Centers for Disease Control and Prevention
Deputy Director for Public Health Service and Implementation Science

OPRE Methods Meeting Session 9: Implications for the Federal Context

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DISCLAIMER- The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention.

We Know What Works: Pediatric Weight Management Interventions (PWMI)

Evidence Base:

Over **60** Randomized Controlled Trials show us that family-centered pediatric weight management interventions (PWMI) can result in 5-20% reduction in excess weight

U.S. Preventive Services Task Force Recommendation:

Grade B*

Physicians should **screen children ages 6+** using BMI and offer/refer children with obesity to intensive, **family-centered PWMI**

Interventions should have **26+ hours** of counseling over 2-12 months on **nutrition**, **physical activity**, and **behavior change**.

*The Grade B recommendation means that children on Medicaid have coverage for screening and treatment in intensive interventions as a preventive service.

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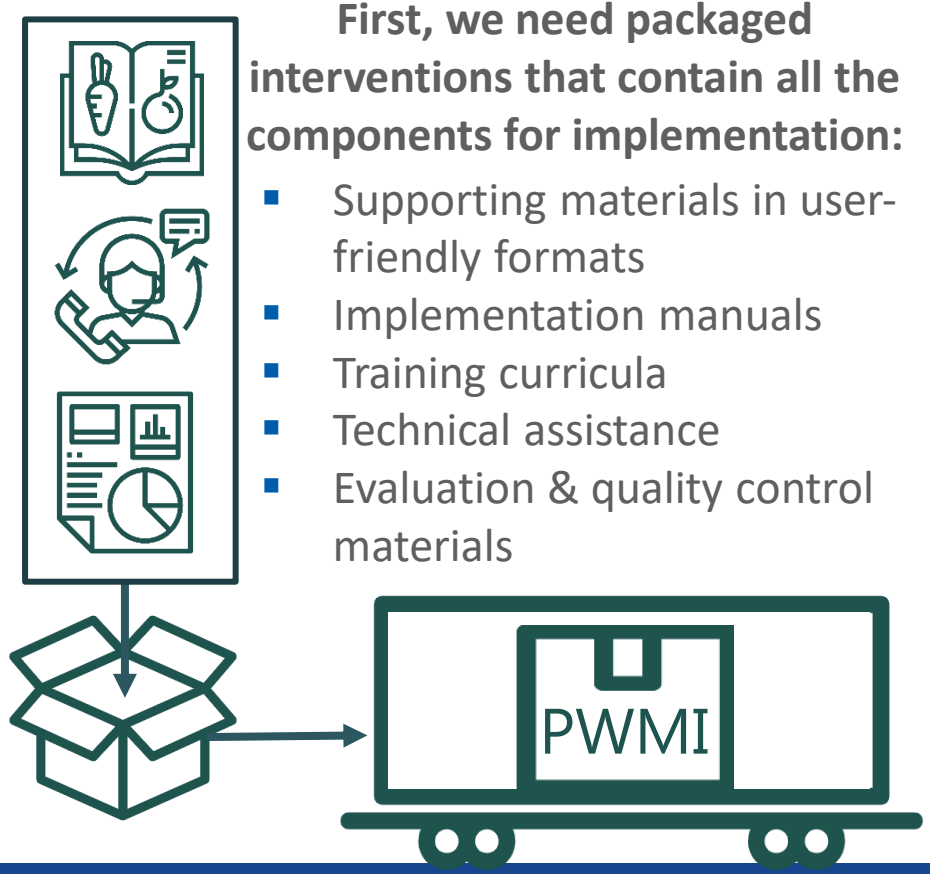
https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/obesity-in-children-and-adolescents-screening

We Have the Research – We are Working on the Translation



First, we need packaged interventions that contain all the components for implementation:

- Supporting materials in user-friendly formats
- Implementation manuals
- Training curricula
- Technical assistance
- Evaluation & quality control materials

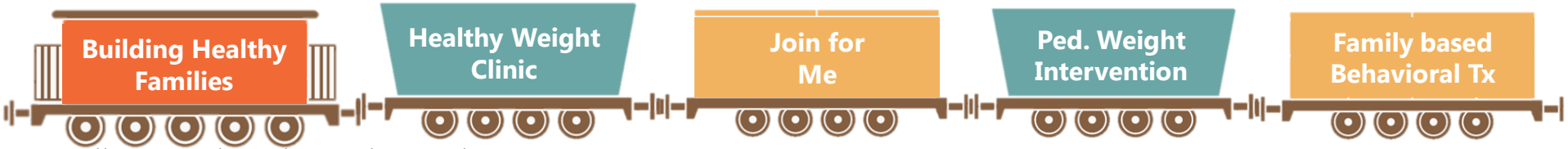
Then, to ensure children are screened and referred, we need:

Supply:
Sufficient reimbursable interventions available

Demand:
Providers are aware, confident, and referring

The Childhood Obesity Research Demonstration Project (CORD 3.0) is taking 5 unique, effective interventions & preparing them for scale across systems and settings

Grantee and Intervention	Model/Setting	Outcomes
Washington University (St. Louis, MO) Family-based Behavioral Treatment	Individualized Behavioral Model (Clinic Based)	Mean reduction in excess weight of 20% (1 year); average parent weight loss 28lbs (6 months)
Stanford University: Pediatric Weight Intervention	Group Model (Clinic Based)	Mean reduction in excess weight of 8% (at 6 & 18 months); 68% of parents lose or maintain BMI
Miriam Hospital in Rhode Island: Join for Me	Group Model (Community Based)	4.3% reduction in excess weight at the completion of the intervention
Massachusetts General Hospital: Healthy Weight Clinic	Individualized Medical Model (Clinic Based)	Mean reduction in zBMI = 0.16 units/year
University of Nebraska Building Health Families	Group Model (Community Based (Rural))	Mean reduction in zBMI = 0.22 units/year



https://www.cdc.gov/obesity/strategies/healthcare/cord3.html

Progress: Advancing Evidence-Based Practices to Reach Low-Income Families

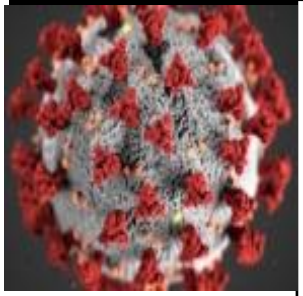
- Utilizing the only evidence-based PWMI currently available: Mind, Exercise, Nutrition, Do It! (MEND®)
  - Through partnership with National Association of Community Health Centers, we are implementing MEND® for low-income families at Federally Qualified Health Centers in 5 states. We are also developing best practice guides to support additional expansion.
  - One size does not fit all families. We need packaged interventions using multiple models to meet the needs of diverse populations and settings.

Moving us forward: PWMIs help address childhood obesity

https://www.cdc.gov/obesity/initiatives/commit/index.html

NATIONAL ASSOCIATION OF Community Health Centers

Childhood Obesity Management with MEND Implementation Teams (COMMIT) In Community Health Centers

	Number and Duration of Sessions	Session Content	Team & Target Populations	Measure and data entry	Other
GREEN LIGHT CHANGES	*e.g., Time of day, alignment with school schedules, weekend hours*	*e.g., Tailoring language, pictures, examples for local culture/context; Using motivators appropriate to population; Changing foods/recipes for local preferences*	*e.g., Child care for younger kids; Assistant for difficult behaviors; ANY staff member can be MEND trained; ANY caregiver can attend Synergy of Primary Care staff to COMMIT staff*	*e.g., Entering/storing data in EMR or other secure system; Interpret measures into another language or literacy level*	
YELLOW LIGHT CHANGES	*e.g., Duration of sessions Frequency of sessions ("intensity") Minor modifications likely ok, but…Higher->lower intensity over 2-12 months*	*e.g., Substituting activities; Changing session sequence; Adapting program to varying physical spaces*	*e.g., substituting or adjunct staff with sub-optimal training; Sibling involvement; Age group: 2-5 years, 15-18 years*	*e.g., Adding additional outcome measures (ex: self-esteem, a1c); Slimming process & outcome measures*	
RED LIGHT CHANGES	*e.g., Total # of HOURS ("dose") matters! Guideline recommends minimum 26 hours In practice: some children & families need more than others "Booster" (post-MEND) dose -> sustained family change*	*e.g., Nutrition & physical activity education; Behavior change (ex: problem-solving, goal setting); Skill-building (ex: cooking, shopping, everyday physical activity)*	*e.g., Un- or under-trained staff as MEND leaders Age group: 0-2 years*	*e.g., Key health outcome measure = change in BMI percentile; Tracking sessions attended*	
	• Intensity/dose still matters most! • Necessary substitutions in a global pandemic – in-person group is not safe so what are creative adaptations? (phone, zoom, webex, google hangouts, online resources)	• Focus on providing nutrition + physical activity • Can use existing MEND info and share virtually (powerpoint, emailed or mailed handouts) • Tailor as needed for COVID – additional family resources, mental health needs	• Keep same trained MEND team if possible • If previous MEND team redeployed/unavailable, are there other champions who have some availability to step up?	• Lack of in-person visits means objective measurements not easily obtained – can people come in for height/weight only? • Surveys – mail, email, ask over the phone • Covid-specific questions?	