

SCREENING FOR CHILDHOOD OBESITY IN A PEDIATRIC PRACTICE IN UPSTATE NY

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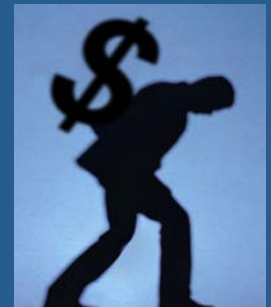
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Celebrate
the sweet life.



Significance of Obesity

- **Annual cost of obesity in U.S. = \$75 billion (1998) to \$147 billion (2006)**
- **Cost of childhood obesity = \$14 billion**
- **Obesity = 27% increase in health care spending from 1987 to 2001**
- **Unsustainable costs to society!!**



Finkelstein, F.A., Trogon, J.G., Cohen, J.W., & Dietz, W. (2009). Annual medical spending attributable to obesity: payer-and service-specific estimates. *Health Affairs*, 28(5), 822-831.

Obesity Prevalence Rates

Broome County

- One of the highest rates of adult overweight and obesity at 63.7% (NYSDOH, 2012)
- Prevalence of childhood obesity is 28% for boys & 25% for girls (NYSDOH, 2012)



New York State

- State average rate of adult overweight and obesity is 59.3%
- Rate of childhood obesity is 18% for boys and girls
- National average is 20% for boys and 16% for girls
- Fernandez, M.M., Lichtenfield, M., & Garruto, R.M. (2009). Childhood obesity in the Southern Tier: A review and comparison of prevalence in sixth graders. Poster session , April 28, 2012.

Childhood Obesity Interventions at DePaul Pediatric Clinic

Healthy Hunger Free Kids Act
Improve school lunch options
Everybody Walk Campaign
Healthier US School Challenge
Dietary Guidelines for Americans
Decrease cost for healthier options
Let's Move and My Plate
Let's Go! 5-2-1-0



Clinical Practice Guidelines for Childhood Obesity

5 – servings vegetables & fruits



2 – less than 2 hours of screen time



1 – at least 1 hour of physical activity

0 – no sugary drinks



Research Questions

- What is the relationship between participation in a childhood obesity conference and adherence to clinical guidelines for obesity screening?
- What is the relationship between counseling for nutrition, physical activity, and screen time and changes in BMI for children ages 2-18 in a pediatric practice setting in Upstate, New York?



Methods & Data Collection

- Retrospective chart review
- Manual data abstraction
- Well child visits 2009-2013
- Quasi-experimental design
- Single-group time-interrupted series
- Convenience sample of 250 children
- Inclusion and exclusion criteria
- Independent & dependent variables
- 2013 HEDIS Standards for childhood obesity



Results and Findings

- Gender: girls (51%) and boys (49%)
- Age: 2-10 yrs (60%) and 11-18 yrs (40%)
- BMI 85 to 95%: girls(19%) and boys (13%)
- BMI > 95%: girls (19%) and boys (12%)
- Race: Hispanic and Asian children highest
- Provider: Nurse Practitioner (72%) MD (28%)
- Insurance: NYS (87%) and Private (12%)
- Multiple Regression confirmed that age was the only significant predictor of BMI post-intervention