

Building a Local Solution to a National Problem:

7-3-3-1 Healthy Families Having Fun

APHA Nov 7, 2007

Robin Steinwand,
MPH

The Primary Care Coalition of Montgomery County Maryland &

The University of Maryland EFNEP Program

7-3-3-1

Healthy Families Having Fun

- Family-centered, culturally relevant program for Latino children ages 6-12 who are overweight or obese
- Evidence-based curriculum
- Referral and support by Care for Kids Health Providers



Primary Care Coalition of Montgomery County, Maryland

- A non-profit organization with a mission to assure health care access and improve the health of uninsured children and adults in Montgomery County
 - Integration of services of 10 independent clinic organizations
 - Administer County-funded health care for the underserved
 - Coordinate with public, non-profit, research and community-based organizations to enhance services
- Care for Kids (CFK)
 - Access to care for low-income children ineligible for medical assistance (2900 annually)

University of Maryland

- Expanded Food and Nutrition Education Program (EFNEP)
- Maryland Cooperative Extension-Family & Consumer Sciences (FCS)
- Expertise in community nutrition, outreach, program & curriculum design, and award-winning work with target community

BACKGROUND

Childhood Obesity is a National Problem

- 16% children are obese (source: NHANES 1999-2002)
- WIC data for state or local comparison*

WIC (ages 1-4)	Obese
US	13.2 %
Maryland	15 %
Montgomery County	22 %

Source: USDA FNS Report July 2004

PROGRAM DEVELOPMENT METHODOLOGY

- Chart Review to identify target population
- Focus Groups with intake survey to inform program design
- Provider Integration
- Inventory of existing programs and curricula
- Curriculum Design in partnership with University of Maryland

CFK Chart Review

Oct 2003, 596 charts, all ages (2-19 years)

Race/Ethnicity	$\geq 95\%$ BMI/age* <i>obese</i>	85-94% BMI/age* <i>overweight</i>
----------------	--------------------------------------	--------------------------------------

CFK charts: Highest prevalence of overweight and obesity:

CFK Hispanic children 6-11 years	29 %	25 %
-------------------------------------	------	------

Comparison with National Data, Children 6-11 years (CDC-2003)

White, Non-Hispanic	13.5 %	NA
Black, Non-Hispanic	19.8 %	NA
Hispanic	23 %	NA

* Per CDC growth charts

Focus Groups

- 4 groups of CFK children, overweight & within normal range (n=20), 2 parent groups (n=16)
- Intake survey with 43 parents supplemented findings
- Findings informed program design:
 - Family-centered
 - Saturday classes
 - Accessible location

CFK Provider Integration for Referral and Follow- Up

- CFK Provider Network
 - 4 community-based clinics
 - 3 private practices
 - 3 school-based health program sites
 - 1 HMO
- Appropriate assessment (BMI/age)
- Follow-up to sustain behavior change

Inventory of Existing Programs

- Inventory of Programs and Curricula for clear simple message / name (2004)
- No single model addressed all components:
 - Latino children
 - Family-centered
 - Provider tie-in

Curriculum & Class Design

- Evidence-based curriculum
 - CDC, AAP, USDA 2005 Dietary Guidelines
- Healthy lifestyle, not weight loss
- Family-centered and culturally relevant
- Dual language
- Staff trained by University of Maryland



7-3-3-1 Healthy Families Having Fun

7-3-3-1 Sean Una Familia Activa y Sana

**Six interactive classes including
physical activity + nutrition + hands-on food preparation**

- 7** half-cup servings of fruits & vegetables a day
- 3** servings of whole-grain products each day
- 3** cups or equivalent amount of nonfat or low-fat milk products a day
- 1** hour of physical activity a day
(2 hour limit on screen time)

Evaluation Design*

Goals: Participants

- Attendance: 60% attend 5-6 classes
- Behavior change: 60% increase in fruit & veggies, low-fat dairy & physical activity; decrease in screen time

Goals: CFK Providers

- Appropriate referral by CFK Providers
- Provider compliance with follow-up at 3, 6 & 12 months

* Independent bilingual evaluator

Evaluation Tools

- Programmatic information: attendance; referrals
- Exit interviews
- Anecdotes from participants, providers, & partners
- Pre/post tests; food & activity logs
- Phone interviews with participants
- Phone interviews with providers
- CFK database
- Management/partner review



RESULTS

M Bonfigli for CHF



Attendance

60% will attend 5-6 classes



M Bonfigli for CHF

- Of 30 enrolled children, 57% attended 5-6 classes
- 25 who completed series attended average 4.84 classes
- Family participation:
 - 32 siblings, 52 parents, 7 other adults
 - 9 fathers attended (average 2 classes)

Behavior Change*

60% increase in fruit & veggies, low-fat dairy & physical activity; decrease in screen time

- 79% child increase in fruit & vegetables (interview, n=19)
- 92% lower fat milk consumption (n=13, pre/post P1& P2 only)
- 74% family physical activity together more than before (interview, n=19)
- Increase in family-set limits on screen time from 53% of families to 89% (interview, n=19; similar results from P3 pre/post test)

* self-reported

Provider Referral & Follow-Up

Appropriate referral and compliance with follow-up

- BMI/age supplied for 87% of children enrolled (n=30)
- 74% of families reported provider reinforced messages (participant interview, n=19)
- Challenges with Follow-up:
 - Children averaged 3 encounters with CFK Provider during year after participation (CFK database; n=19)
 - More information needed to assess follow-up

Satisfaction with Program: Participants

Telephone interview (n=19 families)

- 100% liked combined parent/child classes
- 100% rated program 'excellent' or 'good'
- 3 best things from the program

Simple exercises

Learn to read food labels

Family oriented

Exit interview (n=34 adults & children)

- 30 of 34 preferred dual language



Satisfaction with Program: CFK Providers

Telephone interview with CFK Providers (n=8)

- Valuable resource to refer high-risk children
- Minimal added workload
- Program well-suited to target group
- Need similar resource for other children



CHALLENGES & LEARNINGS

- Provider component
 - Assess quality of patient follow-up & outcome metrics
 - Materials to support provider-patient interaction
- Need tools to assess readiness for change
- Community-based learnings a continual process

CONCLUSIONS

- There exists a need for programs to address children already overweight or obese
- Family involvement is a crucial element of success
- Elementary age ripe for learning

- Going forward:
 Phased expansion to other target populations

Photo by M Bonfigli for CHF



Thank you

Our funders

- Consumer Health Foundation
- Kaiser Permanente
- Cafritz Foundation
- Private business

Our collaborators

- Montgomery County Dept of Health & Human Services
- Montgomery County Recreation Department
- Minority Health Initiatives
- Obesity Prevention Strategy Group
- Many others

Primary Care Coalition of Montgomery County

- Robin Steinwand, MPH
- Maria Triantis, RN, MBA



University of Maryland EFNEP

- Denise Benoit-Moctezuma, MPH
- Mira Mehta, PhD



www.primarycarecoalition.org