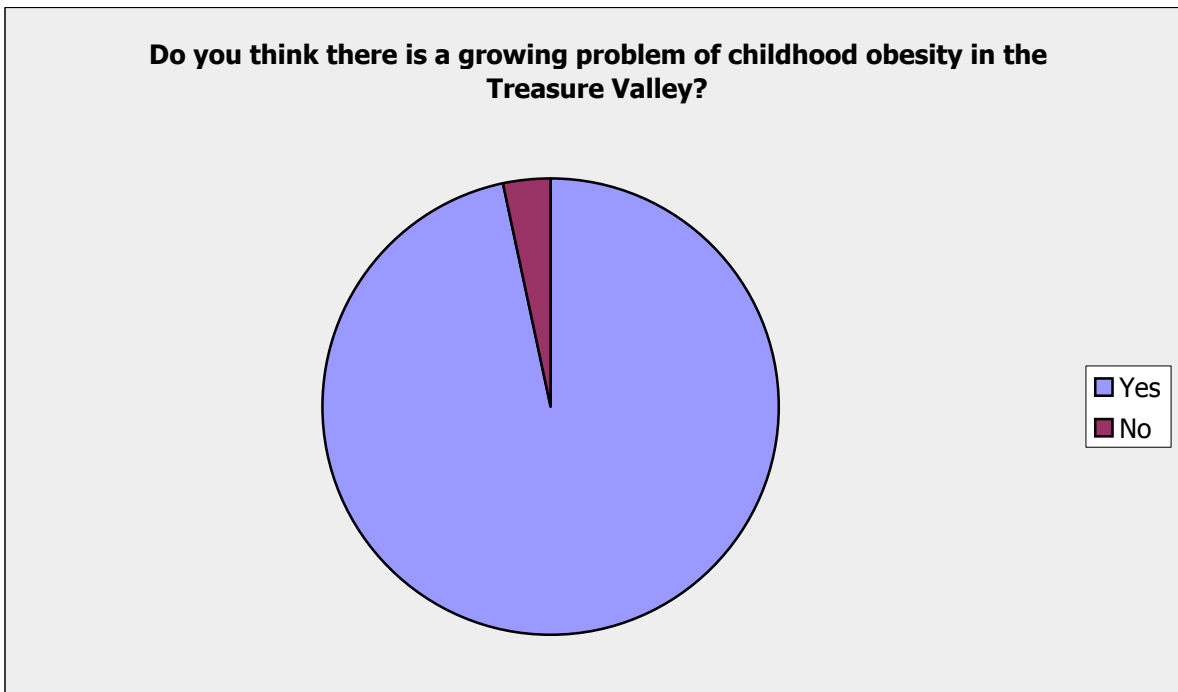


## Pediatric Obesity Survey

**Do you think there is a growing problem of childhood obesity in the Treasure Valley?**

Answer Options	Response Percent	Response Count
Yes	96.7%	59
No	3.3%	2
<i>answered question</i>		<b>61</b>
<i>skipped question</i>		<b>0</b>

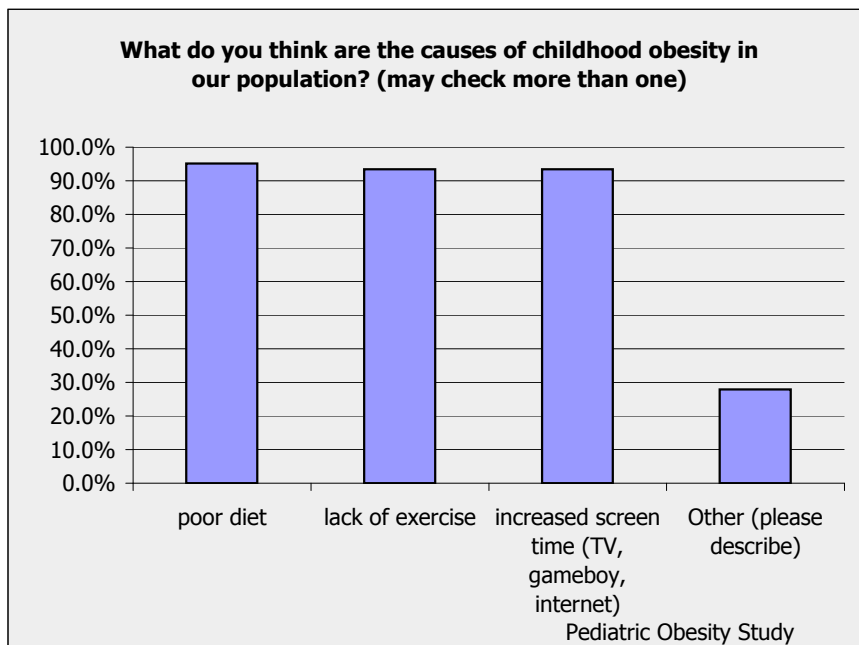


## Pediatric Obesity Survey

What do you think are the causes of childhood obesity in our population? (may check more than one)

Answer Options	Response Percent	Response Count
poor diet	95.1%	58
lack of exercise	93.4%	57
increased screen time (TV, gameboy, internet)	93.4%	57
Other (please describe)	27.9%	17
<b>answered question</b>		<b>61</b>
<b>skipped question</b>		<b>0</b>

Number	Response Date	Other (please describe)
1	Jun 5, 2009 9:33 PM	poor modeling of healthy lifestyle by parents/caregivers
2	Jun 5, 2009 11:47 PM	parental modeling of sedentary lifestyle and poor food choices
3	Jun 6, 2009 1:25 AM	parenrs do not play with kids
4	Jun 8, 2009 4:24 PM	Obese parents
5	Jun 8, 2009 5:42 PM	poor family dietary and exercise habits
6	Jun 9, 2009 9:24 PM	Low income families tend to choose cheaper foods/fast foods, ie diet is poor.
7	Jun 12, 2009 6:24 PM	High fructose corn syrup
8	Jun 15, 2009 1:05 PM	Single parents who have to work outside of the home and ease of purchasing low cost high fat foods
9	Jun 16, 2009 2:54 PM	Increase in availability of nonnutritional foods in all environmental settings. Sugared/caloric drinks.
10	Jun 16, 2009 2:58 PM	family system eating habits
11	Jun 16, 2009 5:04 PM	"Epigenetic" factors
12	Jun 16, 2009 5:56 PM	decreased opportunities for neighborhood play
13	Jun 16, 2009 6:29 PM	decreased activity as part of daily living
14	Jun 17, 2009 2:59 AM	High fructose corn syrup
15	Jun 18, 2009 5:51 PM	Decreased activity (i.e. PE) at school.
16	Jun 19, 2009 4:30 AM	dissolution of family activities outside - fragmented family structure
17	Jul 29, 2009 5:22 PM	FAMILY OBESITY



Pediatric Obesity Study  
 Treasure Valley  
 Idaho  
 June 2009  
 CATCH Grant  
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## Pediatric Obesity Survey

Do you see children ages 2-10 in your daily practice/job?		
Answer Options	Response Percent	Response Count
Yes	96.6%	57
No	3.4%	2
<i>answered question</i>		<b>59</b>
<i>skipped question</i>		<b>2</b>

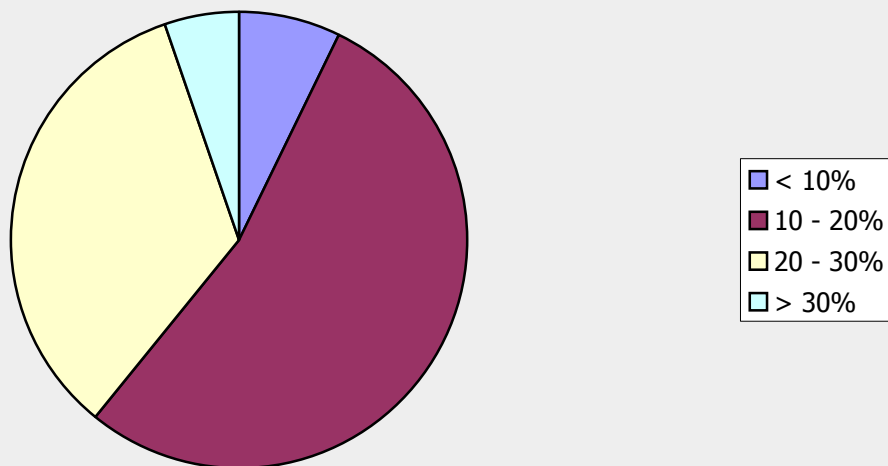


## Pediatric Obesity Survey

What percentage of the kids you see are overweight? (Body Mass Index >85% for age)

Answer Options	Response Percent	Response Count
< 10%	7.1%	4
10 - 20%	53.6%	30
20 - 30%	33.9%	19
> 30%	5.4%	3
<b>answered question</b>		<b>56</b>
<b>skipped question</b>		<b>5</b>

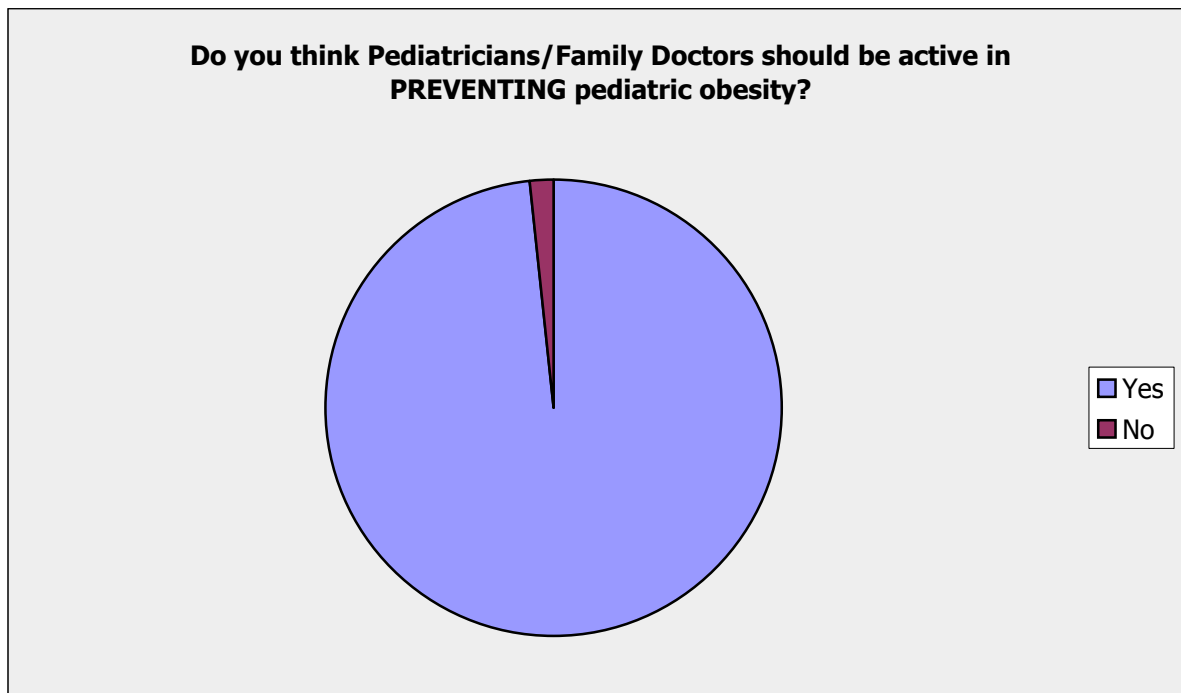
What percentage of the kids you see are overweight? (Body Mass Index >85% for age)



## Pediatric Obesity Survey

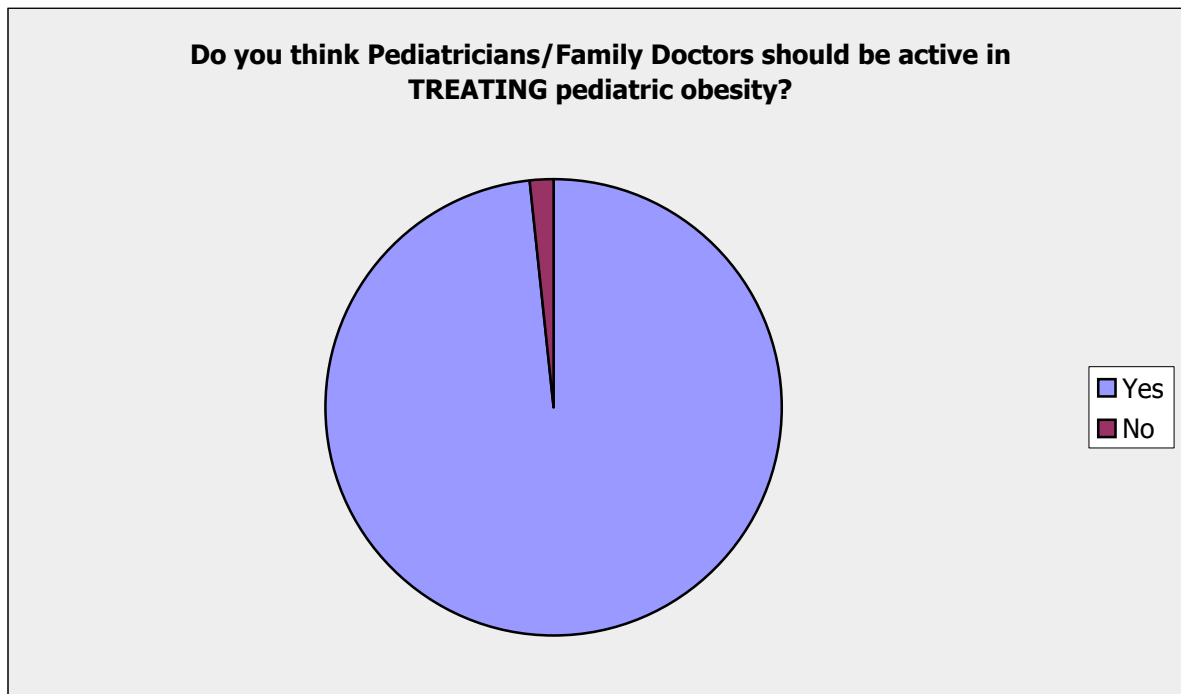
Do you think Pediatricians/Family Doctors should be active in PREVENTING pediatric obesity?

Answer Options	Response Percent	Response Count
Yes	98.3%	59
No	1.7%	1
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>1</b>



## Pediatric Obesity Survey

Do you think Pediatricians/Family Doctors should be active in TREATING pediatric obesity?		
Answer Options	Response Percent	Response Count
Yes	98.3%	59
No	1.7%	1
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>1</b>



## Pediatric Obesity Survey

How could Pediatricians/Family Doctors help prevent or treat pediatric obesity?

Answer Options	Response Count
	57
<i>answered question</i>	<b>57</b>
<i>skipped question</i>	<b>4</b>

Number	Response Date	Response Text
1	Jun 5, 2009 8:54 PM	Parental education, motivation
2	Jun 5, 2009 9:09 PM	more info on diet/exercise; very specific recommendations
3	Jun 5, 2009 9:11 PM	Education and Public Health interventions
4	Jun 5, 2009 9:26 PM	promoting healthy lifestyle choices
5	Jun 5, 2009 9:34 PM	education, action plans with diet, exercise
6	Jun 5, 2009 10:26 PM	Discuss it with every family every time. Participate in community wide lifestyle modification.
7	Jun 5, 2009 10:45 PM	education
8	Jun 5, 2009 11:53 PM	Discussing diet and exercise as a priority; I would avoid medicinal or surgical control. Evaluate the child's perspective of the issue--is it a problem?
9	Jun 6, 2009 1:26 AM	5-2-1 teaching, check BMI, refer Families to Y, nutritionists
10	Jun 6, 2009 1:59 AM	More education in early well child visits
11	Jun 6, 2009 6:32 AM	talk with parents, tell, limit screen time<2hrs. Increase exercise, eat breakfast etc
12	Jun 6, 2009 5:13 PM	nutrition and behavior counseling
13	Jun 6, 2009 10:55 PM	First, notice the issue. Second, discuss with parent / child. Identify simple measures to decrease weight via shared decision making. Last, arrange regular follow-up to reassess.
14	Jun 7, 2009 12:01 AM	Good screening at each well child check with appropriate counseling and referral to nutritional sources, encouraging exercise, counseling parents, emphasizing appropriate foods.
15	Jun 8, 2009 11:10 AM	diet exercise and wt loss counseling
16	Jun 8, 2009 1:33 PM	Education, referral to available resources
17	Jun 8, 2009 4:25 PM	More actively screen for it and when found intervene (dietician, PT or exercise programs)
18	Jun 8, 2009 5:27 PM	education
19	Jun 8, 2009 5:43 PM	Identifying obesity, providing counseling, screening for secondary effects/diseases, referring to weight loss programs/dieticians
20	Jun 8, 2009 11:14 PM	Develop individual plans for diet, exercise, lifestyle
21	Jun 9, 2009 4:07 AM	stress diet to parents/have available references
22	Jun 9, 2009 4:57 PM	counseling at regular wellness visits about nutrition and exercise for all children
23	Jun 9, 2009 9:25 PM	Educate parents about the high fructose corn syrup and high calories in carbohydrate foods
24	Jun 10, 2009 7:21 PM	Educate children and their families in diet/exercise/healthy habits
25	Jun 10, 2009 7:48 PM	education, close follow-up, motivational interviewing
26	Jun 11, 2009 4:41 AM	Targeting parents for lifestyle changes themselves. Often, the obese child also has obese parents. I rarely have an obese pediatric patient who has normal weight parents.
27	Jun 12, 2009 6:25 PM	Education, RD referrals
28	Jun 12, 2009 9:35 PM	education, programs
29	Jun 12, 2009 10:38 PM	encourage exercise, healthy eating
30	Jun 15, 2009 1:07 PM	Assess high-risk children's cholesterol, be more proactive with prevention if the parent is overweight or has other risk factors
31	Jun 15, 2009 2:19 PM	Develop a "team approach" encompassing dieticians, parenting educators, physical therapists.
32	Jun 15, 2009 7:50 PM	more regular visits and lifestyle management plans for obesity
33	Jun 15, 2009 7:56 PM	Educating parents about the issue and what leads to it. Encouraging families to change behaviors that lead to obesity.
34	Jun 16, 2009 4:45 AM	Parental education
35	Jun 16, 2009 2:18 PM	Counseling and encouragement for lifestyle changes
36	Jun 16, 2009 2:55 PM	Having extensively read the data I think that there is very little that we can do unless there are consistent community based programs available to refer families to.
37	Jun 16, 2009 2:59 PM	education and advocacy
38	Jun 16, 2009 3:15 PM	Make families aware of growth chart and healthy eating /exercise.
39	Jun 16, 2009 3:32 PM	advocate increased activity, fruits, and vegetables, and less TV
40	Jun 16, 2009 4:35 PM	food diaries for one month than review with parents
41	Jun 16, 2009 5:05 PM	Start with "lifestyle" changes early.
42	Jun 16, 2009 5:58 PM	family education, involvement in programs, recommendation of community resources
43	Jun 16, 2009 6:27 PM	counseling, information,
44	Jun 16, 2009 6:30 PM	i wish i knew
45	Jun 16, 2009 7:20 PM	discuss screen time recs with parents, refer to dieticians, recommend specific exercise prescriptions
46	Jun 16, 2009 8:45 PM	More education in diet, referral to dietician
47	Jun 16, 2009 11:18 PM	Monitor weight/BMI/counseling/ give dietary guideline/caloric need advice. Have kids make food and exercise journals and review with families. I also pay children \$1 per pound of weight loss.
48	Jun 17, 2009 1:24 AM	referrals, counseling
49	Jun 17, 2009 3:00 AM	Discuss diet and exercise
50	Jun 17, 2009 3:09 AM	Anticipatory guidance regarding the negative effects of screen tie and fast and convenience foods.
51	Jun 17, 2009 6:29 PM	Education
52	Jun 18, 2009 5:54 PM	Diet and activity counseling for the family. To decrease obesity, there needs to be a lifestyle change for the family. Most families are resistant.
53	Jun 18, 2009 10:30 PM	Counseling, community outreach

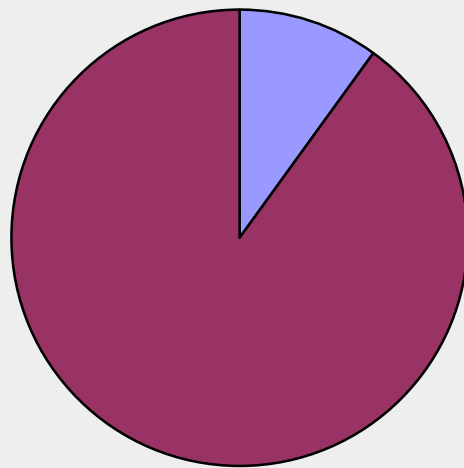
54	Jun 19, 2009 12:26 AM	Prevention: At clinic visits, on intake forms include questions about family and individual health habits associated with healthy weight and overweight; screen for overweight/excessive rate of gain over time; "market" messages in the waiting and office areas; promote and support breastfeeding as the first step to healthy weight. Review key healthy weight messages with families at clinic visits. Treatment: Screen children for BMI, morbidities related to overweight/obesity, refer to community resources and ancillary services that can help motivated families make health changes (exa. Dietitian; exercise programs; outdoor activity programs; etc. partner with organizations that teach nutrition, access resources such as the Y for low income families to exercise safely, be trained in culturally competent approaches to dealing with obesity (especially in the Hispanic community), reimburse physicians for their time counseling re: prevention and behavior change so that they
55	Jun 19, 2009 4:32 AM	are empowered to redirect their time
56	Jul 5, 2009 11:07 PM	Patient/family education, simple handouts, social policy
57	Jul 29, 2009 5:23 PM	ANTICIPATORY GUIDANCE, DIETARY TEACHING, LIMIT SCREEN TIME, ENCOURAGE ACTIVITY, CONNECT WITH COMMUNITY RESOURCES

## Pediatric Obesity Survey

**Do you think there are sufficient community resources for pediatric weight management?**

Answer Options	Response Percent	Response Count
Yes	10.0%	6
No	90.0%	54
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>1</b>

**Do you think there are sufficient community resources for pediatric weight management?**



■ Yes  
■ No

**Pediatric Obesity Survey**

**What community resources are you familiar with that deal with pediatric weight management or obesity?**

Answer Options	Response Count
	54
<i>answered question</i>	<b>54</b>
<i>skipped question</i>	<b>7</b>

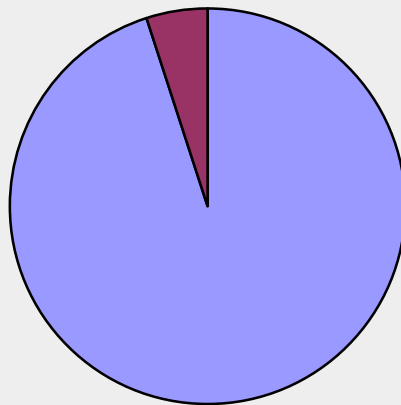
Number	Response Date	Response Text
1	Jun 5, 2009 8:54 PM	None.
2	Jun 5, 2009 9:10 PM	better access to nutrition consults, exercise programs for kids
3	Jun 5, 2009 9:12 PM	None that I know of
4	Jun 5, 2009 9:35 PM	st. al's has a peds dietician/outpt peds obesity resource i believe
5	Jun 5, 2009 10:27 PM	Dietician at hospitals. Community ed
6	Jun 5, 2009 10:46 PM	dietician, nutritional nurse
7	Jun 5, 2009 11:53 PM	I would have to refer to dietitian or refer to #211
8	Jun 6, 2009 1:26 AM	Humphrey's, Y
9	Jun 6, 2009 1:59 AM	None
10	Jun 6, 2009 6:33 AM	nutrition classes at parents work(micron), School education programs,
11	Jun 6, 2009 5:13 PM	Trim Kids YMCA
12	Jun 6, 2009 10:57 PM	We have in-house behavioral medicine help. Nutritionist.
13	Jun 7, 2009 12:02 AM	Nutritionist through St Al's and St Luke's.
14	Jun 8, 2009 11:13 AM	dietary consults, workshop at st lukes (not sure if it still exists)
15	Jun 8, 2009 1:33 PM	none
16	Jun 8, 2009 4:25 PM	Idaho Pediatric Physical Therapy has a multidisciplinary clinic
17	Jun 8, 2009 5:28 PM	trim kids program
18	Jun 8, 2009 5:44 PM	YMCA's Trim Kids, Weight Watchers, Private dieticians
19	Jun 8, 2009 11:15 PM	St. Luke education, Humphrey Center
20	Jun 9, 2009 4:07 AM	physicaltherapy/elkbs #2. YMCA
21	Jun 9, 2009 9:26 PM	Dietician referral at hospitals
22	Jun 10, 2009 7:21 PM	nutritionists, YMCA
23	Jun 10, 2009 7:48 PM	Y fit-kids
24	Jun 11, 2009 4:43 AM	the YMCA downtown Boise occasionally has healthy lifestyle programs geared towards adolescents. YMCA programs, schools omitting birthday treats and
25	Jun 12, 2009 6:26 PM	encouraging increased activity
26	Jun 12, 2009 9:36 PM	a couple of community programs
27	Jun 12, 2009 10:39 PM	Al's feeding team, Luke's adol group, nutrition consult, YMCA
28	Jun 15, 2009 1:08 PM	SARMC Feeding Team and the YMCA
29	Jun 15, 2009 2:20 PM	YMCA
30	Jun 15, 2009 7:51 PM	YMCA, clubs, churches, athletics, schools, city parks
31	Jun 15, 2009 7:56 PM	private nutritionists, pediatricians or family doctors
32	Jun 16, 2009 4:45 AM	None
33	Jun 16, 2009 2:19 PM	None
34	Jun 16, 2009 2:56 PM	Trim Kids program at the YMCA. Local nutritionists. Nutrition programs through St. Lukes.
35	Jun 16, 2009 2:59 PM	SL
36	Jun 16, 2009 3:15 PM	YMCA/St Lukes
37	Jun 16, 2009 3:32 PM	none
38	Jun 16, 2009 4:36 PM	idaho dairy association
39	Jun 16, 2009 5:06 PM	Nutritionists
40	Jun 16, 2009 5:58 PM	YMCA
41	Jun 16, 2009 6:31 PM	St. Lukes Healthy Living, YMCA programs, one new PT program
42	Jun 16, 2009 7:21 PM	can't remember name
43	Jun 16, 2009 8:46 PM	dieticians, school programs
44	Jun 16, 2009 11:09 PM	None
45	Jun 16, 2009 11:18 PM	Hospital dieticians
46	Jun 16, 2009 11:18 PM	WIN program with St. Lukes
47	Jun 17, 2009 1:25 AM	YMCA program
48	Jun 17, 2009 3:01 AM	Public Health Involvement
49	Jun 17, 2009 3:10 AM	none
50	Jun 17, 2009 6:30 PM	None
51	Jun 18, 2009 5:56 PM	More noncompetitive activities need to be available. WIC;Head Start; YMCA; St.Luke's Healthy Weight Program;
52	Jun 19, 2009 12:28 AM	Registered Dietitians
53	Jun 19, 2009 4:32 AM	YMCA, st al's nutrition clinic
54	Jul 5, 2009 11:10 PM	central district health, pediatricians offices, internet info such as NIH etc
54	Jul 29, 2009 5:24 PM	FIT KIDS AT ST LUKES, YMCA, MEDICAID FUNDING FOR OVERWEIGHT KIDS AND FITNESS PROGRAMS

## Pediatric Obesity Survey

**Do you think a comprehensive Pediatric Weight Management program would be beneficial to your patients/clients? (Including medical evaluation and**

Answer Options	Response Percent	Response Count
Yes	95.0%	57
No	5.0%	3
<i>answered question</i>		<b>60</b>
<i>skipped question</i>		<b>1</b>

**Do you think a comprehensive Pediatric Weight Management program would be beneficial to your patients/clients? (Including medical evaluation and oversight, nutrition counseling, physical therapy/activity, and social service coordination)**



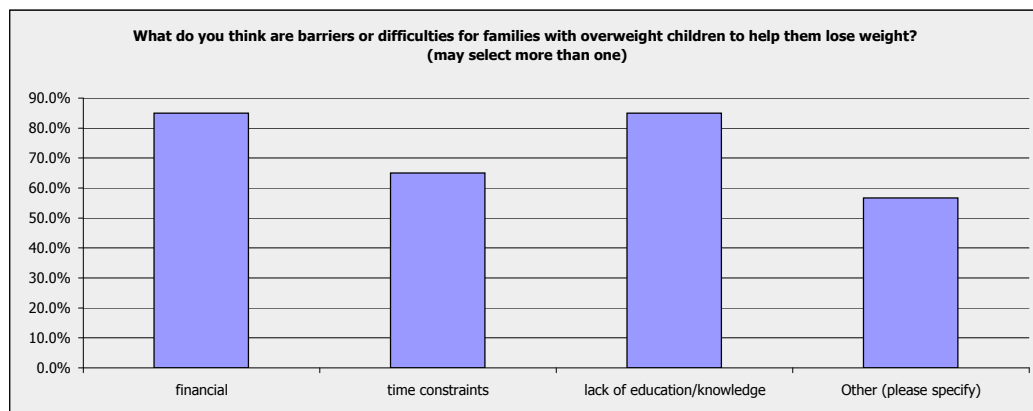
■ Yes  
■ No

## Pediatric Obesity Survey

What do you think are barriers or difficulties for families with overweight children to help them lose weight? (may select more than one)

Answer Options	Response Percent	Response Count
financial	85.0%	51
time constraints	65.0%	39
lack of education/knowledge	85.0%	51
Other (please specify)	56.7%	34
<b>answered question</b>		<b>60</b>
<b>skipped question</b>		<b>1</b>

Number	Response Date	Other (please specify)
1	Jun 5, 2009 8:55 PM	Familial patterns of eating and lack of exercise - some families do not value these aspects of their health.
2	Jun 5, 2009 9:28 PM	I worry that by focusing more on "losing weight" than healthy lifestyle choices, the incidence of eating disorders will skyrocket
3	Jun 5, 2009 10:47 PM	parents are obese as well, and do not seem overly concerned regarding their child's weight
4	Jun 5, 2009 11:56 PM	patient #'s for economic viability; resistance of parents and the child -- denial of a problem (its not that bad).
5	Jun 6, 2009 1:28 AM	telephone counseling program for families is not available
6	Jun 7, 2009 12:03 AM	Apathy
7	Jun 8, 2009 11:16 AM	lack of role model in the family, genetics,
8	Jun 8, 2009 4:26 PM	Parents not seeing it as a problem
9	Jun 8, 2009 5:45 PM	lack of motivation to change
10	Jun 8, 2009 11:17 PM	conflicting advice, lack of readily attainable goals
11	Jun 9, 2009 4:08 AM	lack of incentive
12	Jun 9, 2009 4:58 PM	parental obesity!!!
13	Jun 9, 2009 9:26 PM	Some parents take offense to the suggestion that their child needs to lose weight
14	Jun 10, 2009 7:49 PM	not considering it to be a serious issue for their child; rationalization
15	Jun 12, 2009 6:27 PM	Environmental and lack of concern or knowledge regarding the complications associated with overweight.
16	Jun 12, 2009 9:37 PM	motivation
17	Jun 12, 2009 10:39 PM	difficult to change behavior, particularly adolescent behavior
18	Jun 15, 2009 1:10 PM	parental social/emotional issues
19	Jun 15, 2009 2:21 PM	Unconcerned - parents are also overweight
20	Jun 15, 2009 7:52 PM	challenges in leading by example
21	Jun 15, 2009 7:57 PM	laziness
22	Jun 16, 2009 3:01 PM	media advertising and marketing
23	Jun 16, 2009 3:18 PM	Parents need to be on board. Culturally it is easy to choose poorly and hard work to eat well. Serving sizes, pop and TV. PE needs to happen for real at schools.
24	Jun 16, 2009 5:06 PM	Motivation; not making it a priority
25	Jun 16, 2009 6:32 PM	lack of motivation, parental and patient under estimation of severity
26	Jun 16, 2009 7:21 PM	embarrassment, parents' own defensiveness about their weight problems
27	Jun 16, 2009 8:47 PM	Parent are purchasing less expensive, less nutritious food for their children. Minimal fruits/vegetables
28	Jun 16, 2009 11:19 PM	It is difficult to make long term dietary and exercise changes. It requires commitment and effort.
29	Jun 17, 2009 2:58 AM	Parents are obese too
30	Jun 17, 2009 6:30 PM	Dieting is difficult
31	Jun 19, 2009 12:40 AM	Financial-Lack of insurance coverage; Lack of staff to provide comprehensive healthy weight programs through government nutrition programs, such as WIC; inadequate local resources to support and train health care professionals in offering evidence-based approaches to the prevention and management and treatment of pediatric overweight.
32	Jun 19, 2009 4:33 AM	work schedules, cultural barriers
33	Jul 5, 2009 11:11 PM	Cultural perceptions and norms including lifestyle, restaurant choices- particularly fast food,
34	Jul 29, 2009 5:24 PM	APATHY

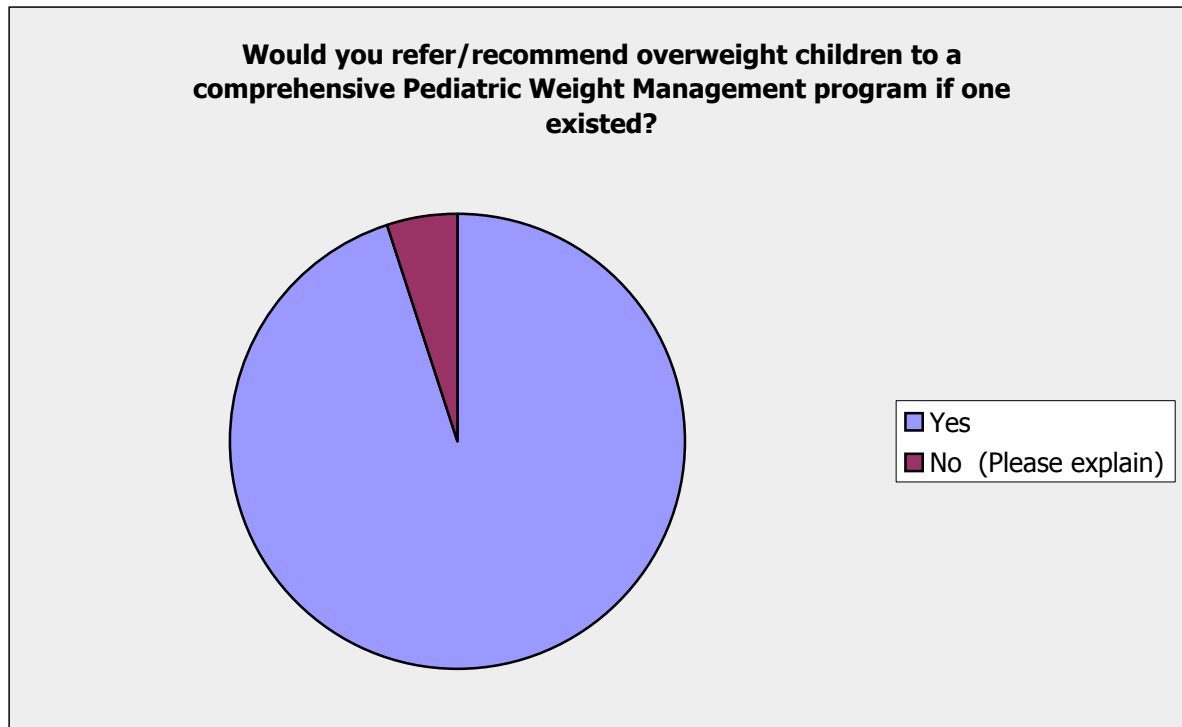


## Pediatric Obesity Survey

**Would you refer/recommend overweight children to a comprehensive Pediatric Weight Management program if one existed?**

Answer Options	Response Percent	Response Count
Yes	94.9%	56
No (Please explain)	5.1%	3
<b>answered question</b>		<b>59</b>
<b>skipped question</b>		<b>2</b>

Number	Response Date	No (Please explain)
1	Jun 8, 2009 4:26 PM	Yes, I would, but there already is one through Idaho Pediatric PT
2	Jun 16, 2009 5:59 PM	Note - many of the children seen at this facility have issues with poor weight gain
3	Jul 5, 2009 11:12 PM	Perhaps. Would depend on costs, availability, relative to followup by pediatrician

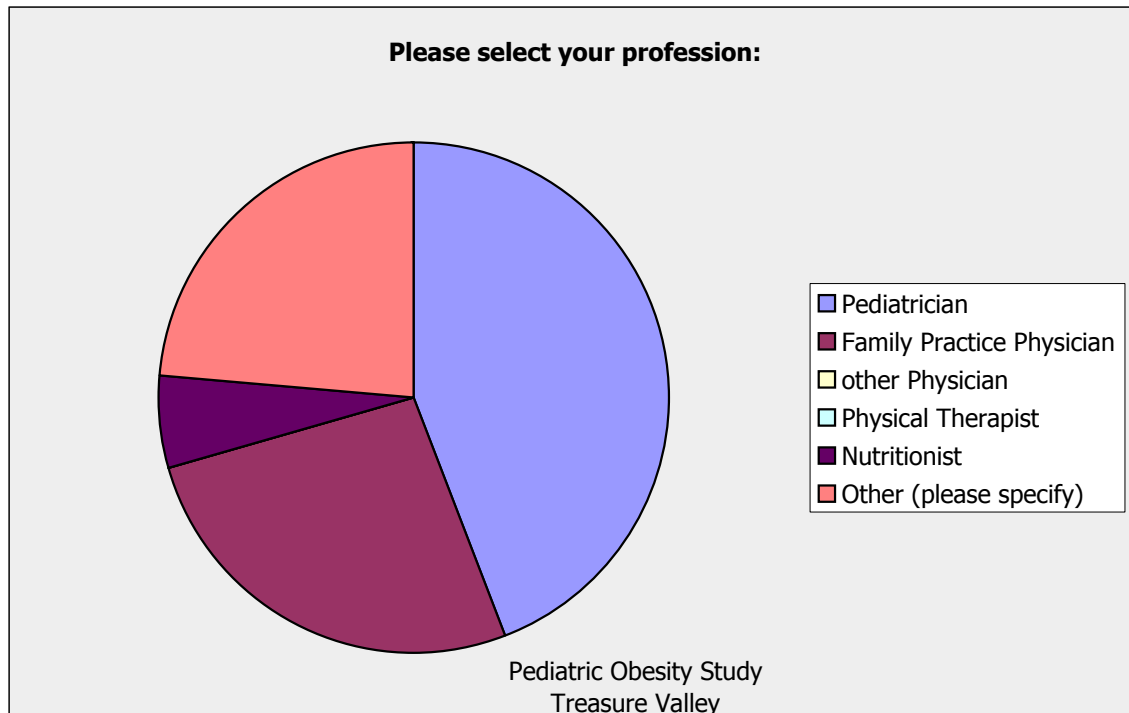


## Pediatric Obesity Survey

Please select your profession:

Answer Options	Response Percent	Response Count
Pediatrician	44.1%	15
Family Practice Physician	26.5%	9
other Physician	0.0%	0
Physical Therapist	0.0%	0
Nutritionist	5.9%	2
Other (please specify)	23.5%	8
<b>answered question</b>		<b>34</b>
<b>skipped question</b>		<b>27</b>

Number	Response Date	Other (please specify)
1	Jun 15, 2009 1:10 PM	Occupational Therapist
2	Jun 15, 2009 2:21 PM	Nurse Pediatric GI. This is a social disorder with medical complications not a medical disease model to fix with procedures.
3	Jun 16, 2009 3:19 PM	allergist with a previous residency in peds
4	Jun 16, 2009 3:33 PM	Pediatric endocrinologist
5	Jun 16, 2009 5:07 PM	Speech Pathologist
6	Jun 16, 2009 5:59 PM	Pediatric nephrologist
7	Jun 17, 2009 3:01 AM	Nutritionist and Lactation Consultant
8	Jun 19, 2009 12:40 AM	



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