CHCANYS

Community Health Care Association of New York State

Childhood Obesity Prevention in New York City Community Health Centers: Best Practices and Lessons Learned

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Defining New Directions

About CHCANYS

Community Health Care Association of New York State

- CHCANYS, a 37 year-old organization, is New York's Primary Care Association and the statewide association of community health centers
- CHCANYS works to ensure that all New Yorkers and particularly those living in underserved communities, have access to high quality community based health care services
- CHCANYS' mission is focused on retaining and expanding primary care capacity; investing in primary care health information technology (HIT); implementing primary care home standards; reforming the primary care payment system; and developing the primary care workforce

Consortium Background

- 2007: CHCANYS funded by the New York City Council to address Childhood Obesity
  - Created the New York City Prevention and Management Consortium
- 2008-2009: CHCANYS Refunded by the City Council
- Over 3 years, CHCANYS lead 11 health centers (20 sites) to implement improvements in the screening and treatment of childhood obesity

Consortium Objectives

- **Aim:** to improve the overall screening rate of children using recommendations from the Expert Committee on Childhood Obesity
- **Goal:** to help reduce the prevalence of childhood obesity by enabling primary care providers in FQHC's to better prevent, identify and treat children with this condition
- **Focus:** children 2-18 years old

Consortium Participants

- Betances Health Center
- Boriken Neighborhood Health Center
- Charles B. Wang Community Health Center: Chinatown and Flushing sites
- Community Healthcare Network: Downtown Health Center
- Joseph B. Addabbo Family Health Center: Arverne and Jamaica sites
- Lutheran Family Health Centers: Sunset Park Family Health Center, PS 172, MS 88 and School Based Team at Erasmus High School
- Montefiore Comprehensive Health Center
- Montefiore Family Health Center
- Morris Heights Health Center: Burnside site, PS 126 and MS 399
- Urban Health Plan, Inc.: El Nuevo San Juan Health Center and Plaza del Sol Family Health Center
- William F. Ryan Community Health Network: Ryan Center and Ryan-Nena Community Health Center

The Childhood Obesity "Epidemic"

- Over the past three decades, the childhood obesity rate has more than tripled (1 out of 5 children)
- Children who are overweight or obese are at risk for diabetes, HTN, sleep apnea, etc.
- If not addressed this trend may result in a shortening of life expectancy
- **Recording Body Mass Index (BMI) was not yet a part of routine practice**
- **Many providers did not yet feel comfortable addressing obesity with patients and families**

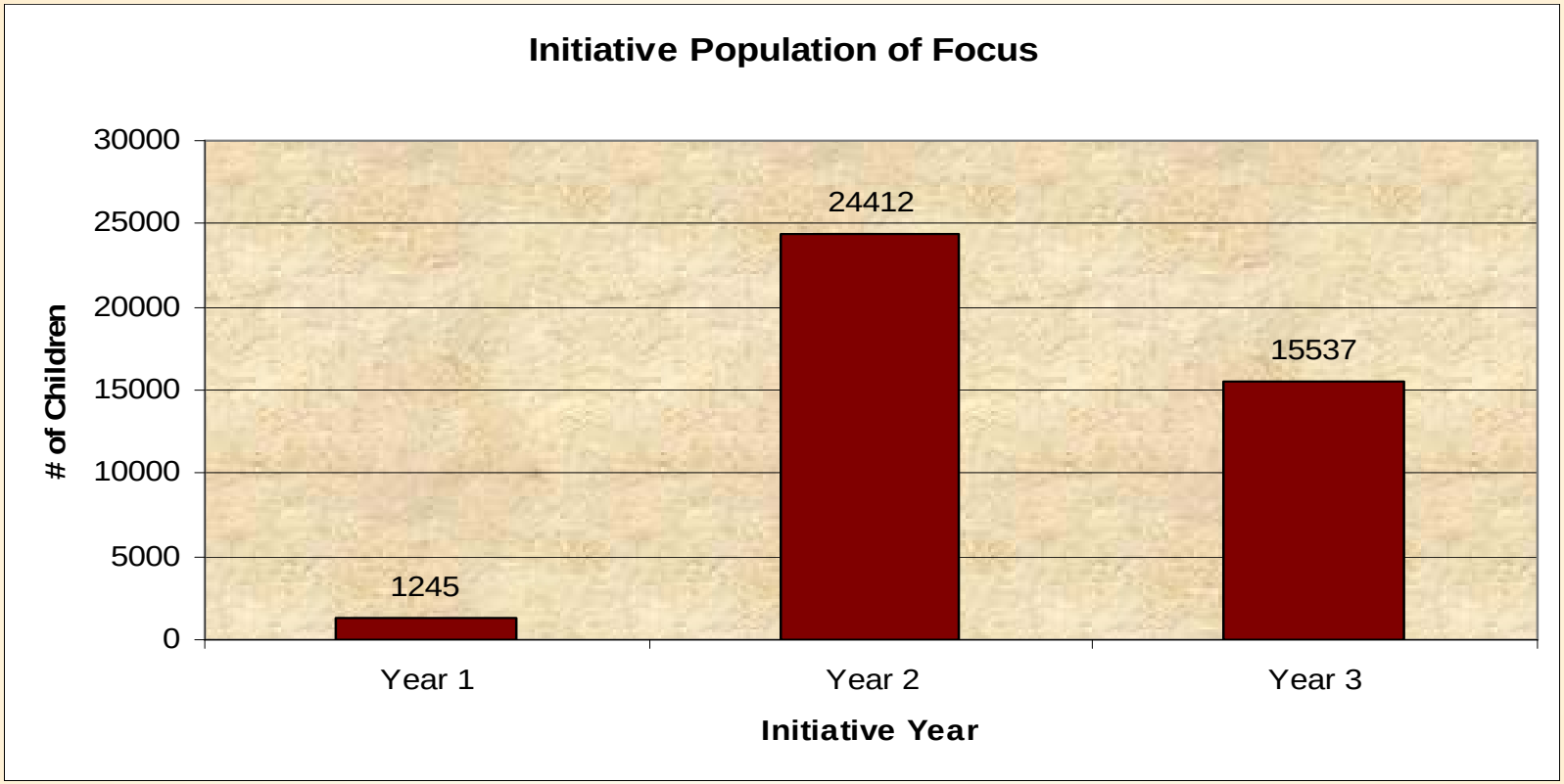
Source: CHCANYS Childhood Obesity Prevention Charter 2008

Terminology for BMI Categories

(Source: CHCANYS Childhood Obesity Initiative Charter)

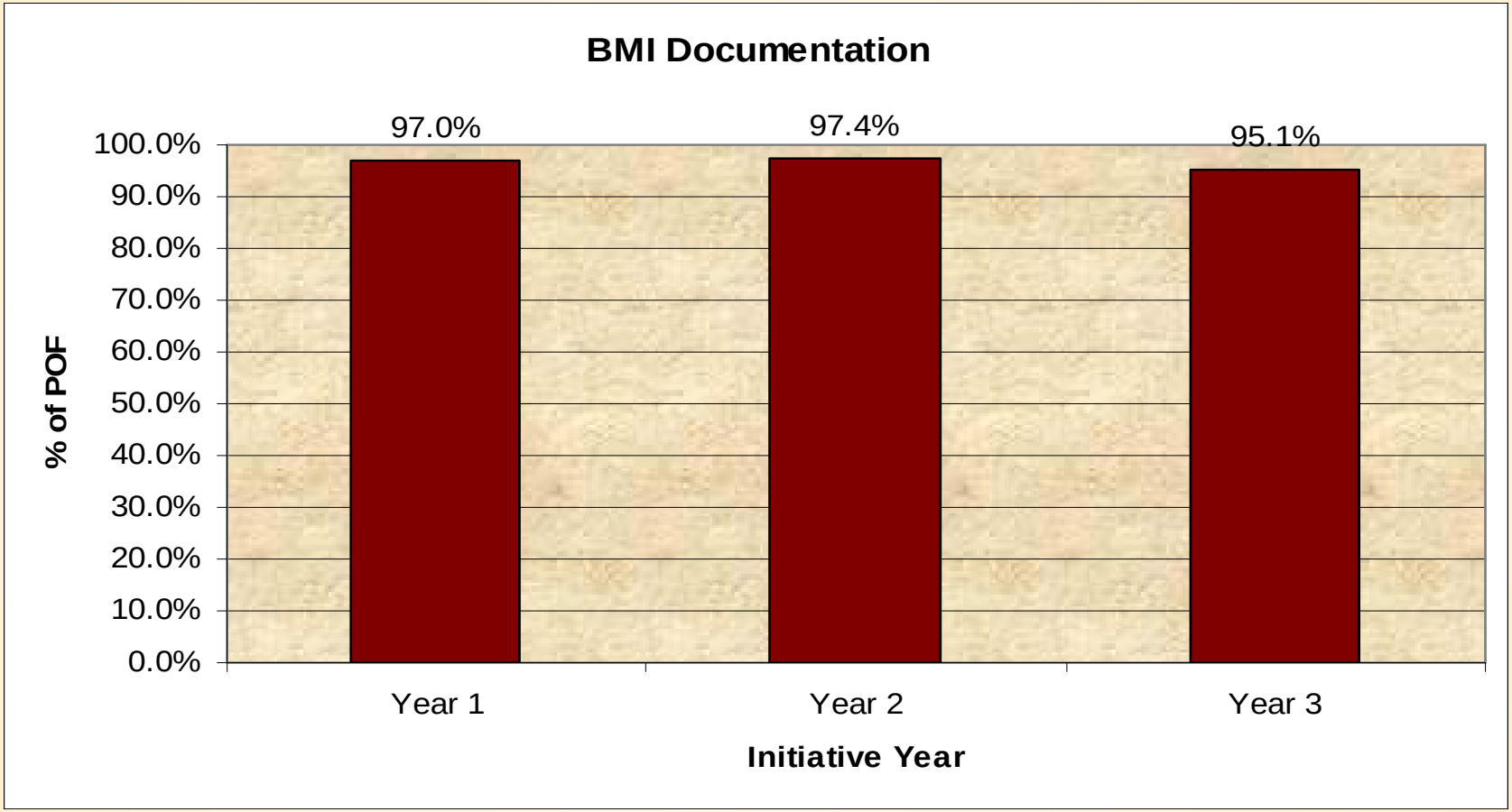
BMI Category	Former Terminology	Recommended Terminology
> 5th Percentile	Underweight	Underweight
5th-84th Percentile	Healthy Weight	Healthy Weight
85th-94th Percentile	At Risk for Overweight	Overweight
≥95th Percentile	Overweight or Obesity	Obesity

Population of Focus (POF)



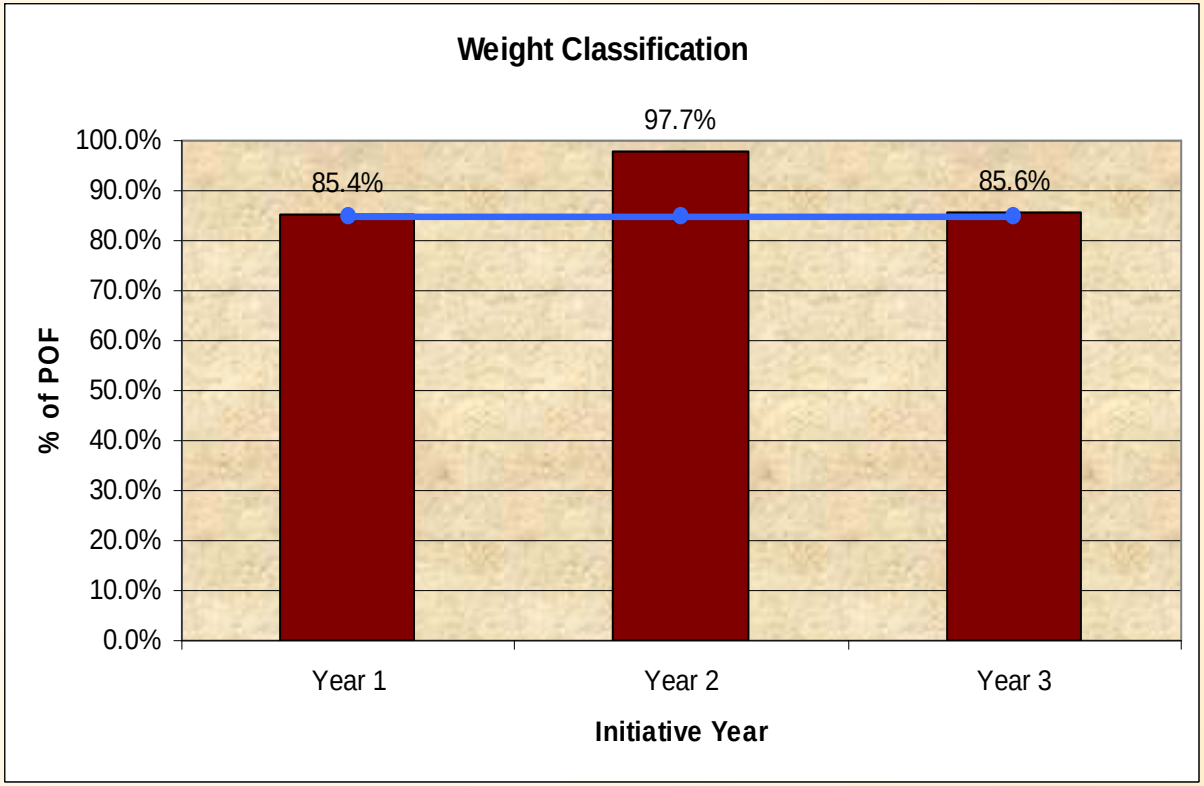
- All children between the ages of 2 to 18 who received medical attention at the clinic site in the previous 12 months regardless of treatment or diagnosis

Initiative BMI Documentation

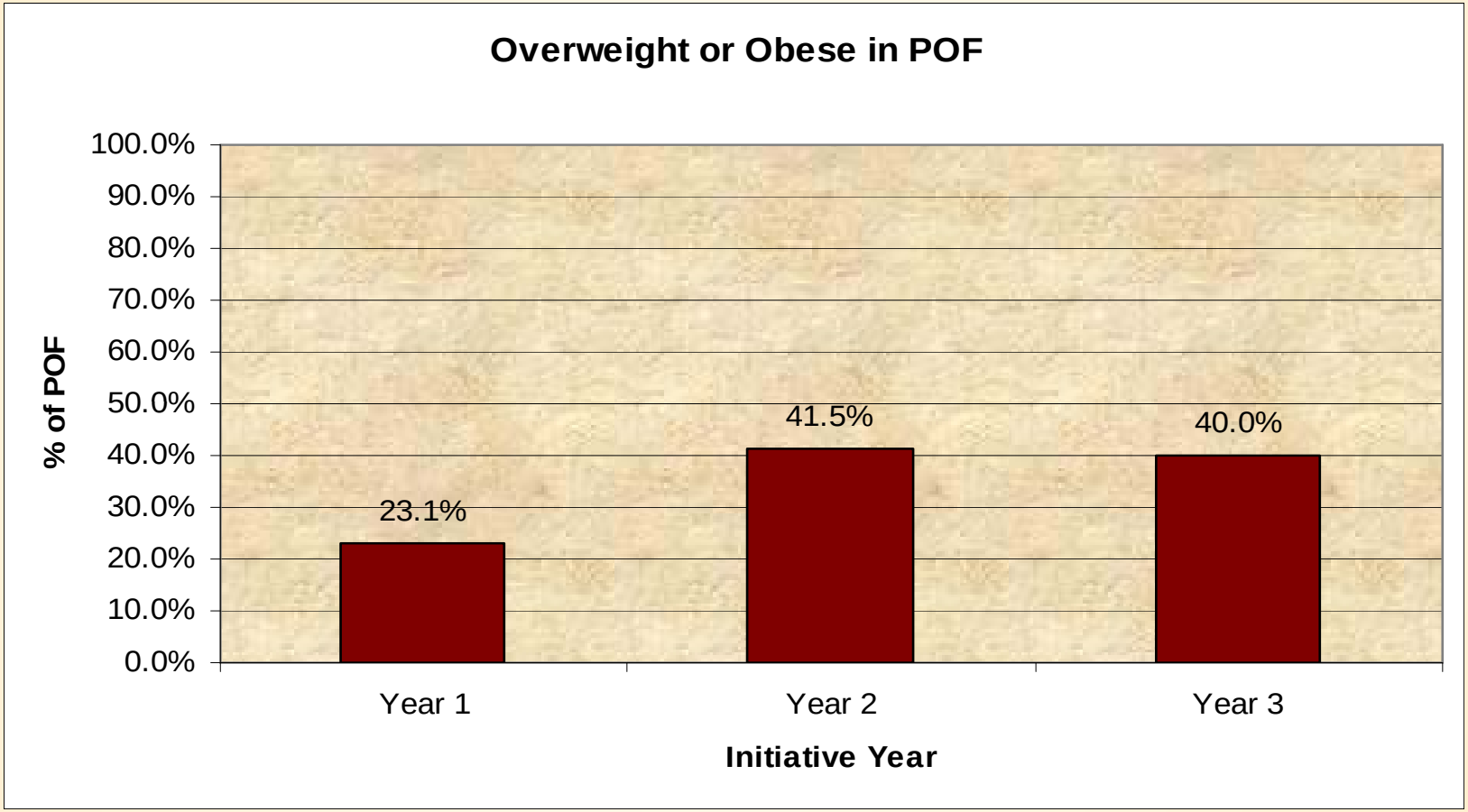


Consortium Process Measures

- 85% of POF will be classified as underweight, healthy weight, overweight or obese

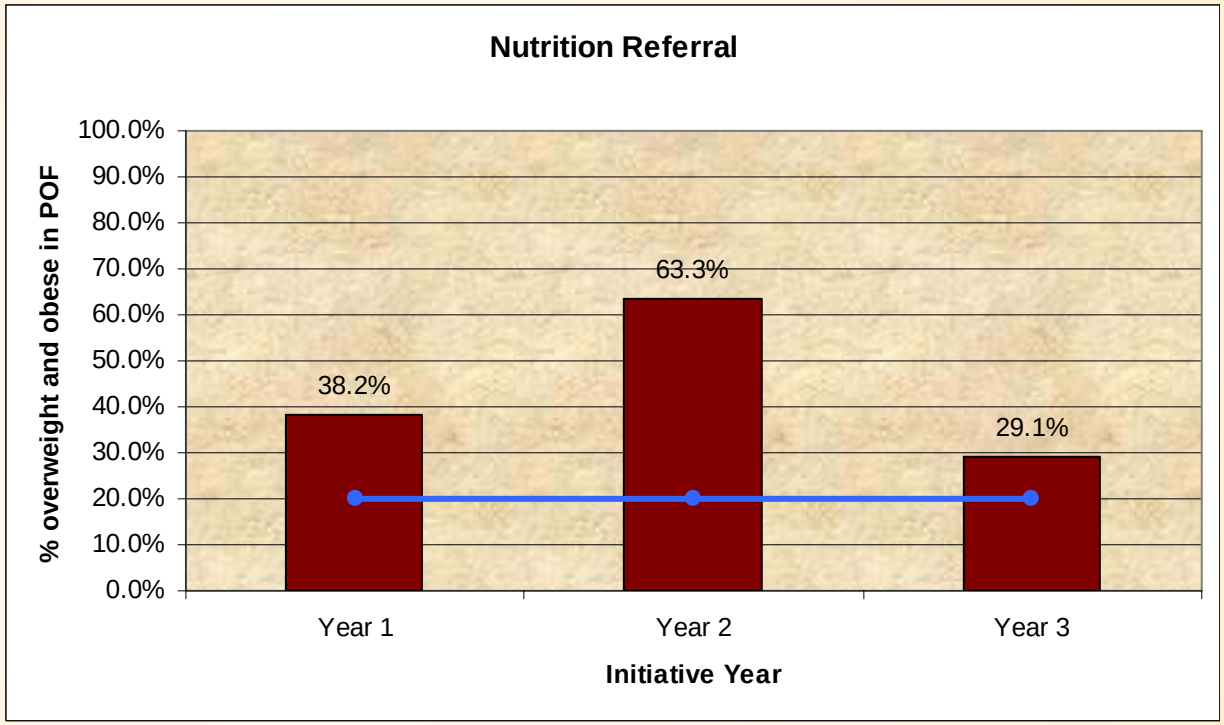


Overweight or Obese in POF



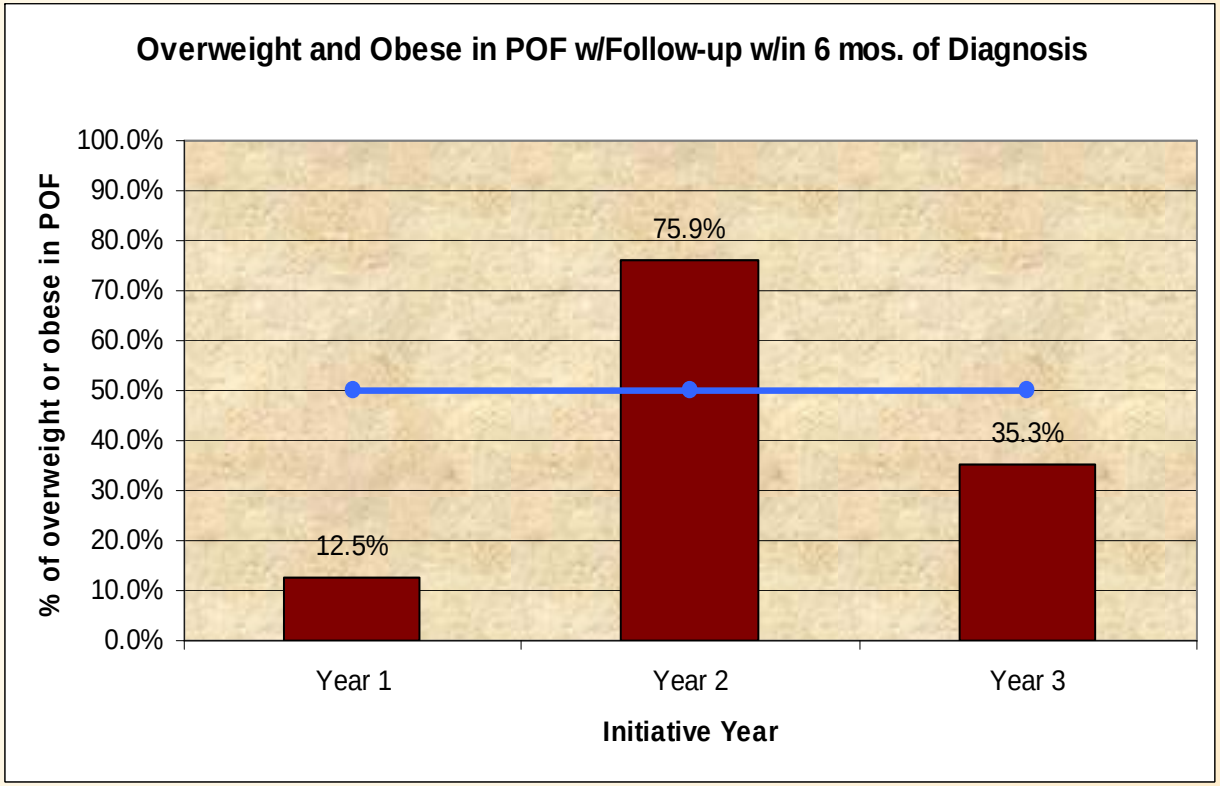
Consortium Process Measures (cont'd)

- 20% of overweight and obese children in POF will have a nutrition referral



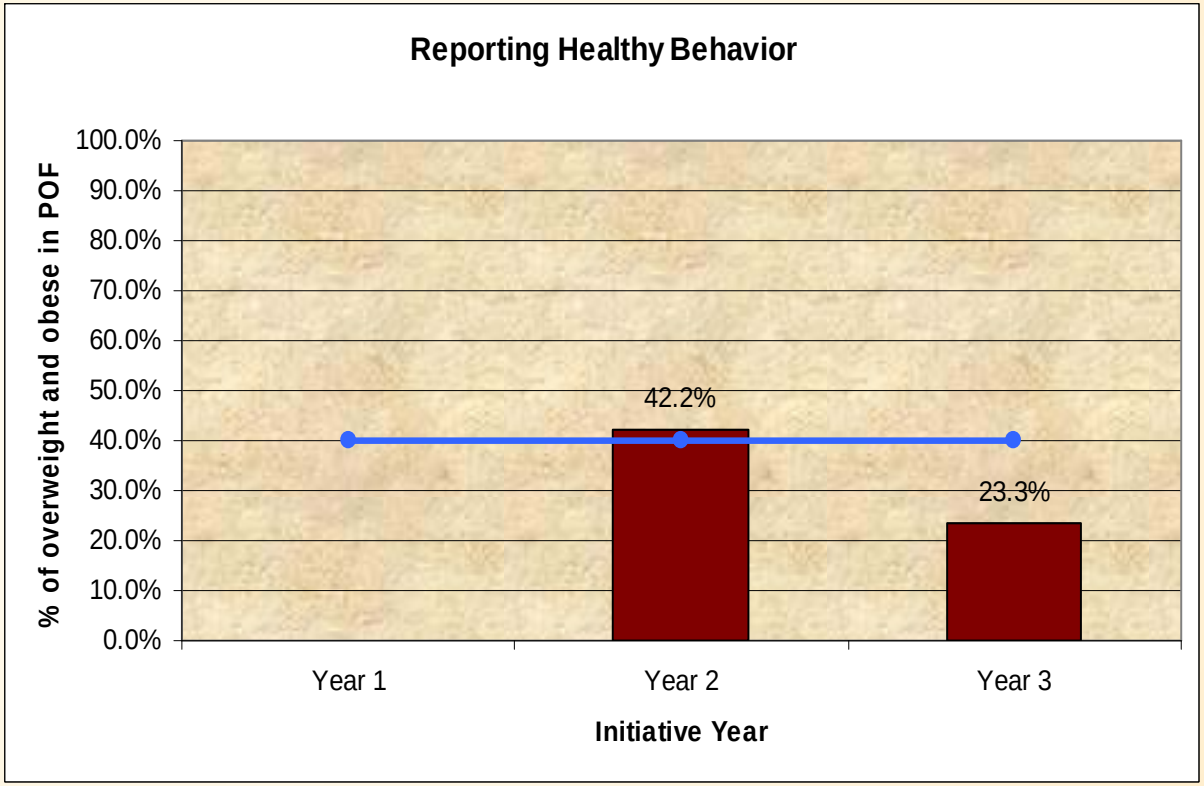
Consortium Process Measures (cont'd)

- 50% of overweight and obese children in POF will have follow-up within 6 months of diagnosis



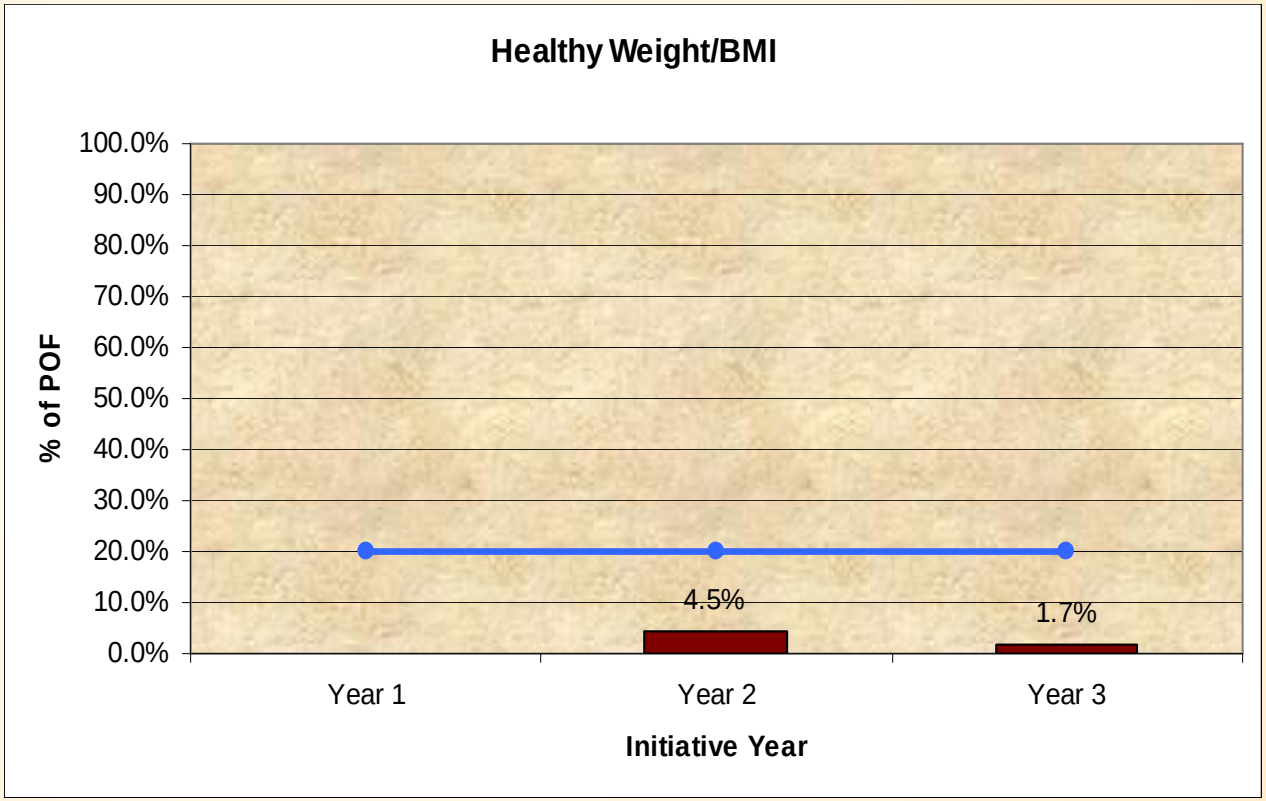
Consortium Outcome Measures

- 40% of overweight and obese children in POF will report healthy behavior



Consortium Outcome Measures (cont'd)

- 20% of POF will reach a healthy weight/ BMI



Strategy

- Engaged health center senior leadership
- Facilitated yearly performance improvement team learning sessions
  - Chronic Care Model
  - Model for Improvement
- Developed key partnerships
  - Children's Museum of Manhattan
  - Children of the City
- Obtained faculty from peer health center
  - Urban Health Plan, Inc.

Strategy (cont'd)

- Established a health center mentor site for teams
  - Morris Heights Health Center
- Encouraged adoption of evidence based best practices
  - Change package
  - NIH ***We Can!*** Curricula
- Provided ongoing learning sessions
  - Motivational Interviewing/Behavioral Activation
  - Train the trainer on soda and cereal sugar demonstrations
- Conducted weekly team collaboration coaching calls

Strategy (cont'd)

- Distributed "tried and true" resources for targeted populations
  - Obesity Action Kit
  - 5-2-1-0 campaign materials
- Engaged community through the use of team selected "Parent Ambassadors"
- Facilitated year end forums to share best practices among teams
- Utilized lessons learned from returning team to build Consortium success

Lessons Learned

- Build on foundations from previous years
- Leadership buy-in within an organization is paramount
- A multi-disciplinary approach is a more effective use of limited resources to address the patient's needs in a more integral manner

Lessons Learned (cont'd)

- Healthy eating and physical activity should be introduced to parents and children in interactive, creative and fun ways
- Adoption of best practices requires creative strategies in regards to finances and human resources
- Providing on-going coaching and incorporating team feedback through the initiative assures maximum success

Next Steps

For Teams…

- Sustain systems changes
- Further scale up or spread
- Continue to use electronic health records to mainstream and ease data reporting

For CHCANYS…

- Continue to work with partners
- Secure funding for the project to continue
- Expand the initiative state-wide

Thank you!!!

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