The Maine Youth Overweight Collaborative 2

Final Report

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MYOC 2 Practice Sites carried over from MYOC 1

Bridgton Pediatrics	Bridgton
Maine Medical Center Pediatric Clinic (Pediatric Practice Residency Program)	Portland
Central Maine Medical Center Residency (Family Practice Residency Program)	Lewiston
Mayo Practice Associates (Family Medicine)	Dover-Foxcroft
Maine Coast Pediatrics	Ellsworth
Husson Pediatrics	Bangor
Waterville Pediatrics	Waterville
Western Maine Pediatrics	Norway
Winthrop Family Pediatrics Center	Winthrop

Additional MYOC 2 Practice Sites

Aroostook Pediatrics	Caribou
E.W. Dixon Memorial Clinic (Family Medicine)	Gouldsboro
GPPA Falmouth	Falmouth
GPPA Portland	Portland
GPPA South Portland	South Portland
GPPA Saco	Saco
GPPA Westbrook	Westbrook
Miles Medical Group Pediatrics	Damariscotta
Skowhegan Family Medicine (Family Medicine)	Skowhegan
University Health Care (Family Medicine)	Saco

Table of Contents

Executive Summary

Need

The epidemic increase in overweight among children, adolescents, and adults in the United States demands that intervention strategies to counter these trends be broad-based and include multiple sectors of society. The health care setting, where providers already see the vast majority of children and youth in the United States may be opportune for creating awareness and motivating change to reduce and prevent overweight and obesity. Although there is limited evidence for effective clinical intervention to prevent overweight in children, or to improve diet, physical activity or to reduce television viewing in primary care settings, successful Collaborative models have been developed for asthma and diabetes. Based on the overwhelming need to address the challenge of youth overweight, and the success of the Collaborative model, we apply this model to the problem of youth overweight in Maine.

The Intervention

The *Maine Youth Overweight Collaborative* (MYOC) focuses on improving systems in primary care practices to assess the problem of youth overweight; improving control of key behavioral and clinical risk factors; and improving use of self-management support strategies by clinician teams and patients.

Evaluation Methodology

We designed and implemented an evaluation process to measure implementation of the framework and MYOC outcomes. Staff and Parent/Caretaker surveys were completed both pre and post initiation of the intervention. Charts were reviewed throughout MYOC 2 and Learning Sessions were evaluated.

Impact

Staff survey results are generally as expected with new providers scoring lower on key indicators at both baseline and post test. Improving trends from baseline to post are apparent for new providers, especially, although both new and veteran providers showed improvement in many areas. Score discrepancies between new and veteran providers at post indicate that more time and training may be needed for new providers to catch up with veteran providers on improvements. Although generally better than new provider scores, veteran provider scores also leave room for improvement at post and indicate a continuing need for training and reinforcement of skills and system improvements learned throughout MYOC. On average, providers reported spending approximately 4 and 6 minutes extra because of MYOC with typical and obese patients, respectively.

Highlights include, percent of new and veteran providers who strongly agreed, from baseline to post, respectively,

Have good understanding of medical evaluation	5% to 18%; and 30% to 35%
Know how to address nutrition	11% to 45%; and 35% to 35%
Know how to address physical activity	27% to 50%; and 35% to 48%
Know how to address screen time	38% to 50%; and 61% to 61%
Know how to address sugar sweetened beverages	51% to 64%; and 67% to 71%
Know what behavioral goal setting is	1% to 27%; and 26% to 45%
Comfortable addressing weight/all patients	27% to 36%; and 50% to61%
Comfortable addressing nutrition/all patients	38% to 41%; and 59% to 71%
Comfortable addressing physical activity/all	49% to 55%; and 72% to 71%
Comfortable addressing screen time/all	54% to 64%; and 76% to 74%
Comfortable addressing sugar-sweetened/all	70% to 64%; and 72% to 74%
Address nutrition with overweight patients	54% to 45%; and 52% to 61%
Address physical activity with overweight patients	57% to 50%; and 65% to 77%
Address screen time with overweight patients	49% to 50%; and 67% to 71%
Address sugar sweetened beverages/overweight pts	59% to 64%; and 70% to 77%
Correct definition of ideal weight	35% to 59%; and 63% to 73%
Correct definition of overweight	60% to 64%; and 78% to 67%

Parent/Caretaker survey results indicate all teams improved delivery of lifestyle messages to their patients during MYOC 2. At post, veteran teams seemed to do a better job delivering messages than did new teams (for veteran and new providers respectively, 93% and 88% for nutrition; 80% and 70% for TV/screen time; 88% and 80% for physical activity; and 79% and 65% for sugar sweetened beverages). Survey respondents reported hearing lifestyle messages from new and veteran teams, baseline to post, respectively, on:

Nutrition	64% to 88%; and 74% to 93%
Television or screen time	49% to 70%; and 65% to 80%
Physical activity	66% to 80%; and 72% to 88%
Sugar sweetened beverages	44% to 65%; and 61% to 79%

Both veteran and new teams set goals at about the same rate with their patients if they had discussed lifestyle issues. At post, teams talked more about lifestyle with their overweight and obese patients and families than they did with typical patients (97% about nutrition; 92% about television or screen time; 90% about physical activity; and 90% about sugar sweetened beverages). Goals were set at approximately the same rate for both typical and overweight/obese patients and families.

Chart reviews reinforced staff and parent/caretaker survey findings. Both new and veteran teams improved tracking BMI percentile and classifying patients into weight categories. As in MYOC 1, the greatest change was seen in new teams' improved delivery of the 5-2-1-0 patient survey (from no 5-2-1-0 patient surveys at baseline to 87% and 81% completed at post for new and veteran teams respectively).

Retrospective chart review data revealed unchanging rates of obesity and overweight among MYOC practice patients pre and post intervention. However, mean BMI z-scores demonstrate increasing trends pre MYOC and significantly decreasing trends post MYOC for obese, overweight and all MYOC practice patients aged 0-18. These trends were the same for both veteran and new sites. These results will be further detailed in reports under preparation.

Recommendations include continuation and reinforcement of previous efforts (*e.g.*, tracking BMI percentile for age and gender, delivery of 5-2-1-0 messages and use of the clinical decision flip chart) as well as:

- Improving identification of community resources and patient services (*e.g.*, nutrition)
- Increasing efforts to train providers in motivational interviewing and goal setting
- Clarifying recommendations and expectations around attaining patient labs
- Providing improved support for patient follow-up
- Working with providers to lower perceived barriers around reimbursement
- Improving support for connecting with communities and helping to define practice community partnership work

Specific plans for MYOC 3 to address recommendations are outlined under Conclusions and Recommendations.

Introduction

In 2004, the Maine Harvard Prevention Research Center (MHPRC) and the Maine Center for Public Health (MCPH) established the *Maine Youth Overweight Collaborative* (MYOC) in collaboration with the Maine Chapter of the American Academy of Pediatrics. Goals were to improve care and outcomes for youth who are overweight (85-94th percentile for age and gender) and those who are obese ($\geq$ 95th percentile for age and gender) as well as to improve nutrition and physical activity and reduce screen time among all children and youth. The project was initially funded by a two-year grant from the Maine Health Access Foundation. Additional funding from The Bingham Program; Jessie B. Cox Charitable Trust; MaineHealth; Eastern Maine Healthcare, The Betterment Fund, and the Harvard Prevention Research Center made it possible to continue MYOC. Additional funding for evaluation work was provided by the Centers for Disease Control and Prevention (Prevention Research Centers Grant U48DP000064 to the Harvard School of Public Health). MYOC 2 was begun in the fall of 2006 and completed its work in May, 2008.

MYOC focuses on improving systems in primary care practices to assess the problem of youth overweight; improve control of key behavioral and clinical risk factors; and improve use of self-management support strategies by clinician teams and patients. Our model worked to improve healthcare through the application of evidence based interventions, tailored to individuals, utilizing community, family and other system resources to accomplish health outcomes. With its emphasis on system change, MYOC can serve as a model for all disease prevention and treatment, where healthcare systems foster improved outcomes for populations, eliminating disparities and improving health for all.

Our model specifically offers support to provider teams within primary care practices throughout Maine to improve prevention and treatment of youth overweight. Using the "Breakthrough Series Collaborative" model developed by the Institute for Healthcare Improvement (IHI), we brought together clinical experts, primary care practices, and community partners to develop local expertise and shared goals among clinical practice teams in order to improve patient management and decrease youth overweight in Maine.

MYOC adopted, as a framework for intervention, four key messages consisting of encouraging five (5) or more servings of fruits and vegetables on most days; limiting screen time to two (2) hours or less daily; participating in at least one (1) hour or more of physical activity daily, and; avoiding (0) sugar-sweetened beverages, limiting fruit juice to one-half cup or less per day and encouraging water and 3-4 servings of fat free milk daily. This framework came to be known as "5-2-1-0" on which the patient assessment as well as other patient materials, such as posters, were built.[1]

[1] The original idea for a 5-2-1-0 goals (same behavioral targets) came from Sylvia Stevens Edouard of Blue Cross and Blue Shied of MA in their 5-2-1-0 Jump Up and Go program. The "0" was added by MYOC.

Changes in office practice being promoted by the Collaborative are based on the framework of the Care Model (CM).[2][3][4]

A steering committee representing providers, provider organizations, specialists and other clinical experts, community organizations, payers, academic partners, Maine state organizations such as the Maine Center for Disease Control, and the National Initiative for Children's Healthcare Quality convened an expert panel to review existing literature and protocols and to develop and update state of the art protocols, including our flip charts.

Methods

Study design

Setting and Intervention

The nineteen practice teams participating in MYOC 2 represented a geographically diverse group and emphasized care for the underserved. Interested practices were self-selected. Practice sites included one family practice residency program; one pediatric residency program; thirteen primary care pediatric practices, and four family practices. Seven of the pediatric practices were from the largest health system in Maine: MaineHealth. On average, approximately 42% of MYOC 2 patients were insured through Medicaid. Table 1 depicts the approximate number of providers and number of pediatric patients in MYOC 2 practices.

Table 1: MYOC 2 Practice Team Characteristics

Practice	Number of providers in practice	Estimated Total Number of Pediatric Patients in Practice
1	6	5,000
2	6	5,000
3	3	3,000
4	4	3,000
5	7	6,000
6	7	3,000
7	6	800
8	3	4,000
9	5	4,000
10	5	3,000
11	3	3,000
12	5	6,000
13	6	6,000

[2] Wagner EH, Glasgow RE, Davis C, Bonomi AE, Provost L, McCulloch D, Carver P, Sixta C. "Quality improvement in chronic illness care: a collaborative approach." Journal on Quality Improvement, 2001.
[3] Bodenheimer T, Wagner EH, Grumbach K. "Improving primary care for patients with chronic illness." Journal of the American Medical Association, 2002, Oct 9; 288(14):1775-9.
[4] Bodenheimer T, Wagner EH, Grumbach K. "Improving primary care for patients with chronic illness: the chronic care model, Part 2." Journal of the American Medical Association, 2002, Oct 16; 288(15):1909-14.

Practice	Number of providers in practice	Estimated Total Number of Pediatric Patients in Practice
14	2	3,000
15	4	6,000
16	4	3,000
17	2	3,000
18	5	4,000
19	4	3,000
TOTAL	87	73,800

Each site was required to send a three-member multidisciplinary team (composed of a provider leader/champion, another medical staff person and an administrator) to four 1.5 day learning sessions (11/16-11/17/2006; 2/15-2/16/2007; 5/24-5/25/2007; 9/20-9/21/2007) during the course of MYOC 2. Learning sessions included methods to proactively care for patients with overweight using the Care Model and concepts of quality improvement including the Model for Improvement (a specific approach to quality improvement that emphasizes the use of small, incremental tests of change). Teams were provided materials and information based on the guidelines developed from a childhood overweight expert panel, training on motivational interviewing, and tools to support clinical decision making and behavior modification (*e.g.*, MYOC Flip Chart). MYOC staff also provided site visits to each practice where system changes were discussed and MYOC changes were encouraged and problem-solved.

Data Collection, Measures, and Data Management

(See Appendix I for data collection instruments)

The following table summarizes the data collection instruments, timeline, and type of data collected to evaluate MYOC 2 process and outcomes.

Table 2: Overview of MYOC 2 Data Collection Sources with Data Elements[5]

Data Source	Data Elements and Purpose
Staff Survey Baseline: *November, 2006* Post test: *March, 2008*	Knowledge of BMI classification percentiles
	Knowledge of how to address lifestyle with patients
	Beliefs about the importance of tracking BMI and addressing weight and lifestyle with patients
	Perceived Efficacy to address weight and lifestyle with patients
	Current practice regarding BMI tracking and addressing weight and lifestyle
	Knowledge of and practices regarding community resources
	Satisfaction with MYOC 2 process
	MYOC 2 team functioning
Parent/Caretaker Survey	Awareness of messages from provider about nutrition
	Awareness of messages from provider about physical activity

[5] Site names are listed on page 2 of this document

Data Source	Data Elements and Purpose
Baseline: *November, 2006* Post test: *March 2008*	Awareness of messages from provider about television or screen time
	Awareness of messages from provider about sugar sweetened drinks
	Goal setting
	Aspects of Motivational Interviewing
	Awareness of messages from provider about breastfeeding (if child was < 2 years of age)
	Told whether child was overweight?
Chart Reviews, 20 charts monthly, March–May 2007, and 50 per month June 2007–March 2008, with retrospective data for growth trajectory study	Patient nutrition/physical activity assessment completed (5-2-1-0 Survey)
	Blood Pressure recorded
	Height recorded
	Weight recorded
	BMI percentile for age and gender recorded
	Weight Classification
	For up to 5 prior well-child visits: date of visit; height; weight to: a) estimate prevalence of overweight and obesity among patients; b) describe trends in obesity and relative weight pre- and post-MYOC; c) document and test relative changes in veteran versus new MYOC sites.
MYOC 2 Learning Session Evaluations *Nov, 2006; Feb, 2007; May, 2007 and, Sept. 2007.*	Satisfaction with Learning Session presentations
	Overall satisfaction with the experience
	Attainment of specific learning objectives
	Satisfaction with the facility

Staff Survey

A paper and pencil staff survey, consisting of 52 items at baseline, and 93 items at post test was developed to measure providers' knowledge, attitudes and practices around key collaborative change objectives, including measurement and tracking of height, weight, and BMI calculation and classification, behavioral goal setting, motivational interviewing, working with local community organizations to support patients, and MYOC process and functioning.

At baseline, MYOC 2 team members who participated in the first learning session were asked to complete the survey upon entering the learning session. Team members were asked to take more surveys back to their respective practices and have all other providers (MD, DO, NP or PA) complete the survey and mail it in no later than December 1, 2006. At post test, staff surveys were mailed to each site to have all providers complete and return the surveys by March 31, 2008.

Parent/Caretaker Survey

This survey consisted of nine items assessing parents' awareness of having heard lifestyle messages (around 5-2-1-0 and breastfeeding for a child < 2) from their child's provider; whether they set a goal; whether they accomplished their goal (at baseline

only); whether they were told their child was overweight; whether a follow-up appointment was scheduled (baseline only); and, usefulness and tone of conversation (post only).

At baseline, practice teams were asked to give out the survey to the next 100 parent/caretakers of patients aged 0-18 who came into the office for annual well-child visits or acute type visits (for Family Practice sites). They were asked to give out the survey only once in the waiting room, prior to the patient's appointment. Practices were asked to then place the survey in the return envelope, whether it had been completed or not, and mail it back. Teams were asked to complete at least 70 surveys and return them by January 1st, 2007.

At post test, practices were asked to provide the survey to the next 100 parents/caretakers of patients aged 0-18 who came in to your office for annual well-child visits only. Again, sites were asked to give the survey out only once. However, at post test this survey was an EXIT survey, attempting to minimize recall bias. Surveys were handed to patients for completion *after their well-child visit* and while they were still in the exam room. Surveys needed to include the patient's height, weight, date of birth, and gender entered on the back side by a staff member before or after the survey was given to the patient. Teams were asked to place the surveys in the return envelope whether they had been completed by patients or not. Again, at least 70 completed surveys from each site were to be mailed back by April 30, 2008.

Chart Reviews

Beginning in March, 2007, each practice was asked to conduct a set of monthly chart reviews to collect data related to BMI, BP, and use of the 5-2-1-0 survey. Data collection was done either retrospectively (chart review) or concurrently – *i.e.*, in *"real time"* at each appointment to allow for easy access to the charts. Practices were asked to collect this data by using a MYOC chart review form provided to them. Practices were asked not to record any patient identifying information on the form. Teams were asked to return forms to MYOC staff on the 1st of the following month using a prepaid, addressed envelope provided to them. Teams were asked to review charts from all providers in the practice. Both recent and historical data were requested for each patient – *i.e.*, for each chart reviewed, data was collected from the patient's:

- ⇒ *Most recent* well-child visit, AND
- ⇒ *Previous well-child visit from the prior year*, AND
- ⇒ *Previous well-child visits*, if available, that *occurred before Nov. 1, 2004.* (These prior visits will allow for adequate tracking of growth.)

Clinical data requested varied with the visit (*i.e.*, for the visits prior to the most recent three visits, height and weight were the only data collected). Because the data collection process was complex, practices were asked to start with a smaller number of charts to review, and increase this over time – *i.e.*, practices were asked to abstract data from a total of

- ⇒ 20 charts per practice per month in March, April and May 2007.
- ⇒ 50 charts per practice per month for June 2007 through March 2008.

Practice sites were also asked to select charts for review from patients of varying age ranges as follows:

⇒ When collecting 20 charts per practice per month for March , April & May 2007, they were asked to choose:

- 16 charts of children/youth who were age 8-18yo at the time of their most recent well-child visit.
- 2 charts of children who were age 5-7yo at the time of their most recent well-child visit.
- 2 charts of children who were age 2-4yo at the time of their most recent well-child visit.

⇒ When collecting 50 charts per practice per month from June 2007 through March 2008, they were asked to choose:

- 40 charts of children/youth who were age 8-18yo at the time of their most recent well-child visit.
- 5 charts of children who were age 5-7yo at the time of their most recent well-child visit.
- 5 charts of children who were age 2-4yo at the time of their most recent well-child visit.

If sites did not see patients from all age ranges, they were asked to continue conducting chart reviews from whatever patients were available, regardless of age. If sites did not have the requested number (20 or 50) of chart reviews completed by the end of the month, they were asked to send what they had and start again with the new month.

MYOC Learning Session Evaluations

Learning session evaluations were developed and distributed at each of the four MYOC 2 learning sessions. Questions included perceived satisfaction with each presentation or section of the learning session; satisfaction with the experience as a whole; and attainment of learning objectives specific for each learning session; evaluation of the facilities; and any other comments participants wanted to make.

Data Analysis

We used descriptive analyses of MYOC survey responses and chart review findings to assess office system, provider, patient, and practice team changes.

Results

Staff Survey

At baseline, 83 providers (MD, DO, NP or PA representing a provider response rate of 95%); 21 nurses; 9 medical assistants; and 18 other office staff completed the staff survey. At post test, 62 providers (71% provider response rate); 31 nurses; 37 medical assistants; and 68 other staff completed the survey. Trends are generally as expected with new providers scoring lower on key indicators and improving trends from baseline to post for new providers, especially. Score discrepancies exist between new and veteran providers at post with veteran providers generally scoring higher (most improved).

Veteran providers did not seem to improve over the course of MYOC 2 in some areas (*e.g.*, weight classification definitions; beliefs about the importance of addressing lifestyle issues with all patients; comfort level addressing lifestyle issues with all patients; scheduling follow-up for weight; referring patients to community resources; and using key elements of brief focused negotiation). For questions added at post test such as satisfaction with the MYOC process and practice improvements, there is a general trend of veteran providers scoring higher than new providers. Both new and veteran teams were generally in agreement with what were the most useful aspects of MYOC. These included using BMI percentile for age and gender, the 5-2-1-0 messages for patients; and the clinical decision flip chart. Table 3 depicts results from the surveys.

Table 3: Provider Survey: Baseline and Post Test Results
SA = Strongly Agree, A = Agree

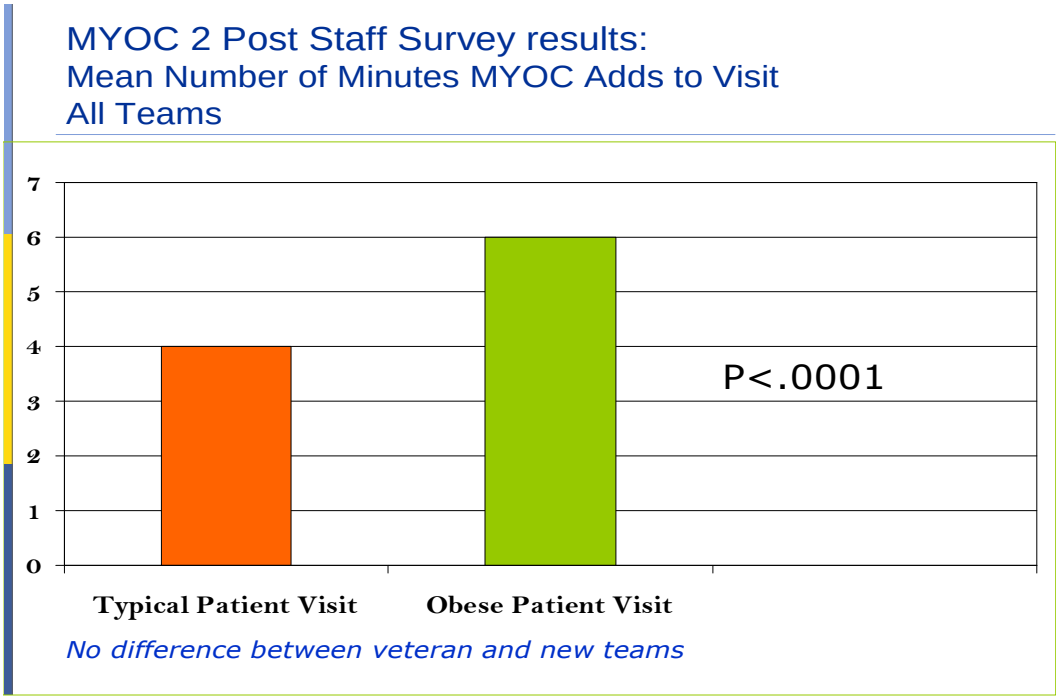
Survey Item	Baseline		Post	
	New Providers % SA	Veteran Providers % SA	New Providers % SA	Veteran Providers % SA
Number of MYOC provider respondents	**37**	**46**	**22**	**40**
Correct definition of Ideal Weight	35%	63%	59%	73%
Correct definition of Overweight	60%	78%	64%	67%
Correct definition of Obese	89%	87%	82%	91%
Have good understanding of medical evaluation	5%	30%	18%	35%
Know how to address nutrition	11%	35%	45%	35%
Know how to address physical activity	27%	35%	50%	48%
Know how to address screen time	38%	61%	50%	61%
Know how to address sugar-sweetened beverages	51%	67%	64%	71%
Know what behavioral goal setting is	11%	26%	27%	45%
Familiar with brief focused negotiation	14%	24%	27%	29%
Tracking BMI age/gender for overweight patients is important	39%	74%	73%	84%
Tracking BMI age/gender for all is important	57%	74%	68%	77%
Medical evaluation for overweight is important	62%	74%	59%	74%
Important to address nutrition with all patients	84%	89%	73%	77%
Important to address physical activity with all patients	86%	87%	77%	74%
Important to address screen time with all patients	78%	89%	77%	74%
Important to address sugar-sweetened beverages	81%	87%	68%	74%
Important to do behavioral goal setting with overweight patients	54%	61%	50%	68%

Survey Item	Baseline		Post	
	New Providers % SA	Veteran Providers % SA	New Providers % SA	Veteran Providers % SA
Motivational Interviewing can be a powerful tool	39%	43%	33%	52%
Am comfortable addressing weight with all patients	27%	50%	36%	61%
Am comfortable addressing nutrition with all patients	38%	59%	41%	71%
Am comfortable addressing physical activity with all patients	49%	72%	55%	71%
Am comfortable addressing screen time with all patients	54%	76%	64%	74%
Am comfortable addressing sugar sweetened beverages with all patients	70%	72%	64%	74%
Am comfortable doing behavioral goal setting with all patients	19%	20%	18%	39%
Am comfortable using brief focused negotiation with all patients	16%	13%	18%	32%
Track BMI for age/gender annually on all patients	35%	69%	76%	83%
Track BMI for age/gender annually on obese patients	30%	64%	82%	83%
When obese patients identified, I address	54%	65%	41%	48%
Schedule follow-up for weight	11%	13%	9%	19%
Address nutrition with overweight patients	54%	52%	45%	61%
Address physical activity with overweight patients	57%	65%	50%	77%
Address screen time with overweight patients	49%	67%	50%	71%
Address sugar-sweetened beverages with overweight patients	59%	70%	64%	77%
I routinely refer obese patients to community resources	16%	13%	14%	10%
I routinely ask permission	13% SA or A	33% SA or A	27% SA or A	36% SA or A
I routinely ask importance	22% SA or A	50% SA or A	28% SA or A	67% SA or A
I routinely assess readiness	11%	17%	9%	16%
I routinely assess confidence	24% SA or A	50% SA or A	36% SA or A	55% SA or A
Do behavioral goal setting with overweight patients/families	17% SA or A	56% SA or A	50% SA or A	61% SA or A
Use motivational interviewing with	19%	48%	38%	53%

Survey Item	Baseline		Post	
	New Providers % SA	Veteran Providers % SA	New Providers % SA	Veteran Providers % SA
overweight patients/families	A or SA	A or SA	SA or A	SA or A
I routinely discuss breastfeeding with patients <2	17%	20%	35%	16%
Medically evaluate obese patients >10 years old	0	18%	15%	17%
Aware of specific community resources	58%	78%	91%	79%
If yes, have list of community resources available	30%	66%	65%	80%
Adequate community resources for physical activity	17%	22%	37%	32%
Adequate community resources for nutrition	32%	44%	50%	40%
Refer overweight patients to community resources for physical activity	48%	66%	50%	75%
Questions added at Post Test				
			% New Providers Reporting 75-100% of the time	% Veteran Providers Reporting 75-100% of the time
How often 5-2-1-0 patient survey completed before WC visit?			45%	61%
How often discuss 5-2-1-0 survey if completed before visit for typical patients?			75%	50%
How often discuss 5-2-1-0 survey if completed before visit for obese patients?			65%	74%
Proportion of obese patients scheduled for follow-up based on weight			10%	27%
			New Providers % SA	Veteran Providers % SA
I feel that MYOC was worth the effort			33%	67%
I would recommend MYOC to a colleague			33%	67%
My patients are better able to self-manage			11%	50%
My patients are more willing to set goals			11%	33%

Survey Item	Baseline		Post	
	New Providers % SA	Veteran Providers % SA	New Providers % SA	Veteran Providers % SA
My patients are more aware of long-term complications			11%	44%
The chart review process was difficult			13%	25%
The monthly run charts were useful			13%	22%
Our team functioned well			0	22%
We had clear support from senior leaders			13%	33%
We had dedicated time to perform MYOC tasks			0	22%
We had enough time to perform MYOC tasks			0	22%
			% New Providers Reporting 75-100% of the time	% Veteran Providers Reporting 75-100% of the time
Percent of obese patients impacted by MYOC			29%	44%
Percent of providers who made changes			50%	44%
Percent of all patients impacted by MYOC			29%	44%
			New Providers % Very Useful	Veteran Providers % Very Useful
Meeting with other teams			0	25%
Learning Sessions			33%	38%
Team calls			0	29%
Support from MYOC staff			0	75%
Site visits			0	20%
Using the Care Model			0	25%
Using PDSA cycles			17%	13%
Using BMI percentile for age and gender			75%	100%
Using 5-2-1-0 messages			71%	100%
Using the readiness ruler			0	33%
Using the clinical decision flip chart			80%	67%
Using the parent/child flip chart			50%	44%
Using the Motivational Interviewing tools			0	44%

The following chart depicts MYOC 2 providers' perception of how much time MYOC added to a typical and an obese patient visit.



Parent/Caretaker Survey

One thousand one hundred and ninety three (1,193) parent/caretakers completed surveys at baseline and four hundred and twenty one (421) parent/caretakers completed surveys at post test. Because the baseline survey was a pre-visit survey and the post test survey was an exit survey, the data is not directly comparable. However, from baseline to post test there were indications of improvement in parents/caretakers having heard messages from their provider office about lifestyle issues. Results showed that veteran teams discussed lifestyle issues more often than their new counterparts. Both new and veteran teams set goals with their patients at about the same rate if the issues were discussed. At post, teams clearly talked more with their overweight and obese patients about lifestyle than they did with the typical patient. They set goals at about the same rate with their overweight/obese patients and families as they did with their typical patients and families. Tables 4 and 5 provide these data and also show the rates for patients whose parent or caretaker had been told at the last visit that the patient was overweight.

Table 4: Parent/Caretaker Survey: All Patients
At last visit, did doctor, nurse or anyone else in this office talk with you about….

Lifestyle factor	Baseline (at LAST visit) N=1193: 517 veteran; 676 new		Post (at TODAY's visit) N=421: 294 veteran; 127 new	
	% New YES	% Veteran YES	% New YES	% Veteran YES
Nutrition	64%	74%	88%	93%
If YES, did you set a nutrition goal?	45%	50%	38%	55%
Television or Screen Time	49%	65%	70%	80%
If YES, did you set a screen time goal?	54%	53%	41%	43%
Physical Activity or Exercise	66%	72%	80%	88%
If YES, did you set a Physical Activity goal?	45%	53%	38%	45%
Sugar-Sweetened Drinks	44%	61%	65%	79%
If YES, did you set a beverage goal?	62%	67%	39%	39%

Table 5: POST Parent/Caretaker Survey: Obese Patients
At last visit, did doctor, nurse or anyone else in this office talk with you about….

Lifestyle factor		Post (at TODAY's visit) N=38: ALL SITES*
Nutrition		97%
If YES, did you set a nutrition goal?		40%
Television or Screen Time		92%
If YES, did you set a screen time goal?		34%
Physical Activity or Exercise		90%
If YES, did you set a Physical activity goal?		45%
Sugar-Sweetened Drinks		90%
If YES, did you set a beverage goal?		40%

*Only 3 parents or caretakers from "new" sites reported being told that their child was obese, therefore results are shown for all sites together

Chart Reviews

Charts were reviewed throughout MYOC 2 beginning in March, 2007. March was already 5 months into the MYOC 2 intervention and therefore does not represent a baseline measurement but rather a mid-point measurement. Table 6 below gives the percentage of charts at baseline and post test with specific information related to office system improvements and provider behavior. Both new and veteran teams improved tracking BMI percentile and classifying patients into weight categories. The greatest change was seen in new teams' improved delivery of the 5-2-1-0 patient survey.

Table 6: Chart Review Data: Assessment and Classification at Baseline and Post Test

	Mid-point March, 2007		Post Test February, 2008	
	New	Veteran	New	Veteran
Number of Charts	138	177	356	330
Gender	49% F; 51% M	54% F; 46% M	48% F; 52% M	55% F; 45% M
BMI percentile for age/gender	88%	82%	94%	89%
Weight Classification	80%	81%	93%	87%
Blood Pressure	68%	95%	94%	93%
5-2-1-0 Patient Survey	57%	80%	87%	81%

In addition to this review of chart information beginning in March 2007, we also conducted an analysis of longitudinal chart review data – making use of the data collected pre-MYOC and then post-MYOC at sites that participated in MYOC and then comparison sites that did not participate in MYOC but did participate in MYOC2. (see Table 7 below). These longitudinal chart reviews included data from before 11/2004 and then data from the next visit during the period 11/2006 to 03/2008. This design allowed us to look at change in the veteran and new MYOC2 sites during the same time period. An analysis revealed unchanging obesity and overweight among MYOC practice patients pre- and post-intervention. However, regression models of change in mean BMI z-scores indicate increasing trends pre-MYOC and significantly decreasing trends post-MYOC for obese, overweight, and all MYOC practice patients aged 0-18. These trends were the same for both veteran and new sites. Table 7 below depicts key baseline characteristics of pediatric patients at veteran and new MYOC2 sites in these analyses.

Table 7. Characteristics of Children at Veteran and New MYOC2 Sites

Characteristics		Veteran MYOC 2 N=1178	New MYOC 2 N=1260
Males	n (%)	612 (52%)	672 (53%)
Age at 11/2004	mean (std)	10.34 (3.18)	10.38 (3.13)
12 years or older at 11/2004	n (%)	391 (33%)	440 (35%)
Age at Last Pre Visit	mean (std)	9.38 (3.17)	9.41 (3.15)
Time from last Pre Visit to 11/2004 (months)		9.71 (6.96)	9.87 (7.30)
Anthropometrics at Last Pre Visit			
Height (m)	mean (std)	1.37 (0.20)	1.37 (0.20)
Weight (kg)	mean (std)	37.72 (17.33)	37.01 (16.36)
BMI (kg/m2)	mean (std)	19.18 (4.41)	18.83 (3.95)
BMIz (z-score unit)	mean (std)	0.61 (1.08)	0.53 (1.03)
BMI percentile for sex and age	mean (std)	66.45 (28.58)	64.69 (28.13)
Weight Classification at Last Pre Visit	n (%)		
Under		27 (2%)	27 (2%)
Average		721 (61%)	822 (65%)
Overweight		212 (18%)	221 (18%)
Obese		218 (19%)	190 (15%)
No. of Pre Visits (Before 11/2004)	mean (std)	2.72 (1.14)	2.92 (1.34)
No. of Post Visits (After 11/2006)	mean (std)	1.00 (0.00)	1.00 (0.00)

MYOC Learning Session Evaluations

The learning session evaluations demonstrated a high level of satisfaction with the learning sessions as well as high levels of participant attainment of course objectives. These results were used in developing subsequent learning sessions and the final celebration. See learning session evaluation results in detail, in Appendix I.

Discussion

Evaluation results show improving trends for key provider skills and practices, patients' perceptions of lifestyle messages from providers, and office system change. Results also show that there are still many opportunities for improvement in each area.

Limitations in our ability to draw conclusions from our evaluation efforts include, most importantly, the fact that we did not use comparison data. Therefore changes we observe may, in some part, have been observed by other practice sites. Secondly, our data gathering instruments were, for the most part, designed or modified by us without extensive pilot testing; nor did we have the resources to assess validity and reliability. It is also important to note that staff surveys did not track individual respondents and response rates were 95% at baseline and 72% at post. Therefore staff survey changes from baseline to post may have been, at least in part, due to different respondent pools. Parent/Caretaker surveys were based on recall over the past year at baseline and therefore may have been subject to recall bias. Parent/Caretaker surveys were pre-visit surveys at baseline and exit surveys at post and are therefore not directly comparable.

Staff survey trends are generally as expected with new providers scoring lower on key indicators. Trends showing improvement from baseline to post are apparent for new providers, especially. Score discrepancies between new and veteran providers at post indicate perhaps that more time and training is needed for new providers to catch up with veteran providers. Veteran providers also leave room for improvement at post indicating a continuing need for training and reinforcement of skills and system improvements learned throughout MYOC. Perhaps another trend is that veteran providers did not appear to improve over the course of MYOC 2 in some areas (*e.g.*, weight classification definitions; beliefs about the importance of addressing lifestyle issues with all patients; comfort level addressing lifestyle issues with all patients; scheduling follow-up for weight; referring patients to community resources; and using key elements of brief focused negotiation), which could indicate a "ceiling effect" or temporary plateau and may point out a need for renewed work in these specific areas for the next round of the collaborative. Scores in the area of medical evaluation for overweight (scores neither improving for new or veteran teams and practice remaining overall very low) still seems to be an area that needs clarification and discussion.

For questions added at post test, there is a general trend of veteran providers scoring higher than new providers, perhaps indicating that more time in MYOC may be necessary to create and appreciate system and behavior change within the practices. Both new and veteran teams were generally in agreement with what were the most useful aspects of MYOC. These included using BMI percentile for age and gender, the 5-2-1-0 messages for patients, and the clinical decision flip chart. In a future collaborative, emphasis should be placed on these aspects deemed most useful by providers and teams.

Parent/Caretaker surveys indicated all teams improved delivery of lifestyle messages to their patients during MYOC 2. At post, veteran teams seemed to do a better job

delivering messages than did new teams (for veteran and new providers respectively, 93% and 88% for nutrition; 80% and 70% for TV/screen time; 88% and 80% for physical activity; and 79% and 65% for sugar sweetened beverages). Both veteran and new teams set goals at about the same rate with their patients if they had discussed lifestyle issues. Clearly, at post, teams talked more about lifestyle with their overweight and obese patients and families than they did with typical patients. Interestingly, goals were set at approximately the same rate for both typical and overweight/obese patients and families once these issues were discussed. This could indicate that overcoming the initial barrier of beginning the discussion may be most important in the process of goal setting.

Chart reviews reinforced staff and parent/caretaker survey findings. Both new and veteran teams improved tracking BMI percentile and classifying patients into weight categories. As in MYOC 1, the greatest change was seen in new teams' improved delivery of the 5-2-1-0 patient survey.

Longitudinal chart review findings provide clear evidence for increases in mean BMI z-scores pre-MYOC and decreases after with similar changes in veteran and new sites. These results indicate that major determinants of overweight and obesity in youth may be primarily environmental and that with approximately one well-child visit every 1.3 years, the impact of MYOC alone may be minimal. However, reversing mean BMI z-score trends may have been reinforced by MYOC within the context of the substantial physical activity and nutrition environmental focus in Maine communities and schools through the Healthy Maine Partnerships. These findings support new unpublished results from the National Health and Nutrition Examination Survey (NHANES) indicating a possible national turning point for the epidemic.

Conclusions and Recommendations

We recruited nineteen practices throughout Maine to MYOC 2. We followed the Care Model and IHI Breakthrough Collaborative frameworks to implement our collaborative and designed and implemented an evaluation process to measure implementation of the framework and MYOC outcomes. MYOC strategies were apparently successful in improving clinical practice and office systems. Results also demonstrate room for improvement.

Recommendations include continuation and reinforcement of previous efforts (*e.g.*, tracking BMI percentile for age and gender, 5-2-1-0 messages and use of the clinical decision flip chart) as well as:

- Improving identification of community resources and patient services (*e.g.*, nutrition and psychological)
- Increasing efforts to train providers in motivational interviewing and goal setting
- Clarifying recommendations and expectations around attaining patient labs
- Providing improved support for patient follow-up
- Working with providers to reduce perceived barriers to reimbursement
- Improving support for connecting with communities and helping to define practice community partnership work

<u>Specific plans for MYOC 3 to address recommendations include</u>:

- Advanced Motivational Interviewing Training for MYOC providers to build capacity throughout Maine
- Learning Sessions
    - LS#1 – Obesity 101, new recommendations, practice change, Introduce the Toolkit [May 2nd 2008]
    - LS#2 - Working with patients - words to use, follow-up patients Community linkages [September 12th 2008]
    - LS#3 – More follow up options Spreading / sustaining practice changes [May 1st 2009]
    - FINAL—Final Celebration [September 18th 2009]

- Educational Outreach (EO)
    - Investigating baseline knowledge and motivation for participation in MYOC—use pre-MYOC provider survey and understanding the challenges and obstacles for the office
    - Focusing on the well-child visit and how to make the 5-2-1-0 message work as well as appropriate follow up for overweight

- Veteran teams are developing pilot projects to look at innovative strategies and activities that follow-up with families identified as benefiting most from proactive care. MYOC is hopeful that these pilot initiatives will inform follow-up opportunities for new overweight clinical care initiatives.

Appendix I: Data Collection Instruments

1. Baseline Staff (Team) Survey
2. Post Test Staff Survey
3. Baseline Parent/Caretaker Survey
4. Post Test Parent/Caretaker Survey
5. MYOC 2 Chart Review Form

SITE:

Practice Team Survey

You are invited to take part in the Maine Youth Overweight Collaborative evaluation by answering the following questions. Your participation is voluntary. We are trying to learn how your practice's involvement in the Maine Youth Overweight Collaborative is helping you to change the way you think and work. You will be asked to answer a similar set of questions, in about a year and a half, near the end of this phase of the Maine Youth Overweight Collaborative. If you have any questions about this survey or other aspects of the Maine Youth Overweight Collaborative, please contact Joan Orr, the MYOC coordinator, at 207 629-9272.

1. Are you a member of the Maine Youth Overweight Collaborative "TEAM" from your practice site?
   ☐$_1$ Yes ☐$_0$ No

2. Please tell us what type of work you do in the practice:
   I am
   ☐$_1$ an MD or DO
   ☐$_2$ an NP or PA
   ☐$_3$ a nurse
   ☐$_4$ a medical assistant
   ☐$_5$ other office staff

Please answer the following questions with respect to the care of <u>patients 0-18 years old</u>

<u>Knowledge</u>

3. The CDC definition of ideal weight is:
   ☐$_1$ 10-90th BMI %ile for age and gender
   ☐$_2$ 5-94th BMI %ile for age and gender
   ☐$_3$5-84th BMI %ile for age and gender
   ☐$_4$ 10-84th BMI %ile for age and gender
   ☐$_5$None of the above

4. The CDC definition of at risk for overweight is:
   ☐$_1$ 91st -95th BMI %ile for age and gender
   ☐$_2$ 95th -99th
   ☐$_3$ 85th-94th
   ☐$_4$ 85th-95th
   ☐$_5$ None of the above

5. The CDC definition of overweight is:
   ☐$_1$ ≥94th BMI %ile for age and gender
   ☐$_2$ ≥95th BMI %ile for age and gender
   ☐$_3$≥96th BMI %ile for age and gender
   ☐$_4$≥99th BMI %ile for age and gender

Please circle the number that corresponds with your answer:

		Strongly disagree				***Strongly agree***
6.	I have a good understanding of medical evaluation (lab tests) for pediatric patients who are overweight.	1	2	3	4	5
7.	I know how to address nutrition with pediatric patients and/or their families.	1	2	3	4	5
8.	I know how to address physical activity with my patients and/or their families.	1	2	3	4	5
9.	I know how to address screen time (time watching television or playing computer games) with my pediatric patients and/or their families.	1	2	3	4	5
10.	I know how to address consumption of soda or sugar-sweetened beverages with my pediatric patients and/or families.	1	2	3	4	5
11.	I know what behavioral goal-setting is.	1	2	3	4	5
12.	I am familiar with brief motivational interviewing (Provider/patient counseling techniques presuming the patient's autonomy, capacity, and expertise).	1	2	3	4	5

Beliefs

13.	Tracking BMI % for age and gender annually is important for my overweight patients.	1	2	3	4	5
14.	Tracking BMI % for age and gender annually is important for all my pediatric patients.	1	2	3	4	5
15.	It is important to medically evaluate pediatric patients for possible complications of weight related issues.	1	2	3	4	5
16.	It is important to address nutrition with all of my pediatric patients and/or families.	1	2	3	4	5
17.	It is important to address physical activity with all of my pediatric patients and/or families.	1	2	3	4	5
18.	It is important to address screen time (TV/Video) with all of my pediatric patients and/or families.	1	2	3	4	5

		Strongly disagree				***Strongly agree***
19.	It is important to address consumption of soda or sugar-sweetened beverages with all of my pediatric patients and/or their families.	1	2	3	4	5
20.	It is important to do behavioral goal setting with overweight pediatric patients and/or families.	1	2	3	4	5
21.	Motivational interviewing can be a powerful tool to help change behavior.	1	2	3	4	5

<u>Perceived Efficacy</u>

22.	I am comfortable addressing weight with my pediatric patients and/or families.	1	2	3	4	5
23.	I am comfortable addressing nutritional issues with my pediatric patients and/or families.	1	2	3	4	5
24.	I am comfortable addressing physical activity with pediatric patients and/or families.	1	2	3	4	5
25.	I am comfortable addressing screen time (TV/Video) with pediatric patients and/or families.	1	2	3	4	5
26.	I am comfortable addressing consumption of soda or sugar-sweetened beverages with pediatric patients and/or families.	1	2	3	4	5
27.	I am comfortable assessing patients' readiness to change	1	2	3	4	5
28.	I am comfortable assessing patients' Confidence in their ability to change	1	2	3	4	5
29.	I am comfortable doing behavioral goal setting with pediatric patients and/or families.	1	2	3	4	5
30.	I am comfortable using brief motivational interviewing techniques with my pediatric patients and/or families.	1	2	3	4	5

Practice

		Never				***Always***
31.	I/my practice tracks BMI% for age and gender annually on all overweight pediatric patients.	1	2	3	4	5
32.	I/my practice tracks BMI% for age and gender annually on all pediatric patients.	1	2	3	4	5
		Strongly disagree				***Strongly agree***
33.	When I identify a pediatric patient as overweight, I routinely address the issues with the patient and/or family.	1	2	3	4	5
34.	When I identify a pediatric patient is overweight, I routinely assess the patient's family weight status noting whether one or both parents are likely >30 BMI	1	2	3	4	5
35.	I/my practice routinely schedules a contact to specifically follow-up when a weight issue is identified.	1	2	3	4	5
36.	I routinely address nutrition with my overweight patients and/or families.	1	2	3	4	5
37.	I routinely address physical activity with my overweight pediatric patients and/or families.	1	2	3	4	5
38.	I routinely address screen time (TV/Video) with my overweight pediatric patients and/or families	1	2	3	4	5
39.	I routinely address consumption of soda or sugar-sweetened beverages with my overweight pediatric patients and/or families	1	2	3	4	5
40.	I routinely refer my overweight pediatric patients/families to community resources	1	2	3	4	5
41.	I routinely ask the patient's or family's permission before discussing lifestyle issues such as nutrition or physical activity	1	2	3	4	5
42.	When discussing lifestyle, I routinely ask patients or families which issues are most important to them	1	2	3	4	5
43.	When discussing lifestyle, I routinely assess patients/families readiness to change	1	2	3	4	5

		Strongly disagree				***Strongly agree***
44.	When discussing lifestyle, I routinely assess patients/families confidence they can change	1	2	3	4	5
45.	I routinely do behavioral goal setting with my overweight pediatric patients and/or families.	1	2	3	4	5
46.	I routinely use motivational interviewing techniques with my overweight pediatric patients and/or families.	1	2	3	4	5
47.	When I see a patient who is <2 years old, I routinely discuss breastfeeding	1	2	3	4	5
48.	I routinely medically evaluate all patients whose BMI >95th percentile for age and gender	1	2	3	4	5
49.	I routinely medically evaluate patients whose BMI > 95th percentile for age and gender but only if they are >10 years old	1	2	3	4	5
50.	I routinely medically evaluate patients who's BMI are 85th-94th percentile for age and gender only if there are risk factors present (e.g. early vascular disease)	1	2	3	4	5

Community Resources

51. I am aware of specific resources in my practice community to support pediatric patients and/or families with physical activity and/or nutritional behavior change

☐ Yes ☐ No

a. If yes, I have a list of community resources available to me ☐$_1$ Yes ☐$_2$ No
b. If yes, there are adequate community resources to support patients' physical activity changes in my practice area ☐$_1$ Yes ☐$_2$ No
c. If yes, there are adequate resources for patient nutritional support, education, or counseling in my practice area ☐$_1$Yes ☐$_2$ No
d. If yes, I routinely refer my overweight pediatric patients and/or families to community resources for physical activity or nutrition behavior support/change ☐$_1$ Yes ☐$_2$ No

52. Please tell us if you have in the past or currently participate(d) in any of the following: (please check all that may apply)

☐$_1$ school wellness committee
☐$_2$ local Healthy Maine Partnership
☐$_3$ local Healthy Community Coalition
☐$_4$ local town council
☐$_5$ I am a school provider
☐$_6$ local CAP agency
☐$_7$ parent teacher organization
☐$_8$ school board
☐$_9$ other community level organization
☐$_{10}$ other

Thank You!

SITE:

Staff Survey

You are invited to take part in the Maine Youth Overweight Collaborative evaluation by answering the following questions. Your participation is voluntary. We are trying to learn how your practice's involvement in the Maine Youth Overweight Collaborative is helping you to change the way you think and work. You may be asked to answer a similar set of questions, in about a year and a half, near the end of this next phase of the Maine Youth Overweight Collaborative. If you have any questions about this survey or other aspects of the Maine Youth Overweight Collaborative, please contact Joan Orr, the MYOC coordinator, at 207 629-9272.

*Please note this survey is LONGER than the previous survey. We combined several survey instruments to streamline data collection. This is the ONLY survey you will be asked to compete at POST. Feedback we received after MYOC 1 indicated that we needed to cut back on the number of surveys and questions. This is the result of that consolidation. Expect the survey to take **about 10-15 minutes** to complete.*

Did your site participate in MYOC 1 (2004-2006)?

☐ **1 Yes** ☐ **0 No** ☐ **0 Don't Know**

1. Are you a member of the Maine Youth Overweight Collaborative "TEAM" from your practice site?

☐ 1 Yes ☐ 0 No

2. Please tell us what type of work you do in the practice:

I am
- ☐ 1 an MD or DO
- ☐ 2 an NP or PA
- ☐ 3 a nurse (**PLEASE PROCEED TO QUESTION # 62 if you do not see patients on your own**)
- ☐ 4 a medical assistant (**PLEASE PROCEED TO QUESTION # 62 if you do not see patients on your own**)
- ☐ 5 other office staff (**PLEASE PROCEED TO QUESTION # 62**)

Please answer the following questions with respect to the care of patients 0-18 years old

Knowledge

3. The CDC definition of ideal weight is:
   - ☐ 1 10-90th BMI %ile for age and gender
   - ☐ 2 5-94th BMI %ile for age and gender
   - ☐ 3 5-84th BMI %ile for age and gender
   - ☐ 4 10-84th BMI %ile for age and gender
   - ☐ 5 None of the above

4. The CDC definition of overweight (previously "at risk for overweight") is:
   - ☐ 1 91st -95th BMI %ile for age and gender
   - ☐ 2 95th -99th
   - ☐ 3 85th-94th
   - ☐ 4 85th-95th
   - ☐ 5 None of the above

5. The CDC definition of obese (previously "overweight") is:
   - ☐ 1 ≥94th BMI %ile for age and gender
   - ☐ 2 ≥95th BMI %ile for age and gender
   - ☐ 3 ≥96th BMI %ile for age and gender
   - ☐ 4 ≥99th BMI %ile for age and gender

Please circle the number that corresponds with your answer:

		Strongly disagree				***Strongly agree***
6.	I have a good understanding of medical evaluation (lab tests) for pediatric patients who are obese	1	2	3	4	5
7.	I know how to address nutrition with pediatric patients and/or their families.	1	2	3	4	5
8.	I know how to address physical activity with my patients and/or their families.	1	2	3	4	5
9.	I know how to address screen time (time watching television or playing computer games) with my pediatric patients and/or their families	1	2	3	4	5
10.	I know how to address consumption of soda or sugar-sweetened beverages with my pediatric patients and/or families.	1	2	3	4	5
11.	I know what behavioral goal-setting is.	1	2	3	4	5
12.	I am familiar with brief motivational interviewing (Provider/patient counseling techniques presuming the patient's autonomy, capacity, and expertise).	1	2	3	4	5

Beliefs

13.	Tracking BMI % for age and gender annually is important for my obese patients	1	2	3	4	5
14.	Tracking BMI % for age and gender annually is important for all my pediatric patients	1	2	3	4	5
15.	It is important to medically evaluate pediatric patients for possible complications of weight related issues	1	2	3	4	5
16.	It is important to address nutrition with all of my pediatric patients and/or families	1	2	3	4	5
17.	It is important to address physical activity with all of my pediatric patients and/or families	1	2	3	4	5
18.	It is important to address screen time (TV/Video) with all of my pediatric patients and/or families	1	2	3	4	5
19.	It is important to address consumption of soda or sugar-sweetened beverages with all of my pediatric patients and/or their families	1	2	3	4	5
20.	It is important to do behavioral goal setting with obese pediatric patients and/or families	1	2	3	4	5
21.	Motivational interviewing can be a powerful tool to help change behavior	1	2	3	4	5

Perceived Efficacy

		Strongly disagree				***Strongly agree***
22.	I am comfortable addressing weight with my pediatric patients and/or families	1	2	3	4	5
23.	I am comfortable addressing nutritional issues with my pediatric patients and/or families	1	2	3	4	5
24.	I am comfortable addressing physical activity with pediatric patients and/or families	1	2	3	4	5
25.	I am comfortable addressing screen time (TV/Video) with pediatric patients and/or families	1	2	3	4	5
26.	I am comfortable addressing consumption of soda or sugar-sweetened beverages with pediatric patients and/or families	1	2	3	4	5
27.	I am comfortable assessing patients' readiness to change	1	2	3	4	5
28.	I am comfortable assessing patients' confidence in their ability to change	1	2	3	4	5
29.	I am comfortable doing behavioral goal setting with pediatric patients and/or families	1	2	3	4	5
30.	I am comfortable using brief motivational interviewing techniques with my pediatric patients and/or families	1	2	3	4	5

Practice

		Never				***Always***
31.	I/my practice tracks BMI% for age and gender annually on all obese pediatric patients	1	2	3	4	5
32.	I/my practice tracks BMI% for age and gender annually on all pediatric patients	1	2	3	4	5

		Strongly disagree				***Strongly agree***
33.	When I identify a pediatric patient as obese, I routinely address the issue with the patient and/or family	1	2	3	4	5
34.	When I identify a pediatric patient is obese, I routinely assess the patient's family weight status noting whether one or both parents are likely >30 BMI	1	2	3	4	5
35.	I/my practice routinely schedules a contact to specifically follow-up when a weight issue is identified	1	2	3	4	5
36.	I routinely address nutrition with my obese patients and/or families	1	2	3	4	5
37.	I routinely address physical activity with my obese pediatric patients and/or families	1	2	3	4	5

		Strongly disagree				*Strongly agree*
38.	I routinely address screen time (TV/Video) with my obese pediatric patients and/or families	1	2	3	4	5
39.	I routinely address consumption of soda or sugar-sweetened beverages with my obese pediatric patients and/or families	1	2	3	4	5
40.	I routinely refer my obese pediatric patients/families to community resources	1	2	3	4	5
41.	I routinely ask the patient's or family's permission before discussing lifestyle issues such as nutrition or physical activity	1	2	3	4	5
42.	When discussing lifestyle, I routinely ask patients or families which issues are most important to them	1	2	3	4	5
43.	When discussing lifestyle, I routinely assess patients/families readiness to change	1	2	3	4	5
44.	When discussing lifestyle, I routinely assess patients/families confidence they can change	1	2	3	4	5
45.	I routinely do behavioral goal setting with my obese pediatric patients and/or families	1	2	3	4	5
46.	I routinely use motivational interviewing techniques with my obese pediatric patients and/or families	1	2	3	4	5
47.	When I see a patient who is <2 years old, I routinely discuss breastfeeding	1	2	3	4	5
48.	I routinely medically evaluate all patients whose BMI >95th percentile for age and gender	1	2	3	4	5
49.	I routinely medically evaluate patients whose BMI > 95th percentile for age and gender but only if they are >10 years old	1	2	3	4	5
50.	I routinely medically evaluate patients who's BMI are 85th-94th percentile for age and gender only if there are risk factors present (e.g. early vascular disease)	1	2	3	4	5

5210 Patient Survey

51. Does your office currently use an electronic medical record (EMR)? ☐$_1$ Yes ☐$_2$ No

a. If YES, has the 5210 patient survey been copied into the EMR? ☐$_1$ Yes ☐$_2$ No

b. If YES, about how often do you document your patients' answers in the EMR, overall?
☐$_1$ 1-25% ☐$_2$ 26-50% ☐$_3$ 51-75% ☐$_4$ 75-100%

c. If YES, about how often do you document obese patients' answers in the EMR?
☐$_1$ 1-25% ☐$_2$ 26-50% ☐$_3$ 51-75% ☐$_4$ 75-100%

52. How often, on average, would you say the 5210 patient survey is completed before a well-child visit?
☐$_1$ Less than 10% ☐$_2$ 10-25% ☐$_3$ 25-50% ☐$_4$ 50-75% ☐$_4$ 75-100%

53. Approximately during which MYOC 2 timeframe did you begin using the 5210 survey?
☐$_1$ We are a continuing MYOC 1 site
☐$_2$ Fall 2006 ☐$_3$ Winter 2007 ☐$_4$ Spring 2007

Now think about your typical patient visit…..

54. How often, on average, would you say you discuss the 5210 patient survey with the patient (or family) if it is completed before a well-child visit?
☐$_1$ Less than 10% ☐$_2$ 10-25% ☐$_3$ 25-50% ☐$_4$ 50-75% ☐$_5$ 75-100%

55. Do you feel that discussing the survey and/or lifestyle issues related to MYOC adds to the length of the well-child visit?
☐$_1$ Yes ☐$_2$ No

a. If YES, about how much time did this add?
☐$_1$ One or two minutes ☐$_2$ up to five minutes ☐$_3$ up to 10 minutes ☐$_4$ more than ten minutes

b. If NO, do you substitute lifestyle discussion for other topics? ☐$_1$ Yes ☐$_2$ No

c. If YES, What topics do you tend to substitute for?

_____

(please use the back if you would like)

Now think about a typical <u>obese</u> patient visit…..

56. How often, on average, would you say you discuss the 5210 patient survey with the patient (or family) if it is completed before a well-child visit?
☐$_1$ Less than 10% ☐$_2$ 10-25% ☐$_3$ 25-50% ☐$_4$ 50-75% ☐$_5$ 75-100%

57. Do you feel that discussing the survey and/or lifestyle issues related to MYOC adds to the overall length of the well-child visit for your obese patients? ☐$_1$ Yes ☐$_2$ No

a. If YES, about how much time does this add?
☐$_1$ One or two minutes ☐$_2$ up to five minutes ☐$_3$ up to 10 minutes ☐$_4$ more than ten minutes

b. If NO, do you substitute lifestyle discussion for other topics? ☐$_1$ Yes ☐$_2$ No

c. If YES, What topics do you tend to substitute for?

_____

Now think about your obese patients……

58. Approximately what proportion of obese patients do you schedule for follow-up based on weight?
☐$_1$ Less than 10% ☐$_2$ 10-25% ☐$_3$ 25-50% ☐$_4$ 50-75% ☐$_5$ 75-100%

59. With approximately what proportion of obese patients do you use the 5210 survey at a follow-up visit?
☐$_1$ Less than 10% ☐$_2$ 10-25% ☐$_3$ 25-50% ☐$_4$ 50-75% ☐$_5$ 75-100%

60. Prior to your participation in MYOC, were you or was your practice engaged in any systematic follow-up with obese patients based on weight or lifestyle issues? ☐$_1$ Yes ☐$_2$ No
If YES, Please describe: _____

61. Have you, personally, been involved in spreading MYOC interventions, tools, or resources to other sites and/or providers? ☐1 Yes ☐2 No
If YES, please describe:_____

Community Resources

62. I am aware of specific resources in my practice community to support pediatric patients and/or families with physical activity and/or nutritional behavior change
☐ Yes ☐ No

↓

a. If yes, I have a list of community resources available to me ☐1 Yes ☐2 No
b. If yes, there are adequate community resources to support patients' physical activity changes in my practice area ☐1 Yes ☐2 No
c. If yes, there are adequate resources for patient nutritional support, education, or counseling in my practice area ☐1Yes ☐2 No
d. If yes, I routinely refer my obese pediatric patients and/or families to community resources for physical activity or nutrition behavior support/change ☐1 Yes ☐2 No

63. Please tell us if you have in the past or currently participate in any of the following: (please check all that may apply)
☐1 school wellness committee
☐2 local Healthy Maine Partnership
☐3 local Healthy Community Coalition
☐4 local town council
☐5 I am a school provider
☐6 local CAP agency
☐7 parent teacher organization
☐8 school board
☐9 other community level organization
☐10 other (please tell us:_____)

64. Would you mind telling us your gender? (please check)
☐1 Male ☐2 Female

65. Would you mind telling us how old you are? (please check the appropriate box)
☐1 less 20 years old
☐2 20-24
☐3 25-29
☐4 30-34
☐5 35-39
☐6 40-44
☐7 45-49
☐8 50-54
☐9 55-59
☐10 60 or older

66. Please tell us how long you have been employed in your current position?
☐1 less than 1 year
☐2 between one and three years
☐3 between three and five years
☐4 between five and ten years
☐5 more than ten years

IF YOU ARE *NOT* A TEAM MEMBER FOR MYOC 2. YOU ARE NOW FINISHED!

THANK YOU!

IF YOU *ARE* A MYOC 2 TEAM MEMBER PLEASE CONTINUE TO THE NEXT PAGE.

For MYOC team members only:

MYOC process ***Strongly disagree*** ***Strongly agree***

Now, please think about your (personal) work during MYOC 2……..

67.	I feel that MYOC was worth the effort	1	2	3	4	5	
68.	I would recommend MYOC to a colleague	1	2	3	4	5	

As a result of my participation in MYOC, I feel that my patients….
(please check N/A-not applicable if you are not a clinical provider)

							N/A
69.	are better able to self-manage	1	2	3	4	5	☐
70.	are more willing to set goals with providers	1	2	3	4	5	☐
71.	are more aware of long term complications	1	2	3	4	5	☐

Now, please think about your team's work during MYOC 2……..

72.	The monthly chart review data abstraction process was very difficult to accomplish	1	2	3	4	5
73.	The monthly run charts, showing our progress, were very useful to us	1	2	3	4	5

74. Do you have any comments about the run charts that you would like to share with us?

_____

(please use the back of the page if you like)

During participation in MYOC, I feel our team…. ***Strongly disagree*** ***Strongly agree***

75.	functioned well	1	2	3	4	5
76.	had clear support from senior leaders	1	2	3	4	5
77.	had dedicated time to perform MYOC tasks	1	2	3	4	5
78.	had enough time to perform MYOC tasks	1	2	3	4	5

79. Please estimate the following percentages within your practice to the best of your ability:

a. percent of overweight patients impacted by MYOC:
☐$_1$ 1-25% ☐$_2$ 26-50% ☐$_3$ 51-75% ☐$_4$ 75-100%

b. percent of providers who made changes because of MYOC:
☐$_1$ 1-25% ☐$_2$ 26-50% ☐$_3$ 51-75% ☐$_4$ 75-100%

c. percent of all patients impacted by MYOC:
☐$_1$ 1-25% ☐$_2$ 26-50% ☐$_3$ 51-75% ☐$_4$ 75-100%

Please indicate the components of MYOC that you found most or least useful….

		Not at all Useful				***Very Useful***
80.	meeting with other teams	1	2	3	4	5
81.	learning sessions	1	2	3	4	5

		Not at all Useful				*Very Useful*
82.	team calls	1	2	3	4	5
83.	support from MYOC staff	1	2	3	4	5
84.	site visits	1	2	3	4	5
85.	using the care model	1	2	3	4	5
86.	using PDSA cycles	1	2	3	4	5
87.	using BMI percentile for age and gender	1	2	3	4	5
88.	using 5210 messages	1	2	3	4	5
89.	using the readiness ruler	1	2	3	4	5
90.	using the clinical decision flip chart	1	2	3	4	5
91.	using the parent/child flip chart	1	2	3	4	5
92.	using the motivational interviewing tools	1	2	3	4	5

93. Is there anything else you'd like to share with us?

Thank You Very Much!

Site:

Parent / Caretaker Survey

handed out? _____

You are invited to take part in a study to help learn more about how to promote healthy lifestyles in doctor's offices.

- You do not have to do this study if you do not want to.
- We do not ask for your name. Your child's provider will NOT know how you answered these questions.
- To be in the study just fill out the questions below.

You may be asked to answer a similar survey, in about a year and a half, near the end of our study. If you have any questions about this survey, please contact Joan Orr, at the Maine Center for Public Health, at 207 629-9272.

1. When was the last time your child was seen in this office for an annual well-child visit?

☐$_1$ within the last year ☐$_2$ greater than one year ago ☐$_3$ never

2. Please check the correct age range for your child:

☐$_1$ 0-2 years old ☐$_2$ 3-5 years old ☐$_3$ 6-11 years old ☐$_4$ 12-18 years old

→ *(if you checked 0-2 years old, please SKIP TO QUESTION 9)*

Please tell us about your child's last annual well-child visit

	YES	NO
3. Did a doctor, nurse or anyone talk with you about fruits and vegetables at your child's *last visit*?	☐$_1$	☐$_0$
a. If YES, did you and your child set a goal to increase the amount your child/teen eats daily?	☐$_1$	☐$_0$
b. If you and your child set a fruit and vegetable goal, was your child/teen able to reach it?	☐$_1$	☐$_0$

c. Were you and/or your child/teen able to accomplish any of the following? (please check all that apply)

- ☐$_1$ 1. prepared meals with more fruits and vegetables
- ☐$_1$ 2. offered/made available more fruits and vegetables for snacks
- ☐$_1$ 3. substituted whole fruit for fruit juice

	YES	NO
4. Did a doctor, nurse or anyone talk with you about physical activity or exercise at your child's *last visit*?	☐$_1$	☐$_0$
a. If YES, did you and your child set a goal to increase the amount your child/teen gets daily?	☐$_1$	☐$_0$
b. If you and your child set a physical activity or exercise goal, was your child/teen able to reach it?	☐$_1$	☐$_0$

c. Were you and/or your child/teen able to accomplish any of the following? (please check all that apply)

- ☐$_1$ 1. walked more
- ☐$_1$ 2. did more activities together as a family
- ☐$_1$ 3. tried a new physical activity or exercise
- ☐$_1$ 4. obtained equipment to help us do more physical activity or exercise
- ☐$_1$ 5. increased the amount of time spent outdoors

5. **Did a doctor, nurse or anyone talk with you about television viewing or screen time at your child's *last visit*?** . . . . . **YES** ☐1 **NO** ☐0

a. If YES, did you and your child set a goal to decrease the amount your child/teen does daily? ☐1 ☐0

b. If you and your child set a television or screen time goal, was your child/teen able to reach it? ☐1 ☐0

c. Were you and/or your child/teen able to accomplish any of the following? (please check all that apply)

☐1 1. limited TV time
☐1 2. limited other screen time (other than TV)
☐1 3. removed the TV from your child's bedroom
☐1 4. turned off the TV during meals

6. **Did a doctor, nurse or anyone talk with you about sugar-sweetened drinks at yourchild's *last visit*? (e.g. soda, sports drinks, juice drinks or fruit punch)** . . . . . **YES** ☐1 **NO** ☐0

a. If YES, did you and your child set a goal to decrease the amount your child/teen drinks daily? ☐1 ☐0

b. If you and your child set a sugar-sweetened drink goal, was your child/teen able to reach it? ☐1 ☐0

c. Were you and/or your child/teen able to accomplish any of the following? (please check all those that apply)

☐1 1. changed to skim and/or low fat milk
☐1 2. changed to water
☐1 3. changed to buying drinks with no sugar
☐1 4. stopped buying sugar-sweetened drinks for home

↓

d. if you checked c4, please tell us which type of drinks you stopped buying:

☐1 1. soda ☐1 2. sport drinks ☐1 3. fruit drinks ☐1 4. other sugar-sweetened drinks

7. **If you talked with a doctor or a nurse or anyone else in this office about fruits and vegetables, physical activity, television and/or screen time, or sugar-sweetened drinks, please tell us :** **YES** **NO**

a. Were you asked if it was ok to talk about the issue? . . . . . ☐1 ☐0

b. Were you asked which issues were most important to you? ☐1 ☐0

c. Were you asked how ready you were to change your behavior? . . . . . ☐1 ☐0

8. **At your child's last visit, were you told that he/she was overweight?** . . . . . ☐1 ☐0

a. If Yes, was there a follow-up contact scheduled for this issue? . . . . . ☐1 ☐0

b. If there was a follow-up scheduled, were you able to keep the appointment? . . . . . ☐1 ☐0

c. If you were <u>not</u> able to keep the appointment, please tell us why. **(please check all that apply)**

☐1 1. the co-pay is too high
☐1 2. don't have insurance
☐1 3. lack of transportation
☐1 4. this was not an important issue for me/us
☐1 5. we had a scheduling problem
☐1 6. something else

9. (For children ages 0-2 ONLY) Did a doctor or nurse or anyone talk to you about any of the following at your child's last ANNUAL well-child visit? (please check all that apply)

- ☐1 a. breastfeeding
- ☐1 b. sugar-sweetened drinks (e.g. soda, sports drinks, juice drinks or fruit punch)
- ☐1 c. screen time (e.g. television or computer screen time)

THANK YOU VERY MUCH

Site:

Parent / Caretaker Survey

handed out? _____

You are invited to take part in a survey to help learn more about how to promote healthy lifestyles in doctor's offices.

- You do not have to fill out this survey if you do not want to.
- We do not ask for your name. Your child's provider will NOT know how you answered these questions.
- To participate just fill out the survey below

If you have any questions about this survey, please contact Joan Orr, at the Maine Center for Public Health, at 207 629-9272.

1. Did you have a well-child visit for more than one child today?

☐1 Yes ☐2 No

(IF YES please fill out a survey form for just the OLDEST child receiving a well-child visit today)

2. Please check the correct age range for your child:

☐1 0-2 years old ☐2 3-5 years old ☐3 6-11 years old ☐4 12-18 years old

↳ *(if you checked 0-2 years old, please SKIP TO QUESTION 9)*

Please tell us about today's well-child visit	YES	NO
3. Did a doctor, nurse or anyone talk with you about fruits and vegetables *today*?	☐1	☐0
a. If YES, did you and your child set a goal to increase the amount your child/teen eats daily?	☐1	☐0

b. If you set a goal, was it for any of the following? (please check all that apply)

- ☐1 1. purchase more fruits and vegetables for home
- ☐1 2. offer/make available more fruits and vegetables for snacks
- ☐1 3. substitute whole fruit for fruit juice

	YES	NO
4. Did a doctor, nurse or anyone talk with you about physical activity or exercise *today?*	☐1	☐0
a. If YES, did you and your child set a goal to increase the amount your child/teen gets daily?	☐1	☐0

b. If you set a goal, was it for any of the following? (please check all that apply)

- ☐1 1. walk more
- ☐1 2. do more activities together as a family
- ☐1 3. try a new physical activity or exercise
- ☐1 4. obtain equipment to help us do more physical activity or exercise
- ☐1 5. increase the amount of time spent outdoors

	YES	NO
5. Did a doctor, nurse or anyone talk with you about television viewing or screen time *today?*	☐1	☐0
a. If YES, did you and your child set a goal to decrease the amount your child/teen does daily?	☐1	☐0

b. If you set a goal, was it for any of the following? (please check all that apply)

- ☐1 1. limit TV time to less than 2 hours per day
- ☐1 2. limit other screen time (other than TV)
- ☐1 3. remove the TV from your child's bedroom
- ☐1 4. turn off the TV during meals

	Yes	No
6. Did a doctor, nurse or anyone talk with you about sugar-sweetened drinks *today*?		
(e.g. soda, sports drinks, juice drinks or fruit punch)	☐1	☐0
a. If YES, did you and your child set a goal to decrease the amount your child/teen drinks daily?	☐1	☐0

b. If you set a goal, was it for any of the following? (please check all those that apply)

- ☐1 1. change to skim and/or low fat milk
- ☐1 2. change to water
- ☐1 3. change to buying drinks with no sugar
- ☐1 4. stop buying sugar-sweetened drinks for home

▼

c. if you checked b4, please tell us which type of drinks you are planning to stop buying:

☐1 1. soda ☐1 2. sport drinks ☐1 3. fruit drinks ☐1 4. other sugar-sweetened drinks

7. If you talked with a doctor or a nurse or anyone else in this office about fruits and vegetables, physical activity, television and/or screen time, or sugar-sweetened drinks, please tell us :

	Yes	No
a. Were you asked if it was ok to talk about the issue?.	☐1	☐0
b. Were you asked which issues were most important to you?	☐1	☐0
c. Were you asked how ready you were to change your behavior?	☐1	☐0

d. Was the discussion useful?

☐1 Very useful ☐2 Somewhat Useful ☐3 Not Useful

e. What else (if anything) would have been useful to discuss?

8. Were you told that your child was overweight today?	☐1	☐0
a. If YES, was there a follow-up contact scheduled for this issue?	☐1	☐0

9. (For children ages 0-2 ONLY) Did a doctor or nurse or anyone talk to you about any of the following today? (please check all that apply)

☐1 a. breastfeeding

☐1 b. sugar-sweetened drinks (e.g. soda, sports drinks, juice drinks or fruit punch)

☐1 c. screen time (e.g. television or computer screen time)

THANK YOU VERY MUCH

FOR OFFICE USE ONLY

*Height*_____

*Weight*_____

*Date of Birth*_____*(mm/yy)*

Gender: M F (please circle)

Chart Review Form

For children ages 2 – 18 years

Reviewer_____ Today's Date(MM/YY): *pre print month?*_____ Practice *pre print*

Patient's date of birth (MM/YY): _____ Gender: ☐$_0$ Male ☐$_1$ Female

1. MOST RECENT WELL-CHILD VISIT:

Provider's last name _____

Date of visit (MM/YY) _____

5-2-1-0 Survey completed?	☐$_0$No	☐$_1$Yes		
Blood Pressure recorded?	☐$_0$No	☐$_1$Yes	☐$_2$NA	(please circle)
Height recorded?	☐$_0$No	☐$_1$Yes	Value:_____	in$_1$ or cm$_2$
Weight recorded?	☐$_0$No	☐$_1$Yes	Value:_____	lbs$_1$ or kg$_2$
BMI% for Age/Gender recorded?	☐$_0$No	☐$_1$Yes		
Weight classification done?	☐$_0$No	☐$_1$Yes		

If yes….

☐$_1$ Underweight (<5th %'ile for age/gender)
☐$_2$ Healthy Weight (5 – 84th %'ile age/gender)
☐$_3$ At Risk for Overweight (85 – 94%'ile for age/gender)
☐$_4$ Overweight (≥95 %'ile for age/gender)

2. WELL CHILD VISIT PRIOR TO THE VISIT RECORDED ABOVE (any well-child visit between November 1, 2004 and visit recorded above)

- ***If no prior visit, you are done. Thank you.***
- ***If visit is before November 1, 2004, please skip to number 3.***
- *(if chart missing height or weight information please write X in space provided)*

(please circle) (please circle)

Date of visit (MM/YY)_____ Height: _____ in$_1$ or cm$_2$ Weight: _____ lbs$_1$ or kg$_2$

3. MOST RECENT WELL-CHILD VISIT BEFORE *NOVEMBER 1, 2004:*

Date of visit (MM/YY)_____

Blood Pressure recorded? ☐$_0$No ☐$_1$Yes ☐$_2$NA (please circle)

Height recorded? ☐$_0$No ☐$_1$Yes Value:_____ in$_1$ or cm$_2$

Weight recorded? ☐$_0$No ☐$_1$Yes Value:_____ lbs$_1$ or kg$_2$

BMI% for Age/Gender recorded? ☐$_0$No ☐$_1$Yes

Weight classification done? ☐$_0$No ☐$_1$Yes

If yes …. ☐$_1$ Underweight (<5th %'ile for age/gender)
☐$_2$ Healthy Weight (5 – 84th %'ile age/gender)
☐$_3$ At Risk for Overweight (85 – 94%'ile for age/gender)
☐$_4$ Overweight (≥95 %'ile for age/gender)

4. WELL CHILD VISIT PRIOR TO THE VISIT RECORDED ABOVE

(if chart missing height or weight information please write X in space provided)

Date of visit (MM/YY)_____ Height: _____ (please circle) in$_1$ or cm$_2$ Weight: _____ (please circle) lbs$_1$ or kg$_2$

5. WELL CHILD VISIT PRIOR TO THE VISIT RECORDED ABOVE

(if chart missing height or weight information please write X in space provided)

Date of visit (MM/YY)_____ Height: _____ (please circle) in$_1$ or cm$_2$ Weight: _____ (please circle) lbs$_1$ or kg$_2$

6. WELL CHILD VISIT PRIOR TO THE VISIT RECORDED ABOVE

(if chart missing height or weight information please write X in space provided)

Date of visit (MM/YY)_____ Height: _____ (please circle) in$_1$ or cm$_2$ Weight: _____ (please circle) lbs$_1$ or kg$_2$

Appendix II: Learning Session Evaluation Results

Maine Youth Overweight Collaborative—Learning Session #1—
November 16 & 17 Evaluation RESULTS
(Response Rate=50%)
(Note: You must sign on the bottom of page 2 to receive CME's)

Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.

	Not Useful				Very Useful	Did not attend	
Shared Vision for the Collaborative [Kenneth Lombard, Victoria Rogers, Lisa Letourneau]	1	2	3	4	5	○	**4.33**

Comments_____

What Good Clinical Care for the Overweight Youth Looks Like [Scott Gee]	1	2	3	4	5	○	**4.53**

Comments:

- **Very informative, knowledgeable presenter. Excellent presentation!**
- **Great! Very informative.**

The Care Model: Key components to improving care for overweight youth. [Lisa Letourneau]	1	2	3	4	5	○	**4.23**

Comments:

- **Excellent presentation! Well presented, very informative. Great!**
- **Case study made it more realistic. Good information.**

Breaking It Down / Making It Doable [Victoria Rogers]	1	2	3	4	5	○	**4.48**

Comments:

- **Very motivational and informative. Always a pleasure!**
- **Motivational!**
- **Great presentation style.**

Work Session #1 **Putting Clinical Guidelines to Work** [Scott Gee & Kenneth Lombard]	1	2	3	4	5	○	**4.43**

Comments:

- **Excellent tools/keys were presented.**
- **Great information. Good tools to remember!**
- **Useful "how tos."**

Work Session #2 **How to Make Successful Change Happen** [Jane Taylor]	1	2	3	4	5	○	**4.19**

Comments:

- **Excellent educator; outstanding communication skills! Very informative and motivating. Awesome presentation!**
- **Great ideas and very motivational. Wonderful speaker.**
- **Took theoretical topic and made it very useful and applicable. Great!**
- **Practices took too long to share their successes. Only three clinics truly took the time. Rest of us had no time to share what we are doing.**

Work Session #3
How to Connect with Your Community
[Joan Orr, Jane Taylor **&** Lisa Letourneau] 1 2 3 4 5 ○ **3.93**
Comments:

- **Very insightful with a vast wealth of valuable information.**
- **Great interaction between teams. Great ideas.**
- **Great speaker.**

Still Got Questions, Q&A with all Faculty 1 2 3 4 5 ○ **3.91**
Facilitator, [Lisa Letourneau]
Comments:

- **Very mind provoking and stimulating.**
- **Great interaction between teams. Great ideas.**

Collaborative Reporting & Expectations 1 2 3 4 5 ○ **3.75**
[Michele Polacsek & Steve Gortmaker]
Comments:

- **Excellent tools; realistic, attainable goals and expectations.**
- **Good review of Phase I study.**
- **Too much extraneous information.**

The Experience as a Whole

	Not Useful				Very Useful	
Team Meetings	1	2	3	4	5	**4.11**

Comments:

- **Left us feeling less confident!**
- **Many great ideas on how to expand into the community.**
- **Great way to get started.**

The Meeting as a Whole 1 2 3 4 5 **4.41**
Comments:

- **Very informative and great ideas given.**
- **Great collaborative.**
- **This has been among the best, most concise, most applicable professional meetings I have ever attended.**

Course Objectives

Have you improved your knowledge +/or ability to: (Please circle the appropriate number).

	Hardly At All				Very Much So	
1. Describe overview of Collaborative & Care Models for Improvement	1	2	3	4	5	**4.18**
2. Implement a rapid PDSA cycle for change	1	2	3	4	5	**3.91**
3. Inspire, build enthusiasm for quality teamwork & collaboration for practice members at home	1	2	3	4	5	**4.17**
4. Set aims for Collaborative	1	2	3	4	5	**4.11**
5. To:						
• Support patient self-management	1	2	3	4	5	**3.73**
• Perform decision support	1	2	3	4	5	**3.71**
• Improve delivery system design and	1	2	3	4	5	**3.87**
• Design clinical information systems.	1	2	3	4	5	**3.74**

6. Develop change strategies for good chronic illness care. 1 2 3 4 5 **3.89**

7. Perform routine assessment and management of youth at risk for overweight and youth overweight.
1 2 3 4 5 **4.26**

8. Improve your adherence to evidence-based guidelines, appropriate roles and visits for patients at or above the 85%'ile BMI for age, and accessing clinically useful information.
1 2 3 4 5 **4.19**

Did the **facility** meet your needs? 1 2 3 4 5 **4.51**
Comments:

- **Good location.**
- **Great lunch. Best LS lunch yet.**
- **Too far to travel.**
- **A little cold. Better snacks, caffeinated diet soda would have been nice.**

Was the **staff** knowledgeable and helpful? 1 2 3 4 5 **4.56**
Comments_____

Did you feel there was any commercial or personal bias? Yes __**1**___ No ___**45**___

Additional Comments:

- **Once again, a wonderful collaborative experience.**
- **What about keeping or getting the computer out of the bedroom in addition to TV?**
- **Wonderful. Thank you. Exciting opportunity for me. I am one of two community parents added to a practice team.**
- **Initial meeting. A useful, doable task with appropriate tools provided.**

Signature: (Note: to receive CME's you must sign this form)_____

Please return this evaluation to the check-in desk by 3:30 p.m. on Friday November 17th

Maine Youth Overweight Collaborative—Learning Session #2—
February 15 & 16 Evaluation
RESULTS (N=47 / 60% Response Rate)

(Note: You must sign on the bottom of page 2 to receive CME's)

Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.

	Not Useful				Very Useful		Did not attend
Panel Discussion	1	2	3	4	5	**3.71**	○

- **Very interesting. Would have like more in depth info.**
- **Helpful to increase my attention to this subject.**

Clinical Plenary—Special Skills Training Session—Brief Negotiation & Lifestyle Advice

[David Katz]	1	2	3	4	5	**4.69**	○

- **Great speaker.**
- **Good speaker.**
- **Initially I felt irritated we weren't getting right into MI, however, it was a very inspirational talk with some useful pearls.**
- **Excellent, dynamic speaker.**

Sugar—Sweetened Beverages & TV: Science behind the message

[Jean Wiecha]	1	2	3	4	5	**4.27**	○

- **A bit dry – could have been shorter.**
- **Helpful data.**

What's the data told us so far and what's next

[Michele Polacsek]	1	2	3	4	5	**3.84**	○

- **This data collection will be a daunting task.**
- **My practice isn't part of the study.**

How well do practices work together as a team? [Practical tips for team trouble-shooting!]

[Lisa Letourneau]	1	2	3	4	5	**3.95**	○

- **Would be more helpful at a first session only.**
- **Very helpful.**
- **My practice isn't part of t his study.**

Strategies for Patient Goals Setting & Problem Solving

[David Katz**]**	1	2	3	4	5	**4.51**	○

- **Too verbose. Didn't break it down enough to make it even more simple or the techniques.**
- **Role playing not helpful. Would have liked copies of his presentation.**
- **All of his lectures were excellent with many helpful tips.**
- **Very helpful approach – excellent presentation clinical practice during conference – appreciated.**
- **Last sessions' speaker on motivational interviewing/brief negotiation was more implementation-friendly.**
- **Great to hear about systemic progress to support our individual efforts.**
- **This was really great.**

The Experience as a Whole

	Not Useful				Very Useful	
Team Highlights	1	2	3	4	5	**4.12**

- **Got some interesting ideas.**
- **Only member of team here.**
- **Educational sessions.**
- **Good to know the registry still an issue for many.**
- **Time spent discussing issues very helpful.**

Team Meetings 1 2 3 4 5 **4.06**

- **Hearing about other practice tricks.**

The Learning Session as a Whole 1 2 3 4 5 **4.39**

- **Good recharging of batteries as usual.**

No **Yes**

Did the **facility** meet your needs? 1 2 3 4 5 **4.41**

- **Cold climate.**
- **Trouble seeing slides occasionally due to size of room/screen at floor level, obscured by people's heads!**

Was the **staff** knowledgeable and helpful? 1 2 3 4 5 **4.64**

Comments_____

Course Objectives

Have you improved your knowledge +/or ability to: (Please circle the appropriate number).

Hardly At All **Very Much So**

9. Utilize motivational interviewing or brief focused negotiation to help patients adopt behavior change.
   1 2 3 4 5 **4.06**

10. Inspire, build enthusiasm for quality teamwork & collaboration for practice members at home.
    1 2 3 4 5 **4.24**

11. Set goals & develop strategies with your team. 1 2 3 4 5 **4.14**

12. To:

- Support patient self-management 1 2 3 4 5 **3.96**
- Perform decision support 1 2 3 4 5 **3.87**
- Improve delivery system design and 1 2 3 4 5 **3.70**
- Design clinical information systems. 1 2 3 4 5 **3.59**

13. Develop change strategies for good chronic illness care. 1 2 3 4 5 **3.75**

14. Perform routine assessment and management of youth at risk for overweight and youth overweight.
    1 2 3 4 5 **4.05**

15. Improve your adherence to evidence-based guidelines, appropriate roles and visits for patients at or above the 85%'ile BMI for age, and accessing clinically useful information.
    1 2 3 4 5 **4.16**

Did you feel there was any commercial or personal bias? Yes **1** No **46**

If yes, please note speaker and nature of observed bias:_____

- Breast feeding talk overdone. Need to be more flexible.

Additional Comments_____

- **Good.**
- **Please ask people to put their phones on silent or vibrate.**
- **Dr. Katz best speaker. Worth the trip to Augusta.**
- **We need a section when each group has to share one pearl that has been well received. Make ouch-resistance ideas available to MYOC when available. Could use a medication lecture on weight loss meds data. (someone who uses them – met formula, simb?). Could use more hard core medical topics – steatohepatitis, etc.**
- **The teamwork piece wasn't extremely helpful or informative. Would have liked to use this time talking with other practices/networking and picking brains.**
- **Great facility and good speakers. No more boards – feels like busy work.**
- **Thank you for inviting Dr. Katz and for keeping this initiative going.**

- **Bottled water please. The water in the pitchers does not taste good.**
- **Dr. Katz was phenomenal – what a great speaker!**
- **Very provider-focused. Offer some items geared toward support staff; limited topic I realize, but should still be included.**
- **More time to look at information.**
- **The board was a waste of time. No one looked at our board – Maybe two people.**
- **No more boards. Time consuming. Learn more from discussing. Few actually looked at it.**
- **Really very helpful. We ARE moving forward.**

(you MUST sign this form to receive CME's)

Signature: _____

Please return this evaluation to the check-in desk by 3:30 p.m. on Friday February 16th

Maine Youth Overweight Collaborative—Learning Session #3
May 24th & 25th Evaluation
RESULTS (Response Rate = 54%, N = 49)
Note: You must sign on the bottom of page 2 to receive CME's

Did you participate in the first round of MYOC in 2004 to 2006? Yes 23 No 23 No Response 3

Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.

	Not Useful				Very Useful	MYOC1 Yes	MYOC1 No	MYOC1 ?	Total
Estimating the Energy Gap [Steven Gortmaker]	1	2	3	4	5	3.93	3.58	4.00	3.84

Comments_____

- **Interesting. Informative.**
- **Scattered speaker.**
- **I understood what he was talking about, but a lot of people didn't.**

Developmental Influences on Childhood Obesity [Matthew Gillman]	1	2	3	4	5	4.38	3.90	4.50	4.26

Comments_____

- **Great info. Learned a lot.**
- **Excellent information.**
- **Very impressive and imagining speaker.**
- **Most of this was already covered.**
- **Was not able to answer audience's questions effectively.**
- **Daunting, but exciting.**

Generation Fit [Ann Maloney]	1	2	3	4	5	4.71	4.50	4.50	4.57

Comments_____

- **Great! Enjoyed presentation and humor (it was greatly appreciated ☺).**
- **Great presentation!**
- **Also gave good information on motivating individuals.**
- **Dynamic speaker.**
- **Concerned that we're giving kids a double message "no screen time" now telling them ok.**

Countdown Clinic [Pam Dietz]	1	2	3	4	5	4.08	3.67	3.50	3.75

Comments_____

- **Nice to hear what other teams are doing and making connection that many of the teams have the same obstacles still.**

Body Dissatisfaction & Unhealthy Weight Control [Patrice Lockhart]	1	2	3	4	5	4.26	4.36	4.33	4.32

Comments_____

- **Nice refresher. We see these patients and parents from our LWLP have concerns occasionally believing LWLP may push child into D.O./behaviors.**
- **Awesome presentation! Very informative!**
- **Excellent speaker with good assessment and therapy information.**
- **Very useful!**

	MYOC1 Yes	MYOC1 No	MYOC1 ?	Total
Using Group Visits [Jonathan Fanburg] 1 2 3 4 5 Comments_____ ▪ **Very good motivational speaker! Great info.** ▪ **Very good speaker. Great inspiration.** ▪ **Impressive.**	4.57	4.41	4.67	4.55
Population Based Care & Clinical Information Systems [Lisa Letourneau] 1 2 3 4 5 Comments_____ ▪ **As usual, very informative!** ▪ **PHN has an EMR.** ▪ **Already using CIR.** ▪ **Examples of how and why helpful.**	3.60	3.52	4.33	3.82
Update on Collaborative Evaluation Plans [Michele Polacsek, Victoria Rogers] 1 2 3 4 5 Comments_____ ▪ **How fast rules change!** ▪ **As usual, Tory was phenomenal!** ▪ **Our data not included.** ▪ **Very useful.**	3.75	3.83	4.67	4.08
Understanding WIC Benefits [Karen Gallagher] 1 2 3 4 5 Comments_____ ▪ **We needed to hear from WIC. This our office greatly appreciated.** ▪ **Excellent update.** ▪ **Great up-date on what this program offers families for resources.** ▪ **Excellent and helpful info!**	4.53	4.35	4.67	4.51
Successful Community Outreach [Panel] 1 2 3 4 5 Comments_____ ▪ **We learn from each other's mistakes. Way to reach out to outside clinic services and resources.** ▪ **Impressive community outreach! What an awesome presentation!** ▪ **Interesting on how people become involved in efforts to help families and children.**	4.19	3.91	4.67	4.26
Working with Schools [Panel] 1 2 3 4 5 Comments_____ ▪ **Helpful.**	4.36	4.14	4.50	4.33

The Experience as a Whole

	MYOC1 Yes	MYOC1 No	MYOC1 ?	Total
Team Meetings (Not Useful 1 2 3 4 5 Very Useful)	3.89	3.73	5.00	4.21
The Meeting as a Whole 1 2 3 4 5	4.48	4.21	5.00	4.56

Comments

- **Didn't have one. Team not here.**
- **We tend to talk and get excited for increasing our program, but once we get back into the real world and work we tend to forget mainly due to lack of time.**
- **I was the only team member.**

Comments

- **Helps us realize what we need to do – set goals – baby steps.**
- **Excellent, moved forward very well, full agenda, but very coordinated.**
- **Thursday afternoon sessions not interesting/helpful. Especially for the one hour drive back and forth.**
- **It should go down to one day.**

Course Objectives

Have you improved your knowledge +/or ability to: (Please circle the appropriate number).

Hardly At All 1 2 3 4 5 **Very Much So**

16. Describe developmental influences on childhood obesity	4.05	3.89	4.67	4.20
17. Identify patients having the greatest potential to benefit from proactive care	3.62	3.70	4.33	3.88
18. Inspire, build enthusiasm for quality teamwork & collaboration for practice members at home	4.20	3.85	4.67	4.24
19. Set aims to spread MYOC work	4.24	3.95	4.67	4.29
20. Understand more about statewide community & school programs	4.40	3.74	5.00	4.38
Did the **facility** meet your needs? 1 2 3 4 5	4.32	4.09	5.00	4.47

Comments

- **Yes. Live close to Augusta. Easier to make time around work.**
- **Microphones.**
- **Need WiFi access on Friday.**

Was the **staff** knowledgeable and helpful? 1 2 3 4 5	4.71	4.48	5.00	4.73

Comments

- **Very.**

Did you feel there was any commercial or personal bias? Yes 0 No 45

If yes please explain_____

Please indicate other specific learning needs you have related to your practice that we could address at future sessions:

- **Fun tools to help teach nutrition to clients. Interactive tools to use in this area.**

Additional Comments_____

- **Thank you for putting this event on.**
- **Data is all so new. Need to carefully interpret. Thank you for all your continued/ongoing efforts.**
- **As an RD starting a private practice, lots of useful info! Thanks!**
- **Our team seems to be shrinking. Perhaps time to recruit more members!**
- **Would have liked more time with Dr. Lockhart.**
- **More hands on/less sitting and listening.**
- **Nice format – short presentations, ending by 3:30 a good thing.**
- **Poor planning in scheduling a meeting prior to Memorial Day weekend. Could the information be condensed? Smaller sessions, maybe? Friday afternoon sessions were more informative, but I was unable to stay for them all.**
- **Is there a need for ongoing programs versus short 8-10 weeks programs with regard to sticking with theories?**
- **It is very difficult to get out of the office for 1 ½ days. This conference should be one day!! Information could be condensed.**
- **As someone who is not a practitioner but a community organizer, it was very interesting to see the medical perspective, but not exactly in my work area. (Though it's important to have different perspectives, so thanks for having me!!) There should be even more opportunities for community organizers to train together with practitioners.**

Signature: (Note: to receive CME's you must sign this form)_____

Please return this evaluation to the check-in desk by 3:30 p.m. on Friday May 25th.

Blue = MYOC 1 Yes
Green = MYOC 1 No
Orange = MYOC 1 ?
Violet = TOTAL

Participant Evaluation
Maine Youth Overweight Collaborative
Learning Session #4—September 20th & 21st
RESULTS (Response Rate=52%, N=39)

Why complete this survey?

- **It is the means by which you can receive education / attendance credit.**
- **It's easy.**
- **It is a very valuable tool to the Collaborative faculty and staff to hear your feedback.**

WE LISTEN! **We want to know what you liked…and didn't like.**

Note: You must sign on the bottom of page 2 to receive CME's

Did you participate in the first round of MYOC in 2004 to 2006? Yes 10 No 24

Please circle the number that corresponds to your answer or note that you did not attend for each of the following sections of the Learning Session.

	Not Useful				Very Useful	MYOC1 Yes	MYOC1 No	Total
Office-Based Motivational Interviewing [Robert Schwartz]	1	2	3	4	5	4.86	4.60	4.73
Stealth Interventions to Prevent & Treat Obesity [Thomas Robinson]	1	2	3	4	5	4.29	4.04	4.16
Multimodal Approaches to Childhood Obesity [Thomas Robinson]	1	2	3	4	5	3.90	4.21	4.06
Focused Medical Appointment [Ken Lombard]	1	2	3	4	5	3.90	4.30	4.10
Introduction to NICHQ COAN [Tory Rogers]	1	2	3	4	5	4.71	4.47	4.59

Comments:

Office-Based Motivational Interviewing
- Would streamline or give suggestions on how to use in a busy practice setting. Usually many patients don't come in for just one-on-one interviews.
- I really enjoyed this!

Stealth Interventions to Prevent & Treat Obesity
- Interesting!
- Handout with presentation would have been helpful.
- Interesting, but not clear how relevant to clinical practices, beyond supportive social marketing-type programs/policies.

Multimodal Approaches to Childhood Obesity
- Somewhat lengthy/detailed on Stanford piece.
- Handout with presentation would have been helpful.
- Merely a listing of their accomplishments. Handouts would have been good.

Focused Medical Appointment
- Love this idea.
- Not sure we'd benefit very much as far as we are from Portland, but looks good.
- Great resource.

Introduction to NICHQ COAN
- Great to be updated!

The Experience as a Whole

	Not Useful				Very Useful	MYOC1 Yes	MYOC1 No	Total
Team Meetings	1	2	3	4	5	4.50	4.05	4.28

Comments:

- Our team, due to staffing issues, won't complete but it was good to have time out of the office to think about this.
- This should be planned for earlier in the day so all team members still present.
- Only team member here.
- Our whole team was not present. We have scheduled regular meetings within our office and team which has really improved our outlook and programs.

The Learning Session as a Whole	1	2	3	4	5	4.67	4.59	4.63

Comments:

- More ideas on every component of 5210 would be helpful. How to bring aspects of each of these to the office.
- As we use new techniques such as positive, motivational interviewing, it is great to come back and discover other techniques or to be reminded where we need to improve.
- Helpful, but too long. Glad you're going to change to one day.

Learning Session Objectives

Have you improved your knowledge +/or ability to: (Please circle the appropriate number).

	Hardly At All				Very Much So	MYOC1 Yes	MYOC1 No	Total
21. Describe the essential principles of motivational interviewing and identify key elements useful in primary care	1	2	3	4	5	4.40	4.27	4.33
22. Assess the patient's/families core values and interest & confidence in making behavior change	1	2	3	4	5	4.40	4.12	4.26
23. Describe criteria for action planning based on patient/family level of readiness to change	1	2	3	4	5	4.40	4.08	4.24
24. Develop a plan for follow-up visits with those patients/families that will benefit most from proactive care	1	2	3	4	5	4.00	3.96	3.98
25. Understand family dynamics around behavior change	1	2	3	4	5	4.20	4.19	4.20
Did the **facility** meet your needs?	1	2	3	4	5	4.50	4.32	4.41

Comments:

- Chairs were really uncomfortable. (2)
- A little cold. (3)
- 5, although quite a distance to travel.

						MYOC1 Yes	MYOC1 No	Total
Was the **staff** knowledgeable and helpful?	1	2	3	4	5	4.70	4.67	4.68

Comments:

- Will we have access to presenters' slides? (T. Robinson?)
- Very much so!
- Good job Joan!
- Dr. Robinson was an excellent speaker. Had lots of useful, practical information.
- Did not interact with any staff.
- Fantastic!

Did you feel there was any commercial or personal bias? Yes **0** No **38**

If yes please explain_____

Please indicate other specific learning needs you have related to your practice that we could address at future sessions:

- Zero-Two years and rebound and how to intervene at birth. Follow-up with patients in years two and three.
- Cutting edge programs and ideas for treatment, prevention technique, and political advocacy.
- Possibly more follow-up suggestions post programs. We have seen a percentage of patients start to gain the weight back that we helped them lose. We have a hard time getting patients and their families committed to a follow-up program. Or a future focus group between teams with successful programs or those starting and experiencing new programs.

Additional Comments:

- Some redundancy.
- I always feel this Collaborative is helpful, however, I always feel less speakers and more time with each other would be more beneficial! Picking each others' brains, so to speak.
- Length of sessions. The speakers are great; however, length of speaker time feels long without a break. The content is right on, though. One day LS sounds great.
- Thanks for inspiring us (again)!
- Per usual, excellent presentations, speakers, content, planning for Collaborative members.
- Best training yet on MI.
- I only attended Friday morning. Thank you. Great job. Great speakers.
- Thank you for inviting me. I look forward very much to joining MYOC 2 next spring.

Signature: **(Note: to receive CME's you must sign this form)**_____

Please return this evaluation to the check-in desk by 3:30 p.m. on Friday September 21st

Blue = MYOC 1 Yes
Green = MYOC 1 No
Violet = TOTAL