

Insights

Empowering Families to Fight Obesity

In Medicaid-funded programs across the country, families are learning how to achieve a healthy weight through better nutrition and increased fitness. To maximize the benefits of these programs—and protect children from long-term health problems like increased risk for heart disease—NICHQ recently gathered insights from participating families on the best approaches to tackling obesity, which was a primary objective for the Robert Wood Johnson Foundation when it launched this initiative.

Last summer, NICHQ's Kelley Devlin, MPH, RD, helped carry out face-to-face interviews with 28 families who participated in Medicaid-sponsored childhood obesity programs. Conducted as part of the Childhood Obesity Prevention and Treatment ([CHOPT](#)) project, the interviews informed the creation of a toolkit published by the Institute for Medicaid Innovation (IMI).

Featuring case studies of five successful Medicaid healthy weight programs in different U.S. cities, the IMI toolkit, [Building a Culture of Health in Childhood Obesity: Overview & Action Plan for Medicaid](#), includes feedback from interviewed families on their experiences in these learning sessions. Along with sharing their thoughts on what they found most helpful like gaining new skills for healthy meal prep, interviewees suggested opportunities for improvement such as an increased focus on physical activity and expanded capacity for the programs.

“One of the main things that families wanted was for the programs to be offered for longer periods, more frequently and in more locations, so that even more people could get involved,” says Devlin.

The interviews also revealed a number of barriers families faced in applying what they learned when making lifestyle changes, including the often-prohibitive costs of healthier foods. What's more, many families reported struggling with issues like lack of transportation and work-scheduling conflicts, which affected their participation. Instructors and clinicians appear to play valuable roles supporting families and helping them overcome such challenges.

“For a lot of the families, connecting with the people running their program was incredibly important to feeling empowered to make healthy changes,” Devlin says. “They especially appreciated it when the program adapted to and embraced their culture—like the Community Health Plan of Washington's Kids Healthy Living Program, where the program served Hispanic families and everyone involved spoke Spanish.”

Teaching Families and Communities as a Unit

In giving voice to parents at the center of the obesity epidemic, CHOPT emphasizes a crucial factor in obesity treatment and prevention: the impact of family relationships on food-related attitudes and behaviors.

“Obesity is often a family matter rather than an individual one,” says NICHQ Chief Operating Officer Judith Gooding, who facilitated CHOPT’s recent summit. “It’s near-impossible to change just one family member’s eating and activity habits—you need to engage the whole family in making those healthier choices.”

At the CHOPT convening meeting in October in Washington, D.C., participating families joined key stakeholders, Medicaid plans and the CHOPT advisory committee to examine and use the IMI toolkit and discuss strategies for future initiatives. In that discussion, many parents communicated a keen interest in reaching out to more families.

“One of the most remarkable things was the number of people wanting to be involved not just for their own children, but for the children of others,” says Gooding. “They wanted to know how they can help spread these ideas throughout their community, so that other families can benefit from these types of programs.”

As an example of a program with the power to effect community-wide change, Gooding points to a United Health Group initiative called Join for Me (one of the five programs featured in the toolkit). Join for Me works closely with YMCAs and other easily accessible community organizations, which Gooding considers essential to the fight against obesity.

“An organization like the Y can put out tentacles into the community in different and important ways, such as by bringing in a farmer’s market,” says Gooding. “When you think about the social determinants of obesity, getting more than one area of the community involved and working together to move forward is a major factor for success.”

While the IMI toolkit offers guidance in developing and adapting childhood obesity initiatives, families should be the primary resources for program ideas and implementation.

“The programs likely to have the greatest success are the ones where families aren’t just participating in the activities, but also helping to plan those activities,” Gooding says. “Instead of saying, ‘Kids need to eat better, so here’s a cooking class,’ we need to bring families together and learn from them, so we can do what the community really needs us to do.”