ATPM

Teaching Prevention Institute 2004

Approaches to Teaching Obesity and Diabetes Prevention In The Classroom and the Community

PROGRAM

March 25-26, 2004
New Orleans, Louisiana
Hotel Monteleone

Association of Teachers of Preventive Medicine

ATPM Awards Program

Duncan Clark Award

The Duncan Clark Award is given periodically to a senior level professional with a distinguished record of achievement in the areas of teaching, research and/or advocacy in the field of public health and preventive medicine.

F. Marian Bishop Educator of the Year Award

The F. Marian Bishop Educator of the Year Award is given to an educator who has contributed to the instruction of students or residents in the field of public health and preventive medicine. Accomplishments related to teaching and research are considered, as well as service to ATPM.

Outstanding Educational Program of the Year Award

The Outstanding Educational Program of the Year Award recognizes an innovative program, department or academic institution for its contribution to advancing undergraduate or graduate medical education in preventive medicine and public health which furthers student interest in the discipline. The activity or program must be for medical students, residents, or graduate students in preventive medicine and public health and must be sponsored by an ATPM institutional member. The activity or program may be student-initiated and departmentally supervised or initiated at the departmental level.

Special Recognition Award

The Special Recognition Award is given periodically to an individual, agency or organization which has provided outstanding service to the Association, its members or to the field of preventive medicine.

Lloyd F. Novick, MD, MPH

Duncan Clark Award Recipients

2004	Lloyd F. Novick, MD, MPH
2003	William H. Barker, MD, FRCP
2002	Sidney Shindell, MD, LLB
2001	Robert B. Wallace, MD
2000	Dorothy S. Lane, MD, MPH
1999	William Marine, MD, MPH
1998	Barry Levy, MD, MPH
1997	Max Pepper, MD, MPH
1996	Charles Hennekens, MD, DrPH
1995	Milton Roemer, MD, MPH
1994	John Last, MD, DrPH
1993	Hugh Fulmer, MD, MPH
1992	Duncan Clark, MD
1991	Walter Spitzer, MD
1990	Kurt Dueschle, MD
1989	Victor Sidel, MD
1988	Cecil Sheps, MD, MPH
1987	Leslie Falk, MD
1984	Milton Terris, MD, MPH
1977	Robert Berg, MD

Nancy A. Rigotti, MD

F. Marian Bishop Educator of the Year Award Recipients

2004	Nancy A. Rigotti, MD
2003	Jasit Ahluwalia, MD, MPH, MS
2002	George Rutherford, MD
2001	Beverly D. Taylor, MD
2000	Paul R. Marantz, MD, MPH
1999	Eddy Bresnitz, MD, MS
1998	Alicia McClary, EEd, MS
1997	William Greaves, MD, MSPH
1996	Michael Wilkes, MD, PhD
1995	Terence Collins, MD, MPH
1994	Kevin Patrick, MD, MS
1993	Hugh Fulmer, MD, MPH
1992	Elizabeth Barrett-Connor, MD
1991	Richard Riegelman, MD, PhD
1990	F. Marian Bishop, PhD, MSPH
1989	William Wiese, MD
1988	David Sheridan, MD, MS

OHSU

Outstanding Educational Program of the Year Award Recipients

2004	Oregon Health and Science University, Department of Public Health and Preventive Medicine
2001	Wake Forest University, School of Medicine, Department of Family and Community Medicine
2001	University of Kansas, School of Medicine, Department of Preventive Medicine
1999	Homeless & Indigent Population Health Outreach Project, University of Medicine & Dentistry of New Jersey

Special Recognition Award Recipients

2003	William H. Wiese, MD, MPH
2002	Jack O. Lanier, DrPH, FACHE
2002	Holger Hansen, MD, DrPH
2001	Judith K. Ockene, PhD, MEd
2000	David Garr, MD
2000	Paul Pomrehn, MD, MS
2000	F. Marian Bishop, PhD, MSPH
1999	Richard Zimmerman, MD, MPH
1998	Carl Lopez, MD, MPH
1997	David Rabin, MD, MPH
1996	Michael McGinnis, MD, MPH
1995	Joan Altekruse, MD, DrPH
1995	Terry Steyer (AMSA)
1994	Carl Tyler, Jr., MD
1993	Robert Lawrence, MD
1992	Sidney Shindell, MD, LLB
1991	William Barker, MD

ATPM Awards Ceremony and Poster Reception

Thrusday, March 25, 2004

5:00 -6:30 PM

Queen Anne Ballroom

(1.5 CME Credits)

2004 Teaching Prevention Institute
Schedule-at-a-Glance

All meeting sessions and activities will be held in the Queen Anne Ballroom unless otherwise noted

THURSDAY, MARCH 25, 2004	
7:00-10:00 AM	Registration
7:00-7:45 AM	Continental Breakfast
7:45-8:00 AM	Conference Opening
8:00-9:00 AM	**How Do We Prevent Obesity and its Associated Chronic Diseases?** William H. Dietz, MD, PhD
9:00-10:00 AM	**America's Obesity Epidemic: Placing Treatment, Prevention, and Policy in Context** Kelly D. Brownell, PhD
10:00-10:15 AM	Break
10:15-12:00 PM	*Workshop* **Integrating Nutrition Education across the Medical Student Curriculum** Ronald Frank Kahn, MD
12:00-2:00 PM	Lunch on your own
2:00-3:00 PM	*Panel Session* **Community-Based Initiatives In Diabetes and Obesity Prevention** Jose E. Rodriguez, MD; Sarah Kureshi; Randal Thomas, MD, MS, FACP, FAHA; Clyde H. Evans, PhD
3:00-4:45 PM	*Workshop* **Translating Advances in Diabetes care and Prevention to the Real World** Sanford A. Garfield, PhD
5:00-6:30 PM	**ATPM Awards Ceremony and Poster Reception**
FRIDAY, MARCH 26, 2004	
7:00-8:00	Continental Breakfast
8:00-9:00 AM	**How Should We Train Physicians to Provide Obesity Care?** Robert F. Kushner, MD, MS, FACP
9:00-10:45 AM	*Workshop* **MEDS: An innovative Information Technology Tool for Teaching and Assessing Competencies in Preventive Medicine Using The Metabolic Syndrome Patient.** Brian W. Tobin, PhD; Y. Monique Davis-Smith, MD; Shane P. Milam, BS
10:45-11:00 AM	Break
11:00-12:00 PM	*Panel Session* **Obesity and Diabetes Prevention For Children and In Clinical Practice** Elizabeth McGarvey, EdD; L. Arthur Campfield, PhD; Luke Beno, MD; William H. Barker, MD
12:00-1:45 PM	**Networking Lunch** Queen Anne Parlor *(Registration Required; see ATPM staff member for details)*
1:45-3:15 PM	*Workshop* **Serving Food For Thought: Is Anyone Hungry?** David L. Katz, MD, MPH
3:15-4:00 PM	**Closing Session and Poster Awards**

THURSDAY, MARCH 25, 2004

8:00-9:00 am 1 Credit Hour

How Do We Prevent Obesity and its Associated Chronic Diseases?
William H. Dietz, MD, PhD

The obesity pandemic challenges our ability to prevent and treat chronic diseases. This discussion will focus on strategies to prevent or ameliorate obesity for which there is sound evidence and strategies for which less evidence is available but appear to have a reasonable science base. Successful treatment will require changes in a medical care delivery system that evolved from the need to care for acute diseases. Application of the chronic care model, with its emphasis on self management, provides opportunities for innovation in the care of obesity and its associated chronic diseases. However, without integration of medical and public health approaches, prevention and treatment of obesity is not likely to be successful.

9:00-10:00 am 1 Credit Hour

America's Obesity Epidemic: Placing Treatment, Prevention, and Policy in Context
Kelly D. Brownell, PhD

Obesity, and the poor diet and physical activity that cause, are public health issues of dire importance. Progress on preventing obesity, particularly in the public policy arena, has been stalled by cultural attitudes about obese people, emphasis on traditional medical models, and a food industry that wields considerable power over the current federal government. Methods for preventing obesity will be discussed, with a particular focus on children. Medical professionals and groups such as parents and legislators can have considerable influence in the current climate, but policy and advocacy must be approached with a plan and with thorough knowledge of the barriers to progress.

10:00-10:15 am

Break

10:15 am-12:00 pm 1.75 Credit Hours

Workshop:
Integrating Nutrition Education across the Medical Student Curriculum
Ronald Frank Kahn, MD

This session will address the challenging task of implementing, integrating and sustaining nutrition education within the medical school curriculum. Participants will discuss strategies for generating interest among school administrators, curriculum committees, and course directors (e.g. presenting the urgency of training physicians to deal with the obesity epidemic.) Topics will include suggestions for designing a four-year curriculum in which each year builds upon the experience from the previous year; faculty development; available curricular materials and resources; and lessons learned from the NHLBI's Nutrition Academic Award Program. We'll examine various models, materials, and educational modules currently being used at U.S. medical schools and discuss strategies for overcoming barriers to implementation of an effective curriculum. Examples will be offered for sustaining enthusiasm, including involvement with heath policy, non-academic providers, and communities.

12:00-2:00 pm

Lunch on your own

2:00-3:00 pm 1.0 Credit Hours

Panel Session
Community-Based Initiatives In Diabetes and Obesity Prevention
This panel session will discuss various community-based initiatives around the country that address the obesity and diabetes epidemic.

Lifestyle Modification In An Urban Community: Health Not Cosmetics;
Jose E. Rodriguez, MD
A comprehensive community based health program was developed in the Bronx to assist Latino and African American adults and children to establish healthier eating habits and increase their physical activity. In this program, health care providers address cultural beliefs about body size and body image, empower patients to make positive lifestyle changes, and help them gain access to community resources supportive of the desired changes. The intervention focuses on decreasing and reversing obesity through awareness, prevention and treatment. Several methods of outreach will be discussed as well as the feasibility of starting a program in other areas. The connection of this community based intervention to medical education and provider training will also be discussed. As of March 2004, more than 20 medical students have worked on this project and have produced numerous community based guides for fitness and healthy living, an educational website and a weekly class to motivate and educate the patients.

A Free Weight Management Clinic Initiated by Medical Students
Sarah Kureshi
This presentation will educate you about the development and coordination of a free weight management clinic for individuals from a lower socioeconomic status. The project being presented is a joint venture between Mayo Medical School and the Rochester Salvation Army. It is student-initiated, student-run, and helps medical students grasp the value of health behavior change while at the same time utilizing them to make a difference in the health of the community. This presentation will help you think about and develop innovative programs on obesity prevention/ management through connecting students with community organizations.

THURSDAY, MARCH 25, 2004

CardioVision 2020: Preventing Disease Through Personal Commitment and Community Action

Randal Thomas, MD, MS, FACP, FAHA

CardioVision 2020 is a community-based program initiated in 1999 to help residents of Olmsted County, MN achieve healthy lifestyle, blood pressure, and blood cholesterol goals through community-wide initiatives. Social marketing, environmental modification, and community partnering guide these efforts. Yearly surveys have found increasing name recognition and support for CardioVision 2020 as a positive force for promoting community health. Respondents who are aware of CardioVision 2020 report more efforts at changing targeted health behaviors than those who have not heard of the program. Efforts will continue to build further support to help stem the tide of obesity in our community.

Advances in Diabetes Care: Prevention Education for Patients and Providers

Clyde H. Evans, PhD

Advances in Care, developed by the Association of Academic Health Centers, utilizes community organizations, local academic health centers, and corporate sponsors to educate consumers and clinicians about the latest advances in diabetes prevention and care (diagnosis, treatment, drugs, and devices). Academic health center faculty review scientific/clinical content and make presentations at each event. A project team identifies corporate sponsors for unrestricted educational grants, provides logistical support, and coordinates the activity of participating partners to create customized events for each community. *Advances* can be targeted to specific populations and expanded to other therapeutic areas, like obesity.

3:00-4:45 pm 1.75 Credit Hours

Workshop

Translating Advances in Diabetes Care and Prevention to the Real World

Sanford A. Garfield, PhD

A focus on "translation" is required to implement the findings from the optimal settings of clinical studies to the complexity facing health care providers working in diverse communities, often with limited resources. The challenge is to determine how to improve outcomes in diverse, real-world settings and how to practically achieve these goals. Priority areas for diabetes are the applicablity of programs to different settings, identifying and overcoming barriers to translation and how to move from an acute care model to a chronic care model. Addressing these issues is critical for improving diabetes outcomes and successfully achieving prevention goals.

5:00-6:30 pm 1.5 Credit Hours

ATPM Awards and Poster Reception

Join your colleagues for food and drink. ATPM will be honoring the recipients of the prestigious Duncan Clark Award, Outstanding Educator of the Year Award, and Outstanding Program of the Year Award. In addition, posters presentations will take place.

FRIDAY, MARCH 26, 2004

8:00-9:00 am 1.0 Credit Hours

How Should We Train Physicians to Provide Obesity Care?

Robert F. Kushner, MD, MS, FACP

The clinical inertia that depicts obesity care is due to several factors, including lack of adequate training, physician and organizational barriers, and attitudes of futility and low perceived benefit and reward. To change this practice pattern, physicians need to recognize obesity as a treatable disease, have the willingness to provide intervention, and have the competency and resources to do so. Training must address each of these factors with an emphasis on behavioral and communication skills. To meet this need, the Centers for Obesity Research and Education (C.O.R.E.) has provided case-based, small group interactive workshops for residents and physicians in practice focusing on the skills, strategies and resources to provide obesity care. The American Medical Association has also recently published a ten booklet Primer on the Assessment and Management of Adult Obesity that provides an organized instructional approach to obesity care. A paradigm shift in physician training may be necessary to meet the challenge of caring for an expanding obese population.

9:00-10:45 am 1.75 Credit Hours

Workshop

MEDS: An innovative Information Technology Tool for Teaching and Assessing Competencies in Preventive Medicine Using the Metabolic Syndrome Patient

Brian W. Tobin, PhD; Y. Monique Davis-Smith, MD; Shane Patrick Milam, BS

The standardized patient is a unique tool for teaching fundamentals of clinical skills in a patient oriented format. In this workshop, we will demonstrate the "Metabolic Syndrome" standardized patient using the Medical Education Delivery System (MEDS) developed at Mercer University School of Medicine. A multidisciplinary cross-departmental approach was used in the development of this electronic standardized patient. Information technology advances offer unique opportunities to utilize standardized patients in a format that teaches and evaluates undergraduate medical students, residents, and clinical faculty. Through interdisciplinary collaboration, this standardization is leveraged across the medical education curricula, and offers mechanisms for feedback on student competencies, as well as opportunities for future curriculum development. The workshop will use a team teaching approach and will offer didactic as well as hands on demonstration of the MEDS system as applied to teaching nutrition and preventive medicine using the MEDS Metabolic Syndrome Standardized Patient.

10:45-11:00 am

Break

11:00 am-12:00 pm 1.0 Credit Hours

Obesity and Diabetes Prevention For Children and In Clinical Practice

This panel session will address the obesity and diabetes epidemic as it effects the pediatric population.

Evaluation of Parent Focused Preschool Obesity Prevention Program in WIC

Elizabeth McGarvey, EdD

A one-year intervention through a state WIC program targeted six parental behaviors to support childhood obesity-prevention: 1) increase physical activity; 2) offer healthy foods; 3) limit T.V. viewing; 4) offer water; 5) offer five fruits/vegetables daily; and 6) promote family fitness activities. The intervention included three arms: direct parental education, staff role-modeling and reinforcement by community organizations. A pre/post evaluation comparing intervention and control groups demonstrated effectiveness in increasing the frequency of offering water and of engaging in active play with the child. The findings demonstrate the feasibility of changing targeted parental behaviors through a multidimensional longitudinal intervention.

Scientists and Students in The Classroom Tackling Obesity and Diabetes

L. Arthur Campfield, PhD

An elementary school-based intervention using science/math enrichment was developed to teach/reinforce healthy behavioral choices in 7-9yrs olds (~ 50% Hispanic). Weekly classroom (60 minutes) and gym (30 minutes) lessons were conducted in four 2nd and three 3rd grade classes (~140 children). Statistically significant increases in the intervention compared to the control school: health/science knowledge, attitudes (e.g., healthy food selection and behaviors (e.g., increased steps, body acceptance), interest in science/health-related careers. Daily activity increased by approximately one mile. Improvements were maintained throughout year 2. Program ENERGY has increased health and science knowledge, changed attitudes and health behaviors of elementary school children.

Operation Zero: a Novel Adolescent Overweight Program

Luke Beno, MD

Putting Prevention Into Practice Into Medical Education

William H. Barker, MD

The "double helix" curriculum at the University of Rochester fosters integration between classroom and practice. As part of the Prevention Theme, first-year students participate in a "Putting Prevention Into Practice" (PPIP) module. Lectures are based on the U.S. Preventive Services Task Force. Prevention practice is learned through student observations in consort with primary care preceptors in family medicine, medicine, and pediatrics. A written report documents PPIP elements observed. Counseling on diet and exercise were most frequently identified by students for further learning. In a survey of 18 medical schools, Rochester ranked highest on the statement, "My medical school's curriculum emphasizes preventive medicine in medical practice". This presentation offers a successful PPIP education model for others to consider.

12:00-1:45 pm 1.5 Credit Hours

Networking Lunch **Queen Anne Parlor**

(Registration Required, see an ATPM staff member for details)

Join your colleagues, meet new people, and make new contacts. Find out about new collaborations and activities in the field and in your profession, Exchange ideas and thoughts, and maybe even solve a problem you have been dealing with.

1:45-3:15 pm 1.75 Credit Hours

***Workshop*:**

Serving Food For Thought: Is Anyone Hungry?

David L. Katz, MD, MPH, FACPM, FACP

This talk will explore the trials, tribulations, triumphs and disasters involved in providing a "nutrition course" at the Yale school of medicine. A brief history of the course, including a description of its various incarnations over the years, will be provided. Pros and cons of a stand-alone "nutrition" course will be discussed, using the Yale experience as a case study. Also to be addressed are key messages students should be receiving about nutrition, obesity, and diabetes, with attention to whether or not these are most effectively conveyed in a traditional course. The discussion will be informed by experience teaching nutrition to both medical and nursing students at Yale, in formal courses and student-initiated electives. The session will conclude with an interactive discussion regarding challenges to, and strategies for, effective course-based nutrition education.

3:15-4:00 pm 1.0 Credit Hours

Closing Session and Poster Awards

P1

BILINGUAL HEALTH INFORMATION ACCESS FOR AN URBAN MINORITY COMMUNITY Nancy Allee, MLS, MPH; Project Description and Objectives: A team of health information specialists from the University Health Sciences Libraries partnered with a coalition of local service organizations to establish an English-Spanish digital consumer health library of diabetes information. An NLM Internet Access to Digital Libraries grant was received to build on a Detroit "Racial and Ethnic Approaches to Community Health 2010" (REACH) Initiative funded by the CDC. NLM grant funds enabled development of a "Health Links" section for the local REACH website. A review process was developed to select links based on nine quality criteria, including linguistic accessibility for consumers and cultural relevance to minority populations. A unique aspect of the project is provision of in-home Internet access and computer use training to participating patients and their families. Training also extended to healthcare providers and to family health advocates to facilitate access to the web-based information and featured effective search strategies and use of the Internet for finding and evaluating health information. Target Population: The public website is targeted at medically underserved Latino and African American populations with diabetes, hypertension and related conditions. Our state has the 4th highest diabetes prevalence rate among all states, according to 1998 CDC statistics. The southwest and eastside of the city are low-income areas with large minority populations. Both areas have a shortage of healthcare professionals and are designated by HRSA as medically underserved. Evaluation: The team assessed the effectiveness of the project in increasing access to high-quality diabetes consumer health and local resources information in both English and Spanish for the target audience. Formative evaluations were conducted throughout the project to improve the website. Statistics on use of the website were supplemented with user surveys and focus groups to determine both level of use and utility to the target audience.

P2

COOKING UP A DIABETES PREVENTION PROGRAM FOR CHILDREN Barbara Carlson RD, MA; Type 2 diabetes is clearly becoming an epidemic, with a rising number of children diagnosted or at risk for this disease. Obesity is a primary factor in the development of type 2 diabetes. Cultural influences and marketing campaigns bombard children and parents with unhealthy messages. There are few messages that promote health eating, exercise and overall lifestype as a family value. The Helwig Diabetes Center developed an interactive cooking school for parents and children aimed at promoting improved family nutrition. The goal of the school is to give parents and children basic knowledge of their specific nutritional requirements, including calories. The cooking component of school allows them to put the lesson immediately into practice. The target audience is children between the ages of 6 to 12 and their significant others. Most of the children attending the program have a weight problem putting them at risk for future health issues. The program began in November 2002, with 300 children involved to date. Measurements include self reported information pre and six months post program on the number of sugar containing beverages and the fast food meals consumed per week. Preliminary results indicate a reducation in both measures.

P3

DIABETES-BASED EDUCATION IN TRIBAL SCHOOLS (DETS) William L. Freeman, MD, MPH; BACKGROUND. Type 2 diabetes [T2DM] is an epidemic among American Indians and Alaska Native [AI/AN] peoples. They are under-represented in science and health professions. The 35 Tribal Colleges and Universities [TCUs] are a potential resource to confront that T2DM epidemic. METHODS. Eight TCUs (Cankdeska Cikana Community College, Fort Peck Community College, Haskell Indian Nations University, Keweenaw Bay Ojibwa Community College, Northwest Indian College, Southwestern Indian Polytechnic Institute, Stone Child College, Woodlands Wisdom/Leech Lake), NIH/NIDDK [National Institute of Diabetes, Digestive, and Kidney Diseases], CDC, and Indian Health Service have a cooperative agreement to develop a K-12 science-based diabetes curriculum for tribal and other schools serving AI/AN students. The goals are to: 1] increase AI/AN students' understanding about the science, social, and community aspects of T2DM and its preventions; 2] increase their general science literacy and interest; 3] increase the proportion of AI/AN students entering science careers; and thus 4] enhance primary, secondary, and tertiary preventions of T2DM by AI/AN people, families, and communities. The curriculum is aligned with National Science Education Standards, state standards, and Project 2061 benchmarks. Community Advisory Boards help ensure the appropriateness and relevance of the curriculum. The inquiry-based curriculum includes: K-12 teaching materials relevant to local AI/AN communities; both science-based and tradition-based hands-on materials appropriate for learning styles of AI/AN students; the "5 E" model (Engage, Explore, Explain, Elaborate, Evaluate); lesson plans easily adaptable to different classes and core subject areas; and evaluation methods related to the goals. RESULTS. In the first five years, we completed and will present the content of the curriculum, and outline of the evaluation. DISCUSSION. This project joins local AI/AN communities, TCUs, and federal agencies to prevent T2DM and increase the number of AI/AN people in science and health.

P4

EFFECT OF A DIABETES NURSE EDUCATOR IN A FAMILY PRACTICE ENVIRONMENT Deborah.Swavely, RN, MS; Introduction: Effective management of the diabetic patient has been shown to reduce hospitalizations, infections and other co-morbidities. This study examines the effects of a Diabetes Nurse Educator (DNE) in the family practice (FP) setting, using a dual approach. First, a DNE worked with Physicians using an academic detailing education model, which uses the most current ADA standards, case reviews, chart audits, and specific practice evidence to show PCPs which patients are high risk and how to optimize care. PCPs are shown the evidence of patient improvement on an ongoing basis. Simultaneously, a DNE works with patients to provide individual education and guidance, support, and empowerment in clinical decision-making. Methods: Data were collected from nine different FP centers and included n=341 DNE patients, and n=458 standard therapy controls. All patients had data collected at baseline, six and twelve months. Measurements including cholesterol (Total, HDL, LDL) triglycerides, Blood Pressure (BP) and Body Mass Index (BMI) were collected on all patients. Results: Within the first six months, the DNE group showed significant decreases in cholesterol ($p<0.001$), triglycerides ($p=0.005$), LDL ($p<0.024$), Hemoglobin A1C ($p<0.001$), and systolic and diastolic BP ($p=0.043$ and $p=0.004$ respectively). Differences were maintained at one year as well as a significant increase in HDL ($p<0.001$). For the non-educated group, the only significant differences were for reductions in total cholesterol at one year ($p=0.019$) and systolic BP ($p=0.042$). Conclusions: The presence of a DNE demonstrates positive results in the critical diabetes measures in as little as six months. Positive affects are observed to continue at one year. A combination of evidence-based physician education and patient education can have an almost immediate impact on a FP center. These changes should reduce hospitalizations, infections and other co-morbid conditions in the educated patient population.

P5

EVALUATING PROJECT FIT AMERICA EDUCATIONAL OBJECTIVES ON YOUTH CARDIOVASCULAR HEALTH Thomas Wasser, PhD; Introduction: Project Fit America (PFA) has a thirteen-year history of providing funded cardiovascular health education for school-aged children. Currently PFA is active in more than 400 schools in 42 states, and has raised more than four million dollars. One of many programs provides physical fitness equipment to schools so education and exercise can work hand in hand to enhance cardiovascular health. This study compares baseline data from one of these school-based programs using two different reporting modalities: student self report (SSR) and observer reported (OR) data. Methods: Baseline data for two years were compared to determine if SSR and OR methods were equivalent. Physical fitness activities measured included sit-ups, vault, step climbing, flexed arm hang, pole climb, vaults and the mile run. Year one (2002) baseline data was collected by SSR method (n=334) and year two (2003) by OR method (n=339). Analysis methods included group t-tests for continuous variables measured in seconds, repetitions or distance and Chi-square tests for discrete variables measured as accomplished or not accomplished. All data were collected on a cohort of seventh and eighth graders. Results: There were no significant differences in the demographics of height, weight or Body Mass Index between groups (all $p>0.20$). SSR provided statistically significant over estimates of: flexed-arm hang time (SSR=17.3 seconds vs. OR=11.7 seconds, $p<0.001$), bent-knee sit-ups (SSR=33.4 vs. OR=30.2,

p<0.001), step climbing (SSR=59.4 vs. OR=32.6, p<0.001), mile run time (SSR=404.2 seconds vs. OR=494.4 seconds, p<0.001) and number of regular pull-ups (SSR=7.4 vs. OR=3.8, p=0.006). SSR method under estimated: number of vaults (SSR=18.6 vs. OR=21.3, p=0.005). No difference was observed on the pole climb exercise (SSR=1.1 vs. OR=1.2, p=0.646). Conclusions: It is not surprising that SSR data collection overestimated accomplishments as compared to OR methods. PFA participants evaluating their programs should spend time to use OR data collection methods.

P6

IMPROVING ASSESSMENT AND MANAGEMENT OF PEDIATRIC OVERWEIGHT IN AN HMO Luke Beno, MD; Our study developed and evaluated a Pediatric Overweight Assessment and Management CME designed to improve the skills of health care professionals (HCP) and the processes of pediatric health care delivery. The training 1) introduced the latest research evidence and the CDC expert recommendations for the assessment and management of pediatric overweight and 2) equipped HCP with tools for assessing overweight, reviewing patient's lifestyle characteristics and prescribing behavior change goals. Supportive, user-friendly, clinical tools were developed to reinforce the messages of the intervention. A control trial was initiated to evaluate the effectiveness of the intervention. The training was implemented to clinicians and staff (66 - 75%) of nine pediatric clinics of Kaiser Permanente Georgia. The study utilized a delayed intervention protocol with 2 study groups. The training was provided to group 1 (n=46) at the 0-month time point and to group 2 (n=34) at 3-months. Chart abstraction was conducted at 0, 3 and 6-months, where 110 charts from each study group were abstracted at each time point. The chart abstraction measured whether assessment practices and management tools were in the charts at each patient visit. Clinicians also answered questions on the usefulness and effectiveness of the behavioral management tools. Data were compared using chi-square test for significant associations. Study results suggest the training helped increase assessment and management practices. Both groups had significantly more instances of BMI, BMI%-for-age and behavioral management tools in the charts at 3-months post intervention than at baseline. The level of significance was maintained for 6-months for assessment variables and one behavioral management tool. Clinicians reported a range of attitudes regarding the ease of use of the behavioral management tools. A minimal CME intervention designed for a busy HMO setting can result in substantial increases in clinician use of appropriate overweight assessment and behavioral management practices.

P7

STRENGTH BASED APPROACH TO PHYSICAL ACTIVITY AND HEALTHY EATING Lena Hatchett, Ph.D; Background Obesity levels in the US have increased dramatically in the last 15 years and African American women report the highest levels. Nutrition and physical activity education programs to prevent obesity show short-term weight loss but long term sustainable changes have proven difficult to achieve. The strengths based perspective to prevent obesity and diabetes works with family and individual strengths and assets that can be used to improve nutrition and increase physical activity. The strength perspective focuses on the individual's assets and resources. Methods The program is a community based education program using the strength based approach. It has 4 stages that include, strength based nutrition information, finding strengths in current habits and creating objectives and goals for preventing obesity and diabetes. Design In stage 1, the health promoters will work with women in groups to go over materials and self-assessment tools. We use a modified version of the 7-day food diary to assess when participants eat, motivations for eating, and where they eat in a typical week. This information forms the foundation of following phases. In stage 2, we identify women's eating strengths given their current lifestyle. For example someone who snacks on chips, candy bars and soda throughout a typical day, may benefit by keeping their snacking habits but look at alternate food choices to snack on throughout the day. In stage 3 and 4 we go through the process of assessing physical activity habits and then identifying potential unique strengths in their current behavior. Conclusion We describe the benefits and outcomes of strength based approach for preventing obesity with African American women.

POSTER PRESENTER INDEX

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P7
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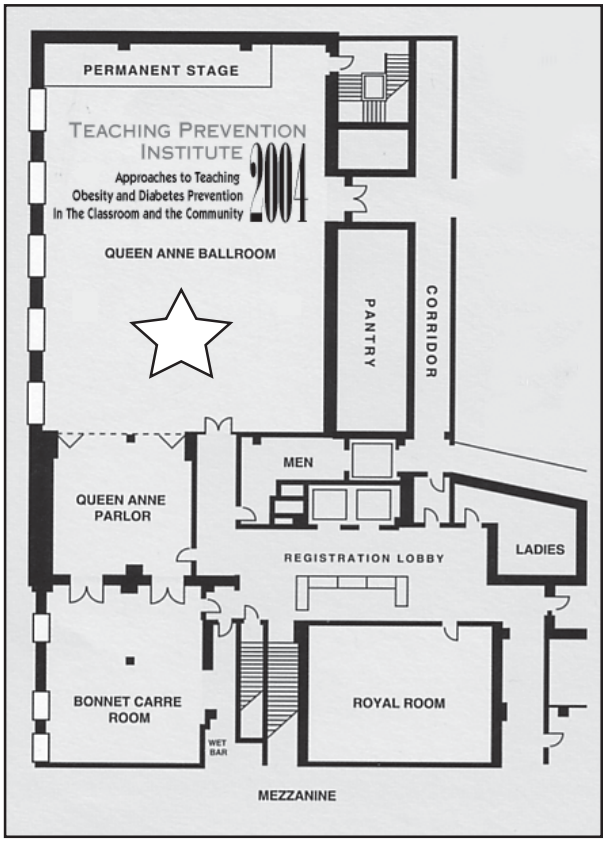

Fitness Center
Open 7:00 AM to 11:00 PM

The Fitness Center is located on the Rooftop level.

Business Center
Open 7:30 AM to 4:30 PM

The Business Center is located on the Mezzanine level.

Speaker Ready Room
Speakers use the Gallier Salon located on the second floor.

Continuing Education Credits

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Wright State University and ATPM. Wright State University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of the CME activity.

A CME approval confirmation has been received for the program "2004 ATPM Teaching Prevention Institute: Approaches to Teaching Obesity and Type 2 Diabetes in the Classroom and the Community" for **14.0** hours **(an additional 1.75 credit hours has been submitted)** of AMA Category I education.

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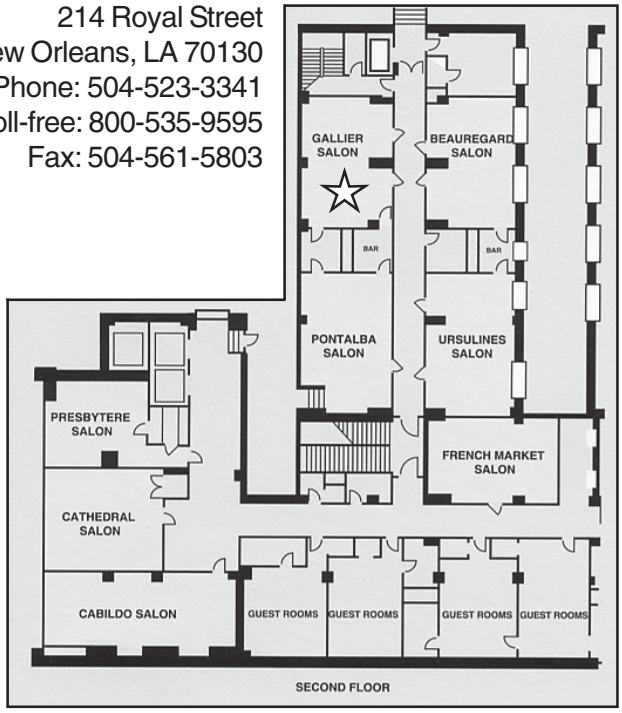

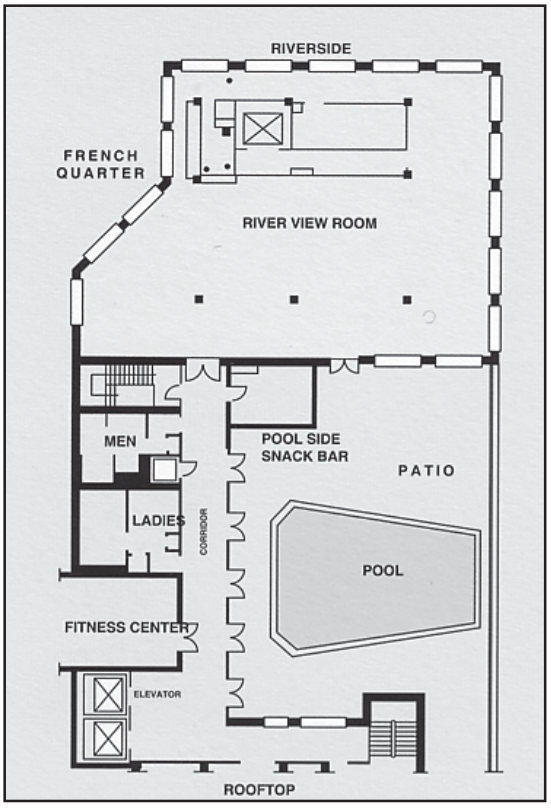

NOTES

2004
Teaching Prevention Institute Program Planning Advisory Committee

David H. Trump, MD, MPH, FACPM
Chair
Department of Preventive Medicine and Biometrics
Uniformed Services University of the Health Sciences

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ATPM

Teaching Prevention Institute

Approaches to Teaching Obesity and Diabetes Prevention In The Classroom and the Community 2004

ATPM thanks the following for their support.

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