The Maine Youth Overweight Collaborative
Building Clinical and Community Partnerships to Improve
Prevention, Identification, and Management of Youth Overweight/Obesity

The goal of the Maine Youth Overweight Collaborative [MYOC] is to substantially increase the ability and
effectiveness of physician office practices in Maine to prevent and manage youth overweight & obesity; this will be
done by providing practice teams with needed training and tools, and assisting them in strengthening their linkages
to community partners. By combining successful strategies, experience and faculty, we will build on previous
efforts to create an enhanced model for training additional family and pediatric physician practices to effectively
address this critically important problem. This enhanced model will address youth overweight and obesity in
primary care practices (PCP) for patients from birth to 18 years of age, and will provide specific tools and training
for physicians to work as advocates in their community. In addition, by working in partnership with the major health
systems and provider organizations in Maine, the program will help to develop the local infrastructure needed to
spread and sustain these changes over time.

Nearly one third of Maine children are overweight or obese. Most alarming is the high probability of an obese child
becoming an obese adult. While national leaders and public opinion polls call on physicians to take an increased
role in prevention and early recognition of pediatric obesity, significant gaps exist in the ability of physician practices
to respond to this crisis.

Reports suggest that primary care providers have not yet made Body Mass Index (BMI) measurement part of their
routine practice, although national standards have existed for several years recommending annual measurement of
BMI %’ile for age/ gender for children. Even when obesity is identified, physicians are often reluctant to discuss the
diagnosis with the patient and family, and a majority report they do not feel competent or comfortable with the topic.

In addition, physicians often miss opportunities to link with community and school organizations to address youth
obesity, and are often not familiar with how to take on leadership roles in their community on such issues. Clearly
there is an acute need for providers to get assistance to increase their skills and knowledge; utilize quality
improvement tools and methods; and take a leadership role in linking with communities and schools on the issue.

By combining the clinical delivery system design changes & community/school engagement models developed by
MYOC, teams will benefit from national experts and resources for provider education, information, curriculum and
patient self-management.

**Intervention Sites:**
Recognizing the need to influence and improve the knowledge, skills and tools of additional practices to address
obesity, the MYOC Learning Collaborative allows us to significantly increase our reach and sustain our initial
successful efforts. MYOC brings together MCPH staff, advisors, MAAP, Maine Academy of Family Physicians
(MAFP) and leadership from the major health systems to reach additional practices beyond those who formally
participate.

MYOC is comprised of two groups of teams:
**New teams:** New pediatric and family practices are recruited to participate, and asked to identify a team consisting
of a lead physician, additional clinician, practice administrator, and community/school partner. The team will be
responsible for leading changes in the practice, and participating in MYOC educational sessions to receive
education and skills training identified as valuable.

**Practices that participated in the initial MYOC work were invited back** to participate, and asked to set clear goals for
further improvement spread to other partners within their practice and within their community. These “Veteran”
teams are invited to attend learning sessions, structured in a way to allow them to share their experience and
develop mentoring relationships with new teams, and also to receive new material and content on youth
overweight/obesity.

We work in partnership with provider organizations and the major health systems in Maine to recruit practices,
including partnerships with the Maine chapters of the AAP and the AFP.
**Key Components / Activities:**
MYOC uses the framework of the Chronic Care model and the Learning Collaborative model to introduce practices to a specific set of key changes to improve prevention and management of youth overweight/obesity. The learning collaborative model is used to promote collaborative learning across teams through a series of “learning sessions” held over the course of MYOC. The MYOC learning collaborative was expanded in 2008 to offer periodic site visits with specific educational outreach goals and to assess progress and facilitate problem solving with participating sites.

MYOC also expanded the types of training and support offered to participating practices. In addition to offering the traditional learning collaborative model, MYOC has partnered with MaineHealth, the largest health system in Maine to develop local leadership and infrastructure to provide additional support to practices during and after their participation in MYOC. Educational Outreach visits offer concentrated on-site educational support for participating practices, and will help spread key concepts and tools to members of participating practices not attending learning sessions. MaineHealth also chose to offer educational outreach to other practices in their service area unable to attend MYOC learning sessions as an additional way to further spread clinical improvements.

MYOC continues to encourage and facilitate connections between clinical practices and community/school organizations, particularly between practices and local Healthy Maine Partnerships.

The project is a perfect compliment to and significantly expands on successful work currently being conducted by MCPH and physician practices across Maine to improve the prevention and care of overweight and obese youth. Through partnerships, MCPH will continue to build on its strong relationship with the MAAP, MAFP, health systems, hospitals, community organizations and schools across the state that are interested in promoting improved prevention and treatment of youth overweight.

This project also utilizes the evaluation skill and expertise of the Maine Harvard Prevention Research Center. Evaluation includes an extensive assessment pre/post changes in the process of care, including knowledge, attitudes, and efficacy of provider beliefs, skills and practices, as well as outcomes of care, including percent of patients within the practice who are overweight and obese. We also assess the value of provider clinical decision support and patient education tools. We measure changes in the practice team’s capacity to perform self-management goal setting with patients (e.g. nutrition, physical activity). Teams are asked to set goals for each outcome, and to report their progress. Community/school networking and linkages to resources are also critical components of success, and assessed at baseline and post-intervention. An important systems outcome includes the evaluation of the development of health system infrastructure and capacity leading to a tipping point for innovative statewide practice around pediatric overweight.

We will disseminate final project results in the fall of 2009 locally through our health system and provider organization partnerships; statewide through annual meetings of the Maine AAP and Maine AFP; and nationally through presentations, journals, and at conferences to encourage further adoption of these best practices for improving prevention and care of overweight and obese youth.