



An Action-based, Interprofessional Approach to Combating Food Insecurity and Childhood Obesity in Our Communities.

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Background

- IPE at West Chester
- Strategies to foster interprofessional collaboration
- Importance of integrating behavioral health with primary care, and educational system
- Addressing health outcomes in children living in food insecure households
- Need to address adverse childhood experiences

Learning Objectives

1. Define interprofessional collaborative care (IPCC), including its benefits.
2. Discuss the role of social determinants of health and their impact on childhood obesity.
3. Explain how IPCC framework is effective in combating food insecurity, hunger, and childhood obesity.
4. Apply the IPCC framework to a case-study.
5. Specify three “take aways” from the session.

Overview of Interprofessional Collaborative Care (IPCC), aka Integrated Care (IC)

- What is IPCC or integrated care (IC)?
 - IC occurs when primary medical care (nurse practitioners, physician assistants, and physicians) and behavioral health care (for mental health and substance abuse services) coexist in the same health care setting.
 - Schools, by definition, are integrated care settings, as they have on staff – educators, nurses, nutritionists, psychologists, school counselors, school social workers, etc.
 - Practitioners work together to provide care and to coordinate care from other specialists.
 - This integrated care model reflects the ecological framework and strengths perspective.
- SAMHSA/HRSA Center for Integrated Health Solutions definition of IC:
 - ...the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services, which produce the best outcomes is the most effective approach to caring for people with multiple healthcare needs.
(<https://www.integration.samhsa.gov/resource/what-is-integrated-care>)

Why is an IC Approach Important in Addressing Childhood Food Insecurity/Obesity?

- Biopsychosocialculturalspiritual Frame and Collaborative Care is Key
 - Affirms role of client/patient In the helping encounter and acknowledges their key role in understanding and interpreting their experiences
 - Underscores the role of social context and conditions, the social determinants of health and as sources of support and healing
 - Acknowledges boundary between health and disease is not well defined, it is often socially defined
 - Informed by systems theory and the ecological perspective – views the person as part of a self-regulating, integrated system

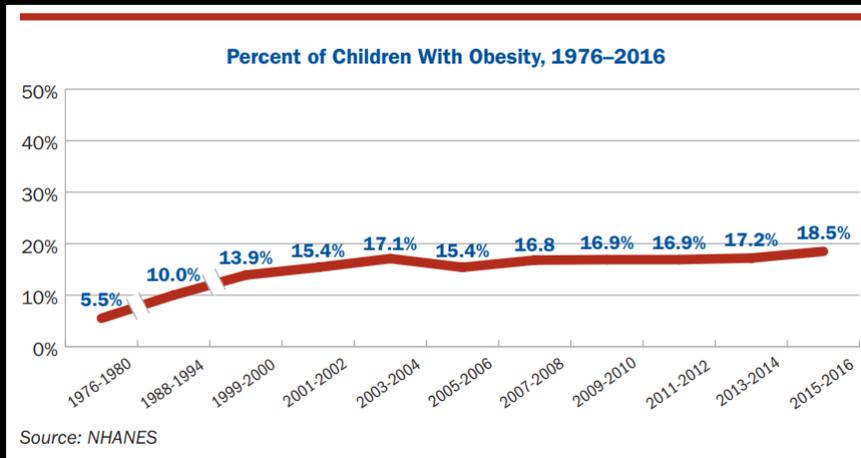
Childhood Obesity: A Public Health Crisis

Defining Childhood Obesity

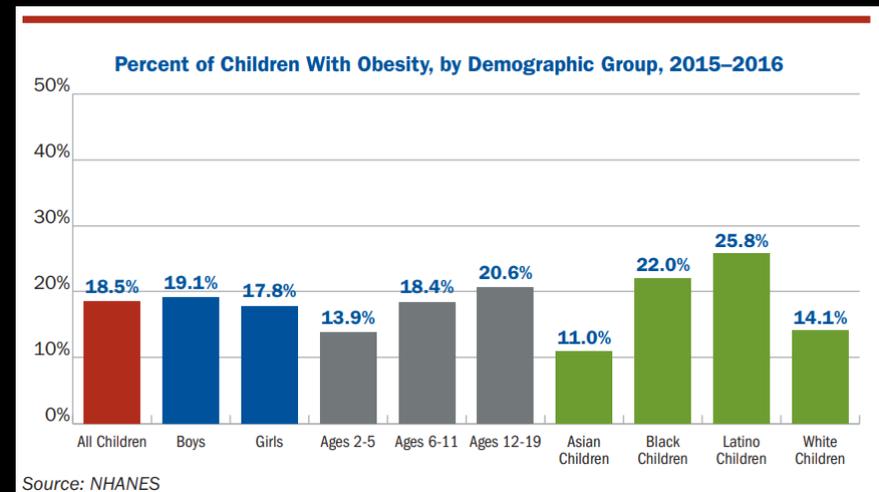
BMI LEVELS FOR CHILDREN AGES 2-19	
BMI Level	Weight Classification
Below 5th percentile	Underweight
5th to < 85th percentile	Healthy weight
85th to < 95th percentile	Overweight
95th percentile and above	Obesity
120 percent of 95th percentile and above	Severe Obesity

Source: TFAH & RWJF. *The State of Obesity, 2018*, p. 14

Magnitude of Childhood Obesity in the United States



Source: TFAH & RWJF. *The State of Obesity*, 2018, p. 24.



The Social Determinants of Health

- The social determinants of health are the conditions in which people are **born, grow, live, work and age**.
- These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.
- The social determinants of health are mostly responsible for **health inequities** - the unfair and avoidable differences in health status seen within and between countries.

Source: CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health*. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.



<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

The Interplay of Social Determinants of Health in Childhood Obesity -Five Key Domains

1. Economic Stability

- Poverty
- Employment (Low wage workers)
- Food insecurity
- Housing instability
- Single parent households

2. Education

- Early childhood education and development
- Language
- Nutrition literacy

3. Neighborhood and Built Environment

- Residential segregation
- Access to foods that support healthy eating patterns/Food desert
- Access to play and recreation
- Environmental conditions (crime, violence)
- Quality of housing and schools
- Transportation options

The Interplay of Social Determinants of Health in Childhood Obesity -Five Key Domains

4. Social and Community Context

- Discrimination (race/ethnicity/gender)
- Incarceration
- Chronic stressful living
- Social norms and attitudes
- Cultural values
- Social support

5. Health and Health Care

- Access to health care/health insurance
- Access to primary care/preventative care
- Health literacy
- Utilization of health care

The elements from the five key domains interact with one another and with personal determinants (genetics and behaviors such as physical activity, food choices, portion size, screen time, sleep, etc.) to initiate and worsen childhood obesity and lead to negative health outcomes.

Nutrition/Dietetics Perspective – Constellation of Behaviors, Food insecurity and Weight

Food Security

No reported indications of food-access problems or limitations.
Obtaining healthy foods in socially acceptable ways.

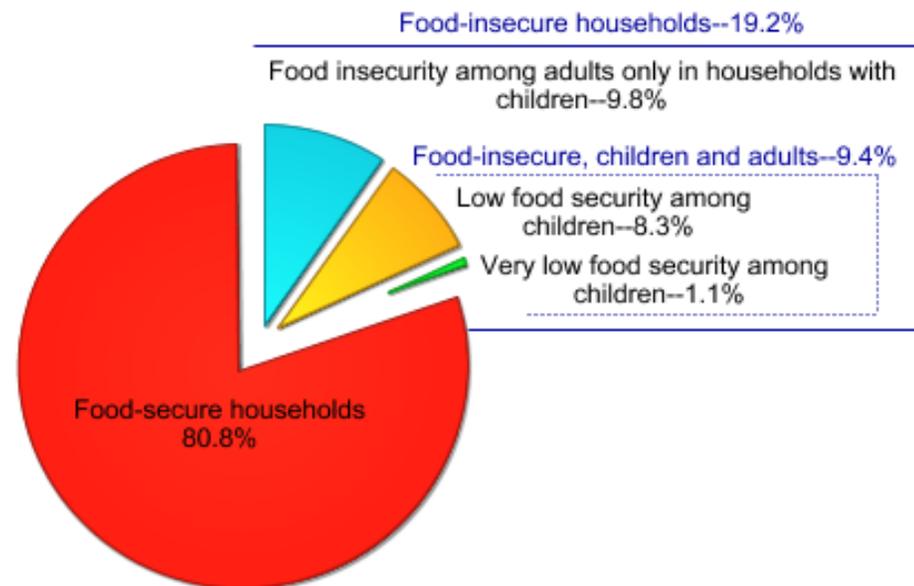
Types of food insecurity

Low food security : reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.

Very low food security : Reports of multiple indications of disrupted eating patterns and reduced food intake.

Connection with childhood obesity
Adult onset chronic illnesses now seen in children

U.S. households with children by food security status of adults and children, 2014



Source: Calculated by ERS using data from the December 2014 Current Population Survey Food Security Supplement.

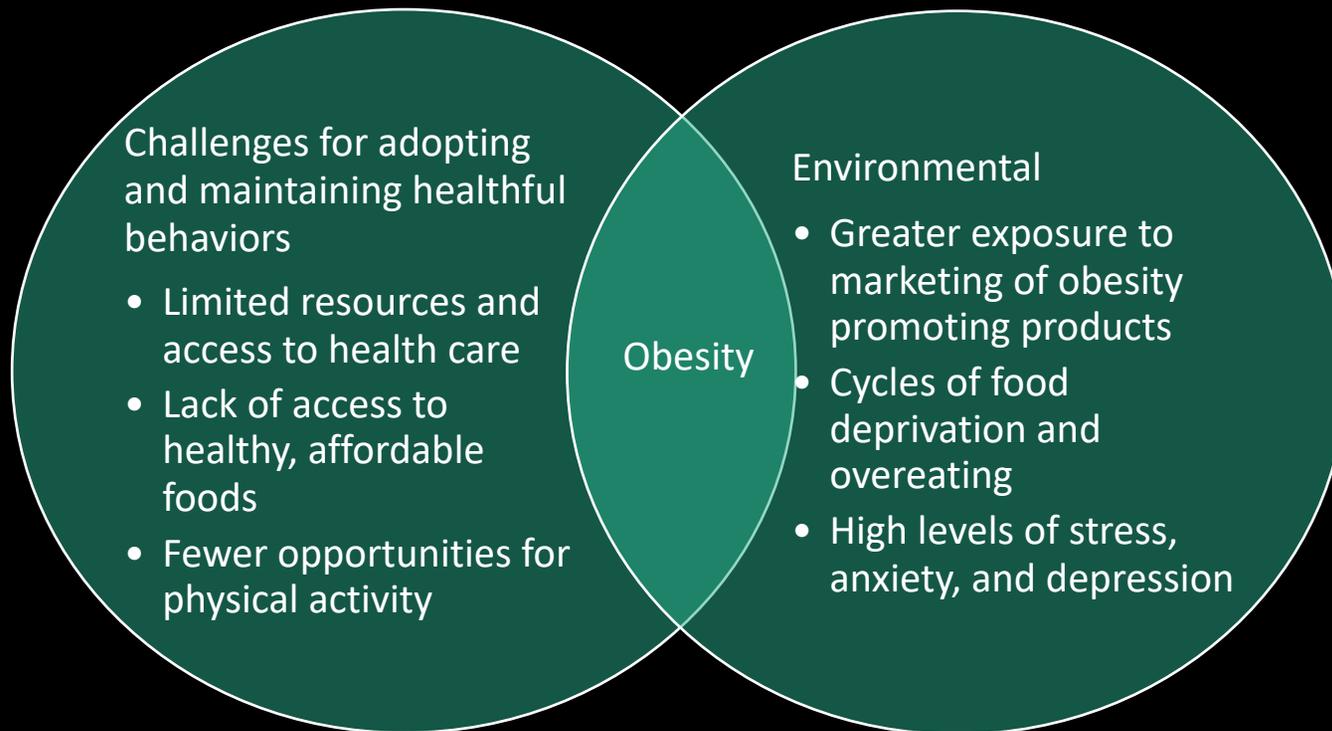
1 in 5 school-age children is obese

Why Can Food Insecurity and Obesity Co-Exist?

- Maternal stress in combination with adolescent food insecurity significantly increased an adolescent's probability of being overweight/obese
- Food insecurity without hunger during infancy and early childhood 22 percent greater odds of child obesity at two to five years of age
- Odds decrease if participating in supplemental food program
- Can be independent of each other
- Disordered eating patterns



Food Insecure vs Low Income Link to Obesity



Consequences of economic and social disadvantage

Nutrition/Dietetics Perspective – Assessing Food Security: Taking Action

ASK questions about Food Security

- Without Hunger- limited or uncertain ability to:

Acquire or consume an adequate quality or sufficient quantity of food in socially and acceptable ways

- With Hunger

Hunger= uneasy or painful sensation caused by recurrent or involuntary lack of food, potential for malnutrition

REFER to governmental & community food

assistance programs

INTEGRATE Food Security awareness and resources into healthcare infrastructure

In the last 12 months:

- Did your food not last and you couldn't afford more?
- Could you not afford to eat balanced meals?
- Did you ever cut size of meal or skip meals due to lack of money?
- How often did this happen?
- Did you ever eat less than you should because of lack of money?
- Were you ever hungry, but didn't eat because there wasn't enough money for food?

Social Work Perspective – The Science of ACEs

- Social work and the person in environment perspective.
- Brief discussion of ACEs – what they are?
 - “ACEs are adverse childhood experiences that harm children’s developing brains and lead to changing how they respond to stress... [these experiences can also damage] immune systems so profoundly that the effects show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence” (<https://acestoohigh.com/aces-101/>)
- Profound connection between ACEs, chronic illnesses, including disordered eating and obesity related illnesses
- In addition to intervening to mitigate the impact of ACEs, one must also consider how to build **resilience**.

Social Work Perspective – Building Resilience

Ability to survive, perhaps to thrive
despite adversity.

<http://kpjrfilms.co/resilience/>

School Counseling Perspective

- Factors in childhood food insecurity/obesity to consider:
 - Sociocultural factors
 - Family/home issues
 - Opiate crisis
 - Incarceration
 - Grandparents raising grandchildren
 - Bullying
 - Strong and significant associations were seen for relational (eg, withdrawing friendship or spreading rumors or lies) and overt (eg, name-calling or teasing or hitting, kicking, or pushing) victimization (Janssen et al., 2004)
 - Cyber bullying sometimes make it inescapable!
 - Social comparison with media models (Clay et al., 2005)

School Counseling Perspective

- Role of School Counselors/Nurses/Teachers, etc.
 - Systemic change agents
 - Using Bronfenbrenner's system model to identify systemic barriers that needs changed
 - Advocates
 - Collaborators
 - Parents
 - Teachers
 - Nurses
 - Community leaders- resources
 - Administrators
 - Students

School Counseling Perspective

- Classroom curriculum
 - Health class; creative writing; artistic work; classroom meetings
- Trainings & workshops
 - Staff meetings, one-day training sessions, and teaching through modeling preferred behavior
- Individual /Group sessions
 - CBT
 - Reality therapy
 - Solution focused approach

Case Study Application

- Break into small groups to discuss case of Tara.
- Discussion questions at bottom of page.
- After small groups discuss questions - large group discussion.

Conclusion

- Team is needed to address factors contributing to the obesity problem in children.
- Key players include: RDN, School Counselor, Social Work and Public Health.
- Utilize community data .
- Assess Food security, eating patterns, and ACEs.
- Ongoing policy discussions on best practices to improve childhood dietary habits and health.

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Thank You

? Questions ?