

Models of County Health Department Leadership to Decrease Childhood Obesity

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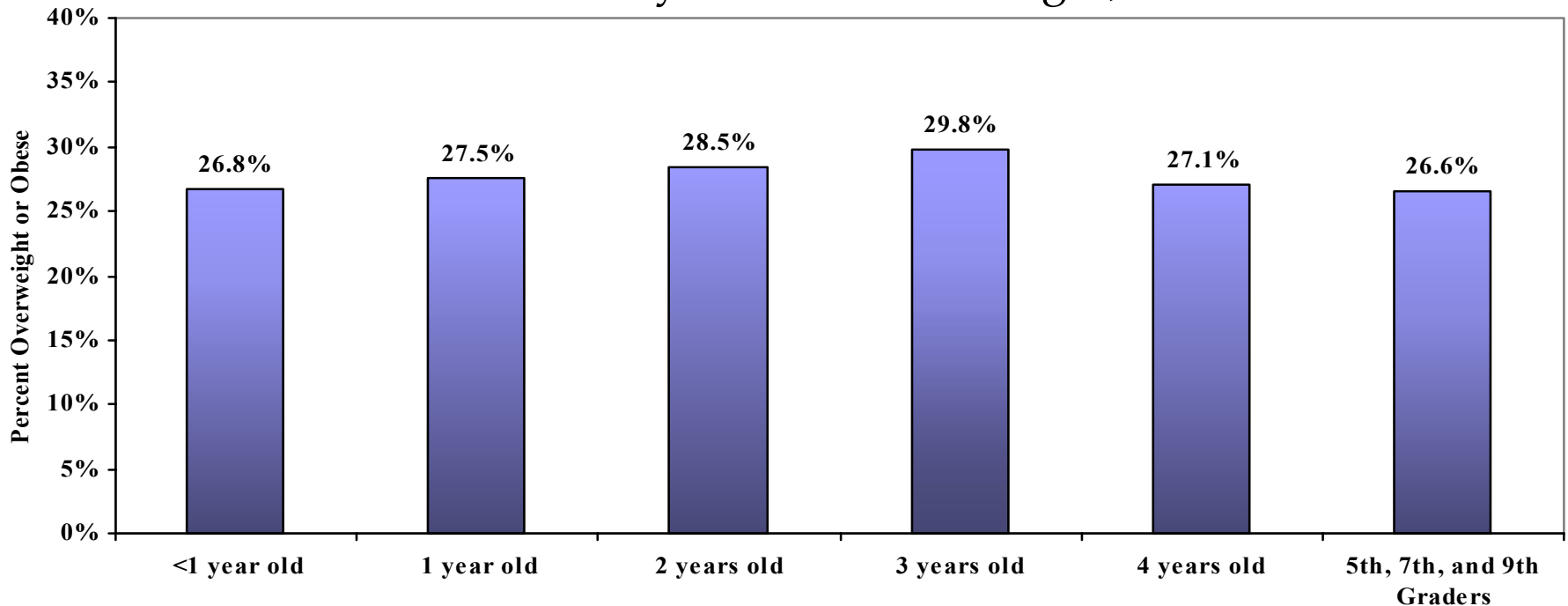
Riverside County



Childhood Obesity

The Situation

- WIC Infants & Children who are overweight or obese, by child's age, at most recent visit, 2002.
- FITNESSGRAM results – Percentage of 5th, 7th & 9th graders in Riverside County who are overweight, 2001.





Riverside County's role in leading policy change

- Support from key policy makers
 - County Board of Supervisors
 - Legislators
 - County Health Officer
 - Office of Education
 - Community-based organizations
 - American Heart Association, American Cancer Society, American Diabetes Association, Child Care Consortium, etc.
 - Public Health Programs
 - Parents & Consumers
 - Public Health Program Staff

Riverside County's role in leading policy change

- CHDP Conference
 - Increased awareness concerning overweight & obese children
 - Encourage referral of children over 90 percentile to Registered Dietitian
 - Problem: Managed care providers were denying intervention payment
 - Result: IEHP changed payment process to approve intervention



Riverside County's role in leading policy change

- Problem: Lack of effective childhood obesity treatment programs
- Department of Health contracted with KidShape & KinderShape program to offer
 - Community programs in each region of county at FQHC center or WIC sites
 - Family-centered learning
 - County dietitians
 - Cross-referral program through WIC, CHDP & Head start



Riverside County's role in leading policy change

- Problem: Lack of appropriate outcome evaluation for Riverside County
- Developed way to utilize data bases to obtain obesity statistics and design other studies.
 - Databases from WIC, CHDP & Head Start





Riverside County's role in leading policy change

- Problem: Lack of communication regarding client information between programs
- Developed cross communication between programs with patient confidentiality release for WIC, CHDP & Head Start referrals
 - For example, WIC education could count as an encounter for Head Start



Riverside County's role in leading policy change

- Problem: Limited nutrition & physical activity education in elementary school curriculums.
- Nutrition Network program developed & offered Nutrition Olympics event to low income schools and at community events.
- Nutrition Olympics incorporates nutrition & physical activity events into current curriculum state standards.
- American Cancer Society has been a supportive partner.



Riverside County's role in leading policy change

- Problem: Childcare & Food Security providers lacked nutrition information
- Changed the way childcare providers learn about the importance of nutrition and physical activity by funding from Prop 10.
 - Offered Food Assistant Network (FAN) Toolkit resource for parents on nutrition, physical activity & gardening.
 - Increased referral to community resources- WIC, food stamps etc.



Riverside County's role in leading policy change

- Problem: Lack of registered dietitians (RD) intervention for Head Start programs with overweight and obese children.
- CNN grant provided a RD to educate & counsel Head Start families
- Provided referral process to CHDP, WIC & KidShape programs

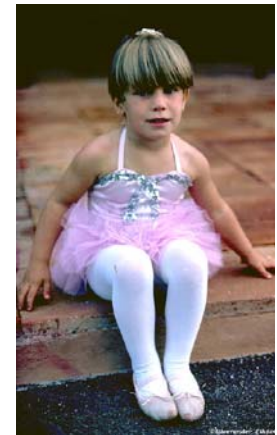


Riverside County's role in leading policy change

- Build Relationships with Legislative Officials
 - Participated in WIC legislative visits in Washington, D.C., March 2002.
 - Built relationship and educated U.S. Representative Mary Bono's office about childhood obesity in her district.
 - Result: Opportunity to provide input to S.2821 Improved Nutrition & Physical Activity (IMPACT) act which she co-authored. The bill provides training for health professionals to identify those at risk for obesity and how to prevent obesity. Includes funds for nutrition education and promotion of physical activity.

Strategies Supporting Communities in Decreasing Childhood Obesity

- Awareness Strategy
 - Healthy Cities Riverside as a partner
 - Media outreach & advertising campaign
 - Community education with partners & consumers
 - Supportive local programs
 - Community data
 - Health fair events





Strategies Supporting Communities in Decreasing Childhood Obesity

- Program Funding Strategy
 - Local WIC site offering family-centered education with obesity prevention focus
 - Prop 10 childcare & food security grant offering education & resources
 - Nutrition & physical activity grant by DHS
 - 1 of 3 cities statewide partnering with CBOs & industry
 - FQHC funding for Registered Dietitians at community clinics providing intervention
 - Managed Care funding for interventions

Strategies Supporting Communities in Decreasing Childhood Obesity

- Commitment to physical activity & nutrition programs with obesity as focus.
 - Public health programs
 - Community programs & partners
 - Farmers market
 - Parks & Recreation
 - Mayor of Riverside





Strategies Supporting Communities in Decreasing Childhood Obesity

- Nutrition & physical activity coalition strategy
 - Faith-based organizations
 - Office of Education
 - American Heart Association, American Diabetes Association, American Lung Association, American Cancer Society
 - YWCA, YMCA, Parks & Recreation
 - Department of Social Services- Food stamps

Strategies Supporting Communities in Decreasing Childhood Obesity

- Micro granting Strategy
 - DOH provides community funding by micro grants to American Cancer Society, American Diabetes Association and other community health agencies.





Lessons Learned

- Need increased collaborative efforts among
 - Public health programs
 - Community-based organizations
 - Community policy makers
- Need clinical programs that actually work to lessen obesity
 - KidShape & KinderShape
- Need multi-level awareness campaigns using various strategies.
- Funding sources for programs & intervention are essential



Lessons Learned

- Need to track longitudinal pathway
 - Entry to care, identification, referral, participation, outcome evaluation of intervention, follow-up and final outcome.
- Leads to ID and removal of barriers for those not completing the pathway. (case management, etc.)
 - Need to focus on CHDP and other forms of case management which relate to WIC & Head Start



Lessons Learned

- Need for appropriate program outcome evaluation with an obesity focus
- Learned what we don't know about current data base/WIC & CHDP, CHIS data
 - Databases provide wealth of information, but there is a lack of cross communication. For example, one child may be in three databases and there may be difficulties in querying information for outcome evaluations. No system for longitudinal tracking.