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NATIONAL NATIVE NETWORK



**Technical Assistance Webinar**

# Strategies to Address Barriers in Pediatric Obesity & Food Access

## Presented by:

- Shelley Kubczak, M.A., B.S. Child Care Health Consultant; Michigan Public Health Institute
- Hannah Wichern, MPH; Intern; Inter-Tribal Council of Michigan
- Michelle Schulte, M.A.; Project Director; Inter-Tribal Council of Michigan

# Strategies to Address Barriers in Pediatric Obesity & Food Access



**Shelley Kubczak, M.A., B.S.**

Consultant with Michigan Tribal Food Access Collaborative Project and a  
Child Care Health Consultant  
Michigan Public Health Institute

1990 Master of Arts – Central Michigan University – Public Health Education  
and Health Promotion

1989 Bachelor of Science – Central Michigan University – Public Health  
Education and Health Promotion

# Strategies to Address Barriers in Pediatric Obesity & Food Access



Shelley is working for Michigan Public Health Institute assisting with the Michigan Tribal Food Access Collaborative Project and as a Child Care Health Consultant specializing in nutrition, health, and safety.

She has received a Master of Arts degree and Bachelor of Science degree in Public Health Education and Health Promotion from Central Michigan University.

She has professional experience working in the area of public health education in tribal communities, clinical practices, and university settings.

# Strategies to Address Barriers in Pediatric Obesity & Food Access



**Hannah Wichern, MPH**

Intern

Inter-Tribal Council of Michigan

2018 - Master of Public Health – Health Promotion & Education - Grand Valley State University

2016 – Bachelor of Science – Interdisciplinary Studies Health Promotion – Grand Valley State University

# Strategies to Address Barriers in Pediatric Obesity & Food Access



Hannah Wichern recently graduated with a Master of Public Health degree from Grand Valley State University with an emphasis in health promotion and education.

During her master's program, Hannah had two internships; the first was with Munson Medical Center Community Health where she assisted with the planning and evaluation of the local Fruit and Vegetable Prescription Program as well as the development of the FitKid 360 program.

She had a second internship with the Inter-Tribal Council of Michigan where she assisted with the Michigan Tribal Food Access Collaborative to reduce childhood obesity.

Hannah's passion lies in providing the most accurate and appropriate health education at an early age to prevent chronic and debilitating diseases later in life.

# Strategies to Address Barriers in Pediatric Obesity & Food Access



**Michelle Schulte, MA**  
Project Director  
Inter-Tribal Council of Michigan

2008 – Master of Arts – Curriculum & Instruction – Lake Superior State University

2002 – Bachelor of Arts – Elementary Education & Social Studies – Ferris State University

1994 – Bachelor of Science – Sports Studies & Coaching – Central Michigan University

# Strategies to Address Barriers in Pediatric Obesity & Food Access



Michelle is of mixed ancestry and member of Red Cliff Band of Lake Superior Chippewas.

She is a life long learning having worked in both the health and education fields. A large part of her career has been developing programs (inception-implementation-evaluation).

Michelle's efforts as a project director at Inter-Tribal Council of Michigan include work with tribal communities in Michigan to increase collective impact in early childhood systems and food access requiring strong communication and awareness.



# Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.

# Accreditation

- The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- This activity is designated 1.0 contact hour for nurses.

# CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety, and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

# Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Recognize the limited access to safe, nutritious food within Michigan tribal communities.
2. Deliver culturally relevant nutrition education to improve pediatric obesity care in tribal communities with limited staff capacity.
3. Build a collaborative network focused on increasing community resources that promote healthy nutrition and lifestyle.

# Strategies to Address Barriers in Pediatric Obesity & Food Access



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Child Care Health Consultant

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Project Director

Hannah Wichern, MPH  
Inter-Tribal Council of Michigan  
Intern

June 20, 2018



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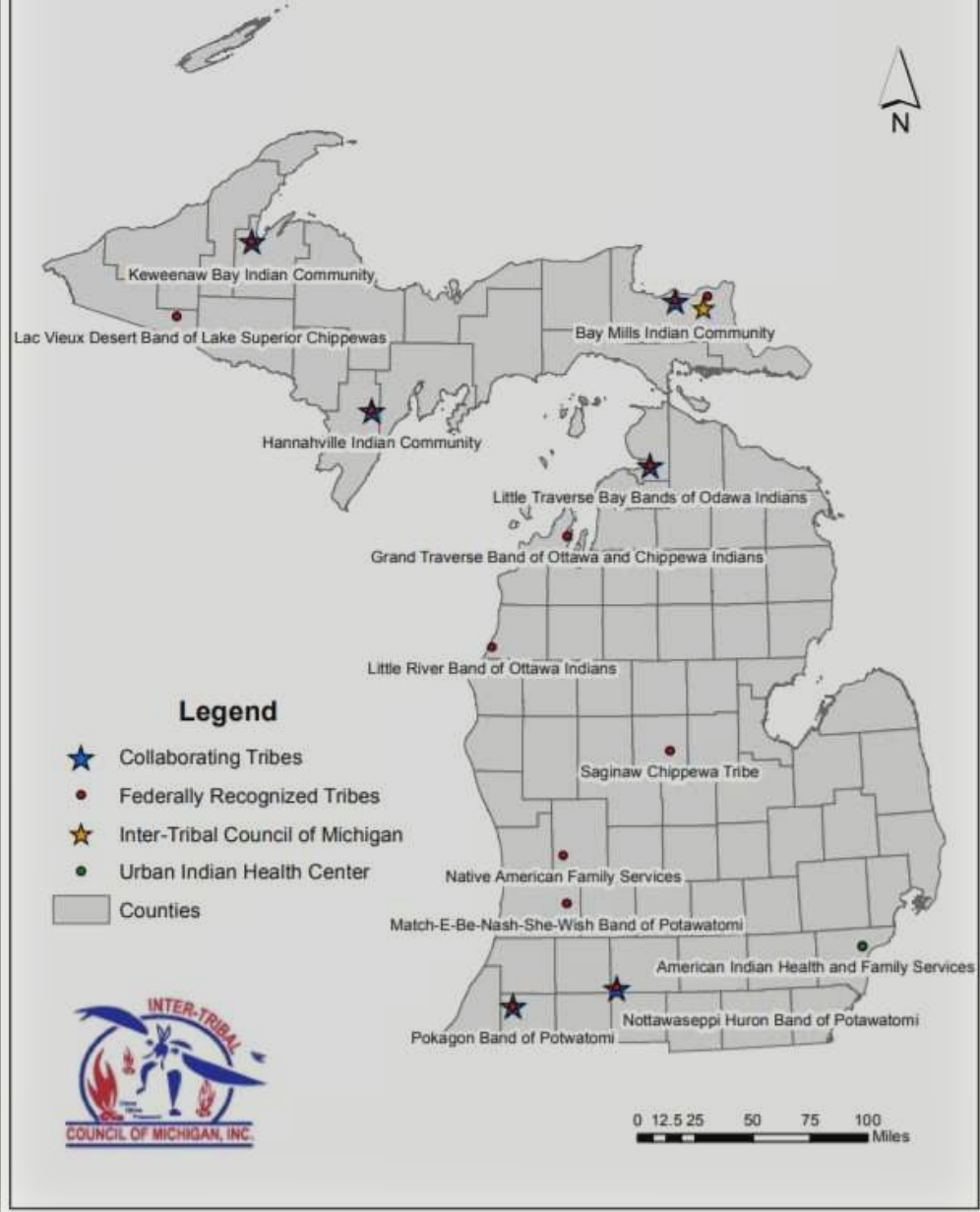
# Michigan Tribal Food Access Collaborative

Joint Effort with Michigan Health Endowment Fund, 6 Tribes (LTBB, NHBP, Pokagon, BMIC, Hannahville, KBIC), Michigan Public Health Institute, Michigan State University Extension, and ITCMI to work toward reducing obesity and other related health risks in children 2-11 years old and their families. The effort includes:

- 1) Formalizing a statewide tribal food access community of learning with a minimum of six tribal health systems,
- 2) Increasing the number of children ages 2-11 that are screened for BMI for age by 20% among the 6 participating tribal health systems documented by EHR,
- 3) Conducting local community food resource assessments in at least 6 tribal communities,
- 4) Increasing the proportion of local community food resource access points and supports by 20% within tribal target communities, and
- 5) Increasing the number of educational resources relative to development stage dietary guideline resources to include Native American Culture and traditional foods.

For more information, please contact Project Coordinators, Michelle Schulte ([mschulte@itcmi.org](mailto:mschulte@itcmi.org) ph.231-866-0805) or Josh Mayo ([jmayo@itcmi.org](mailto:jmayo@itcmi.org) 906-632-6896)

# Michigan Tribal Food Access Collaborative Project

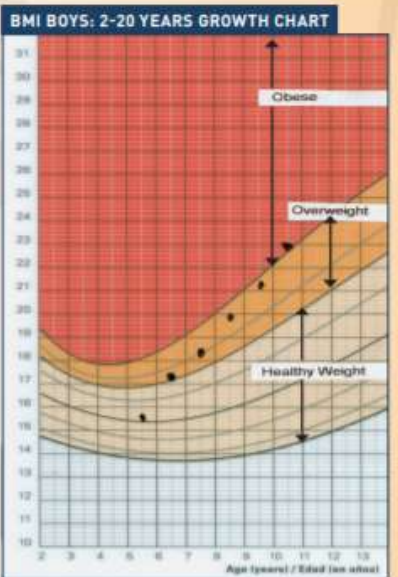






### WHAT IS BEING DONE: NUTRITION STANDARDS IN SCHOOLS

Nutrition Standards improve the nutritional quality of food and beverages. The *Michigan Nutrition Standards* address food and beverages offered and sold on the school campus including cafeterias as well as vending machines, concession stands, à la carte snack lines, school parties, school stores, and during after-school events.



CHILD + 100 CALORIES X 180 DAYS X 6 YEARS =  
**A HEALTHY CHILD BECOMES OBESE**

Childhood obesity can happen gradually and innocently

#### RETURN ON INVESTMENT<sup>17</sup>

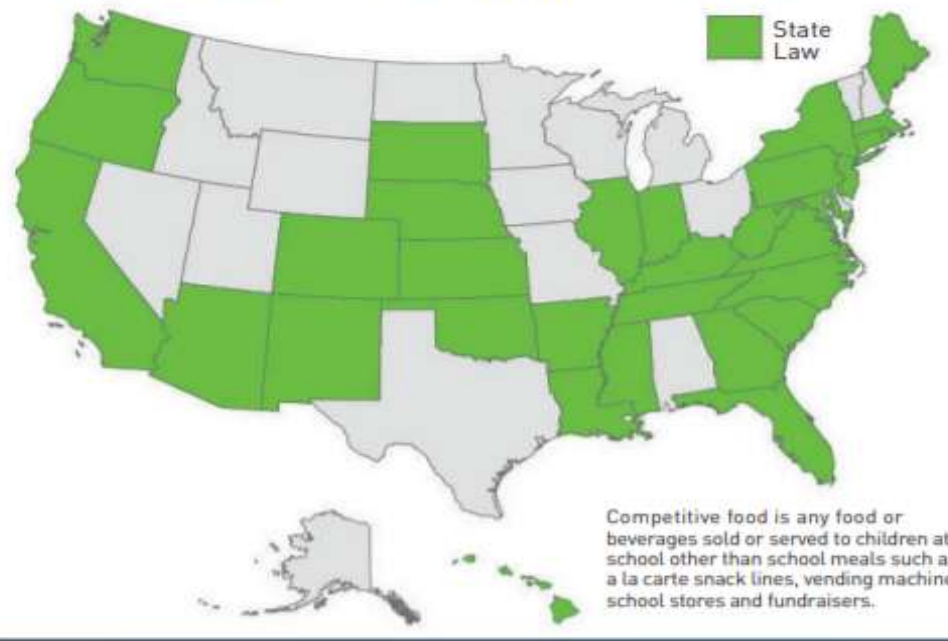
- FIT & HEALTHY STUDENTS IN SCHOOLS BECOME ADULTS WITH:**
- Greater productivity
  - Lower health care costs
  - Less absenteeism

#### KIDS OF ALL SHAPES & SIZES ARE UNDERNOURISHED<sup>15</sup>

- KIDS ARE CONSUMING TOO MUCH:**
- Sugar Sweetened Beverages
  - Cookies, Cakes, Doughnuts
  - Pizza
  - Whole Milk
  - French Fries
  - Chips
  - Fried and Fatty Meats
- KIDS ARE NOT CONSUMING ENOUGH NUTRIENT RICH FOODS:**
- Fruits
  - Vegetables
  - Whole Grains
  - Low Fat Dairy

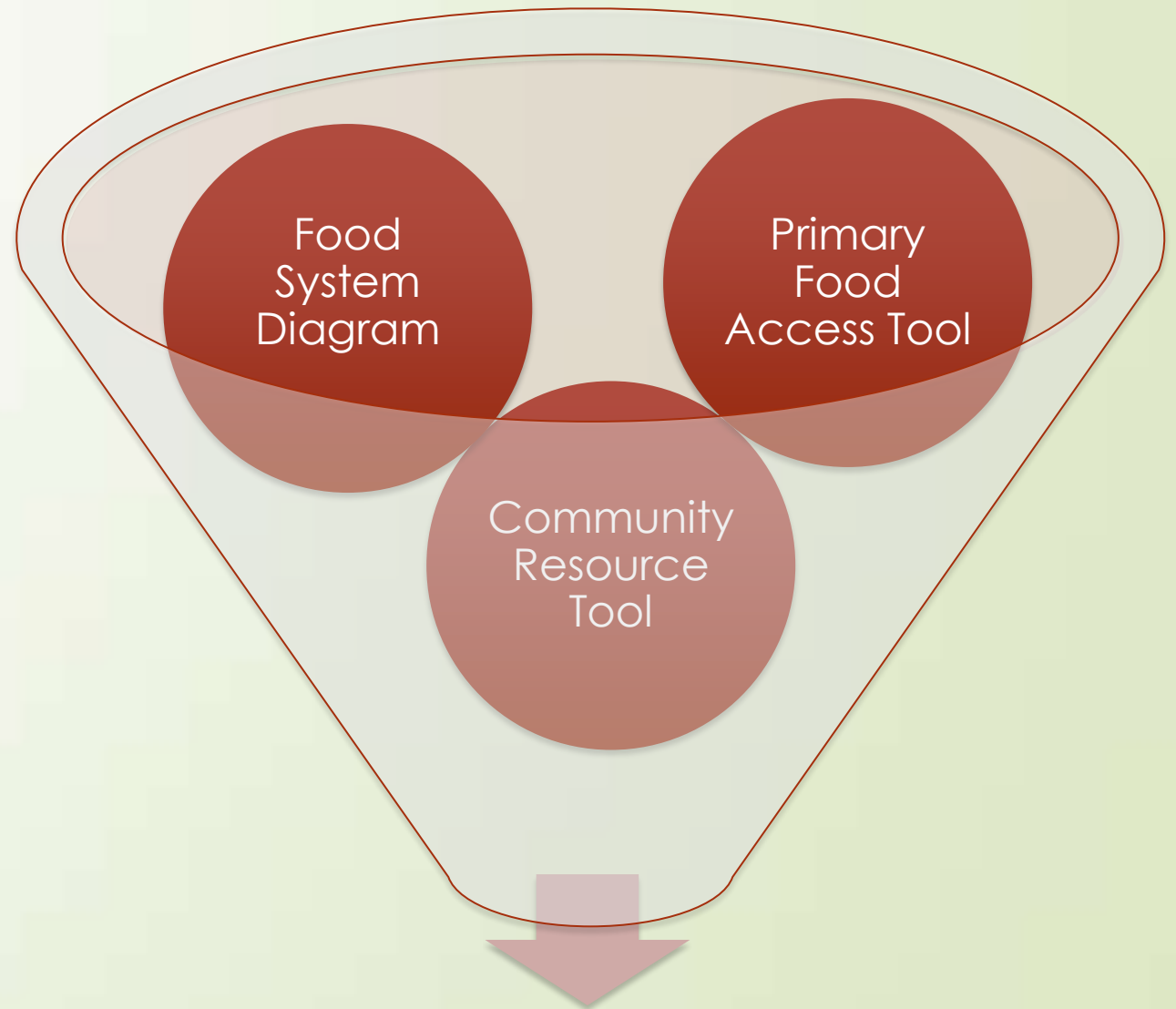
- FACTS:**
- Michigan schools reach over 1.5 million children a day, over 180 days a year.<sup>23</sup>
  - Over 196 million school breakfasts and lunches were served to Michigan students last year.<sup>24</sup>
  - 50% of daily energy intake is consumed at school.<sup>25</sup>
  - The *Michigan Nutrition Standards* emphasize colorful fruits and vegetables, whole grains, low fat dairy, beans, nuts and lean proteins.
  - Research has shown that healthier students are more ready to learn and have improved classroom behavior.<sup>26</sup>

### States with laws on competitive food\* in schools



#### KIDS OF ALL SHAPES & SIZES ARE UNDERNOURISHED<sup>16</sup>

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**Community  
Assessment Profiles**

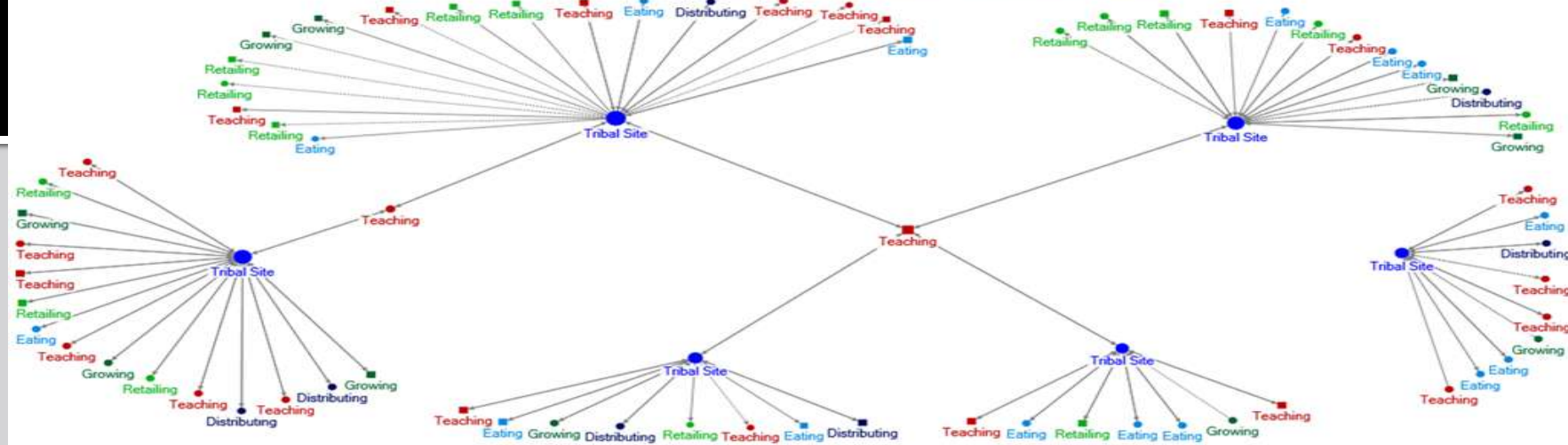
# Pediatric Overweight/Obesity Screening Protocols

Two complementary approaches have been put forth to address obesity problem: a universal approach and a targeted approach. The universal approach focuses on better nutrition and more physical activity and the targeted approach requires measuring children's body mass index (BMI).

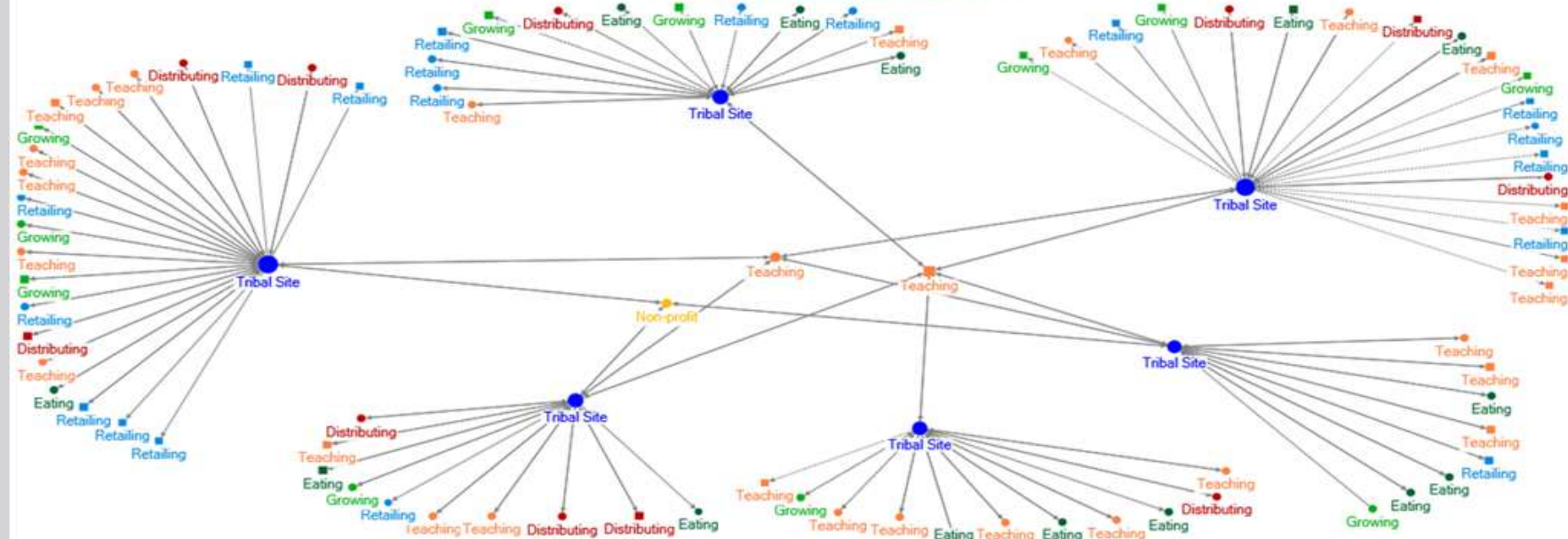
- The **US Preventive Services Task Force** recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
- The **American Academy of Pediatrics** and **Center for Disease Control** recommend that BMI screenings are done on children ages 2-19 years.

# ECO Maps

## Baseline Food System



## Follow-Up Food System Graph



- Partnerships increased by 26%
- Collaborations and the strength of partner relationships also increased
- 227 agencies, groups, and people by the end of year one.
  - 74 at the kick-off meeting

# Community Food Resource Assessment

## What we learned:

### Primary Food Access Points

- Vendor at farmers markets
- Large chain grocery stores
- Small chain grocery stores
- Convenience stores
- Distribution centers
- Food pantries

We identified which local stores were selling local foods

Project staff learned more about what was available in their community

Some managers claimed they don't sell local foods due to because of local food policies or restrictions

Which managers were interested in: raising awareness, more education, & resources for using local or healthy foods




# Our Current Strategies

- Nutrition Rx (veggie boxes or vouchers)
- Cooking Classes & Cooking Kitchens (youth and families)
- Community Gardens/Farms & Farmers Markets
- School partnerships (collaborate on healthier menus/ 10c/meal-farm to table)
- Fitness leave
- Incentives-giveaways at events (cooking related items/healthy food options at events/vouchers w/ exceptions)
- Samples and easy recipes
- Wider distribution of Nutrition Ed resources
- Traditional food recipe sharing
- MDE Summer Food Programs
- Increasing integration of resources and services provided to families across departments and organizations
- Medical & Community Health Protocols or Policy

# Importance of Nutrition Education Resources for Families

- ▶ Once a child has been diagnosed as overweight or obese, it's important for the child and their family to be provided with resources on:
  - How to incorporate more healthy options into their meals
  - Where to find those healthy options in your community
  - How to have conversations to drive positive change in health behaviors





“One in six children suffers from food insecurity and hunger. If children are poor, then almost one in two is food insecure. Unless you ask, you won’t be able to tell which child is going to bed hungry, and you won’t be able to connect their families to resources, like SNAP, WIC, or food pantries, that will help them get good food.”

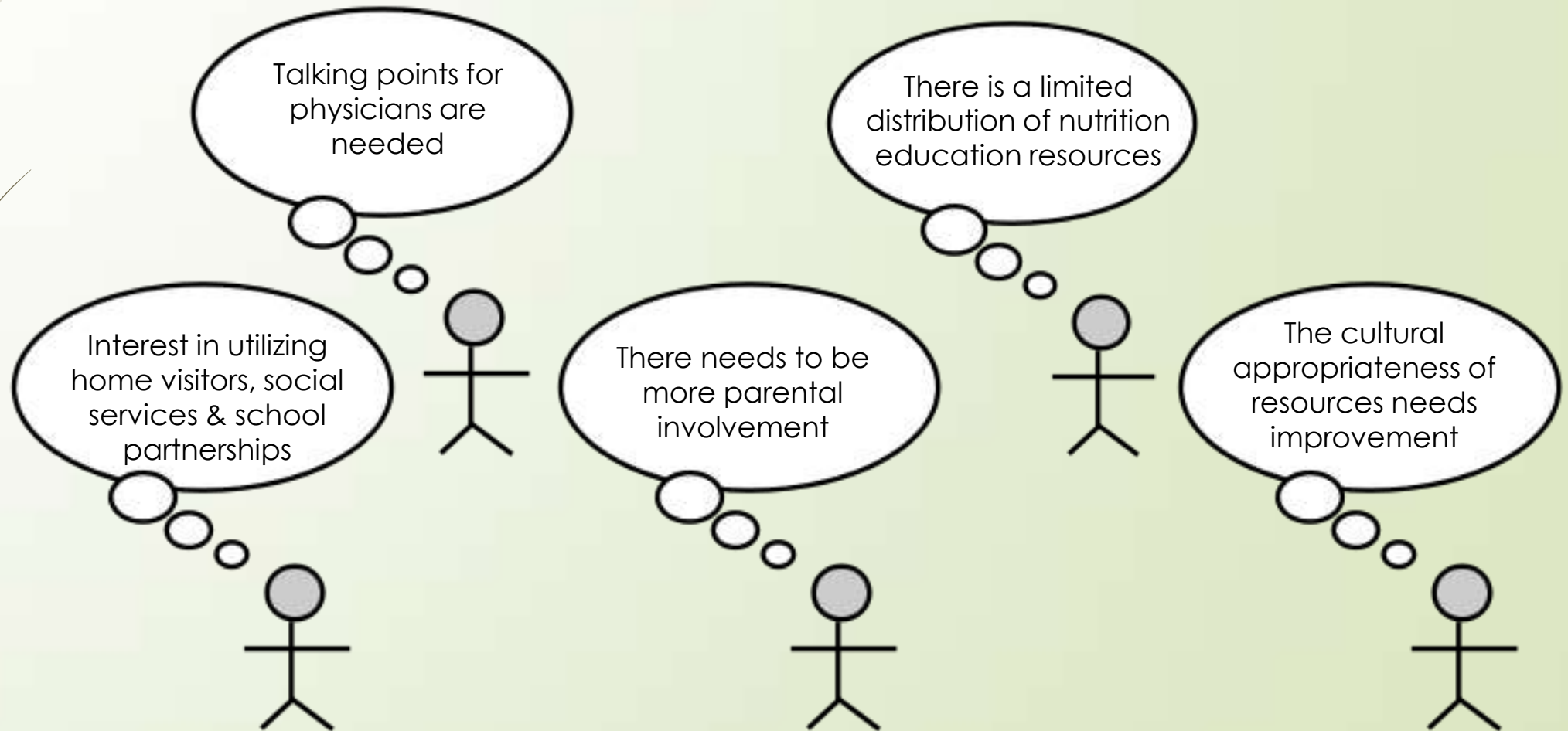
-Benard P. Dreyer, MD, FAAP

President, American Academy of Pediatrics (2016)





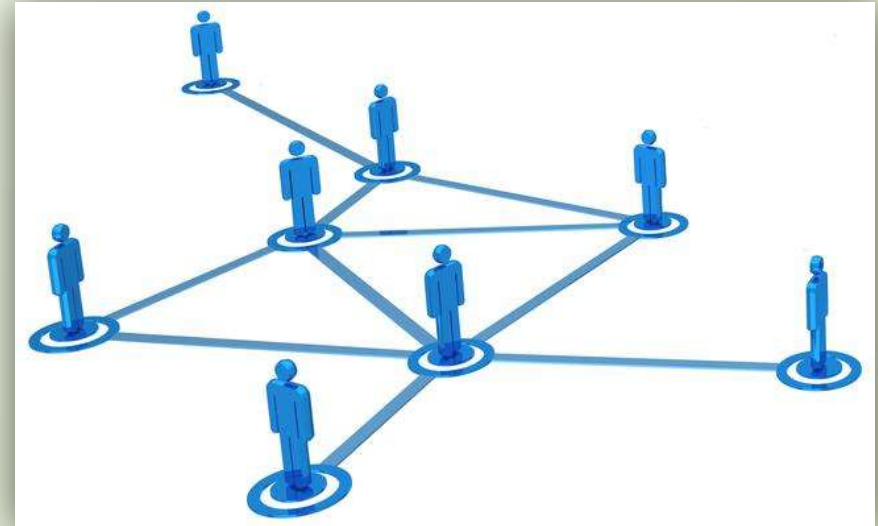
# Feedback From Four Conversations with Tribal Health Staff





# Collaborative Network to Increase Community Resources

Health Professionals  
Schools  
Communities  
Child Care Programs



# Health Professionals- Barriers in Addressing Childhood Obesity

- Lack of training in medical school and residency programs; lack of continued education opportunities
- Lack of educational resources for parents and patients
- Attitudes toward managing pediatric obesity- “weight bias”
- Lack of parental involvement
- Patient motivation
- Support systems
- Time during clinic visit



# Health Professionals- Strategies

- Skill development- continued education, assessment and counseling techniques
- Proactive approach- promote prenatal and early childhood periods as critical times for growth and healthy lifestyle development
- Improve clinical setting by modeling- best practice to implement unbiased behaviors and utilize empathetic language
- Clinic/Community partnership- integration of systems to achieve effective and sustainable treatment



# The Hunger Vital Sign

The Hunger Vital Sign is a validated two-question food insecurity screening tool recommended by the American Academy of Pediatrics that can be incorporated into existing paperwork.



AAP recommends that pediatricians use the Hunger Vital Sign™ to screen for food insecurity in practice. The two questions are:

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

often true     sometimes true     never true     don't know/refused

2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

often true     sometimes true     never true     don't know/refused

Alternative Food Insecurity Screening Tools:

- The Survey of Well-being of Young Children (SWYC)
- The Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)
- Safe Environmental for Every Kid (SEEK) Parent Screening Questionnaire

# Diagnosis Codes

The following ICD-10-CM diagnosis codes can be used for patients who screened positive for the Hunger Vital sign screening:

- Z59.4 - Lack of adequate food and safe drinking water
- Z59.5 - Extreme poverty

All interventions must be documented and tracked in the patient's record.

Visit [CMS.gov](https://www.cms.gov) to find codes using the keyword or code search.



**CMS.gov**  
Centers for Medicare & Medicaid Services

**i ICD-10 Code Lookup**

Enter a Code or keyword to conduct your search for ICD-10 Codes. After searching, select an ICD-10 Code link from the results table to populate the corresponding text box and close the pop-up window.

**Enter ICD-10 description keyword(s):**



# Need-to-Know Nutrition Programs

Nutrition programs are proven, effective ways to help struggling families access needed nutrition and they also draw millions of federal dollars into communities.

Patients are more likely to connect with nutrition resources if they receive immediate assistance or guidance.

Here are a few programs to recommend to your patients:

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)
- Double Up Food Bucks
- Child Care Meals
- School Breakfast and Lunch
- Afterschool Meals
- Summer Meals



# Communities- Challenges

- Children are not getting proper amount of fruits, vegetables and dairy products- lack of stores that offer nutritious foods
- Having to opt for “empty calorie” foods- high in calorie, low in nutrition, high sugary drinks
- Lack of places where children can play to be active (i.e., parks, etc.)



# Communities- Strategies

- Promote community understanding that long-term interventions are necessary and can make a lasting difference
- Implement wellness initiatives (i.e., “Let’s Move”, etc.)
- Build on the strengths and traditions within the community
- Gardens, markets, wellness programs



# Schools and Child Care Programs- Barriers

- Lack of:
  - facilities/equipment;
  - trained staff for physical education and nutrition education;
  - inconsistent frequency/duration of physical activity opportunities;
  - nutritious foods
- After school hours: Parents not consistently active with children/not providing nutritious foods
- Safety and weather concerns



# Schools and Child Care Programs- Strategies

- Classrooms- implement curriculum for healthy eating and physical activity behaviors; role modeling from staff
- Provide healthy foods and offer variety of physical activity opportunities- exercise breaks added to regular class time; staff training on nutrition and physical activity programs
- Involve children, parents, teachers, child care providers, community leaders- wellness workshops
- Food programs- example: CACFP Food Program (Michigan Department of Ed/Head Start)- focuses on improving nutritional status and developing good eating habits for children





# Nutrition Education Resources

## For Clinicians:

- **American Academy of Pediatrics**, Addressing Food Insecurity: A Toolkit for Pediatricians  
<http://www.frac.org/wp-content/uploads/frac-aap-toolkit.pdf>
- **American Heart Association**, Understanding Childhood Obesity.  
[http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm\\_304175.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@fc/documents/downloadable/ucm_304175.pdf)
- **Hunger Vital Sign National Community of Practice**, An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities.  
[http://www.frac.org/wp-content/uploads/Overview\\_of\\_Food\\_Insecurity\\_Coding\\_Report\\_Final-1.pdf](http://www.frac.org/wp-content/uploads/Overview_of_Food_Insecurity_Coding_Report_Final-1.pdf)
- **Institute of Medicine of the National Academies**, Early Childhood Obesity Prevention Policies Goals, Recommendations, and Potential Actions  
<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2011/Early-Childhood-Obesity-Prevention-Policies/Young%20Child%20Obesity%202011%20Recommendations.pdf>
- **Registered Nurses' Association of Ontario**, Primary Prevention of Childhood Obesity Second Edition  
[http://rnao.ca/sites/rnao-ca/files/Childhood\\_obesity\\_FINAL\\_19.12.2014.pdf](http://rnao.ca/sites/rnao-ca/files/Childhood_obesity_FINAL_19.12.2014.pdf)

# Nutrition Education Resources (cont.)

## For Health Providers/Educators:

- **American Academy of Pediatrics**, Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Ed  
<http://reader.aappublications.org/bright-futures-guidelines-for-health-supervision-of-infants-children-and-adolescents-4th-ed/1>
  - **American Indian Cancer Foundation**, Healthy Native Foods for American Indian Communities  
[https://www.americanindiancancer.org/wp-content/uploads/2018/03/TOOLKIT\\_HealthyNativeFoods\\_2018\\_AB1.pdf](https://www.americanindiancancer.org/wp-content/uploads/2018/03/TOOLKIT_HealthyNativeFoods_2018_AB1.pdf)
  - **America's Move to Raise a Healthier Generation of Kids**, Let's Move!  
<https://letsmove.obamawhitehouse.archives.gov/>
  - **National Heart, Lung, and Blood Institute**, We Can!  
<https://www.nhlbi.nih.gov/health/educational/wecan/>
  - **National Institute for Children Health Quality**, Collaborative Action Now To Defeat Obesity (CAN DO) Workbook  
<https://www.nichq.org/insight/reduce-childhood-obesity-healthy-weight-plans-works>
  - **Rural Health Information Hub**, Rural Food Access Toolkit  
<https://www.ruralhealthinfo.org/toolkits/food-access>
- Valerie Segrest & Elise Krohn**, Native Infusion: Rethink Your Drink, A Guide to Ancestral Beverages  
<https://www.wernative.org/gear/NativeInfusion%20PDF.pdf>

# Nutrition Education Resources (cont.)

## For Families:

**Academy of Nutrition and Dietetics**, Eat Right  
<https://www.eatright.org/>

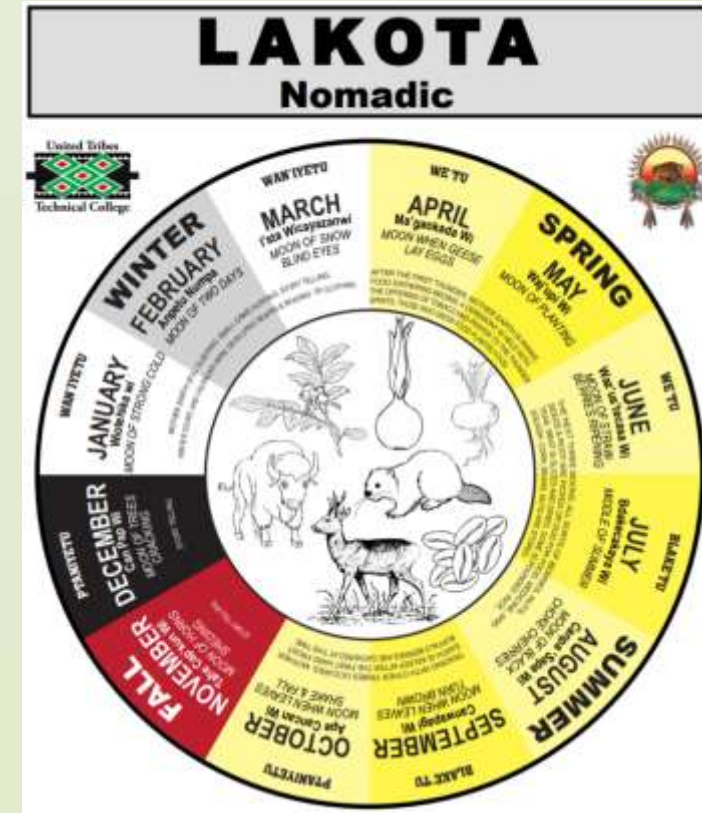
**Centers for Disease Control and Prevention**, Various Fact Sheets  
<https://www.cdc.gov/obesity/resources/factsheets.html>

**Ellyn Satter Institute**, Various Resources  
<https://www.ellynsatterinstitute.org/>

**Indian Health Services**, My Native Plate  
<https://www.ihs.gov/diabetes/education-materials-and-resources/index.cfm?module=productList>

## Lakota Nomadic Traditional Food Wheel

**USDA**, My Plate  
<https://www.choosemyplate.gov/>

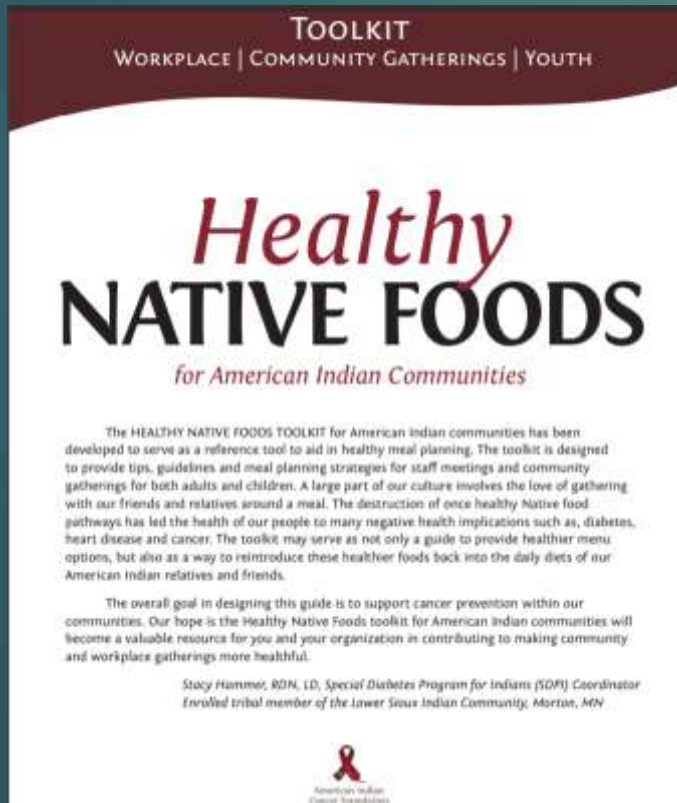




# Additional Resources

## American Indian Cancer Foundation, Healthy Native Foods for American Indian Communities

This toolkit was designed for organizations who work with the American Indian community to highlight strategies for healthier eating practices



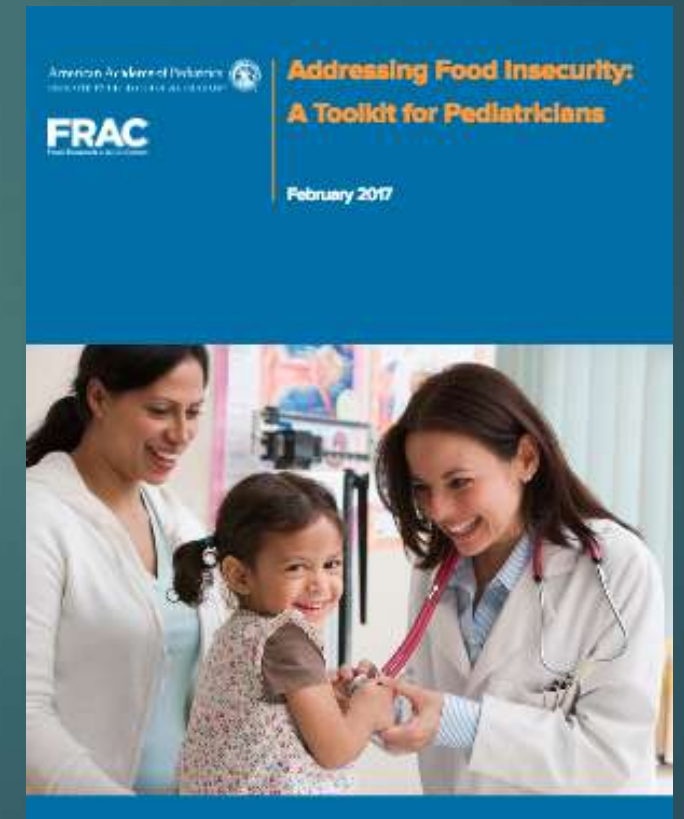
## Native Infusion: Rethink Your Drink

This educational toolkit provides resources to incorporate more ancestral beverages into the diet to reduce the consumption of sugary sweetened beverages that contribute to childhood obesity.



## American Academy of Pediatrics, Addressing Food Insecurity: A Toolkit for Pediatricians

This toolkit provides a variety of tools and resources to help pediatricians and their practice teams Screen for food insecurity in practice, connect families with resources, and support policies to combat childhood obesity.



# Additional Resources

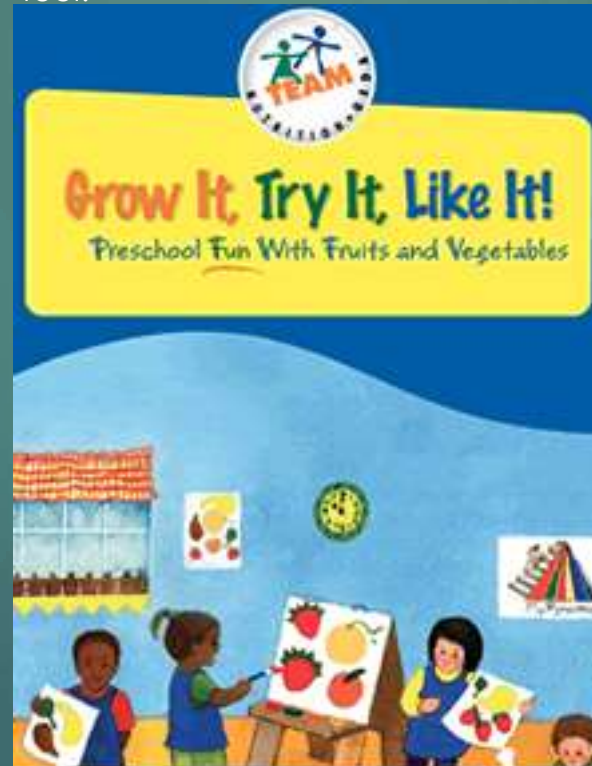
## USDA The Two Bite Club

This educational storybook was developed to introduce MyPlate to young children. Parents or caregivers read the book to children and encourage them to try foods from each food group by eating just two bites, just like the characters from the story.



## USDA Grow It, Try It, Like It!

This is a garden themed nutrition program developed for preschool aged children. The program introduces new fruits and vegetables and encourages children to explore how these products taste, smell and feel.



## Rural Health Information Hub: Rural Food Access Toolkit

This site offers research links to best practices and helpful toolkits for program or community improvements in different areas of health, some of the links include tribal sites. The one tool that caught my attention first was a rural food access toolkit that has some goodies in it.



# Delivering Community Benefit: Healthy Food Playbook

<https://foodcommunitybenefit.noharm.org/resources/implementation-strategy>

Program: Food banks and pantries



Program: Fruit and vegetable incentives



Program: Farmers markets, mobile markets, and CSAs



Food insecurity screening



Identifying community partners



Program: Community gardens and farms



Program: School lunch and breakfast



Program: Summer and after-school meals



Funding healthy food access interventions



Hospital leadership as healthy food advocates



Program: Farm to school



Program: Healthy corner stores



Hospital community benefit roles



Connecting food-insecure individuals to resources



Hospitals and food policy councils



# Communication and Information Links

- ✓ Webinars: CEUs offered in partnership with IHS, archives available
- ✓ Monthly Newsletters
- ✓ Current events
- ✓ Follow us on Facebook, Twitter, Instagram, & LinkedIn
- ✓ Other Resources  
(cancer, tobacco, traditional foods, assessments, etc)



Please send resources, articles, information requests, and communication ideas to:  
*Josh Hudson*, NNN Program Manager; [jhudson@itcmi.org](mailto:jhudson@itcmi.org). ph: 906-632-6896



# References



- Desjardins & Schwartz.(2007). Collaborating to Combat Childhood Obesity, HEALTH AFFAIRS 26, no.2. Project HOPE-The People to People Health Foundation. Downloaded from HealthAffairs.org on May 16, 2018; <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.26.2.567>
- Kelly, Rachel. (June 22, 2017). Food Access Opportunities within MI Food Retail Industry, Michigan State University Center for Regional Food Systems Michigan Good Food Charter. Downloaded May 16, 2018; <https://www.canr.msu.edu/news/food-access-opportunities-within-mi-food-retail-industry>
- National Indian Health Board (May 2010). Position Paper: Childhood Obesity Prevention Initiative. Downloaded May 16, 2018; <https://www.nihb.org/docs/05272010/NIHB%20Public%20Health%20Obesity%20Position%20Paper.pdf>
- The State of the State: Childhood Obesity In Michigan. Downloaded May 16, 2018; <https://www.michigan.gov/documents/mdch/8- The State of the State 368749 7.pdf>
- Wichern, Hannah. (2018). *A Cultural Assessment of Educational Nutrition Resources in Michigan American Indian Communities*. Grand Valley State University.

Next Webinar

**June 27, 2018**

**CDC's Cancer Control Efforts in Indian Country**

Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Examine the CDC's Division of Cancer Prevention and Control data on cancer in AI/AN populations.
2. Implement strategies and key interventions to prevent and detect breast, cervical, and colorectal cancer in AI/AN populations.

**REGISTER HERE:**

<https://attendee.gotowebinar.com/register/2429363634884077571>

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