



## EDUCATION

Well Child Visit: A Family Obesity Prevention Opportunity  
February – August 2010

### **ABOUT THIS ACTIVITY**

#### **Activity Overview**

This HICORE Education activity will address current best practices in the management of patients with childhood obesity.

#### **Activity Description**

To conduct quarterly UH-JABSOM Department of Pediatrics CME Research and Education seminars related to childhood obesity in Hawaii. The seminars are opportunities for academic and community members to present their 'works-in-progress' or programs as they relate to childhood obesity and related issues. When available, video teleconferencing access will be coordinated for other sites including the neighbor islands. With permission from the speakers, seminars will be video-recorded, archived and available for review.

#### **Learning Objectives**

At the end of this educational activity, participants should be able to:

1. List three common behaviors of lean families.
2. Implement a brief prevention intervention during well child visits for children under the age of five.
3. Describe the theoretical and experimental basis for said intervention.

#### **Intended Audience**

This activity is designed to meet the educational needs of pediatricians, family practitioners, nurses and other health care professionals involved in the management of patients with childhood obesity.

**Estimated time to complete this activity: 1 hour**



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**Method of Participation**

This simulcast is available via archived webcast/audiocast. To complete this CME activity successfully, the participant must:

1. Participate in the live simulcast or the archived webcast/audiocast. Please see bottom of page 2 for instructions.
2. Sign the Activity Attendance Sheet (if participating in a group).
3. Complete and sign the necessary CME documentation required to receive credit for this activity. Please see the CME checklist on page 3.
4. Or, for webcast/audiocast participants, complete the necessary CME documentation available in this booklet or provided online following the webcast/audiocast.

**Faculty**

Presenter

Gina French, MD, FAAP  
University of Hawaii, John A Burns School of Medicine  
Department of Pediatrics, Division of Community Pediatrics

University of Hawaii, HICORE, Content Reviewer

Romelynn Esperanza Stein, MPH

Operations Manager

HICORE: Hawaii Initiative for Childhood Obesity Research and Education

University of Hawaii, John A Burns School of Medicine

Department of Pediatrics

Honolulu, Hawaii

**INSTRUCTIONS FOR PARTICIPATION**

Archived webcast/audiocast will be made available for on-demand viewing at [www.hicore.org](http://www.hicore.org).  
(for enduring credit only)

Technical difficulties, please call HICORE at (808) 271-6980.



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### PROCESSING CREDIT AND ATTENDANCE

#### After the Activity – CME checklist

Complete CME forms provided online or in this activity booklet including the Pre-Activity Assessment. Immediately after viewing the webcast/audiocast, complete the Post-Activity Assessment, Activity Evaluation form, Application for CME Credit, as well as the Training Surveys and Commitment provided at the end of this activity booklet. All meeting materials, including slides of this activity, are available online at [www.hicore.org](http://www.hicore.org). If you have questions about your participation in this activity, please call HICORE at (808) 271-6980.

Submit the completed forms to HICORE:

Mail: 1319 Punahou St. #720, Honolulu, Hawaii 96826

Email PDF: [info@hicore.org](mailto:info@hicore.org)

Fax: (808) 945-1570

#### Accreditation and Credit Designation Statements

CME Credit (Physicians) -- The Hawaii Consortium for Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Hawaii Consortium for Continuing Medical Education designates this educational activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To receive enduring credit, you must pass the Post-Activity Assessment with a score of at least 80% and complete the Activity Evaluation form.

#### Faculty Bios

About the Presenter

- **Gina French, MD, FAAP**



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Dr. French is a behavioral/development specialist from UH-JABSOM Dept. of Pediatrics. She developed the handouts and the conceptual framework behind the prevention strategy.

**Faculty and Staff Disclosures**

As a sponsor accredited by the HCCME, HICORE Education requires the disclosure of any significant financial interest or other relationship a faculty member or sponsor has with the manufacturer(s) of any product discussed in this educational presentation. The faculty reported N/A.

**Staff Disclosures**

In compliance with the HCCME's Standards for Commercial Support, all employees of HICORE who have control over content of a CME activity are required to disclose their relevant financial relationships. No employee has a relevant financial relationship regarding this activity.



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### PRE-ACTIVITY ASSESSMENT

Participants will receive CME credit upon successful completion of the CME activity, which includes the following:

1. Completing the Pre-Activity Assessment
2. Viewing the entire webcast/audiocast (enduring material activity)
3. Completing the Post-Activity Assessment (with a score of at least 80%)
4. Completing the CME Activity Evaluation form
5. Completing the Application for CME Credit form
6. Submitting the completed forms to HICORE at the completion of the activity by mail, fax or email.

To assist us in evaluating the effectiveness of this activity, please complete the following Pre-Activity Assessment. The results will not be graded and will not impact your CME credit. They will be reported in aggregate form with responses from all participants in related educational activities. Thank you in advance for your cooperation.

1. Please indicate your degree:
  - MD/DO
  - RN
  - NP
  - PA
  - Pharmacist
  - Other
 Other (please indicate): \_\_\_\_\_
2. List three common behaviors of lean families.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
3. Describe how you would implement a brief prevention intervention during well child visits for children under the age of five.
 

\_\_\_\_\_

\_\_\_\_\_
4. Describe the theoretical and experimental basis for said intervention.
 

\_\_\_\_\_

\_\_\_\_\_



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**POST-ACTIVITY ASSESSMENT**

To assist us in evaluating the effectiveness of this activity, please complete the Post-Activity Assessment. The results will be graded and will impact your CME credit. To receive enduring credit, you must pass the Post-Activity Assessment with a score of at least 80% and complete the CME Activity Evaluation form. Thank you in advance for your cooperation.

1. Please indicate your degree: \*

- MD/DO
- RN
- NP
- PA
- Pharmacist
- Other

Other (please indicate): \_\_\_\_\_

2. List three common behaviors of lean families.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

3. Describe how you would implement a brief prevention intervention during well child visits for children under the age of five.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the theoretical and experimental basis for said intervention.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### CME ACTIVITY EVALUATION

Rating scale:

5 = excellent, outstanding, very appropriate

2 = fair, minimally acceptable, borderline

4 = good, done well, appropriate

1 = poor, inadequate, not done well

3 = satisfactory, adequate, OK

The speaker: (Circle one number for each line)

1. 1 2 3 4 5 provided objectives or guidelines at the beginning of the presentation and successfully met learning objectives.
2. 1 2 3 4 5 presented the content in a coherent, understandable manner.
3. 1 2 3 4 5 provided an adequate amount of detail, neither superficial nor excessive.
4. 1 2 3 4 5 presented content that was appropriate for my level of knowledge.
5. 1 2 3 4 5 used audiovisuals that complemented, rather than detracted from the presentation.
6. 1 2 3 4 5 gave a balanced view of all therapeutic options.
7. 1 2 3 4 5 presented a program that had practical value to my daily practice.

Did you detect any commercial bias in the program?

Yes  No

Were faculty relationships with commercial supporters disclosed?

Yes  No

Instructions: Mark the appropriate checkbox for each statement.

1. I will recommend this activity to others

Strongly

Agree

Strongly Disagree

2. Compared with other CME activities attended, today's activity was

Very Informative

Not Informative

3. In order to develop CME activities that will best meet your needs and interests, please share with us topics and suggestions future activities.


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**APPLICATION FOR CREDIT**

Please complete even if you are not requesting credit. This assists us in capturing important educational outcomes data for this educational activity. Thank you!

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1. Completing the Pre-Activity Assessment
2. Viewing the entire webcast/audiocast (enduring material activity)
3. Completing the Post-Activity Assessment (with a score of at least 80%)
4. Completing the CME Activity Evaluation form
5. Completing the Application for CME Credit form
6. Submitting the completed forms to HICORE at the completion of the activity by mail, fax or email.

Please print the following information:

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Specialty: \_\_\_\_\_

E-mail: \_\_\_\_\_

Facility/Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

I agree that I am only claiming credit commensurate with the extent of my participation in the activity.

Number of hours claiming: (e.g. 1.0 hour, .5 hour) \_\_\_\_\_

Signature: \_\_\_\_\_

For data entry: Social Security Number (last 5 digits): \_\_\_\_\_

**Type of Credit: (Check one):**  AMA  Attendance

**Method of Participation Format: (Check one):**

Webcast  Audiocast  Teleconference  Archived Webcast




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## Talking to your patients about obesity

*Please indicate how true each of the following items is for you when talking to your patients about obesity by circling the corresponding number.*

Item	Not at all true	1	2	3	4	Exactly True
I always Do a BMI	1	2	3	4	5	
I talk to every family with overweight kids	1	2	3	4	5	
I don't have enough time	1	2	3	4	5	
I don't know what will help	1	2	3	4	5	
I do not think I can help	1	2	3	4	5	
I may make things worse	1	2	3	4	5	
I worry about causing eating disorders	1	2	3	4	5	
I don't have the time to do it at all	1	2	3	4	5	
I would do it if it took less than 5 minutes	1	2	3	4	5	
It makes my families mad	1	2	3	4	5	
I worry about hurting the kid's feelings	1	2	3	4	5	
I'm too overweight to be taken seriously	1	2	3	4	5	
I never exercise myself	1	2	3	4	5	
My patients have other more important problems	1	2	3	4	5	

**Comments** (Anything else that stops you? Anything that helps you? Anything you don't have that might help you? ):



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## Training Evaluation Form

Please take a few minutes to fill out this anonymous evaluation form to provide important feedback.

Evaluation Questions	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
1. As a result of attending this workshop, I learned common behaviors of lean families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three of those behaviors are: _____				
2. I am confident that I could implement a brief prevention intervention during well child visits for children under the age of 5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I learned the theoretical and experimental basis for that intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please write a short description for the theoretical and experimental basis here:				
4. My overall rating for this workshop is:	<b>Poor</b> <input type="checkbox"/>	<b>Fair</b> <input type="checkbox"/>	<b>Good</b> <input type="checkbox"/>	<b>Excellent</b> <input type="checkbox"/>
5. What was the most useful part of this workshop?				
6. What would you suggest to improve this workshop?				
7. Do you have any additional comments?				



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### **Obesity Prevention Agreement:**

For the next year, I will use the Healthy Living handouts as provided by the Hawaii Department of Health in the way that Dr. French described today and in return, the Hawaii Department of Health and/or HICORE will provide the Healthy Living handouts for our clinic. We will consider continuing to use them depending on our experience with them.

---

Name of Pediatric Healthcare Provider

Clinic Name

---

Provider signature

Date

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### **Well Child Visits: A Family Obesity Prevention Opportunity Summary points and references:**

#### **A seminar on childhood obesity prevention based on the MOMS Project by Dr. Gina French:**

- Groner JA, Skybo T, Murray-Johnson L, et al. Anticipatory guidance for prevention of childhood obesity: design of the MOMS project. *Clin Pediatr (Phila)*. Jun 2009;48(5):483-492.

#### **Role of Healthcare Providers in Obesity Prevention**

*Tackling the obesity epidemic will require healthcare providers to take on a dual approach targeting individual children and families and the complex environmental issues that fuel the epidemic. "Obesity prevention is our hope" and the role of the healthcare provider begins in the clinic.*

- Davis MM, Gance-Cleveland B, Hassink S, Johnson R, Paradis G, Resnicow K. Recommendations for prevention of childhood obesity. *Pediatrics*. Dec 2007;120 Suppl 4:S229-253.
- Dietz W. How to tackle the problem early? The role of education in the prevention of obesity. *Int J Obes Relat Metab Disord*. May 1999;23 Suppl 4:S7-9.
- Lavizzo-Mourey R. Childhood obesity: what it means for physicians. *JAMA*. Aug 22 2007;298(8):920-922.
- Barlow SE. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics*. Dec 2007;120 Suppl 4:S164-192.

#### **ROLE OF PARENTS**

##### **Maternal Obesity and Childhood Obesity:**

*Maternal obesity triples the risk for childhood obesity. Encourage parents to support the health of their children by first by taking the initial steps to being healthy themselves.*

- Strauss RS, Knight J. Influence of the home environment on the development of obesity in children. *Pediatrics*. Jun 1999;103(6):e85.
- Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. *N Engl J Med*. Sep 25 1997;337(13):869-873.
- Nader PR, O'Brien M, Houts R, et al. Identifying risk for obesity in early childhood. *Pediatrics*. Sep 2006;118(3):e594-601.

#### **Family influences on the development of eating behaviors:**



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*Kids imitate the adults in their life. What and how kids eat starts with what and how the parents eat. The problem of childhood obesity isn't prevented with strict children's diets, but rather by parental example of a healthier lifestyle. Encourage parents to model what and how they would like their children to eat.*

- Birch LL, Fisher JO. Development of eating behaviors among children and adolescents. *Pediatrics*. Mar 1998;101(3 Pt 2):539-549.
- Birch LL, Davison KK. Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. *Pediatr Clin North Am*. Aug 2001;48(4):893-907.

## MUTABLE CAUSES OF OBESITY

### Television viewing and Childhood Obesity

*Studies strongly support the relationship between sedentary activity, especially television, and obesity. Encourage parents to monitor screen time and turn off the TV during mealtime.*

- Robinson TN. Television viewing and childhood obesity. *Pediatr Clin North Am*. Aug 2001;48(4):1017-1025.
- Dubois L, Farmer A, Girard M, Peterson K. Social factors and television use during meals and snacks is associated with higher BMI among pre-school children. *Public Health Nutr*. Dec 2008;11(12):1267-1279.
- Gable S, Chang Y, Krull JL. Television watching and frequency of family meals are predictive of overweight onset and persistence in a national sample of school-aged children. *J Am Diet Assoc*. Jan 2007;107(1):53-61.

### Skiping Meals and Obesity

*Obese adolescents and adults are more likely to skip breakfast than their normal weight peers. Consistent evidence supports the view that skipping meals, especially breakfast, may be a risk factor in increased BMI. Encourage parents, children and adolescents to eat 3 meals a day and to not skip meals, especially breakfast.*

- Ma Y, Bertone ER, Stanek EJ, 3rd, et al. Association between eating patterns and obesity in a free-living US adult population. *Am J Epidemiol*. Jul 1 2003;158(1):85-92.
- Lin BH, Huang CL, French SA. Factors associated with women's and children's body mass indices by income status. *Int J Obes Relat Metab Disord*. Apr 2004;28(4):536-542.
- Koletzko B, Toschke AM. Meal patterns and frequencies: do they affect body weight in children and adolescents? *Crit Rev Food Sci Nutr*. Feb;50(2):100-105.

### Family Meals and Obesity

*There is consistent evidence on a positive association between frequency of family meals, the quality of diet and healthy weight. Encourage families to eat meals together whenever possible.*



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- Gillman MW, Rifas-Shiman SL, Frazier AL, et al. Family dinner and diet quality among older children and adolescents. *Arch Fam Med*. Mar 2000;9(3):235-240.
- Videon TM, Manning CK. Influences on adolescent eating patterns: the importance of family meals. *J Adolesc Health*. May 2003;32(5):365-373.

### **Sugar Sweetened Beverages and Obesity**

*Sugar-sweetened beverages (SSB), including soft drinks and fruit juices, contain large amounts of readily absorbable sugars and are now the largest source of sugar in American diets. Higher consumption of SSB is associated with greater magnitude of weight gain, obesity and several metabolic abnormalities. The Center for Disease Control and Prevention (CDC), Institute of Medicine and other expert panels have identified decreasing SSB consumption as a primary strategy to preventing obesity. Encourage parents and children to drink more water and less sweetened beverages.*

- Schulze MB, Manson JE, Ludwig DS, et al. Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women. *JAMA*. Aug 25 2004;292(8):927-934.
- Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr*. Aug 2006;84(2):274-288.
- Johnson RK, Appel LJ, Brands M, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. Sep 15 2009;120(11):1011-1020.
- New York State Department of Health: Evidence Related to Sugar-Sweetened Beverages and Health. [www.cspinet.org/new/pdf/sdtaxes\\_nys\\_soda\\_lit\\_rev.pdf](http://www.cspinet.org/new/pdf/sdtaxes_nys_soda_lit_rev.pdf)

### **Eating Out, Fast Food and Obesity**

*Dining out at restaurants, especially at fast food restaurants, has increased greatly among families in recent years. There is now consistent evidence that more increased frequency of “dining out” and greater fast food consumption is associated with increased caloric intake regardless of weight and increased BMI. Encourage families to save money, eat at home when possible and to consider choosing healthier menu options and/or smaller portions when they do eat out.*

- Thompson OM, Ballew C, Resnicow K, et al. Food purchased away from home as a predictor of change in BMI z-score among girls. *Int J Obes Relat Metab Disord*. Feb 2004;28(2):282-289.
- Rosenheck R. Fast food consumption and increased caloric intake: a systematic review of a trajectory towards weight gain and obesity risk. *Obes Rev*. Nov 2008;9(6):535-547.

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- Ebbeling CB, Sinclair KB, Pereira MA, Garcia-Lago E, Feldman HA, Ludwig DS. Compensation for energy intake from fast food among overweight and lean adolescents. *JAMA*. Jun 16 2004;291(23):2828-2833.

**Counseling, Motivational Interviewing and the Pediatric Healthcare Provider**

*Patient centered approaches to health care counseling may have better outcomes than traditional advice especially when lifestyle change is involved. Motivational interviewing (MI) is a patient-centered approach that has been shown to be effective in smoking cessation and behavior change in adults. Evidence is now just emerging on its use in pediatrics and experts advocate that it may be a more appropriate approach to encourage families to adopt healthier lifestyles than traditional medical counseling.*

- Davis MM, Gance-Cleveland B, Hassink S, Johnson R, Paradis G, Resnicow K. Recommendations for prevention of childhood obesity. *Pediatrics*. Dec 2007;120 Suppl 4:S229-253
- Resnicow K, Davis R, Rollnick S. Motivational interviewing for pediatric obesity: Conceptual issues and evidence review. *J Am Diet Assoc*. Dec 2006;106(12):2024-2033.
- Schwartz RP, Hamre R, Dietz WH, et al. Office-based motivational interviewing to prevent childhood obesity: a feasibility study. *Arch Pediatr Adolesc Med*. May 2007;161(5):495-501.