

CHILDHOOD OBESITY

Report from the First Round of CHNAs and Implementation Strategies

By STEPHANIE DONAHUE

The Affordable Care Act (ACA) requires all tax-exempt hospitals to conduct community health needs assessments (CHNA) every three years and develop implementation strategies for addressing those needs. Hospitals must work with public health and community partners to uncover significant community health needs and to find solutions to these pressing problems.

Since the first round of the new requirement was completed last year, the Catholic Health Association has been analyzing members' CHNAs and implementation strategies to uncover common themes and to identify leading practices. (For a report on the role of partnerships, see "Needs Assessments Show the Importance of Partnerships," by Eileen Marino and Julie Trocchio, in the May-June 2015 issue of *Health Progress*.)

CHA next looked at some of the most common health needs that were reported.

Perhaps to no one's surprise, childhood obesity was a recurring health concern that emerged on CHNAs without regard to geographic location, health system size or affiliation. According to the Centers for Disease Control and Prevention (CDC), from 1980 to 2012, obesity rates increased from 7 percent to 18 percent in children ages 6-11, and from 5 percent to 21 percent in adolescents ages 12-19.

In fact, in 2012, more than one third of U.S. children and adolescents were categorized as overweight or obese, according to the CDC. The implications are both striking and serious: Obese youth are more likely to have high cholesterol and

high blood pressure, both of which are risk factors for cardiovascular disease — the leading killer of adult men and women, just ahead of cancer, CDC statistics show.

Obese youth also are more likely to have pre-diabetes, bone and joint problems, sleep apnea and behavioral and psychological problems. In the long term, obese children are more likely to be obese as adults, when they are further at risk for heart disease, type 2 diabetes and osteoarthritis. Overweight and obesity also increase the risk for various types of cancer.

In the review of 203 member organizations' CHNAs, more than half listed childhood obesity as a need or sub-need, and 75 of these hospitals included childhood obesity in their implementation strategies.

CHA decided to delve deeper into the issue and evaluate how 54 hospital members planned to prevent, manage and treat childhood obesity in their communities. The 54 implementation strategies represented 26 states and 20 system affiliations. Twenty-three hospitals ran their own, independent programs, others collaborated with or supported outside programs or coalitions to address childhood obesity. Most strategies concentrated on improving nutrition, improving physical activity, working with schools and creating public awareness and education campaigns.

NUTRITION PROGRAMS

Improvements in nutrition focused on increasing access to healthy foods through community gardens, farmers markets, food banks and ven-

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dors that accept Supplemental Nutrition Assistance Program (SNAP) benefits; advocating for healthier corner stores, supermarkets and vending machines; increasing nutritional education; providing nutritional counseling; and offering cooking classes.

St. Mary's Hospital in Waterbury, Connecticut, stood out in the area of nutritional improvement. Currently, the facility offers inpatient and outpatient nutritional counseling; funds the Early Childhood Obesity Prevention program to collect data on childhood obesity and develop interventions; and provides lunch and snacks to impoverished children through a state grant. In the hospital, St. Mary's food service supplier offers a Mindful Meal program that includes low-calorie and low-fat food options.

St. Francis Hospital in Evanston, Illinois, a member of Presence Health, hopes to increase fruit and vegetable consumption by holding taste-testing events in the community and demonstrating how to adapt ethnic recipes to make them healthier. These events supplement other hospital outreach efforts such as nutritional education for children and families, partnerships with farmers markets and helping enhance community gardens.

PHYSICAL FITNESS PROGRAMS

Programs intended to improve physical activity centered on providing physical activity education, offering fitness programs in community settings and improving access to formal physical activity programs in the community.

St. Francis Medical Center in Trenton, New Jersey, is helping to re-establish collaboration among public departments and agencies including Trenton Police Department, City of Trenton Recreation Department and schools to ensure that public parks and community centers are regularly available for physical fitness activities. This Trinity Health facility also is working to expand security at parks, recreational facilities and in cor-

ridors to and from schools to increase access to activity outlets.

St. John Medical Center in Longview, Washington, a PeaceHealth facility, has implemented a plan to integrate exercise promotion and nutritional counseling into standard primary and preventative care.

SCHOOL-BASED PROGRAMS

Collaboration with schools primarily revolved around improving schools' wellness policies, organizing school health teams, encouraging schools not to use food as a reward or incentive, hosting nutrition- and physical activity-based camps, promoting physical activity during recess and lunch breaks, offering school-based obesity screenings and facilitating coordination among clinical nutritionists, teachers and athletic trainers.

St. Mary's Regional Medical Center in Lewiston, Maine, a Covenant Health facility, has partnered with a local elementary school to establish a cooking club, implement cafeteria menu changes and create a youth gardener program that fosters leadership and agricultural skills.

Providence St. Vincent Medical Center in Portland, Oregon, has extended its services beyond the typical nine-month school year to offer a summer food program so students have access to adequate nutrition and exercise while school is out.

PUBLIC AWARENESS

Hospitals' public awareness campaigns bear witness to the complexity of childhood obesity as an issue. Some campaigns plan to take a broad approach, such as trying to increase awareness about the importance of physical activity and nutrition education. Other hospitals plan to employ more specific campaigns, targeting such topics as resources for accessible and affordable healthy food, the dangers of high-calorie beverages, reducing screen time for children or promoting hospital-run programs. Hospitals reported that these sources of information will be posted in outdoor advertising space and public buildings or disseminated through popular media.

OTHER EFFORTS

A few hospitals employed strategies based on less conventional efforts, including policy and advocacy initiatives. For example, various hospitals

plan to advocate for the formation of food policy councils in the community, the development of workplace and school wellness policies, and the adoption of policies that promote healthy eating, active living and improved access to healthy food options.

St. Joseph Health in Petaluma, California, augmented galvanized community-level support for its advocacy agenda related to healthy food and physical activity. The hospital's "neighborhood care" staff engaged low-income residents in activities targeting environmental and policy changes through leadership training, community education, outreach, and relationship building with local officials.

Some implementation strategies targeting childhood obesity included breast-feeding initiatives involving prenatal education on breast-feeding and child development, or attempts to increase breast-feeding support in work, hospital and public settings.

The CDC, American Academy of Pediatrics (AAP) and other organizations and journals cite evidence pointing to a reduced risk of pediatric overweight and obesity in children who were

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breast-fed. Breast-feeding is associated with other health benefits for the child including decreased risk for respiratory and urinary tract infections, types 1 and 2 diabetes, lymphoma, leukemia, Hodgkin's disease and sudden infant death syndrome. As such, the CDC and AAP recommend exclusively breast-feeding infants for six months, after which breast-feeding should be supplemented with age-appropriate foods.

Another popular strategy was organizing or supporting health fairs for youth and their families. Collectively, these fairs included health and wellness checks (including body mass index calculation and blood pressure testing); nutrition consultation; cooking demonstrations; stations on general physical activity, martial arts, yoga and the importance of sleep; and even heart dissec-

tions. Some of these fairs, such as the one hosted by CHRISTUS Schumpert Medical Center in Shreveport, Louisiana, also provided participants with prizes, including backpacks full of school supplies or fitness apparel.

Two hospitals incorporated technology into their childhood obesity strategies. The use of pedometers is being piloted in a local elementary school, thanks to the support of St. Claire Regional Medical Center in Morehead, Kentucky, so that students can log the number of steps they take daily and begin to set goals. St. Mary's Medical Center in Huntington, West Virginia, is partnering to launch a "Kids in Motion" program, under which children will participate in fun fitness activities at the local YMCA that is now supplied with over a dozen pieces of interactive equipment called Exergame. Additionally, each child will wear a fitness tracker on his or her wrist to monitor activity levels and track progress.

FAMILY INVOLVEMENT

A few recurring patterns appeared within the spectrum of hospital-run and hospital-sponsored programs. Many hospitals organized educational programming geared at children and their families, too. Children and parents take part in sessions on healthy eating plans, physical fitness, weight management, medical education and stress reduction, and they receive behavioral tools, as well. At Ascension Health Mount St. Mary's Hospital and Health Center in Lewiston, New York, parents receive homework assignments and all family members are offered weigh-in opportunities.

Some hospitals pointed to the importance of family-based programming among minority populations. For example, Daughters of Charity St. Francis Medical Center in Lynwood, California, reported, "Because the traditional Latino cultural values prioritize the well-being of the family over the well-being of the individual, the [Vida Sana/Healthy Life Community Wellness] Program focuses on the participation of the entire family," and therefore offers family health screenings and regular fitness activities that accommodate individuals of all ages.

Similarly, Bon Secours Mary Immaculate Hospital in Newport News, Virginia, implemented the Let's Get Real program, designed to address the specific needs of the African-American community. The program encompasses a "Cookin'

Light” class that teaches parents how to reduce the amounts of sodium and fat in their meals, and a “Tree of Life” class that educates participants on the associations between family culture, heredity and cardiovascular disease.

Avera St. Mary’s Hospital in Pierre, South Dakota, is partnering with the local Department of Parks and Recreation and other groups to develop family trails complete with various “learning structures” to encourage walking and playing, as well as to restore bike trails in the community.

COMPREHENSIVE PROGRAMS

A few hospital-run programs were multifaceted and attempted to target childhood obesity from various angles. SSM Health Cardinal Glennon Children’s Hospital in St. Louis organizes a “Head to Toe” program twice a year for children with a pediatrician’s written recommendation to join in. The comprehensive program involves an exercise

specialist, registered dietician, social worker and health promotion professionals who offer participating children 12 intensive group sessions on nutrition, physical activity and emotional health.

While CHA continues to review and report on the first round of assessments and implementation strategies, members already are embarking on the next round, due within three years of the first. The ACA requires subsequent CHNAs to document the impact of the strategies undertaken in response to the earlier CHNA, so CHA will follow up and report on how these obesity programs worked in their communities as well as the impact of other strategies. Stay tuned!

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