

HIP HEALTH INITIATIVE

Hip Health:

An Integrated, Holistic Delivery System for Health and Wellness Services

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### Abstract

In 2005, Niles Home for Children launched the Hip Health initiative, to increase awareness and knowledge among the agency's clients about the relationship between proper nutrition and physical activity, as well as provide health and wellness services that would improve the children's overall health. What has since evolved, is an integrated, holistic health and wellness delivery system that impacts Niles youth and staff in six key areas – food and nutrition, health and wellness, sports and physical activity, healthy lifestyles, adolescents only, and leading by example. Niles has developed and expanded the initiative that now equips about 150 youth and 55 staff members to lead healthier and more active lifestyles. The ultimate goal of “Hip Health” is to help youth permanently establish healthy habits that they will benefit from not only now, but well into the future by helping prevent the many diseases caused by obesity and poor nutrition.

## Hip Health: An Integrated, Holistic Delivery System for Health and Wellness Services

The Hip Health initiative was launched in 2005 to provide essential medical, dental, and vision services to the growing number of youth entering the Niles Home for Children requiring such services. However, the long-term goal is to create a holistic approach for Niles youth and staff to develop important skills that will help them lead healthy, active lifestyles while also improving self-esteem and self-image.

The health and wellness model consists of six components, through which the wide array of services is delivered. Designed to work together as an integrated system, the components also function well independently.

The Hip Health case study outlines national and local research findings, as well as Niles' statistics that confirm the need for the Hip Health model. Each of the six components is described, and recent evaluation results on the model's three outcomes are reviewed.

### Program Need

Children referred to Niles Home often have many of the health-related and developmental deficiencies that are common among adolescents in foster care. The *American Academy of Pediatrics* said children in foster care disproportionately “have more serious and complex physical health, mental health and developmental problems.” (Laurel, Hurlburt, Landsverk, Rolls, Wood, Kelleher, 2003)

According to the Child Welfare League of America, “the gravity and extent of the health-care problems facing abused and neglected children are truly alarming.” (Health Care Services for Children, n.d.)

For example, the 150 boys and girls ages 6 to 17, who either live at Niles or attend the Niles Prep Behavior Management School in grades K through 12 each year, have had little or

no dental, vision, hearing, nutritional, or preventive care. These children are uninsured or underinsured. Most have been abused, neglected or abandoned. The children have not had what is considered a “normal” environment, in which regular school attendance and routine sleeping and eating schedules are established.

National and local health and wellness trends among children signal yet another health concern -- adolescent obesity. Obesity is a complex condition, but many experts attribute the rapid increase in obesity to what we are eating and drinking and the shift in activity patterns the past two decades. (Ogden, Flegal, Carroll, Johnson, 2002)

A report in the Journal of the American Medical Association stated that obesity among 12- to 19-year-olds grew from 10.5 percent from 1988-1994 (a six-year period) to 15.5 percent from 1999-2000 (a two-year period). (Ogden et al 2002) The same article reported that the obesity rate among 6- to 11-year-olds grew from 11.3 percent from 1988-1994 to 15.3 percent from 1999-2000. Further, the article said “the prevalence of overweight among children in the United States continues to increase, especially among Mexican-American and non-Hispanic black adolescents,” both populations primarily served by Niles. (Ogden et al. 2002)

Local studies have also shown similar youth obesity problems. In a recent report, the Metropolitan Health Council in Kansas City cited similar increases in adolescent obesity rates to the national statistics, with African Americans far exceeding Caucasians in being overweight, and males being more obese than females. (Crigler, 2003) The report also stated:

Among children today, doctors are seeing conditions only seen in the past in adults. Type 2 diabetes is one of the most common conditions seen in children, some as young as six. Further, the psychological effects of overweight and obesity

among children are often more damaging than the physical consequences. The heartening fact is that a loss of 10 percent of a person's weight can significantly reduce one's health risks. (Crigler, 2003)

The children at Niles greatly resemble the national and local descriptions cited and are among the targeted at-risk populations in which obesity and health-care deficiencies are prevalent. (Ogden et al, 2002; Laurel et al, 2003) Consider the following baseline statistics of children residing at Niles before the Hip Health initiative began.

1. 97% of the residents are on medication (Many are on psychotropic prescriptions that increase appetite and body weight.)
2. 80% of the residents are not involved in school/community sports or physical activities.
3. 25% of the residents are overweight.

#### Program Overview

The Hip Health initiative is a holistic, integrated approach to how Niles delivers its health and wellness services to residents and clients that help them lay the foundation for lifelong healthy living. The model has six components that provide the following:

In implementing the *food and nutrition* component, the agency's food service department offers balanced meals featuring fresh fruits and vegetables and few processed foods. The agency's horticultural therapy project allows Niles to grow fresh vegetables and herbs for meals and snacks from its organic garden on campus. The agency's medical services and food service staffs work with the head gardener in planning meals and production capacity, so a "field to plate" concept can be fully implemented.

A registered dietician/nutritionist has been proposed to work with children and employees in helping them take a more active role in choosing what they eat and understanding how those foods impact their overall health.

Under *health and wellness*, all youth will receive medical, dental and vision screenings, as well as any required immunizations upon admission. Youth and staff participate in workshops and discussions on a variety of health and wellness topics, including how to make the right food and nutritional choices, as well as the impact of psychotropic medication on their weight.

Niles has expanded its offering of *sports and physical activity* programs to youth. A program coordinator works with a physical education teacher and therapists to insure that all children participate for at least an hour a day six days a week in a variety of organized sports and selected fitness activities. Each child's level of participation in this area and results are reported in his or her individual treatment plan.

The overall purpose of the *healthy lifestyles* component is to offer and demonstrate to youth the spectrum of choices that are available in our community that serve as alternatives to substance abuse and unhealthy activities. Community volunteers, such as church or spiritual ministries, athletic and legal/correctional representatives, speak to Niles youth about the choices they make and the consequences that follow when the wrong ones are made.

The area of *adolescents only* focuses on the needs of youth ages 11-17 by examining topics, such as body image, self-esteem, and the temptations toward substance abuse and sexual activity. Programming developed for "gender-specific days" allow for further exploration into these areas. Support and information for this component are reinforced by

programs, activities, and curriculum developed under the health and wellness and healthy lifestyles components.

The *leading by example* component is designed to encourage staff to apply the Hip Health components to their own lives. Information is provided on a variety of topics, such as weight maintenance, stress management and smoking cessation. Referrals for assistance are arranged through the agency's Employee Assistance Program.

#### Outcomes

The Hip Health initiative strengthens the agency's core programs – residential treatment, day treatment/alternative education, and adolescent substance abuse – by allowing a holistic approach to mental and physical health. Each youth is evaluated against goals set as part of his or her individualized treatment plan. Ultimately, the goal for each youth is to increase his or her level of functioning in family, school, interpersonal and social settings. Program effectiveness is evaluated by the composite affect program participation has on individual participants. That, along with participant input and feedback, is used to further refine the initiative, structure and offerings.

The Hip Health model is evaluated in three outcome areas. A logic model is attached that describes outcomes, indicators, data sources, and data collection methods. The three measurable outcomes are:

- 1) 100% of participants will be aware of the relationship between nutrition and physical activity to overall mental and physical health.
- 2) 80% of participants will choose to participate in physical activities and eat more fruits and vegetables.

- 3) 75% of participants will demonstrate improved self-esteem and self-image through participation in Hip Health programming at Niles and in the community.

Since the inception of Hip Health three years ago, the following results were reported as of December 2007:

- 1) 100% of the participants became aware of the relationship between nutrition and physical activity to overall mental and physical health through the use of pre and post tests administered to all Niles residents and Niles Prep students. The post test was re-designed in late 2007 as part of an agency capacity-building effort on outcome measurements and now better reflects knowledge gained for determining healthy lifestyle choices, especially those that can reduce the chances of obesity.
- 2) 100% of the participants chose to participate in physical activities and eat more fruits and vegetables as both areas were expanded in the past year. The area of physical activities improved as the agency involved all residents in more community sports and programs. Niles residents and students continued team sports, such as football, basketball, track and volleyball, as well as individual activities, such as walking, swimming, skating, yoga, golf, tennis, and gardening. All Niles Prep students participate in daily physical education classes, and Niles residents' physical activities are monitored through their treatment plans.

In addition to an increased supply of vegetables from the Niles' garden, further evidence that 80% of the participants choose to eat more fruits and vegetables is reflected in the records of the agency's Food Service Department. The amount of fruits and vegetables purchased increased by 37% from 2006 to 2007. In addition, surveys conducted by the agency's Food Service Department

substantiated the percentage of vegetable consumption, as did comments from several youth who said they decided to try different vegetables, mainly because they were involved in growing them in the garden and knew that those types of foods were good for them. Bowls of fruit are openly displayed in the cafeteria for youth to eat when they want, and staff has observed youth choosing fruit more often for desserts and snacks.

- 3) 75% of the participants demonstrated improved self-esteem and self-image through participation in Hip Health programming at Niles and in the community as measured by a survey administered late in the year. The survey was conducted for the first time late in the year and did not allow for any comparisons.

To help boost self-esteem and self-image, Niles staff has found that participation in Hip Health activities often result in learning opportunities and are sometimes presented as incentives for good behavior. Staff also noted that the agency's population of children often feel most threatened when they are insecure, out of place, or unprepared (based on their knowledge level), all of which impact their level of self-esteem.

By increasing the types of healthy lifestyle activities and community groups involved with the children, the agency has noted a significant improvement in the youth's overall behavior. For instance, the number of incident reports fell by 33% from 2006 to 2007. The decline in incident reports reflects improved coping skills, self-control, ability to take direction, and decreased aggression – all indicators of improved self-esteem and self-image.

In late 2007, Niles launched parenting classes for parents/guardians

of children at Niles, as well as for parents/guardians in the community. The free weekly sessions are designed to offer assistance and support to parents with children that have mental health issues. The agency is observing early benefits, such as increased self-esteem among children who are getting along better with their parents since participating in the sessions.

### Conclusion

Hip Health, as an innovative delivery model for health and wellness services, is well-received by Niles youth and staff, as well as by corporate and foundation funders. Local print and broadcast media, as well as newsletters and websites of other social-service and community organizations have featured components of Hip Health.

By integrating the various components of Hip Health into each child's individual treatment plan, the model becomes a standard aspect of residential life designed in accordance with any prevalent issues identified in the resident's assessments. A team of Niles staff continues to gather and evaluate data on the effectiveness of the program's components through the use of pre- and post-tests; weekly, monthly and quarterly reports; health assessments; self-reports; and journals. Hip Health's well-coordinated, service integrated approach to caring for our youth include nearly all of the best practices recommended by the Child Welfare League of America. (Checklist of needed services, n.d.)

Now in its third year, Niles is analyzing long-term trends in the established outcomes in an effort to justify including some of the expenses of Hip Health in the billings to referring agencies.

**Evaluation:** The logic model below describes the expected outcomes, indicators, data source, and data collection method for the Niles Home “Hip Health” initiative.

Outcomes	Indicator	Data Source	Data Collection Method
100% of participants will be aware of relationship between nutrition and physical activity to overall mental and physical health.	Participants will know what lifestyle choices help prevent hypertension, diabetes, etc. They won't allow mental health issues to be barriers to healthy diets and participation in community based physical activity.	Pre-and post-tests, surveys, youth self-reports	Tests administered by treatment team. Quarterly surveys and youth self-reports.
80% of participants will choose to participate in physical activities and eat more fruits and vegetables.	Improved vital statistics, such as BMI, resting heart rate, weight range, as well as improved self image.	Event rosters. Meal counts and meal patterns.	Medical updates, treatment plan progress toward goal, and client self-reports.
75% of participants will show improved self-esteem and self-image through participation in team sports and other physical activities at Niles and in the community.	Decreased incident reports.	Incident Report.	Therapists, RN, other Niles staff and outside consultants will evaluate surveys, self-reports.

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