

Adolescent Obesity & Inactivity Initiatives

North Carolina Academy of Family Physicians

Presented by: Walter L. Shepherd, Director of Professional Services

Background

- Represents more than 2600 Family Physicians in all 100 counties
- FP's provide medical care that covers all ages and conditions
- FP's generally see themselves not only as treatment-oriented but also as preventionists
- 94% of FP's in North Carolina take care of children
- In 23 counties, FP's may be the only source children's health care
- In 27 counties, FP's may be the only source of women's health care
- In NC, about 1 in 4 patients of a Family Physician are on Medicare, 1 in 7 are on Medicaid, and 1 in 10 have no insurance
- About 1 in 4 Family Physicians in NC practice by themselves or with one other FP

Recent Initiatives

- Reaching Families Through Family Physicians inaugurated in December, 2002 with an announcement and CME presentation by new President Mott Blair IV, MD
- Basic concept is that of a patient in the context of their family and their community; therefore the approach is working with families and the larger community
- Establishment of partnership with NC Cooperative Extension, NC Public Health, NC DPI, and NC PTA
- Development and distribution of Fast Food & Families CD (through a collaboration with NC Cooperative Extension, Eat Smart-Move More, & Start With Your Heart)
- Since 2002, CME presentations on adolescent obesity and inactivity have been made at each of the NCAFP's major meetings (Dr. Blair, Dr. Carolyn Dunn – NCCE, Cathy Thomas – Eat Smart-Move More)
- Awarded 3-year grant from NC Health & Wellness Trust Fund Commission
- Currently, 13 pilot counties identified with 85 FP's, 5 FNP's, 46 FP Residents (150 total)
- Joint training of 31 FP's and NC Cooperative Extension Agents conducted on December 4th in Asheville
- Resource materials have been developed and distributed to participating FP's
- FP leadership and Pediatrician participation in development of Health Risk Assessment for FitTogether website
- Distribution of patient bookmarks and promotion of FitTogether among NCAFP members
- Portion of NCAFP website devoted to adolescent obesity and inactivity with link to FitTogether

Examples of Family Physician Activities

- Discuss diet with every patient.
- Group meetings for patients
- Development of walking tracks
- Hiring fulltime nutritionist
- "Rate Your Plate" handouts
- Help patients make exercise an integral part of their daily schedule
- "Wake Teen Healthy Behaviors Rx"
- Participation in local task forces
- Participation in school activities
- Provide patients with list of local resources
- "Fitness Renaissance"

NC Academy of Family Physicians Website (www.ncafp.com)

One click from the homepage.
Two clicks to reach www.fittogethernc.com.

The screenshot shows a web browser window displaying the website for the Adolescent Obesity & Inactivity Project. The browser's address bar shows the URL www.ncafp.com. The website header features the NCAFP logo and the text "North Carolina Academy of Family Physicians, Inc. ON THE WEB". A navigation menu includes links for "NCAFP Home", "AOI Mainpage", "About The Initiative", "Tools & Resources", and "Contact Info". The main content area is titled "The Adolescent Obesity & Inactivity Project" and includes a sub-header "North Carolina Academy of Family Physicians, Inc. Reaching Families Through Family Physicians". The page features a "Program Overview" section with text about the initiative's goals and a quote from Richard Strauss. It also lists two chairs: Mott P. Blair, IV, MD and Carolyn Dunn, PhD. The footer contains logos for "Health Wellness TRUST FUND", "Eat Smart Move More NORTH CAROLINA", "NC STATE UNIVERSITY COOPERATIVE EXTENSION", and "PHYSICAL ACTIVITY & NUTRITION BRANCH". The browser's taskbar at the bottom shows the Start button and several open applications, including Microsoft Outlook and Internet Explorer.

Wednesday, Dec. 8, 2004

[NCAFP Home](#) | [AOI Mainpage](#) | [About The Initiative](#) | [Tools & Resources](#) | [Contact Info](#)

The Adolescent Obesity & Inactivity Project

North Carolina Academy of Family Physicians, Inc.
Reaching Families Through Family Physicians

[Tish Singletary, Project Coordinator](#)

Program Overview

Every day, a family physician or Cooperative Extension Agent sees someone who is at risk of being overweight or obese. Every day, that physician or agent thinks about how they can help people adopt healthier eating habits and increase their physical activity. The Adolescent Obesity and Inactivity Initiative (AOI) is an action plan to address obesity and inactivity in families in counties across the state. It is a program designed to bring together community agencies and local resources to help children and their families eat smart and move more.

Tools have been developed to help both the healthcare provider and the agent to assess the patient or family's needs and then make the recommendations that can bring about change. It will not be easy, change takes time, but with the continued efforts of family physicians, Cooperative Extension Agents, parents, teachers and other community leaders, it can be done.

The North Carolina Academy of Family Physicians and the North Carolina Cooperative Extension Service are excited about the opportunity to collaborate on this issue. We can and we will make a difference. Together, we can insure the health and productivity of our state's youngest citizens. This webpage has been designed to keep you informed of all the activities taking place across the state on this particular project. You will also find links and resources to help guide you through the process. Physician, agent, parent or teen—we welcome your comments.

Mott P. Blair, IV, MD
Adolescent Obesity & Inactivity Chair

Carolyn Dunn, PhD
NC Cooperative Extension Services
Associate Professor & Nutrition Specialist

"Overweight arises from multiple causes, some as intimate as the family dinner table, others as seductive as television. Given the profound consequences of childhood inactivity, poor nutrition, and overweight throughout the lifespan, urgency is warranted in responding to this epidemic."

*- Richard Strauss,
Robert Wood Johnson
School of Medicine*

fittogether

Health Wellness TRUST FUND | **Eat Smart Move More NORTH CAROLINA** | **NC STATE UNIVERSITY COOPERATIVE EXTENSION** | **PHYSICAL ACTIVITY & NUTRITION BRANCH**

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EXAMPLES FROM LOCAL FAMILY PHYSICIANS REGARDING PHYSICAL ACTIVITY & NUTRITION

Fatima Brens, MD – Concord (Cabarrus County)

I have a couple of good cases, but basically I address obesity and healthy diet to every patient that come to see me, even if it is for a cold, My strategy is to get a good plan for the reason of visit and schedule a follow-up visit for the problem and offer a Physical Exam at the same time, there are good information in EMR. One of my patients already enrolled in a routine exercise class, and I am working with a family that is obese, I do talk to them about whatever they are interest in and then I touch the topic or healthy diet and exercise, I think the most effective way is to first establish a good patient-doctor relationship and then address whatever you would like to work with.

Colin Jones, MD – Ahsokie (Hertford County)

We have a diabetes program in several of our area offices to help patients in a group meeting discuss diet and other aspects of self care for diabetes. In addition we have a fitness center built with the help of our hospital foundation that we encourage patients to attend to help loose weight, lower BP and, in general, improve fitness. The center has scholarships for some of our lower income patients.

Thomas M. Whyte, MD – Asheboro (Randolph County)

I have not found any intervention to be particularly effective for obesity. I have had some successes in confronting it as an addiction. Overeating is a huge problem. Deep and complex human factors are involved in developing and sustaining this condition. Psychologists are available to treat binge eating, and have had some success with my referrals. I have suggested bibliotherapy to several patients on addressing their overeating. Search Amazon under 'overeating' for a list of titles. Patients appreciate this type of approach. Diets don't work in the long run. Pills don't work. Exercise alone usually doesn't work. People are desperate for help with their weight. Maybe Rimonabant will help, but I suspect it will help mainly the drug company selling it. Social engineering to change people's perceptions holds the greatest promise. Gastric obesity surgery helps the morbidly obese. Whatever you promote as an academy, make sure it is evidence based.

Beat Steiner, MD – Prospect Hill (Caswell County)

A UNC medical student, Kelley Lawrence, did a 6 week internship with us over the summer. She was interested in ways to motivate people to become more physically active. She observed that despite the beautiful rural setting of the clinic, there were few places for people to walk. Thus was born the idea of a walking track. She helped generate enthusiasm for the idea in the clinic and laid out a quarter mile track on land adjacent to the clinic. She was able to obtain the gravel for the track through a donation from a local gravel company and raised money to pay for spreading the gravel through a raffle. Employees of the clinic now walk the track daily over lunch instead of sitting inside. We have challenged ourselves to walk across North Carolina by tallying everyone's miles each day and charting the miles walked on a map inside the clinic. Staff are sharing their successes with patients and are inviting patients to use the track. We hope to start a regular walking group for patients. It is a small effort but has created a lot of energy and enthusiasm in our clinic.

Douglas M. Briggs, MD – Cornelius (Mecklenburg County)

We hired a full time nutritionist to work with patients. She is also a personal trainer in an earlier life. She works with patients individually, but also gives a workshop for any/all interested people monthly.

Catherine Sotir, MD – Greenville (Pitt County)

Give my patients the "rate your plate" handout, which allows them to not only let me know what they are eating, but to also learn about how to make healthier choices. In addition, I give them this handout, developed by Dr. Kolasa and tell them to purchase a pedometer. See File: [Walking Your Way to a Better Life](#)

John Dykers, MD – Siler City (Chatham County)

A big problem is the imbedded dogma that diabetics must eat starch. The hardest problem is changing habits. The hardest part of habit change is that we feel like we are being "untrue to ourselves" when we change. One 400 pounder showed me a picture of himself at 270 when entering the Army 20 years ago, and his comment was that he looked too small!! (He is only 6 feet tall.) I have templates at the office for low fat diet, low starch diet, and Dr Dykers Diet! I will try to email them to you, but we have our intranet in the office completely physically/electrically separated from the internet for security reasons, and I may not be able to do so. We also employ fasts for the morbidly obese - supply a little B6 injection the first 3 days and this is quite safe for most patients on an outpatient basis. It is amazing how blood sugar and blood pressure both improve dramatically with fasting. The ketosis is not the same as diabetic keto-acidosis and the ketones passed out through the urine constitute a very substantial bonus of lost calories. Exercise: pick something you will enjoy/continue; first expand it to thirty minutes and incorporate the TIME into your daily schedule/routine, THEN increase the intensity gradually to goal of at least two miles walk or equivalent. Swimming is so useful for the obese and those of us

with older joints (hips, knees, ankles, feet). We are working with the Council on Aging to develop a program to incorporate a swimming facility in the new building. The pedometer is a great idea and relatively inexpensive. When PATIENTS set their head to change and do so, it is one of the great rewards of practicing medicine.

Steven Landau, MD – Kenly (Johnston County)

- I've been teaching yoga and meditation, and essentials of low-fat vegetarian diet to several groups.
- Kenly Senior Center, averaging 4-7 people on a weekly basis on Tuesday nights at 6 pm. We do yoga exercises, breathing, stretching, meditation, and food demonstrations, as well as philosophy talks about how to balance their lives. Many are on the floor, others do chair yoga. We get kids, too. Contact Easker Mitchell at 919-284-3392.
- T'ai Chi classes, including yogic singing and dancing, to the seniors at Carolina House in Smithfield. Average 10-12 people on a monthly basis. Weekly classes are taught in between by the activities coordinator, Laurie based on the movements that I show them. We emphasize movement and balance and fall prevention, as well as energy transfer and flexibility and breathing -- mostly in standing positions. Contact person is Laurie at 919-989-3100
- Diabetic Support Group - run by Patsy at Johnston Memorial Hospital -- average 20-30 people. Occasional lectures and cooking demonstrations of low-fat vegetarian diet, and demonstration and instruction in basic yoga postures and meditation. Contact person is Patsy Stewart at 919-938-7534.
- Free sports physicals for middle-schoolers and high-schoolers. Last one was at Corinth-Holder middle school.
- TV appearances on HealthTalk Live local TV show run by Heidi Berge on WARZ Selma, teaching basic yoga postures and self-massage. Gets reruns regularly. WARZ is 919-965-5328.
- Weight-loss talk with the TOPS group at the First Christian Church in Smithfield. Explained to people (and had them do it, too!) how they could adopt new, slender identities from which to alter their food choices and activity levels.

Neva Bartholmew, MD – Raleigh (Wake County)

Well, for our practice at Wake Teen Medical Services in Raleigh, I created something called the "Wake Teen Healthy Behaviors Rx" - which is a one pager form that gives our patients a starting point to make changes. It is used as a starting point for discussion for our patients with BMIs over 25 and helps us track their progress toward healthy behavior goals. It is very simple (I like that about it) and very specific (I like that too) and involves checking off a choice for each of four items (eating, drinking, exercise and motivation behaviors) and I encourage patients once they've made one change in each area to then make another one. The form explains this better.

See file: [Prescription for Healthy Behaviors](#)

Mark Hawkins, MD – Claremont (Catawba County)

I am on the nutrition task force set up through the Catawba county health dept. I think this mandated by the state. I think all health departments throughout the state should have a task force, and this has just recently been expanded to include physical activity. We are doing pilot programs to do BMI's on kids (mostly with vision and dental screening) in this schools this year. We then provide educational resources to the parents to make changes at home and refer them to their provider for evaluation. We are evaluating school meals, soft drink and snack machines etc.. Just starting to look at the physical activity component. Catawba Medical center and the nearby YMCA also had programs during the summer for kids to learn about healthy eating and physical activity.

Beverly Goode-Kanawati, DO – Raleigh (Wake County)

For all of my patients, I prescribe a low-sugar diet, with avoidance of refined foods. I encourage them to eat 4-5 cups of vegetables per day, and only whole grains, with a protein source. They are to avoid white flour, white rice, and anything with sugar except fresh fruit. Sounds pretty strict, but my patients get results,

Michael Coates, MD – Winston-Salem (Forsyth County)

We have a comprehensive Weight Management Program in our department which includes the community-wide YMCA as the organized arm of the program.

James Dykes, MD – Durham (Durham County)

I am holding a standing "group appointment" to support patients with weight loss on Monday nights from 6:00-7:00 pm at my office in Durham, NC. It is a program designed to help participants make profound and lasting changes in their responses to stress, patterns of over-eating and inactivity, and in their capacity to self-nurture and set effective limits.

Arthur Apolinario, MD – Clinton (Sampson County)

I haven't done anything specific except for goal setting, exercise, and diet counseling one on one with my patients regarding the divided plate (that alone has been most successful for my patients) but no specific programs. My

most successful story is a young teenager who has lost greater than 40 pounds over a year with just these simple recommendations.

Nelsa Ciapponi , MD – Charlotte (Mecklenburg County)

One of the main things I'm targeting to reduce obesity and improve diet is trying to get my adolescent patients to reduce their intake of soda. I'm finding there's a lack of awareness on the part of the parents as well as the kids on their lack of nutritional value and pure sugar content coupled with the heavy and seductive advertising of these products --this makes for a tough battle. It's a small step, but a start.

Vanessa McPherson, MD – Charlotte (Mecklenburg County)

Our residents at the Carolinas Medical Center Family Medicine Residency Program have implemented two initiatives in the community to improve physical fitness as part of our Community Medicine curriculum:

- We have formed a partnership with the local YMCA and a community activist group, the Eastside Coalition, as well as the Eastland Mall in Charlotte, to create walking groups. This is expected to include incentives for participation such as awards, grocery store gift certificates, discount gym memberships, etc.
- Our 3rd year residents last year did a project in the local elementary school to increase exercise in the children. This included pedometers being distributed to each child, a weekly aerobics class in the school, and classroom instruction on healthy diet and the importance of physical activity.

Peter Kramer, DO – Wilmington (New Hanover County)

We have compiled a list of local resources, gyms, parks, community centers, and free stuff, walking trails etc, along with target heart rate and beginning exercise guidelines for our patients. That is what we use so far.

Donald Nelson Gardner, MD – Mount Airy (Surry County)

I have a 40,000 sq/ft facility that provides: Primary Care, Cardiac Rehab, Pulmonary Rehab, full fitness with training, adult obesity prevention, fit kids with after school care and focus on preventing obesity.

Jessica Schorr-Saxe, MD – Charlotte (Mecklenburg County)

A recipient of grant funding from the Kate B. Reynolds Healthcare Trust, Carolinas Medical Center – Biddle Point, has initiated a program that established a partnership between the practice and a local elementary school to improve health knowledge and behavior. Within the Health Promotion component, the Nurse Coordinator has applied the CATCH curriculum (Coordinated Approach to Child Health) for 3rd and 4th graders. In addition, parents of the children have become involved through evening sessions at the school focusing on aerobics, nutrition, and health & fitness challenges (utilizing a pedometer).

Jane McCaleb, MD – Jackson (Northampton County)

Through a grant from the Kate B. Reynolds Charitable Trust, Rural Health Group Inc. has implemented a chronic disease, Healthy Lifestyle (HL) program. The program targets patients who have diabetes, hyperlipidemia, hypertension and obesity. The program participants are primarily Roanoke Amaranth Clinic (RACHG) patients. These patients are taught ways to incorporate healthy eating and exercise into their daily routines, along with self-management skills specific to their chronic disease. Though the program targets clinic patients, interested family members and the community when possible are provided exercise and nutritional counseling.

The HL program focuses on behavior change techniques as the end result rather than the number of pounds loss. The focus is on such behaviors as self monitoring blood glucose (SMBG); consuming balanced meals, decreasing portions; decreasing salt; taking medications; exercising, keeping doctor's appointments, etc. Barriers to change, availability of supplies and community resources and support systems are identified. The participant's health and cultural beliefs are assessed and are used in developing the individualized plan of care. The program is designed using the stage of change model of approach in providing counseling and education. An interdisciplinary team approach to providing care is utilized. The team includes the participant, provider, pharmacist, and nurse. The participant is seen as the leader of the team; therefore, goals are geared towards what he or she is willing to work on. As the participant sees small successes, they tend to be more willing to make additional behavioral changes resulting in lowered blood pressure, A1C, weight loss, etc.

The nutrition-counseling portion of the program includes instructing participants on the food guide pyramid; eating a variety of foods from each category at each meal; portion control and reading food labels. Exercise counseling is also provided. A stepwise approach to beginning and sustaining an individualized exercise program is taught. Praise is given to participants for any degree of successful behavior change. Participants are counseled regarding the expectancy of relapse. The frequency to which participants relapse is strongly emphasized in counseling sessions.

As with all programs, we too see that participants who receive regular, ongoing follow-up tend to have lasting results verses those with limited encounters and no follow-up, consistently reverts back to prior unhealthy behaviors. Provider counseling and ongoing follow-up has proven crucial in obtaining permanency with behavior change.

Mark Crissman, MD – Graham (Alamance County)

A friend and I established the Front Street United Methodist Church Mission Man Triathlon a .5 mile swim, 15 mile bike, and 3.2 mile run. This event sold out at over 400 racers--many 1st time triathlon participants. Over \$15,000 was raised for missions! This event prompted many people in our community to get active and loose weight.