



# MAINE YOUTH OVERWEIGHT COLLABORATIVE 3 FINAL REPORT

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## MYOC3 Practice Sites carried over from MYOC1 and MYOC2

***From MYOC1:***

Bridgton Pediatrics	Bridgton
Maine Medical Center Pediatric Clinic (Pediatric Practice Residency Program)	Portland
Mayo Practice Associates (Family Medicine)	Dover-Foxcroft
Maine Coast Pediatrics	Ellsworth
Husson Pediatrics	Bangor
Western Maine Pediatrics	Norway
Winthrop Family Pediatrics Center	Winthrop

***From MYOC2:***

Aroostook Pediatrics	Caribou
E.W. Dixon Memorial Clinic (Family Medicine)	Gouldsboro
GPPA Falmouth	Falmouth
GPPA Portland	Portland
GPPA Saco	Saco
GPPA South Portland	South Portland
Miles Medical Group Pediatrics	Damariscotta
Skowhegan Family Medicine (Family Medicine)	Skowhegan

## Additional New MYOC3 Practice Sites

Bayview Pediatrics	Yarmouth
Bowdoin Medical Group	Brunswick
Blue Hill Family Medicine (Family Medicine)	Blue Hill
Cadillac Family Practice (Family Medicine)	Bar Harbor
Central Maine Pediatrics	Lewiston
Cooper Gilmore Health Center (Family Medicine)	Bar Harbor
Community Health Center (Family Medicine)	Southwest Harbor
Family Health Center (Family Medicine)	Bar Harbor
MMC Family Medicine Center (Family Medicine)	Falmouth, Portland
New Horizon Healthcare (Family Medicine)	Madison/Skowhegan
Penobscot Pediatrics	Bangor
Redington Medical Associates-Pediatrics	Skowhegan
Scarborough Family Physicians (Family Medicine)	Scarborough
Sebasticook Family Doctors (Family Medicine)	Newport
Waterboro Village Pediatrics	East Waterboro

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## EXECUTIVE SUMMARY

### NEED

The epidemic increase in overweight and obesity among children, adolescents, and adults in the United States demands that intervention strategies to counter these trends be broad-based and include multiple sectors of society. The health care setting, where providers already see the vast majority of children and youth in the United States may be opportune for creating awareness and motivating change to reduce and prevent overweight and obesity. Although there is limited evidence for effective clinical intervention to prevent overweight in children, or to improve diet, physical activity or to reduce television viewing in primary care settings, successful Collaborative models have been developed for asthma and diabetes. Based on the overwhelming need to address the challenge of youth overweight, and the success of the Collaborative model, we apply this model to the problem of youth overweight in Maine.

### THE INTERVENTION

The *Maine Youth Overweight Collaborative* (MYOC) focuses on improving systems in primary care practices to assess the problem of youth overweight; improving control of key behavioral and clinical risk factors; and improving use of self-management support strategies by clinician teams and patients.

### EVALUATION METHODOLOGY

We designed and implemented an evaluation process to measure implementation of the intervention framework and MYOC outcomes. Chart reviews, staff surveys and Parent/Caretaker surveys were completed both pre- and post-initiation of the intervention. Intervention process (such as Learning Sessions) was also evaluated.

### IMPACT

Overall, three waves (MYOC1, MYOC2, MYOC3) of teams including 37 sites with 235 providers serving over 189,000 patients participated in MYOC for some length of time between 2004 and 2009. MYOC3 showed mixed results from the staff and parent surveys and more modest system improvements from the chart reviews than for the first two MYOC cohorts. We followed the Care Model and Institute for Healthcare Improvement (IHI) Breakthrough Collaborative frameworks to implement our collaborative and designed and implemented an evaluation process to measure implementation of the framework and MYOC outcomes. MYOC strategies were apparently successful in improving clinical practice and office systems. Results also demonstrate room for improvement.

Chart reviews, representing MYOC's strongest data, demonstrate significant office system and practice changes sustained over 40 months of intervention, in the case of MYOC1 sites whose providers represent the innovators of the MYOC approach. The best framework to carry MYOC forward successfully has yet to be determined.

## INTRODUCTION

In 2004, the Maine Harvard Prevention Research Center (MHPRC) and the Maine Center for Public Health (MCPH) established the *Maine Youth Overweight Collaborative* (MYOC) in collaboration with the Maine Chapter of the American Academy of Pediatrics. Goals were to improve care and outcomes for youth who are overweight (85-94<sup>th</sup> percentile for age and gender) and those who are obese ( $\geq 95^{\text{th}}$  percentile for age and gender) as well as to improve nutrition and physical activity and reduce screen time among all children and youth. The project was initially funded by a two-year grant from the Maine Health Access Foundation with some supplemental funding from the Maine AAP and Harvard Pilgrim Health Care Foundation. Additional funding from The Bingham Program; Jessie B. Cox Charitable Trust; MaineHealth; Eastern Maine Healthcare, The Betterment Fund; and the Harvard Prevention Research Center made it possible to continue MYOC. Additional funding for evaluation work was provided by the Centers for Disease Control and Prevention (Prevention Research Centers Grant U48DP000064 to the Harvard School of Public Health). The third phase of MYOC, MYOC3, was begun in May of 2008 and completed its work in May 2009.

MYOC focuses on improving systems in primary care practices to assess the problem of youth overweight and obesity; improve control of key behavioral and clinical risk factors; and improve use of self-management support strategies by clinician teams and patients. Our model worked to improve healthcare through the application of evidence based interventions, tailored to individuals, utilizing community, schools, family and other system resources to accomplish health outcomes. With its emphasis on system change, MYOC can serve as a model for all disease prevention and treatment, where healthcare systems foster improved outcomes for populations, eliminating disparities and improving health for all.

Our model specifically offers support to provider teams within primary care practices throughout Maine to improve prevention, identification and treatment of youth overweight. Using the “Breakthrough Series Collaborative” model developed by the Institute for Healthcare Improvement (IHI), we brought together clinical experts, primary care practices, and community/school partners to develop local expertise and shared goals among clinical practice teams in order to improve patient management and decrease youth overweight and obesity in Maine.

MYOC adopted, as a framework for intervention, four key messages consisting of encouraging five (5) or more servings of fruits and vegetables on most days; limiting screen time to two (2) hours or less daily; participating in at least one (1) hour or more of moderate to vigorous physical activity daily, and; avoiding (0) sugar-sweetened beverages, limiting fruit juice to one-half cup or less per day and encouraging water and fat free milk daily. This framework came to be known as “5-2-1-0” on which the patient assessment tool, as well as other patient educational materials and office environmental tools such as posters, was built.<sup>1</sup>

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<sup>1</sup> The original idea for the 5-2-1-0 goals (same behavioral targets) came from Sylvia Stevens Edouard of Blue Cross and Blue Shield of MA in their 5-2-1-0 Jump Up and Go program. The “0” was added by MYOC.

Changes in office practice being promoted by the Collaborative are based on the framework of the Care Model (CM).<sup>234</sup>

A steering committee representing providers, provider organizations, specialists and other clinical experts, community organizations, payers, academic partners, Maine state organizations such as the Maine Center for Disease Control and Prevention, and the National Initiative for Children’s Healthcare Quality convened an expert panel to review existing literature and protocols and to develop and update state of the art protocols, including our clinical decision support flip charts.

## METHODS

### STUDY DESIGN

#### SETTING AND INTERVENTION

The thirty teams participating in MYOC3 represented a geographically diverse group and emphasized care for the underserved. Interested practices were self-selected. Practice sites included one pediatric residency program, sixteen primary care pediatric practices, and twelve family practices. Approximately 40% of MYOC3 patients were insured through Medicaid. Table 1 depicts the number of providers and the approximate number of pediatric patients in MYOC3 practices.

Table 1: MYOC3 Practice Team Characteristics

Practice	Number of providers in practice	Estimated Total Number of Pediatric Patients in Practice
1	24	3500
2	4	4500
3	9	930
4	14	11292
5	3	4500
6	10	10500
7	6	5500
8	5	3500
9	5	8000
10	2	3500

<sup>2</sup> Wagner EH, Glasgow RE, Davis C, Bonomi AE, Provost L, McCulloch D, Carver P, Sixta C. “Quality improvement in chronic illness care: a collaborative approach.” *Journal on Quality Improvement*, 2001.

<sup>3</sup> Bodenheimer T, Wagner EH, Grumbach K. “Improving primary care for patients with chronic illness.” *Journal of the American Medical Association*, 2002, Oct 9; 288(14):1775-9.

<sup>4</sup> Bodenheimer T, Wagner EH, Grumbach K. “Improving primary care for patients with chronic illness: the chronic care model, Part 2.” *Journal of the American Medical Association*, 2002, Oct 16; 288(15):1909-14.

Practice	Number of providers in practice	Estimated Total Number of Pediatric Patients in Practice
11	6	5500
12	4	8000
13	6	3000
14	5	3500
15,16,17,18	8	5000
19	2	150
20	12	8000
21	2	3500
22	4	3500
23	11	1152
24	4	3500
25	4	4500
26	5	4500
27	3	3500
28	5	4500
29	18	3500
30	6	8000
<b>TOTAL</b>	<b>187</b>	<b>129,024</b>

\*Data not available

Each site was required to send a three-member multidisciplinary team (composed of a provider leader/champion, another medical staff person and an administrator) to three one-day day Learning Sessions and a final celebration as follows:

- LS#1 – May 2, 2008: Obesity 101 including new recommendations, practice change, and an introduction to the toolkit
- LS#2 - September 12, 2008: Working with patients - Motivational Interviewing, words to use, follow-up with patients, and community linkages
- LS#3 – May 1, 2009: More follow up options, spreading and sustaining practice changes
- MYOC3 FINAL CELEBRATION- September 18, 2009: Showcasing other successful programs in the region.

MYOC provided additional support to sites as follows:

- MYOC offered an advanced training on Motivational Interviewing the day before the second Learning Session which many of the veteran team members attended.
- One education outreach visit was conducted with each participating site. The focus of the visits was to review team “flow” and the sequencing of MYOC activities directed toward systems change within the practice site.



- The MYOC Project Director presented MYOC strategies at several participating hospital system medical staff meetings to help support the spread of MYOC strategies through systems.
- Teams were frequently provided support by the MYOC Project Director, throughout MYOC3, to help problem solve issues and answer questions.
- Teams were provided materials and information based on the guidelines developed from a childhood overweight expert panel, training on Motivational Interviewing, and tools to support clinical decision making and behavior modification (e.g., MYOC Flip Chart). New resources provided during MYOC3 included a new Let’s Go Healthcare toolkit and a set of Motivational Interviewing references along with an updated flipchart based on the 2007 national recommendations. MYOC was extremely pleased to reach an agreement with the APP to market the flipchart internationally.
- Additional support was provided to veteran sites with innovative pilot programs addressing follow-up for lifestyle issues such as help planning and evaluating those efforts.

## DATA COLLECTION, MEASURES, AND DATA MANAGEMENT

(See Appendix I for data collection instruments)

The following table summarizes the data collection instruments, timeline, and type of data collected to evaluate MYOC3 process and outcomes.

Table 2: Overview of MYOC3 Data Collection Sources with Data Elements<sup>5</sup>:  
New Sites

Data Source	Data Elements and Purpose
Staff Survey Baseline: <i>Spring 2008</i> Post test: <i>Spring 2009</i>	Knowledge of BMI classification percentiles
	Knowledge of how to address lifestyle with patients
	Beliefs about the importance of tracking BMI and addressing weight and lifestyle with patients
	Perceived Efficacy to address weight and lifestyle with patients
	Current practice regarding BMI tracking and addressing weight and lifestyle
	Knowledge of and practices regarding community resources
	Satisfaction with MYOC2 process
	MYOC2 team functioning

<sup>5</sup> Site names are listed on page 2 of this document

Data Source	Data Elements and Purpose
Parent/Caretaker Survey Baseline: <i>Spring 2008</i> Post test: <i>Spring 2009</i>	Awareness of messages from provider about nutrition
	Awareness of messages from provider about physical activity
	Awareness of messages from provider about television or screen time
	Awareness of messages from provider about sugar sweetened drinks
	Goal Setting
	Aspects of Motivational Interviewing
	Awareness of messages from provider about breastfeeding (if child was < 2 years of age)
	Told whether child was overweight?
Chart Reviews Baseline: <i>Spring 2008</i> Post test: <i>Spring 2009</i>	Patient nutrition/physical activity assessment completed (5-2-1-0 Survey)
	Blood Pressure recorded
	Height recorded
	Weight recorded
	BMI Percentile for Age and Gender recorded
	Weight Classification
	For up to 5 prior well-child visits: date of visit; height; weight to: a) estimate prevalence of overweight and obesity among patients; b) describe trends in obesity and relative weight pre- and post-MYOC; c) document and test relative changes in veteran versus new MYOC sites.
MYOC3 Learning Session Evaluations May 2, 2008; September 12, 2008; May 1, 2009; and the final celebration September 18, 2009	Satisfaction with Learning Session presentations
	Overall satisfaction with the experience
	Attainment of specific learning objectives
	Satisfaction with the facility

## STAFF SURVEY

A paper and pencil staff survey, consisting of 52 items at baseline, and 93 items at post-test was administered to measure providers' knowledge, attitudes and practices around key collaborative change objectives, including measurement and tracking of height, weight, and BMI calculation and classification, behavioral goal setting, Motivational Interviewing, working with local community organizations to support patients, and MYOC process and functioning.

At baseline, new site MYOC3 team members who participated in the first Learning Session were asked to complete the survey upon entering the Learning Session. Team members were asked to take more surveys back to their respective practices and have all other providers (MD, DO, NP or PA) complete the survey and mail it in no later than May 30, 2008.

At post-test, staff surveys were mailed to each participating site to have all providers complete and return the surveys by June 5, 2009.

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## PARENT/CARETAKER SURVEY

This survey consisted of nine items assessing parents' awareness of having heard lifestyle messages (around 5-2-1-0 and breastfeeding for a child < 2) from their child's provider; whether they set a goal; whether they accomplished their goal (at baseline only); whether they were told their child was overweight; whether a follow-up appointment was scheduled (baseline only); and, usefulness and tone of conversation (post only).

At baseline, new practices were asked to provide the survey to the next 50 parents/caretakers of patients aged 0-18 who came into the office for annual well-child visits only. Again, sites were asked to give the survey out only once. This survey was an EXIT survey, attempting to minimize recall bias. Surveys were handed to patients for completion *after their well-child visit* and while they were still in the exam room. Surveys needed to include the patient's height, weight, date of birth, and gender entered on the back side by a staff member before or after the survey was given to the patient. Teams were asked to place the surveys in the return envelope whether they had been completed by patients or not. Again, at least 50 surveys from each site were to be mailed back by May 30, 2008.

At post, all participating practice teams were asked to give out the survey to the next 50 parent/caretakers of patients aged 0-18 who came into the office for annual well-child visits or acute type visits (for Family Practice sites). They were asked to give out the survey only once in the waiting room, prior to the patient's appointment. Practices were asked to then place the survey in the return envelope, whether it had been completed or not, and mail it back. Teams were asked to return 50 surveys by June 5, 2009.

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## CHART REVIEWS

Chart reviews for the last well child visit for children aged 2-18 consisted of the patient date of birth; gender; provider name; date of visit; whether the 5210 survey was completed; whether there was a goal set and the type of goal set (around 5-2-1-or 0); whether blood pressure, height, weight, BMI percentile and weight classification were recorded; whether follow-up was done based on an obese or overweight classification and; if there was a referral, where the referral was made.

At baseline, each new site was asked to complete at least 30 and no more than 50 chart review forms and to complete an equal number of chart reviews per provider for all providers in the office. A chart review form was provided. No identifying information was recorded on the form. Teams were asked to return forms by May 30, 2008.

The same chart review process was used at post for all sites and forms were to be mailed back by June 5, 2009.

**MYOC LEARNING SESSION EVALUATIONS**

Learning Session evaluations were developed and distributed at each of the three MYOC3 Learning Sessions. Questions included perceived satisfaction with each presentation or section of the Learning Session; satisfaction with the experience as a whole; and attainment of learning objectives specific for each Learning Session; evaluation of the facilities; and any other comments participants wanted to make.

Figure 1: Overview of key data collection for all three waves of MYOC1-3

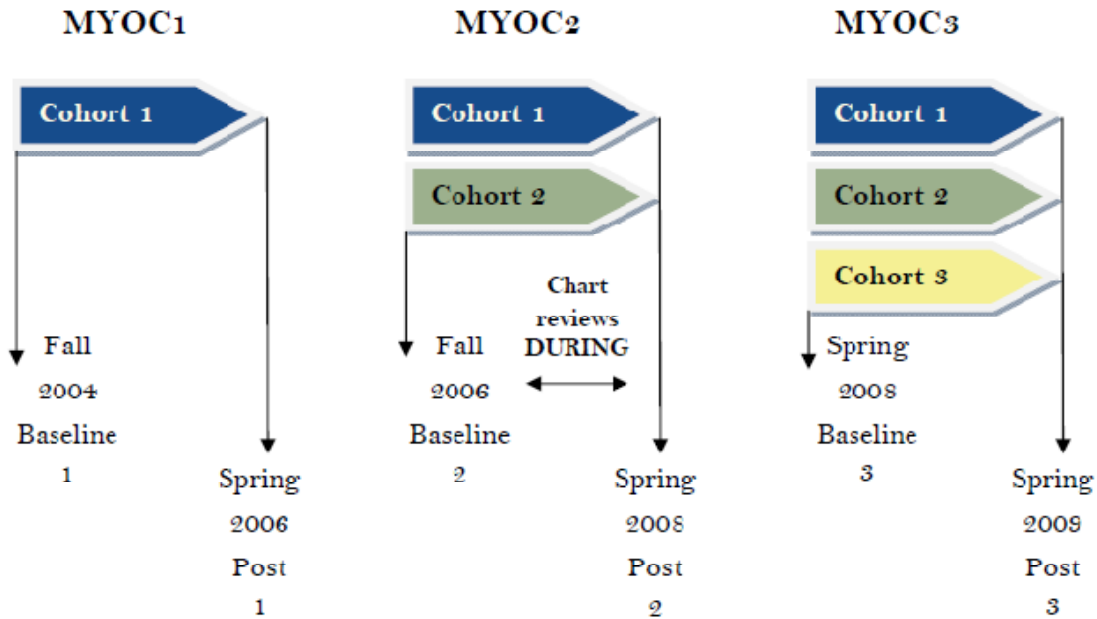


Table 3: Overview of Survey Numbers for key data presented in report MYOC1-3 Surveys

	Baseline MYOC1	Post Wave 1	Baseline MYOC2	Post Wave 2	Baseline MYOC3	Post Wave 3
Chart Review	Fall 2004 N=896	Spring 2006 N=896	MIDPOINT Fall 2006 N=386	Spring 2008 N=317 (MYOC1&2)	Spring 2008 N=577	Spring 2009 MYOC1: 278 MYOC2: 317 MYOC3: 375 N=970
Staff Survey	Fall 2004 N=14	Spring 2006 N=17	Fall 2006 N=37	Spring 2008 N=22 (MYOC1&2)	Spring 2008 N=73	Spring 2009 MYOC1: 19 MYOC2: 10 MYOC3: 39 N=68
Parent/ Caretaker Survey	Fall 2004 N=346	Spring 2006 N=386	Fall 2006 N=1,193	Spring 2008 N=421 (MYOC1&2)	Spring 2008 N=281	Spring 2009 MYOC1: 223 MYOC2: 189 MYOC3: 336 N=748

## DATA ANALYSIS

We used descriptive analyses of MYOC survey responses and chart review findings to assess office system, provider, patient, and practice team changes. MYOC3 data are presented along with data from MYOC1 and MYOC2 cohorts. Results are described in the context of all three cohorts.

## RESULTS

### NEW MYOC3 PROVIDERS: STAFF SURVEY

At baseline, 76 providers (a 78% response rate), 53% representing MD or DO's and 27% representing NP or PA's, completed the staff survey. At post-test, 39 providers (40% provider response rate), 63% representing MD's or DO's and 36% representing NP or PA's, completed the survey.

MYOC3 staff survey results are mixed showing generally positive trends and modest changes from baseline to post. Consistently positive trends are found in the areas of tracking BMI percentiles for age and gender, addressing lifestyle issues with patients as well as awareness and utilization of community resources.

Even though numbers are small and results are therefore variable, an overview of these data indicates the largest gains in knowledge, attitudes, efficacy and behavior seem to have occurred in, first, the MYOC1 provider cohort and secondly, in the MYOC2 provider cohort.

Table 4: Staff Survey: Provider Baseline and Post-Test Results

SA = Strongly Agree, A = Agree

	BASELINE MYOC1: Fall 2004 MYOC2: Fall 2006 MYOC3: Spring 2008			POST Spring 2009		
	New MYOC3 Providers % SA	New MYOC2 Providers % SA	New MYOC1 Providers %SA	New MYOC3 Providers % SA	Veteran MYOC2 Providers % SA	Veteran MYOC1 Providers %SA
<b>Number of MYOC provider respondents</b>	<b>76</b>	<b>37</b>	<b>14</b>	<b>39</b>	<b>10</b>	<b>19</b>
Correct definition of Ideal Weight	47%	35%	43%	43%	50%	63%
Correct definition of Overweight	58%	60%	64%	61%	80%	78%

	BASELINE MYOC1: Fall 2004 MYOC2: Fall 2006 MYOC3: Spring 2008			POST Spring 2009		
	New MYOC3 Providers % SA	New MYOC2 Providers % SA	New MYOC1 Providers %SA	New MYOC3 Providers % SA	Veteran MYOC2 Providers % SA	Veteran MYOC1 Providers %SA
Correct definition of Obese	86%	89%	93%	81%	100%	89%
Have good understanding of medical evaluation	13%	5%	14%	22%	17%	44%
Know how to address nutrition	8%	11%	7%	22%	67%	50%
Know how to address physical activity	13%	27%	7%	28%	67%	67%
Know how to address screen time	16%	38%	14%	33%	67%	67%
Know how to address sugar-sweetened beverages	22%	51%	21%	42%	67%	67%
Know what behavioral goal setting is	16%	11%	7%	17%	67%	56%
Familiar with brief focused negotiation	12%	14%	0%	11%	33%	39%
Tracking BMI age/gender for overweight patients is important	45%	39%	64%	69%	33%	83%
Tracking BMI age/gender for all is important	45%	57%	50%	64%	67%	83%
Medical evaluation for overweight is important	45%	62%	50%	61%	50%	83%
Important to address nutrition with all patients	58%	84%	50%	67%	67%	89%
Important to address physical activity with all patients	59%	86%	50%	69%	83%	89%
Important to address screen time with all patients	58%	78%	50%	69%	83%	83%
Important to address sugar-sweetened beverages	59%	81%	50%	69%	83%	83%
Important to do behavioral goal setting with overweight patients	48%	54%	43%	58%	33%	78%
Motivational Interviewing can be a powerful tool	35%	39%	29%	42%	50%	50%

	BASELINE MYOC1: Fall 2004 MYOC2: Fall 2006 MYOC3: Spring 2008			POST Spring 2009		
	New MYOC3 Providers % SA	New MYOC2 Providers % SA	New MYOC1 Providers %SA	New MYOC3 Providers % SA	Veteran MYOC2 Providers % SA	Veteran MYOC1 Providers %SA
Am comfortable addressing weight with all patients	25%	27%	14%	25%	44%	56%
Am comfortable addressing nutrition with all patients	25%	38%	7%	42%	44%	67%
Am comfortable addressing physical activity with all patients	27%	49%	21%	44%	67%	67%
Am comfortable addressing screen time with all patients	34%	54%	29%	47%	56%	72%
Am comfortable addressing sugar sweetened beverages with all patients	42%	70%	29%	53%	67%	72%
Am comfortable doing behavioral goal setting with all patients	17%	19%	7%	14%	33%	39%
Am comfortable using brief focused negotiation with all patients	14%	16%	7%	14%	44%	39%
Track BMI for age/gender annually on all patients	24%	35%	21%	47%	100%	94%
Track BMI for age/gender annually on obese patients	26%	30%	14%	50%	100%	94%
When obese patients identified, I address	30%	54%	21%	50%	67%	67%
Schedule follow-up for weight	4%	11%	7%	9%	11%	28%
Address nutrition with overweight patients	33%	54%	21%	42%	78%	78%
Address physical activity with overweight patients	37%	57%	21%	50%	50%	78%
Address screen time with overweight patients	34%	49%	38%	50%	50%	78%
Address sugar-sweetened beverages with overweight patients	34%	59%	43%	56%	50%	78%

	BASELINE MYOC1: Fall 2004 MYOC2: Fall 2006 MYOC3: Spring 2008			POST Spring 2009		
	New MYOC3 Providers % SA	New MYOC2 Providers % SA	New MYOC1 Providers %SA	New MYOC3 Providers % SA	Veteran MYOC2 Providers % SA	Veteran MYOC1 Providers %SA
I routinely refer obese patients to community resources	13%	16%	71%	20%	33%	22%
I routinely ask permission	4%	13% SA or A	N/A	9%	33%	17%
I routinely ask importance	7%	22% SA or A	N/A	9%	50%	33%
I routinely assess readiness	8%	11%	N/A	14%	50%	33%
I routinely assess confidence	7%	24% SA or A	N/A	14%	33%	22%
Do behavioral goal setting with overweight patients/families	5%	17% SA or A	7%	14%	50%	39%
Use Motivational Interviewing with overweight patients/families	8%	19% A or SA	0%	8%	33%	22%
I routinely discuss breastfeeding with patients <2	28%	17%	N/A	23%	50%	39%
Medically evaluate obese patients >10 years old	1%	0	N/A	12%	0%	22%
Aware of specific community resources	38%	58%	50%	61%	100%	94%
If yes, have list of community resources available	44%	30%	30%	79%	78%	72%
Adequate community resources for physical activity	32%	17%	30%	58%	50%	41%
Adequate community resources for nutrition	46%	32%	30%	52%	67%	61%
Refer overweight patients to community resources for physical activity	57%	48%	71%	79%	67%	82%



**PARENT/CARETAKER SURVEY**

Results for MYOC3 are somewhat mixed. Patient families reported hearing modestly more messages about television and screen time at post than at baseline while a fairly high percentage heard messages about fruits and vegetables and physical activity at both baseline and post. Overall, it seems patients heard more messages consistently and for all areas (5,2,1 and 0) in cohorts 1 and 2 at post. Because the Parent/Caretaker survey was administered at EXIT for Baseline and at PRE VISIT at post, the survey results may not be directly comparable. While patients tended to report increases in addressing lifestyle with their providers after each wave, there seems to be some regression after longer intervention times. However, for MYOC2 patients, there seems to be an upward trend, even after longer intervention duration.

Table 5: Parent/Caretaker Survey: All Patients

At last visit, did doctor, nurse or anyone else in this office talk with you about....

Lifestyle factor	Baseline			Post		
	New MYOC3 Sites %YES	New MYOC2 Sites %YES	New MYOC1 Sites %YES	New MYOC3 Sites %YES	Veteran MYOC2 Sites %YES	Veteran MYOC1 Sites %YES
Nutrition	77%	64%	73%	62%	68%	63%
Television or Screen Time	46%	49%	58%	52%	62%	55%
Physical Activity or Exercise	75%	66%	77%	60%	67%	61%
Sugar-Sweetened Drinks	35%	44%	54%	51%	62%	60%

**CHART REVIEWS**

Chart reviews represent MYOC’s strongest, most objective data. Chart reviews show significant system changes in tracking BMI percentile for age and gender, weight classification, blood pressure and completion of the 5210 patient assessment survey in MYOC3 and in the other two cohorts as well. The largest positive changes were seen in MYOC1 while MYOC2 final measures were highest as depicted in Table 6 below. True change in MYOC2 cannot be ascertained because midpoint data was collected, rather than a true baseline<sup>6</sup>.

<sup>6</sup> Not wanting to burden practices with additional chart reviews at baseline, we used one month of ongoing chart review data as the midpoint data for MYOC2. Ongoing chart reviews were required for one year beginning in March.

Table 6: Chart Review Data

Lifestyle factor	Baseline			Post		
	New MYOC3 Sites %YES	<u>MIDPOINT</u> New MYOC2 Sites %YES	New MYOC1 Sites %YES	New MYOC3 Sites %YES	Veteran MYOC2 Sites %YES	Veteran MYOC1 Sites %YES
Number of Charts	577	138	896	375	317	278
BMI percentile for age/gender	45%	88%	28%	86%	99%	90%
Weight Classification	35%	80%	22%	70%	98%	86%
Blood Pressure	78%	68%	85%	88%	96%	90%
5-2-1-0 Patient Survey	14%	57%	0%	56%	85%	84%

## MYOC LEARNING SESSION EVALUATIONS

The Learning Session evaluations demonstrated a high level of satisfaction with the Learning Sessions as well as high levels of participant attainment of course objectives. These results were used in developing subsequent Learning Sessions and the final celebration.

## DISCUSSION

Evaluation results show improving trends for key provider skills and practices, patients' perceptions of lifestyle messages from providers, and office system change. Results also show that there are still many opportunities for improvement in each area.

Limitations in our ability to draw conclusions from our evaluation efforts include, most importantly, the fact that we did not use comparison data. Therefore changes we observe may, in some part, have been observed by other practice sites. Secondly, our data gathering instruments were, for the most part, designed or modified by us without extensive pilot testing; nor did we have the resources to assess validity and reliability. It is also important to note that staff surveys did not track individual respondents. Parent/Caretaker surveys were based on recall over the past year at baseline and therefore may have been subject to recall bias.

A broad stroke overview of these data indicates improvement for each of the MYOC cohorts. However, MYOC3 showed mixed results in the staff and parent surveys and modest system improvements in the chart reviews. MYOC1 and MYOC2 chart reviews demonstrate large improvements and sustainability of system changes for over 40 months, in the case of the MYOC1 cohort. However, staff and parent surveys show some regression after the longer intervention times. Veteran team providers tended to

score higher on the staff survey knowledge, attitudes, efficacy and behavior than did new providers. These data suggest that psychosocial and behavioral change may take longer than system change to produce and yet may also tend to regress more after longer periods of intervention without focused follow-up than system changes shown to be more sustainable. MYOC1 sites, and to some degree MYOC2 sites, were clearly the most successful in making and sustaining changes. MYOC1 providers lead the charge to develop MYOC and were the among the primary care innovators around childhood obesity prevention in Maine.

Several of these veteran sites undertook special pilot projects during the latter half of MYOC to follow-up with their patient populations around lifestyle issues. Projects ranged from public health nursing projects, tertiary treatment designs for proactive follow-up for overweight, to connecting patients with community resources such as YMCA's or parks and recreation resources.

Not all providers joining MYOC after the initial cohort was begun may have had the same motivations for joining and sacrificing their time and effort to make the changes MYOC required. Given this was a "natural experiment" of different cohorts joining the effort over time, bias regarding sites would be expected. The intervention also changed over time. The number of Learning Sessions, Learning Session content, site visits, type of technical assistance and other resources provided changed with each new cohort. It is therefore difficult to disentangle the most important site and provider attributes from those of the intervention.

## CONCLUSIONS

Overall, 37 sites with 235 providers serving over 189,000 patients participated in MYOC for some length of time between 2004 and 2009. We followed the Care Model and IHI Breakthrough Collaborative frameworks to implement our Collaborative and designed and implemented an evaluation process to measure implementation of the framework and MYOC outcomes. MYOC strategies were apparently successful in improving clinical practice and office systems. Results also demonstrate room for improvement.

Chart reviews, representing MYOC's strongest data, demonstrate significant office system and practice changes sustained over 40 months of intervention, in the case of MYOC1 sites whose providers represent the innovators of the MYOC approach. The best framework to carry MYOC forward successfully has yet to be determined.

Our teams showed creativity, innovation, and a willingness to work hard in order to improve the lives of Maine's youngest and most vulnerable citizens.

## NEXT STEPS & SUSTAINABILITY

To determine next steps MYOC staff conducted a survey of team members followed by a group discussion with key stakeholders which found a profound interest in staying connected and identified several needs. Specific survey objectives included to:

- Identify what is needed to support MYOC physician champions & practices teams in their efforts to continue their work to improve the prevention, diagnosis, and management of youth obesity.
- Identify what is needed to support MYOC physician champions & practices teams in spreading their work on youth obesity to other practices in their group and/or their community.
- Identify what is needed to identify, support, and nurture existing and new physician champions from “non-MYOC” practices to lead efforts to improve the prevention, diagnosis, and management of youth obesity.

Survey and Discussion Group Results Indicated:

- A desire to bring together disparate groups for multidisciplinary training and provide opportunities for national speakers to provide expertise & feedback.
- Specific components identified that might help sustain MYOC efforts include:
  - consistent messaging within multi-sector approaches,
  - connections to community/school resources,
  - training in motivational interviewing,
  - customized integration of protocols into office systems,
  - spread of electronic medical records,
  - financial incentives,
  - and more opportunities to utilize IT components for behavior change & patient follow-up.
- There is opportunity for additional coordination of efforts within health systems and associations across Maine (and New England) to most effectively and efficiently support and spread “key changes” already established. Strong partnerships exist with the Maine AAP, Maine CDC, MMA and Public Health Nursing as well as health systems including MaineHealth, EMHS, and CMMC among others.

MYOC is committed to continue to work with the major health systems and associations to develop a regional healthcare network with objectives directed toward achieving the following goals:

- To enhance the current Health Provider Toolkit based on lessons learned to date and use it as a foundation to educate & train clinicians and practice teams to more effectively prevent, identify, treat and manage youth obesity.
- To use educational outreach and regional improvement meetings to regularly assess and track weight using BMI (including in emerging electronic medical records systems); to promote healthy weight messages related to healthy eating and physical activity; and to respectfully address with patients the health issues associated with overweight and obesity.
- To encourage providers to leverage their influence at the community/school level to advocate for policies and build an environment that promotes healthy eating and physical activity by coordinating with programs like 5210 Goes to School.
- To promote the consistent delivery of healthy weight messages (e.g. “5210”) to patients and across communities, and encourage physicians and other clinicians to model and provide leadership for behaviors that promote a life-long commitment to healthy weight.
- To adopt policies within organizations to encourage physical activity and healthy food choices for employees, clients and the community.
- To urge employers and health plans to adopt healthcare benefit plans that support appropriate medical services to prevent, diagnose, and treat obesity.
- To identify and support innovative approaches to follow up with those families with overweight/obese children who will benefit most from proactive care.

## **Appendix I: MYOC3 Data Collection Instruments**

1. Baseline Staff (Team) Survey
2. Post-Test Staff Survey
3. Baseline Parent/Caretaker Survey
4. Post-Test Parent/Caretaker Survey
5. MYOC3 Chart Review Form

## **Appendix II: Learning Session Evaluation Results**

1. Participant Evaluation, May 2, 2008
2. Participant Evaluation, September 11 & 12, 2008
3. Participant Evaluation, May 1, 2009

## **Appendix III: Next Steps**

## **Appendix I: MYOC3 Data Collection Instruments**

1. Baseline Staff (Team) Survey
2. Post-Test Staff Survey
3. Baseline Parent/Caretaker Survey
4. Post-Test Parent/Caretaker Survey
5. MYOC3 Chart Review Form

SITE:

**Staff Survey**

*You are invited to take part in the Maine Youth Overweight Collaborative [MYOC] evaluation by answering the following questions. Your participation is voluntary and should only take approximately 10 minutes to complete. We are trying to learn how your practice's involvement in MYOC is helping you to change the way you think and work. You will be asked to answer a similar set of questions, in about a year and a half, near the end of this next phase of MYOC.*

*If you have any questions about this survey or other aspects of MYOC, please contact Joan Orr, Project Director, at 207 629-9272 ext 211.*

1. Are you a member of the Maine Youth Overweight Collaborative "TEAM" from your practice site?  
<sub>1</sub> Yes                      <sub>0</sub> No

2. Please tell us what type of work you do in the practice:  
I am                      <sub>1</sub> an MD or DO  
                              <sub>2</sub> an NP or PA

**Please answer the following questions with respect to the care of patients 0-18 years old**

Knowledge

3. The CDC definition of ideal weight is:  
<sub>1</sub> 10-90<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> 5-94<sup>th</sup> BMI %ile for age and gender  
<sub>3</sub> 5-84<sup>th</sup> BMI %ile for age and gender  
<sub>4</sub> 10-84<sup>th</sup> BMI %ile for age and gender  
<sub>5</sub> None of the above

4. The CDC definition of overweight (previously "at risk for overweight") is:  
<sub>1</sub> 91<sup>st</sup> -95<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> 95<sup>th</sup> -99<sup>th</sup>  
<sub>3</sub> 85<sup>th</sup> -94<sup>th</sup>  
<sub>4</sub> 85<sup>th</sup> -95<sup>th</sup>  
<sub>5</sub> None of the above

5. The CDC definition of obese (previously "overweight") is:  
<sub>1</sub> ≥94<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> ≥95<sup>th</sup> BMI %ile for age and gender  
<sub>3</sub> ≥96<sup>th</sup> BMI %ile for age and gender  
<sub>4</sub> ≥99<sup>th</sup> BMI %ile for age and gender

Please circle the number that corresponds with your answer:

		<i>Strongly disagree</i>			<i>Strongly agree</i>
6.	I have a good understanding of medical evaluation (lab tests) for pediatric patients who are obese _____	1	2	3	4      5
7.	I know how to address nutrition with pediatric patients and/or their families. _____	1	2	3	4      5



		<i>Strongly disagree</i>				<i>Strongly agree</i>
8.	I know how to address physical activity with my patients and/or their families. _____	1	2	3	4	5
9.	I know how to address screen time (time watching television or playing computer games) with my pediatric patients and/or their families. _____	1	2	3	4	5
10.	I know how to address consumption of soda or sugar-sweetened beverages with my pediatric patients and/or families. _____	1	2	3	4	5
11.	I know what behavioral goal-setting is. _____	1	2	3	4	5
12.	I am familiar with brief motivational interviewing (Provider/patient counseling techniques presuming the patient's autonomy, capacity, and expertise). _____	1	2	3	4	5

**Beliefs**

13.	Tracking BMI % for age and gender annually is important for my obese patients. _____	1	2	3	4	5
14.	Tracking BMI % for age and gender annually is important for all my pediatric patients. _____	1	2	3	4	5
15.	It is important to medically evaluate pediatric patients for possible complications of weight related issues. _____	1	2	3	4	5
16.	It is important to address nutrition with all of my pediatric patients and/or families. _____	1	2	3	4	5
17.	It is important to address physical activity with all of my pediatric patients and/or families. _____	1	2	3	4	5
18.	It is important to address screen time (TV/Video) with all of my pediatric patients and/or families. _____	1	2	3	4	5
19.	It is important to address consumption of soda or sugar-sweetened beverages with all of my pediatric patients and/or their families. _____	1	2	3	4	5
20.	It is important to do behavioral goal setting with obese pediatric patients and/or families. _____	1	2	3	4	5
21.	Motivational interviewing can be a powerful tool to help change behavior. _____	1	2	3	4	5

**Perceived Efficacy**

22.	I am comfortable addressing weight with my pediatric patients and/or families. _____	1	2	3	4	5
23.	I am comfortable addressing nutritional issues with my pediatric patients and/or families. _____	1	2	3	4	5

		<i>Strongly disagree</i>			<i>Strongly agree</i>	
24.	I am comfortable addressing physical activity with pediatric patients and/or families_____	1	2	3	4	5
25.	I am comfortable addressing screen time (TV/Video) with pediatric patients and/or families_____	1	2	3	4	5
26.	I am comfortable addressing consumption of soda or sugar-sweetened beverages with pediatric patients and/or families_____	1	2	3	4	5
27.	I am comfortable assessing patients' readiness to change_____	1	2	3	4	5
28.	I am comfortable assessing patients' confidence in their ability to change_____	1	2	3	4	5
29.	I am comfortable doing behavioral goal setting with pediatric patients and/or families_____	1	2	3	4	5
30.	I am comfortable using brief motivational interviewing techniques with my pediatric patients and/or families_____	1	2	3	4	5

Practice

		<i>Never</i>			<i>Always</i>	
31.	I/my practice tracks BMI% for age and gender annually on all obese pediatric patients_____	1	2	3	4	5
32.	I/my practice tracks BMI% for age and gender annually on all pediatric patients_____	1	2	3	4	5
33.	When I identify a pediatric patient as obese, I routinely address the issue with the patient and/or family_____	<i>Strongly disagree</i>			<i>Strongly agree</i>	
34.	When I identify a pediatric patient is obese, I routinely assess the patient's family weight status noting whether one or both parents are likely >30 BMI_____	1	2	3	4	5
35.	I/my practice routinely schedules a contact to specifically follow-up when a weight issue is identified_____	1	2	3	4	5
36.	I routinely address nutrition with my obese patients and/or families_____	1	2	3	4	5
37.	I routinely address physical activity with my obese pediatric patients and/or families_____	1	2	3	4	5
38.	I routinely address screen time (TV/Video) with my obese pediatric patients and/or families_____	1	2	3	4	5

		<i>Strongly disagree</i>			<i>Strongly agree</i>	
39.	I routinely address consumption of soda or sugar-sweetened beverages with my obese pediatric patients and/or families _____	1	2	3	4	5
40.	I routinely refer my obese pediatric patients/families to community resources _____	1	2	3	4	5
41.	I routinely ask the patient's or family's permission before discussing lifestyle issues such as nutrition or physical activity _____	1	2	3	4	5
42.	When discussing lifestyle, I routinely ask patients or families which issues are most important to them _____	1	2	3	4	5
43.	When discussing lifestyle, I routinely assess patients/families readiness to change _____	1	2	3	4	5
44.	When discussing lifestyle, I routinely assess patients/families confidence they can change _____	1	2	3	4	5
45.	I routinely do behavioral goal setting with my obese pediatric patients and/or families _____	1	2	3	4	5
46.	I routinely use motivational interviewing techniques with my obese pediatric patients and/or families _____	1	2	3	4	5
47.	When I see a patient who is <2 years old, I routinely discuss breastfeeding _____	1	2	3	4	5
48.	I routinely medically evaluate all patients whose BMI >95th percentile for age and gender _____	1	2	3	4	5
49.	I routinely medically evaluate patients whose BMI > 95th percentile for age and gender but only if they are >10 years old _____	1	2	3	4	5
50.	I routinely medically evaluate patients who's BMI are 85th-94th percentile for age and gender only if there are risk factors present (e.g. early vascular disease) _____	1	2	3	4	5

**5210 Patient Survey**

51. Does your office currently use an electronic medical record (EMR)? <sub>1</sub> Yes <sub>2</sub> No
- a. If YES, has the 5210 patient survey been copied into the EMR? <sub>1</sub> Yes <sub>2</sub> No
- b. If YES, about how often do you document your patients' answers in the EMR, overall?  
<sub>1</sub> 1-25% <sub>2</sub> 26-50% <sub>3</sub> 51-75% <sub>4</sub> 75-100%
- c. If YES, about how often do you document obese patients' answers in the EMR?  
<sub>1</sub> 1-25% <sub>2</sub> 26-50% <sub>3</sub> 51-75% <sub>4</sub> 75-100%
52. How often, on average, would you say the 5210 patient survey is completed before a well-child visit?  
<sub>1</sub> Less than 10% <sub>2</sub> 10-25% <sub>3</sub> 25-50% <sub>4</sub> 50-75% <sub>4</sub> 75-100%

Community Resources

53. I am aware of specific resources in my practice community to support pediatric patients and/or families with physical activity and/or nutritional behavior change

Yes  No



a. If yes, I have a list of community resources available to me <sub>1</sub> Yes <sub>2</sub> No

b. If yes, there are adequate community resources to support patients' physical activity changes in my practice area

<sub>1</sub> Yes <sub>2</sub> No

c. If yes, there are adequate resources for patient nutritional support, education, or counseling in my practice area

<sub>1</sub> Yes <sub>2</sub> No

d. If yes, I routinely refer my obese pediatric patients and/or families to community resources for physical activity or nutrition behavior support/change

<sub>1</sub> Yes <sub>2</sub> No

54. Please tell us if you have in the past or currently participate in any of the following: (please check all that may apply)

<sub>1</sub> school wellness committee

<sub>6</sub> local CAP agency

<sub>2</sub> local Healthy Maine Partnership

<sub>7</sub> parent teacher organization

<sub>3</sub> local Healthy Community Coalition

<sub>8</sub> school board

<sub>4</sub> local town council

<sub>9</sub> other community level organization

<sub>5</sub> I am a school provider

<sub>10</sub> other (please tell us: \_\_\_\_\_)

55. Would you mind telling us your gender? (please check)

<sub>1</sub> Male

<sub>2</sub> Female

56. Would you mind telling us how old you are? (please check the appropriate box)

<sub>1</sub> less 20 years old

<sub>6</sub> 40-44

<sub>2</sub> 20-24

<sub>7</sub> 45-49

<sub>3</sub> 25-29

<sub>8</sub> 50-54

<sub>4</sub> 30-34

<sub>9</sub> 55-59

<sub>5</sub> 35-39

<sub>10</sub> 60 or older

57. Please tell us how long you have been employed in your current position?

<sub>1</sub> less than 1 year

<sub>2</sub> between one and three years

<sub>3</sub> between three and five years

<sub>4</sub> between five and ten years

<sub>5</sub> more than ten years

Thank You Very Much!

SITE:

**Staff Survey**

*You are invited to take part in the Maine Youth Overweight Collaborative evaluation by answering the following questions. Your participation is voluntary. We are trying to learn how your practice’s involvement in the Maine Youth Overweight Collaborative is helping you to change the way you think and work. If you have any questions about this survey or other aspects of the Maine Youth Overweight Collaborative, please contact Joan Orr, the MYOC coordinator, at 207 629-9272.*

Expect the survey to take **about 10-15 minutes** to complete.

**Did your site participate in MYOC 1 (2004-2006)?**

- <sub>1</sub> Yes   <sub>2</sub> No   <sub>3</sub> Don’t Know

**Did your site participate in MYOC 2 (2006-2008)?**

- <sub>1</sub> Yes   <sub>2</sub> No   <sub>3</sub> Don’t Know

1. Are you a member of the Maine Youth Overweight Collaborative “TEAM” from your practice site?

- <sub>1</sub> Yes   <sub>2</sub> No

2. Please tell us what type of work you do in the practice:

I am

- <sub>1</sub> an MD or DO  
<sub>2</sub> an NP or PA  
<sub>3</sub> a nurse (**PLEASE PROCEED TO QUESTION # 62 if you do not see patients on your own**)  
<sub>4</sub> a medical assistant (**PLEASE PROCEED TO QUESTION # 62 if you do not see patients on your own**)

**Please answer the following questions with respect to the care of patients 0-18 years old**

**Knowledge**

3. The CDC definition of ideal weight is:

- <sub>1</sub> 10-90<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> 5-94<sup>th</sup> BMI %ile for age and gender  
<sub>3</sub> 5-84<sup>th</sup> BMI %ile for age and gender  
<sub>4</sub> 10-84<sup>th</sup> BMI %ile for age and gender  
<sub>5</sub> None of the above

4. The CDC definition of overweight (previously “at risk for overweight”) is:

- <sub>1</sub> 91<sup>st</sup> -95<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> 95<sup>th</sup> -99<sup>th</sup>  
<sub>3</sub> 85<sup>th</sup> -94<sup>th</sup>  
<sub>4</sub> 85<sup>th</sup> -95<sup>th</sup>  
<sub>5</sub> None of the above

5. The CDC definition of obese (previously “overweight”) is:

- <sub>1</sub> ≥94<sup>th</sup> BMI %ile for age and gender  
<sub>2</sub> ≥95<sup>th</sup> BMI %ile for age and gender  
<sub>3</sub> ≥96<sup>th</sup> BMI %ile for age and gender  
<sub>4</sub> ≥99<sup>th</sup> BMI %ile for age and gender

*Please circle the number that corresponds with your answer:*

		<i>Strongly disagree</i>				<i>Strongly agree</i>
6.	I have a good understanding of medical evaluation (lab tests) for pediatric patients who are obese _____	1	2	3	4	5
7.	I know how to address nutrition with pediatric patients and/or their families. _____	1	2	3	4	5
8.	I know how to address physical activity with my patients and/or their families. _____	1	2	3	4	5
9.	I know how to address screen time (time watching television or playing computer games) with my pediatric patients and/or their families. _____	1	2	3	4	5
10.	I know how to address consumption of soda or sugar-sweetened beverages with my pediatric patients and/or families. _____	1	2	3	4	5
11.	I know what behavioral goal-setting is. _____	1	2	3	4	5
12.	I am familiar with brief motivational interviewing (Provider/patient counseling techniques presuming the patient's autonomy, capacity, and expertise). _____	1	2	3	4	5

**Beliefs**

13.	Tracking BMI % for age and gender annually is important for my obese patients. _____	1	2	3	4	5
14.	Tracking BMI % for age and gender annually is important for all my pediatric patients. _____	1	2	3	4	5
15.	It is important to medically evaluate pediatric patients for possible complications of weight related issues. _____	1	2	3	4	5
16.	It is important to address nutrition with all of my pediatric patients and/or families _____	1	2	3	4	5
17.	It is important to address physical activity with all of my pediatric patients and/or families. _____	1	2	3	4	5
18.	It is important to address screen time (TV/Video) with all of my pediatric patients and/or families. _____	1	2	3	4	5
19.	It is important to address consumption of soda or sugar-sweetened beverages with all of my pediatric patients and/or their families. _____	1	2	3	4	5
20.	It is important to do behavioral goal setting with obese pediatric patients and/or families. _____	1	2	3	4	5
21.	Motivational interviewing can be a powerful tool to help change behavior. _____	1	2	3	4	5

Perceived Efficacy

		<i>Strongly disagree</i>			<i>Strongly agree</i>	
22.	I am comfortable addressing weight with my pediatric patients and/or families. _____	1	2	3	4	5
23.	I am comfortable addressing nutritional issues with my pediatric patients and/or families. _____	1	2	3	4	5
24.	I am comfortable addressing physical activity with pediatric patients and/or families. _____	1	2	3	4	5
25.	I am comfortable addressing screen time (TV/Video) with pediatric patients and/or families. _____	1	2	3	4	5
26.	I am comfortable addressing consumption of soda or sugar-sweetened beverages with pediatric patients and/or families. _____	1	2	3	4	5
27.	I am comfortable assessing patients' readiness to change. _____	1	2	3	4	5
28.	I am comfortable assessing patients' confidence in their ability to change. _____	1	2	3	4	5
29.	I am comfortable doing behavioral goal setting with pediatric patients and/or families. _____	1	2	3	4	5
30.	I am comfortable using brief motivational interviewing techniques with my pediatric patients and/or families. _____	1	2	3	4	5

Practice

		<i>Never</i>			<i>Always</i>	
31.	I/my practice tracks BMI% for age and gender annually on all obese pediatric patients. _____	1	2	3	4	5
32.	I/my practice tracks BMI% for age and gender annually on all pediatric patients. _____	1	2	3	4	5
33.	When I identify a pediatric patient as obese, I routinely address the issue with the patient and/or family. _____	<i>Strongly disagree</i>			<i>Strongly agree</i>	
34.	When I identify a pediatric patient is obese, I routinely assess the patient's family weight status noting whether one or both parents are likely >30 BMI. _____	1	2	3	4	5
35.	I/my practice routinely schedules a contact to specifically follow-up when a weight issue is identified. _____	1	2	3	4	5
36.	I routinely address nutrition with my obese patients and/or families. _____	1	2	3	4	5

	<i>Strongly disagree</i>				<i>Strongly agree</i>
37. I routinely address physical activity with my obese pediatric patients and/or families _____	1	2	3	4	5
38. I routinely address screen time (TV/Video) with my obese pediatric patients and/or families _____	1	2	3	4	5
39. I routinely address consumption of soda or sugar-sweetened beverages with my obese pediatric patients and/or families _____	1	2	3	4	5
40. I routinely refer my obese pediatric patients/families to community resources _____	1	2	3	4	5
41. I routinely ask the patient's or family's permission before discussing lifestyle issues such as nutrition or physical activity _____	1	2	3	4	5
42. When discussing lifestyle, I routinely ask patients or families which issues are most important to them _____	1	2	3	4	5
43. When discussing lifestyle, I routinely assess patients/families readiness to change _____	1	2	3	4	5
44. When discussing lifestyle, I routinely assess patients/families confidence they can change _____	1	2	3	4	5
45. I routinely do behavioral goal setting with my obese pediatric patients and/or families _____	1	2	3	4	5
46. I routinely use motivational interviewing techniques with my obese pediatric patients and/or families _____	1	2	3	4	5
47. When I see a patient who is <2 years old, I routinely discuss breastfeeding _____	1	2	3	4	5
48. I routinely medically evaluate all patients whose BMI >95th percentile for age and gender _____	1	2	3	4	5
49. I routinely medically evaluate patients whose BMI > 95th percentile for age and gender but only if they are >10 years old _____	1	2	3	4	5
50. I routinely medically evaluate patients who's BMI are 85th-94th percentile for age and gender only if there are risk factors present (e.g. early vascular disease) _____	1	2	3	4	5

**5210 Patient Survey**

51. Does your office currently use an electronic medical record (EMR)? <sub>1</sub> Yes <sub>2</sub> No

a. If YES, has the 5210 patient survey been copied into the EMR? <sub>1</sub> Yes <sub>2</sub> No

b. If YES, about how often do you document your typical patients' answers in the EMR, overall?

<sub>1</sub> 1-25% <sub>2</sub> 26-50% <sub>3</sub> 51-75% <sub>4</sub> 75-100%



c. If YES, about how often do you document obese patients' answers in the EMR?

- <sub>1</sub> 1-25%    <sub>2</sub> 26-50%    <sub>3</sub> 51-75%    <sub>4</sub> 75-100%

52. How often, on average, would you say the 5210 patient survey is completed before a well-child visit?

- <sub>1</sub> Less than 10%    <sub>2</sub> 10-25%    <sub>3</sub> 25-50%    <sub>4</sub> 50-75%    <sub>5</sub> 75-100%

53. Approximately during which MYOC 2 timeframe did you begin using the 5210 survey?

- <sub>1</sub> We are a continuing MYOC 1 site  
<sub>2</sub> Fall 2006    <sub>3</sub> Winter 2007    <sub>4</sub> Spring 2007

**Now think about your typical (not obese) patient visit.....**

54. How often, on average, would you say you discuss the 5210 patient survey with the patient (or family) if it is completed before a well-child visit?

- <sub>1</sub> Less than 10%    <sub>2</sub> 10-25%    <sub>3</sub> 25-50%    <sub>4</sub> 50-75%    <sub>5</sub> 75-100%

54a. What type of tool(s) do you or your staff use to calculate BMI? (check all that apply)

- <sub>1</sub> manual (calculator, chart, wheel, etc.)  
<sub>1</sub> system-generated (e.g. generated through an electronic medical record)  
<sub>1</sub> I use another tool: (please tell us: \_\_\_\_\_)  
<sub>1</sub> I don't use a tool, I use clinical impression

55. Do you feel that discussing the survey and/or lifestyle issues related to MYOC adds to the length of the well-child visit?

- <sub>1</sub> Yes    <sub>2</sub> No

a. If YES, about how many minutes did this add?

55a. <sub>1</sub> less than one    <sub>2</sub> one to two    <sub>3</sub> three to five    <sub>4</sub> six to ten    <sub>4</sub> more than ten

b. If NO, do you substitute lifestyle discussion for other topics?

- <sub>1</sub> Yes    <sub>2</sub> No

c. If YES, What topics do you tend to substitute for?

---

*(please use the back if you would like)*

**Now think about an obese patient visit.....**

56. How often, on average, would you say you discuss the 5210 patient survey with an obese patient (or family) if it is completed before a well-child visit?

- <sub>1</sub> Less than 10%    <sub>2</sub> 10-25%    <sub>3</sub> 25-50%    <sub>4</sub> 50-75%    <sub>5</sub> 75-100%

57. Do you feel that discussing the survey and/or lifestyle issues related to MYOC adds to the overall length of the well-child visit for your obese patients?

- <sub>1</sub> Yes    <sub>2</sub> No

a. If YES, about how much time does this add?

- <sub>1</sub> One or two minutes    <sub>2</sub> up to five minutes    <sub>3</sub> up to 10 minutes    <sub>4</sub> more than ten minutes

b. If NO, do you substitute lifestyle discussion for other topics?

- <sub>1</sub> Yes    <sub>2</sub> No

c. If YES, What topics do you tend to substitute for?

58. Approximately what proportion of obese patients do you schedule for follow-up based on weight?

- <sub>1</sub> Less than 10%    <sub>2</sub> 10-25%    <sub>3</sub> 25-50%    <sub>4</sub> 50-75%    <sub>5</sub> 75-100%

59. With approximately what proportion of obese patients do you use the 5210 survey at a follow-up visit?

- <sub>1</sub> Less than 10%    <sub>2</sub> 10-25%    <sub>3</sub> 25-50%    <sub>4</sub> 50-75%    <sub>5</sub> 75-100%

60. Prior to your participation in MYOC, were you or was your practice engaged in any systematic follow-up with obese patients based on weight or lifestyle issues? <sub>1</sub> Yes <sub>2</sub> No  
 If YES, Please describe: \_\_\_\_\_

**During a typical visit.....**

60a. Which of the following do you do when you identify a child as being obese (>95<sup>th</sup> percentile) with complications (ie, sleep apnea, hypertension, emotional/behavioral problems, orthopedic complications, high cholesterol)? *Circle Yes or No for each item*

	Yes	No
Monitor weight more frequently.....	1	2
Provide counseling on exercise within your practice.....	1	2
Provide counseling on diet/nutrition within your practice.....	1	2
Refer to a dietitian.....	1	2
Refer to a formal weight management program in the community.....	1	2
Refer somewhere else for weight management.....	1	2

60b. Which of the following do you do when you identify a child as being obese (>95<sup>th</sup> percentile) without complications or co-morbidities? *Circle Yes or No for each item*

	Yes	No
Monitor weight more frequently.....	1	2
Provide counseling on exercise within your practice.....	1	2
Provide counseling on diet/nutrition within your practice.....	1	2
Refer to a dietitian.....	1	2
Refer to a formal weight management program in the community.....	1	2
Refer somewhere else for weight management.....	1	2

60c. Which of the following do you do when you identify a child as being at overweight (between the 85<sup>th</sup> and 95<sup>th</sup> percentile)? *Circle Yes or No for each item*

	Yes	No
Monitor weight more frequently.....	1	2
Provide counseling on exercise within your practice.....	1	2
Provide counseling on diet/nutrition within your practice.....	1	2
Refer to a dietitian.....	1	2
Refer to a formal weight management program in the community.....	1	2
Refer somewhere else for weight management.....	1	2

60d. Which of the following do you do when you identify a parent or guardian of one of your patients as being obese? *Circle Yes or No for each item*

	Yes	No
Monitor child's weight more frequently.....	1	2
Provide counseling on exercise for the family within your practice.....	1	2
Provide counseling on diet/nutrition for the family within your practice.....	1	2
Refer the family member or guardian to a dietitian.....	1	2
Refer the family member or guardian to a formal weight management program in the community.....	1	2
Refer the parent or guardian to their own physician.....	1	2

61. Have you, personally, been involved in spreading MYOC interventions, tools, or resources to other sites and/or providers? <sub>1</sub> Yes <sub>2</sub> No  
 If YES, please describe: \_\_\_\_\_

Community Resources

62. I am aware of specific resources in my practice community to support pediatric patients and/or families with physical activity and/or nutritional behavior change

<sub>1</sub> Yes      <sub>2</sub> No



a. If yes, I have a list of community resources available to me    <sub>1</sub> Yes      <sub>2</sub> No

b. If yes, there are adequate community resources to support patients' physical activity changes in my practice area  
<sub>1</sub> Yes      <sub>2</sub> No

c. If yes, there are adequate resources for patient nutritional support, education, or counseling in my practice area  
<sub>1</sub> Yes      <sub>2</sub> No

d. If yes, I routinely refer my obese pediatric patients and/or families to community resources for physical activity or nutrition behavior support/change  
<sub>1</sub> Yes      <sub>2</sub> No

63. Please tell us if you have in the past or currently participate in any of the following: (please check all that may apply)

<sub>1</sub> school wellness committee

<sub>6</sub> local CAP agency

<sub>2</sub> local Healthy Maine Partnership

<sub>7</sub> parent teacher organization

<sub>3</sub> local Healthy Community Coalition

<sub>8</sub> school board

<sub>4</sub> local town council

<sub>9</sub> other community level organization

<sub>5</sub> I am a school provider

<sub>10</sub> other (please tell us: \_\_\_\_\_)

a. If yes to any above (in #63), did your participation include work on any of these 5210 targets? (please check all that apply)

<sub>1</sub> 5 (fruits and vegetables)

<sub>1</sub> 2 (Tv/screen time)

<sub>1</sub> 1 (physical activity)

<sub>1</sub> 0 sugar sweetened beverages, fruit juice, milk or water consumption

b. If yes to any above (in #63), do you feel that any of this work had an impact on any of the 5210 behaviors? (please check all that apply)

<sub>1</sub> 5 (fruits and vegetables)

<sub>1</sub> 2 (Tv/screen time)

<sub>1</sub> 1 (physical activity)

<sub>1</sub> 0 sugar sweetened beverages, fruit juice, milk or water consumption

64. Please tell us your gender (please check)      <sub>1</sub> Male      <sub>2</sub> Female

65. Please tell us your age (please check the appropriate box)

<sub>1</sub> less 20 years old

<sub>6</sub> 40-44

<sub>2</sub> 20-24

<sub>7</sub> 45-49

<sub>3</sub> 25-29

<sub>8</sub> 50-54

<sub>4</sub> 30-34

<sub>9</sub> 55-59

<sub>5</sub> 35-39

<sub>10</sub> 60 or older

66. Please tell us how long you have been employed in your current position?

<sub>1</sub> less than 1 year

<sub>2</sub> between one and three years

<sub>3</sub> between three and five years

<sub>4</sub> between five and ten years

<sub>5</sub> more than ten years

66a. During the past 7 days, how many times did you eat fruits and vegetables (Do not count fruit juice.)

<sub>1</sub> I did not eat fruit during the past 7 days

<sub>2</sub> 1 to 6 times during the past 7 days

<sub>3</sub> 1 to 2 times times per day

<sub>4</sub> 3 to 4 times per day

<sub>5</sub> 5 or more times per day

66b. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)

- <sub>1</sub> I did not drink soda or pop during the past 7 days  
<sub>2</sub> 1 to 3 times during the past 7 days  
<sub>3</sub> 4 to 6 times during the past 7 days  
<sub>4</sub> 1 time per day  
<sub>5</sub> 2 times per day  
<sub>6</sub> 3 times per day  
<sub>7</sub> 4 or more times per day

66c. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)

- <sub>1</sub> 0 days  
<sub>2</sub> 1 day  
<sub>3</sub> 2 days  
<sub>4</sub> 3 days  
<sub>5</sub> 4 days  
<sub>6</sub> 5 days  
<sub>7</sub> 6 days  
<sub>8</sub> 7 days

66d. On an average work day, how many hours do you watch TV?

- <sub>1</sub> I do not watch TV on an average work day  
<sub>2</sub> Less than 1 hour per day  
<sub>3</sub> 1 hour per day  
<sub>4</sub> 2 hours per day  
<sub>5</sub> 3 hours per day  
<sub>6</sub> 4 hours per day  
<sub>7</sub> 5 or more hours per day

66e. On an average work day, how many hours do you play video or computer games or use a computer for something that is not work? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and the Internet.)

- <sub>1</sub> I do not play video or computer games or use a computer for something that is not for work  
<sub>2</sub> Less than 1 hour per day  
<sub>3</sub> 1 hour per day  
<sub>4</sub> 2 hours per day  
<sub>5</sub> 3 hours per day  
<sub>6</sub> 4 hours per day  
<sub>7</sub> 5 or more hours per day

**IF YOU ARE NOT A TEAM MEMBER FOR MYOC , YOU ARE NOW FINISHED!  
THANK YOU!**

**IF YOU ARE A MYOC TEAM MEMBER PLEASE CONTINUE.**

**For MYOC team members only:**

**MYOC process**

Now, please think about your (personal) work during MYOC 3.....

*Strongly disagree*

*Strongly agree*

- 67. I feel that MYOC was worth the effort \_\_\_\_\_ 1 2 3 4 5
- 68. I would recommend MYOC to a colleague \_\_\_\_\_ 1 2 3 4 5

**As a result of my participation in MYOC, I feel that my patients....**  
*(please check N/A-not applicable if you are not a clinical provider)*

- 69. are better able to self-manage \_\_\_\_\_ 1 2 3 4 5 N/A
- 70. are more willing to set goals with providers \_\_\_\_\_ 1 2 3 4 5
- 71. are more aware of long term complications \_\_\_\_\_ 1 2 3 4 5

*(please use the back of the page if you like)*

**During participation in MYOC, I feel our team....**

**Strongly disagree**

**Strongly agree**

- 75. functioned well \_\_\_\_\_ 1 2 3 4 5
- 76. had clear support from senior leaders \_\_\_\_\_ 1 2 3 4 5
- 77. had dedicated time to perform MYOC tasks \_\_\_\_\_ 1 2 3 4 5
- 78. had enough time to perform MYOC tasks \_\_\_\_\_ 1 2 3 4 5

79. Please estimate the following percentages within your practice to the best of your ability:

- a. percent of obese patients impacted by MYOC:  
<sub>1</sub> 1-25%    <sub>2</sub> 26-50%    <sub>3</sub> 51-75%    <sub>4</sub> 75-100%
- b. percent of providers who made changes because of MYOC:  
<sub>1</sub> 1-25%    <sub>2</sub> 26-50%    <sub>3</sub> 51-75%    <sub>4</sub> 75-100%
- c. percent of all patients impacted by MYOC:  
<sub>1</sub> 1-25%    <sub>2</sub> 26-50%    <sub>3</sub> 51-75%    <sub>4</sub> 75-100%

**Please indicate the components of MYOC that you found most or least useful....**

**Not at all Useful**

**Very Useful**

- 80. meeting with other teams \_\_\_\_\_ 1 2 3 4 5
- 81. learning sessions \_\_\_\_\_ 1 2 3 4 5

**Not at all Useful**

**Very Useful**

- 83. support from MYOC staff \_\_\_\_\_ 1 2 3 4 5
- 84. site visits \_\_\_\_\_ 1 2 3 4 5
- 85. using the care model \_\_\_\_\_ 1 2 3 4 5
- 86. using PDSA cycles \_\_\_\_\_ 1 2 3 4 5
- 87. using BMI percentile for age and gender \_\_\_\_\_ 1 2 3 4 5
- 88. using 5210 messages \_\_\_\_\_ 1 2 3 4 5
- 89. using the readiness ruler \_\_\_\_\_ 1 2 3 4 5
- 90. using the clinical decision flip chart \_\_\_\_\_ 1 2 3 4 5
- 91. using the parent/child flip chart \_\_\_\_\_ 1 2 3 4 5
- 92. using the motivational interviewing tools \_\_\_\_\_ 1 2 3 4 5

93. What else do you think could be done to improve kids' nutrition and physical activity?

*Thank You Very Much!*

Site:

# Parent / Caretaker Survey

handed out? \_\_\_\_\_

You are invited to take part in a survey to help learn more about how to promote healthy lifestyles in doctor's offices.

- You do not have to fill out this survey if you do not want to.
- We do not ask for your name. Your child's provider will NOT know how you answered these questions.
- To participate just fill out the survey below

If you have any questions about this survey, please call Joan Orr, at the Maine Center for Public Health, at 629-9272.

1. Did you have a well-child visit for more than one child today?

- <sub>1</sub> Yes                      <sub>2</sub> No

(IF YES please fill out a survey form for just the OLDEST child receiving a well-child visit today)

2. Please check the correct age range for your child:

- <sub>1</sub> 0-2 years old                      <sub>2</sub> 3-5 years old                      <sub>3</sub> 6-11 years old                      <sub>4</sub> 12-18 years old

↳ (if you checked 0-2 years old, please SKIP TO QUESTION 14)

*Please tell us about today's well-child visit*

3. My child eats fruits and vegetables 5 or more times on most days .....

YES      NO

- <sub>1</sub>      <sub>0</sub>

4. Did a doctor, nurse or anyone talk with you about fruits and vegetables *today*? .....

- <sub>1</sub>      <sub>0</sub>

a. If YES, did you and your child set a goal to increase the amount your child/teen eats daily? ....

- <sub>1</sub>      <sub>0</sub>

b. If you set a goal, was it for any of the following? (please check all that apply)

- <sub>1</sub> 1. purchase more fruits and vegetables for home  
<sub>2</sub> 2. offer/make available more fruits and vegetables for snacks  
<sub>3</sub> 3. substitute whole fruit for fruit juice

YES      NO

5. My child participates in some type of moderate physical activity for at least 1 hour every day .....

- <sub>1</sub>      <sub>0</sub>

6. Did a doctor, nurse or anyone talk with you about physical activity or exercise *today*? .....

- <sub>1</sub>      <sub>0</sub>

a. If YES, did you and your child set a goal to increase the amount your child/teen gets daily? ....

- <sub>1</sub>      <sub>0</sub>

b. If you set a goal, was it for any of the following? (please check all that apply)

- <sub>1</sub> 1. walk more  
<sub>2</sub> 2. do more activities together as a family  
<sub>3</sub> 3. try a new physical activity or exercise  
<sub>4</sub> 4. obtain equipment to help us do more physical activity or exercise  
<sub>5</sub> 5. increase the amount of time spent outdoors

YES      NO

7. My child watches TV, videos or plays computer games less than 2 hours per day .....

- <sub>1</sub>      <sub>0</sub>

8. Did a doctor, nurse or anyone talk with you about television viewing or screen time *today*? .....

- <sub>1</sub>      <sub>0</sub>

a. If YES, did you and your child set a goal to decrease the amount your child/teen does daily? ....

- <sub>1</sub>      <sub>0</sub>

b. If you set a goal, was it for any of the following? (please check all that apply)

- <sub>1</sub> 1. limit TV time to less than 2 hours per day  
<sub>2</sub> 2. limit other screen time (other than TV)  
<sub>3</sub> 3. remove the TV from your child's bedroom  
<sub>4</sub> 4. turn off the TV during meals

- Yes    No
9. My child does not regularly drink fruit drinks, sports drinks, soda or punch ..... <sub>1</sub>    <sub>0</sub>
10. Did a doctor, nurse or anyone talk with you about sugar-sweetened drinks *today*?  
(e.g. soda, sports drinks, juice drinks or fruit punch) ..... <sub>1</sub>    <sub>0</sub>

- a. If YES, did you and your child set a goal to decrease the amount your child/teen drinks daily? <sub>1</sub>    <sub>0</sub>
- b. If you set a goal, was it for any of the following? (please check all those that apply)

- <sub>1</sub> 1. change to skim and/or low fat milk
- <sub>2</sub> 2. change to water
- <sub>3</sub> 3. change to buying drinks with no sugar
- <sub>4</sub> 4. stop buying sugar-sweetened drinks for home



c. if you checked b4, please tell us which type of drinks you are planning to stop buying:

- <sub>1</sub> 1. soda    <sub>2</sub> 2. sport drinks    <sub>3</sub> 3. fruit drinks    <sub>4</sub> 4. other sugar-sweetened drinks

11. If you talked with a doctor or a nurse or anyone else in this office about fruits and vegetables, physical activity, television and/or screen time, or sugar-sweetened drinks, please tell us :

Yes    No

- a. Were you asked if it was ok to talk about the issue? ..... <sub>1</sub>    <sub>0</sub>
- b. Were you asked which issues were most important to you? ..... <sub>1</sub>    <sub>0</sub>
- c. Were you asked how ready you were to change your behavior? ..... <sub>1</sub>    <sub>0</sub>
- d. Was the discussion useful?

- <sub>1</sub> Very useful                      <sub>2</sub> Somewhat Useful                      <sub>3</sub> Not Useful

e. What else (if anything) would have been useful to discuss?

12. Did your provider discuss the 5210 Healthy Habits Survey with you today?

- <sub>1</sub> Yes                      <sub>2</sub> No                      <sub>3</sub> I don't know

Yes    No

13. Were you told that your child was overweight or obese today? ..... <sub>1</sub>    <sub>0</sub>

- a. If YES, was there a follow-up contact scheduled for this issue? ..... <sub>1</sub>    <sub>0</sub>

14. (For children ages 0-2 ONLY) Did a doctor or nurse or anyone talk to you about any of the following today?

(please check all that apply)

- <sub>1</sub> a. breastfeeding
- <sub>2</sub> b. sugar-sweetened drinks (e.g. soda, sports drinks, juice drinks or fruit punch)
- <sub>3</sub> c. screen time (e.g. television or computer screen time)

Thank You!

<i>FOR OFFICE USE ONLY</i>			
Height _____	(please circle: <b>in</b> or <b>cm</b> )	Weight _____	(please circle: <b>lbs</b> or <b>kg</b> )
Date of Birth _____	(mm/yy)	Gender:    M    F	(please circle)

You are invited to take part in a survey to help learn more about how to promote healthy lifestyles in doctor's offices.

- You do not have to fill out this survey if you do not want to.
- We do not ask for your name. Your child's provider will NOT know how you answered these questions.
- To participate just fill out the survey below

If you have any questions about this survey, please call Joan Orr, at the Maine Center for Public Health, at 629-9272.

**1. Did you have a well-child visit for *more than one child at your last well-child visit*?**

- No       Yes (IF YES, please fill out a survey form for just the OLDEST child who had a well-child visit on that day)

**2. Please check the correct age range for the OLDEST child who had a well-child visit on that day:**

- 0-2 years old       3-5 years old       6-11 years old       12-18 years old

↓ (if you checked 0-2 years old, please answer 2.1 below) (other ages, continue to Question 3)

**2.1 (For children ages 0-2 ONLY) Did a doctor, nurse or anyone talk to you about any of the following at your child's last visit? (please check all that apply)**

- a. breastfeeding       b. sugar-sweetened drinks (e.g. soda, sports drinks, juice drinks or fruit punch)  
 c. screen time (e.g. television or computer screen time) **(For children ages 0-2 ONLY - END Survey Here)**

**3. Has a doctor, nurse or anyone else in this office ever talked to you about**

**YES      NO**

- a. nutrition?  YES  NO  
 b. physical activity or exercise? .....  YES  NO  
 c. television viewing or other screen time?  YES  NO  
 d. sugar-sweetened drinks? .....  YES  NO

***Now, please tell us about your child's last well-child visit:***

**YES      NO**

**4. Did a doctor, nurse or anyone talk with you about fruits and vegetables at your child's last visit?**

YES  NO

- a. If YES, did you and your child set a goal to increase the amount your child/teen eats daily?.....  YES  NO  
 b. If you set a goal, was it for any of the following? (please check all that apply)  
 1. purchase more fruits and vegetables for home  
 2. offer/make available more fruits and vegetables for snacks  
 3. substitute whole fruit for fruit juice

c. If you and your child set a nutrition goal—did you reach it?.....  YES  NO

**5. Did a doctor, nurse or anyone talk with you about physical activity or exercise at your child's last visit?**

YES  NO

- a. If YES, did you and your child set a goal to *increase* the amount your child/teen gets daily?  YES  NO  
 b. If you set a goal, was it for any of the following? (please check all that apply)  
 1. walk more       2. do more activities together as a family  
 3. try a new physical activity or exercise       4. obtain equipment to help us do more physical activity or exercise  
 5. increase the amount of time spent outdoors

c. If you and your child set a physical activity goal, did you reach it? .....  YES  NO

**6. Did a doctor, nurse or anyone talk with you about television viewing or screen time at your child's last visit?**

YES  NO

- a. If YES, did you and your child set a goal to *decrease* the amount your child/teen views daily?  YES  NO  
 b. If you set a goal, was it for any of the following? (please check all that apply)  
 1. limit TV time to less than 2 hours per day       2. limit other screen time (other than TV)  
 3. remove the TV from your child's bedroom       4. turn off the TV during meals

c. If you and your child set a screen time goal, did you reach it?.....  YES  NO

**TURN THE PAGE OVER, PLEASE**




7. Did a doctor, nurse or anyone talk with you about sugar-sweetened drinks (e.g. soda, sports drinks juice drinks or fruit punch) at your child's last visit? YES NO  
<sub>1</sub> <sub>0</sub>

a. If YES, did you and your child set a goal to *decrease* the amount your child/teen drinks daily? <sub>1</sub> <sub>0</sub>

b. If you set a goal, was it for any of the following? (please check all those that apply)

- <sub>1</sub> 1. change to skim and/or low fat milk      <sub>1</sub> 2. change to water  
<sub>1</sub> 3. change to buying drinks with no sugar      <sub>1</sub> 4. stop buying sugar-sweetened drinks for home

i) if you checked **b4**, please tell us which type of drinks you planned to stop buying:   
 (check all that apply) <sub>1</sub> soda    <sub>2</sub> sport drinks    <sub>3</sub> fruit drinks    <sub>4</sub> other sugar-sweetened drinks

c. If you and your child set a drink goal, did you reach it? ..... <sub>1</sub> <sub>0</sub>

8. If you talked with a doctor or a nurse or anyone else in this office about fruits and vegetables, physical activity, television and/or screen time, or sugar-sweetened drinks, please tell us : Yes No

a. Were you asked if it was ok to talk about the issue? ..... <sub>1</sub> <sub>0</sub>

b. Were you asked which issues were most important to you? ..... <sub>1</sub> <sub>0</sub>

c. Were you asked how ready you were to change your behavior? ..... <sub>1</sub> <sub>0</sub>

d. Was the discussion useful? <sub>1</sub> Very useful      <sub>2</sub> Somewhat Useful      <sub>3</sub> Not Useful

9. If you talked with a doctor or a nurse or anyone else in this office about fruits and vegetables, physical activity, television and/or screen time, sugar-sweetened drinks and/or your child's BMI or weight,

Please tell us about how much time your provider spent on these topics with you: (please check one of the following)

- <sub>1</sub> less than one minute    <sub>2</sub> 1-2 minutes    <sub>3</sub> 3-5 minutes    <sub>4</sub> 6-10 minutes    <sub>5</sub> 11 or more minutes

10. Did your provider discuss the 5210 Healthy Habits Survey with you at your child's last visit?

- <sub>1</sub> Yes      <sub>0</sub> No      <sub>9</sub> I don't know      Yes No

11. Were you told that your child was overweight or obese at your child's last visit? ..... <sub>1</sub> <sub>0</sub>

a. If YES, was there a follow-up contact scheduled for this issue? ..... <sub>1</sub> <sub>0</sub>

*Now please tell us about your home environment and this child's current behavior:*

12. My child eats fruits and vegetables 5 or more times on most days ..... <sub>1</sub> <sub>0</sub>

13. My child participates in some type of moderate physical activity for at least 1 hour every day ..... <sub>1</sub> <sub>0</sub>

14. My child watches TV, videos or plays computer games less than 2 hours per day ..... <sub>1</sub> <sub>0</sub>

15. During the past 7 days, how many times did your child drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)

- <sub>1</sub> my child did not drink soda or pop during the past 7 days      <sub>5</sub> 2 times per day  
<sub>2</sub> 1 to 3 times during the past 7 days      <sub>6</sub> 3 times per day  
<sub>3</sub> 4 to 6 times during the past 7 days      <sub>7</sub> 4 or more times per day  
<sub>4</sub> 1 time per day

16. During the past 7 days, how many times did your child drink a can, bottle, or glass of fruit drink, fruit punch or sports drinks? (Do not include 100% fruit juice)

- <sub>1</sub> my child did not drink fruit drink, fruit punch or sports drinks during the past 7 days      <sub>5</sub> 2 times per day  
<sub>2</sub> 1 to 3 times during the past 7 days      <sub>6</sub> 3 times per day  
<sub>3</sub> 4 to 6 times during the past 7 days      <sub>7</sub> 4 or more times per day  
<sub>4</sub> 1 time per day

**THANK YOU!!!**



# Chart Review Form

For children ages 2 – 18 years

Reviewer \_\_\_\_\_

Practice pre print

Patient's date of birth (MM/YY): \_\_\_\_\_ Gender: \_0 Male \_1 Female

## **1. MOST RECENT WELL-CHILD VISIT:**

Provider's last name \_\_\_\_\_

Date of visit (MM/YY) \_\_\_\_\_

5-2-1-0 Survey completed? \_0 No \_1 Yes

If yes, was there a goal set \_0 No \_1 Yes

If there was a goal, please check the appropriate category or categories:

\_0 Fruits & Veg. \_1 TV/Screen Time \_2 Physical Activity \_3 Sugar Sweetened Bev.

Blood Pressure recorded? \_0 No \_1 Yes \_2 NA (please circle)

Height recorded? \_0 No \_1 Yes Value: \_\_\_\_\_ in<sub>1</sub> or cm<sub>2</sub>

Weight recorded? \_0 No \_1 Yes Value: \_\_\_\_\_ lbs<sub>1</sub> or kg<sub>2</sub>

BMI% for Age/Gender recorded? \_0 No \_1 Yes

Weight classification done? \_0 No \_1 Yes

- If yes....
- \_1 Underweight (<5<sup>th</sup> %'ile for age/gender)
  - \_2 Healthy Weight (5 – 84<sup>th</sup> %'ile age/gender)
  - \_3 Overweight (85 – 94%'ile for age/gender)
  - \_4 Obese (≥95 %'ile for age/gender)

If overweight or obese, is there evidence in the chart that there was follow-up based on this weight classification? \_0 No \_1 Yes

If yes.....please tell us:

- \_1 referral to this office
- \_2 referral to specialty
- \_3 referral to community/school program
- \_4 referral to weight management program

## **Appendix II: Learning Session Evaluation Results**

1. Participant Evaluation, May 2, 2008
2. Participant Evaluation, September 11 & 12, 2008
3. Participant Evaluation, May 1, 2009

**Participant Evaluation**  
**Maine Youth Overweight Collaborative [MYOC3]**  
**Learning Session #1—May 2, 2008**  
**RESULTS (Response Rate=68%, N=73)**

**Why complete this survey?**

- It is the means by which you can receive education / attendance credit.
- It's easy.
- It is a very valuable tool to the Collaborative faculty and staff to hear your feedback.  
**WE LISTEN!** We want to know what you liked...and didn't like.

**Note: You must sign on the bottom of page 2 to receive CME's**

Did you participate in the first or second round of MYOC in 2004 to 2008? Yes **25** No **30** Not Indicated **18**

Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.

	Not Useful		Very Useful			Previous MYOC Yes	Previous MYOC No	Total
<b>What Good Clinical Care Looks Like</b> [William Dietz]	1	2	3	4	5	4.38	4.27	4.35
<b>Toolkit Essentials</b> [Tory Rogers & Joan Orr]	1	2	3	4	5	4.58	4.62	4.60
<b>MYOC Evaluation</b> [Michele Polacsek & Steve Gortmaker]	1	2	3	4	5	3.62	3.40	3.55
<b>Role of Clinical Care—National Perspective</b> [William Dietz]	1	2	3	4	5	4.46	4.47	4.42
<b>Response &amp; Advocacy for What Works</b> [Tory Rogers]	1	2	3	4	5	4.57	4.30	4.36
<b>The Experience as a Whole</b>								
	Not Useful		Very Useful					
<b>Team Meetings</b>	1	2	3	4	5	4.10	4.08	4.11
<b>The Learning Session as a Whole</b>	1	2	3	4	5	4.54	4.28	4.41

## Learning Session Objectives

Have you improved your knowledge +/- or ability to: (Please circle the appropriate number).

	Hardly At All		Very Much So			Previous MYOC Yes	Previous MYOC No	Total
1. Describe the Care Model for Improvement and components for change in MYOC	1	2	3	4	5	3.83	3.69	3.71
2. Understand MYOC structure & goals	1	2	3	4	5	4.29	3.97	4.17
3. Set aims and criteria for action planning at your site based on new clinical recommendations	1	2	3	4	5	4.04	3.79	3.95
4. Develop knowledge and skills about routine assessment, management and behavior change for overweight/obese patients and their families	1	2	3	4	5	4.04	3.83	3.97
5. Understand how to use the MYOC toolkit & resources	1	2	3	4	5	4.42	3.93	4.21
Did the <b>facility</b> meet your needs?	1	2	3	4	5	4.57	4.63	4.60
Was the <b>staff</b> knowledgeable and helpful?	1	2	3	4	5	4.68	4.70	4.71

Did you feel there was any commercial or personal bias? Yes **3** No **65**

If yes please explain \_\_\_\_\_

- I may be very cynical, but I feel there needs to be more discussion and critique of the role of business (pharmaceuticals, gaming software, industrial agriculture, etc) who strongly benefit from the obesity epidemic and have deep pockets and powerful political lobbies that run contrary to the goals of wellness.
- I think there is an overemphasis on measurement and not enough on plans for application. I also question the appropriateness of certain yardsticks. If we're going to gather data (which can be labor intensive) let's make sure it's valid: do we care if clinicians self-report that their patients have been impacted?

**Participant Evaluation**  
**Maine Youth Overweight Collaborative [MYOC2]**  
**Motivational Interviewing—Effective Communication With Families**  
**Healthy Behaviors for Healthy Weight**  
**September 11 & 12, 2008 (Combined)**  
**RESULTS (Response Rate=79%, N=71)**

Did you participate in the first or second round of MYOC in 2004 to 2007? Yes 27 No 26

Presenter; Keri Bolton Oetzel, PhD, MPH	Excellent	Above Average	Average	Below Average	Poor
Knowledge of the topic	4.87				
Ability to communicate	4.70				
Ability to stimulate interest	4.61				
Responsiveness to audience	4.81				
Clarity of materials	4.54				

Not Useful.....	Very Useful	
	4.43	What is your overall evaluation of the program?
	4.43	Appropriateness of the topic for your educational needs.
	4.34	Practical value of the program to your daily practice.
	4.23	Effectiveness of learning aids used [e.g. handouts, etc.].
3.24		Afternoon Breakouts
	4.11	The Session as a Whole

**Session Objectives**

Have you improved your knowledge and/or ability to: (Please circle the appropriate number)

	<u>Hardly At All</u>	<u>Very Much So</u>
1. Describe the essential principles of motivational interviewing and identify key elements useful in primary care		4.27
2. Assess the patient's/families core values and interest & confidence in making behavior change		3.96
3. Describe criteria for action planning based on patient/family level of readiness to change		3.74
4. Develop a plan for follow-up visits with those patients/families that will benefit most from proactive care		3.59
5. Understand family dynamics around behavior change		3.56
Did the <b>facility</b> meet your needs?		4.59
Was the <b>staff</b> knowledgeable and helpful?		4.60
Did you feel there was any commercial or personal bias?	69 No	2 Yes

**Participant Evaluation**  
**Maine Youth Overweight Collaborative [MYOC3]**  
**Learning Session #3 – May 1, 2009**  
**RESULTS (Response Rate=61%, N=45)**

Did you participate in the first round of MYOC in 2004 to 2006?    Yes    **35%**    No    **65%**    *(40 of 45 respondents)*  
 Did you participate in the second round of MYOC in 2006 to 2008?    Yes    **64%**    No    **36%**    *(40 of 45 respondents)*

**Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.**

	Not Useful		Very Useful			<i>Average</i>
	1	2	3	4	5	
<b>Why are we here? Review of MYOC “Key Change Concepts” Theory &amp; Culture for Improvement Spread</b> [Joan Orr, Lisa Letourneau, Tory Rogers]	1	2	3	4	5	<b>4.09</b>
<hr/>						
<b>Update on Collaborative Evaluation Plans &amp; Progress to Date</b> [Michele Polacsek]	1	2	3	4	5	<b>4.00</b>
<hr/>						
<b>Clinical Interventions for Obese Children</b> [Rebecca Carey, Sheena Whittaker]	1	2	3	4	5	<b>4.74</b>
<hr/>						
<b>Pilot Project with Public Health Nursing</b> [Ellen Bridge, Elisa Thompson, Jane McQuarrie]	1	2	3	4	5	<b>4.12</b>
<hr/>						
<b>School Wellness Policies—What you need to know!</b> [Karen O’Rourke]	1	2	3	4	5	<b>3.96</b>
<hr/>						
<b>Noble High School—Healthy Paths</b> [Cindy Dolben, Heidi Parker & Rebecca Hayes]	1	2	3	4	5	<b>4.04</b>
<hr/>						
<b>Move More Kids Pediatric Obesity Intervention Program</b> [Mike Lambke]	1	2	3	4	5	<b>4.08</b>
<hr/>						
<b>MYOC’s Exciting New Partnership with Maine Parks &amp; Recreation</b> [Will Harris Jr.]	1	2	3	4	5	<b>4.48</b>
<hr/>						
<b>Sneak Peak at Changes in WIC Foods Effective October 2009</b> [Karen Gallagher]	1	2	3	4	5	<b>4.24</b>

**The Experience as a Whole**

	Not Useful			Very Useful		
	1	2	3	4	5	
<b>Round Table Discussions</b>	1	2	3	4	5	<b>4.07 (20 of 45 respondents)</b>
<hr/>						
<b>The Learning Session as a Whole</b>	1	2	3	4	5	<b>4.30 (35 of 45 respondents)</b>

## Learning Session Objectives

Have you improved your knowledge +/- or ability to: (Please circle the appropriate number).

	Hardly At All					Very Much So					
	1	2	3	4	5	1	2	3	4	5	
1. Assist teams in developing a plan for follow up visits with those patients identified as having the greatest potential to benefit from proactive care.											<b>3.87</b>
2. Incorporate team presentations, and community/school partnerships into as much of the session as possible, reinforcing the power of collaboration.											<b>3.91</b>
3. Assist teams in developing a plan for spreading the improvement to additional providers or sites.											<b>3.65</b>

## General

	Hardly At All					Very Much So					
	1	2	3	4	5	1	2	3	4	5	
Did the facility meet your needs?											<b>4.27 (42 of 45 respondents)</b>
Was the staff knowledgeable and helpful?											<b>4.58 (43 of 45 respondents)</b>
Did you feel there was any commercial or personal bias? If yes, please explain						Yes	<b>3%</b>	No	<b>97%</b>		
											<ul style="list-style-type: none"> <li>• One respondent replied yes but did not provide an explanation</li> </ul>



## Appendix III: Next Steps



## Maine Youth Overweight Collaborative—Next Steps

### Survey Objectives

- Identify what is needed to support MYOC physician champions & practices teams in their efforts to continue their work to improve the prevention, diagnosis, and management of youth obesity
- Identify what is needed to support MYOC physician champions & practices teams in spreading their work on youth obesity to other practices in their group and/or their community
- Identify what is needed to identify, support, and nurture existing and new physician champions from “non-MYOC” practices to lead efforts to improve the prevention, diagnosis, and management of youth obesity

**Please take just a few minutes and answer some key questions for physician champions—please check all that apply.**

**Total = 21 respondents**

1. What do you think were the most important & most sustainable changes you made because of MYOC, both personally and in your office practice/system? Please note below:

Changes	Most Important		Most Sustainable	
	Personally	Office System/Practice	Personally	Office System/Practice
BMI measurement & classification	<input checked="" type="checkbox"/> 9 of 21 (42.86%)	<input checked="" type="checkbox"/> 13 of 21 (61.91%)	<input checked="" type="checkbox"/> 10 of 21 (47.62%)	<input checked="" type="checkbox"/> 17 of 21 (80.95%)
				<input type="checkbox"/> We were not classifying BMI's previously
Use of 5210 Healthy Habits survey	<input checked="" type="checkbox"/> 12 of 21 (57.14%)	<input checked="" type="checkbox"/> 12 of 21 (57.14%)	<input checked="" type="checkbox"/> 12 of 21 (57.14%)	<input checked="" type="checkbox"/> 12 of 21 (57.14%)
<input type="checkbox"/> Used 5210 with both adults and kids – family practice	<input type="checkbox"/> Consistent messaging			
Use of motivational interviewing during visit	<input checked="" type="checkbox"/> 11 of 21 (52.38%)	<input checked="" type="checkbox"/> 3 of 21 (14.29%)	<input checked="" type="checkbox"/> 6 of 21 (28.57%)	<input checked="" type="checkbox"/> 2 of 21 (9.52%)
Follow up with patients/families specifically for overweight	<input checked="" type="checkbox"/> 6 of 21 (28.57%)	<input checked="" type="checkbox"/> 3 of 21 (14.29%)	<input checked="" type="checkbox"/> 2 of 21 (9.52%)	<input checked="" type="checkbox"/> 2 of 21 (9.52%)
Use of a registry to track overweight/obese patients	<input checked="" type="checkbox"/> 1 of 21 (4.76%)	<input checked="" type="checkbox"/> 2 of 21 (9.52%)	<input checked="" type="checkbox"/> 2 of 21 (9.52%)	<input checked="" type="checkbox"/> 4 of 21 (19.05%)
Connections & referrals made to community/school programs	<input checked="" type="checkbox"/> 9 of 21 (42.86%)	<input checked="" type="checkbox"/> 7 of 21 (33.33%)	<input checked="" type="checkbox"/> 3 of 21 (14.29%)	<input checked="" type="checkbox"/> 4 of 21 (19.05%)
	<input type="checkbox"/> Still in progress			<input type="checkbox"/> Very dependent on community
Other:	<input checked="" type="checkbox"/> 1 of 21 (4.76%)	<input checked="" type="checkbox"/> 0 of 21 (0%)	<input checked="" type="checkbox"/> 1 of 21 (4.76%)	<input checked="" type="checkbox"/> 0 of 21 (0%)
<input type="checkbox"/> Made standard process for everyone in practice				
<input type="checkbox"/> In house clinic has made sure staff touches base 2x/yr				

2. Have you seen any change in regard to patient recognition and resonance with 5210?

Yes  17 of 21 (80.95%) No  4 of 21 (19.05%)

If Yes—what have you noticed?

- Lots more awareness about juice
- After several years participating seeing more kids remembering 5210 messages – making small changes (i.e., trading soda and juice for fruit and vegetable consumption)
- Many patients have heard the message, some have started to make change
- Children talking the language and engaged
- Children hear about in school
- Much more open to discussion
- Incurred awareness – significant effect from school 5210 message
- More response and interaction with patients and motivational interviewing!
- All patients – all community
- Families are eliminating soda and juices from their diet! Drinking more low fat milk
- Kids come in talking about diet changes
- Recognition and readiness to set goals
- Patients and families more familiar with concept

3. Do you [your office] code appointments and bill for a diagnosis for obesity [278.00—Obesity, 278.01—Morbid Obesity, 278.02—Overweight, or 783.1—Abnormal Weight Gain]

Yes  13 of 17 (76.47%) No  4 of 17 (23.53%)

If yes, are you aware of any denials or problems? Yes  1 of 13 (7.69%) No  12 of 13 (92.31%)

4. Are any of the following resources available in your area?

	Yes	No
Hospital based weight loss clinic for adults	<input checked="" type="checkbox"/> 10 of 18 (55.56%)	<input checked="" type="checkbox"/> 8 of 18 (44.44%)
Multi-disciplinary team weight loss clinic for adults	<input checked="" type="checkbox"/> 4 of 17 (23.53%)	<input checked="" type="checkbox"/> 13 of 17 (76.47%)
Community based weight loss program for adults	<input checked="" type="checkbox"/> 10 of 17 (58.82%)	<input checked="" type="checkbox"/> 7 of 17 (41.18%)
Hospital based weight loss clinic for children	<input checked="" type="checkbox"/> 3 of 16 (18.75%)	<input checked="" type="checkbox"/> 13 of 16 (81.25%)
Multi-disciplinary team weight loss clinic for children	<input checked="" type="checkbox"/> 10 of 19 (52.63%)	<input checked="" type="checkbox"/> 9 of 19 (47.37%)
Community based weight loss program for children	<input checked="" type="checkbox"/> 8 of 18 (44.44%)	<input checked="" type="checkbox"/> 10 of 18 (55.56%)
School based weight loss program for children	<input checked="" type="checkbox"/> 4 of 17 (23.53%)	<input checked="" type="checkbox"/> 13 of 17 (76.47%)

5. Do you wish that you had more information about specialty care or community resources?

*Please check all that apply.*

3 of 21 (14.29%) Yes, specialty care

12 of 21 (57.14%) Yes, community resources

We are connected with community resources and working on plan

Things always change – it is hard to be up to date on current activities

8 of 21 (38.10%) No

6. Thinking of your own practice “post-MYOC”, what would help you continue and/or strengthen efforts within your own practice to improve the prevention, diagnosis, and management of youth obesity?

12 of 20 (60%) Patient & family self-management support, education, or goal-setting

7 of 20 (35%) Working as a team within the practice

8 of 20 (40%) Clinical guidelines/decision support for diagnosis or treatment of obesity

6 of 20 (30%) Clinical information systems

Ticklers/reminders/prompts/screenable documents

15 of 20 (75%) Community/school linkages

We are working on this

8 of 20 (40%) Other system changes – e.g. payment changes, performance measurement

3 of 20 (15%) Help engaging senior management or systems administrators

Other

- Grants to help step up
- Physical/built environment changes
- EMHS system
- Would be helpful if insurance companies initiated quality performance goals around obesity for providers
- Way to transition when providers leave and are replaced
- Support came after media – now they like PR

Do you feel that outside support in any of the specific areas above would be helpful to you?

Yes  13 of 15 (86.67%)      No  2 of 15 (13.33%)

If Yes, what would be the best ways to provide support in those areas?

- Community/school liaison
- low-key activities to get kids started
- Need systemic changes to encourage/enable healthy behavior
- Goal to develop school-based health connection in our area
- Community linkages for school
- More of what MYOC is doing!
- Touching base periodically

7. Do you think establishing a Collaborative [structure like MYOC] of community/school teams to find better ways to work with clinical practice sites is a good idea? Yes  20 of 20 (100%)      No  0 of 20 (0%)

Please tell us why or why not?

- Coordination of resources, increased opportunities create an environment of awareness to promote change
- Local contests would be very helpful to continue same messaging for out families
- Informational check ins are always good
- Provides tools/information to approach individual community issues
- This is where kids spend a lot of time! Easy access!
- A collaborative effort helps accomplish goals
- School nurses are overworked, under paid – I am not sure how they would respond to this
- The more consistent the message from more places, the better
- May aid in continuity of program objectives and reinforcing the positive messages
- If schools doing BMI would reinforce what is happening at clinical sites
- Need system incentives for clinicians to work in community and schools

8. Thinking of other practices within your larger medical group and/or within your community “post-MYOC”, can you identify specific steps or support needed that would help spread the changes you have made on youth obesity to those other practices?

13 of 21 (61.90%) Financial incentives

9 of 21 (42.86%) Creating a tension for change through competitiveness or promotion of standard of care

8 of 21 (38.10%) Making BMI a public reporting issue within your health system or to the state or payers [i.e.

HEDIS measures]

Other

- Not sure what will help
- Focus on health behaviors not pounds – more manageable
- BMI in schools
- Publish statistics

9. It is often observed that having an identifiable, passionate physician champion is a critical element of successful change adoption in physician practices. Thinking of yourself as a physician champion for youth obesity, what could be done to help...

To support you in your role as a physician champion to help you sustain and/or spread your efforts to date?

- More time!

- Help Val O'Hara establish her clinic
- Continue with support "network" to exchange ideas and successes
- Additional contacts to learn how other clinics support their efforts financially
- Time/financial incentive
- I am motivated by new information/science and opportunity to synthesize it
- Financial support for trainings/collaborative work
- Continuing to support creation of public education
- Continue to network post MYOC; listserv inventory community/school/office model
- Getting reimbursed for the time spent with these patients and their families
- Less demand or productivity – this would allow a more relaxed approach to patients
- Giving me office time to work on this issue
- Site visit
- Continue with programs such as this to provide tools and networking
- All CEO to send message – every employee needs to do something – 5210

To identify, develop, and support new physician/clinician champions in additional practices or communities around the state?

- An administrative advocate who is dedicated to this
- Make sure medical NP PA students are trained in this
- Giving me office time to work on this issue
- Continue with MYOC 4?

10. Do you feel any of the following would be helpful in supporting existing or new physician champions in their efforts to promote improvements in care for youth obesity?

- 14 of 21 (66.67%) Periodic meetings to share new information and/or best practices on youth obesity
- 6 of 21 (28.57%) Establishing a mentoring system to connect existing and new champions
- 8 of 21 (38.10%) Pairing up MYOC "veteran" practices with new practices interested in addressing youth obesity
- 8 of 21 (38.10%) Facilitating site visits to MYOC sites for practices interested in addressing youth obesity
- 14 of 21 (66.67%) More support for IT components to help support alternative methods for behavior change—i.e. text messaging for adolescent teens, on-line groups, or other technology ideas
- Other
  - Academic detailing, though how it is focused would be challenge – connected to periodic meetings
  - Web 2.0
  - Nothing – no magic bullet – one thing will not work for all kids

11. Do you feel that other organizations across Maine should take a role in addressing youth obesity and if so do you have suggestions as to what they might do?

- 8 of 20 (40%) Maine AAP, AFP, ACP
  - Motivate/focus individual practitioners
  - AAP can have PROS practice research in office setting around this issue
  - National AFP (ex Tar Wars) – look at model
  - National AAP – better at tackling std of care/conferences/legislative efforts
- 7 of 20 (35%) MMA & MOA
  - Additional work via State Government to improve coverage for ties needed preventive care
  - Incorporate obesity as CME topic
  - Leadership in legislative issues
  - Stephanie Lash work with schools
  - Schools and policy advocacy
- 8 of 19 (42.11%) Maine Center for Public Health
  - They are already working on this, I believe
  - Leadership in research/coordinating sharing info
- 5 of 19 (26.32%) Health Systems

- Implement programs – treat problems
- Insurance companies could provide incentives to patients and providers
- Other
  - Education
  - CMMC – provide support for childhood obesity
  - MMC PHO
  - MaineHealth
  - Maine ACOFP
  - Schools

12. We would also be interested in how the economic downturn has affected your practice in general. Have you seen a change in the number of:

13 of 18 (72.22%) Follow up appointments made or kept

12 of 18 (66.67%) Families without insurance

Other

- Generalized hardship/anxiety/depression increase, harder to get healthy foods \$20
- High deductibles, lay-offs
- Sicker presentation no transportation
- Decrease acute care visits
- Number of acute/sick visits in general
- Large deductible

13. Other suggestions, recommendations?

- More work through schools, pre-schools to day cares!
- Cannot overemphasize – behaviors not pounds [unintelligible comment]
- Need more money to test individual projects and innovative ideas

Thank You—Please return your survey to the registration desk.