

SERIES: CLINICAL ISSUES & HEALTH CENTER BOARDS**SPOTLIGHT FAMILY HEALTHY WEIGHT PROGRAMS**

This resource discusses Family Healthy Weight Programs and how boards can support such programs through appropriate governance-level functions. A board may wish to read this prior to discussing Family Healthy Weight Programs. This resource may also help orient new board or committee members to clinical issues.

What are Family Healthy Weight Programs? Why are Family Healthy Weight Programs Important for Health Centers?

According to the [Centers for Disease Control and Prevention \(CDC\)](#), childhood obesity is a serious public health concern in the United States. The [CDC reports](#) that “in 2017-March 2020, among children and adolescents aged 2–19 years:

- The prevalence of obesity was 20%—that’s 1 in 5 U.S. children.
- The prevalence of obesity was higher among youth who were Hispanic (26%) and non-Hispanic Black (25%) than youth who were non-Hispanic White (17%) and non-Hispanic Asian (9%).
- The prevalence of obesity was higher among 6- to 11-year-olds (21%), and 12- to 19- year-olds (22%) than among 2- to 5-year-olds (13%).”

Childhood obesity can have physical, social, and mental well-being impacts on children, and alter their health as adults. According to [research](#) by Laurel Edmunds and others, four pillars of successful Family Healthy Weight Programs include:

- nutrition,
- physical activity,
- behavioral coaching, and
- clinical screening and management

The [US Preventive Services Task Force \(USPSTF\)](#) recommends “that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions (26+ hours) to promote improvements in weight status.” The CDC is partnering with the National Association of Community Health Centers (NACHC) to increase implementation of [evidence-based Family Healthy Weight Programs](#) in health centers.

NACHC’s [Family Healthy Weight Programs Implementation Guide](#) identifies seven key steps that health centers can take when implementing a Family Healthy Weight Program. Boards can ensure that their health center Chief Executive Officer¹ is aware of this resource to share with staff:

- Step 1: Assess personnel and resource capacity
- Step 2: Select curriculum and delivery approach
- Step 3: Determine billing and sustainability
- Step 4: Plan space and technology
- Step 5: Configure workflow
- Step 6: Recruit participants
- Step 7: Evaluate and reflect

Source: NACHC’s [Family Healthy Weight Programs Implementation Guide](#).

1 Also called the “Project Director” in the [Health Center Program Compliance Manual](#).

What is the Role of a Health Center Board related to Family Healthy Weight Programs?

A board can support Family Healthy Weight Programs through appropriate governance-level functions primarily clinical quality oversight.

CLINICAL QUALITY OVERSIGHT

A health center board must provide oversight of clinical quality. Boards carry out this duty in various ways, including reviewing and approving the quality assurance/quality improvement (QA/QI) plan, monitoring quality and safety indicators, and approving key policies.² Often, boards have a Quality Committee that provides routine oversight of clinical quality measures and makes reports and recommendations to the full board regarding policies or actions.



BOARD CONSIDERATIONS

When providing clinical quality oversight, boards can keep the following in mind:

- **Boards can be aware of how the center approaches interventions related to healthy lifestyle habits and healthy weight**, including whether the center has the resources to address healthy weight management and whether the center is following US Preventive Services Task Force guidelines.
- **Boards will typically review health center quality measures reported through the Uniform Data System (UDS)**, a national dataset containing information on health center patients, services, staffing, and costs. The Health Resources and Services Administration (HRSA) collects UDS data annually from all health centers. Most boards receive regular updates on clinical data reported through UDS such as:
 - Percentage of patients 3–17 years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period.
 - Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period and who had a follow-up plan documented if BMI was outside of normal parameters.
- **Centers in value-based payment arrangements—which reimburse based on quality outcomes (and not the volume of services)—will want to be aware of and monitor additional data** required by the value-based arrangement. For example, some may monitor Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks such as:
 - The percentage of members 3–17 years of age who had an outpatient visit with a PCP [Primary Care Physician] or OB/GYN [Obstetrician/ Gynecologist] and who had evidence of the following during the measurement year.
 - BMI percentile documentation*.

² Learn more about the board's responsibility for clinical quality oversight in NACHC's Governance Guide for Health Center Boards, Chapter 5 and the Health Center Program Compliance Manual, Chapter 19: Board Authority.



BOARD CONSIDERATIONS

- Counseling for nutrition.
- Counseling for physical activity.

* Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

- **Boards can encourage the center to gather patient input to ensure Family Healthy Weight Programs are responsive to community needs and culturally appropriate.** Health centers may wish to have a Patient Advisory Council structured around its Family Healthy Weight Program and rooted in health equity to ensure services are implemented in the best ways to serve patients.
- **Boards can focus on health equity by monitoring outcomes for populations served by the center that have historically experienced disparities related to healthy weight.**



QUESTIONS

Questions a board might consider related to quality oversight of Family Healthy Weight Programs include:

- Is the center using evidence-based, family centered approaches to weight management services and programs?
- Is additional investment needed to support primary care teams in addressing healthy weight management?
- What is the clinical quality data signaling?
- Are there disparities in outcomes among certain populations? If so, what is being done to address these?

OTHER CONSIDERATIONS

Partnerships with community-based organizations such as the YMCA and Boys & Girls Club are important for health centers in carrying out Family Healthy Weight Programs. Board members can assist in identifying and building collaborative relationships with community partners.

Please direct questions about this resource to Emily Heard, Director, Health Center Governance, or Sarah Price, MSN-Ed, RN, Director, Public Health Integration, National Association of Community Health Centers at trainings@nachc.com.

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