cornell, MD  
Laura Blanchard, MD  
Alka Mohta, MD, MPH  
Janeth Pearl, FNP  
Theresa Flynn, MD, MPH

**WakeMed Children's Diabetes &  
Endocrinology and ENERGIZE!**  
William Lagarde, MD  
Mark Piehl, MD

**WakeTeen Medical Services,  
Be Fit Get Moving!**  
Kristin Ito, MD  
Emily Kraus, MD

**Western Wake Pediatrics**  
Michael Smith, MD  
Robert Ferrall, MD  
Monica Shelton, MD  
Marchi Lopez-Linus, MD  
Sara Tabrizi, MD  
Barbara Matthews, CPNP



# **EAT SMART NORTH CAROLINA:**

*Guidelines for  
Healthy Foods and Beverages  
at Meetings, Gatherings  
and Events*



# Suggestions/Next Steps



# Recognize that obesity is a societal and environmental issue

- No **one** community sector can fix it on their own
- Need to have consistent messages and coordination across sectors
- Lead by example

# Recognize that obesity is family issue

- Need to include families to impact childhood obesity
- Cover adults with Medicaid Medical Nutritional Therapy benefits

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**WORTH REMEMBERING** On this date in 1990, South African civil rights activist and future president Nelson Mandela was freed after 27 years of captivity.

THE NEWS & OBSERVER  
THURSDAY, FEBRUARY 11, 2010



# Facilitate primary care providers' role

- Replicate Best Practices in Childhood Obesity to other CCNC Networks/Practices
  - Need to consider where the resources would come from
- Align Medicaid policies with other payors (e.g. BCBS)
  - Consistent policies help practices align work flow and provide consistent care
- Quantify the clinical efficacy and financial sustainability of support by a nutritionist
  - Consider pros and cons of allowing nutritionist to directly bill Medicaid

*Thank you and questions?*

Elizabeth Tilson, MD, MPH

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