



Fit for Life

**Family Centered Approach to Promoting
Health and Wellness Among Infants and Toddlers**

CHCANYS Annual & Clinical Statewide
Conference

Presenters:

Shamiza Ally, MD

Justine Springer

October 3, 2010

 **Urban Health Plan**

Urban Health Plan, Inc.

•OUR HISTORY

- Founded in 1974 by Dr. Richard Izquierdo
- Federal Qualified Health Center (FQHC) designation in 1999
- Accredited by the Joint Commission.
- 4 Sites:
 - El Nuevo San Juan Health Center—1065 Southern Blvd, Bronx, NY
 - Bella Vista Health Center—890 Hunts Point Ave, Bronx, NY
 - Plaza del Castillo Health Center— 1515 Southern Blvd, Bronx, NY
 - Plaza del Sol Health Center—37-16 108th St, Corona, NY
- 5 School-Based Sites; 2 Off-Sites 2 Administrative Sites
- 2009: 37,000 Users and 197,000 Encounters
- 82% Hispanic; 15% African-American; 3% Other
- Largest employer in zip code 10459
- 2009: Awarded the Nicholas E. Davies Community Health Award by the Health Information Management Systems Society (HIMSS)
- 2009: NCQA Level 3 Patient Centered Medical Home Recognition

Team Members

Paloma Hernandez

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David Lisojo

Dr. Acklema Mohammad

Dr. Shamiza Ally

Javiera Figueroa

Elvira Rella

Mirolasva Soler

Justine Springer

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Alexis Sonera

Carolina Sullivan

Rosa Nunez

Wendy Navarro

Chief Executive Officer

Chief Medical Officer

Director of IACH

Registry Coordinator

Director of Pediatrics

Pediatrician

Registered Nurse

Director of Nutrition

Medical Assistant

Program Coordinator

Nutrition Educator

Telephone Support

Nutritionist

Behavior Specialist

AmeriCorps Nutrition Educator

Purpose Statement

The Fit 4 Life program will continue the UHP tradition of providing high-quality services through nutrition education and fitness guidance. Our ultimate goal is to minimize risk of Type 2 diabetes and promote a healthy lifestyle. We are targeting parents of 0-36 month old children with the objective of achieving or maintaining a healthy BMI between the 5th and 84th percentiles. We will use the care model to assure a comprehensive interdisciplinary approach.

Initial Population of Focus: Dr. Ally's patient's 0-36 months of age

First Spread: All patients of Nuevo San Juan 0-36 months of age

The Facts Tell the Story

- **Overweight and obese children tend to become obese adults**
- **In NYC, 39% of Kindergarten through 8th graders are overweight or obese***

South Bronx:*

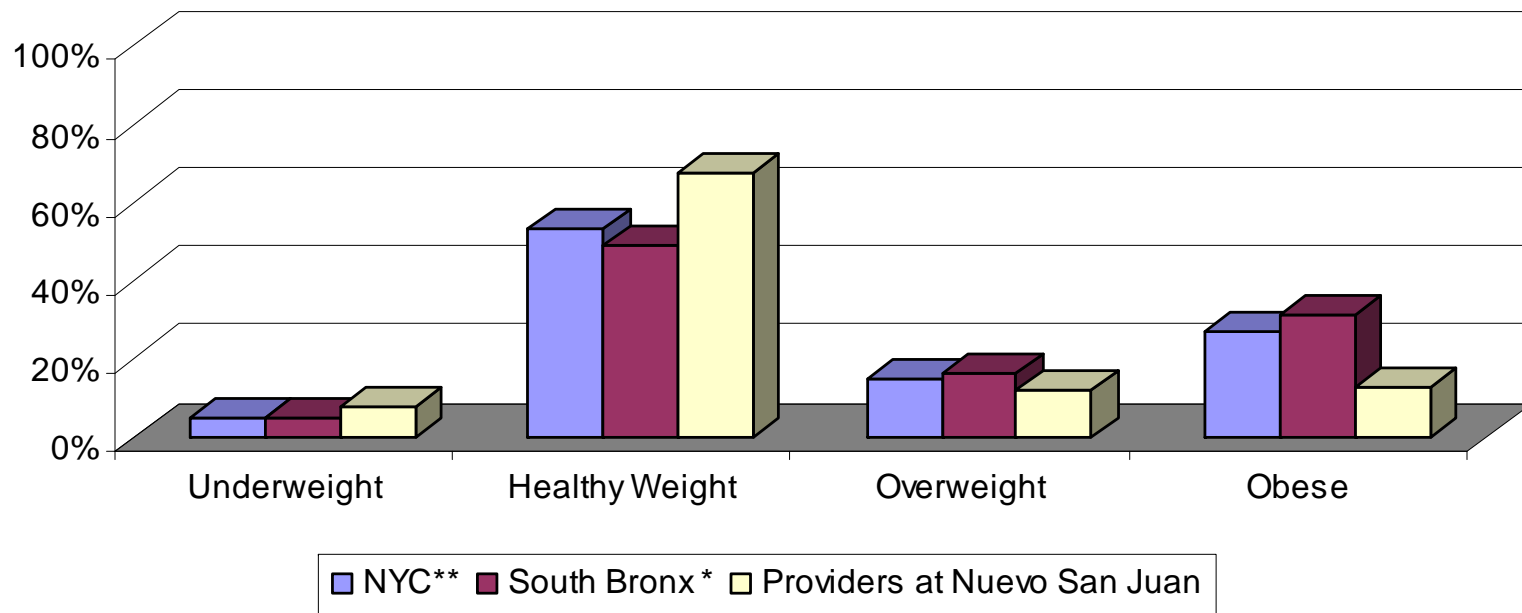
- **31% of children in Head Start are obese**
(Head Start average age=3.5 years old)
- **47% are overweight or obese**

*NYC Vital Signs, New York City Department of Health and Mental Hygiene and New York Department of Education 2009

*Obesity in the South Bronx: A Look Across Generations DOHMH 2007

Comparative Rates of Weight Classification for 3 - 4 Year Olds

| | NYC** | South Bronx * | Providers at Nuevo San Juan |
|--|------------|---------------|-----------------------------|
| Underweight | 5% | 5% | 8% |
| Healthy Weight | 53% | 49% | 67% |
| Overweight | 15% | 16% | 12% |
| Obese | 27% | 31% | 13% |
| Total percentage Overweight/Obese | 42% | 47% | 25% |



* Obesity in the South Bronx: A Look Across Generations DOHMH 2007

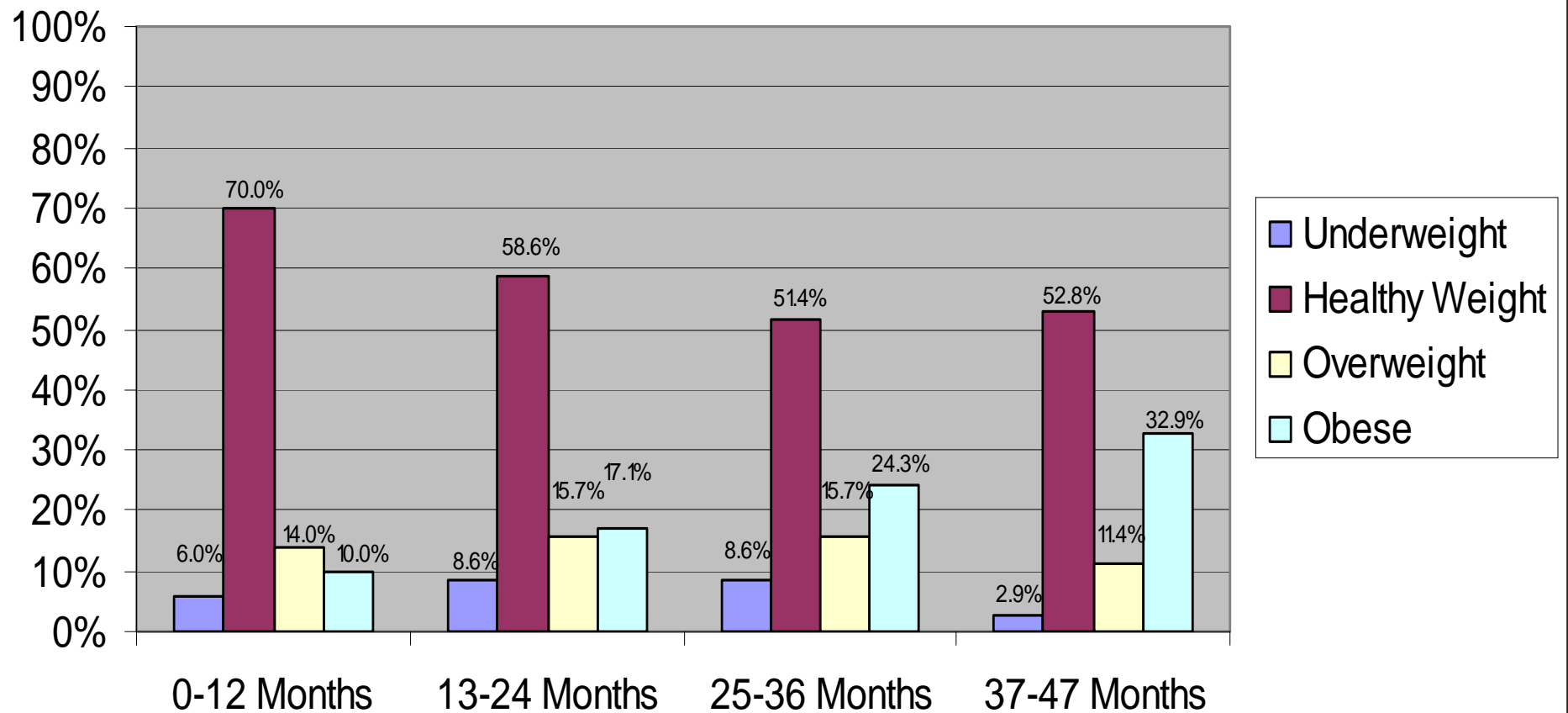
**NYC Vital Signs March 2006 Volume 5, No. 2

Why Start with Infants?

- **Adolescent weight management program in 2003**
- **Realized that healthy habits had to start at a much earlier age**
- **Have a strong prenatal program**
- **Need early parental involvement**
- **Birth to 36 months old**

BASELINE DATA

Weight Classification Breakdown of Patients



Measures

Outcome Measure:

- **75% of Dr. Ally's patients between 36-47 months will have a healthy BMI between the 5th and 84th percentile**
- **65% of patients of spread providers between 36 and 47 months will have a healthy BMI between the 5th and 84th percentile**

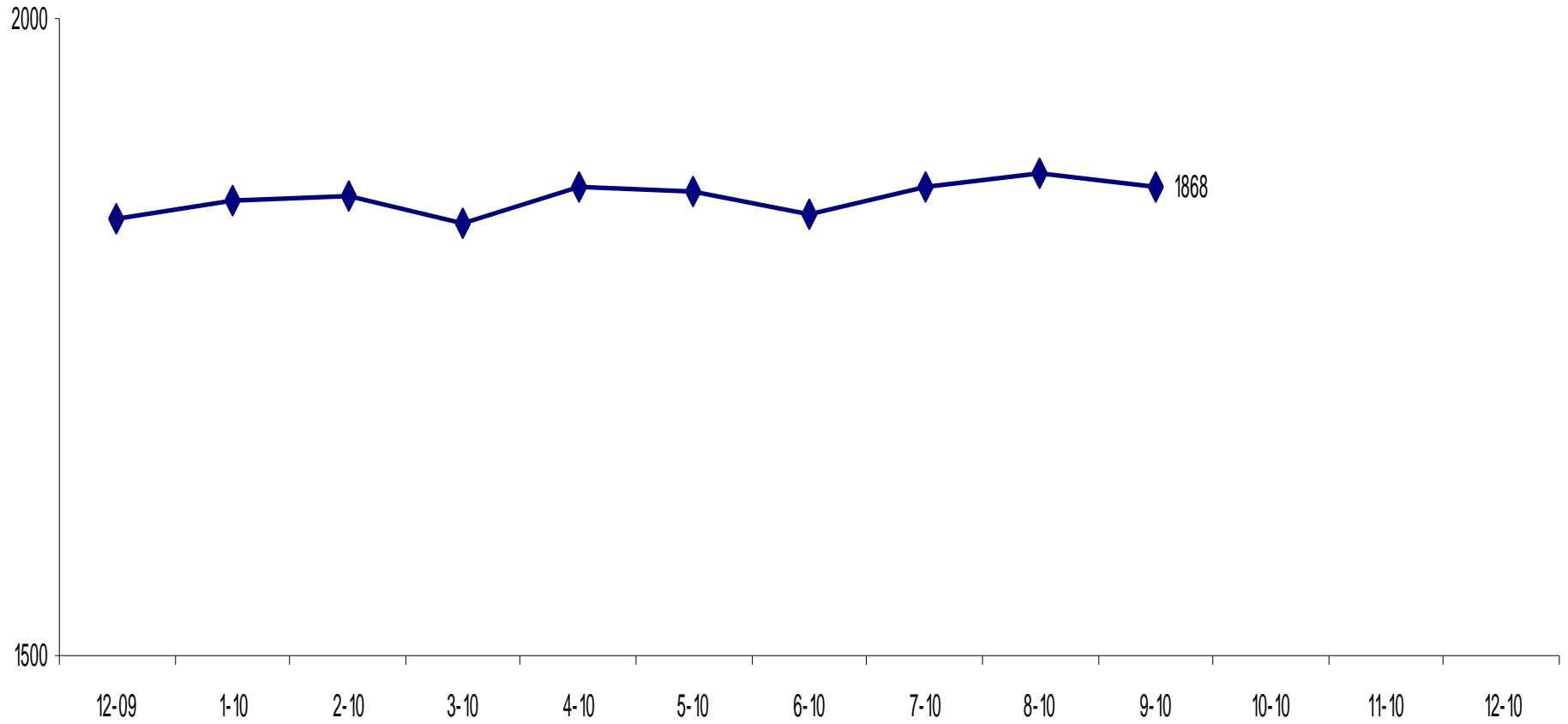
Measures

Process Measures:

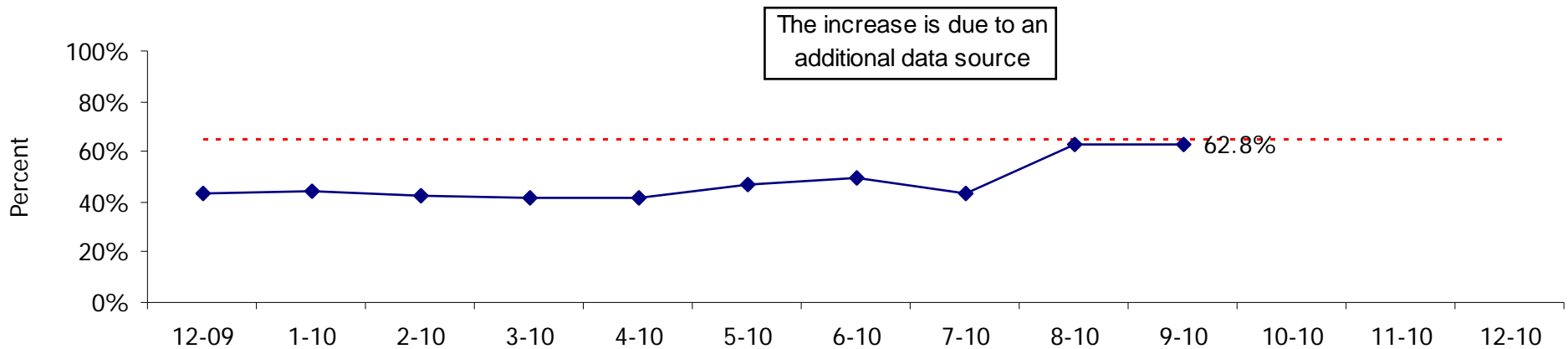
- **100% of patients will have a documented weight classification**
- **100% of patients overweight or obese will be referred to the nutritionist**
- **80% of overweight and obese children will attend a nutrition consult**
- **100% percent of patients will have a self-management goal set at a nutrition consult**
- **80% of patients will receive monthly telephone calls from a telephone support specialist**
- **100% of patients with a healthy weight classification will have at least one nutrition visit**
- **95% of patients will receive physical play education during their nutrition education**
- **90% of patients will receive nutrition education by 6 months**
- **50% of patients/caregivers will participate in visits to the Farmer's Market and/or the Supermarket**
- **100% of overweight and obese children will be referred to the behavior specialist**
- **Percent of patients Seen by the Behavioral Specialist that are moving toward a healthy weight**

Patients Enrolled in the Fit for Life Program

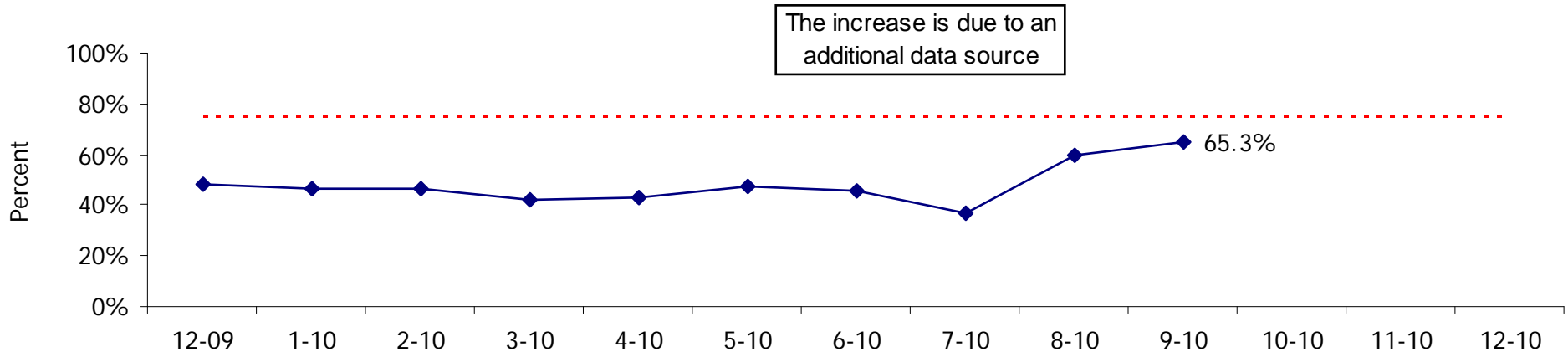
Goal: 2,000



Percent of Spread Patients Ages 36-47 Months Old with a Healthy Weight Classification
Goal: 65%



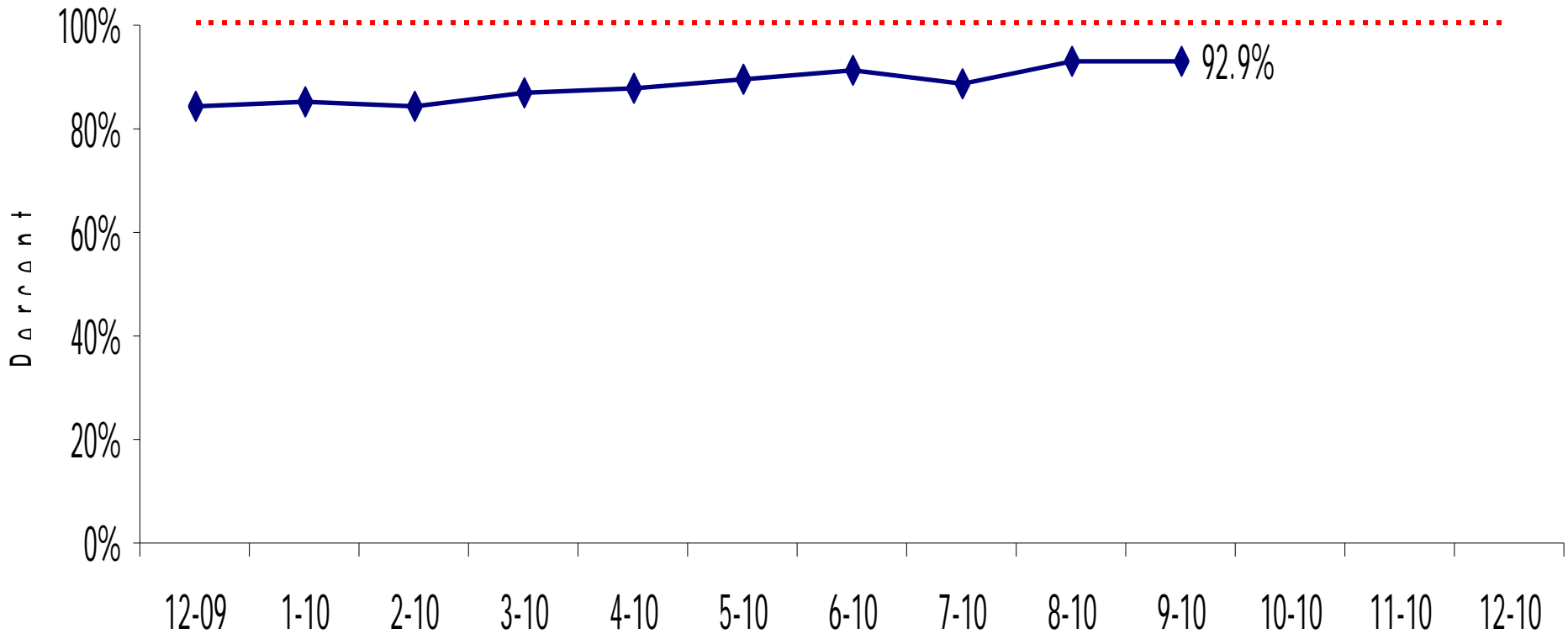
Percent of Dr. Ally Patients Ages 36-47 Months Old with a Healthy Weight Classification
Goal: 75%



Percent of Patients will have a Documented Weight Classification

Goal: 100%

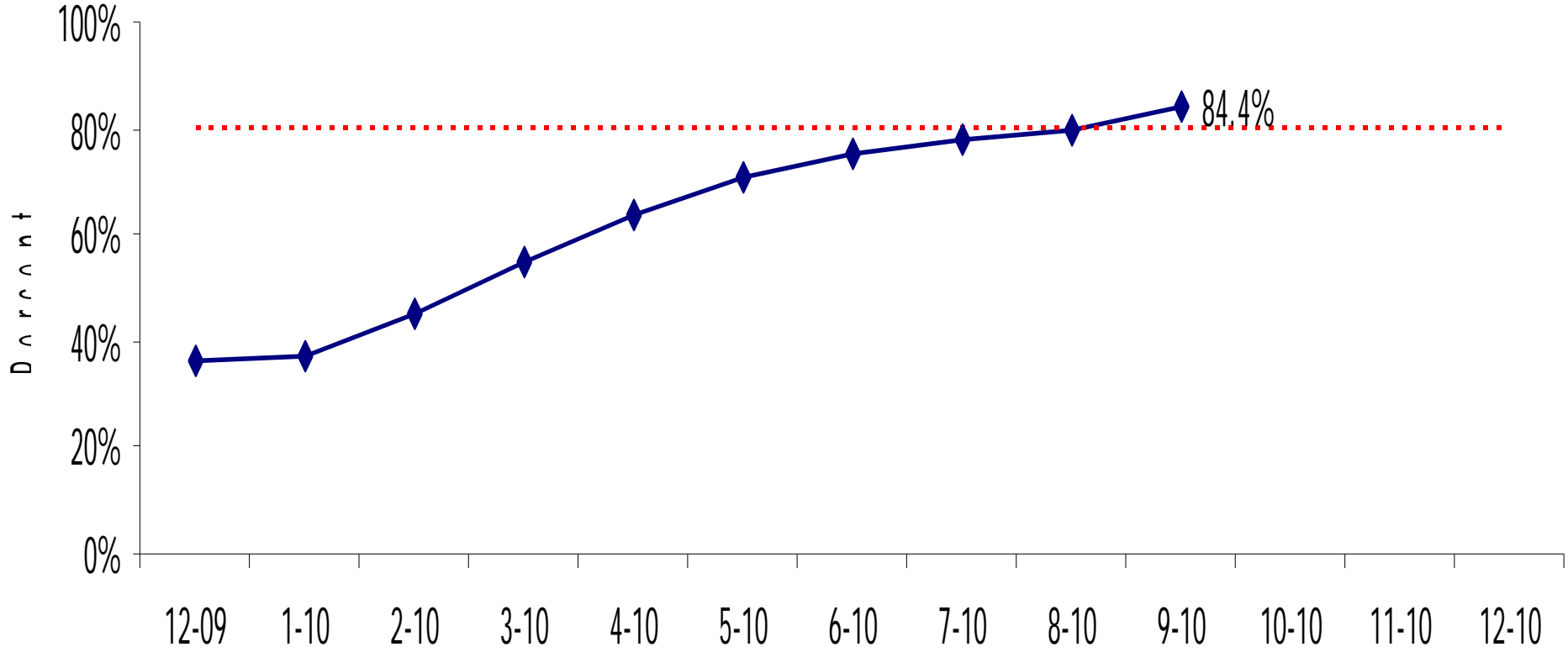
Goal



Percent of Patients Overweight or Obese will attend a Nutrition Consult

Goal: 80%

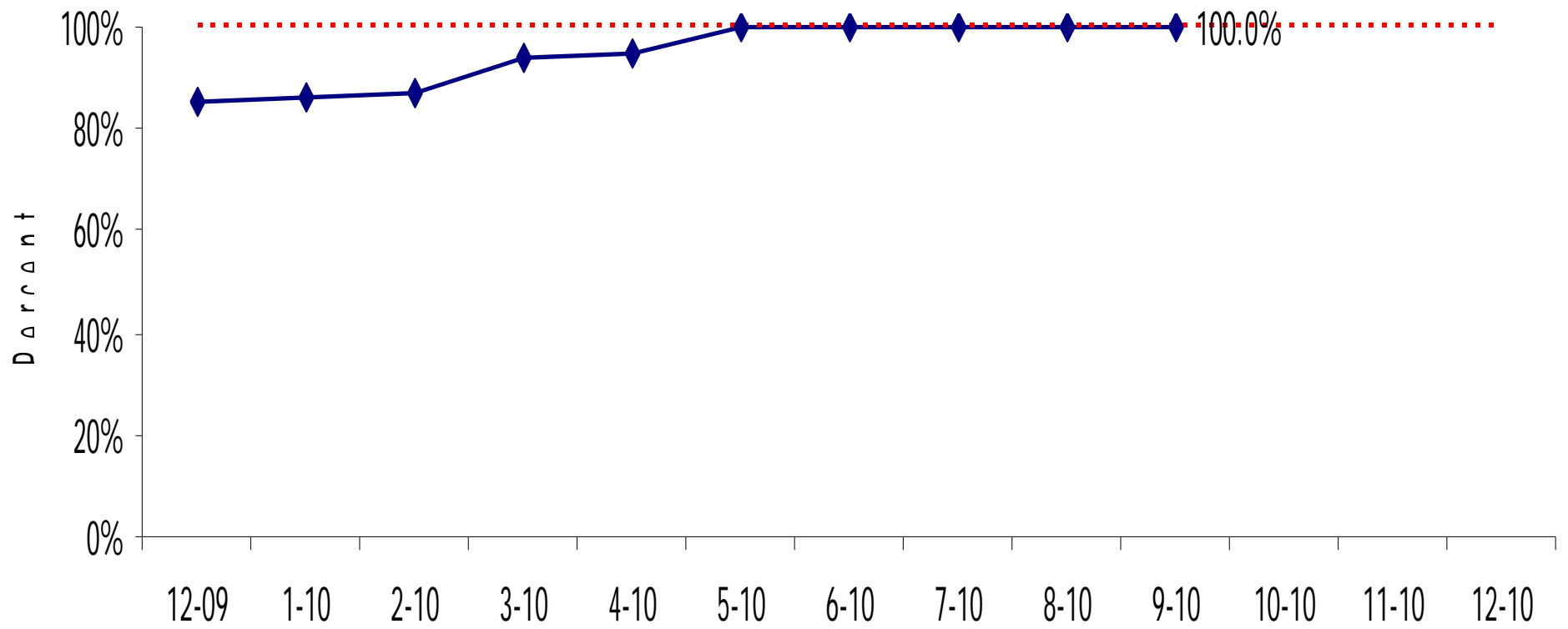
Goal



Percent of Patients will have a Documented Self Management Goal During a Nutrition Consult

Goal: 100%

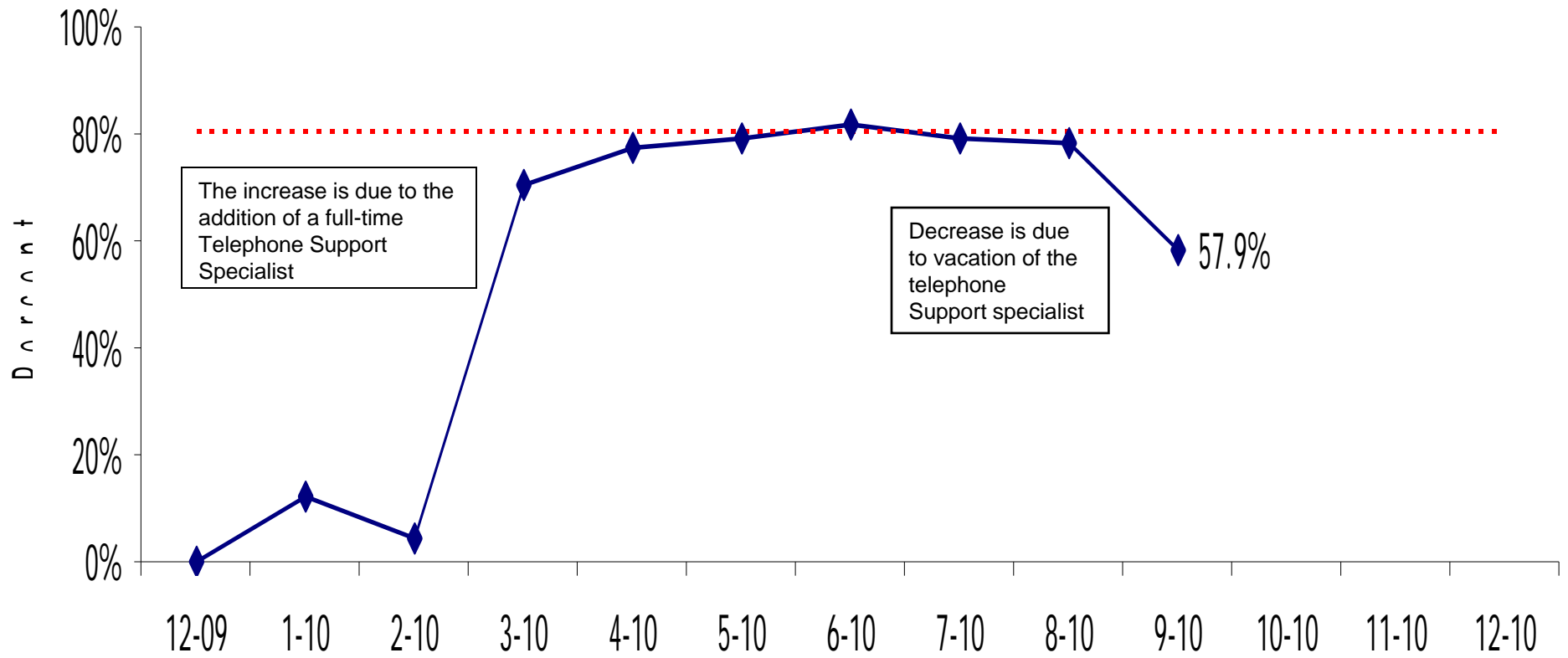
Goal



Percent of Patient's Caregivers will Receive Monthly Calls from the Telephone Support Specialist

Goal: 80%

Goal

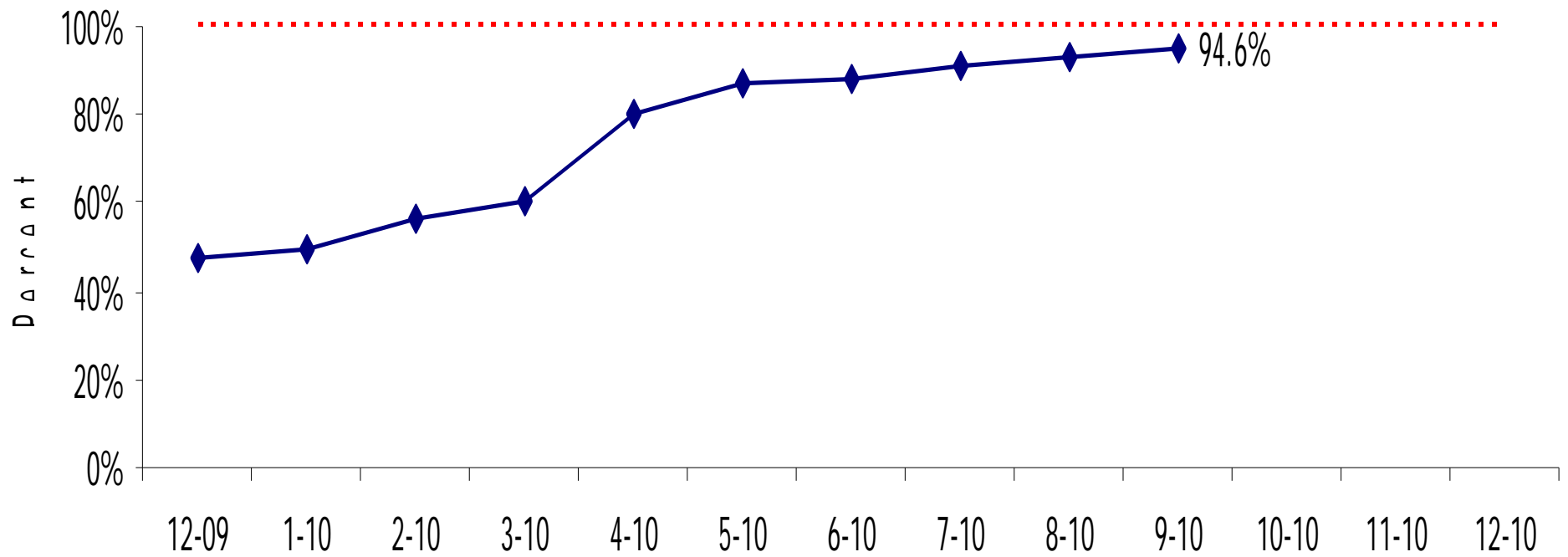


Percent of Patients with a **Healthy Weight Classification** will have at least one Nutritional Consult or Nutrition

..... Goal

Education Visit

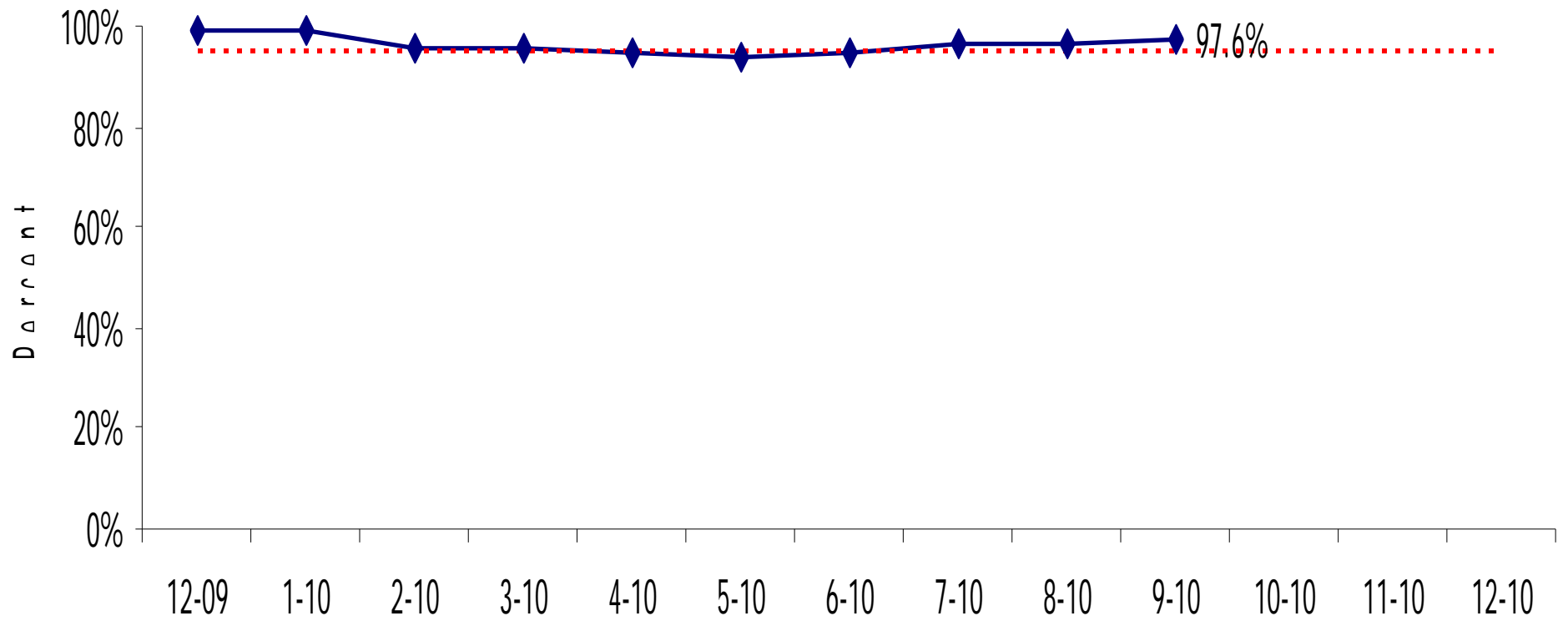
Goal: 100%



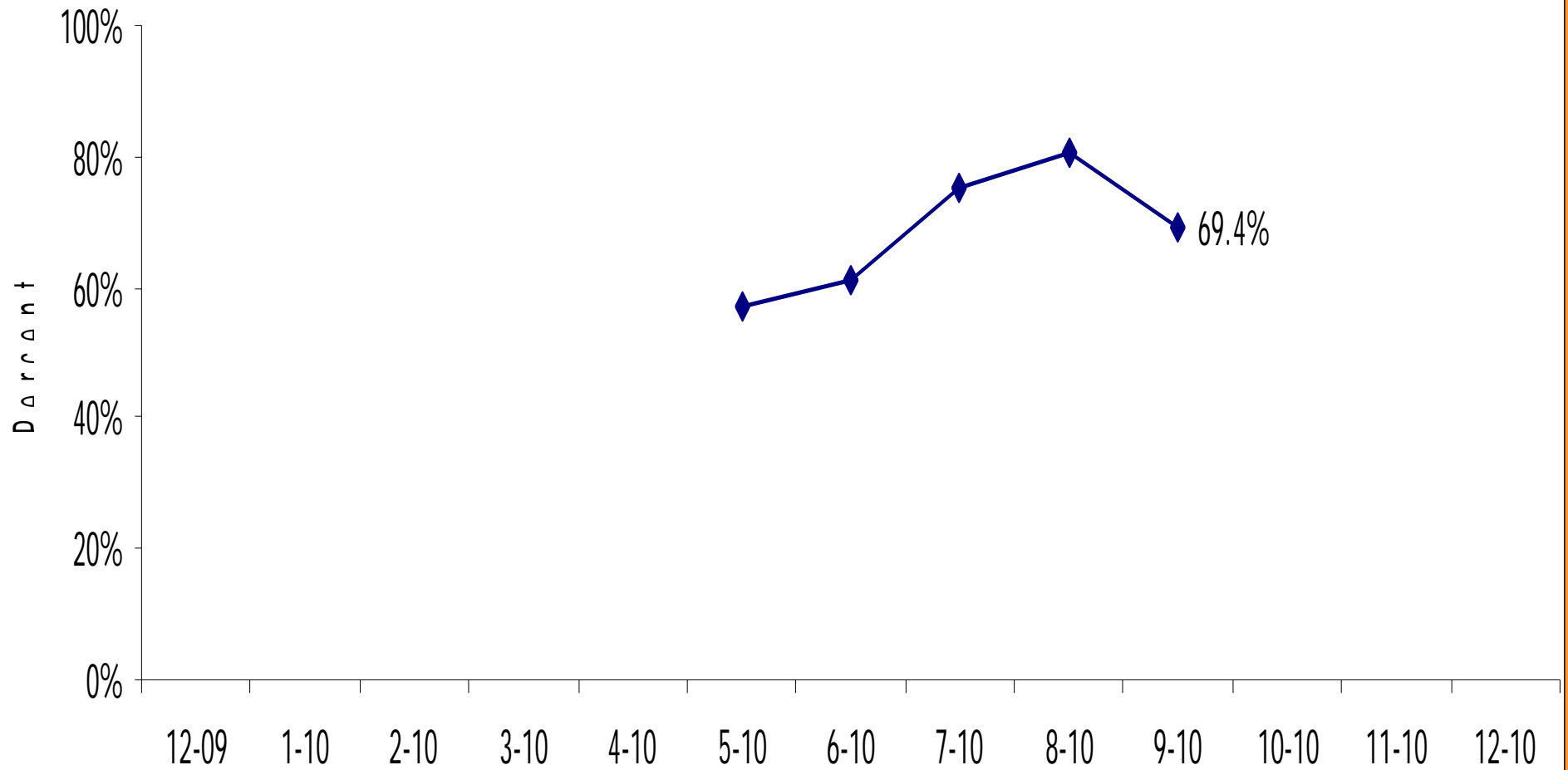
Percent of Patients Receiving Play Activity Education

Goal: 95%

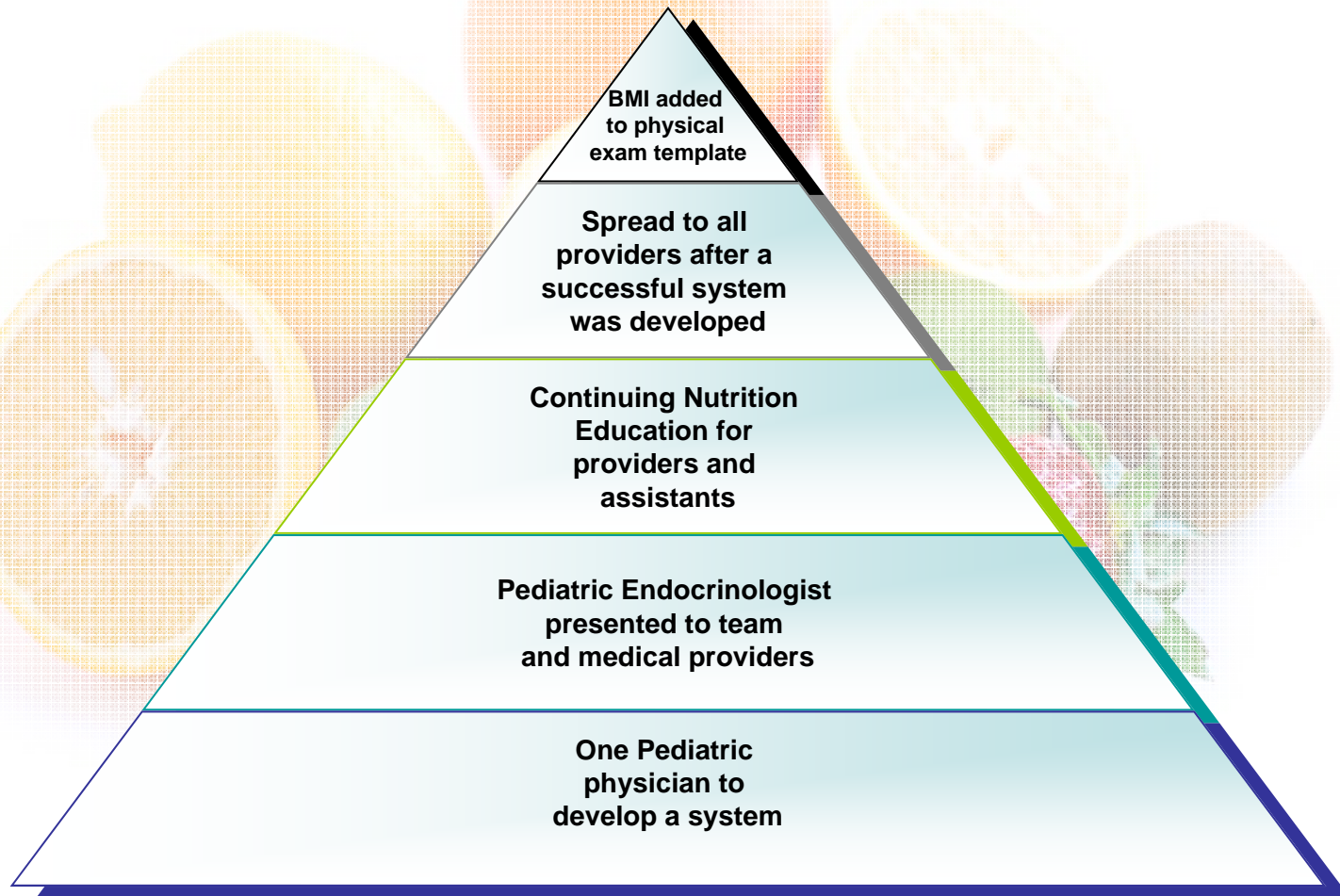
Goal



Percent of Patients Seen by the Behavior Specialist who are Moving Towards a Healthy Weight



Physician Awareness



Physical Exam Template

Pt. Info Encounter Physical

General Examination

| Field | Observation |
|---------------------|-------------|
| General Appearance: | → |
| BMI Reviewed: | → |
| HEENT: | → |
| Oral cavity: | → |
| Neck: | → |
| Breasts : | → |
| Heart: | → |
| Lungs: | → |
| Chest wall | → |
| Abdomen: | → |
| Back: | → |
| Skin: | → |

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HPI New Drawing Assessments

Physical Exam Template

Examination Notes

Free-form Structured

BMI Reviewed: Clear All

| Name | Value | Notes |
|--|---|-------|
| <input type="checkbox"/>  Moving toward healthy weigh | <input type="text" value=""/> ▼ ✖ | |

Yes
No
Healthy weight already

Custom Close

NOS UNCOMPLICAT-INC - 637.91 (Primary)

Vitals

Pt. Info Encounter Physical Hub

ROS Vitals Taken Growth Charts Graph

| Date | RR(/min) | BP(mm Hg) | Ht(in) | Wt(lbs) | BMI(Index) | BMI % | Pain Scale(1 |
|------------|----------|-----------|--------|------------|------------|-------|--------------|
| 09/19/2011 | | | | | | | |
| 09/20/2010 | 26 | 84/50 | 36.5 | 31lbs | 16.36 | 68.61 | |
| 09/20/2010 | | | | | | | |
| 03/18/2010 | | | | | | | |
| 03/18/2010 | 32 | | 35 | 28lbs 4oz | 16.21 | | |
| 09/24/2009 | 28 | | 33.5 | 26lbs 13oz | 16.80 | | |
| 04/09/2009 | 28 | | 32 | 25lbs 1oz | 17.21 | | |
| 12/17/2008 | 32 | | 31 | 23lbs 12oz | 17.37 | | |
| 09/18/2008 | 28 | | 29 | 21lbs 11oz | 18.13 | | |
| 09/11/2008 | 26 | | 29 | 21lbs 11oz | 18.13 | | |
| 06/18/2008 | 28 | | 28 | 20lbs 6oz | 18.27 | | |
| 03/25/2008 | 32 | | 26 | 18lbs | 18.72 | | |
| 01/24/2008 | 44 | | 24.5 | 15.9 | 18.62 | | |
| 11/16/2007 | | | 22 | 12 | 17.43 | | |

Notes Browse... Spell check

ROS Vitals Taken Growth Charts Graph

Ht/Wt Physical Exam

Growth Chart

Weight-for-Length Chart: Girls (Birth to 36 months)

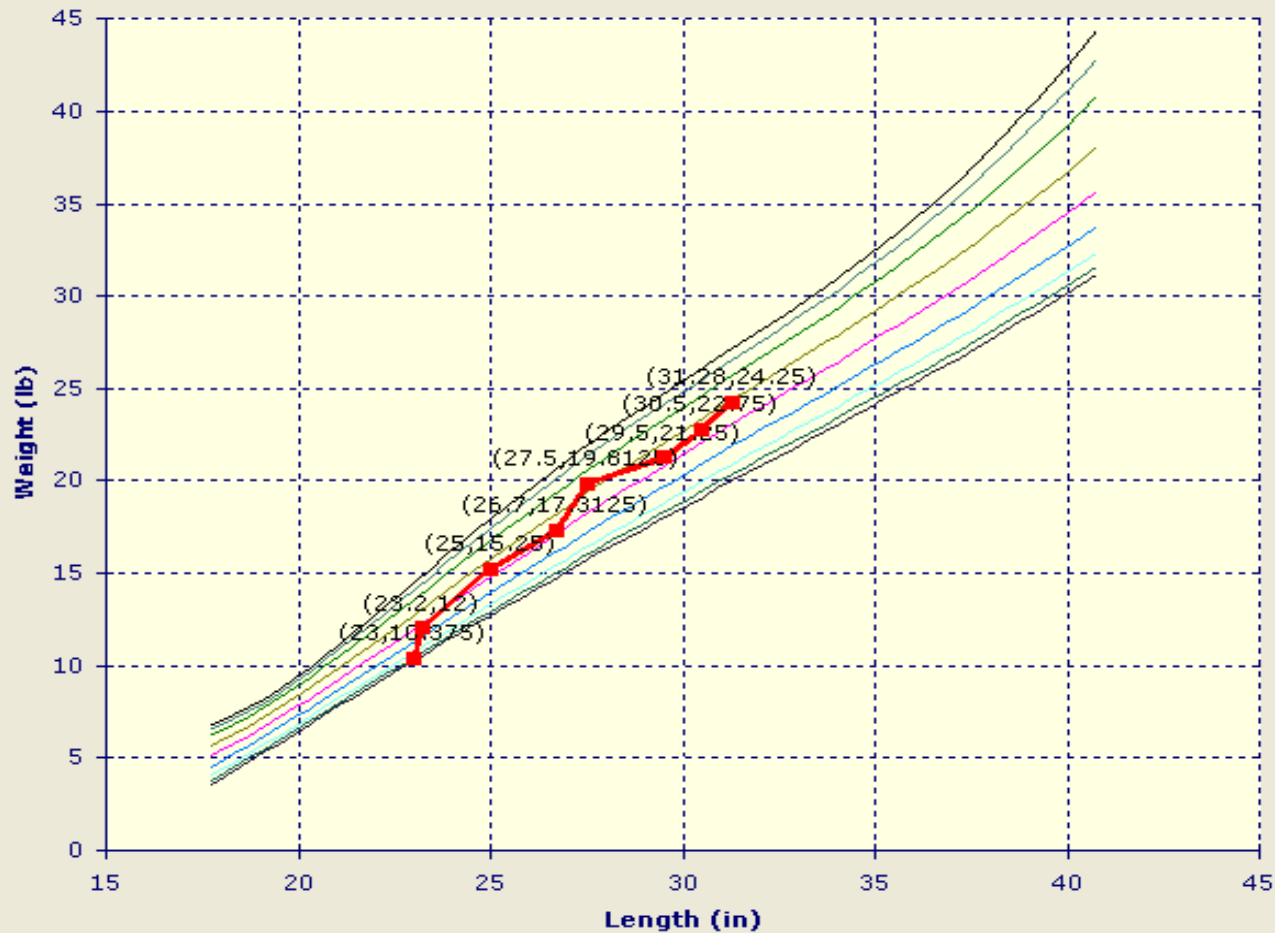


Chart Type

Print/Preview Selection

- Wt./Age Birth-36 mos.
- Length/Age Birth-36 mos.
- Wt./Length Birth-36 mos.
- HC/Age Birth-36 mos.
- Wt./Age 2-20 yrs.
- Stature/Age 2-20 yrs.
- BMI/Age 2-20 yrs.
- Wt./Stature 2-5 yrs.

Display Options

- Display Data point value
- Don't Display Data point Value
- Display Legend
- Full Screen

| Visit Date | Wt(lb) | Len(in) | %-tile |
|------------|--------|---------|--------|
| 11/20/2009 | 24.25 | 31.28 | 73.07 |
| 08/27/2009 | 22.75 | 30.5 | 64.21 |
| 06/26/2009 | 21.25 | 29.5 | 59.93 |
| 05/13/2009 | 19.81 | 27.5 | 82.41 |
| 03/03/2009 | 17.31 | 26.7 | 54.94 |
| 01/07/2009 | 15.25 | 25 | 63.74 |
| 10/24/2008 | 12 | 23.2 | 40.96 |
| 09/24/2008 | 10.38 | 23 | 4.34 |

Manual Data Collection

| | | | | | | |
|----|----|----|----|-----|-------------------------------|---------------------|
| 1) | 2) | 3) | 4) | P/L | VON | Visits on schedule |
| 1) | 2) | 3) | 4) | P/L | <u>DC GUIDELINE/NUTRITION</u> | |
| 1) | 2) | 3) | 4) | P/L | QCHU | Nutrition Referral |
| 1) | 2) | 3) | 4) | P/L | NutConsult | Nutrition Consult |
| 1) | 2) | 3) | 4) | P/L | NutEducat | Nutrition Educatio |
| 1) | 2) | 3) | 4) | P/L | NutSelfMan | Nut. Self Manage |
| 1) | 2) | 3) | 4) | P/L | PlayActiv | Play Activity educ |
| 1) | 2) | 3) | 4) | P/L | WTxL | Weight x Length |
| 1) | 2) | 3) | 4) | P/L | WT x L > 90% | Weight x Length > 9 |
| 1) | 2) | 3) | 4) | P/L | BMI 10-85% | BMI 10 - 85 % |
| 1) | 2) | 3) | 4) | P/L | | |

Weight Classification

- **Weight Classifications incorporated into the well child diagnoses:**

- **V20.2 well child-underweight**
- **V20.2 well child-healthy weight**
- **V20.2 well child-overweight**
- **V20.2 well child-obese**

- **We also code for weight classifications separately**

Underweight 783.22

Overweight 278.02

Obese 278.00

V85.51 BMI Pediatric <5%

V85.52 BMI Pediatric 5%-<85%

V85.53 BMI Pediatric 85%-<95%

V85.54 BMI Pediatric >95%

Well Child Code

Assessments (TEST, JESSICA - 08/27/2009 07:00 AM, 24HH) *

Pt. Info Encounter Physical

Assessment

- Previous Assessments
- Problem List
- Assessments**
- ... Adolescent
- ... Adult Medicine
- ... All Codes
- ... Allergy
- ... Cardiology
- ... Dental
- ... Endocrinology I
- ... Endocrinology II
- ... ENT
- ... Eye Clinic
- ... GI
- ... Hepatology

Find In (Assessments)

Starts With

Show Incomplete Codes

Assessments Default

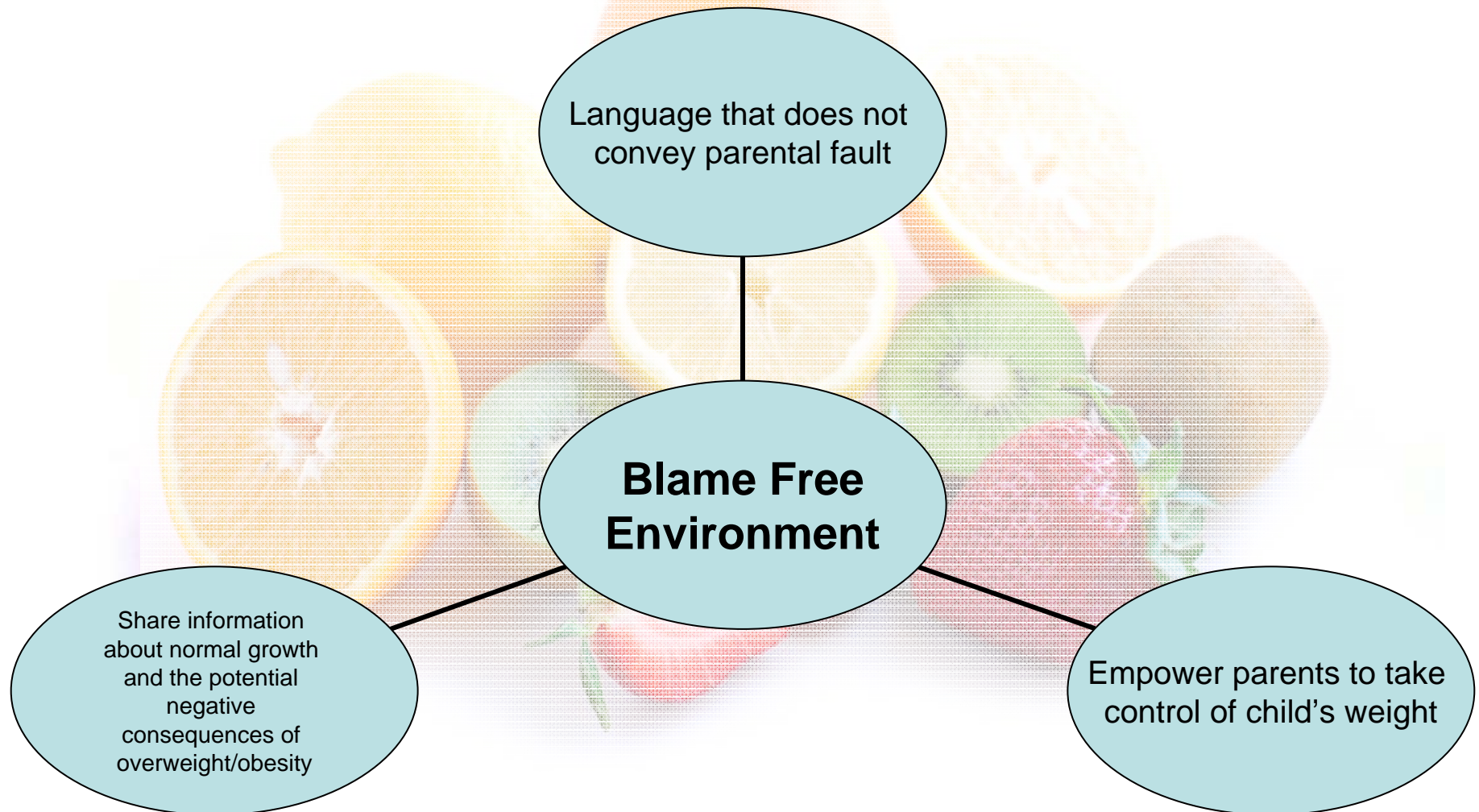
| Code | Diagnosis |
|-------|-----------------------------|
| V20.2 | Well Child - Healthy Weight |
| V20.2 | Well Child - Obese |
| V20.2 | Well Child - Overweight |
| V20.2 | Well Child - Underweight |

Selected Assessments

| Axis | Code | Diagnosis | Specify | Notes | PL |
|------|------|-----------|---------|-------|----|
|------|------|-----------|---------|-------|----|

Notes Axis 4 Axis 5

Blame Free Environment



Engagement

Share the growth chart with the family and discuss healthy growth

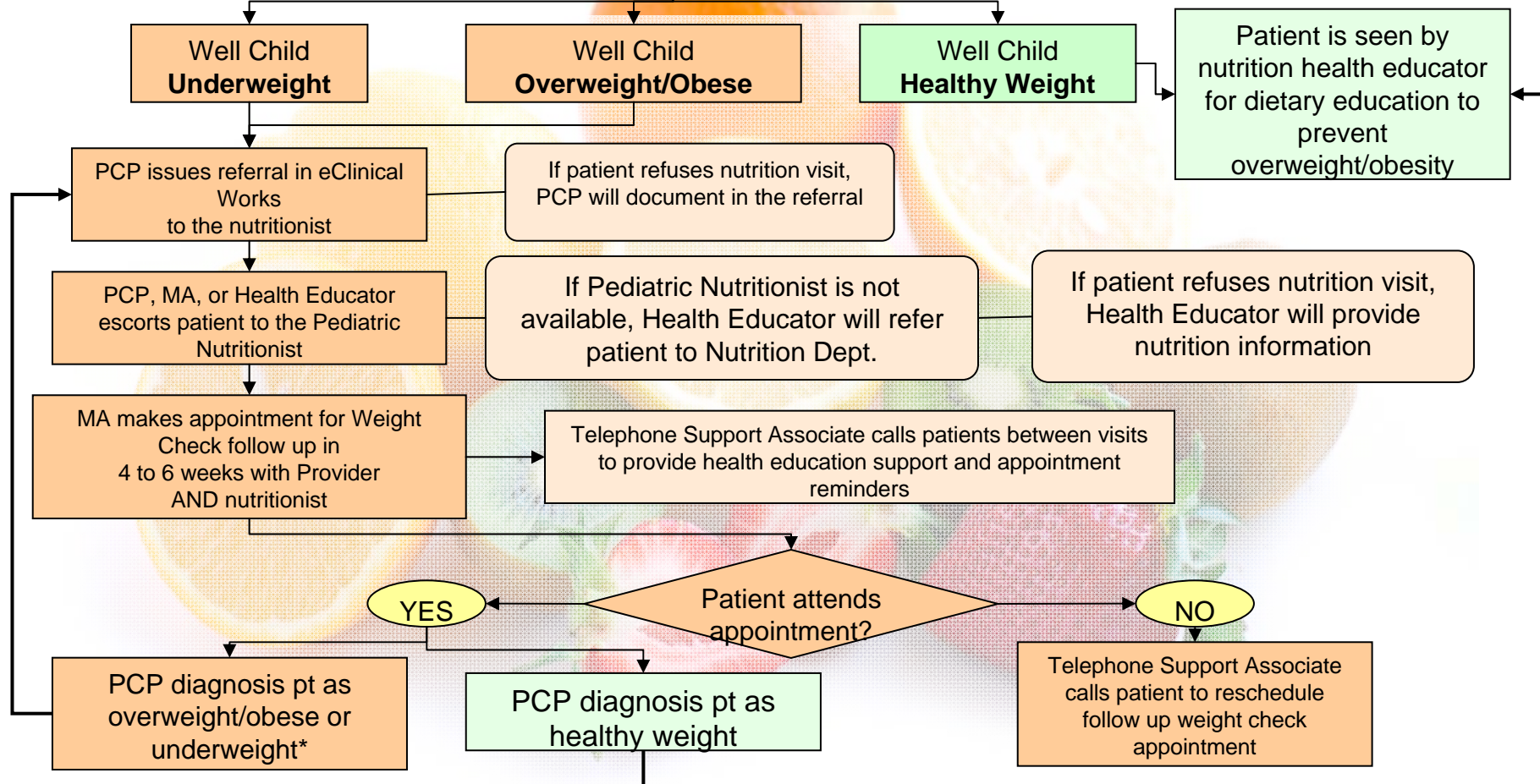
Get an idea of the caregiver's perception of the child's weight (i.e. normal, overweight, obese, underweight)

Ask permission of the caregiver to discuss child's weight, height and growth

Standardized Visits

PCP determines Weight Classification via review of growth chart (BMI) & issues appropriate diagnosis

PCP answers if patient is 'Moving Towards a Healthy Weight?' in eCW



*Process repeats until child is diagnosed healthy weight

Two Levels of Nutrition Intervention

- A Nutritionist is a professional that has graduated from an accredited college or university with a major in Nutrition and Dietetics
- Nutritionist are used in our program for intervention with underweight, overweight and obese children
- Registered Dieticians (RD) is a billable service
- A Nutrition Health Educator is a professional that is trained to provide nutrition information to patients and does not necessarily have a post secondary degree
- Nutrition Health Educators are used by our program to provide feeding guidance to healthy weight children for the purposes of preventing overweight and obesity

Nutrition Intervention

Nutrition at
Point of Care

Implementation
of the
nutritional
screening
form to
assess
risk at
Intake
(Initial visit)

Nutrition Education
at every well child
visit by a
nutrition health
educator
to prevent
overweight/obesity

Nutritionist being
placed in the
pediatrics
department

Lifestyle
modification
through
behavioral
choices and
physical activity
(refer to TIA)

Waiting Room
Workshops on
Nutritional
Topics

Nutrition Screening Form

Pt. Info Encounter Physical

Show popup for c/o Order Categories

HPI

General
 Depression Screen
 Teen Screen
 Xolair Clinic:
 ASTHMA Question:
 Prenatal Delivery
 IDC Intake Form
 Developmental Di:
 Psychotherapy foll
 Self Management
 PFT Questionnaire
 Dental:
 Coumadin Clinic
 Psych Follow-Up
 Child Psych F/U
 Geriatric Clinic
 Geriatric Casemar
 Geriatric Functiona
 Collaborative Initi.
 Collab f/u Tobacco

HPI

Pediatric Intake

| c/o | Symptom | Notes |
|-----|---|------------------|
| | Nutrition Assessment: (Child has the following Condition | |
| | Overweight | Pts Response: no |
| | High Cholesterol | Pts Response: no |
| | High Blood Pressure | Pts Response: no |
| | Diabetes | Pts Response: no |
| | Underweight | Pts Response: no |
| | Breast feeding or trying to breast feed your baby (up to | Response: Yes |
| | Parents overweight or have a h/o being overweight? | Pts Response: No |
| | Parent(s) have diabetes? | Pts Response: No |
| | Mother has diabetes during pregnancy? | Pts Response: No |
| | Child has a birth weight of 9 lbs or more? | Pts Response: No |
| | <u>Child is taken care of by grandparent, foster parent, or l</u> | Pts Response: No |
| | Patient does not have any of the listed medical condition | Response: Yes |

Notes Header Footer Browse... Spell check Denies All Clear All Custom

Behavioral Component

- The behavioral specialist has a Master's in Social Work
- The focus of the behavioral specialist is the underweight, overweight and obese children
- At each visit the caregiver sets a goal with the behavioral specialist on topics such as discipline, schedules, use of pacifier or bottle, etc.
- The patient is followed every 4-6 weeks to determine if a positive change was made based on the counseling session

Behavioral Change

Current Medications

None

Reason for Appointment

1. Nutrition Education

History of Present Illness

Nutrition-Fit for Life (Peds)::

Was there a previous SMG? Response: Yes. If yes, was there a change in behavior? Response: Yes. If yes, describe change: Mother is doing tummy time regularly.. Did the patient receive nutrition education today? Literature: Ounce of Prevention Provided, Response: Yes. Did patient understand education given? Response: Yes. Language: Spanish. Did the patient receive play activity education? Response: Yes

Consistent Messages

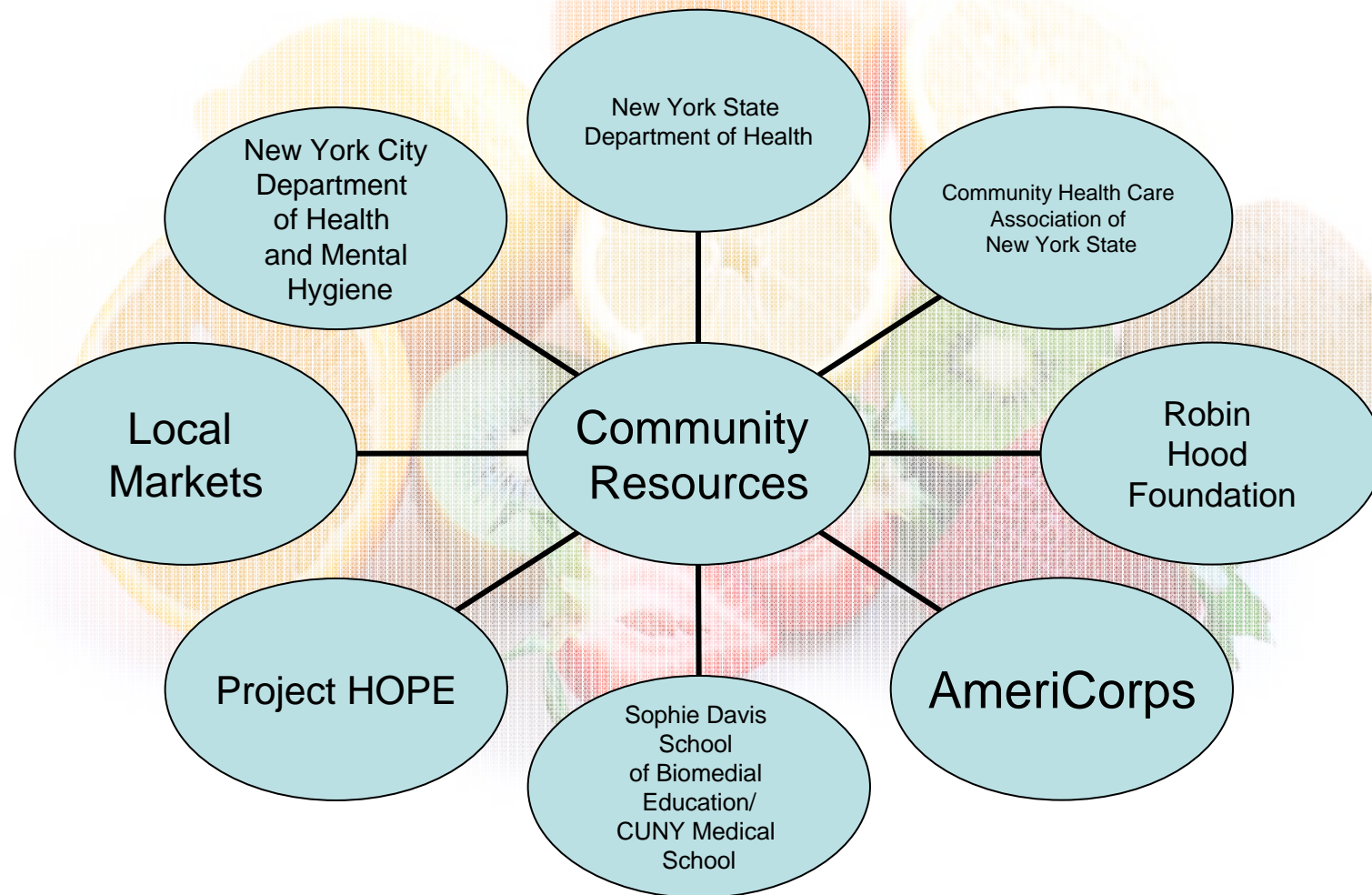
- **Consistent messages, which include low-literacy visuals:**
 - **Juice reduction to 4 oz.**
 - **Portion control**
 - **Physical activity**
 - **Switching to low fat milk**
 - **Promote Breastfeeding**
 - **Action Plan**
- **Done through nutrition waiting room workshops, nutrition education and consultations, provider education and walks to the market**

Walking Groups

Walks to the local:

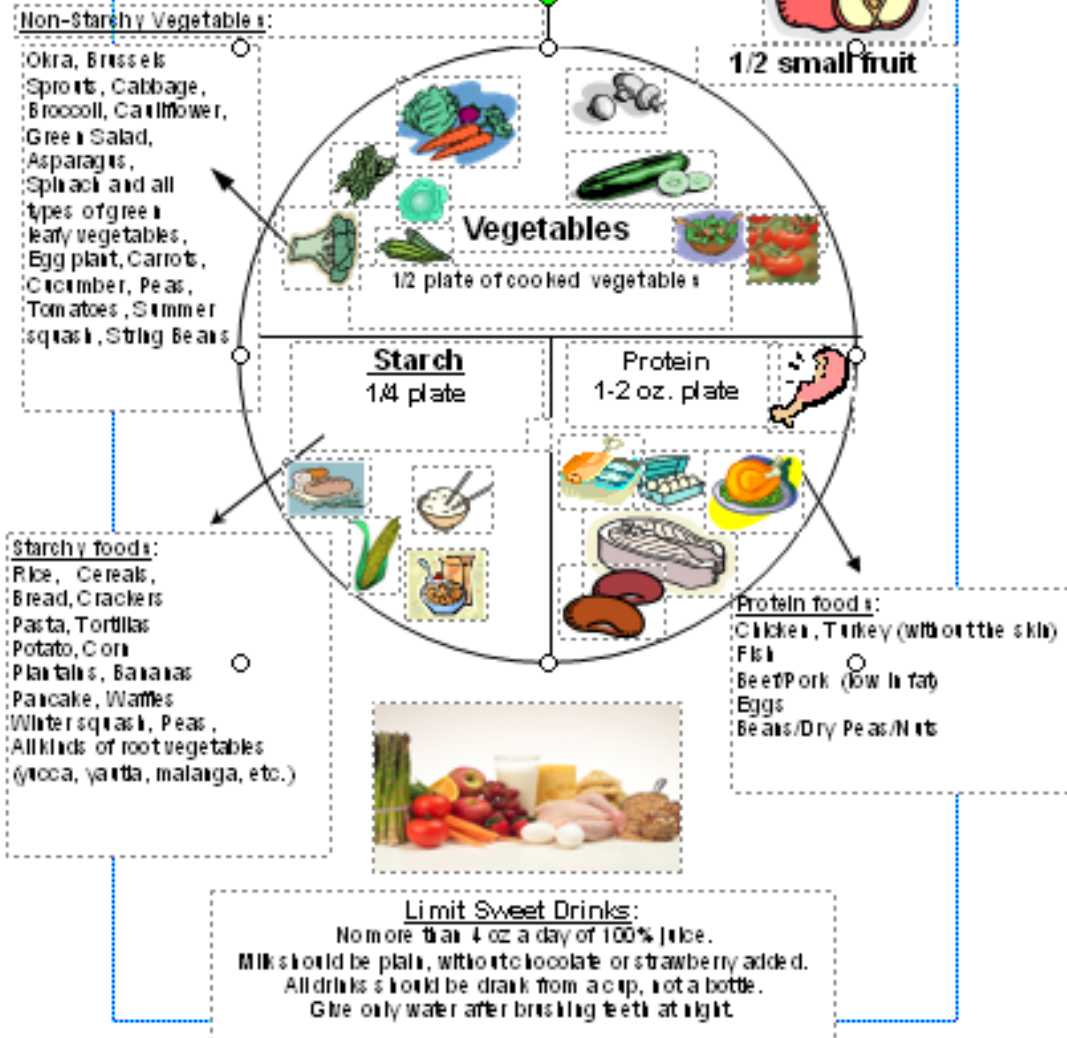
- **Farmer's Market with a UHP sponsored EBT machine**
- **Supermarket**
- **Fruit & Vegetable stand**
- **Giving our patients access to fresh fruits and vegetables**

Community Resources



The Ideal Plate For Children

Ideal plate for lunch and dinner



first visit...

newborn

Food for Thought

How many times per day is your baby eating?

How do you tell when your baby is hungry; when your baby is full?

Feeding Advice

- The best food for your baby is breastmilk.
- If you use formula make sure it is iron-fortified.
- Expect to feed your newborn every 2-3 hours.
- Babies will take different amounts of breastmilk or formula at different feedings, it's acceptable if your baby does not finish their bottle at each feeding.
- Your baby knows how much breastmilk or formula to take. When your baby releases the nipple and turns attention to other things, or falls asleep, they are full.
- Not all crying means hunger, sometimes babies have a fussy time, this is normal. Comfort your baby by rocking, massage, cuddling or playing music.
- Always hold your baby at feeding times – this makes your baby feel loved and secure!

Be Active

- Limit time in swings and infant seats.
- Use crib mobiles.
- Encourage kicking, stretching and belly play time.
- Screen time (TV, computer, electronic games) not recommended under age 2.



Notes: _____

Child's name _____

Height _____ Weight _____ Date _____

Weight for Height percentile _____ %

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Nelleve Children's Hospital and American Dairy Association Midwest.
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American Academy of Pediatrics



OHIO DIABETIC ASSOCIATION



an Health Plan

Cereal Options

Healthy Cereals



Unhealthy Cereals



When choosing a cereal make sure it has 7 grams of sugar or less.

Number of grams x Number of servings of cereal = sugar in the box
Sugar in the box divided by 4 = number of teaspoons
(You divide by 4 because 4 grams equals 1 teaspoon)

Example- 10 grams of sugar x 14 servings in the container = 140 grams of sugar
140 grams of sugar divided by four = 35

Always Remember- Colored Cereals usually have too much sugar!

Healthy Drinks



Other flavors include
apple, lime, strawberry,
orange,
Make sure to choose
water that
only carbonated water
and natural flavor, not sweet.

Remember to drink only 4 oz of 100% Juice per day AND dilute with water.

Unhealthy Drinks



To see how many teaspoons there are you take:

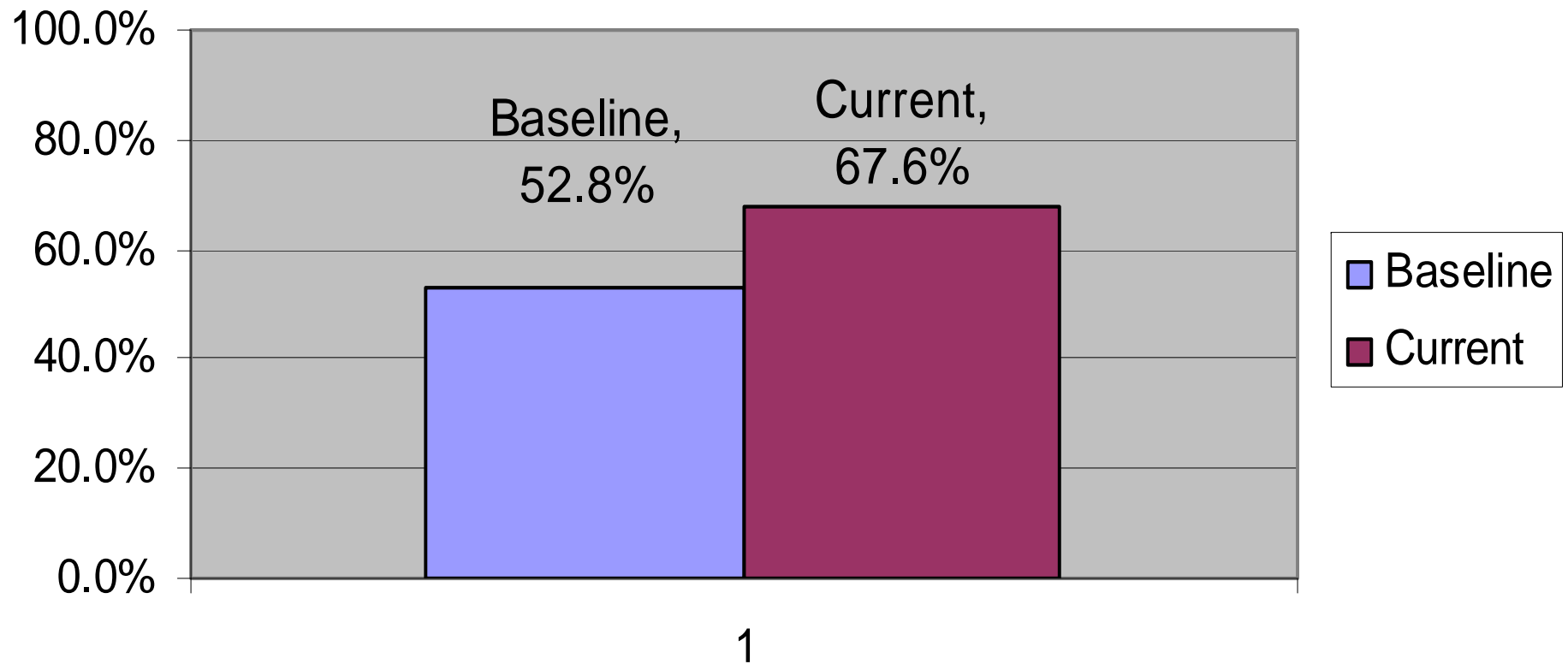
Number of grams x servings per container divided by 4 = the number of teaspoons

Example of 4.23 oz container of Juicy Juice

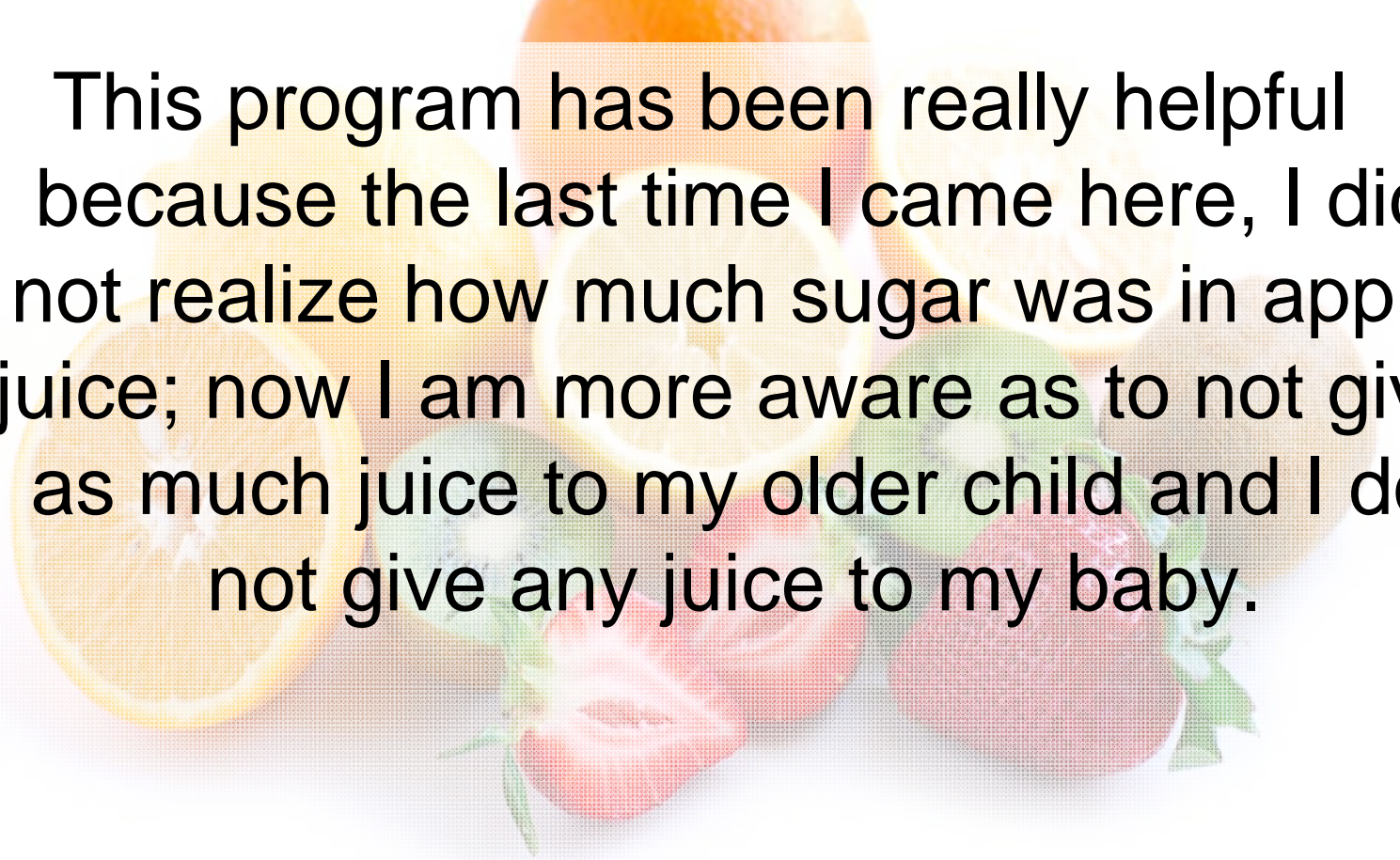
14 grams x 1 Serving per Container divided by 4 = 3.5 teaspoons

Baseline to Current

Percent of 37-47 Month Old Patients at a Healthy Weight

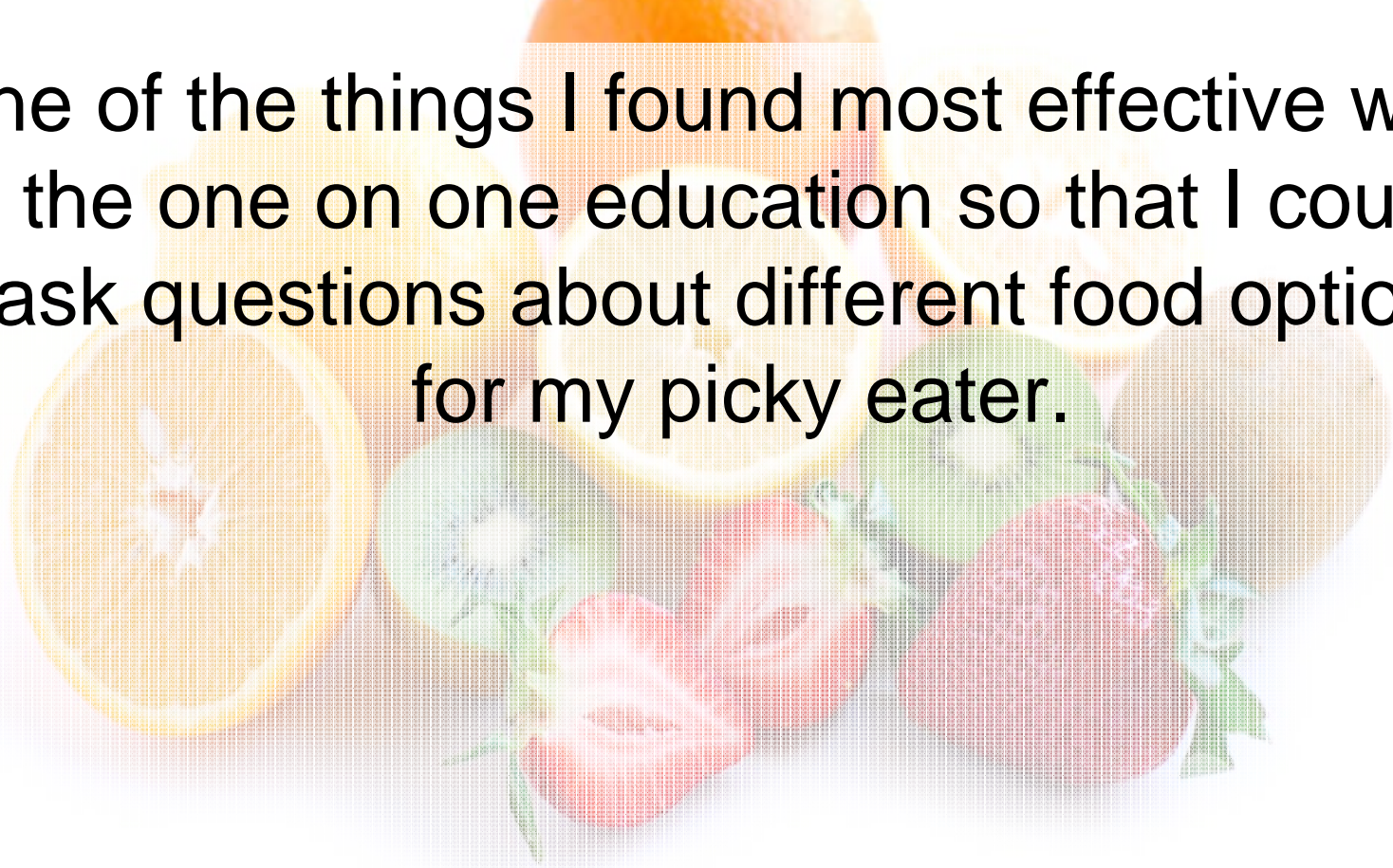




A collection of fresh fruits including oranges, lemons, and strawberries, arranged in a circular pattern. The fruits are vibrant and appear to be part of a healthy diet.

This program has been really helpful because the last time I came here, I did not realize how much sugar was in apple juice; now I am more aware as to not give as much juice to my older child and I do not give any juice to my baby.



A collection of fresh fruits including oranges, kiwis, and strawberries. The fruits are arranged in a cluster, with some sliced to show their internal structure. The background is a light, textured white.

One of the things I found most effective was the one on one education so that I could ask questions about different food options for my picky eater.

Contact Information

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Resources

New York City Department of Health and Mental Hygiene

www.nyc.gov/health

New York State Department of Health

www.health.state.ny.us/

Community Health Care Association of New York State (CHCANYS)

www.chcanys.org/

Robin Hood Foundation

www.robinhood.org/

AmeriCorps

www.americorps.gov/

Sophie Davis School of Biomedical Education/ CUNY Medical School

med.cuny.edu/

Ounce of Prevention

<http://www.healthyohioprogram.org/healthpromotion/healthylifestyle/nutri/nutrikids/ounce.aspx>