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VOL. 23 NO. 2  
FEBRUARY 2006

# Strategic Health Care Marketing

*Strategic Business Development and Marketing for Health Care Executives*

## A Dramatic Approach to Reducing Childhood Obesity

by Deborah Borfitz

Allina Hospitals & Clinics, a not-for-profit system based in Minneapolis, is testing a first-of-its-kind obesity prevention program. The program delivers public health messages to children in the classroom, from the stage, and at the doctor's office. The centerpiece is a live, 30-minute performance called *The Power of the Pyramid* that teaches kids to eat right and stay active in a "fun, interactive way," says David Orbuch, executive vice president, corporate responsibility and community relations.

The half-hour play, which literally pulls students onto the stage, was created by the National Theatre for

Children (NTC), an in-school touring company based in Minneapolis. Content focuses on the new U.S. Food and Drug Administration food pyramid. This year, the play is scheduled to be performed before more than 150,000 students in 350 Minnesota schools, according to Orbuch.

Other program components include a curriculum that is designed to be taught at participating schools two weeks before the play is showcased and a CD-ROM game and workbook, which are available free to patients of Allina's 65 clinics in Minnesota and western Wisconsin. The game was co-developed by Allina and NTC and rewards children's knowledge of healthy choices with advancement to increasingly higher levels of play. The workbook, which is designed for use by kids and their parents, includes "healthy eating" recipes and tips on how to get moving "in a family-friendly fashion."

All program components reinforce messages to eat right and limit portions, go out and play for 60 minutes a day, and maintain an "energy balance" between food and physical activity. Students are also taught to recognize "Go," "Slow," or "Whoa" foods, depending on how frequently they should be eaten. A central theme is that kids have the power to make good choices. "Research shows that if they eat a healthy breakfast and exercise, [students] do better at school," says Orbuch.

As with other health-compromising behaviors, such as smoking and failure to use seat belts, over-eating and sedentary living won't be reduced until physicians also start talking with parents about the consequences, Orbuch notes. "So we're working with [Allina] caregivers to be sure they're delivering the same messages [as children hear at school]."

Rather than focus solely on disease management, Allina is attempting to "co-produce health with our community," says Orbuch. Childhood obesity was selected as a focus area system-wide because the societal costs are so huge. (See sidebar.)

To determine the best way that caregivers in primary health care settings can help prevent childhood obesity, Allina will start a six-month pilot study in collaboration with the University of Minnesota in March, Orbuch says. One aim is to develop an intervention whereby more children, 5 to 10 years old, receive annual body mass index (BMI) screenings and behavioral counseling during routine clinic visits. Another is to get parents to commit to increase their child's physical activity levels,

increase fruit and vegetable intake, decrease consumption of sweetened beverages, and decrease TV, video, and computer time.

National data indicate that fewer than 20 percent of pediatricians and pediatric nurses use BMI and BMI percentiles to assess children, notes Orbuch. Pediatric health care professionals also report low proficiency in counseling-related skills and high interest in learning counseling strategies and behavior management techniques.

### Fast Facts About Obesity

- The incidence of obesity has increased 100 percent in the last 10 years.
- About 16 percent of children and adolescents ages 6 to 19 are overweight. The percentage of children ages 6 to 11 who are overweight has more than doubled in the last 20 years.
- Overweight and obese children are at increased risk of heart disease, hypertension, diabetes, and mental health issues.
- In 2002, \$96.2 billion in medical spending was attributed to overweight and obese individuals, representing approximately 9.1 percent of total U.S. medical expenditures.

Sources: Centers for Disease Control and Prevention, U.S. Surgeon General

Orbuch says the “six-figure cost” of the two-year initiative is being footed by Allina and the Golden Valley, MN-based insurance company, PreferredOne. NTC scriptwriters were aided in crafting messages “most likely to lead to student behavior change” by Allina’s community benefit director and a physician reviewer from one of Allina’s clinics, as well as representatives from the Minnesota Medical Association and PreferredOne.

The anti-obesity program comes with a long-term return on investment. Says Orbuch, “Hopefully, we’ll improve the health of the community, and kids won’t be obese when they come into our facilities.” That would save money over the long run for the entire health care system, he adds. Among children and adolescents, annual hospital costs related to weight and obesity have tripled in the past two decades. Overweight adolescents have a 70 percent chance of being overweight or obese as adults. The average annual health care cost for an obese adult is 36 percent higher than for an individual of normal weight.

The program kicked off in January, following a special preview attended by 600 Allina employees and their children. “They are very excited about the play and the fact that Allina is focused on this important issue,” says Orbuch.

NTC is making *The Power of the Pyramid* available for health care provider sponsorship and licensing nationwide. The offer has generated “a lot of interest,” according to one NTC representative. Sponsorship includes school curriculum and in-clinic educational materials, and the cost will vary depending on the market.

Allina will measure the program’s impact not only in its

# THE POWER OF THE PYRAMID

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clinics, but also in the schools. “Two universities have already tested the theater approach with schools, so we know kids’ behavior changes in a short period of time when they get messages this way,” says Orbuch. “We’ll try to confirm that and also determine how long [behavior changes] last if an in-school [curriculum] component is added beforehand.”

If the strategy proves effective in reducing childhood obesity, the impact will be felt broadly across the state. One in three Minnesota residents get their care from Allina. Other providers might choose to replicate the program in their community. Allina would also consider using a “theatrical approach” to other public health issues. ■