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## Submission

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## Meeting Information

Key:

Organization: **Centers for Disease Control and Prevention**

- ✓ = Section Complete
- X = Section Incomplete

Event: **Weight of the Nation: CDC's Inaugural Conference on Obesity Prevention and Control**

## Call for Abstracts

The Centers for Disease Control and Prevention presents its inaugural conference on obesity prevention and control, *Weight of the Nation*. This national conference is hosted by CDC's Division of Nutrition, Physical Activity, and Obesity, in consultation with the Division of Adolescent and School Health; the Division of Adult and Community Health; and in partnership with the Robert Wood Johnson Foundation (RWJF); the Association of State and Territorial Public Health Nutrition Directors (ASTPHND); the Directors of Health Promotion and Education (DHPE); and the National Association of Chronic Disease Directors (NACDD). The conference will convene elected and appointed public policy makers; federal, tribal, state, local, and territorial public health leaders; partners and researchers, engaged in obesity prevention and control. *Weight of the Nation* will be held July 27 - 29, 2009, at the Omni Shoreham Hotel, in Washington, D.C.

Persons and organizations engaged in developing, implementing, and evaluating policy and environmental strategies to address obesity are invited to submit abstracts. The abstracts will be used to select setting oriented concurrent panelists who will engage in dialog on obesity related policy and environmental strategies. There will be three concurrent sessions each with a unique theme and featuring seven tracks. The concurrent session themes are: nutrition and agriculture focused policy and environmental strategies; physical activity focused policy and environmental strategies (including built environment and transportation); and social equity focused policy and environmental strategies (including social determinants of health, access to care, and disability). The tracks are detailed below.

## Submission Instructions

- Submitted online between January 12 and February 14, 2009
- Indicate the related conference objective and track preference
- Identify the partnerships, tools and/or resources needed to implement the strategy
- Address applicability of strategy to one or more of the intervention settings: communities, medical care, schools or workplaces
- Identify the indicators of success for the policy and environmental change strategy and the specific barrier(s) the strategy addresses
- Word count limit of 500 words

#### **Conference Goals**

- Inform policy makers about policy and environmental strategies to prevent and control obesity across multiple settings, sectors, and jurisdictions
- Inform policy makers about the use of legal and economic strategies to prevent and control obesity
- Provide forum to share promising, emerging, and best practices for setting-specific policy and environmental initiatives impacting obesity
- Recognize individuals or organizations that have pioneered setting-specific policy and environmental strategies to successfully impact obesity prevention and control

#### **Conference Objectives**

##### **Policy and Environmental Strategies**

Highlight strategies that overcome barriers to the primary prevention of obesity for youth and adults in communities, medical care, schools, and workplaces

##### **Economic Analysis**

Provide economic analysis of obesity prevention and control efforts (e.g., cost burden of obesity on healthcare system and employers, cost effectiveness of prevention)

##### **Legal Strategies**

Highlight the use of law-based efforts to prevent and control obesity (e.g., legislation, regulation and policies)

##### **Indicators of Success**

Describe whether the strategy is promising for the prevention and control of obesity based on measured outcomes of success

#### **Conference Tracks**

##### **Community**

Abstracts within this track should describe community focused policy and environmental strategies that influence healthful behaviors, changes in policy, or implementation of alternative practices. This setting encompasses community-wide efforts (e.g., addressing health disparities and social determinants of health, built-environment, and transportation initiatives) as well as those within organizations and institutions (e.g., child care, faith-based, restaurants, or parks.)

##### **Medical Care**

Abstracts within this track should describe innovative policy focused strategies related to obesity prevention and control that improve health care delivery at the plan, hospital, care system, or provider level. Examples include but are not limited to implementation of model guidelines and measures, maternity care practices to increase breastfeeding, health-system design standards (e.g., access to care).

##### **School**

Abstracts within this track should describe innovative school-based policy and environmental change initiatives including before, during, and after school interventions as well as describe the goals of the initiative and evaluation of its effectiveness to date. Examples include but are not limited to nutrition or physical activity policy such as local wellness policies (e.g., nutrition standards for competitive foods, opportunities for physical activity, safe routes to school), marketing healthy foods to students, quality physical education, health services related to weight management, farm to school programs, and healthy vending.

**Workplace**

Abstracts within this track should describe innovative workplace policy and environmental change initiatives that impact obesity prevention or control. Examples include but are not limited to promotion of healthy weight in small and medium-sized U.S. workplaces; company incentives for bicycling and walking to work; food guidelines for common areas, food services, and workplace gatherings.

**Economics**

Abstracts within this track should reflect economic evaluations or assessments of activities, projects, or programs done at the international, national or local level. The described activity, project or program should be designed for population-level change, and derived from targeted strategies to effect health outcome through changes in consumer choices, health practitioner behavior, health policy or environmental structures to prevent or treat obesity. Submitters should indicate whether their preference is for consideration under a setting track or the law track.

**Laws and Legal Authorities**

Abstracts within this track should describe law-based efforts to prevent or control obesity that can be implemented at any jurisdictional level and address such matters as zoning and land use laws to eliminate food deserts; regulations to expand transportation systems to promote bicycle, walking and commuter rail opportunities to school, work and recreational areas; ordinances to create food policy councils; and menu labeling laws. Submitters should indicate whether their preference is for consideration under a setting track or the law track.

Continuing Education for this activity is pending.

The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation.

[Click here to open a copy of the Conference Overview.](#)

**Deadline and Procedures**

**I have read and  
understand the  
submission  
instructions** Yes

**Talent Consent and Waiver**

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Without limitation as to time, I hereby waive all rights for compensation in connection with the use of my name, picture, portrait, likeness or voice, or any or all of them, in or in connection with said television tape or film recording, sound track recording, motion picture film, filmstrip, or still photograph, in whole or in edited form and any use to which the same or any material therein may be put, applied or adapted by the United States Government and others in the health field.

**Name** Kathryn M Kolasa PhD

**Date** 1-31-09

**Contact Information for Primary Presenter / Submitter**

**First Name** Kathryn

**Middle Name / Initial** M

**Last Name / Surname** Kolasa

**Degrees** PhD, RD

**Position/Title** Professor

**Company or Institution** Brody School of Medicine at East Carolina University

**Department** Pediatric Healthy Weight Research and Treatment Center

**Address Line 1** Department of Family Medicine

**Address Line 2** 4NBrody

**City** Greenville

**State** North Carolina

**Province (Outside US)**

**Zip / Postal Code** 27834

**Country** United States of America

**Phone** 252.744.5462

**Phone Extension**

**Fax** 252.744.3040

**Email** kolasaka@ecu.edu

**Planner** Yes

**Content Expert** Yes

**Presenter** Yes

**Education** PhD. 1974. University of Tennessee, Knoxville, TN. Food Science  
BS 1970. Michigan State University, East Lansing. Home Economics with Communication Arts

no degree

1986-89 Kellogg National Leadership Fellowship

**Professional Experience** -Facilitated the process that led to the development of the Clinical Tools, including review of literature and on-line focus groups with health care providers serving overweight children.  
-Member of Tasks Forces and Study groups in North Carolina planning for environmental and policy changes to prevent and treat obesity in children and adults.  
-Appointed to Fit Families NC Study Committee.  
Coauthor of Fit Families NC. Childhood obesity in North Carolina. A report of FitFamilies NC: A Study Committee for Childhood Overweight/Obesity. Health and Wellness

Trust Commission, Raleigh NC, 2005. [www.hwtfc.org](http://www.hwtfc.org)  
 -Beth D, Boss S, Kolasa K, Newkirk J, Thomas C. North Carolina Blueprint for Changing Policies and Environments In Support of Healthy Eating. NC Division of Public Health, Physical Activity and Nutrition Unit, Raleigh NC, September 2002. 125 pp  
[www.EatSmartMoveMoreNC.com](http://www.EatSmartMoveMoreNC.com)  
 -Since 1970 involved in nutrition education practice and research to help consumers eat healthy; to help schools and work sites serve health promoting foods and nutrition education  
 -Since 1974 maintained part time clinical nutrition practice.  
 -Since 2003. Associate Director, the Pediatric Healthy Weight Research and Treatment Center at East Carolina University.  
 -Since 1974 involved at least part time in nutrition education of medical students, primary care residents and practicing physicians and extenders  
 -2008 East Carolina University Centennial Award for Service: Faculty

#### CV/ Resume

Professor and Section Head, Nutrition Services and Patient Education, Department of Family Medicine; Professor of Pediatrics; Associate Director, ECU-UHS Pediatric Healthy Weight Research and Treatment Center, Brody School of Medicine at East Carolina University and University Health Systems, Nutrition Initiative Consultant.  
 Dr. Kolasa earned her Ph.D. in Food Science from the University of Tennessee, Knoxville in 1974. Her Bachelor's Degree is from the Michigan State University in Home Economics with Communication Arts. She served on the Michigan State University faculty from 1974-1983. At East Carolina University she served as Chair of the Human Nutrition and Hospitality Management Department from 1983-86. In 1986, she joined the Department of Family Medicine. She was awarded a Kellogg National Leadership Fellowship in 1986.

Dr. Kolasa is Professor and Section Head, Nutrition Education and Services. In 2008 she received the Centennial Award for Excellence—Service from East Carolina University. She was named a Master Educator at The Brody School of Medicine at East Carolina University and also received the ECU Board of Governors Distinguished Professor for Teaching Award in 2002. In 2003 she received an appointment in the ECU Department of Pediatrics and began serving as a consultant to the Nutrition Initiative of the University Health Systems. In 2004, she was appointed to "FIT FAMILIES NC, A Study Committee for Childhood Overweight/Obesity".

She provided leadership for the development and implementation of the Pitt County "Achieving Healthy Weight in Children Medical Nutrition Therapy Protocol (<http://www.ecu.edu/pedsweightcenter>) that has been adopted by all pediatric practices throughout the country. Dr. Kolasa also co-directs the Food Literacy Partners Program, a program that trains volunteers to provide nutrition education in the community setting including health fairs, schools, food stamp offices and free-clinics and shelters. In 2001-2002 she played a leadership role in the preparation of the North Carolina Blueprint for Changing Policies and Environments in Support of Healthy Eating (<http://www.EatSmartMoveMoreNC.com>)

Dr. Kolasa has authored over 120 major publications, a textbook, 4 book chapters, many bulletins and training

manuals and videotapes, and more than 140 major presentations. She has been writing a weekly nutrition column for her local newspaper for 20 years. Dr. Kolasa was President of the Society for Nutrition Education, 1984-85. In 1986 and 1996 she was named the Michigan State College of Human Ecology's Outstanding Alumni and in 1997, The University of Tennessee's. In 2009 she was named a Centennial Leader by the College of Human Ecology at East Carolina University. In 1995 she received the Career Achievement Award from the Society for Nutrition Education, and was recognized by the Society for Teachers of Family Medicine in 1999. In 2000 she was awarded the Dannon Institute Award for Excellence in Medical/Dental Nutrition Education, administered by the American Society for Clinical Nutrition. Dr. Kolasa is a Licensed Dietitian and a member of the Society for Nutrition Education, the American Dietetic Association, and the American Dietetic Association. She serves on many advisory committees including the Scientific Board of the American Council on Science and Health.

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**Disclosure**

**Financial Relationships** Yes

**Commercial Interests** Burger King Nutrition Advisory Panel 2008-2009. Received honoraria and travel expenses for participation in a 2 day panel discussion about the current childhood nutrition environment (fall 2008) and suggestions for BK to shape its childhood nutrition efforts and product innovation. Attendees from Burger King Corp included representatives from its Marketing, Legal, Nutrition and Product Innovation teams, as well as from its public relations agency.

**Discussion** No

**Product Discussion** not applicable

**Best Available Knowledge or Evidence** Yes

**Signature** Kathryn M Kolasa PhD, RD, LDN

**Date** 2.6.09

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**Contact Information for Additional Presenter (Edit)**

**First Name** Sarah

**Middle Name / Initial**

**Last Name / Surname** Armstrong

**Degrees** MD

**Position/Title** Director, Healthy Lifestyles Program

**Company or Institution** Duke University

**Department** Pediatrics

**Address Line 1** 4020 Roxboro Rd

**Address Line 2**

**City** Durham

**State** North Carolina

**Province (Outside US)**

**Zip / Postal Code** 27704

**Country** United States of America

**Phone** 919.620.5315

**Phone Extension**

**Fax**

**Email** sarah.c.armstrong@duke.edu ✓

**Planner** Yes

**Content Expert** Yes

**Presenter** No

**Education** 1996 BA/BS Wellesley College Pre-medical, History  
2000 MD University of Virginia School of Medicine  
2000-2003 Pediatric Residency. Children's Hospital of Philadelphia

**Professional Experience** Obesity-Related Projects Ongoing or Completed During the Last 3 Years: Dr. Armstrong's clinical and research interests center on the treatment of childhood and adolescent overweight and obesity in an office setting. To date, her most significant contribution has been the development of the Healthy Lifestyles Program (HLP), a multidisciplinary childhood obesity program including advanced treatment options such as behavioral counseling, nutritional therapy, pharmacotherapy, and bariatric surgery. The HLP is unique in that it is financially sustainable, a goal that was realized by partnering with state insurance providers. Outcomes are tracked in a database, which have shown significant improvement in zBMI, blood pressure, and laboratory indicators of diabetes and heart disease. Dr. Armstrong's educational interests led to the creation of the first national childhood obesity fellowship (to begin July, 2009), a nationally-recognized workshop and toolkit for the office management of childhood obesity, and both medical student and resident electives in childhood obesity.

Representative Publication:

Armstrong SC. Multimodal childhood obesity treatment programs: An Evidence-based review. Review in Endocrinology. 2008, July; 28-35.

#### CV/Resume

Professional Experience

2003 – 2004 Assistant Professor, Pediatric Emergency Medicine, University of Maryland Hospital, Baltimore, MD

2004 – 2006 Director of Pediatrics and Primary Care Pediatrician, Jai Community Health Center, Baltimore, MD

2006 – present Clinical Instructor, Department of Pediatrics, Duke University Hospital, Durham NC; Director, Healthy Lifestyles Program, Dept of Pediatrics, Duke University Hospital, Durham, NC

2007 – present. Childhood Obesity Task Force Team Leader, National Institute for Children's Healthcare Quality

Honors and Awards

2000 AOA, University of Virginia School of Medicine

2000 Blizzard Scholar Award, University of Virginia School of Medicine

2000 Faulkner Society Community Service Award, Charlottesville, VA

2000 Geographical Medicine Award, University of Virginia School of Medicine

2000 Society of Cincinnati Community Service Award, Charlottesville VA

2003 Anne Dyson Advocacy Award, Philadelphia PA

2003 Clinical Teaching Award, University of

Pennsylvania School of Medicine, Philadelphia, PA

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**Disclosure**

**Financial Relationships** No  
**Commercial Interests** na  
**Discussion** No  
**Product Discussion** na  
**Best Available Knowledge or Evidence** Yes  
**Signature** Sarah C. Armstrong MD  
**Date** 2-5-09

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**Contact Information for Additional Presenter (Edit)**

**First Name** Robert  
**Middle Name / Initial** P  
**Last Name / Surname** Schwartz ✓  
**Degrees** MD  
**Position/Title** Professor  
**Company or Institution** Wake Forest University School of Medicine  
**Department** Pediatrics, Pediatric Endocrinology  
**Address Line 1** Department Pediatrics, WFUSM  
**Address Line 2**  
**City** Winston Salem  
**State** North Carolina  
**Province (Outside US)**  
**Zip / Postal Code** 27157  
**Country** United States of America  
**Phone** 336.716.3199  
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**Email** rschwartz@wfubmc.edu  
**Planner** Yes  
**Content Expert** Yes  
**Presenter** No  
**Education** BS 1964 Univ of Florida, Gainesville. Premed  
MD 1968 Univ of Florida, Gainesville  
Intern 1969 Charlotte Memorial Hospital, NC  
Resident 1970 Charlotte Memorial Hospital, NC.  
Pediatrics  
Fellow 1971 Duke Univ Med Center, Durham, NC  
Pediatrics  
Fellow 1974 Duke Univ Med Center, Durham, NC  
Pediatric Endo  
crinol&Metab  
drinology Metab  
**Professional Experience** -Schwartz RP, Cameron ML, Brewer K, Gorney B,  
Nowacek G, Enarson C. The Standardized Patient  
Assessment Exam- Integration with the Basic Sciences

Curriculum. Basic Sci Ed. 2001;10:2-9.

-Schwartz RP. Super-Size Kids Meals Lead to Super-Size Kids. NCMJ 2002;305-7.

-Caldwell D. Lebeuf J eds. Moving Our Children Toward a Healthy Weight: Finding the will and the way. North Carolina DHHS, Division of Public Health, Raleigh, NC 2002.

-Schwartz RP, Hamre R, Dietz WH, Wasserman RC, Slora EJ, Myers EF, Sullivan S, Rockett H, Thoma K, Dumitru G, Resnicow KA. Office-Based Motivational Interviewing to Prevent Childhood Obesity. Arch Ped Adol Med. 2007; 161:495-501.

#### Related grants:

-Co-PI. Resnicow 4/1/2008-1/31/2013

BMI2: Brief Motivational Interviewing to Reduce Child-Body Mass Index. National Institute of Health

This is a randomized control study to investigate the effect of motivational interviewing by office-based pediatricians and dietitians on the prevention of childhood obesity as measured by body mass index percentile for age.

-(Schwartz) 01/01/02 - ongoing Genentech National Cooperative Growth Study (NCGS)

This is an observational research study designed to gather growth information from patients with growth failure caused by growth hormone deficiency.

-Project director. 01/01/06 - 12/31/08

Kate B. Reynolds Charitable Trust, Healthy Children Healthy Families Program. Developed for children 3-12 years old of Spanish speaking parents and is held at a local YMCA facility. The parents meet weekly for 6 sessions and the children have supervised physical activity. The goal of the program is to educate the parents about the importance of healthy nutrition and physical activity for their families.

-Investigator 01/01/01 - 03/23/06 AAP.Pilot Study Healthy Lifestyles Study on the effects of an office-based intervention on the eating and activity patterns of children at risk for obesity and whether weight gain can be stabilized in these children

#### CV/Resume

##### Employment:

1974-1992 Assistant Chairman Department of Pediatrics, Carolina's Medical Center, Charlotte, North Carolina

1990-1992 Director, Pediatric Residency Training Program, Carolina's Medical Center, Charlotte, North Carolina

1992- Associate Professor of Pediatrics, Chief, Section of Pediatric Endocrinology, Wake Forest University School of Medicine, Winston-Salem, North Carolina

1993-1994 Director, Pediatric Residency Training Program, Wake Forest University School of Medicine, Winston-Salem, North Carolina

2002 - Professor of Pediatrics, Chief, Section of Pediatric Endocrinology, Wake Forest University School of Medicine, Winston-Salem, North Carolina

##### Honors and Awards:

1964 Phi Beta Kappa

1964 Phi Kappa Phi

1985 Wyeth-AHEC Traveling Fellow to U.K.

1987 Wyeth Outstanding Large Chapter Award of the American Academy of Pediatrics

1989 N.C. Pediatric Society Award as President of the N.C. Chapter of the AAP

1990 AAP Award as Chairman of Chapter Forum Committee

1991 Appointed to Residency Review Committee for Pediatrics (Vice Chair 1994-1996)

1995 Elected Chairperson of Section on Endocrinology of American Academy of Pediatrics  
1996 Appointed to Editorial Board of Journal of Pediatrics  
1996 Appointed to American Academy of Pediatrics Committee on Development  
1996 Elected Full Member of American Board of Pediatrics  
1999-01 Genentech Pediatric Growth Hormone Advisory Board  
1999 Appointed to American Academy of Pediatrics Annual Meeting Planning Workgroup  
2002 Ray Kroc visiting Professor of Pediatric Endocrinology – Loyola University School of Medicine 3/25-3/29/02  
2002 Denny, Katz, Simon, Tingelstad Academic Service Award from North Carolina Pediatric Society  
2003-04 Selected by National Nominating Committee as Candidate for President elect of American Academy of Pediatrics  
2005 North Carolina Health and Wellness Trust Fund Leadership Award in Preventive Health  
2008 NC Pediatric Society Outstanding Achievement Award for Childhood Obesity Prevention

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**Disclosure**

**Financial Relationships** Yes

**Commercial Interests** Genetech, Inc. Research grant.

**Discussion** No

**Product Discussion** na

**Best Available Knowledge or Evidence** Yes

**Signature** Robert P Schwartz MD

**Date** 3.9.09

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**Contact Information for Additional Presenter (Edit)**

**First Name** Suzanne

**Middle Name / Initial**

**Last Name / Surname** Lazorick ✓

**Degrees** MD, MPH

**Position/Title** Assistant Professor; Assoc Director PHWRTC

**Company or Institution** Pediatric Healthy Weight Research and Treatment Center at East Carolin

**Department** Pediatrics

**Address Line 1** Dept Pediatrics, Brody Bldg

**Address Line 2** East Carolina University

**City** Greenville

**State** North Carolina

**Province (Outside US)**

**Zip / Postal Code** 27834

**Country** United States of America

**Phone** 252.744.3538

**Phone Extension**

**Fax****Email** lazoricks@ecu.edu**Planner** Yes**Content Expert** Yes**Presenter** Yes

**Education** 7/04-6/06, NRSA Primary Care Research Fellowship and Preventive Medicine Residency, University of North Carolina (UNC) at Chapel Hill.  
7/95-7/00, Combined Internal Medicine and Pediatrics Residency, UNC at Chapel Hill, Administrative Chief Resident, 1999-2000.  
8/90- 6/95 University of North Carolina School of Medicine, MD.  
9/93-6/95, University of North Carolina School of Public Health, M.P.H. Maternal and Child Health.  
8/85-12/88, Duke University, B.S. with distinction, Major: Zoology.

**Professional Experience** I have a unique combination of formal training in Public Health, Preventive Medicine and Health Services Research and clinical experience as a Internal Medicine and Pediatric clinician in a rural area. For the last five years I have directed my career to enhancing my research skills with a focus on childhood obesity, and now hold a tenure track position at the Brody School of Medicine. The American Academy of Pediatrics has recognized my leadership skills by appointing me to serve on a 3-year National planning group to assist with improving an online Continuing Medical Education Program. At the ECU Pediatric Healthy Weight Research and Treatment Center, as an associate director I share leadership of our Center where I fostered care innovations that received recognition in 2008 with an award from the National Initiative for Children's Healthcare Quality (NICHQ) and with listing on AHRQ's care innovations network site. I have served on several state-level committees in North Carolina for prevention and treatment of overweight, including a "Healthy Women, Healthy Weight" team, a State Think Tank for intervention programs in schools, a clinician Expert Panel, a Collaborative to improve physical activity in after school programs, and as one of two trainers for the clinician tool kit. I also serve as a co-investigator on a NICHD-funded R01 study at UNC studying clinical primary care intervention tools for pediatricians. I have given at least eight presentations on our specialty clinic innovations and primary care approaches to obesity treatment and intervention, and have published regarding practice-level interventions to improve quality, physician self-efficacy in obesity treatment and have papers in progress on cholesterol screening in obese adolescents, Body Mass Index, and school-based intervention for obesity. I will present my recent work on school-based intervention for obesity at the meetings of the American College of Preventive Medicine and NICHQ.

**CV/Resume** Positions:  
8/15/06- present: Assistant Professor, Department of Pediatrics and Department of Public Health, Brody School of Medicine, East Carolina University, Greenville, NC.  
8/04-8/06: Part-time pediatrician, Growing Child Pediatrics, Clayton, NC  
7/00-7/04: Full-time internist/pediatrician, Benson Area Medical Center (state-qualified Rural Health Center), Benson, NC with attending privileges, WakeMed Hospital, Raleigh, NC.

Board Certification: American Board of Internal Medicine, 2000-2010; American Board of Pediatrics, 2001-16; Board eligible, Preventive Medicine, 7/06

Awards: 2008 National Recognition Award for Health Care Programs Addressing Childhood Obesity, 2008 National Initiative for Children's Healthcare Quality Obesity Congress. S. Lazorick, D. Collier, J. Olsson, K. Pratt. for "Co-locating behavioral and multidisciplinary treatment for childhood obesity at ECU."

State Obesity Committees:

Community Care of North Carolina, a state Medicaid organization. Trainer for the state tool kit for Identification and Management of Childhood Overweight and Obesity. January 2009.

Physical Activity and Nutrition Branch, NC DPH. Committee to establish guidelines for promotion of physical activity in NC after-school programs. Sept 2007- present.

Expert Review Panel to develop NC Guidelines for the Identification and Management of Family Overweight and Obesity, 2007-2008

Healthy Women, Healthy Weight, team with State Health Department staff, 7/2006-2007

Grants

Pending: RWJF Faculty Scholars Award, Career Development Award; period 7/1/09-6/30/12. FTE 50% Current:

AAMC/CDC: Integration of Population Health into Primary Care Residency Programs, Brody School of Medicine and Pitt County Memorial Hospital; 1/15/08-9/30/09 Principal Investigator, 10%

Martin County Schools; sub-contract from BCBSNC Foundation; Motivating Adolescents Through Technology to Choose HEALTH 10/1/08-9/30/11, Principal Investigator, 12%

1R01 HD050981-01. UNC - subcontract from NICHD Primary Care and Communities Tackling Obesity in Kids 8/15/2006-6/30/2010 Co-investigator, 10% Related Abstracts

Lazorick, S, Hardison GT, Esserman D, Perrin EM. Motivating Adolescents with Technology to Choose HEALTH- An effective school-based obesity intervention. Abstract submitted for presentation at the 2009 meeting of the Pediatric Academic Societies meeting, Baltimore, MD. May 2009.

Doshi N, Perrin EP, Esserman D, Lazorick S, Steiner MJ. Cholesterol Screening Does Not Motivate Obese Adolescents to Lose Weight. Abstract presented at Pediatrics Academic Societies Meeting, Hawaii, May 2008.

Lazorick S, Pratt K, Collier D. Co-locating behavioral and multidisciplinary treatment for childhood obesity at ECU. Presentation 2008 National Initiative for Children's Healthcare Quality (NICHQ) Annual Forum, March 2008

Hanson LC, Danis M, Lazorick S. Improving Intensive Care Triage: Prognosis and Preferences. J Am Geriatr Soc. 1992; 40:SA55. Washington, D.C. American Geriatric Society annual meeting, November 14, 1992.

## Select National Presentations

Lazorick, S, Hardison GT. Motivating Adolescents with Technology to Choose HEALTH- An effective school-based obesity intervention. Accepted for presentation at the 2009 meeting of the National Initiative for Children's Healthcare Quality, Austin TX, 23/12/2009

Lazorick, S. Motivating Adolescents with Technology to Choose HEALTH- An effective school-based obesity intervention. Accepted for presentation at the 2009 meeting of the American College of Preventive Medicine, Los Angeles CA, 2/14/2009

Pratt, K. Lamson A, Lazorick S. Integration Meets Innovation: A Unique multidisciplinary treatment for childhood obesity. 10th Annual National Conference of the Collaborative Family Healthcare Association, Denver CO. Nov 6-8, 2008.

Lazorick, S. Co-locating behavioral and multidisciplinary treatment for childhood obesity at ECU. National Initiative for Children's Healthcare Quality Annual Forum, March 28, 2008, Miami, Florida.

Lazorick, S. Teaching medical students to include a prevention history when caring for patients American College of Preventive Medicine Meeting, Feb 22, 2008, Austin, TX.

Lazorick S, CM Lannon, J Dolins. Working at the four levels of the healthcare system to drive improvement for children with chronic conditions: Learnings from the Partnership for Quality project. National Initiative for Children's Healthcare Quality (NICHQ), San Francisco, March 29, 2007.

Lazorick, S. All Improvement is Local: Use of a national professional organization to translate ADHD guidelines into practice. Translating Research into Practice Conference, Washington, D.C. July 2005.

## Select Regional/Local Presentations-:

Lazorick, S, Hardison GT. Motivating Adolescents with Technology to Choose HEALTH- An effective school-based obesity intervention. 2009 Jean Mills Symposium, Greenville, NC. 2/6/2009

Lazorick, S. Management Issues in Childhood Obesity. North Carolina Pediatrics Society Annual Meeting, August 17, 2008, Myrtle Beach, SC.

Lazorick, S. Outpatient Management Issues in Childhood Obesity. Jon Tingelstad Annual Pediatrics Conference, April 28, 2008, Greenville, NC.

Lazorick, S. Eat Smart Move More North Carolina: What NC Pediatricians need to know. NC Pediatric Society meeting, Hickory, NC. 4/8/2006

Lazorick, S. Obesity Management Strategies. NC Pediatric Society, Myrtle Beach, SC. Aug. 17 2008.

## Publications

1. Doshi N, Perrin EM, Lazorick S, et al. The effect of cholesterol screening on short-term BMI change in overweight adolescents. Conditionally accepted to Archives of Pediatrics and Adolescent Medicine. Feb. 2009 (revision in process)

2. Perrin EM, Vann J, Lazorick S, Ammerman A, Teplin

S, Flower K, Gizlace Z, Benjamin, J. Bolstering self-efficacy for nutrition and physical activity counseling in resident and community pediatricians. *Patient Education and Counseling*. 73:179-185, Oct 2008.

3. Lazorick S, Crowe VLH, Dolins JC, Lannon CM. Assessment of a structured intervention utilizing state professional societies to foster quality improvement at the practice level. *J. of Cont. Ed. for the Health Professions*. 28(3):131-9, Aug 2008.

4. Lannon CM, Dolins JC, Lazorick S, Crowe VLH, Butts-Dion S, Schoetter P. Multiple-Level Partnerships to Accelerate Quality Improvement. *Jt Comm J Qual Patient Saf.*, 33(12):66-74, Dec 2007 Suppl.

5. Ballard TJ, Saltzman LE, Gazmararian JA, Spitz AM, Lazorick S, Marks JS. Violence during pregnancy: Measurement issues. *Am J Public Health*. 88:274-6, 1998.

6. Gazmararian JA, Lazorick S, Spitz AM, Ballard TJ, Saltzman LE, Marks JS. Prevalence of Violence Against Pregnant Women. *JAMA*. 275:1915-1920, 1996.

7. Hanson. LC, Danis M, Lazorick S. Emergency triage to intensive care: Can we use prognosis and patient preferences? *J Am Geriatr Soc*. 42:1277-1281, 1994.

8. Le PT, Lazorick S, Whichard LP, Yang Y-C, Clark S, Haynes BF, Singer KH. Human thymic epithelial cells produce IL6, GM-CSF and leukemia inhibitory factor (LIF). *J Immunol*. 145:3310, 1990.

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2. Pratt KJ\*, Lamson A, Swanson ML, Lazorick S, Collier DN. A biopsychosocial glance of overweight children and their caregivers. Manuscript in preparation for submission Spring 2009.
3. Rajagapolal S, Perrin EP, Lazorick S, Robinson T, Gilman ML. Can Body Mass Index (BMI) detect whether a child is overfat? A Rational Clinical Examination (RCE) article in preparation for submission to JAMA May 2009.

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#### Disclosure

**Financial Relationships** No

**Commercial Interests** na

**Discussion** No

**Product Discussion** na

**Best Available Knowledge or Evidence** Yes

**Signature** Suzanne Lazorick MD, MPH

**Date** 2.09.09

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Employment  
-1997-00 Intern and Resident in Pediatrics, Lucile Packard Children's Hospital, Stanford Health Systems, Stanford, CA (Theodore Sectish, MD, Residency Director)  
-2000-02 Clinical Instructor, Dep't of Pediatrics, Univ. of North Carolina at Chapel Hill, NC  
-2000-02 Fellow, Robert Wood Johnson Clinical Scholars Program, Univ. of North Carolina at Chapel Hill, NC (David Ransohoff, MD and Desmond Runyan, MD, DrPH, Program Directors)  
-2002- Assistant Professor of Pediatrics, Division of General Pediatrics and Adolescent Medicine, Department of Pediatrics, University of North Carolina at Chapel Hill, NC (Alan D. Stiles, MD, Chair; Jacob Lohr, MD, Division Chief)  
  
Related activity  
-2004 Invited to present "Screening for Obesity in Primary Care" at the Robert Wood Johnson Foundation's "Health Care Strategies for Addressing Childhood Obesity"

- 2005 Article (in J Pediatr) honored as one of the 10 best pediatric articles of 2004 by Contemporary Pediatrics
- 2007 Invited and served on "Expert Panel for the Development of North Carolina Guidelines for the Identification and Management of Family Overweight and Obesity"
- Perrin EM, Flower K, Ammerman A. "Body Mass Index Charts: Useful, Yet Underused." J Ped 2004;144:455-460.
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#### CV/Resume

Eliana M. Perrin, MD, MPH, is an Assistant Professor in the Division of General Pediatrics and Adolescent Medicine in the Department of Pediatrics at UNC-Chapel Hill. She received her medical degree AOA from the University of Rochester School of Medicine and completed residency training in pediatrics at Stanford. She completed a fellowship in the Robert Wood Johnson Clinical Scholars Program while getting an MPH from UNC at Chapel Hill School of Public Health. She now spends 75% of her time doing research in the prevention of obesity and eating disorders and researches how pediatricians can best help young people achieve healthy weight trajectories. Her recent work has investigated the benefits of BMI screening and physician barriers to appropriate obesity prevention and treatment. She has published several first-author manuscripts on this research and is a co-author of a text book chapter on primary prevention of childhood overweight. She works with colleagues on many state-wide projects to improve pediatrician-based obesity prevention and treatment resources. She was awarded her own NICHD K23 career development grant to examine pediatrician-parent communication regarding weight status in children and an R01 that will research ways to adapt primary obesity prevention materials and strategies for use in clinical settings by parents of low literacy. She continues to do primary care pediatrics, which complements her research interests.

#### Honors

- 1992 Joel Dean Undergraduate Research Fellowship for Social Sciences
- 1993 Lucretia Mott Fellowship Winner, Swarthmore College
- 1996-97 Atwater Scholarship, for best project in the history of medicine
- 1997 A.O.A. Honorary Membership
- 1997 Janet M. Glasgow Memorial Achievement Award-highest ranked female in med. school class
- 1999 Norman Schlossberger Education Award for performance in adolescent medicine
- 2008 Attendance (competitive selection) at AAMC Early Career Women Faculty Professional Development Seminar

#### Other related work

- Perrin EM, Rothman R, Coyne-Beasley T, Ford C, and

Bordley WC. "Evidence-Based Journal Club: Weekly vs. Daily Iron and Folic Acid Supplementation in Adolescent Nepalese Girls." *Arch Pediatr Adolesc Med* 2002;156:128-30.

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-Perrin EM, Kenneavy K, L'Engle K, Bulik C, Gordon-Larsen P, Brown JD. "Predictors of high body satisfaction in young teen boys and girls." (*Obesity Research*: September 2006, Vol 14; p. A259, 822-P).

#### Grants and Contracts Funding Sources:

##### Ongoing Research Support

1R01 HD059794 (Perrin, Rothman, Sanders, Yin) 12/08-11/13NIH/NICHD; Addressing Health Literacy and Numeracy to Prevent Childhood Obesity

The proposed study is a multi-site randomized, controlled trial to assess the efficacy of a low-literacy/numeracy-oriented intervention designed to promote healthy family lifestyles and to prevent early childhood obesity. Role: One of four (multiple) PIs

1 K23 HD51817-01A1 (Perrin) 09/06-08/11  
NIH/NICHD

Learning How to Keep TABS (Talking About BMI Screening).

The goal of this project is to investigate the parent and pediatrician sides to weight status communication in order to design and test the feasibility of "Keep TABS" (Talking About BMI Screening), a BMI status screening and communication intervention that Dr. Perrin will design to improve accuracy of parental perception of child's weight. Role: PI

1 R01 HD050981-01. (Ammerman) 08/05 - 07/10  
NICHD; Primary Care and Communities Tackling Obesity in Kids

This is a three phase project (including an RCT) to prevent obesity in an existing primarily rural practice network serving Medicaid families. Role: Co-investigator

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#### Disclosure

**Financial Relationships** No  
**Commercial Interests** na  
**Discussion** No  
**Product Discussion** na  
**Best Available Knowledge or Evidence** Yes  
**Signature** Eliana Perrin MD MPH  
**Date** 02-09-09

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**Proposal Information****Conference Objective** Policy and Environmental Strategies**Conference Track** "Medical Care"**Title** Eat Smart Move More North Carolina's Pediatric Obesity Clinician Reference Guide and Tool Kit**Abstract**

In 2002 in North Carolina, "Moving Our Children Toward a Healthy Weight—Finding the Will and the Way" a plan to prevent & reduce childhood overweight recognized that in the health care setting, key issues for improving obesity care included implementing early assessment and prevention interventions, recognizing obesity and childhood overweight as chronic conditions, advocating for reimbursement for services, and identifying and using effective treatments for overweight, including improved body mass index (BMI) screening. The NC Eat Smart Move More Movement has brought together medical professionals from the state's 4 medical schools, the private practice community, the Medicaid Managed Care network, the Division of Public Health and others to ensure that medical care providers, nutritionists/dietitians and others who serve children will have the skills and shared tools needed to effectively communicate with, evaluate, and provide care for youth who are overweight/obese. In 2008 a package of clinical tools was developed by a collaborative effort among health care professionals, obesity experts, public health professionals, and researchers after significant formative qualitative and quantitative work. A committee of North Carolina Physicians developed a Pediatric Obesity Clinician Reference Guide with input from a larger panel of clinicians and contributors. The Guide was reviewed by health care professionals, public health professionals and researchers. Not all of the participating professionals are listed as authors for this abstract. Others were Carolyn Dunn PhD (NC State), Joey Skelton MD (Wake Forest Univ), Cathy Thomas & Jenni Albright (Div Public Health), David Collier (ECU), Lisa Pullen Davis PhD, MSPH (UNC-CH). This guide is based on the AMA Expert Committee Recommendations and is adapted to the needs of clinicians and patients in NC. The guide includes references to evidence based reports and resources. It is intended to be printed, front and back, on 8.5 x 14" paper and tri-folded. To complement the Pediatric Obesity Clinician Reference Guide, several other tools are provided: color-coded BMI charts, blood pressure tables, and prescription pads for promoting the "5-3-2-1-Almost None" prevention messages for patients and their families. These tools are free and downloadable at <http://www.eatsmartmovemorenc.com/HealthCare.html>.

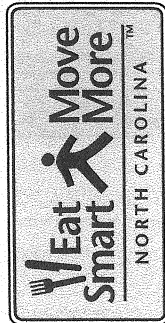
*Pullen Davis  
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Improved screening and treatment rates in pediatrician and family physician offices would be an indicator of success and several NIH studies and statewide efforts are currently researching efficacy in multiple primary care practices throughout the state. In addition, Community Care of NC, a Medicaid managed care regional practice network system in NC, is piloting dissemination and implementation of the toolkit. The pilot is in five counties as part of state-funded Community Obesity Prevention Projects that include simultaneous efforts in clinical, school and community settings. Use of the toolkit in these counties is being actively promoted through organized local trainings and by providing technical support. Extensive evaluation of the dissemination effort is underway and preliminary results should be available by July 2009. The development of the Reference Guide and the ongoing dissemination of the tools are the result of many years of multidisciplinary partnership in NC forged to combat the obesity epidemic. The methods used, lessons learned and tools developed may be widely applied in other states.

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# North Carolina's Pediatric Obesity Clinician Reference Guide and Tool Kit

[www.EatSmartMoveMoreNC.com/PediatricObesityTools/PediatricObesityTools.html](http://www.EatSmartMoveMoreNC.com/PediatricObesityTools/PediatricObesityTools.html)

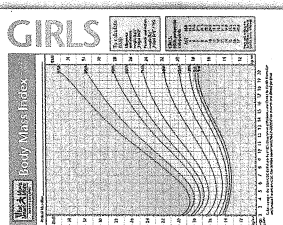
Albright J<sup>1</sup>, Armstrong S<sup>2</sup>, Collier D<sup>3</sup>, Christianson L<sup>4</sup>, Pullen Davis L<sup>5</sup>, Dunn C<sup>6</sup>, Genail L<sup>6</sup>, Kolas KM<sup>6</sup>, Langer SM<sup>1</sup>, Lazorick S<sup>1</sup>, Perrin BM<sup>1</sup>, Schwartz RP<sup>1</sup>, Skellon J<sup>7</sup>, Thomas C<sup>1</sup>  
The Eat Smart, Move More North Carolina University Collaborative Team: <sup>1</sup>North Carolina Division of Public Health, <sup>2</sup>Duke University School of Medicine, <sup>3</sup>Brody School of Medicine at East Carolina University, <sup>4</sup>University of North Carolina at Chapel Hill, <sup>5</sup>North Carolina State University, <sup>6</sup>Community Care of North Carolina, <sup>7</sup>Wake Forest University School of Medicine

## In Response to 2002 "Moving Our Children Toward A Healthy Weight—Finding the Will and the Way"...

- The Eat Smart, Move More NC movement brought together medical professionals from the state's four medical schools, private practice community, the Medicaid Managed Care network, and the Division of Public Health.
- The tool kit was created and reviewed by health care professionals, public health professionals and researchers.
- The tools are free and downloadable at [www.EatSmartMoveMoreNC.com](http://www.EatSmartMoveMoreNC.com).

### Color Coded BMI Chart

- Assigns "stop light" green, yellow, and red colors to zones of weight status
- One study (in press, *Academic Pediatrics*) tested a color coded BMI chart in two university pediatric clinic settings for parental understanding of BMI (funded by NICHD and NIDDK)
- Convenience sample of 163 parents of children 2-8 years received:
  - Demographic and "Understanding BMI" questionnaires
  - Math portion of WRAT
  - Short Test of Functional Health Literacy in Adults (STOFHLA)



- Parents, especially those with lower numeracy, performed better using color coded than standard BMI charts
- Parents and MDs responded favorably to charts in qualitative analysis

### Starting the Conversation Tools from UNC Chapel Hill

- Starting the Conversation tools (SCT) are rapid assessment tools and tailored counseling guides designed to be administered in the waiting room
- MDs can easily scan sheet to determine the child's "obesogenic" behaviors
- Counseling tips ease MD's role and help parents
- Used along with color coded BMI charts, MDs gained confidence in obesity counseling

### Clinician Reference Guide Developed by Eat Smart, Move More University Collaborative

Academic pediatricians from North Carolina's four medical schools designed ESMO Assessment, Prevention & Treatment Guide for Clinicians

- Simplified AMA/HRSA/CDC Expert Committee Recommendations
- Outlined steps for every pediatric visit
- Explained 5-3-2-1-Almost None prevention message
- Developed guidance for laboratory testing for evaluation & monitoring
- Developed referral recommendations related to clinical signs and symptoms of obesity

### Blood Pressure Card

### 5-3-2-1-Almost None Pad

## SAMPLE INTERVENTIONS and EVALUATION

### Duke Children's Primary Care Practices

- Selected two high volume sites with residents; no other obesity interventions
- Large group of providers assembled tool kit; the clinician reference guide, blood pressure charts, Starting the Conversation Tool (SCT) with handout, color coded BMI charts
- Site clerical and nursing staff determined way to incorporate into routine clinic flow; educated staff
  - Color coded BMI curves placed on each chart, following the CDC chart
  - Patient questionnaire on clipboard handed to each parent/patient after vital signs taken; completed while waiting
  - Copies of patient handout placed in central locations to providers
  - Laminated BP tables hung in provider workstations
  - Clinician reference guides on 8.5x11 cardstock distributed to providers
- Four-item survey sent to providers for assessment of clinical utility, efficiency, role in education as part of quality improvement
  - 62% response
  - High clinical utility: BP tables, SCT (80%); BMI charts (60%); Ref guide (55%)
  - Use saved time: SCT (80%); BP tables (60%); BMI charts (50%)

### North Carolina Childhood Obesity Prevention Demonstration Project

- 133 providers from 26 practices trained with tool kit: clinician reference guide, blood pressure charts, Starting the Conversation Tool (SCT) with handout, color coded BMI charts
- 21 completed Practice Assessment 1-5 months after training
- 20 practices plot BMI, most often for well visits
- 12 practices report helpful having standardized treatment for obesity
- All providers in half the practices use some tools

### Community Care of North Carolina

- Using Pediatric Obesity Clinical Tools to promote practice based standardized screening with prevention messages for all children; increase provider self efficacy in treating childhood obesity; develop linkages to community resources
- Evaluation in progress

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## **Summary of the Development of a Toolkit for the Identification and Management of Childhood Overweight and Obesity in North Carolina**

### **Introduction**

The purpose of the project is to make it easier for North Carolina clinicians to diagnose and treat overweight and obese patients. The intent of this project, which was initially titled the North Carolina Guidelines for the Identification and Management of Family Overweight and Obesity, was to develop guidelines and or tools for use in the identification and management of overweight and obesity in families, adults and/or children in clinical settings.

### **Existing Guidelines and Tools**

In the summer of 2007, a search of the literature identified guidelines for the assessment and treatment of overweight and obesity in adults (the National Institutes of Health Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998). A search of the literature also identified a new consensus document for children, the result of an effort by the American Medical Association (AMA), the Health Resources and Service Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) to convene an Expert Committee to revise the 1997 recommendations on the assessment, prevention, and treatment of childhood overweight and obesity. The initial recommendations were released in June 2007 in a document titled "Appendix: Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity." The finalized version of the recommendations have now been published in its entirety in the December 2007 Supplement to the journal *Pediatrics*. The National Initiative for Children's Healthcare Quality (NICHQ) Implementation Guide, which is based on these Expert Committee Recommendations, was also identified as a helpful resource. No family-based guidelines were identified in the literature search.

### **Expert Panel**

Following the collection of existing guidelines and tools, Eat Smart, Move More North Carolina convened a panel of healthcare professionals from North Carolina in order to reach agreement on a set of recommendations for diagnosing and treating overweight and obese patients, to decide what tools needed to be developed, and to decide how best to distribute the toolkit to clinicians in the state. The initial planning group proposed that the chronic care model of disease and concept of patient self-management could be extended to weight management. In this model, guidelines and tools would assist providers to empower not only the patients, but also the families of the patients, and to help them learn to self-manage the weight of all family members.

The background research and leadership in the design and facilitation of the panel was provided by Kathryn Kolasa PhD, RD, LDN, Professor and Associate Director of the East Carolina University Pediatric Healthy Weight Research and Treatment Center. The NC Division of Public Health, Physical Activity and Nutrition Branch, also contributed to planning efforts. The panelists consisted primarily of Physicians, Physician Assistants, and Nurse Practitioners who provide weight management counseling and treatment to adults and/or children in the course of their usual clinical care.

Prior to the day-long panel meeting in September 2007, panel members participated in three brief electronic surveys which assessed their opinions of and experience using existing guidelines, recommendations, and management tools for overweight and obesity. The tools included adult and pediatric body mass index (BMI) charts, the Healthy Weight for Kids discussion points from the American Dietetic Association, and the Maine Youth Overweight Collaborative toolkit (Keep Me Healthy).

At the panel meeting, facilitator Kathryn Kolasa PhD, RD, LDN, led a discussion regarding whether Eat Smart, Move More North Carolina should adopt the available guidelines or develop its own recommendations with an accompanying toolkit. Panel members agreed that North Carolina should incorporate aspects of other available resources, but needed its own toolkit.

The expert panel was then asked if Eat Smart, Move More North Carolina should endorse the NIH Guidelines for adults and the Expert Committee Recommendations/NICHQ Implementation Guide for children. The panel was comfortable suggesting the use of the NIH adult obesity guidelines. Until the papers supporting the Expert Committee Recommendations and NICHQ Implementation Guide were formally published and reviewed, the panel was reluctant to fully adopt them, although for the most part the panelists were comfortable using them as a basis for obesity evaluation and management. Some of the tools introduced in the electronic surveys were viewed as too overwhelming and complex for the busy clinician to embrace.

Next, the panelists were asked to determine if a family tool was possible and what it might look like. They were asked if they could envision clinicians who provide weight management services to adults asking them to weigh, measure, and chart their children on BMI charts and self-monitor their growth. Those who provide services only to children were asked if they would provide BMI charts to the parents/guardians of the children and ask them to self-monitor their weights. Few clinicians believed that patients had the skill to calculate and accurately evaluate BMI charts at home, and most believed that this practice should remain in the clinical setting.

Finally, the panel was asked to consider what tools were needed for clinicians to do a better job in assessing and treating overweight and obesity in children and/or adults. The panel stated that simple messages directed to

clinicians that empower them to assume this role were needed. For example, they need to be reminded that they are authorities to the patients ("Our voice matters"). Practitioners also desired evidence-based talking points around the health risks associated with obesity. The panel felt it was important to remind practitioners of the importance of calculating the BMI of every patient. The pediatric obesity specialists on the panel felt that providers need to understand the risks associated with promoting too rapid weight loss in growing children, to know when and where to refer overweight children, and to be able to identify links to community resources. The panel also wanted development of simple messages to deliver to the patients.

The panel found that the algorithms shown to them as examples were useful but could be tailored to better serve NC providers. Simple tools (at no charge) and guidelines were requested, and tools to start the conversation and assess readiness to change. Panel members proposed other elements of the toolkit as well, including BMI charts for adults and children (color-coded to indicate healthy and caution zones), BMI calculators for adults and children, guidance on useful laboratories for assessment and monitoring of overweight and obese children, guidance on coding to optimize reimbursement, diet and activity scripts, posters and patient handouts and diet/exercise self-monitoring logs. Also there was discussion of development of a program clinicians could take to schools related to healthy weight, patterned after the AAFP "Tar Wars" program.

### **Development of Pediatric Obesity Clinical Tools**

In November 2007, to follow up on the expert panel meeting, a meeting was held among researchers from the Kids Eating Smart and Moving More pediatric obesity research team of the UNC Center for Health Promotion and Disease Prevention, physician leaders of the Community Care of North Carolina childhood obesity pilot project, and public health professionals from the NC Division of Public Health, Physical Activity and Nutrition Branch. The purpose of the meeting was to explore development possibilities for the childhood overweight and obesity aspect of the toolkit discussed at the September panel meeting. The meeting resulted in the forging of a partnership among these three groups to develop a pediatric obesity clinical toolkit with as little duplication of efforts as possible.

To provide background on each of these groups, Kids Eating Smart and Moving More (KESMM) is a community-based project designed to test various office-based counseling techniques for the best weight management results. The KESMM team had already developed tools for this purpose and was interested in sharing them to avoid duplication of efforts, as long as this could be accomplished without compromising the KESMM research study.

Community Care of North Carolina (CCNC) is a community-based medical care management program housed in the North Carolina Office of Rural Health and Community Care, with the goals of improving the care of the Medicaid population while controlling costs, and developing local systems to improve the quality, utilization and cost effectiveness of health care. CCNC was planning a childhood obesity pilot for 2008 and had begun developing a provider education/practice toolkit, including BMI screening tools, management recommendations, health behavior and readiness-to-change assessments, and brief counseling tools.

The mission of the Physical Activity and Nutrition (PAN) Branch of the North Carolina Department of Public Health is to reverse the rising tide of obesity and overweight among adults and children in North Carolina by helping them to eat smart, move more, and achieve a healthy weight. In 2007, CDC provided support to PAN to work on secondary prevention for the purpose of strengthening the partnership between public health and health care sectors in order to combat the obesity epidemic.

In November 2007, the plans for development of a pediatric weight management toolkit were presented to representatives from Wake Forest, Duke, and East Carolina Universities, and the University of North Carolina at Eat Smart, Move More NC University Collaborative Meeting in Winston-Salem, NC.

In December 2007, a statement about the recognition of the AMA/HRSA/CDC Expert Committee Recommendations and willingness to base tool development on these guiding documents was passed by the Eat Smart, Move More NC Leadership Team. The plans for toolkit development were also presented to the Eat Smart, Move More NC Leadership Team at its quarterly meeting in December 2007.

In early 2008, a meeting was convened between Community Care of NC (CCNC) and the NC Division of Public Health, Physical Activity and Nutrition Branch to discuss the details of toolkit composition and design. CCNC had been already been working to create a simpler algorithm for diagnosis and treatment of childhood overweight and obesity based on the AMA/HRSA/CDC Expert Committee Recommendations and NICHQ Implementation Guide. CCNC shared this draft with the PAN team, which continued in this endeavor with the addition of information from the recommendations recently published in the *Pediatrics* supplement and input from the expert panel meeting. The algorithm was the first component in a document which became known as the Clinician Reference Guide.

At the September 2007 expert panel meeting, a subcommittee comprised of academic pediatricians with expertise in childhood overweight and obesity had been formed. This subcommittee became the design team for the Clinician Reference Guide. For several months following the expert panel meeting, the subcommittee worked to provide guidance on laboratory tests recommended to evaluate and monitor overweight and obese children for other comorbidities, as well as next steps and referral guidance based on the results of the testing. The goal was to incorporate recommendations from other medical authorities, such as the American Academy of Pediatrics, American Heart Association, American Diabetes Association, and the National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. This information was incorporated into the

Clinician Reference Guide. Subcommittee members as well as other contributors and reviewers assisted in the development and revision of multiple drafts of the Guide.

Healthcare professionals who contributed to the development and review of the Clinician Reference Guide wanted to address the expert panel's desire for simple, evidence-based messages for patients. To this end, prevention messages were developed based on the 5-2-1-0 messages used in the Maine "Keep Me Healthy" program, and endorsed by NICHQ. The messages were modified slightly, to become 5-3-2-1-Almost None. These messages and their explanation were incorporated into the Clinician Reference Guide along with some assessment and counseling points for clinicians.

As the Clinician Reference Guide draft neared completion, it took the form of a tri-fold pamphlet. The cover lists steps to perform at every pediatric visit, including a reminder to measure the height and weight at least yearly, assessment and counseling tips, and the 5-3-2-1-Almost None prevention messages. Also included in the Guide are a table of the diagnostic categories of overweight based on BMI percentiles, an algorithm for management based on BMI percentile, a table of personal and family risk factors for comorbidities, and tables of recommendations for laboratory evaluation, result interpretation and guidance for follow-up, including referral recommendations. Finally, the Guide contains references and additional resources.

As mentioned above, the Kids Eating Smart and Move More (KESMM) research team had also been developing various tools for use in the clinical setting, including a "Starting the Conversation" questionnaire to assess nutrition and physical activity behaviors and readiness to change, and an accompanying list of physical activity and nutrition tips for families. After communicating with CCNC and PAN about possibilities for utilizing these tools in the CCNC childhood obesity pilot without contaminating the simultaneous KESMM research study, KESMM shared these tools for use in conjunction with the Clinician Reference Guide and the 5-3-2-1-Almost None prevention messages.

As the initial drafts of the toolkit components were developed, they were sent for review by select stakeholders (including members of CCNC, KESMM, the expert panel subcommittee, representatives of NC Division of Public Health, and Dr. Kolasa). The toolkit included the Clinician Reference Guide, color-coded BMI charts with a table of the 99%ile cut-points for boys and girls, the KESMM Starting the Conversation Tool and tips sheet, blood pressure tables for boys and girls, and prescription pads with the prevention messages. After several edits, the kit was sent out for review by the expert panel. Once this feedback had been compiled and revisions made, the components were sent to a graphic designer for completion. The finalized electronic version was posted on the Eat Smart, Move More NC Web site.

### **Next Steps**

Community Care of NC (CCNC) is planning to produce childhood obesity toolkits and provide training in diagnosis and management of childhood overweight and obesity to the five provider networks in the 2008 childhood obesity pilot project. CCNC plans to evaluate the extent to which the provision of the childhood obesity toolkit and training increase the routine tracking of BMI in pediatric patients.

Ongoing evaluation of the pediatric toolkit and its effectiveness will be needed, and modifications made to continuously improve its performance. Other tools could be added to the existing toolkit as well, such as an action plan analogous to those used in asthma management, guidance on coding to optimize reimbursement for visits for overweight and obesity, and lists of local fitness/weight management programs and referral sources.

The NIH is currently revising its Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, which is due for publication in 2009. This would be an ideal time to begin development of an adult toolkit, which, like the pediatric Clinician Reference Guide, would encourage change within the entire family unit, including family eating behaviors, and engaging in physical activity together.

A lesson learned in this endeavor is that team work and collaboration take time. It was a positive and challenging experience to maintain dialogue with so many stakeholders, keep everyone involved, and also reach consensus, to ensure that credit was constantly and consistently given where credit was due, and to avoid duplication of efforts. However, the time and hard work necessary to make this collaborative effort a success were well worth it.