Community Health Worker (CHW) Best Practice Guidelines for Pediatric Obesity

Body Mass Index (BMI) is a measure used to determine overweight and obesity. A child’s BMI is expressed as a percentile relative to other children their age and sex (BMI percentile). Standardized Centers for Disease Control and Prevention (CDC) growth charts are used to calculate children’s BMI percentile.

31.8% of US children are overweight or obese,¹ and a November, 2017 study² projects 57% of US kids will be obese by age 35. Although the overall rate of child and adolescent obesity has stabilized over the last decade after increasing steadily for 3 decades, obesity rates continue to increase in certain populations, such as African American girls and Hispanic boys.⁴,⁵ The proportion of children who meet the criteria for severe obesity also continues to increase.⁶

Obesity in children and adolescents is associated with morbidity such as mental health and psychological issues, asthma, obstructive sleep apnea, orthopedic problems, and adverse cardiovascular and metabolic outcomes (e.g. high blood pressure, abnormal lipid levels, and insulin resistance). Children and adolescents also may experience teasing and bullying behaviors based on their weight. Obesity in childhood and adolescence may continue into adulthood and lead to adverse cardiovascular outcomes or other obesity-related morbidity, such as type 2 diabetes.³

The US Preventive Services Task Force (USPSTF) recommends that clinicians screen children aged 6 years and older for obesity, and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.⁷ Community-based services have demonstrated effectiveness in delivering intensive behavioral interventions, and may be a good fit for many families.⁸ These services are required to be covered by insurance, without co-pays or deductibles to the members.

Educational Messages

Pediatric obesity curriculums provide face-to-face group education that help participants reach and maintain a healthy weight. This goal is achieved by helping participants in four areas: nutrition education, physical activity, behavior modification, and family/parent involvement.

Behaviors that influence excess weight gain include eating high-calorie, low-nutrient foods and beverages, not getting enough physical activity, sedentary activities such as watching television or other screen devices, medication use, and sleep routines.⁹

Several factors contribute to childhood obesity—ineffective knowledge about fitness and nutrition, limited access to affordable fresh produce, exposure to fast food and sugary beverages, excessive exposure to television and video games, and decreased physical activity in the home. The Smart Moves and MEND program models employ evidence-based strategies to address these factors.

Content

- Nutrition – activities help participants target specific, evidence based nutritional goals (e.g. limiting sugar-sweetened beverage intake, eating breakfast daily, consuming a recommended amount of vegetables and fruits, teaching about hunger and fullness, and others).
- Physical Activity – services engage participants in regular moderate-vigorous physical activity and popular games to help them target evidence-based standards for healthy physical activity at home.
- Behavior Modification – services employ specific behavior management strategies including motivational interviewing, goal setting, recognizing triggers, self-monitoring, role modeling, and others.
- Family Involvement- programming highlights the importance of family involvement. Parents learn about good food choices for the entire family, how to be better role models, and better communicators.¹¹
- ADDITIONAL content and messaging is included in the full Smart Moves and MEND curriculums.
Quality Assurance and Goals

- Conduct satisfaction surveys
- Evaluate outcomes
- Pediatric obesity services goals include lowered BMI percentile, improvements in participant’s nutrition and physical activity, self-decision making and self-care

Resources

MEND http://www.mendfoundation.org/home
Bright Bodies/Smart Moves http://www.brightbodies.org/
My Plate: https://www.choosemyplate.gov
CDC Childhood Obesity: https://www.cdc.gov/obesity/childhood/index.html
National Association for the Education of Young Children: http://www.naeyc.org/childhood_obesity_resources

References

1. National NHANES data, for children 2-19 years old, Ogden et. al. 2014


