



On the Efficacy of family-centered treatment in managing childhood obesity

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For the AltaMed S.T.O.M.P. Program

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Background

- Childhood obesity affects 1 in 3 children in the US
 - AltaMed communities have a higher prevalence
 - Adults in AltaMed are obese as well
- Main determinants for obesity are linked to diet and exercise:
 - Poor health literacy and ignorance of healthy lifestyles
 - Access to healthy options as opposed to high caloric foods
 - Lack of green space or limited resources prevent families from seeking low-cost exercise options



Introduction to STOMP

- S.T.O.M.P. = Solutions & Treatment in Obesity Management and Prevention.
 - Modeled after AltaMed's 1st obesity clinic in Santa Ana
 - Based in Boyle Heights; enrolled based on BMI
- Family-focused, long-term management
 - 1 consult/orientation prior to intervention
 - 12-weekly classes with a nutritionist (for parents)
 - 12-weekly exercise sessions with a physical activity specialist (for children)
 - 9 months of post-intervention follow-up

Tools: The STOMP Contract

STOMP Contract.pdf - Adobe Reader

File Edit View Document Tools Window Help

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**Commitment between
Parents and Children**

Date: _____

Valid from: _____ to _____

I, _____ commit myself to maintain my weight: _____ lbs. Or decrease it by 5% or more. I will achieve this goal by doing my daily one hour exercises and eating healthy. When I reach this goal, I would like to be rewarded with _____.

I, _____ will reward my child when he/she reaches their goal.

Reward valid from _____ to _____


Children Signature

Parent Signature

*Rewards may not include anything to do with TV, videos games, computers and/or food.
**Parents, support and if possible JOIN your children with setting and achieving goals for a healthier future.

Pediatric Obesity Program
Fitness Orientation

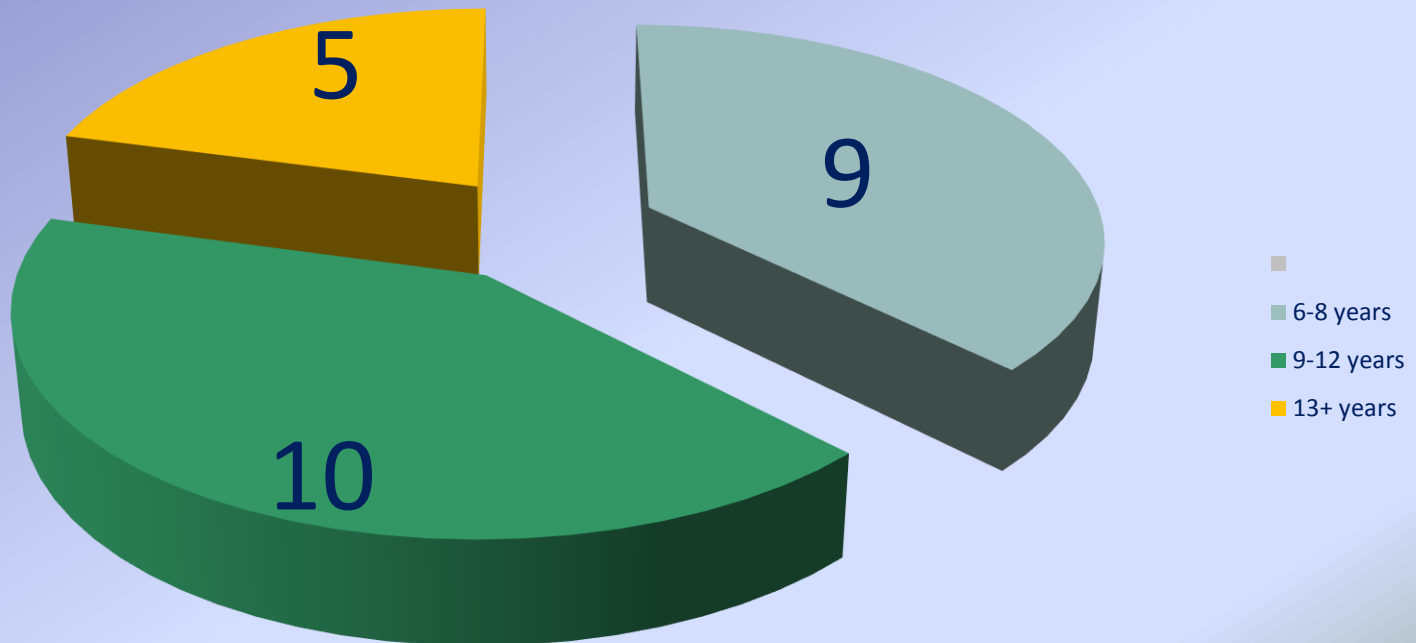
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Description: AltaMedSeal_ForWhiteBackgrnd_Engl_4Col

Initial enrollment for STOMP in Boyle Heights

Initial Enrollment # of Patients

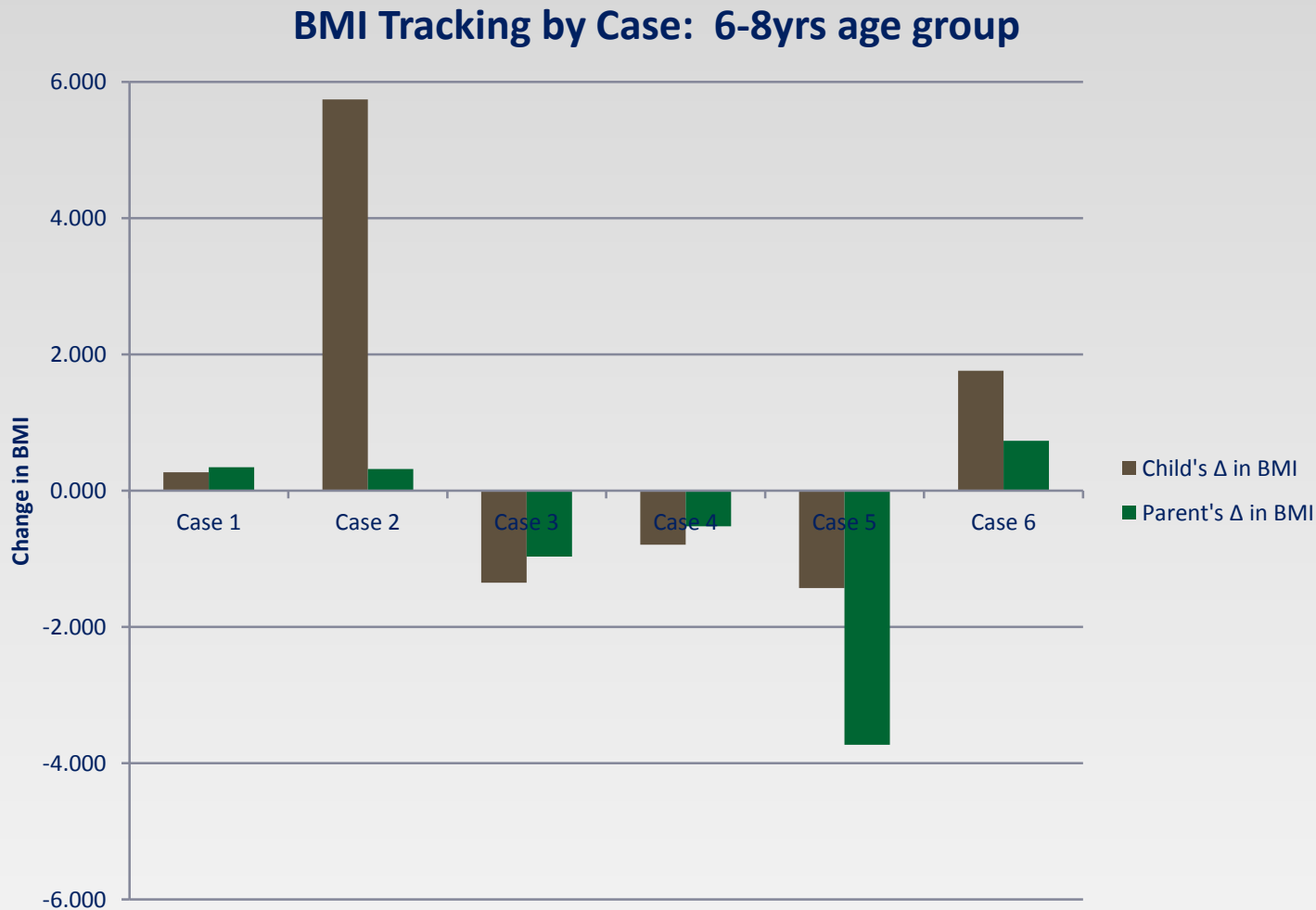


Methods: Tracking of BMI during the program

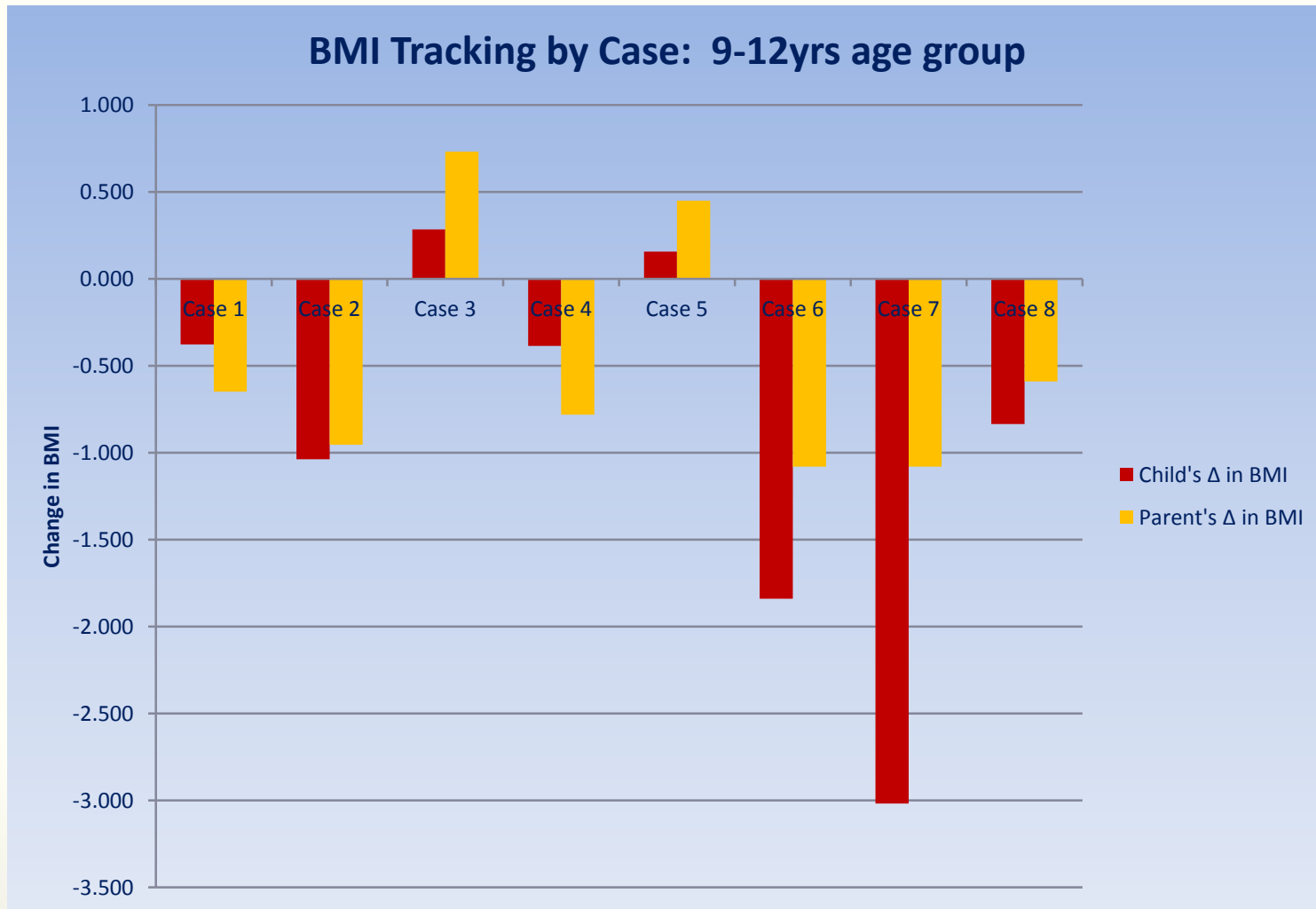
- BMI was chosen as a quality measure:
 - easy to obtain
 - Cost-effective
 - Not as affected by a child's growth pattern
- Measurements were taken mid-way through the intervention

Age Group	# Patients with ↓ BMI	# Patients with ↑ BMI
6-8 years	3	3
9-12 years	6	2
13+ years	2	1
Total	11	6

Results from the 6-8yr age group

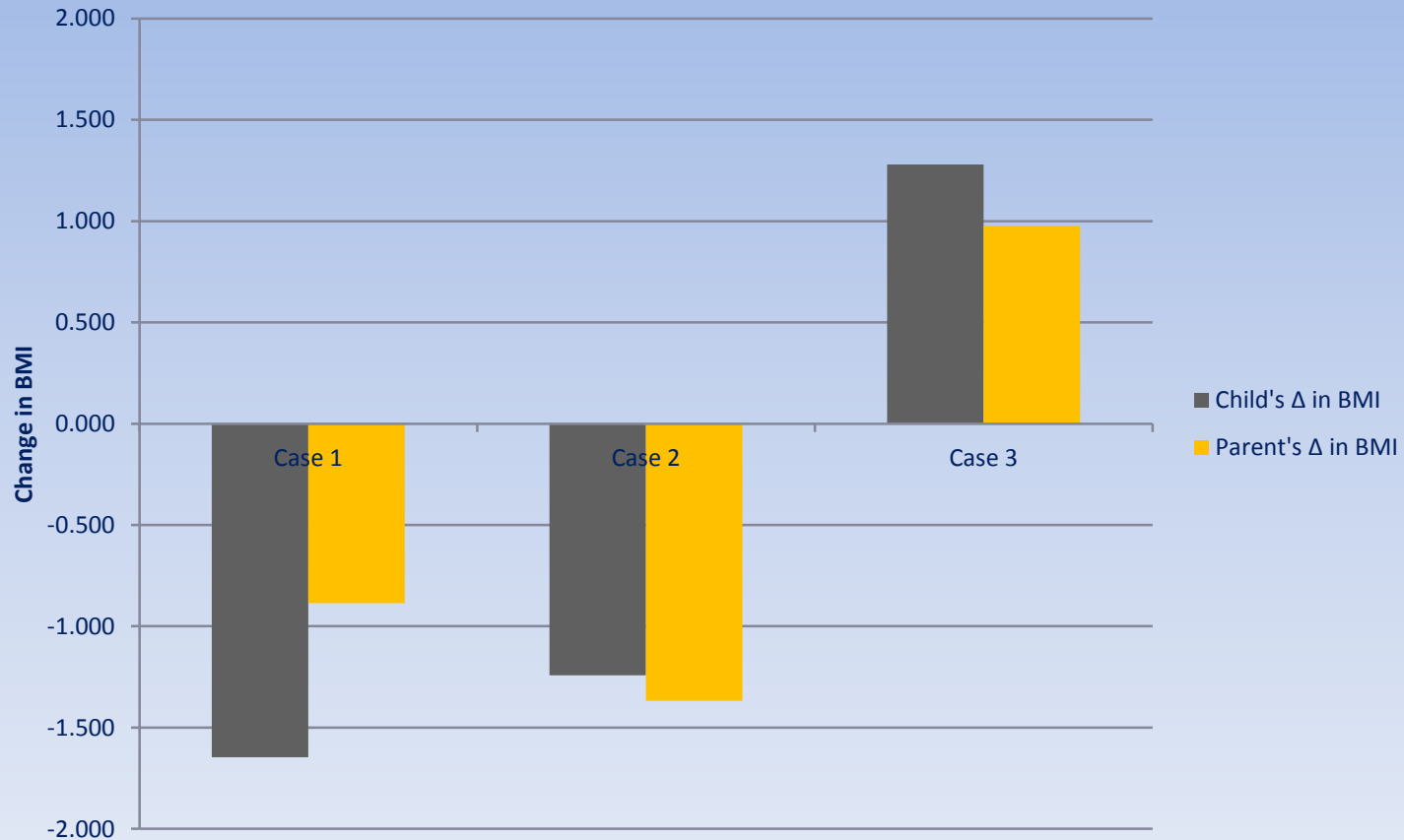


Results from the 9-12yr age group



Results from the 13+yr age group

BMI Tracking by Case: 13+yrs age group





Summary and Discussion:

- There significant changes in BMI found in both children and parents during the intervention.
- There was a direct correlation found between the change in a child's BMI and their parent's BMI.
 - For all children with ↓ BMI; their parents ↓ BMI as well.
 - For all children with ↑ BMI; their parents ↑ BMI.
- Clinical significance: Parents' participation is a key determinant in the effectiveness of any childhood obesity management program.
- Parents should be held accountable for compliance with any obesity treatment plan.

Recommendations



PARENT SURVEY STOMP PROGRAM FOR KIDS

1. Did you set a goal with your child for the program?
 - No. We did not set a goal.
 - Yes. I set a goal for my child.
 - Yes. We each set a goal, but we have different goals.
 - Yes. We set the same goal and a reward for when we get it.
2. Are other people in the family/household participating in this goal?
 - No. Only my child is working on the goal.
 - Yes. But only my child and I are participating. The others are not.
 - Yes. Everyone is participating, but they are not happy about it.
 - Yes. Everyone is participating and they are all supportive of it.
3. How do you do the exercise homework for this program?
 - I ask my child if he or she has done the exercises each day.
 - I make sure my child does the exercises each day.
 - I do the exercises with my child each day.
 - Everyone in the house does the exercises together each day.
4. What do you think is the hardest part about this program?
 - It is hard to avoid all other drinks besides water and non-fat milk.
 - It is hard to avoid fast food, or to eat meals at home.
 - It is hard to avoid TV, or to keep my children from watching TV.
 - It is hard to do the exercise every day.
 - Other: _____
5. What do you think would make this program easier for you or your child?
 - I want more help with nutrition: recipes, coupons, ideas.
 - I want more help with exercise: workouts, activities, fun ideas.
 - I want more help with mental health: resentment or rebellion.
 - I want more help motivating my family to participate.
 - Other: _____



6. Which nutrition class did you learn the most from?
 - Reading Nutrition Labels
 - Balance between Meals and Portions / My Plate
 - Rule of 3 & Eating Out
 - How to Handle Holidays, Parties and Cooking Demonstration
 - Other: _____
7. Which nutrition class did you learn the least from?
 - Reading Nutrition Labels
 - Balance between Meals and Portions / My Plate
 - Rule of 3 & Eating Out
 - How to Handle Holidays, Parties and Cooking Demonstration
 - Other: _____
8. How do you think your child will do on the physical exercise test?
 - Very confident. I know we prepared well for the test.
 - Confident. I think we did our best to prepare for the test.
 - Not confident. We tried to prepare for the test, but it was hard.
 - I don't know.
 - Other: _____
9. Would you like someone to help you keep this healthy lifestyle change?
 - Yes
 - No
 - I am not sure
10. How can we improve this program for you or future families?



Conclusion

- One of the major barriers for effective treatment of childhood obesity is active participation from the parents.
- Resistance at home may be encountered with regards to lifestyle changes and other treatment plans.
- It is important to assess the parents' willingness to comply with the STOMP program and identify areas for improvement with regard to:
 1. entire household participation
 2. choice of food and diet
 4. exercise habits
 3. other barriers to effective treatment.

Thank you!

