Aligning Efforts for Comprehensive Approach for Prevention and Treatment of Childhood Obesity

**Current efforts:** Statewide partners are creating a comprehensive response to the childhood obesity epidemic by taking steps to implement the recommendations made to Missouri’s Children’s Services Commission (CSC) in 2014 (highlighted in the sidebar). This overview highlights the problem and proposed actions for which funding and support is being sought to expand implementation of the CSC recommendations.

**Problem:** If obesity can be decreased by 5%, Missouri would accumulate savings of $13.4 billion in obesity-related health care costs by 2030. While savings is an important driver, turning the tide on the obesity epidemic and improving children’s health and their health as they age is the ultimate driver. Nearly two of ten children and three of ten adults in Missouri are obese. Many who are obese experience significant medical and psychosocial effects, poorer quality of life, and shorter lives.

**Response:** Transformative and multilevel approaches are needed to significantly impact this problem. Efforts are being mounted to expand the dose and reach of Missouri’s efforts through implementation of the recommendations that were compiled, publicly vetted and presented to the CSC in 2014. The CSC convened the Subcommittee on Childhood Obesity to review the evidence regarding prevention and treatment approaches, the current gaps in Missouri and the issues which contribute to this problem. The Subcommittee compiled five recommendations that were statewide, impactful, actionable and feasible. Two recommendations address policy and infrastructure issues for the child care and school communities that, if implemented, would collectively touch approximately one million children and their families each day. Due to the inequitable distribution of the obesity burden in low income communities, the third recommendation emphasizes

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1 (Robert Wood Johnson Foundation, 2012)
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treatment for those children eligible for Medicaid coverage. The fourth recommendation outlines the need for Centers of Excellence to build prevention and treatment capacity at the community level. The final recommendation creates a statewide Commission on Child Health and Wellness that facilitates comprehensive, systems based planning toward clear and measurable results.

2016 Priority Actions to Align Missouri Efforts to Prevent and Treat Childhood Obesity

1. CHILD CARE: Identify priority implementable changes needed in child care licensing standards, supports considered necessary by the child care community to meet those standards, and a timeline for providing those supports and modifying child care licensing standards. Establish an advisory body to guide this work.

2. SCHOOLS: Expand Missouri Department of Elementary and Secondary Education’s capacity to support local school districts advances in health and wellness standards. Convene a working group to identify priorities and an action plan to support local school districts’ improvements.

3. TREATMENT: The Missouri HealthNet Division, which manages Medicaid, has taken early steps on the treatment recommendation in response to the convergence of the evidence. Obesity treatment for eligible adults and children covered by Medicaid may begin as early as 2017. Due to that impending policy change, Washington University and Children’s Mercy Kansas City are seeking start-up funds to create a process to certify licensed providers prepared to deliver obesity treatment and to support the health care community in order to assure timely access and impact of expanded treatment coverage.

4. COMMUNITY: Establish an advisory body to guide the certification process for licensed providers delivering obesity treatment and compile an action plan to create Centers of Excellence in at least three regions within Missouri.

5. COMMISSION: Establish a commission to develop a detailed comprehensive action plan, communication strategies, and measures of success necessary to align and fully implement the recommendations to prevent and treat obesity. Assure representation from all sectors.

See Full Report to CSC-Mo’s Actions for Addressing Childhood Obesity.

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The Missouri HealthNet (Medicaid) Division (MHD) in response to a convergence of evidence and recommendations made by the Children’s Services Commission’s Subcommittee on Childhood Obesity is making a statewide policy change to cover obesity treatment that may begin as early as January 2017. In anticipation of that change, two complementary proposals have been compiled, one by Washington University (WU) and the second by Children’s Mercy (CM) to begin establishment of a statewide system to improve access and quality of care for children who are obese in Missouri. The proposals, if funded, would support the following priority elements of a statewide system of care:

1. **Medicaid treatment coverage.** MHD has conducted a multi-step process to analyze the cost and benefit of covering obesity treatment and has determined that it would be beneficial to provide this coverage for Missouri’s Medicaid recipients. MHD is now addressing the administrative and operational details to make this coverage available (e.g., state plan amendment to the Centers of Medicare and Medicaid, regulation promulgation, pre-authorization processes, billing codes). Health care experts will continue to provide input, as requested, to inform MHD’s work on this policy change.

2. **A process for training and certifying eligible licensed behavioral intervention therapists and licensed dietitians to deliver evidence-based treatment of obesity for children.** Proven treatment for obesity in children consists of family-based behavioral treatment (FBT) and medical nutrition therapy. A training and certification process currently does not exist. Without ready trained professionals to deliver such services, the pending policy change will have little or no impact.
   a. WU will take the lead to establish the training curriculum and certification process for behavioral health providers building off of tested curriculum that they have developed and used. They will oversee the training and certification process evaluation.
   b. WU and CM will recruit and train licensed behavioral health providers (i.e., psychologists, licensed professional counselors, social workers). The initial pilot will be in St. Louis and plans for statewide replication will be informed by this pilot. Both institutions will evaluate the use of innovative information technology to deliver training, e.g., telehealth, on-line training. CM will further evaluate credentials and types of faculty required to deliver training.
   c. CM will evaluate best approaches for training and certifying licensed dietitians to deliver medical nutrition therapy, pilot process and develop a plan for statewide availability.

3. **Training and supports for medical providers.** CM will take the lead to develop and pilot methods to train medical providers to identify, refer, and follow-up with patients diagnosed with obesity and receiving FBT and medical nutrition therapy. Based on results, recommendations will be made for statewide delivery and supports for the medical providers and best approaches for care coordination between licensed professionals.

Outcomes of this collaboration will include a state-based training and certification process for licensed behavioral health providers to deliver FBT and for licensed dietitians to provide medical nutrition therapy; increased number of trained and certified treatment providers; increased number of children receiving needed evidence-based services; recommendations for statewide reach and improvements; and supports for medical providers to assess, diagnose, and refer for FBT and follow-up with children who are obese. CM and WU plan an 18-month project period beginning in July 2016.

**Glossary**

CM  Children’s Mercy Kansas City
CSC  Children’s Services Commission
FBT  Family-based behavioral treatment
MHD  Mo HealthNet Division, administers Medicaid
WU  Washington University St. Louis

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