

Partnership Opportunity- Addressing Childhood Obesity Family Healthy Weight Programs (FHWPs)

Chronic Disease Prevention Program (CDPP)
July 11, 2024

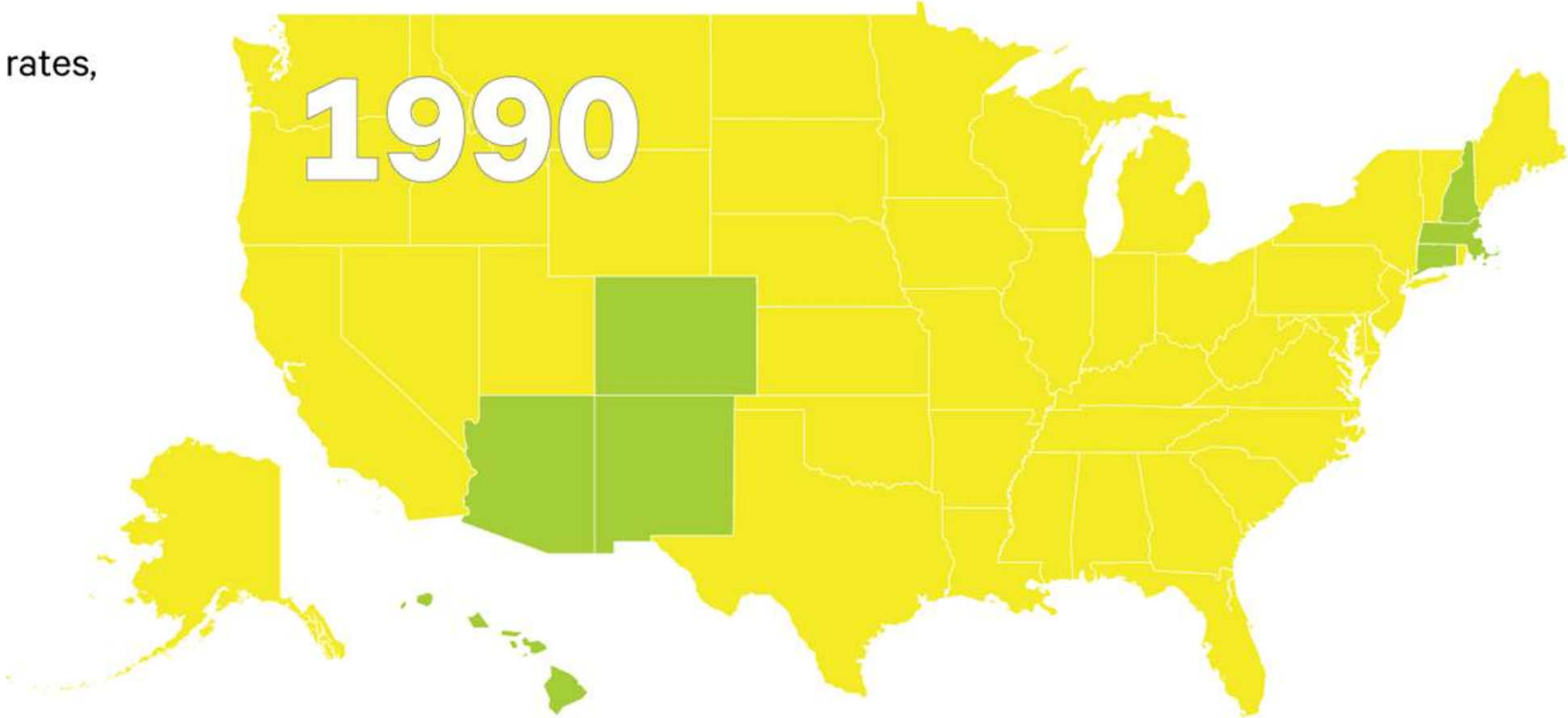
Agenda

- Obesity data
- Consequences of childhood obesity
- Treatment options for childhood obesity
- Definition of a CDC Family Healthy Weight Program
- Features for success
- Partnership and next steps with DHS CDPP
- Questions

Nearly half of Americans will have obesity by 2030

U.S. Obesity rates,
1990-2030

- <20%
- 20-29%
- 30-39%
- 40-49%
- 50-59%



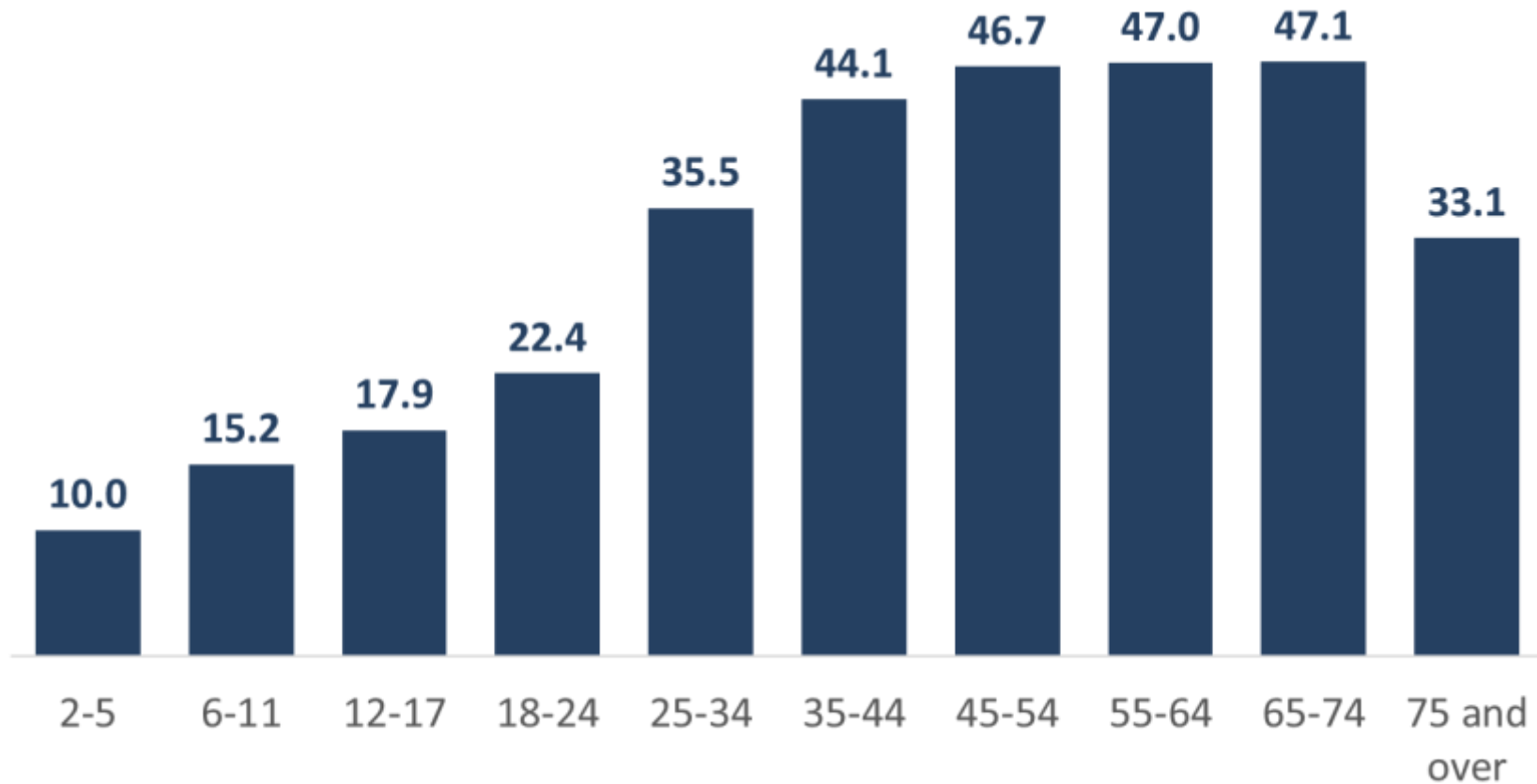
Childhood Obesity Intervention
Cost-Effectiveness Study

Ward ZJ, Bleich SN, Cradock AL, Barrett JL, Giles CM, Flax CN, Long MW, Gortmaker SL. Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. N Engl J Med. 2019;381:2440-50. doi: 10.1056/NEJMsa1909301

Wisconsin Data



Obesity rates by age: Wisconsin, 2015-2016



Obesity rates were not significantly different among the 45-54, 55-64, and 65-74 age groups.

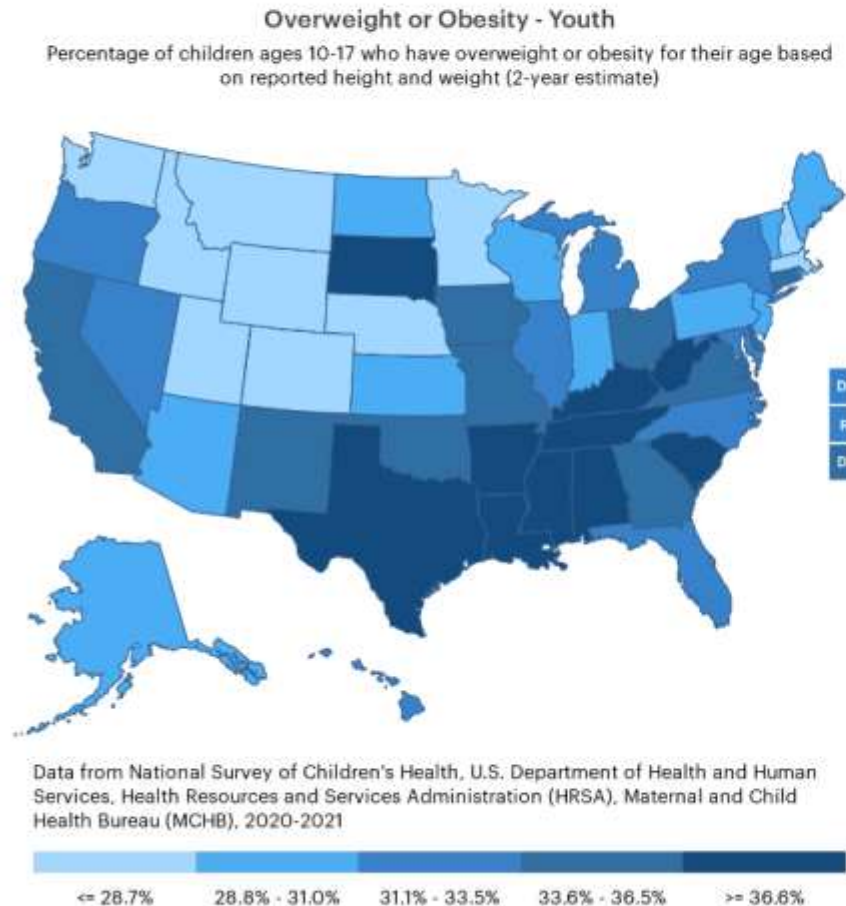
Based on data from Wisconsin Collaborative for Healthcare Quality, 2015-2016.

Source: Joyner HR, Charron LM, Lindberg SM, et al. "One Size Fits All" Doesn't Work for Obesity Prevention: Obesity in Wisconsin, 2015-2016. University of Wisconsin-Madison, 2018. <https://www.wihealthatlas.org/>

Overweight or Obesity - Youth by State

Percentage of children ages 10-17 who have overweight or obesity for their age based on reported height and weight (2-year estimate)

- **30.7%** of children **ages 10–17** in Wisconsin have overweight or obesity for their age based on reported height and weight (2–year estimate)
- Wisconsin ranks **18** in **the US**



Top States	Rank	Value
Wyoming	1	24.3%
Colorado	2	24.4%
Minnesota	3	25.6%
Montana, Utah	4	25.7%
Idaho	6	27.2%

Bottom States	Rank	Value
Texas	46	39.5%
South Carolina	47	39.9%
Kentucky	48	40.6%
West Virginia	49	41.0%
Mississippi	50	41.4%

In Wisconsin, **18.8%** of children and youth **ages 6–17** have obesity (BMI at or above the 95th percentile).

National Outcome Measure: Percent of adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: 2021-2022 National Survey of Children's Health

Nationwide: 18.1% of children met indicator

Range Across States: 11.6% to 26.1%

Lower=better performance

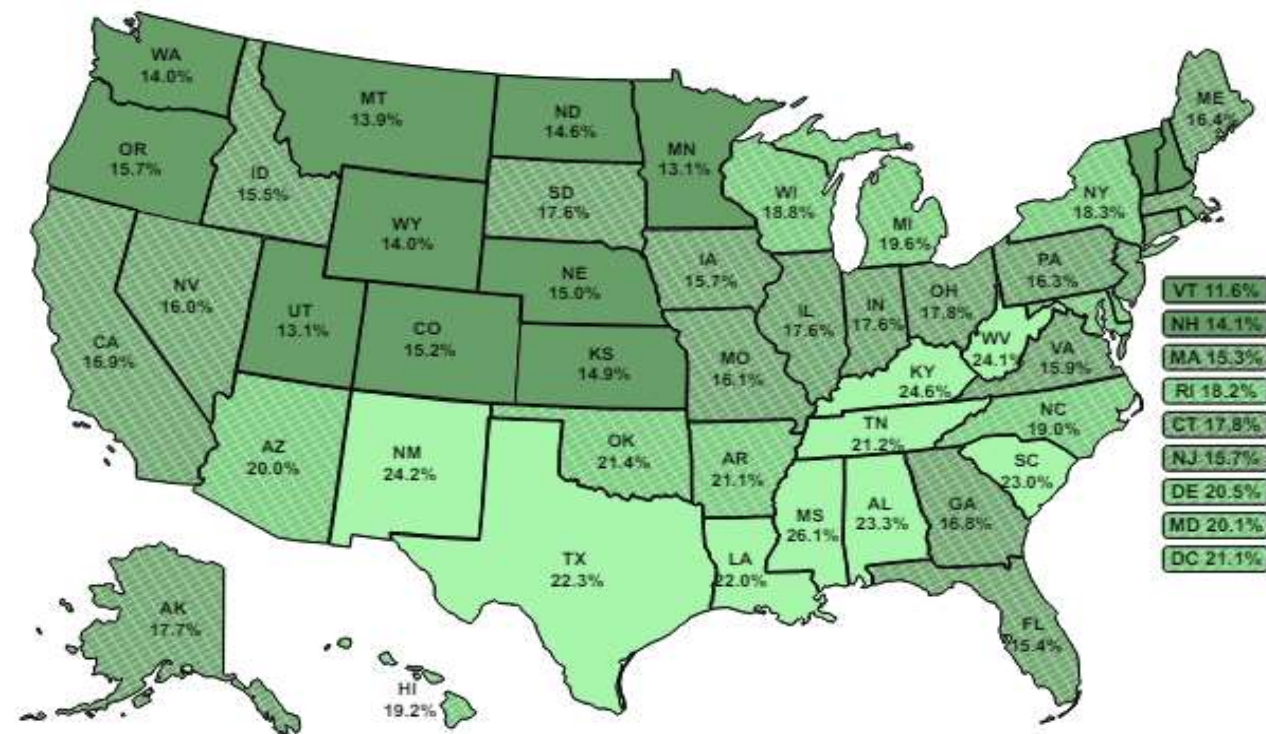
Significantly lower than U.S.

Lower than U.S. but not significant

Significantly higher than U.S.

Higher than U.S. but not significant

The significance of differences between state and national prevalence was assessed using a nested t-test at $p < 0.05$



Citation: Child and Adolescent Health Measurement Initiative. "National Outcome Measure: Percent of adolescents, ages 6 through 17, who are obese (BMI at or above the 95th percentile)". State Comparison Map. 2021-2022 National Survey of Children's Health (two years combined). Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from www.childhealthdata.org.

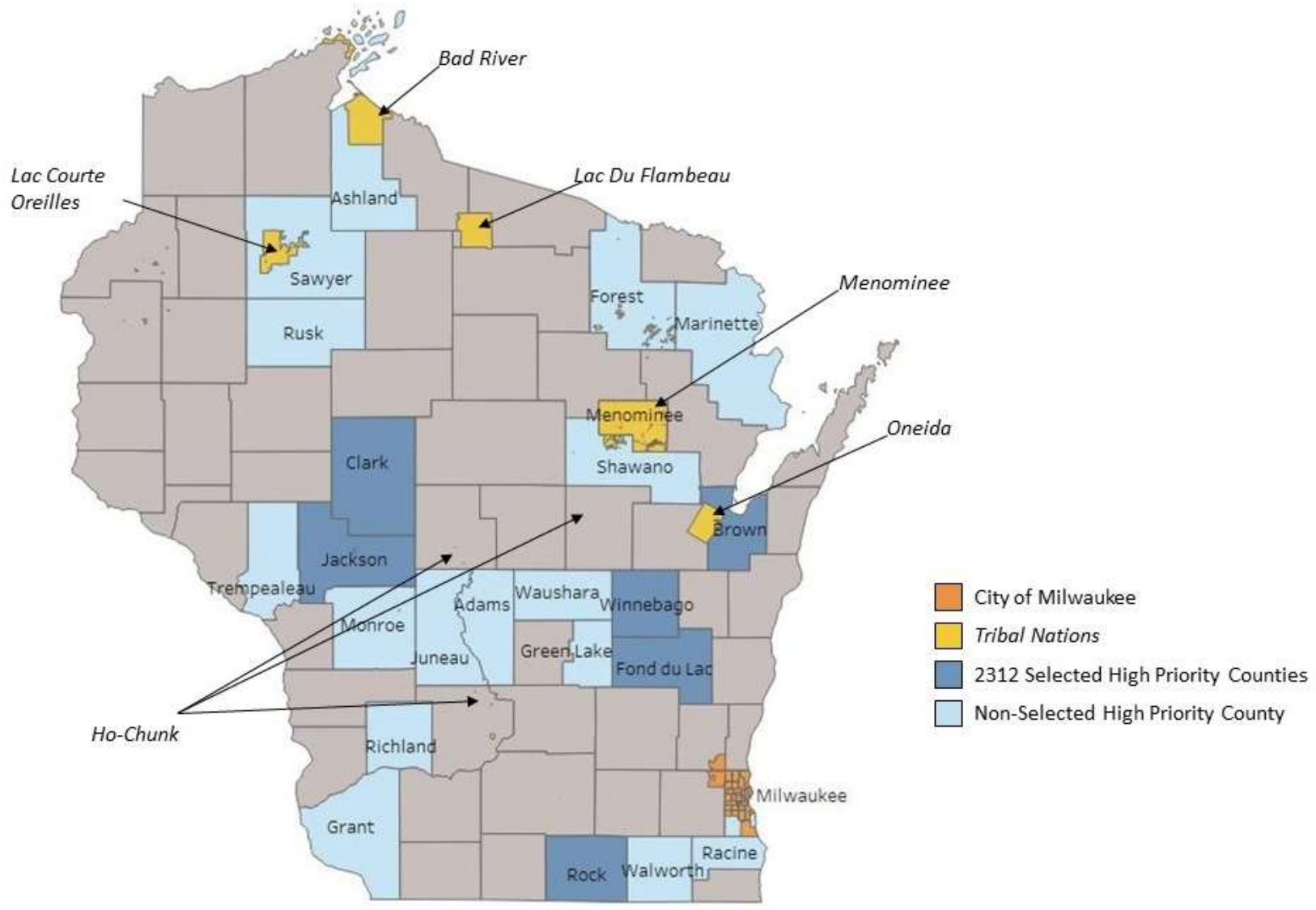
Obesity Affects the Immediate and Long-term Health of Children

Childhood obesity disproportionately affects:

- Children of color.
- Children with low income.
- Children living in rural areas.



Counties of Focus Based on Adult Obesity Prevalence and Higher Vulnerability



Priority Populations

Priority populations are those affected disproportionately by obesity or other diseases due to:

- Social factors.
- Demographic factors.
- Environmental factors.

Priority Populations (*Continued*)

CDC defines priority populations as those who have systematically experienced greater obstacles to health based on their:

- Racial or ethnic group.
- Religion.
- Socioeconomic status.
- Gender.
- Age.

Priority Populations (*Continued*)

CDC defines priority populations as those who have systematically experienced greater obstacles to health based on their:

- Mental health.
- Cognitive, sensory or physical disability.
- Sexual orientation or gender identity.
- Geographic location.

Family Healthy Weight Programs (FHWPs)

- FHWPs are also known as Intensive Health Behavior and Lifestyle Treatment (IHBLT).
- The CDC has recognized six programs as meeting criteria.
- Planning, implementing, and sustaining FHWPs is one of the strategies in the CDC 2320 Diabetes grant.

Safe and Effective Prevention and Treatment: Care Continuum

Prevention for all children

Screening for obesity and related conditions

Screening for social determinants of health and referring to resources

Counseling for breastfeeding, early care and education (ECE) and nutrition and physical activity

Treatment for Obesity

Family Healthy Weight Programs

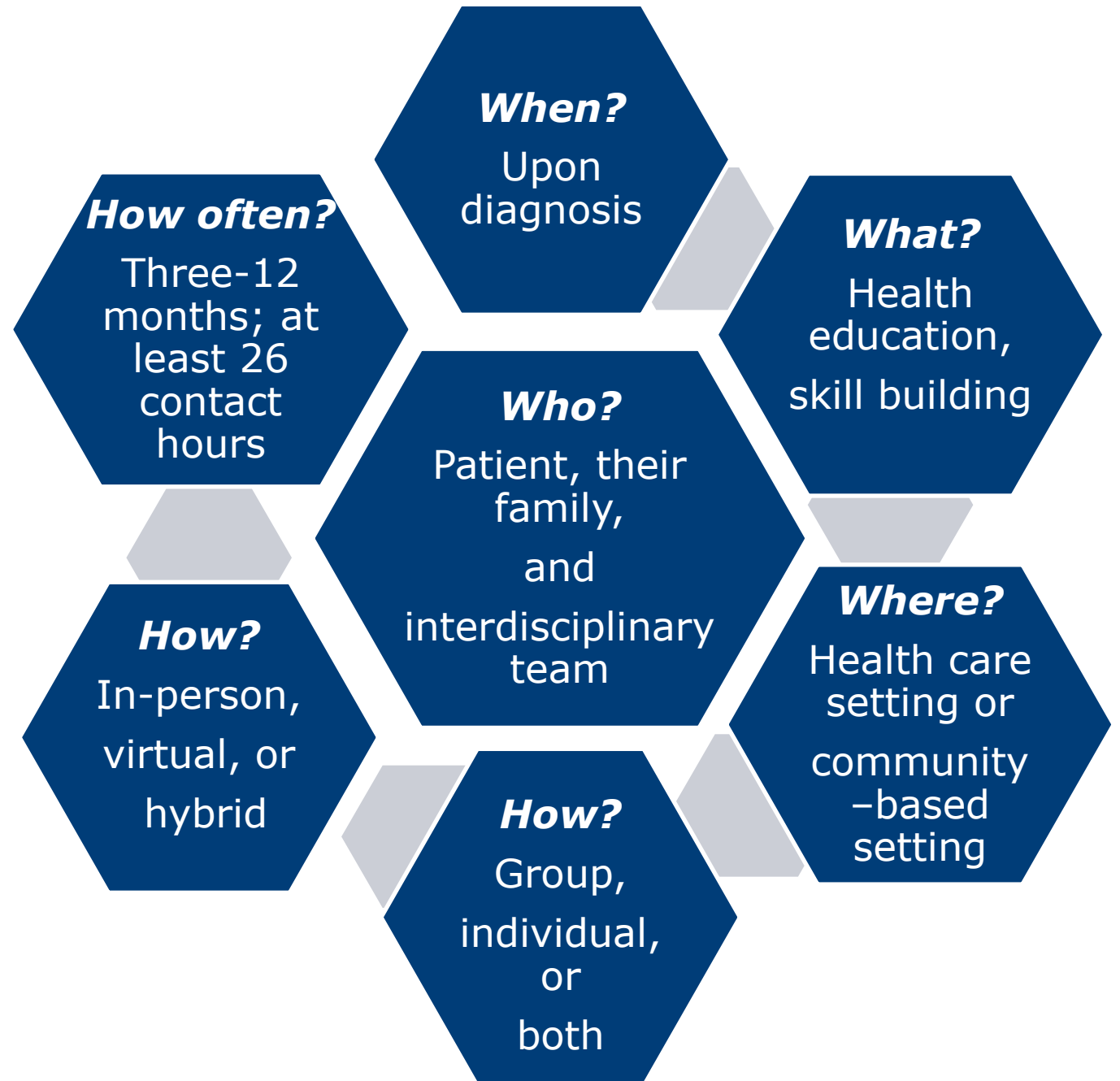
Specialty care, obesity clinic, nutrition clinic

Primary care management

Surgery, medications



Intensive Health Behavior and Lifestyle Treatment (IHBLT)



CDC-Recognized Family Healthy Weight Programs

Building Healthy Families	Family-based Behavioral Treatment	Healthy Weight and Your Child	Healthy Weight Clinic	MEND (Mind, Exercise, Nutrition, Do It!)	Smart Moves (Bright Bodies)
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CDC-recognized, meets additional criteria

- **Based on adequate evidence**, for example, peer reviewed manuscript, research
- **Ready and intended for rapid dissemination** in health care, community, or public health settings

CDC-Recognized Family Healthy Weight Programs

- For children and adolescents, ages 2–18 years
- BMI \geq 85th percentile
- Family-centered, involving parents or caregivers
- 26+ hours over 3–12 months
- Based on curriculum which is unique to each program

CDC-Recognized Family Healthy Weight Programs

- Group and individual sessions
- Virtual, in-person, and hybrid delivery
- Community or clinic models
- Delivered by trained staff

Common FHWP Characteristics

- Each program has a standard curriculum and resources
- Each program provides staff training
- Most recommend at least two staff to run and maintain program
- Most can be offered in a variety of settings
- Include the child and parents or caregivers

Program Delivery Resources

- **Facilitator guides for leaders:** Lesson plans, scripts, interactive game and activity suggestions, class structure schedule, teaching resources
- **Some training and technical assistance**
- **Family and child education supports:** Handouts, videos, web resources to reinforce curriculum

Typical Session Structure

Group session key activities:

- Check-in and growth monitoring
- Health education
- Skill building activities
- Peer sharing and support
- Link to community resources
- Physical activity game or activity
- Goal setting

Typical Session Structure (*Continued*)

Individual session key activities:

- Check-in and growth monitoring
- Health education
- Goal setting
- Discuss behavioral strategies
- Meet with caregiver(s)
- Link to community support

Examples of Curriculum Topics

- Healthy foods, meal planning, and preparation
- Creating a healthy home environment
- Behaviors and emotions
- Physical activity
- Sources of support



Features for Success

- Partnership and/or previous collaboration with a clinic that serves children and their families
- Support of leadership and a program champion
- Interest in investing resources into pilot program and to promote long-term sustainability

Features for Success

(Continued)

- Ability to offer FHWP to identified priority population(s)
- Existing multisector partnerships that support a referral pathway
- Ability to convene multisector partners on a regular basis to advance planning, implementation, and sustainability efforts

Features for Success

(Continued)

- Capacity to offer a CDC-recognized FHWP
- Adequate staffing
- Ability to offer FHWP in-person and/or virtually
- Adequate physical space for in-person classes
- Ability to collect and report data with support from Chronic Disease Prevention Program

Features for Success (*Continued*)

Willingness to include and has support from community-based organizations (CBO) that serve and/or represent priority populations in planning and implementation:

- Boys and Girls club(s)
- YMCA
- Wellness-focused coalitions or religious organizations

Features for Success (*Continued*)

Willingness to include and has support from community-based organizations (CBO) that serve and/or represent priority populations in planning and implementation:

- Schools or employers interested in wellness
- Early care and education (ECE) sites
- Local health departments

Partnership with DHS Chronic Disease Prevention Program (CDPP)

- Priority will be given to counties with higher rates of obesity.
- CDPP will work with the organization(s) to convene partners within the community to plan, implement, and evaluate FHWP.

Partnership with DHS Chronic Disease Prevention Program (CDPP)

- **CDPP has some start-up funding:** Purchasing license for program curriculum and training, other non-clinical costs
- **CDPP will support FHWP evaluation**

Partnership With DHS CDPP and Next Steps

- If interested, complete survey provided by August 1, 2024.
- CDPP will review survey results.
- CDPP will contact prospective partners to schedule convening within one month.
- Survey link: [FHWP Partner Survey](#)

Questions?

If you have questions following this webinar, please submit to:
DHSChronicDiseasePrevention@dhs.wisconsin.gov



Resources

- [American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity](#)
- [America's Health Rankings Youth Overweight/Obesity](#)
- [Building Healthy Families](#)
- [CDC Obesity Data and Statistics](#)

Resources

- [CDC-Recognized Family Healthy Weight Programs](#)
- [Data Resource Center for Child and Adolescent Health](#)
- [Family-based Behavioral Treatment](#)
- [Healthy Weight Clinic](#)
- [Healthy Weight Partnership-MEND](#)

Resources

- [Kaiser Family Foundation State Health Facts Weight Status of Children](#)
- [Smart Moves for Kids/Bright Bodies](#)
- [State of Childhood Obesity](#)
- [US Preventive Services Task Force Recommendation Statement Screening for Obesity in Children and Adolescents](#)
- [YMCA Healthy Weight and Your Child](#)