Promoting Healthy Weight in Maternal & Child Health Populations

Friday, April 26, 2013
1:00-2:00PM, ET

Audio is available through your computer.
For assistance, chat the “Chairperson” or email khowe@amchp.org
Brief Notes about Technology

**Audio**

- All participants will be in listen-only mode.
- Audio will be broadcast through your computer.
  - For assistance, chat to the Chairperson (AMCHP) or contact khowe@amchp.org.
- To submit questions throughout the call, type your question in the chat box at the lower left-hand side of your screen.
Technology Notes Cont.

Recording

• Today’s webinar will be recorded.

• The recording will be available on the AMCHP website: www.amchp.org
Promoting Healthy Weight: 
The Role of Title V

Introduction
Childhood obesity is a common, growing and serious problem in our country today. It not only affects the individual, but families, communities and the well-being of our nation. Obesity rates have risen sharply in the United States over the past 30 years, and currently, nearly one-third of children and adolescents are overweight or obese. Obesity can have serious physical, psychological and social consequences for adults and children. For example, obese children and adolescents are developing "adult" diseases, such as type 2 diabetes and hypertension, and are at an increased risk for heart disease, stroke, certain types of cancer and other serious chronic conditions. Obese children and adolescents also are more likely to become obese as adults. Additionally, obesity can cause problems during pregnancy or make it more difficult for a woman to become pregnant.

State maternal and child health (MCH) programs share a common mission to improve the health and well-being of women, children, including children with special health care needs, and families. In any given jurisdiction, the scope of the program is configured to best address the population needs and resources in that state or territory. MCH programs play a significant role in delivering clinical and preventive and primary care services to women, children, and youth with state or local health agency staff. MCH programs also identify MCH priority needs and address these priority needs through comprehensive services that include infrastructure building, population-based services, enabling services, and direct health care services. This issue brief highlights how state Title V MCH programs are working to promote healthy weight in their states and communities by presenting an environmental scan of Title V activities and snapshots of several comprehensive state efforts.

Environmental Scan: Title V Healthy Weight Activities
To ensure accountability for funded activities, all states and territories are required to report on a core set of measures, including performance measures that describe a specific MCH need that, when successfully addressed, can lead to a better health outcome within a specific time frame. All Title V programs report on 15 National Performance Measures, one of which relates to obesity prevention and healthy weight in children (NPM 14: Percentage of children, ages two to five years, receiving WiC services with a body mass index (BMI) at or above the 85th percentile). In addition, Title V programs set State Performance Measures to further address their priority needs. A search of the 2011 Title V Maternal and Child Health Services Block Grant state narratives contained in the Title V Information System (TVIS) online database found that there were 58 state performance measures related to obesity/overweight nutrition and/or physical activity in 43 states and territories. Information on Title V activities related to healthy weight was obtained through a qualitative analysis of the activities reported under NPM 14 and state performance measures related to obesity/overweight nutrition and/or physical activity in the state narratives. It does not represent an exhaustive list of every state healthy weight activity.
Learning Objectives

Upon completion of this webinar, participants will be able to:

- Understand state and community efforts to promote healthy weight in maternal & child health populations.
- Identify strategies and resources states and communities can apply to promote healthy weight for children, women, and families.

Related MCH Leadership Competencies:
  - #1: MCH Knowledge Base
  - #11: Working with Communities and Systems
Panelists

<table>
<thead>
<tr>
<th>Cindy Hannon, MSW</th>
<th>Suzanne Haydu, MPH, RD</th>
<th>Heidi Scarpitti, RD/LD</th>
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<tr>
<td>Ann Weidenbenner, MS, RD, LD</td>
<td>Stephen Cook, MD, MPH, FAAP, FTOS</td>
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Moderator: Kate Howe, MPH
Collaborate for Healthy Weight

Project Overview

Cindy Hannon, MSW
Associate Project Director

Collaborate for Healthy Weight is a project of the Health Resources and Services Administration (HRSA) and the National Initiative for Children’s Healthcare Quality (NICHQ)
C4HW Aim and Goals

- Collaborate for Healthy Weight will utilize quality improvement methods to identify, share and spread evidence and experience-based clinical and community interventions by:
  - Organizing and managing a national Healthy Weight Collaborative (HWC).
  - Establishing innovative partnerships between public health, primary care and community organizations.
  - Supporting sustainable change and fostering collaboration through technology.
C4HW Timeline

- **PROJECT FUNDED**
  - October 2010

- **EXPERT MEETING**
  - February 2011

- **PHASE 1 TEAMS RECRUITED**
  - February 2011

- **PHASE 1 CLOSE-OUT**
  - July 2012

- **PHASE 2 VIRTUAL LEARNING COMMUNITY**
  - Feb ’12-Feb ’13

- **PROJECT CLOSE-OUT & EVALUATION**
  - March 2013

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**COLLABORATE FOR HEALTHY WEIGHT**

- **CONSORTIUM CONVENED**
  - November 2010

- **RECRUITED PARTNERS**
  - Mar-Dec 2011

- **PHASE 1 LEARNING COLLABORATIVE**
  - June ‘11-July ‘12

- **RECRUIT PHASE 2 TEAMS**
  - Jan-Feb 2012

- **PHASE 2 CLOSE-OUT**
  - February 2013

- **FINAL REPORT & SHARING SUCCESS**

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- **Phase 1**
- **Phase 2**
Healthy Weight Collaborative (HWC)

- Using quality improvement principles to address obesity prevention, HWC multi-sector teams focused their work on six strategies to reduce obesity in their communities
- HWC Phase 1 (June 2011 – July 2012)
  - 10 high-performing teams, one in each of the 10 HRSA regions
- HWC Phase 2 (March 2012 – March 2013)
  - Virtual Learning Community
  - 39 teams across the country with representation from each of the 10 HRSA regions
  - Continued to engage Phase 1 teams through mentorship opportunities and shared resources
HWC Strategies

- **STRATEGY 1:** Commit to the Healthy Weight Collaborative Aim through the development of a community action plan to improve healthy weight of the target population, and establish the necessary infrastructure to effectively implement the plan.

- **STRATEGY 2:** Develop a consistent message to promote healthy weight in the target population and disseminate the message where the target population lives, learns, works and plays.

- **STRATEGY 3:** Assess current weight status throughout the target population using standardized, evidence-based health assessment protocols.

- **STRATEGY 4:** Use a standardized template for a healthy weight plan that can be personalized to address the needs of individuals within the target population.

- **STRATEGY 5:** Build capacity to meet the needs of the target population utilizing an integrated approach that provides ongoing assessment, prevention activities, treatment and appropriate follow-up of healthy weight.

- **STRATEGY 6:** Implement strategies for improving the environment to support promotion of healthy weight in the target population.
HWC Phase 1 Sites

Region 1: Massachusetts
Region 2: New York
Region 3: Virginia
Region 4: Florida
Region 5: Ohio
Region 6: Arkansas
Region 7: Missouri
Region 8: Montana
Region 9: California
Region 10: Washington

Collaborate for Healthy Weight
National Initiative for Children’s Healthcare Quality
HWC Phase 2: Virtual Learning Community

- Collaborating virtually allows for more people to participate
- Distance learning uses phone and Internet
  - Rather than meeting in person, Phase 2 teams had three Virtual Learning Series, where content was delivered virtually using WebEx
  - Teams worked together with faculty assistance in small groups in virtual breakout rooms
  - Utilized webcams to increase engagement during webinars
  - Created a Facebook group so that teams could interact online with one another
- Phase 2 teams have also used resources, such as messaging and healthy weight plans, that were developed by Phase 1 teams
HWC Promising Interventions

• The Holyoke Health Center team now administers a healthy living assessment and plan at all well visits at their primary care clinic as well as one elementary school. They have plans to offer the healthy living plan at all public schools in Holyoke, MA.

• The St. Luke’s Hospital team has implemented a successful messaging campaign, “Live Your Life”, in the Tamaqua Area School District and plans to expand this innovative messaging campaign to all of Schuylkill County in Pennsylvania.

• The Healthy Tupelo Task Force team implemented the “Health on a Shelf” program, which promotes healthier food options in local corner stores in Tupelo, MS.

• The Phase 1 Kansas City team has 36 partners who have adopted their 1-2-3-4-5 Fit-tastic healthy weight message.

• The Phase 1 Virginia team successfully worked with public schools to eliminate deep fryers from school cafeterias.
HWC Meaningful Contributions
Sustainability

• Through the Collaborative, teams have developed skills and tools to continue to achieve goals more effectively than before
• In part, we have helped to strengthen national infrastructure by building capacity with HRSA Point of Contacts and other regional partners
• Teams can continue to share best practices and learnings with one another via the HWC Facebook Group, NICHQ’s online Improvement Lab, and can connect with one another through the HWC Alumni Directory
• General public can access resources from C4HW through the Collaborate for Healthy Weight website (www.collaborateforhealthyweight.org)
  • HWC Action Kit
  • Expert resources vetted by C4HW partners
Obesity Prevention: Embracing the Challenge

Suzanne Haydu, MPH, RD
Nutrition and Physical Activity Coordinator
Maternal, Child and Adolescent Division
California Department of Public Health

Funded by the Federal Title V Block Grant
California Title V MCAH Priorities (2011-2015)

Promote Nutrition and Physical Activity

1. Optimize the health and well-being of girls and women across the life course

2. **Promote healthy nutrition and physical activity beginning with exclusive breastfeeding of infants to six months of age**

3. Reduce maternal morbidity and mortality and the increasing disparity in maternal health outcomes

4. Reduce infant mortality and address disparities by promoting preconception health and health care and preventing causes of death

5. Support the physical, socio-emotional, and cognitive development of children through the implementation of prevention, early identification and intervention strategies

6. Promote positive youth development strategies to support the physical, mental, sexual and reproductive health of adolescents

7. Link the MCAH population to needed services to promote equity in access to quality services
Breaking the Life-Course Cycle of Obesity

This model has been adapted from University of California, San Francisco's Family Health Outcomes Project.
Data Drive Our Interventions

- **California Birth Statistical Master Files** – women's weight by ethnicity
- **Behavioral Risk Factor Surveillance System (BRFSS)** – weight, nutrition practices
- **Pediatric Nutrition Surveillance System (PedNSS)** – children’s weight
- **Newborn Screening Data** – In-hospital infant feeding practices
- **Maternal and Infant Health Assessment Survey (MIHA)** – breastfeeding duration, hospital breastfeeding support, maternal weight and weight gain
- **Maternity Practices in Infant Nutrition and Care (mPINC)** – labor, birthing, and postpartum care practices affecting breastfeeding
Hospital Practices that Support Breastfeeding
MIHA 2010

Only 10% of California mothers report experiencing all seven hospital practices known to support exclusive breastfeeding.

- **Rooming-in**: 89%
- **Phone contact for post-discharge support**: 85%
- **Early breastfeeding initiation**: 66%
- **No pacifier use**: 62%
- **No formula**: 54%
- **Skin-to-skin contact**: 43%
- **No gift pack with formula**: 43%

Source: California Maternal and Infant Health Assessment, 2010

Note: Rooming-in defined as baby staying in the same room as mother for more than 23 hours/day. Early Initiation of Breastfeeding defined as first breastfeeding within 1 hour of vaginal birth and 2 hours of cesarean birth. Initial skin-to-Skin contact between mother and baby lasting at least 30 minutes within 1 hour of vaginal birth and 2 hours of cesarean birth.


In California, PedNSS data are collected from the Child Health and Disability Prevention (CHDP) Program health assessment screening conducted in medical offices/clinics. The CHDP Program targets low-income, high-risk children, birth through 19 years of age.

Data Provided by: Children’s Medical Services Branch; Maps Prepared by: Maternal, Child and Adolescent Health Branch, California Department of Public Health

Note: Children were categorized according to CDC growth chart BMI-for-age percentiles for children 2 years of age and older. The ≥95th percentile category identifies children who are overweight/obese. Data not shown for counties with <100 total records or <20 events for any of the three years.
State and National Coordination of Messaging

- Association of State and Territorial Public Health Nutrition Directors (ASTPHND)
- United States Breastfeeding Promotion Committee
- Obesity Prevention Group
- MCAH Nutrition Coordination Group
MCAH Addresses
California Obesity Prevention Plan

• State-level Leadership and Coordination
• Statewide Public Education
• Healthy Community Environments
• Statewide Tracking and Evaluating
Preconception Health: Optimal Preconception Weight

cdph.ca.gov/preconceptioncare

- Preconception health information
- Affordable Care Act preventive care benefits
- Continuing education and clinical tools for professionals
- Data and key literature
- Patient Resources and Handouts
Diabetes in Pregnancy
Nutrition Guidelines

CDAPP Sweet Success Guidelines for Care

7 Medical Nutrition Therapy

Diabetes Gestacional

www.cdappsweetsuccess.org/Professionals/CDAPPSweetSuccessGuidelinesforCare.aspx
California
MyPlate for Moms

Make half your plate vegetables and fruits, about one quarter grains and one quarter protein. Choose foods that are high in fiber and low in sugar, solid fats and salt (sodium). For most women, these are the average food amounts for one day.

**Vegetables**
- Eat more vegetables.
  - Use fresh, frozen or low-sodium canned vegetables. Avoid French fries.
- Daily Amount
  - 3 or more of these choices:
    - 2 cups raw leafy vegetables
    - 1 cup raw vegetables or juice
    - 1 cup cooked vegetables

**Protein**
- Choose healthy protein.
  - Eat vegetable protein daily. Avoid bacon, hot dogs and bologna.
- Daily Amount
  - 6-7 of these choices:
    - 1 ounce fish, poultry or lean meat
    - 1 egg
    - 1/2 ounce nuts
    - 1/4 cup cooked dry beans, lentils or peas
    - 1/4 cup tofu
    - 1 tablespoon nut butter

**Grains**
- Eat mostly whole grains like brown rice. Limit bread, noodles and rice that are white.
- Daily Amount
  - 6 of these choices in the 1st trimester,
  - 8 in the 2nd/3rd trimester and while breastfeeding:
    - 1 slice whole wheat bread or 1/2 bagel
    - 1 small (6-inch), whole wheat tortilla
    - 1 cup cereal
    - 1/2 cup cooked pasta, rice or cereal

**Fruits**
- Add color with fruit.
  - Make most choices fruit, not juice.
- Daily Amount
  - 2 of these choices:
    - 1 cup fresh fruit
    - 1 cup unsweetened frozen or canned fruit
    - 1/2 - 3/4 cup juice
    - 1/2 cup dried fruit

**Dairy**
- Enjoy calcium-rich foods.
  - Choose pasteurized nonfat or lowfat milk, yogurt and cheese.
- Daily Amount
  - 3 of these choices for women
  - or 4 of these choices for teens
    - 1 cup milk
    - 1 cup soy milk with calcium
    - 1 cup of plain yogurt
    - 1/2 ounces cheese

**Choose Healthy Fats & Oils**
- Use plant oils like canola, safflower and olive oil for cooking.
- Read food labels to avoid saturated and trans fats (hydrogenated fats).
- Avoid solid fats such as lard and butter.
- Eat cooked fish at two meals each week.
- Limit oils to 6 teaspoons each day.

**Choose Healthy Beverages**
- Drink water, nonfat or lowfat milk instead of soda, fruit drinks and juice.
- Limit caffeine drinks like coffee and tea. Avoid energy drinks.
- Do not drink alcohol when you are pregnant or may become pregnant.
- Alcohol passes through breast milk. If breastfeeding, talk with your healthcare provider about alcohol use.

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April 10, 2013

Easy Meals and Snacks: A Healthy Cookbook for Teens

www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Pages/EasyMealsandSnacks.aspx
Teen Nutrition and Physical Activity Guidelines

- Tool for case managers to use in our Adolescent Family Life Program (AFLP)
- Nutrition, physical activity, healthy weight & breastfeeding are addressed
- Opportunity to impact the lives of teen mothers and their families over the life course

www.cdph.ca.gov/healthinfo/healthyliving/nutrition/Pages/TeenGuidelines.aspx
MCAH Nutrition and Physical Activity (NUPA)

cdph.ca.gov/NUPA-MCAH

- Healthy Weight Among Women of Reproductive Age
- Worksite Nutrition and Physical Activity
- NUPA data and publications
- Child weight and childcare resources
Breastfeeding

cdph.ca.gov/Breastfeeding

- Birth and Beyond California
- Workplace Lactation Accommodation
- Infant Feeding Act
- Annual Breastfeeding Summit
- Breastfeeding Friendly Clinics Program
Systems and Environmental Change
Web-based Toolkit

www.cdph.ca.gov/programs/NutritionandPhysicalActivity/Pages/SystemsandEnvironmentalChange.aspx
Thank You

Suzanne Haydu
Suzanne.Haydu@cdph.ca.gov

cdph.ca.gov/breastfeeding
cdph.ca.gov/nupa-mcah
cdph.ca.gov/preconceptioncare
BMI Surveillance

Heidi B. Scarpitti RD/LD
Public Health Nutritionist
April 26th, 2013
3rd grade BMI surveillance in Ohio

Began in 2004–2005 school year

– Previously no BMI data on elementary school-aged children
  • PedNSS - birth to age 5
  • YRBS – high school
– Growing interest in BMI at the local level
– ODH wanted to maximize resources and create a standardized process to:
  • monitor trends
  • target resources
  • influence state and local policy
Guidelines for Measuring
Heights and Weights
and Calculation of
Body Mass Index-for-Age
in Ohio’s Schools
Measuring Obesity among Children: BMI-for-age
Obesity Inventory Tool

Survey tool designed to collect information about what services are being offered and by whom to address childhood obesity prevention and treatment at the local level.
Healthy Choices for Healthy Children Act

Became law June 18, 2010. The law contains provisions to combat childhood obesity by increasing students’ physical activity and ensuring access to healthy meals and beverages at school.

Originally, the law required schools to conduct body mass index (BMI) screenings each year for all students in K, 3, 5 and 9th grades. In 2012, Senate Bill 316 changed the language in the Ohio Revised Code making the implementation of the BMI screening optional.
2013

Continue with BMI surveillance program including the development and implementation of a BMI surveillance program for Head Start population.

Continue discussions for third grade BMI surveillance in the 2014-15 school year.

Continue to survey health care professionals, community partners, school personnel and parents to remain well informed about the needs of Ohioans in the area of childhood obesity prevention and treatment.

Continue to use this information to inform legislators and policy makers about Childhood obesity in Ohio.
Healthy Weight Initiatives- Ohio

Ounce of Prevention is Worth a Pound toolkit

Ann Weidenbenner, MS, RD, LD
Manager, Creating Healthy Communities Program and Primary Prevention Section
614-644-7035
ann.weidenbenner@odh.ohio.gov
Ounce of Prevention is Worth a Pound

- Public and Private Partnership:
  - MCH Staff, School and Adolescent Health
  - Ohio Dept. of Health, Bureau of Healthy Ohio
  - Ohio Chapter, American Academy of Pediatrics
  - Ohio Dietetic Association/Ohio Academy Nutrition and Dietetics
  - American Dairy Association Mideast
  - Nationwide Children’s Hospital
Healthcare Provider trainings

- **Goal**: provide simple tools to educate parents to **prevent** obesity; importance of weight/length and BMI %ile
- **Birth – 18 years**: evidence-based nutrition and physical activity messages during well-child visits
- **English, Spanish, color, black/white**
- **Anticipatory guidance, portion size, snacks sports nutrition**
- Since 2010, 612 providers trained in 195 practices
- **Pound of Cure** developed for those adolescents already overweight
Overall Results - Provider Use

- 64% of increased BMI use
- 80% of increased anticipatory guidance for nutrition
- 82% of increased anticipatory guidance on physical activity
- 93% report will continue to use Ounce
Locations utilizing Ounce of Prevention
Websites to access Ounce materials

- http://www.theounceofprevention.org/

Thank You!
Rochester Community & Clinical Efforts

Stephen Cook, MD, MPH, FAAP, FTOS

Department of Pediatrics, GCH@URMC
Obesity Algorithm

1) Example – medical risk or behavioral risk
2) 10 years and older every 2 years
3) Progress to next stage if no improvement in BMI/weight after 3-6 months and family willing
4) Age 6-11yr = 1 lb/month OR Age 12-18yr = 2 lbs/week average
5) Age 2-5yr = 1 lb/month OR Age 6-18yr = 2 lbs/week average
Parents estimation of child’s weight status vs. measured weight, 2-9yo

<table>
<thead>
<tr>
<th>Parent Description</th>
<th>Measured Weight Status, N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal Weight$^b$</td>
</tr>
<tr>
<td>Very underweight or a little underweight</td>
<td>32 (24)$^a$</td>
</tr>
<tr>
<td>About right</td>
<td>99 (74)</td>
</tr>
<tr>
<td>A little overweight or very overweight</td>
<td>3 (2)</td>
</tr>
</tbody>
</table>

Estimation of weight 193 parent/child dyads from Strong Pediatrics

The Chronic Care Model

Community
- Resources and Policies
- Self-Management Support

Health Systems
- Organization of Health Care
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

Improved Outcomes
- Informed, Activated Patient
- Prepared, Proactive Practice Team
- Productive Interactions
Greater Rochester Obesity Collaborative (GROC)

Use a Learning Collaborative approach to train pediatric primary care providers

Collaborate with Expert Consultants from NICHQ and AAP

Recruit motivated practice teams: physician, nurse, off mgr & PARENT

Adapt AMA/CDC Expert Recommendations for local community

Conduct 4 training workshops with follow-up conference calls and individual practice visits over ~ 12 months, conduct 3 cycles over 3 years

Provide on-line/free access simple practice tools and link to local resources

Create a Community-wide toolkit and Region-specific resource guide
BASELINE: Weight Status Results

- Underweight: 0%
- Normal Weight: 46%
- Overweight: 9%
- Obese: 18%
- Missing: 28%
- Goal: 95%
BASELINE: Was Weight Status Documented

- Yes: 49%
- No: 51%
- Missing: 0%

Percentage for All Charts and Goal Line.
Parents remark about portion size, realizing that the portions served are much larger than recommended.
Some Results from Our Practices

Percentage of Charts With BMI Plotted

- Cycle 1
- Cycle 2
- Goal

Some Results from Our Practices

[Graph showing percentage of charts with BMI plotted over time, with labels for months and cycles.]
Some Results from Our Practices

Percentage of Charts With Counseling on Nutrition and Physical Activity

- 95% throughout
- Cycle 1
- Cycle 2

Goal
Healthy Active Living for Families

Healthy Active Living for Families

Start today: Help your child stay at a healthy weight for life.

Good health habits start early in life. Get tips on breastfeeding, dealing with picky eaters, getting the whole family moving, and much more!

Food & Feeding

Good eating habits begin early.

Physical Activity

Even small children need to get moving.

Tips for Parents

Being a parent is an important job!

Quick Tips

Keep Your Child Healthy

1: My child is:

- [ ] 0 to 1 year
- [ ] 1 to 3 years
- [x] 3 to 5 years

2: [ ] Boy  [ ] Girl

3: I want tips on:

- [x] Breastfeeding
- [ ] Bottle-feeding
- [ ] Starting solid foods
- [ ] Picky eaters
- [ ] Snack time
- [ ] Routines and schedules
- [ ] Physical activity
- [ ] Screen time (TV & online)
- [ ] Sleep

GET TIPS
Developed a tool for all practices

Healthy Lifestyle Survey All Patients (ages 12-18) at Well Child Visits

It would be helpful if you would please take a few moments to answer the following questions. Your healthcare provider will go over your answers during your visit. The questions below will help us discuss ways to make small changes to improve your health.

Patient Name: __________________________ Age: ___ Date: ______

<table>
<thead>
<tr>
<th>I eat fruits and vegetables ___ times in a day</th>
<th>1 2 3 4 5</th>
<th>6 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I eat breakfast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I eat dinner at the table with my family at least ___ times per week</td>
<td>0 1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>I eat take-out (fast-food, restaurant) less than 2 times per week</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>I watch TV, videos, or play computer games ___ hours per day</td>
<td>0 1 2 3 +</td>
<td></td>
</tr>
<tr>
<td>I have a TV in my bedroom.</td>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>I participate in some type of moderate physical activity for ___ minutes per day</td>
<td>15 30 60 +</td>
<td></td>
</tr>
<tr>
<td>I drink fruit-drinks, sports drinks, soda or punch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I drink ______ milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I _____ worried about my weight</td>
<td>am am not</td>
<td></td>
</tr>
</tbody>
</table>
Extent of Community Reach

Monroe County, NY – Estimated Birth Cohort = 1,015

Cycle 1
24.8%
n=9

Cycle 2
46.3%
(n = 17)

Cycle 3
56.0%
n= 26
Next Steps

Clinical & Community linkages:

• Cooperative Extensions: Every county, Human Development & Nutrition
• YMCAs
• Schools / JOINT USE agreements
• Employer Wellness Program / Include the children & teens
• Reach out to special populations: ASD/DD and Special Olympics
• Enhance clinical services for Stage
Time and personnel

99% OF THE WORLD'S COOKIES ARE CONSUMED BY 1% OF THE MONSTERS
Thank you

Department of Pediatrics, GCH@URMC
Questions?

To submit a question:

• Type your question in the chat box at the lower left-hand side of your screen.
  – Be sure to include to which presenter/s you are addressing your question.
AMCHP/NICHQ Resources

Available on the AMCHP website:

- Issue Brief: Promoting Healthy Weight – The Role of Title V
  ➢ http://www.amchp.org/programsandtopics/obesity/Pages/default.aspx

Available on the NICHQ website:

- Collaborate for Healthy Weight
  ➢ http://www.collaborateforhealthyweight.org/
Thank you for participating!

A brief evaluation survey will appear after you exit the webinar. Your feedback is much appreciated!