Obesity Prevention

and Treatment Overview

CENTER FOR HEALTHY SCHOOLS AND COMMUNITIES

About this Tool

Our network of 29 school health centers (SHC) is working to increase the number of students with healthy weights, and to prevent and treat obesity. This is a summary of our approach with examples and results from three of the SHCs.

During the 2013–14 school year, more than 10% of all the school health center visits (2,723 total), addressed nutrition, diet, and exercise. SHC provided more than 1,000 sport physicals, helping students participate in school sports. In addition, we provided 270 nutrition education sessions and 446 physical activity programs were hosted across all SHCs.

More than one-third of fifth, seventh, and ninth graders in Alameda County are overweight or obese,[1] and *California Health Interview Survey* data shows that the rate of overweight students approaches 50% in East Oakland. The problems of obesity are related to access to resources, therefore rates are highest in under-resourced communities, such as Oakland, parts of Hayward, and Union City. Alameda County's Center for Healthy Schools and Communities (CHSC) is invested in locating services in and near schools to directly address and close the gaps in health and education inequities. CHSC invests in school health centers as one important point of access to care. The 29 school health centers are located across the county and primarily serve youth in under resourced communities.

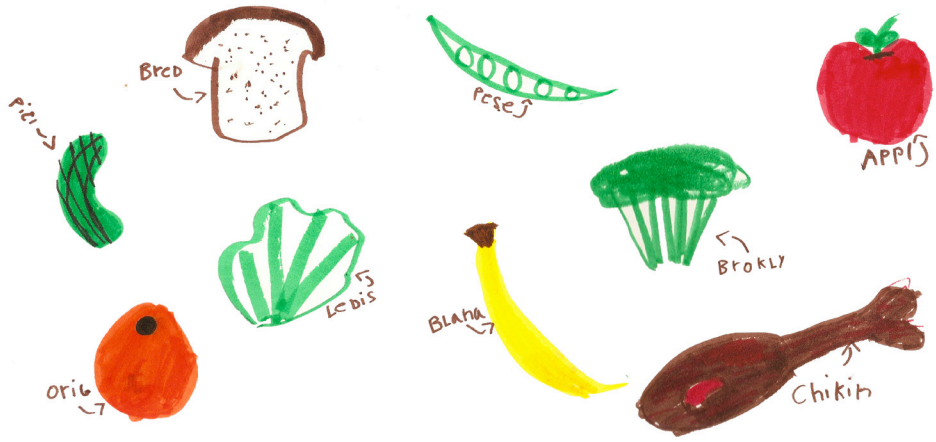
In addition to traditional clinic visits, the school health centers offer preventive health services, including health education and counseling that focuses on improving diet and exercise habits. According to the *California Healthy Kids Survey,* many students are not participating in enough physical activity and also report poor nutritional intake. In schools with SHC, 40% of the students did not eat breakfast, 42% had either none or only one serving of fruit per day, and half (50%) had either none or only one serving of vegetables per day.

To address these nutrition and physical activity issues for the entire school community, some School Health Centers provide cooking, gardening, recreation, dance, and yoga programs to students, staff, and other community members outside of the clinic setting.

Through these activities, SHCs are impacting hundreds of students and helping them to maintain a healthy weight, develop good eating habits, and stay active. Nearly all students (90%) who completed the SHC *Client Survey* reported that the School Health Center had helped them to eat better and/or exercise more.

Obesity's health effects are deep and wide in families and communities. To have an impact and see population-level change it will take a collaborative, multi-pronged approach that includes policy changes, large scale, culturally relevant prevention campaigns, access to a safe space for physical activity and on-going health care treatment.

SHC are well positioned to address obesity in their schools. During the 2013–14 school year, the SHC served more than 13,000 students with close to 57,000 visits, across seven school



districts: Oakland, Hayward, New Haven, San Lorenzo, San Leandro, Berkeley, and Alameda. One promising intervention is the SHC group treatment model.

School Health Center Group Treatment Model

In 2013–14, three middle school SHCs implemented versions of an obesity group treatment model:

- United for Success Academy (UFSA), Healthy Lifestyles Pilot Program
- Roosevelt Health Center Wellness Boost
- Havenscourt Health Center Centering Wellness

The three sites differed somewhat in their implementation. Havenscourt and Roosevelt received private grants, from Safeway Foundation, $75,000, and National School Based Health Alliance, $50,000. Although United for Success had no direct additional funding, they received staff and clinician support, incentives and food donations from Alameda County Public Health, UCSF School of Nursing and the Center for Healthy Schools and Communities.

Sample Model: United for Success Academy Healthy Lifestyles Pilot Program

Objective: Combat obesity rates for youth and families of color in the UFSA middle school community using an effective and financially sustainable model.

Strategy: A multicomponent group obesity intervention targeting children and their caregivers; helping overweight and obese youth lose weight.[2]

Model

- Ten-week group session with a health educator (or nutritionist) of 8 to 12 students, each of whom receive five individual medical visits with a nurse practitioner.
- Sessions included physical activity lessons, a session with the parent or caregiver at the grocery store, and a group supervised shopping trip to support their family's healthy eating choices.
- Providers may charge for obesity prevention activities through ICD0 billable diagnosis codes (278:00/278.01/278.02/V85.54).
- Providers are able to recoup costs up to $380 per visit, or $1,900 per child based on five visits with a provider.

Results

- No statistically significant changes in BMI, BMI Z score and BMI percentile at the follow-up visit based on paired t test. However, overall, the average showed a decrease in BMI.
- Standard deviation indicated significant variations in the change of these outcomes among children (some changed a lot while others did not).
- In the 2013–14 pilot, less than 40% of the participant visits were reimbursable, but the program costs were only about $500 more than the funding.

For 6 to 12 weeks, all three sites ran a group for 8 to 25 children with high body mass index (BMI) - over 85%. All three programs included brief individual clinician visits, nutrition education, physical activity, emotion problem solving support, and a family component.

Some of the benefits of using a group treatment model:

- Identify additional unmet health needs for youth in the groups
- In a school context, groups of students already exist (classes)
- May be financially sustainable – depending on payer mix
- More fun than one-on-one visits
- Potential to include community partners

Growing the Model

While the SHC group treatment model can be sustained with limited resources, start-up funding is needed to effectively develop the program. In addition, a small amount of funding is needed for incentives and food. A SHC could implement the model with approximately $25,000. The limitations to this model are that it is designed for elementary and middle school aged youth. Currently, there isn't a high school treatment model.

1 http://www.publichealthadvocacy.org/research/patchworkdocs/OFT%20brief_final.pdf

2 Epstein, L. H., Paluch, R. A., Roemmich, J. N., & Beecher, M. D. Family-based obesity treatment, then and now: twenty-five years of pediatric obesity treatment. Journal of Health Psychol. 2007;26:381–391