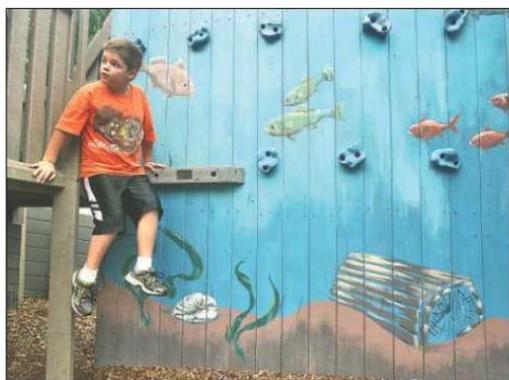


HEALTH

Weight-loss program transforms young lives

JOIN for ME gives kids, families a chance to fight dangers of excessive weight by going to the local Y, not a faraway clinic

By **FELICE J. FREYER JOURNAL STAFF WRITER**



Tyler Sumner, 9, of Warren, is a star in the JOIN for ME program. The 9-year-old, at 4 feet, 8 inches, is down to a normal 96 pounds.

No one expected it, no one intended it, but at the age of 7, Tyler Sumner became part of the epidemic of childhood obesity. Just 3½ feet tall, he weighed 115 pounds. For him, the consequences were grave — and they illustrate why doctors and policymakers are so worried about the growing numbers of overweight children. In second grade, Tyler already had high blood sugar and high blood pressure, precursors of diabetes and heart disease. He wheezed with asthma and tired easily. His

legs often achy, he struggled to get up from the floor during school activities. He endured bullying and teasing at school, and lamented that he couldn't play sports.

His father, Michael Sumner, recalls how close Tyler came to developing diabetes. "I could be giving my son the needle today," he says.

Instead, Tyler, who lives in Warren, was lucky enough to enroll in a Rhode Island-based experiment, called JOIN for ME, which is stirring hope among obesity researchers around the country.

Now 9 years old, Tyler stands out as one of the program's star students. At 4 foot 8, his weight is a normal 96 pounds. He plays baseball, basketball and football. Instead of flopping in front of the television after school, he clamors to go to the park.

"There's nothing better than watching your kid be able to go out there and do the things he's been wanting to do," says his father. "It's unbelievable what that program has done for us."

Tyler is not typical, however. Few of the 155 kids in the JOIN study — sponsored by UnitedHealth Group, working with the Greater Providence YMCA — made such dramatic changes, but few do in any obesity treatment.

As the researchers described last month in the respected journal *Pediatrics*, after six months in the program, 10 percent fewer children were obese and 3.4 percent fewer were overweight.

To most people, that may not sound like much. Yet the researchers call their study a success, and others agree.

What has impressed childhood-obesity experts is precisely what made JOIN possible for Tyler. His family didn't have to travel to Boston or Pittsburgh to see Ph.D.-level experts. They went to a nearby YMCA, in Barrington, and learned how to change behavior from people who'd never before worked on pediatric weight control and were newly trained as facilitators.

In other words, the experiment took an intensive treatment program, normally available to very few children at academic medical centers, and rolled it out in the community. Enrollment went quickly, few children (25) dropped out, and costs were low — about \$600 per family for the 24-week program, paid for by UnitedHealth Group. JOIN proved about half as effective as the intensive academic programs, but much more accessible.

"When I saw it, I was excited," said Dr. Goutham Rao of the University of Chicago Department of Family Medicine and family medicine director of the NorthShore Practice-Based Improvement Research Network. "It's finally a step in the right direction."

Rao, who previously ran a childhood-obesity clinic in Pittsburgh, says the weight-control effects were "slight," similar to those of other obesity programs.

But the program's practicality stands out. "These are the average obese kids that are out there," Rao said. "The program is something people could actually complete, it was engaging, it wasn't too expensive to deliver."

"This was meant to be a real-world application, a real-world setting," said Dr. Stephen R. Cook, a pediatrician and internist at the Golisano Children's Hospital at the University of Rochester (N.Y.) Medical Center who serves on the American Academy of Pediatrics' section on obesity. Cook says that when a parent comes to him seeking help for an obese child, today he has little to offer. Cook was not involved with JOIN but has followed it with interest; he is talking with his local Y in Rochester about trying something similar.

The JOIN study's principal investigator, Gary D. Foster, director of the Center for Obesity Research and Education at Temple University, notes that a 10-percent reduction in obesity is not as minor as it might sound. "If the prevalence of childhood obesity is about 18 percent, a program like this nationwide could take it down to 8 percent," Foster said.

"This program could be implemented in a variety of different community settings. You could train them up and they could run with it. ... The cost is just a drop in the bucket compared with highly specialized programs."

UnitedHealth Group and the Y are continuing to experiment with JOIN, with a new version being offered to Medicaid (Rite Care) recipients covered by UnitedHealthcare of New England, a subsidiary of the study's sponsor. In Rhode Island, the new pilot doesn't include teenagers. The original JOIN study didn't work as well with teens, who logged only a 1-point drop in percent overweight.

The causes of childhood obesity are an implacable mix of genetics, behavior and environment — food choices, sedentary living and a genetic tendency in some people to pile on pounds when food is plentiful.

To end obesity, it takes more than instructing people to eat less and exercise more. "Everybody knows what to do. People don't know how," says Dr. Deneen Vojta, a physician executive at UnitedHealth Group and one of the JOIN study's principal investigators.

None of it is simple or easy. You need to learn about the nutritional and caloric contents of food. You need advice on locating healthy food, preparing meals and making physical activity part of daily life. You need tips, such as using a smaller plate to control portions, or parking at the far end of the parking lot for extra walking. You need support to keep motivated.

Like many kids, Tyler used to come home from school, grab a snack and hunker down in front of the television. His busy family would sometimes stop for food at McDonald's. His little brother Cayden, now 6, remained a beanpole while Tyler's misery deepened.

The nurse at Tyler's school, the Hugh Cole Elementary School in Warren, suggested he try JOIN, which was open to children age 6 to 17 whose body-mass index (a ratio of weight to height) was at the 85th percentile or higher. The Sumners jumped at the chance.

Starting in February 2011, Tyler and one or both of his parents went to the Barrington Y for 12 one-hour group sessions. In between the group sessions, the instructors stopped by for 12 in-home sessions and also conducted 12 phone sessions.

At each session, the Sumners learned something new and planned an activity for the next week, such as selecting healthy foods from a restaurant menu, or reducing television-watching, or going outside to run around for a half-hour.

"Just showing up" for the group sessions proved critical to success, says Cindy McDermott, senior vice president for operations at the Greater Providence Y and a leader of the study. Someone who missed the lesson on sugar-sweetened beverages, for example, wouldn't know an essential fact about calorie consumption. And calories were a big issue: At the start, the children in the program ate 3,000 to 6,000 calories a day, but needed only about 1,500, McDermott said. "What's beautiful about it — it's not just the facilitator, it's their peers," McDermott said. "Once you get to halfway point, they don't want to miss a class; they feel like they're letting someone down." Tyler's father, Michael, a public-transit bus driver, agrees. "Everybody talked about what they did for the previous week, how things were working. That's a big help, when you have things in the open and you talk about it," he says. "We, the parents, have learned about portion control, fruits and vegetables and nutrition," he says. "It's okay to go out and order a pizza once a week, once every couple of weeks, but not all the time. Take one slice, cut it in half. ... We started walking more. We started going to the park more. We cut down on TV time. "The hardest part was saying 'no.' He just wanted more," Sumner says. "Even today we still have to make sure we don't let down our guard. He can say, 'Dad, can I have an extra piece of pizza?' We'll just let him know, 'Tyler, you've had your share, you've had your portion, and that's enough.' "

The parents also encouraged physical activity. When playing video games, the boys are allowed only those that require them to move around while playing. Recently, Tyler had his one-year check-up with JOIN (which is continuing to follow participants). "Everything went away," says his mother, Kim, a supervisor at the Navy base in Newport. "He has no signs of asthma — he hasn't had his inhaler for over a year. He's no longer prediabetic. His blood pressure is where it should be."

And Tyler is looking forward to the start of basketball season on Tuesday. As a side benefit, both of Tyler's parents lost weight too, as did some other parents. McDermott says JOIN may have achieved greater success than the data suggest. For example, one 13-year-old boy started out at 300 pounds. He lost only five pounds — but grew 4½ inches taller and dropped a pants size. "He looked better. He didn't make the statistic, but he is a success story," she said.

Vojta, of UnitedHealth, said the six-month program introduced lessons that can last a lifetime. "This was just the beginning," she said. "It's small lifestyle changes that people buy into. ... When you add them up, over a year and two years and three years, it really makes a difference in positive way."

The Y and UnitedHealth are moving forward in testing the program, with some changes. The phone sessions didn't work — most families missed the call. So the program now has 16 weekly meetings at the Y, followed by eight monthly "maintenance sessions" to reinforce what was learned.

Enrolling only participants in United Medicaid, the Y is now offering classes for children age 6 to 12 or 13 in Providence, Cranston, War-wick and Warren, and will keep adding as many classes as it can.

"We're trying to figure out a long-term business model that will work," McDermott said. A lot is at stake, says Cook, the obesity expert from Rochester. "If we don't have good answers," he says, "we're dooming a generation or two to really shorter lives."

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Tyler Sumner no longer settles down in front of the television after school. Now, the sports-playing 9-year-old likes to spend time in the park.

Young and too big

17 percent of American children age 2 to 19 are obese — triple the percentage from 1980.

Nearly one-third of children and teens are obese or overweight.

In Rhode Island, 11 percent of high school students were obese in 2011.

Childhood obesity is responsible for \$14.1 billion in health-care costs. People who are obese as children are more than twice as likely to die before age 55.

Obese children are more likely to have high blood pressure, high cholesterol and Type 2 diabetes.

Overweight children are at higher risk for bullying and peer rejection, and weight-based teasing increases susceptibility to depression.

Obese children are likely to become obese adults.

Sources: U.S. Centers for Disease Control and Prevention; "F as in Fat: How Obesity Threatens America's Future" by the Trust for America's Health.



As they look at the digital scale readout, Joni Bloom of JOIN for ME congratulates 9-year-old Alejandra "Ale" Tavarez on reaching her weight-loss goal for the week of Oct. 15.



Alejandro "AJ" Tavarez, 7, has lost 9 pounds. "Now I can run like the other kids run," he says.

The JOIN for ME study

Participants: 155 children age 6 to 17. 92 percent were obese, the rest overweight.

Sponsors: UnitedHealth Group and the YMCA of Greater Providence

Program: Starting in early 2011, children and parents attended 12 group sessions at their local Y, interspersed with 12 in-home sessions and 12 follow-up phone calls. Lessons on nutrition and physical activity were given, as well as tips and guidance on behavior change, and group support.

Results: After six months, 10 percent fewer children were obese and 3.4 percent fewer were overweight. Only 25 dropped out. Younger children did better than teenagers. Parents also experienced small reductions in weight. Children reported improvements in health-related quality of life, especially emotional functioning.

Significance: The first study of evidence-based child-obesity treatment delivered in YMCAs showed that a low-cost community-based treatment program can reduce the number of obese and overweight children.