

Clinical Workgroup Review: Charge & Recommendations

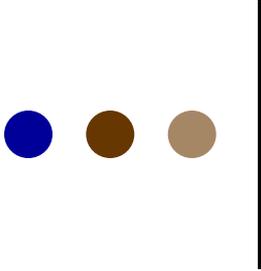
NCIOM Task Force on Early Childhood
Obesity Prevention

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North Carolina Institute of Medicine

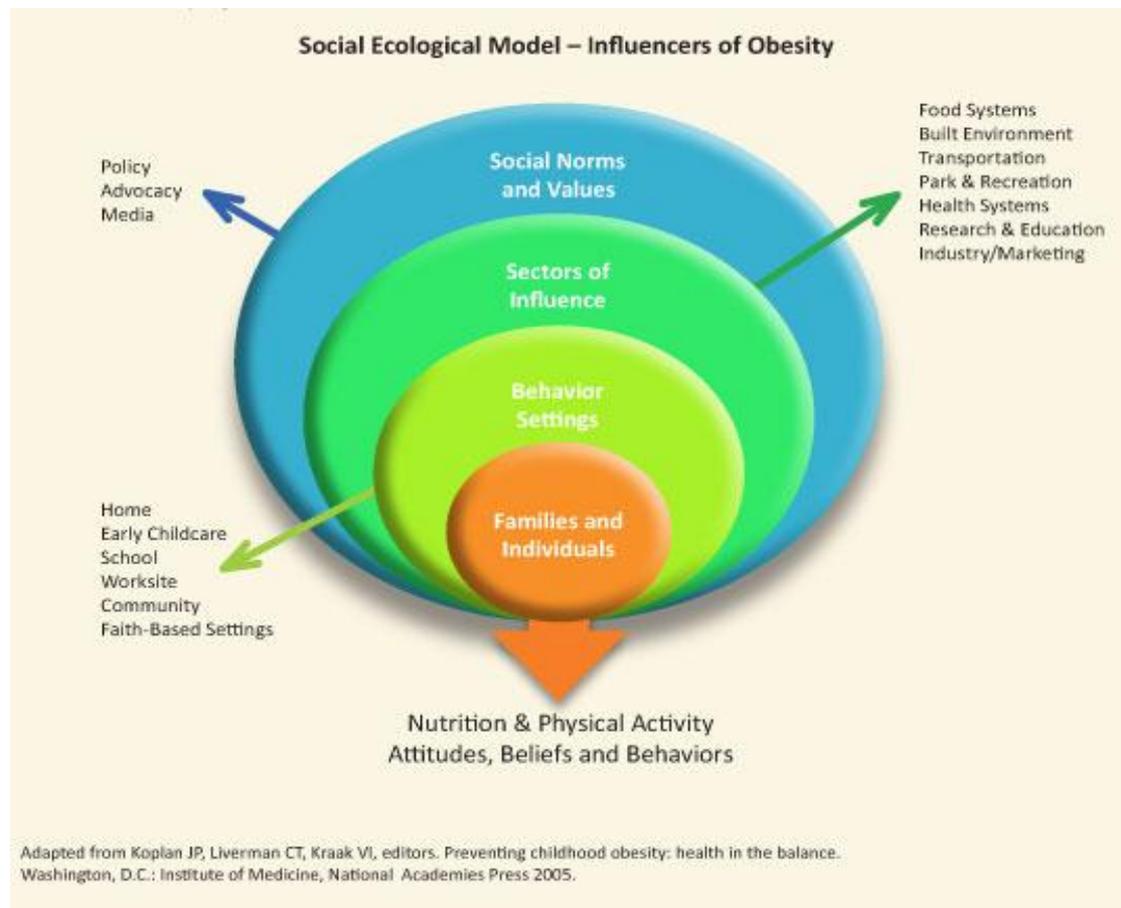
November 18, 2011

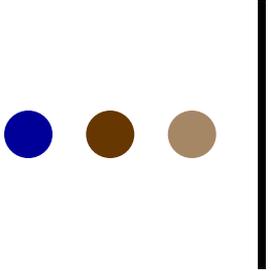


Task Force Charge

- The NCIOM Task Force on Early Childhood Obesity Prevention will:
 - Examine recommendations from prior North Carolina related task forces, as well as from the White House and national Institute of Medicine Committee on Childhood Obesity Prevention to prevent early childhood obesity.
 - Develop a strategic plan to prevent or reduce early childhood obesity in North Carolina that can serve as a blueprint for foundations, government, health professional associations, and other community groups interested in improving the health of young children.

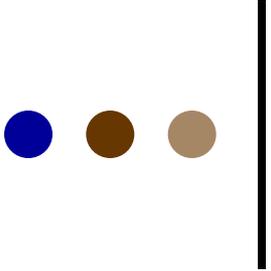
Operationalizing the Charge





Task Force Organization

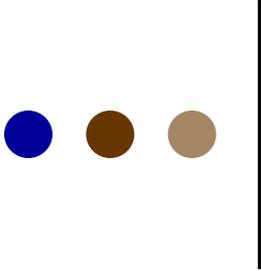
- *Steering Committee*: representatives from Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF) and North Carolina Partnership for Children (NCPC) who help plan topics and invite speakers
- *Core Group*: experts including representatives of BCBSNCF, NCPC, state and local agencies, health professional associations, foundations, and consumer groups.
- *Topic Groups*:
 - Clinical (Meetings: October – December)
 - Community and environment (Meetings: early 2012)
 - Public policies (Meetings in 2012)



Topic Group Process

The groups will:

- Examine recommendations from prior North Carolina related task forces, as well as from the White House and national Institute of Medicine Committee on Childhood Obesity Prevention.
- Discuss barriers to implementing evidence-based and promising practices.
- Make recommendations to address barriers.
- Develop a strategic plan to address early childhood obesity in North Carolina.



Existing Recommendations

Institute of Medicine of the National Academies (IOM)

Early Childhood Obesity Prevention Policies (2011)

North Carolina Division of Public Health (NC DPH)

Enhanced Nutrition Standards for Child Care: Final Report to the General Assembly (2010)

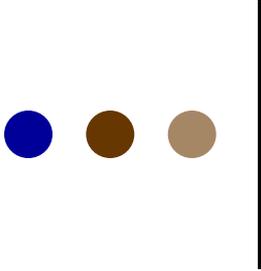
North Carolina Health & Wellness Trust Fund (NCHWTF)

Childhood Obesity in North Carolina: A Report of Fit Families NC (2005)

North Carolina Institute of Medicine (NCIOM)

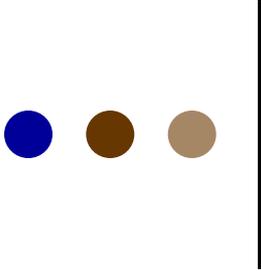
Prevention for the Health of North Carolina: Prevention Action Plan (2009)

White House Task Force on Childhood Obesity Report to the President (WHTF) Solving the Problem of Childhood Obesity within a Generation (2010)



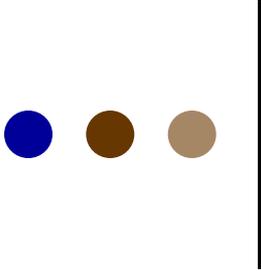
Categories of Existing Clinical Recommendations

- General
- Prenatal Care
- Breastfeeding
- Growth Monitoring
- Sleep
- Healthy Eating and Nutrition
- Screen Time
- Physical Activity



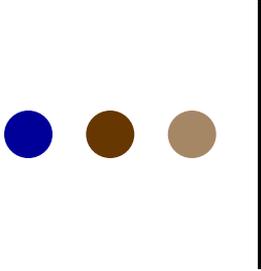
Clinical Recommendations - General

- In an effort to curb childhood obesity, North Carolina based medical schools, nursing and other health care professional schools should teach the basic principles of prevention including the benefits of healthful eating and physical activity, the importance of breastfeeding, and how to effectively counsel people to change health behaviors as part of the core curriculum. (NCHWTF)
- North Carolina health care providers and institutions should educate their members and other health care providers about the issues of preventing childhood obesity and the need for effective weight management for overweight and obese people. (NCHWTF)



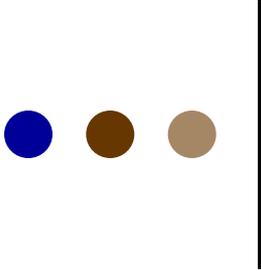
Clinical Recommendations – Prenatal Care

- Pregnant women and women planning a pregnancy should be informed of the importance of conceiving at a healthy weight and having a healthy weight gain during pregnancy, based on the relevant recommendations of the Institute of Medicine. (WHTF 1.1)



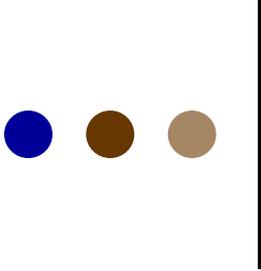
Clinical Recommendations – Breastfeeding

- Hospitals and health care providers should use maternity care practices that empower new mothers to breastfeed, such as the Baby-Friendly hospital standards. (WHTF 1.3)
- Health care providers and insurance companies should provide information to pregnant women and new mothers on breastfeeding, including the availability of educational classes, and connect pregnant women and new mothers to breastfeeding support programs to help them make an informed infant feeding decision. (WHTF 1.4)



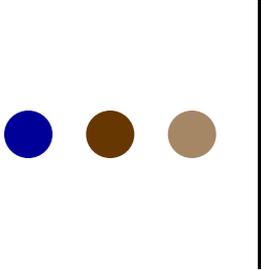
Clinical Recommendations – Breastfeeding continued

- Local health departments and community-based organizations, working with health care providers, insurance companies, and others should develop peer support programs that empower pregnant women and mothers to get the help and support they need from other mothers who have breastfed. (WHTF 1.5) [*also in Community Workgroup*]
- Early childhood settings should support breastfeeding. (WHTF 1.6) [*also in Community and Policy Workgroups*]
 - Health care providers should provide accurate information about the storage and handling of breast milk.



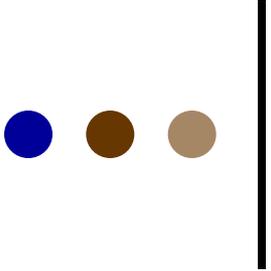
Clinical Recommendations – Growth Monitoring

- Health care providers should measure weight and length or height in a standardized way, plotted on World Health Organization growth charts (ages 0-23 months) or Centers for Disease Control and Prevention growth charts (ages 24-59 months), as part of every well-child visit. (IOM 2-1)
- Health care professionals should consider 1) children's attained weight-for-length or BMI = 85th percentile, 2) children's rate of weight gain, and 3) parental weight status as risk factors in assessing which young children are at highest risk of later obesity and its adverse consequences. (IOM 2-2)



Clinical Recommendations – Growth Monitoring Cont

- As outlined by the Institute of Medicine's report *Preventing Childhood Obesity: Health in the Balance*, pediatricians, family physicians, nurses, and other clinicians should engage in the prevention of childhood obesity. Health care professionals should routinely track body mass index (BMI), offer relevant evidence-based counseling and guidance, serve as role models, and provide leadership in their communities for obesity prevention efforts. (NCHWTF)



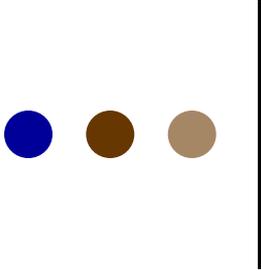
Clinical Recommendations

○ Sleep

- Health and education professionals should be trained in how to counsel parents about their children's age-appropriate sleep durations. (IOM 6-2)

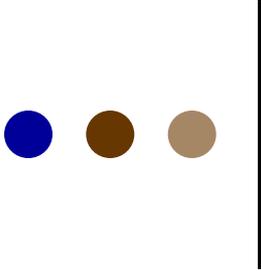
○ Healthy Eating and Nutrition

Health and education professionals providing guidance to parents of young children and those working with young children should be trained and educated and have the right tools to increase children's healthy eating and counsel parents about their children's diet. (IOM 4-6)



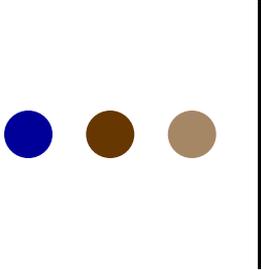
Clinical Recommendations – Screen Time

- Health care providers should counsel parents and children's caregivers not to permit televisions, computers, or other digital media devices in children's bedrooms or other sleeping areas. (IOM 5-2)
- The American Academy of Pediatrics guidelines on screen time should be made more available to parents, and young children should be encouraged to spend less time using digital media and more time being physically active. Health care provider visits and meetings with teachers and early learning providers are an opportunity to give guidance and information to parents and their children. (WHTF 1.8) [*also in Community Workgroup*]



Clinical Recommendations – Physical Activity

- Health and education professionals providing guidance to parents of young children and those working with young children should be trained in ways to increase children's physical activity and decrease their sedentary behavior, and in how to counsel parents about their children's physical activity. (IOM 3-4)

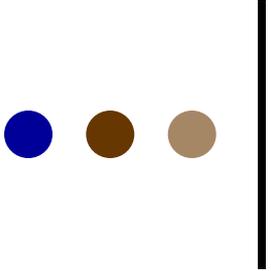


Clinical Practice Guidelines

- 2007 “*Expert Committee Recommendations on the Assessment , Prevention and Treatment of Child and Adolescent Overweight and Obesity*” (Convened by CDC, AMA, HRSA)
- 2007 NICHQ *Implementation Guide from the Childhood Obesity Action Network*
- 2010 U.S. Preventive Services Task Force *Recommendation on Pediatric Obesity Screening*

Clinical Practice Tools

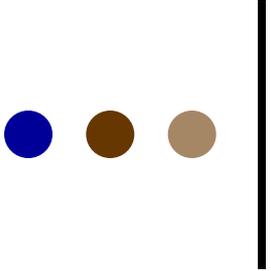
- Partnership of NC Eat Smart Move More, NC DPH, Academic Institutions, CCNC, NC Office of Disability and Health
- CCNC Childhood Obesity Initiative - KBR funded prevention grant



Clinical Workgroup

First meeting discussion:

- Focused on pre-professional education, professional education, and clinical practice
- Identified barriers, futures changes that might help, and ideas to overcome barriers.



Next Steps

- Conclude discussion of barriers
- Begin discussion of strategies
 - Who?
 - What?
 - Where?
 - When?
- Any additional information needed to complete strategic plan



Questions?