The Challenge of Childhood Obesity

Childhood obesity affects 30.5% of children in California and 45% of those living in poverty. In 2013, an average of 45.9% of San Bernardino County students in 5th, 7th, and 9th grades were found to be overweight or obese.

Traditional office-based medical care is best coupled with broader educational and preventive interventions that address environmental and lifestyle causes of obesity. School based health centers (SBHCs) offer an ideal model for addressing obesity through:

- easy access to care without the challenge of transportation
- prevention through universal screening, health education, and patient engagement
- intensive support and case management for the highest need students

Fit and Healthy Program at School-Based Health Centers

To strengthen the role of SBHCs in addressing childhood obesity, the California School-Based Health Alliance (CSHA) is launching the Fit and Healthy program in five SBHCs:

- Centro Medico Coachella at Coachella Valley High in Thermal
- Pajaro Middle School Health Center in Watsonville
- Operation Samahan Community Health Center at Granger Junior High School in San Diego
- Southwest High School Health Center in San Diego
- Tennyson Health Center in Hayward

CSHA will provide training, curriculum, and consultation to help each site implement the following program components:

**School-wide Screenings** – Reaching a total of 400 students at each school, these screenings will target entire grade levels. Each student will have an individual visit with a health educator and medical provider and receive a comprehensive health screening that will include BMI. Based on the results of the screenings, each SBHC will identify 50 students who are overweight or obese to participate in either an intensive group program or enhanced individual care.

**Intensive Group Program** – Twenty students will participate in a group program that consists of weekly group counseling with a health educator and individual visits with a clinician to help students improve BMI, nutrition, and fitness levels. Family members will be engaged to support healthy eating habits at home.

**Enhanced Individual Care** – Clinicians will schedule three follow-up visits with an additional 30 students during the academic year. They will work with these students and their parents to create and monitor nutrition and physical activity plans.

**Improved Billing Practices** – Through billing strategies, SBHCs will maximize revenue for school-wide screenings and group programs to make the intervention sustainable.

**Evaluation** – All 50 students receiving follow-up intervention will complete a pre and post-survey to measure access to healthy foods, weekly consumption of fruits/vegetables as well as unhealthy snacks/beverages, and physical activity. They will also have a BMI calculated pre and post-intervention.

**Partnership Opportunities**

The SBHCs will be screening a large number of health plan members and providing intensive follow-up care to a focused selection of members with identified needs. We would like to coordinate this care with students’ health plan and primary care providers to ensure quality of care. This partnership can offer health plans a broader reach, improved patient engagement, stronger prevention programs, and increased data on the services their members receive.