



# Childhood Obesity Is a Family Fight — One Hospital's Way

BY LORI WALTON, RN, B.S.N.

**A** life-threatening epidemic has invaded the United States, affecting 68 percent of adults and 31.7 percent of our children. The fatality rate is now estimated at 112,000 lives a year. This is a slow-growing disease with a long list of physical consequences including heart disease, stroke and type II diabetes. Serious emotional and social difficulties often result, greatly decreasing quality of life. The economic impact in medical expenses alone is estimated at \$147 billion each year.

As you may have surmised, the above scenario describes our overweight and obesity epidemic. These statistics and many more are public knowledge; indeed, First Lady Michelle Obama in 2010 launched a program to combat childhood obesity. For years, most of us in the health care industry have been aware of this epidemic's alarming growth and ramifications, yet obviously, not enough has been done to turn this epidemic around.

## CONFRONTING CHALLENGES

As both a registered nurse and someone who faced her own weight challenges in childhood, this epidemic is one of my strongest concerns. Our children will carry a heavy burden if we do not transform ourselves into a society that values health and fitness over junk food and screen time. Overweight children and adolescents are more likely to become obese as adults. Studies have shown approximately 80 percent of children who were overweight at ages 10 to 15 were obese adults at age 25, and that if excess weight accumulates before a child is 8 years of age, obesity in adulthood is likely to be more severe. Knowing how few overweight adults successfully lose and keep weight off, our best option is to focus on preventing childhood obesity and treating it early if we are going to have any impact on this epidemic.

As most health care professionals in pediatric weight management will attest, successfully

growing and sustaining an effective program is no small challenge. We have learned a thing or two along the way with L.I.F.E. for Kids at Peyton Manning Children's Hospital at St. Vincent in

## L.I.F.E. FOR KIDS

- L.I.F.E. (Lifetime, Individual, Fitness and Eating) for Kids is a family-focused weight management program especially designed for children and adolescents
- The yearlong program integrates education and counseling from a multidisciplinary team including physicians, dietitians, behavioral therapists, an exercise physiologist and a pediatric registered nurse
- Each family receives a comprehensive manual covering nutrition, activity and behavioral aspects of weight management to provide a resource and tracking tool
- Families make changes one step at a time by setting small, attainable goals at each visit, leading them down the path to sustainable, healthy lifestyle habits
- Meetings are private, permitting focus on each family's individual needs

Indianapolis, a weight management initiative that is approaching its fourth year and has expanded to four of our rural Indiana hospitals. For others who want to establish a program, here is a practical, easy-to-remember list of things you will need — think of them as S.T.E.P.S.

- Space to run the program
- Team of multidisciplinary, passionate health care professionals
- Economic support along with program champions
- Partnerships in the community
- Specific, measurable program-outcome model

#### **SPACE TO RUN THE PROGRAM**

Space can be hard to come by in medical buildings and hospitals these days. We have had to make do with operating out of the pediatric endocrinology specialty office. Our space consists of my personal office, a conference room (our playroom) and an employee kitchenette. One advantage to sharing this office area has been that I am able to consult patients on the spot, right after their doctor visit, if they have been referred for obesity. Still, a gym /workout space is No. 1 on my wish list. We do have a large mat, free weights, balls and eight flights of stairs — “the stair mountain” — we use from time to time. Keep in mind that it is important to have a fairly large meeting room available for consultations with families.

#### **TEAM OF MULTIDISCIPLINARY PROFESSIONALS**

A health care team is crucial. Your team may look different from ours based on your program needs. At our primary location, our team consists of three pediatric endocrinologists who medically oversee the program, a registered dietitian (three hours a week), a behavioral counselor (two hours a week) and me, a full-time RN. Along with nutritional and activity guidance, we also offer emotional and behavioral guidance to address the underlying factors that exist in many cases. We score a Child Behavior Checklist on each child referred, have our behaviorist review with the family and recommend further counseling if appropriate.

We also work very closely with colleagues at our second L.I.F.E. for Kids location, the Carmel St. Vincent Bariatric Center of Excellence in Carmel, Ind. David Creel, Ph.D., RD, CDE, who co-

developed the program curriculum, sees L.I.F.E. for Kids families there along with bariatric specialist Adrienne Gomez, MD.

Empathy, enthusiasm and passion are key components of team members. True life experiences can also be a powerful attribute. Having been overweight most of my childhood, you could say I have studied weight management since the age of 12. My personal struggles and successes are my most valuable teaching tools.

#### **ECONOMIC SUPPORT**

Economically, weight management programs have their strong and weak points. The strength is the degree of flexibility, enabling such a program to run on a relatively low budget. For example, staff is our largest expense, but many hours are covered as part of an individual’s existing full-time primary duties.

**Because weight management programs do not tend to make a lot of money, it is important to explore grant options and find champions.**

The weakness is in the limited ability to generate revenue. Depending on who is seeing the patients and how often, insurance may not cover this type of program. Our program has not found adequate insurance coverage, and patients pay out-of-pocket unless they have a medical flex spending account to spend as they chose. We have a majority of low-income families, so we offer a sliding scale discount based on household income. Our four newer locations are choosing to bill when able.

Because these programs do not tend to make a lot of money, it is important to explore grant options and find champions. We are fortunate to have strong advocates like Andrew Riggs, MD, a pediatric endocrinologist at Peyton Manning Children’s Hospital. He was adamant about offering weight management treatment to help his increasing number of overweight patient referrals, and he was instrumental in getting a position approved in the pediatric endocrinology department for a program coordinator to develop and run what is now L.I.F.E. for Kids.

Lytitia Shea, MD, an inpatient pediatric hospitalist, has established a protocol to obtain BMI screenings of all inpatients and refer them, if needed, for an inpatient weight management consultation. This has successfully allowed us



to address and offer a treatment plan for weight management in coordination with a patient's other health care needs.

Another of our advocates is Walter Glover, a chaplain at St. Vincent Salem and St. Vincent Dunn hospitals who has raised more than \$55,000 for pediatric obesity prevention and treatment. His fundraising campaign, 2trek4kids, has supported the start up of L.I.F.E. for Kids at three of our southern rural St. Vincent hospitals.

We have obtained a handful of St. Vincent Foundation and outside grants that have supported the cost of program incentive giveaways and materials.

In 2008, as part of her pediatric residency requirements, Danielle Broshears, MD, conducted our first retrospective research study using a variety of statistics we track on every family. This showed kids with higher activity time and a greater number of goals successfully completed had the largest drop in BMI.

Results to date with 240 families enrolled show an average BMI decrease of 1.07 units at visit No. 11 and a decrease of 1.32 units at the one-year program completion. We offer free follow up visits every six months and the option to continue visits beyond one year if needed. The majority of those who follow up have maintained their BMI but

## HOW THE PROGRAM MEETS CORE VALUES

St. Vincent is a member of Ascension Health. In line with its holistic, mind, body and spirit treatment philosophy, here is how our program to combat childhood obesity strives to meet our ministries' core values:

### SERVICE OF THE POOR

*Generosity of spirit, especially for persons most in need*

Knowing that low-income families are at higher risk for obesity, we offer this program with a sliding-scale discount based on income. It is crucial that we offer realistic plans for eating healthfully on a budget to families who often run out of money for groceries before the end of each month. Many may rely on food pantries, limiting their ability to meet healthy-eating goals. In addition to financial poverty, much of the overweight population suffers from emotional poverty resulting from a deficit of self-esteem and self-awareness. We screen for emotional issues, as those cannot be overlooked if long-term successful weight management is to occur.

### REVERENCE

*Respect and compassion for the dignity and diversity of life*

Our families are diverse in race and cultural backgrounds. By working individually with families, we are better able to meet their unique needs. We offer free interpreting services and strive to work within a family's cultural practices. We also work with special-needs children and their families.

### INTEGRITY

*Inspiring trust through personal leadership*

As health care professionals, we can more effectively motivate and inspire our patients when we practice what we preach. I am grateful to be able to share my own struggles with being overweight as a child, along with tips and strategies that helped me to achieve long-term healthier eating and activity habits.

### WISDOM

*Integrating excellence and stewardship*

Combining the expertise of a multidisciplinary team of health care professionals, we work hard to empower families with the knowledge and tools they need. By using available resources wisely, we have been able to offer a valuable service to families within a very limited program budget and staff constraints.

### CREATIVITY

*Courageous innovation*

Pediatric weight management programs are rare. We need more programs and studies to improve our chances of finding a formula for success. We continue to search for new ways of improving and expanding our program. We have recently completed an updated second edition of our L.I.F.E. for Kids program manual. We encourage input from our families and include a parent and child feedback questionnaire to help us learn what they did and didn't like about the program.

### DEDICATION

*Affirming the hope and joy of our ministry*

We work evenings, some weekends and often at home to promote healthy lifestyle living through the L.I.F.E. for Kids program. The dropout and non-compliance rate can be disheartening at times, but it is important for us to renew our spirit each day with hope and optimism, by cherishing the successes we are blessed to be a part of. I will never forget when a dad, on program completion day, whispered to me, "You saved our lives."

unfortunately, a statistically insignificant number of families have followed up. We are working on compiling an updated retrospective research study on data we continue to collect, and we hope to obtain a research grant in the near future.

#### **PARTNERSHIPS IN THE COMMUNITY**

Forming partnerships in the community is vital. Not only does this add to what a program can offer to families, it also increases awareness. Lacking our own gym, we collaborated with a local community center to provide a free weekly exercise class open to families in our program and the community. We also periodically join with local sports and fitness facilities to offer free group events for our families.

Our other partnerships include: We work side by side with the Peyton Manning Children's Hospital "Project 18" campaign aimed at combating childhood obesity in our state through school-based health programs, community events and health fairs. "Project 18" partners with Marsh Supermarkets, Inc., Ball State University and more than 300 schools.

We are publishing a cookbook through a partnership with Winters Publishing, Greensburg, Ind., with 15 percent of proceeds going to the L.I.F.E. for Kids program. *Project 18 Menu Makeovers* is a collection of kid-friendly recipes for healthy versions of favorite fast-food and restaurant meals. Kids are really excited when we tell them how they can make burgers, fries, nachos and pizza at home and still be eating healthfully. The Indianapolis Children's Museum and Marsh Supermarkets, Inc., based in Indianapolis, also are promoting the book.

In partnership with the YMCA of Greater Indianapolis, we have developed an 18-week healthy lifestyle program called "Project 18 at the Y" which recently debuted in four YMCA locations. We believe this effort will further our ability, especially in the physical activity area, to have an impact on childhood obesity in our community.

In order to better serve our Spanish-speaking families, we worked with the Joshua Max Simon Primary Care Center at St. Vincent, acquired a St. Vincent Foundation grant and offered a modified Spanish version of our program free of charge.

#### **SPECIFIC MEASURABLE OUTCOME**

In this day and age, providers need to specify a measurable program-outcome model. Not only can this justify a program's existence, it can facilitate program planning, assessment, fundraising,

## **My personal struggles and successes are my most valuable teaching tools.**

and promote partnerships.

In general, starting a program requires identifying the following:

- Program role statement: What does your program do? What needs does it address and fulfill? Whom does it serve? What objectives does it hope to achieve?

- Outcomes: What changes and/or benefits do you intend for your program participants?

- Outputs: What will your program do (specific activities, for example) to bring about these changes and/or benefits?

- Inputs: What resources will be required?

- Indicators: What will you measure to indicate progress toward your stated outcome?

- Target: What is the expected level of success to be attained?

- Evaluation: How will you use outcome data to strengthen the program and benefit the organization?

#### **CONCLUSION**

The mountain of work needed to reverse the obesity epidemic is very high. The steps we are taking through this program and others like it are small, but they are steps forward. We have all been handed an opportunity to step up to do something. Health care workers, administrators, religious leaders, government officials, advertisers, business owners, teachers, parents and even today's youth can all play a valuable role. Let's not stand back and allow this preventable disease to lead our next generation down the path to a decreased quantity and quality of life. I, for one, will keep taking steps to make a difference one child at a time.

**LORI WALTON** is the pediatric weight management coordinator for the Peyton Manning Children's Hospital at St. Vincent, Indianapolis, and director of the pediatric weight management program, L.I.F.E. (Lifetime, Individual, Fitness and Eating) for Kids. She co-authored the cookbook, *Project 18 Menu Makeovers*, to be published in May 2011.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

[www.chausa.org](http://www.chausa.org)

# HEALTH PROGRESS®

---

Reprinted from *Health Progress*, May-June 2011  
Copyright © 2011 by The Catholic Health Association of the United States

---