The Affordable Care Act: Implications for Childhood Obesity

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Childhood Obesity: Magnitude of the Problem

- One in every three children (31.7%) aged 2-19 years is overweight or obese.
- Overweight and obesity in children and youth has tripled since the early sixties.
- Racial and ethnic minority children and those from low-income communities bear an excess burden of obesity and its co-morbidities.
- Overweight children and youth are likely to become overweight adults.
Growth in Childhood Obesity, 1971 to Present

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Surveys.

Note: Obesity is defined as BMI greater than or equal to gender and age-specific 95th percentile from the 2000 CDC Growth Charts.
Childhood Obesity Rates by Race, Ethnicity and Gender, 2007-08

Source CDC, National Center for Health Statistics, National Health and Nutrition Examination Surveys.

Note: Obesity is defined as BMI greater than or equal to gender and age-specific 95th percentile from the 2000 CDC Growth Charts.
What are obese children experiencing?
Obesity in Children & Youth is Associated With...

Dyslipidemia (Elevated levels of blood cholesterol)
Hypertension (Elevated blood pressure)
Left Ventricular Hypertrophy (Enlarged left ventricle)
Insulin resistance > Cardiometabolic risk factor clustering
Type 2 Diabetes Mellitus
Sleep Apnea
Orthopedic Problems
Psychosocial problems (low self esteem, depression)

Daniels et al., Circ., 2005; Taylor et al., Pediatrics, 2006; Schwimmer et al., JAMA, 2003; Barlow et al., Pediatrics, 2007
Urgent need for both individual & population-based/public health approaches to prevention and management of childhood obesity
Prevention-to-treatment continuum


- Environmental and Policy Approaches
- Educational, High Risk and Clinical Preventive Services Approaches
- Treatment

Upstream

Population-oriented

Individually-oriented

Downstream
**Healthy Lifestyle Behaviors and Therapeutic Lifestyle Change: Cornerstone of Prevention and Management of Childhood Obesity**

**Physical Activity:**
- 60 minutes or more per day of moderate-to-vigorous physical activity (MVPA)
- Vigorous activity on at least 3 days of the week
- Muscle strengthening & Bone strengthening activities on at least 3 days per week
- Sedentary Activity: Less than 2 hours per day

**Dietary Intake:** Appropriate for age and growth and developmental processes with consideration of levels of physical activity
### An Ecological Framework: Multiple Influences on Children’s & Teens Physical Activity and Eating Behaviors

#### Individual Factors (personal)
- Cognitions (e.g. attitudes, preferences, knowledge, values)
- Skills and behaviors
- Lifestyle
- Biological (e.g. genes, gender, age)
- Demographics (e.g. income, race/ethnicity)

#### Social Environment (networks)
- Role modeling
- Social support
- Social norms

#### Physical Environments (settings)
- Outcome expectations
- Motivations
- Self-efficacy
- Behavioral capability

#### Macro-level Environments (sectors)
- Legislative, regulatory, or policy actions

#### Home
- School, Afterschool
- Child-care
- Neighborhoods & Communities
- Restaurants & fast food outlets
- Supermarkets, Convenience & corner stores
- Parks, bike lanes, footpaths

#### Availability
- Access
- Barriers
- Opportunities

#### Societal and cultural norms and values
- Food and beverage industry
- Food marketing and media
- Food and agriculture policies
- Economic systems
- Food production & distribution systems
- Government & political structures and policies
- Food assistance programs
- Health care systems
- Land use and transportation, zoning

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**Note:** The diagram illustrates an ecological framework with multiple layers indicating various influences on children’s and teens’ physical activity and eating behaviors. Each layer represents different environmental factors that contribute to these behaviors.
Prescription for Change: Patient Protection & Affordable Care Act (PPACA-Public Law No. 111-148)

- Provisions included (March 23, 2010) address childhood obesity prevention & management:
  - Childhood Obesity Demonstration Project
  - Nutrition Labeling
  - Community Transformation Grants
- Broader Measures Relevant to Childhood Obesity
  - Prevention & Public Health
  - Primary Care & Public Health
  - Community-based Care
  - Maternal & Child Health
  - Research: Doing “what works” in obesity prevention
  - Data provisions that help with tracking & providing improved outcomes to measure obesity prevention
**Prescription for Change: Affordable Care Act (PPACA-Public Law No. 111-148)**

- **Childhood Obesity Demonstration Project- (Section : 4306):** grants established through CHIP Reauthorization Act; PPACA adjusted the demonstration time period through FY 2014. Designed for multi-level collaboration (community-based entities /schools/ health clinics/parent outreach) in developing comprehensive and systematic models for reducing childhood obesity. (Legislation will be needed to continue and expand this initiative).

- **Improved Nutrition Labeling in Fast Food Restaurants (Section :4205):** requires chain restaurants to provide clear labeling of calorie counts for standard menus, display a succinct statement on recommended calories per day, and information on macro-nutrients, sodium, sugar content/composition of foods. (Extended to Vending Machines..)
Prescription for Change: Affordable Care Act (PPACA-Public Law No. 111-148)

- **Community Transformation Grants (Section: 4201):** to be awarded to state and local governmental agencies and community-based organizations for the implementation, evaluation and dissemination of evidence-based activities that promote individual and community health and prevent the incidence of chronic disease (including those associated with obesity).
Prescription for Change: Affordable Care Act (PPACA-Public Law No. 111-148)

Primary Care, Prevention & Health Promotion Expansion
(Sections 5207, 5209, 5210, 5315, 5501, 4002): Provisions that promote primary care, disease prevention & wellness by strengthening public health workforce structure. Provides incentive payments for primary care services by multidisciplinary health professionals.

- **Clinical & Community Preventive Services (Sec 4003):** Creates a Community Preventive Services Task Force to collaborate with Clinical Services Task Force and determine effectiveness & appropriateness of community preventive interventions.
- **Nurse Managed Health Care Clinics: Expanding Access to Care & Nursing Education (Section: 5208)**
- **School-Based Health Centers (Section: 4101):** Designed to provide primary health care services including referrals to and follow-up for specialty care services.
**Prescription for Change**

- First Lady Michelle Obama’s Let’s Move! Campaign
  - Empower parents to make healthy family lifestyle choices
  - Provide Parents with a Rx for Healthier Living
  - Improve the food and physical activity environments of schools
  - Eradicate Food Deserts
  - Expand & Modernize the Presidents Physical Fitness Challenge
  - Create collaborative partnerships to combat childhood obesity and promote the health of our future
Implications: Research, Practice, Policy & Advocacy
A Call to Action: SBM*

- A broader examination of potential policy, program, & practice strategies across social ecological levels
- Team approaches to science that include multiple disciplines & perspectives
- Expansion of methods & metrics used to demonstrate the value of childhood obesity prevention & treatment interventions
- Optimize use of research & practice partnerships to ensure that childhood obesity interventions are contextually relevant & practical
- Assess the potential of intervention strategies to reduce health disparities

Resources

w sbm.org
w aap.org
w americanheart.org
w cdc.gov/nccdphp/dnpa
w cdc.gov/nccdphp/dash
w actionforhealthykids.org
w rwjf.org
w pcna.net
  • Contact information: laura.hayman@umb.edu
Better Health for All Children

Thank You!
**Collaborative effort: UMASS Boston and Children’s Hospital Boston**

*Interdisciplinary research, training, and community outreach facility with goals of promoting healthy lifestyles & preventing and managing obesity*

**School & After-school programs**

*Exergaming (technology-mediated physical activity)*