

Weight Assessment and Counseling – Children & Adolescents

Impact of Obesity in Rural Northern California

- Over the last 3 decades, childhood obesity has more than doubled in children and tripled in adolescents in the US.⁴⁸ In 2013-14, 17.2% of children and adolescents aged 2-19 years were considered obese.⁴⁹
- Studies have shown that 16.5 percent of rural children are obese compared to 14.4 percent of urban children.⁵⁰
- Children and adolescents who are obese are more likely to be obese as adults and are therefore at risk for health problems, such as heart disease, type 2 diabetes, stroke and several types of cancer.⁵¹
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.¹ Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.⁵²

How Health Centers Provide the Necessary Care

Clinical Interventions

- Document BMI percentile, preferably on a plotted graph, for all children and adolescents - annually and incorporate counseling on nutrition and physical activity into all health center visits.
- Write prescriptions for physical activity for patients with a BMI that is out of the healthy range.
- Develop wellness plans that guide patients in adopting changes for healthy diet and exercise. Equip patients with pedometers and assist them in setting and achieving activity goals.
- Convene nutrition counseling and/or exercise support groups to promote healthy behaviors.

Community Interventions

- Set up walking groups or other programs to support positive behavior change.
- Assist patients and community members in using apps through their mobile phone to track calorie consumption and/or physical activity.
- Support development of local, community gardens, farmers markets, or community food co-ops that increase access to fresh foods and encourage healthy diets.
- Conduct community cooking classes to promote healthy eating.
- Explore opportunities to develop joint use agreements with local schools to provide access to community facilities for physical activity.

⁴⁸ Centers for Disease Prevention and Control. 2013. "Antibiotics Aren't Always the Answer." <http://www.cdc.gov/features/getsmart/> (June 19, 2014)

⁴⁹ National Health and Nutrition Examination Survey (NHANES). CDC/NCHS

⁵⁰ The 2011 Report to the Secretary: Rural Health and Human Services Issues. The Nat'l Advisory Committee on Rural Health and Human Services.

⁵¹ Centers for Disease Prevention and Control. 2013. "Antibiotics Aren't Always the Answer." <http://www.cdc.gov/features/getsmart/> (June 19, 2014)

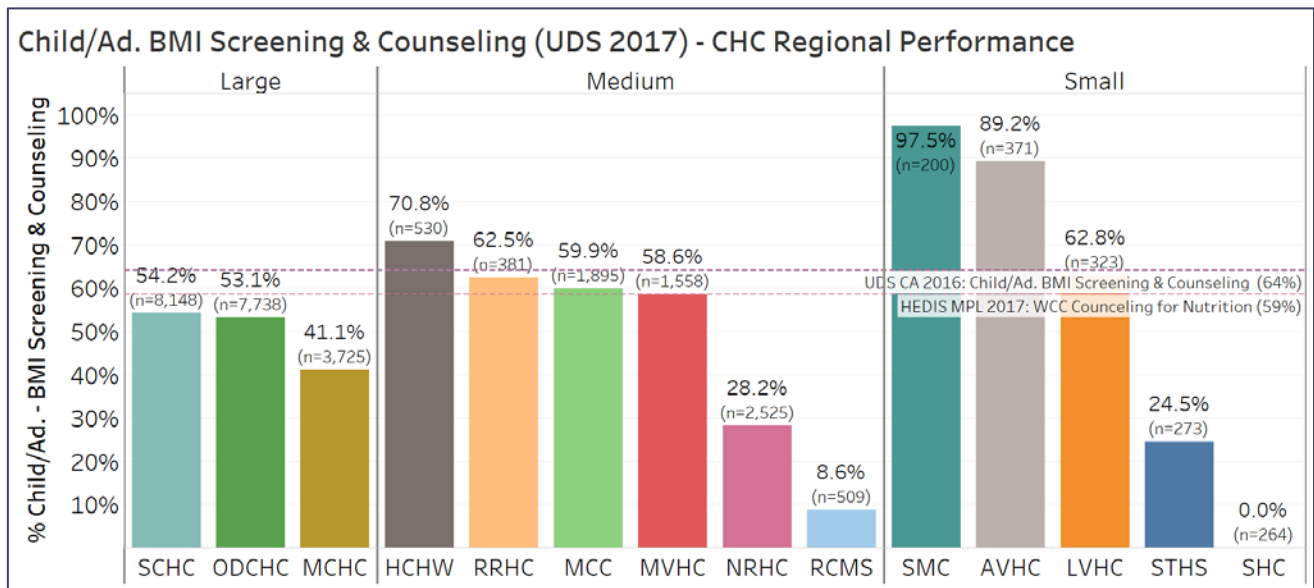
⁵² CDC. 2012. "NCHS Data Brief: Physical Activity in U.S. Youth Aged 12–15 Years, 2012." <http://www.cdc.gov/nchs/data/databriefs/db141.htm> (June 4, 2014).

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Northern California Health Center Data

Key Points

- Weight assessments and counseling are commonly included in well child check-ups.
- Any patient aged 3 to 17 seen at the health center, including those only seen for an acute care visit (e.g. ear ache) are included in this measure. Health centers are challenged to integrate nutrition and physical activity counseling into all encounters with patients.
- Health centers showed improvement in providing weight assessments and counseling for children and adolescents. Automated reminders and documentation enhancements in electronic health record systems may have contributed to the improved performance.



Quality Measure Definitions (UDS, HEDIS & QIP)

Children and Adolescents: Percentage of patients aged 3-17 who had: (1) evidence of BMI percentile documentation, (2) documentation of counseling for nutrition, and (3) documentation of counseling for physical activity.

- The U.S. Preventive Task Force recommends that clinicians screen all patients for obesity and offer counseling and behavioral interventions. BMI provides weight ranges correlated to height by gender. Higher BMI correlates to being overweight or obese.

National Quality Goals and Benchmarks

HEDIS 25th (MPL) for Measurement Year 2017: HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile for the Weight Assessment and Counseling – Nutrition Counseling for Children and Adolescents is 58.56% and for Physical Activity Counseling is 49.06%.