### Introduction

The purpose of this study is to understand childhood obesity, ways to prevent this disease and improve health. Fraser Elementary, where the Junior Doctors of Health Program began, is located in downtown Charleston, SC, and served as our community-based model for the study.

### Childhood Obesity Overview

**Prevalence:**
- The childhood obesity rate has tripled in the last 30 years.
- In 2006, 16% of the nation’s youth were labeled clinically obese.
- SC was ranked 7th in the 2004 HHS study on youth obesity.

### Prevention

#### Prevention Needs

- Advocacy for physical education programs
- Collaboration between nutrition, behavioral health, physical therapy, and exercise physiology professions for treatment
- Efforts are needed to ensure adequate health coverage for prevention and treatment services

#### Barriers to Prevention

Lack of:
- Resources
- Faculty
- Interprofessional Collaboration
- Funding/Reimbursement

### Professional Recommendations

- Pediatric referral centers need to develop specialized programs for treatment, prevention, and research.
- Universal health care coverage and reimbursement for preventive services and obesity/weight loss treatment.
- Transdisciplinary health education regarding behavioral risks for obesity and health-promoting therapeutic lifestyle counseling.
- Revise Medicaid and Medicare regulations to provide incentives and goals for nutrition and obesity counseling.

### A Multifaceted Approach

<table>
<thead>
<tr>
<th>Effort</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Effort</td>
<td>Parents promoting the importance of healthy eating to children at a young age.</td>
</tr>
<tr>
<td>Provider Effort</td>
<td>Increase diagnosis of childhood obesity: Rate of diagnosis is low compared to number of children that meet the criteria.</td>
</tr>
<tr>
<td>Payer Effort</td>
<td>Provide coverage for nutrition counseling and obesity interventions.</td>
</tr>
<tr>
<td>Community and Policymaker Effort</td>
<td>Reduce the cost of healthy food choices in schools and raise taxes on unhealthy snack items. Implement school-based interventions.</td>
</tr>
</tbody>
</table>

### Prevalence:

- The childhood obesity rate has tripled in the last 30 years.
- In 2006, 16% of the nation’s youth were labeled clinically obese.
- SC was ranked 7th in the 2004 HHS study on youth obesity.

### Trends in Child and Adolescent Overweight

- Note: Overweight is defined as 9th to 59th percentile and obesity as 60th percentile or more from the 2000 CDC Growth Charts.

### Modifiable Risk Factors:

- Diet
- Inactivity
- Psychological factors
- Family social factors

### Conclusions

- A critical lesson learned during the project was that it is imperative to develop a good working relationship with the community you are studying. This is not an overnight process and takes constant work to maintain this vital bond.