



## Prevention Research Centers

### Clinicians in Maine Learn to Address Overweight in Young Patients

Harvard University: Prevention Research Center on Nutrition and Physical Activity

#### Background

The prevalence of overweight among children in the United States has tripled since 1980, and it continues to increase, resulting in increasing pediatric problems of childhood diabetes and hypertension. Because nearly all children are served in health care settings (e.g., for school vaccinations), this venue could be useful to help prevent overweight among children at risk, and to intervene with overweight children from all demographic groups. First, however, physicians need to be informed about the health consequences of childhood overweight, the criteria for diagnosis, and ways to address the problem with children and their families. The American Academy of Pediatrics and the American Medical Association have recently recommended active assessment, prevention, and treatment options for obese or overweight children and adolescents.<sup>1</sup>

#### Maine Youth Overweight Collaborative

- Medical providers are trained to monitor overweight and to counsel children and families
- Data suggest training has improved clinical practice
- Providers appear to increase knowledge, change attitudes, and gain confidence in addressing overweight in children

#### Context

The Maine Bureau of Health and the Maine Center for Public Health joined with Harvard University's CDC-sponsored Prevention Research Center to form a new entity named the Maine-Harvard PRC (MHPRC). The partners focused attention on the statewide problem of obesity, and in 2004, the MHPRC established the Maine Youth Overweight Collaborative (MYOC) in partnership with the Maine Chapter of the American Academy of Pediatrics. Together they developed an approach to addressing overweight in children via physicians' offices. They obtained funding from the Maine Health Access Foundation to launch an intervention to improve care of overweight children and their families by improving providers' knowledge, attitudes, and practices.

#### Phase One Methods And Results

Twelve practice teams volunteered to take part in the intervention. An expert panel selected 4 main messages for children and parents: eat 5 servings of fruits and vegetables per day, limit screen time (television and computer use) to 2 hours per day, get 1 hour of physical activity every day, and avoid sugar-sweetened beverages. The slogan "5-2-1-0" was adopted to help promote these messages.

Practice teams took part in baseline surveys and subsequent training in how to monitor children's weight and counsel children and their families about the importance of 5-2-1-0, by using a technique called brief, focused negotiation. Afterward, progress was assessed via chart review and surveys of practice teams, parents, or caretakers. Data compared from before and after the intervention showed large and statistically significant improvements in physicians' documentation of body mass index (BMI) and BMI percentile, and monitoring of blood pressure of overweight children. Improvements were seen in physicians' knowledge about ideal weight, ability to identify children at risk of becoming overweight, and to evaluate children for medical complications of overweight (e.g., glucose intolerance, hyperlipidemia, and hypertension).

Providers' beliefs about the importance of addressing nutrition, physical activity, screen time, and sweetened beverages changed, and their comfort with addressing these topics increased. Most providers became comfortable helping patients and their families set behavioral goals. Furthermore, nearly all parents or caretakers of overweight children recalled that behavioral topics had been discussed with them at a recent visit, corroborating the practice teams' reports.

A scientific article reporting these findings is being prepared for submission to a peer-reviewed journal.

## Current Status: Phase Two

The project has been expanded by using 9 of the original teams to train 10 new teams. More-specific behavioral outcomes are being measured (such as turning off the television at mealtimes), and expanded surveys are being conducted among practice teams and parents or caretakers. A more comprehensive chart review is also being included, as is frequent feedback to the practice teams about their performance.

## Impact

One innovation of the MYOC is a set of simple, low-cost tools developed to help clinicians address overweight with their patients. One of these tools — a handy laminated flip chart for office use — is offered for sale by the Maine Chapter of the American Academy of Pediatrics.<sup>2</sup> The tool includes reference charts, appropriate medical tests for overweight children, and suggested intervention techniques. The tools will be updated as recommendations change.

MYOC has been recognized by the National Initiative for Children's Healthcare Quality for outstanding achievements in preventing and treating childhood obesity. The intention of the program is to train all physicians in Maine so that addressing children's weight may become a routine part of clinical practice.

1. [www.ama-assn.org/ama1/pub/upload/mm/433/ped\\_obesity\\_recs.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf)\*
2. [www.maineaap.org/project\\_youthoverweight.htm](http://www.maineaap.org/project_youthoverweight.htm)\*

## References

American Academy of Pediatrics. Prevention of pediatric overweight and obesity: policy statement. *Pediatrics* 2003;112(2):424-30.

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