



Prevention and Management of Pediatric Obesity A Multipronged, Community-Based Agenda

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Keywords

• Pediatric obesity • Prevention • Intervention • Primary care • Nutrition education

Key points

- Although childhood obesity rates have stabilized in the last decade, 17% of US children are obese, and poor minority children remain disproportionately affected.
- Community health centers, with their family-centered approach, are ideally situated to play a leading role in prevention and intervention of childhood obesity in the poor communities they serve. Public–private partnerships enhance resources for community health centers, enabling more intensive focus on interventions that address the most prevalent health conditions in these communities.
- Starting Right, an example of such a partnership, is a guideline-based, multidisciplinary, multicomponent initiative for screening, prevention, and treatment of pediatric obesity at an inner city community health center. The initiative aims to build capacity at the individual, family, health center, and community level. Universal screening, messaging throughout the life cycle, and innovative interventions appear to be making an impact.

INTRODUCTION

National surveillance data show that obesity prevalence among US children has stabilized over the past decade at nearly 17% [1]. Although encouraging, these

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rates place millions of children at risk for associated chronic health conditions, and poor minority children are disproportionately affected. According to 2009 to 2010 national data, 24% of non-Hispanic black and 21% of Hispanic children were obese compared with 14% of non-Hispanic white children. These disparities persist across all age groups, and present as early as 2 to 5 years of age. Recent reports suggest childhood obesity rates are decreasing in New York City, but predominantly among white children [2]. From 2010 to 2011, the highest obesity rates were seen in Hispanic (27%) and black (21%) children living in high-poverty neighborhoods (ie, $\geq 30\%$ of residents living below federal poverty level).

Developed by the Children's Health Fund (CHF) in partnership with the Children's Hospital at Montefiore, the Center for Child Health and Resiliency (CCHR) and the South Bronx Health Center (SBHC) are federally qualified health centers serving the nation's poorest congressional district. In this community, a staggering 47% of families with children live below the federal poverty level; 71% of residents are Hispanic, and 26% are black. Thirty-one percent are children under age 18 years (vs 22% in NYC overall) [3]. The South Bronx has among the lowest concentration of grocery stores, and smallest proportion of land used for parks and recreation, of any New York City neighborhood [4,5]. Furthermore, children in this community engage in less physical activity than recommended [6], spending more time at home while parents work long hours and/or multiple jobs—a 21st century version of the latchkey kids. Not surprisingly given this context, the South Bronx has a disproportionately high prevalence of obesity and type 2 diabetes, and low rates of health-promoting behaviors [7]. Of 42 New York City neighborhoods, the communities served by CCHR rank last in most key health indicators [8,9].

To advance the community health center's mission of closing the gap in health disparities, CCHR develops and evaluates interventions that address these conditions in the community it serves [10]. In response to the surge in childhood obesity, Starting Right was launched in 2001 as a guideline-based, multidisciplinary, multicomponent initiative designed as front-line screening, prevention, and treatment of pediatric obesity in a busy primary care setting [11–13]. The initiative consists of interventions that build capacity at the individual, family, health center, and community level. This report describes the elements of Starting Right adopted by an inner city community health center and the population served, consisting of children and families living primarily in public housing in the South Bronx. It also discusses preliminary outcome findings.

SETTING

The South Bronx Health Center (SBHC) was established in 1993 by CHF/Montefiore to serve children and their families in one of New York City's most densely concentrated public housing neighborhoods and a federally designated Health Provider Shortage Area. In 2011, CHF and Montefiore opened the Center for Child Health and Resiliency, providing family-focused, comprehensive primary care to approximately 3500 pediatric patients (0–19 years) annually. In 2010, 42% of children aged 10 to 19 years seen at this clinic

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