

Welcome



Obesity Prevention in a Health Care Settings

Wendy Slusser, MD, MS

Assistant Professor

Co-director of the CHAT Program

Schools of Public Health and Medicine

University of California, Los Angeles

Presentation Objectives

- **Describe the UCLA Community Health and Advocacy Pediatric Residency Training (CHAT) program.**
- **Describe the goal, objectives, and activities in the CHAT program designed to educate future Pediatricians so that they are better skilled in preventing, detecting and managing childhood obesity.**

Mission of the Community Health and Advocacy Training Program

**To train a new generation of
pediatricians who have the capacity to
address the health and developmental
problems facing today's children.**

Goals of the CHAT Program

In addition to traditional competencies, pediatric residents are trained in skills to equip them to:

- **address psychological, social, economic and environmental determinants of health,**
- **utilize individual and community-based health promotion and prevention strategies,**
- **advocate on behalf of children and families for more comprehensive and integrated community based services.**

Objectives of the CHAT Program

Provide innovative educational experiences in community-based settings to prepare residents to assume roles as active community collaborators in future pediatric practices.

Objectives of the CHAT Program

- **Transform the academic generalist and specialist care model by integrating new knowledge, tools, and skill development that enhance the pediatrician's ability to promote health and development and prevent disease and disability in the context of family and community needs.**

Objectives of the CHAT Program

- **Equip residents, faculty and community practitioners with skills and competencies to act as effective leaders and agents of change in their respective communities.**

Objectives of the CHAT Program

- **Engage community advocates, providers, and families in the collaborative development of an exemplary comprehensive, community-based pediatric training and care program.**

UCLA Pediatric Residents

- **Average of 21 per year for three years with the forecast that 7/21 will be in the CHAT program in the next several years.**
- **Currently there are a total of 7 CHAT residents in this first year of implementation of the program.**

How was the CHAT program implemented?

**Steps taken to develop
curriculum and clinical
experiences to help reach
these goals and objectives**

Step 1: Take an inventory

- **We identified subject areas not fully covered in the traditional residency curriculum. For example: lactation management, child nutrition, child care, school health and child advocacy.**

Step 1: Take an inventory

- **We identified places within the traditional curriculum and clinical experiences where these subjects could be augmented or inserted. For example: noon conferences, continuity clinic, newborn nursery rotation, development rotation, cardiology rotation, and grand rounds.**

Step 1: Take an inventory

- **We identified individuals and teaching materials available to teach the subject area. For example: web based training opportunities, community and county health professionals, UCLA Pediatric, nursing faculty, and Health professional organizations.**

Step 1: Take an inventory

- **Identification of additional time within the residency program needed to cover subject material. For example, 2-4 week introductory block for CHAT residents in September, and an additional ½ day a week to pursue a longitudinal project.**

Step 2: Development of Educational Goals and Objectives within the subject areas that need improvement

- **Utilized the Ambulatory Pediatric Association's Educational Guidelines for Residency Training in General Pediatrics**
- **Utilized additional resources depending on the subject area**

Nutrition was identified as one subject area where the Resident's education could be improved.

National Needs Assessment

(Pediatrics, 2002, Vol110:205s-238s)

- **Results reported from returned questionnaires from a random sample of 202 pediatricians, 293 pediatric nurse practitioners and 444 registered dietitians.**

National Needs Assessment

(Pediatrics, 2002, Vol110:205s-238s)

- **Identified a need to increase training opportunities in obesity prevention, identification, evaluation (in particular strategies to help motivate patients and families).**

National Needs Assessment

(Pediatrics, 2002, Vol110:205s-238s)

- **Recommended that health care professionals can play a key role in supporting national initiatives and have an even greater impact at a local level.**

Overweight children (BMI > 95%)

- **13% of children ages 6-11 in the US**
- **14% of children ages 12-19 in the US**
- **24% of children ages 7-11 in LAUSD**
29% of Hispanic children

Sources: NHANES III and Slusser et al., 2000

Nutrition during the Life Course

Preconception

Prenatal

Birth to 6 months

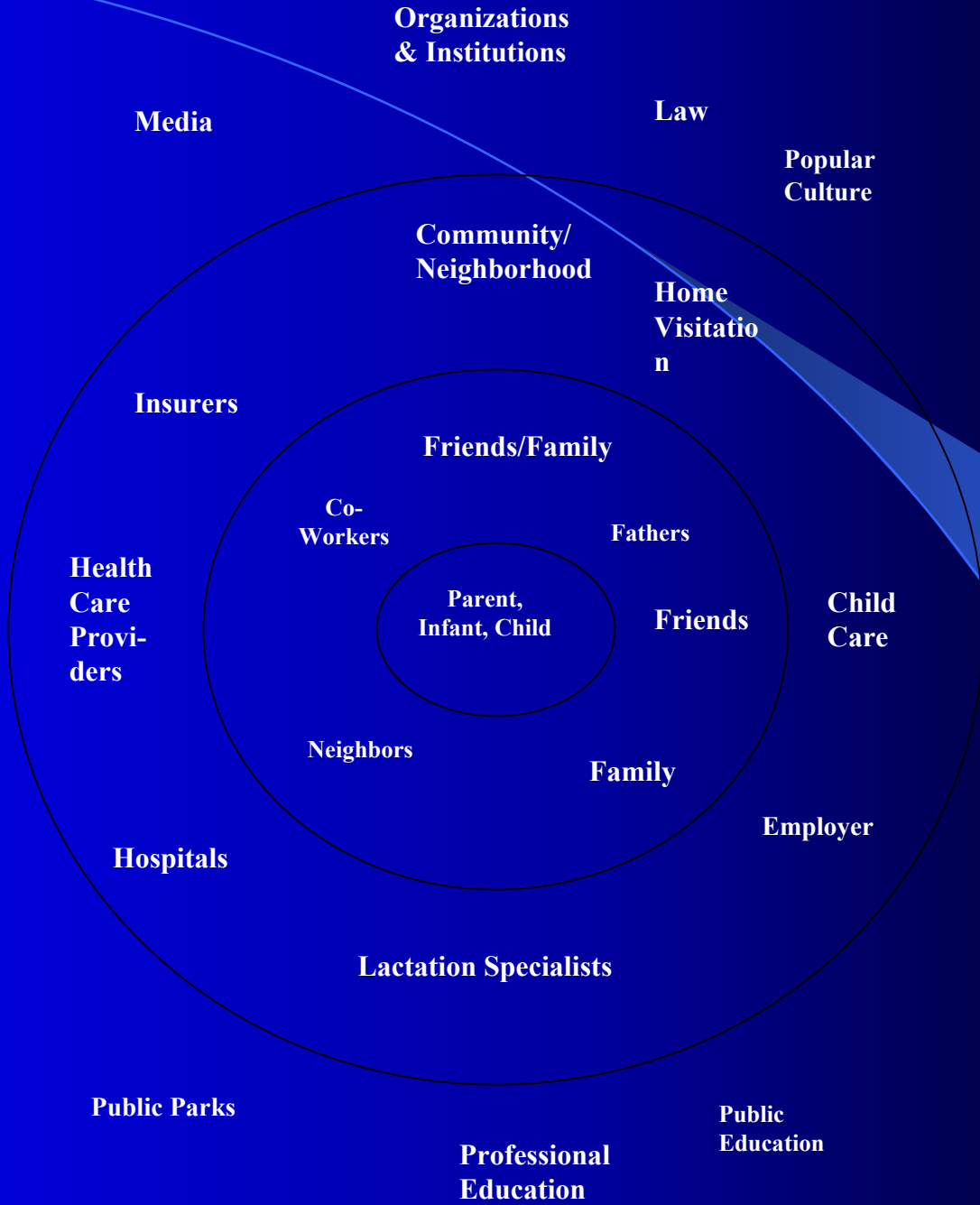
6 months to 1 year

Years 2-5

Elementary School age children

Middle School age children

High School age children



**Organizations
& Institutions**

Media

Law

**Popular
Culture**

**Community/
Neighborhood**

**Home
Visitation**

Insurers

Friends/Family

**Co-
Workers**

Fathers

**Health
Care
Provi-
ders**

**Parent,
Infant, Child**

Friends

**Child
Care**

Neighbors

Family

Hospitals

Employer

Lactation Specialists

Public Parks

**Professional
Education**

**Public
Education**

Nutrition Educational Goals

To educate future Pediatricians so that they are skilled in preventing, detecting and managing childhood obesity.

Nutrition Educational Goals

To increase the knowledge and skills relating to breastfeeding and lactation management in order to equip the future Pediatrician to support, promote and protect breastfeeding infants, their mothers and families.

Nutrition Educational Goals

To increase the knowledge and skills relating to introduction of weaning foods in order to equip the future Pediatrician to better counsel families.

Prevention of Obesity

- **Promotion of optimal breastfeeding practices**
- **Instruction regarding appropriate timing of introduction of solid foods**

Prevention of Obesity

- **Reduce inactive time and increase active time for children and families.**
- **Increase to at least 5 fruit and vegetable servings per day.**

How?

- **We follow the Obesity Evaluation and Treatment: Expert Committee Recommendations (Barlow and Dietz 1998 Pediatrics 102(3)1-11)**
 - **Assessment of the child's diet, physical activity and inactivity at every well child visit.**
 - **Weight and Height measurement and assessment of growth patterns and appropriate evaluation, counseling, follow up and referral.**

Subject Integrated into on-going Resident Activities

Resident conferences

- **Newborn nursery didactic and practical**
- **Self Study Modules**
- **Case Presentations**
- **Continuity Clinics**
- **Community Clinic Rotation**
- **Grand Rounds**

Example of Noon Conference Objectives

At the end of the session, participants will be able:

- To identify at least three interventions to help prevent obesity**
- To identify at least three medical complications associated with obesity**
- To identify recommendations for weight goals for children identified at risk or overweight**

Example of Newborn Nursery Objectives

At the conclusion of this clinical experience participants will be able to:

- 1. Explain the importance of routine breastfeeding observations.**
- 2. Discuss the information presented during a discharge counseling session.**
- 3. Develop a mechanism to incorporate routine breastfeeding observations into their own clinical practice.**

Subject Integrated into New Resident Activities

CHAT Rotation (2-4 weeks)

Field visits: Elementary schools

WIC programs

Weight loss programs

Child care programs

Subject Integrated into New Resident Activities

Residents long term projects (examples):

Breastfeeding: to integrate breastfeeding observation during the Pediatric well child visits in the first months of life.

Overweight: create a resource guide about physical activity programs and opportunities for families utilizing the continuity clinic.

Subject Integrated into New Resident Activities

Advocacy Projects (examples):

Facilitation of Nutrition Network Program in Mar Vista Community elementary schools.

Linkage between WIC program and community lay health workers.

Future Directions

House call program

**UCLA Resident and Medical School Nutrition
Committee**

Service Learning undergraduate course

Resource table/kiosk

Future Directions

Expansion of resident activities in the elementary, middle, and high schools.

Additional advocacy work such as expanding physical activity programs for children and families within our community we serve.

Evaluation of the program activities.

Future Directions

Expansion of ties within the on-going community activities such as: LAUSD California Nutrition Network Project and LAUSD Food Services.

Future Directions

Expansion of ties with The Department of Health and Human Services, HRSA, State Health Department, LA County Health Department, AAP, ADA, LA County school districts, and other agencies and professional organizations who have identified nutrition and obesity as a major health problem in the US.

Haiku

By Samuel Bruce, 3rd Grader

May, 2002

Fruit comes from flowers

Fruit is very good to eat

I like to eat fruit

