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# **Centers for Medicare & Medicaid Services (CMS) Webinar: Addressing Childhood Obesity in Medicaid and the Children's Health Insurance Program (CHIP)**

**January 28, 2026**

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Christopher Cogle, MD, Florida Medicaid, University of Florida

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Stewart Gordon, MD, FAAP, Louisiana Healthcare Connections



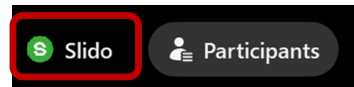
# Technical Instructions

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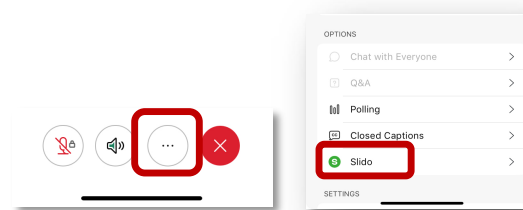
- Welcome to the Centers for Medicare & Medicaid Services (CMS) *Addressing Childhood Obesity in Medicaid and CHIP* Webinar!
- All participants are muted upon entry.
- To enable **closed captioning**, click on the “CC” icon in the lower-left corner of the screen or click “Ctrl, Shift, A” on your keyboard.
- A **survey will pop up** at the end of the webinar; please complete this survey before leaving the meeting.
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
- There will be a **Questions and Discussion session** at the end of the webinar.

# How to Submit a Question

- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



*On the mobile app:*



- When the Slido panel is pulled up you will see a Q&A box, type your question in the text box and click “Send.”
- Please note:** Slido Q&A should be used to submit requests for technical support with the webinar platform, as well as questions for panelists.

# Agenda

Topic	Speaker
Welcome and Overview of Agenda	Stephanie Reyna, Mathematica
Addressing Childhood Obesity in Medicaid and CHIP: The Making America Healthy Again (MAHA) Agenda	Vishal Arora, MD, CMS
Addressing Childhood Obesity: From Evidence to Action	Alyson Goodman, MD, MPH, CDC
State Highlight: Florida's Initiative on Childhood Obesity	Christopher Cogle, MD, Florida Medicaid, University of Florida
State Highlight: Louisiana's Evidence-Based Pediatric Weight Management Services	Stewart Gordon, MD, FAAP, Louisiana Healthcare Connections Amanda Staiano, PhD, Pennington Biomedical Research Center
Questions and Discussion	Stephanie Reyna, Mathematica

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# Addressing Childhood Obesity in Medicaid and CHIP: The Making America Health Again (MAHA) Agenda

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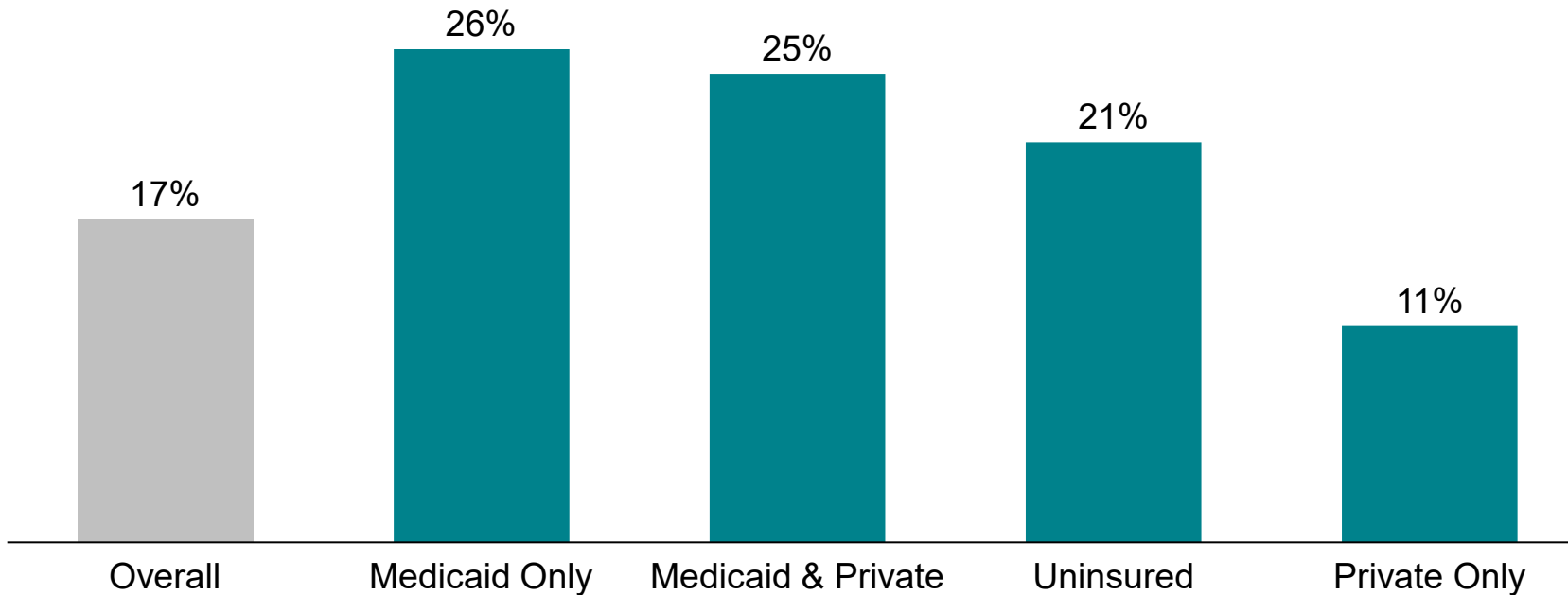
Vishal S. Arora, MD

Senior Advisor, Centers for Medicare and Medicaid Services



# Given the Prevalence of Pediatric Obesity in Medicaid, this is a Core Issue to Tackle for the MAHA Agenda

Obesity prevalence among children ages 10-17, by coverage type, %<sup>1</sup>

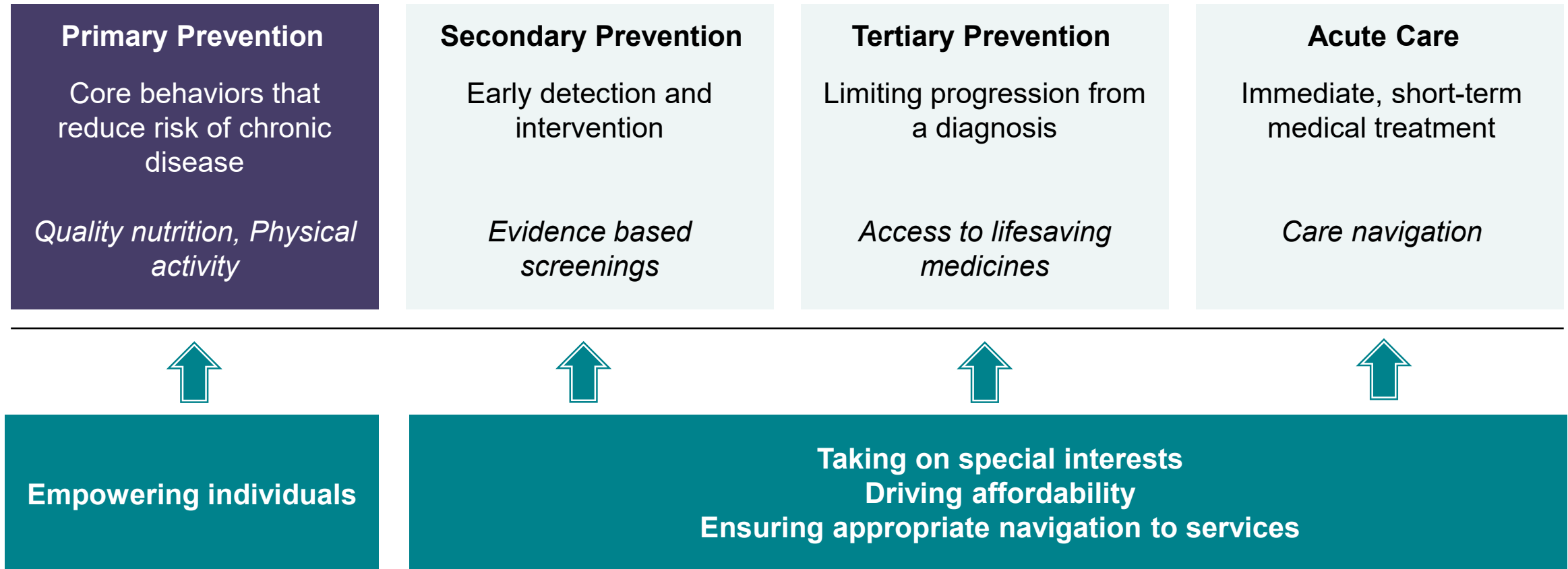


For children enrolled in Medicaid, the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit covers all medical necessary services, which can include obesity-related prevention and treatment services

1. Obesity is defined as having a BMI equal to or greater than the 95<sup>th</sup> percentile (as reported by parent or guardian)

**Source:** KFF. Obesity Rates Among Children: A Closer Look at Implications for Children Covered by Medicaid, Analysis of the 2020-2021 National Survey of Children's Health, available at <https://www.kff.org/medicaid/obesity-rates-among-children-a-closer-look-at-implications-for-children-covered-by-medicaid/>

# The MAHA Agenda Aims to Emphasize Primary Prevention to Help Reduce and Prevent Progression of Chronic Disease



# CMS Views the Following Four Stakeholder Groups as Essential to Advance this Agenda

## *Providers*



Providers reshape interactions with patients to accelerate lifestyle change and connect with a broader support system

## *Payers*



Payers reward providers and beneficiaries for emphasizing upstream lifestyle changes

## *Beneficiaries*



Beneficiaries have access to a diverse, connected care team, as well as clear, transparent data and support to change daily behaviors

## *States*



States develop financing and quality frameworks that emphasize upstream lifestyle changes across the care continuum

# Addressing Childhood Obesity: From Evidence to Action



**Alyson Goodman, MD, MPH**

CAPT, US Public Health Service

Chief, Obesity Prevention & Control Branch

Division of Nutrition, Physical Activity, and Obesity

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

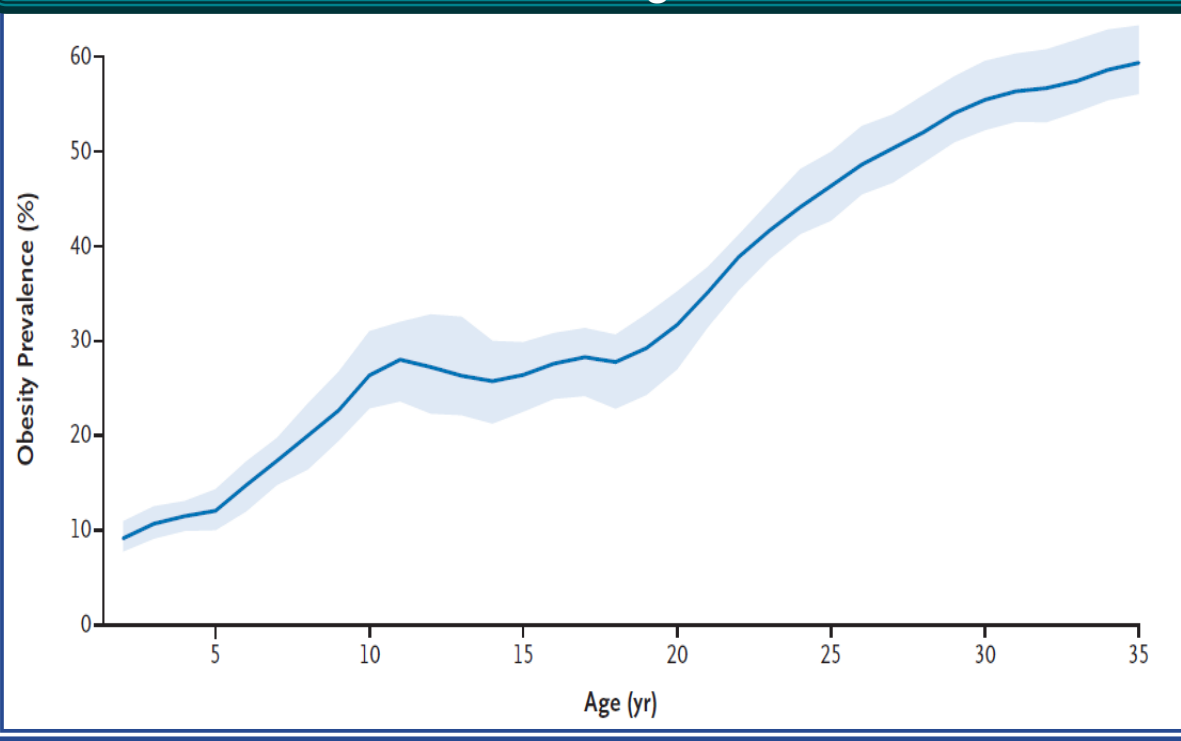
Division of Nutrition, Physical Activity, and Obesity (DNPAO)



# What is the Problem?

- Obesity is a **complex**, chronic, relapsing condition, that often persists into adulthood
- >14.7 million US children live with obesity
- Without additional intervention, >60% of today's 2-year-olds will have obesity by age 35 years
- Very few children with obesity receive guideline-recommended evaluation & treatment for obesity

Predicted Prevalence of Obesity among 2-year-olds at Future Ages

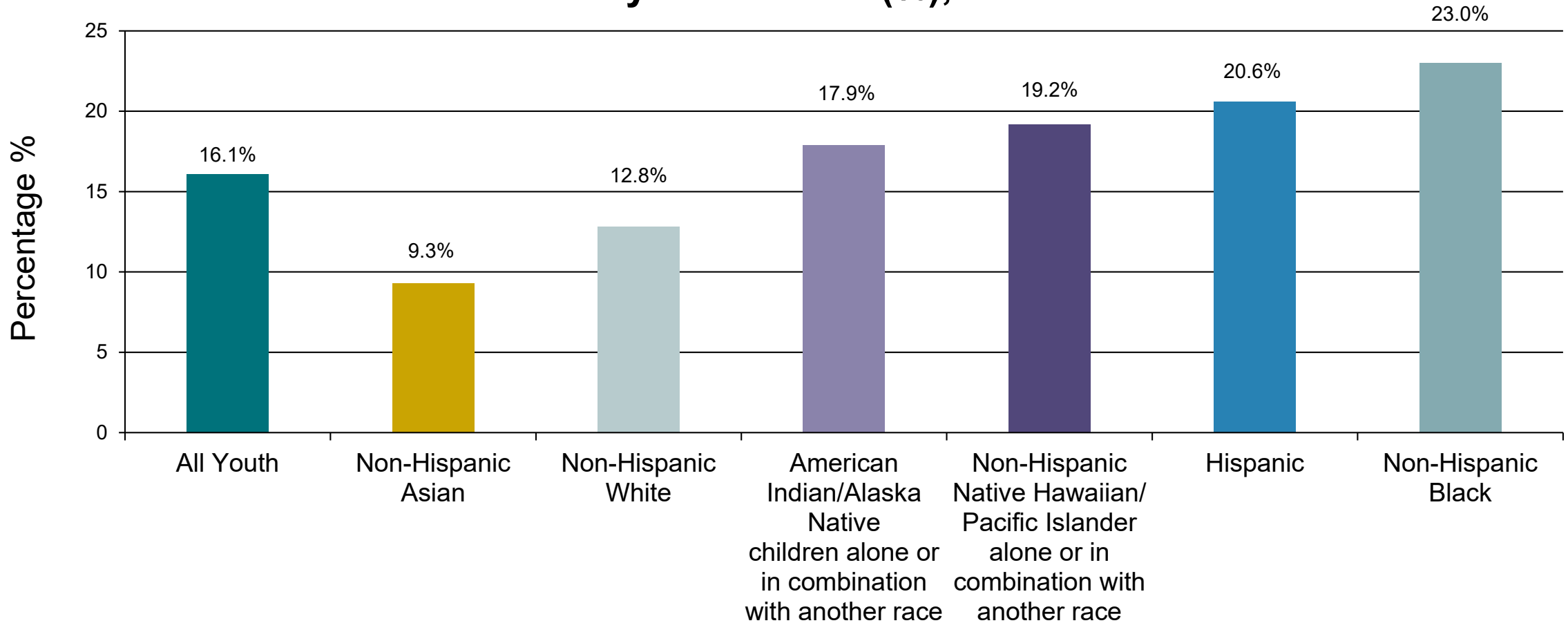


#### Sources:

- Mechanick et al. Adiposity-based Chronic Disease as a New Diagnostic Term: The American Association of Clinical Endocrinologists and American College of Endocrinology Position Statement, available at: <https://pubmed.ncbi.nlm.nih.gov/27967229/>
- Hildebrandt & Peltzer. Cell death and inflammation during obesity: "Know my methods, WAT(son)", available at: <https://doi.org/10.1038/s41418-022-01062-4>

# Differences by Race and Ethnicity

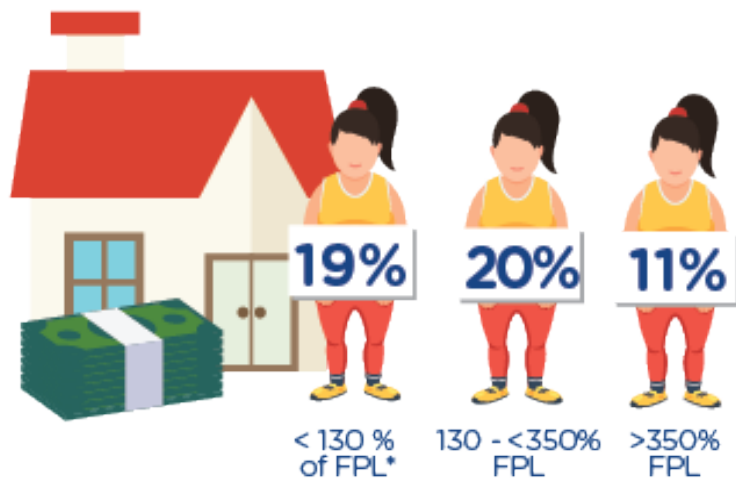
## Obesity Prevalence (%), 2023-2024



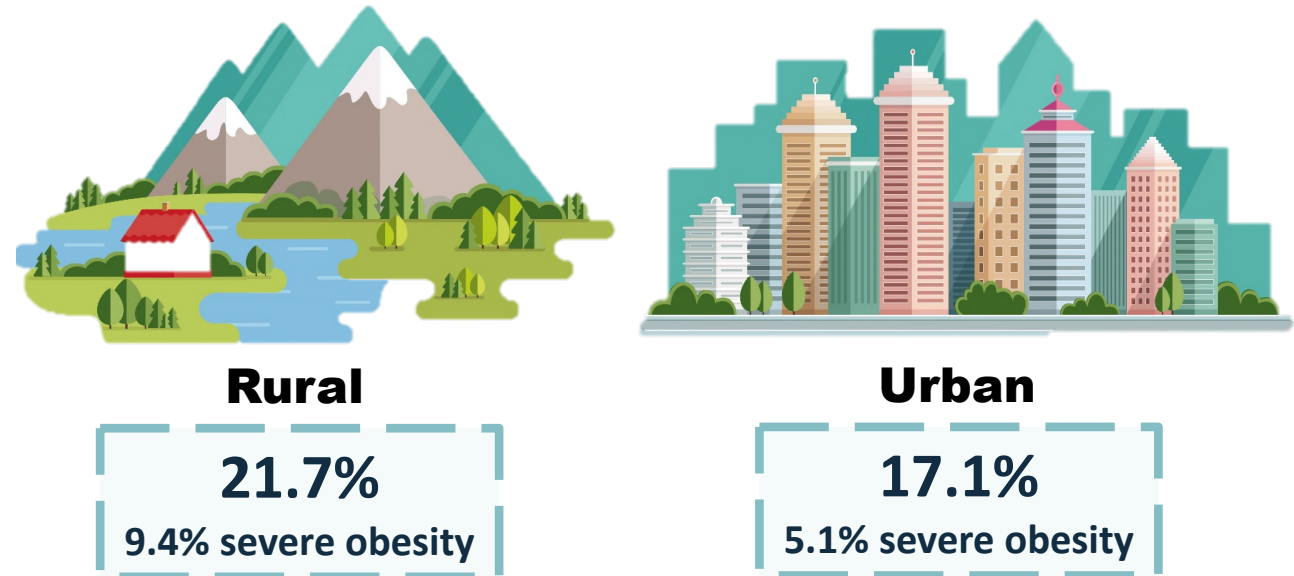
Source: State of Childhood Obesity, 2023-2024. Explore Data by Demographic, available at <https://stateofchildhoodobesity.org/demographic-data/ages-6-17/>

# Differences in Child Obesity Prevalence

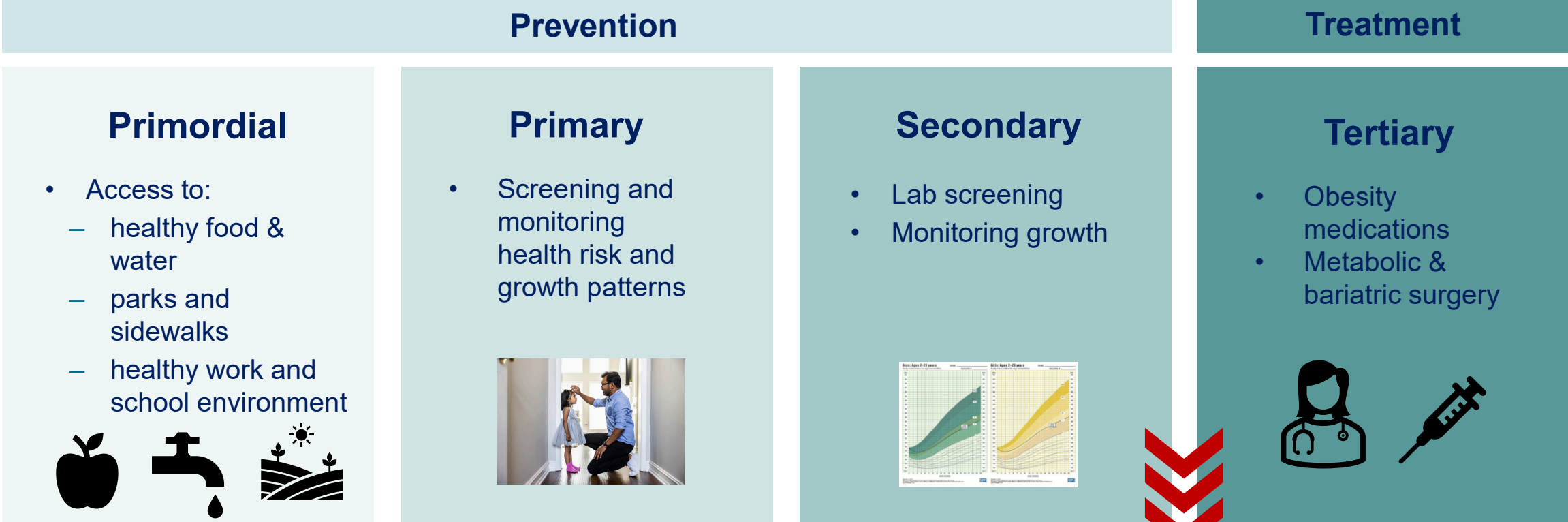
## By Household Income



## By Metropolitan Status



# Spectrum of Prevention: Child Obesity



**Family Healthy Weight Programs:**  
Evidence-based behavioral interventions

# Child Obesity Care Gap



Patient Identification:  
Rates of screening for excess weight >80-90%

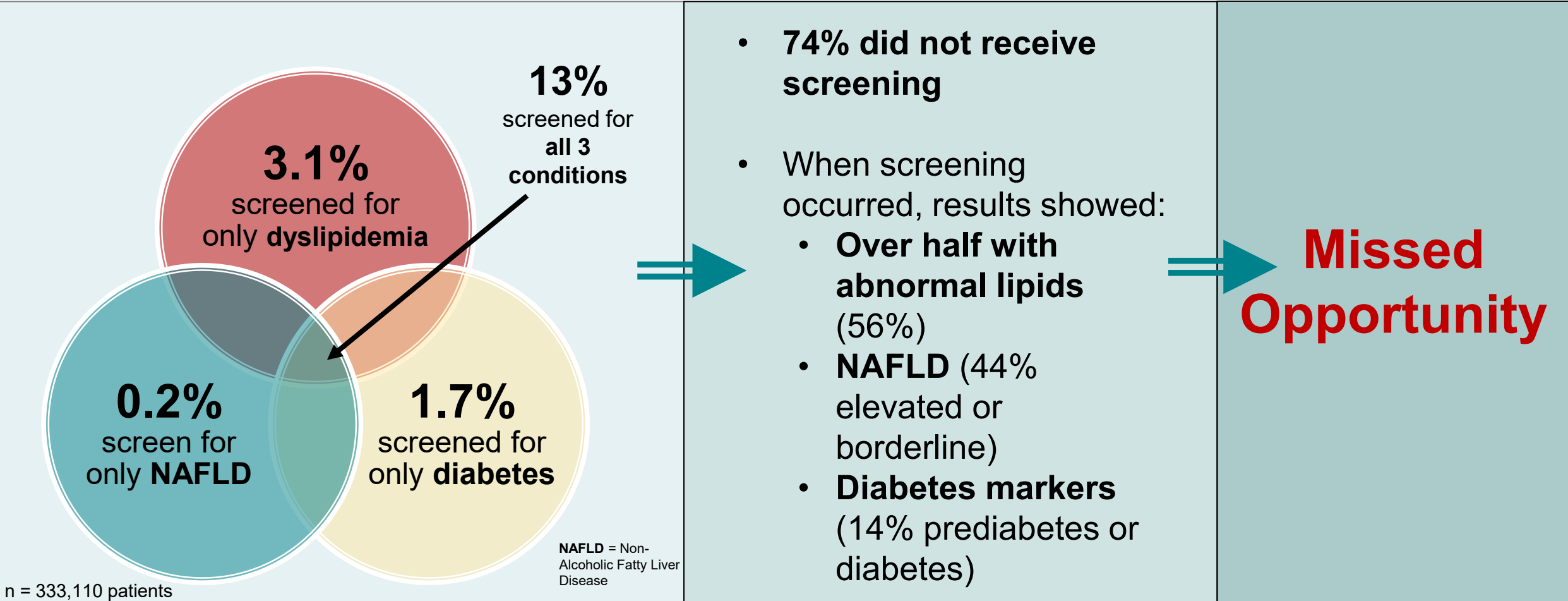


**Missing:**  
Low Availability of evidence-based services  
Low Access: Coverage Gaps & Limits  
Lack of Awareness of evidence-based obesity care



Patient Care:  
Evidence-based Prevention and Treatment

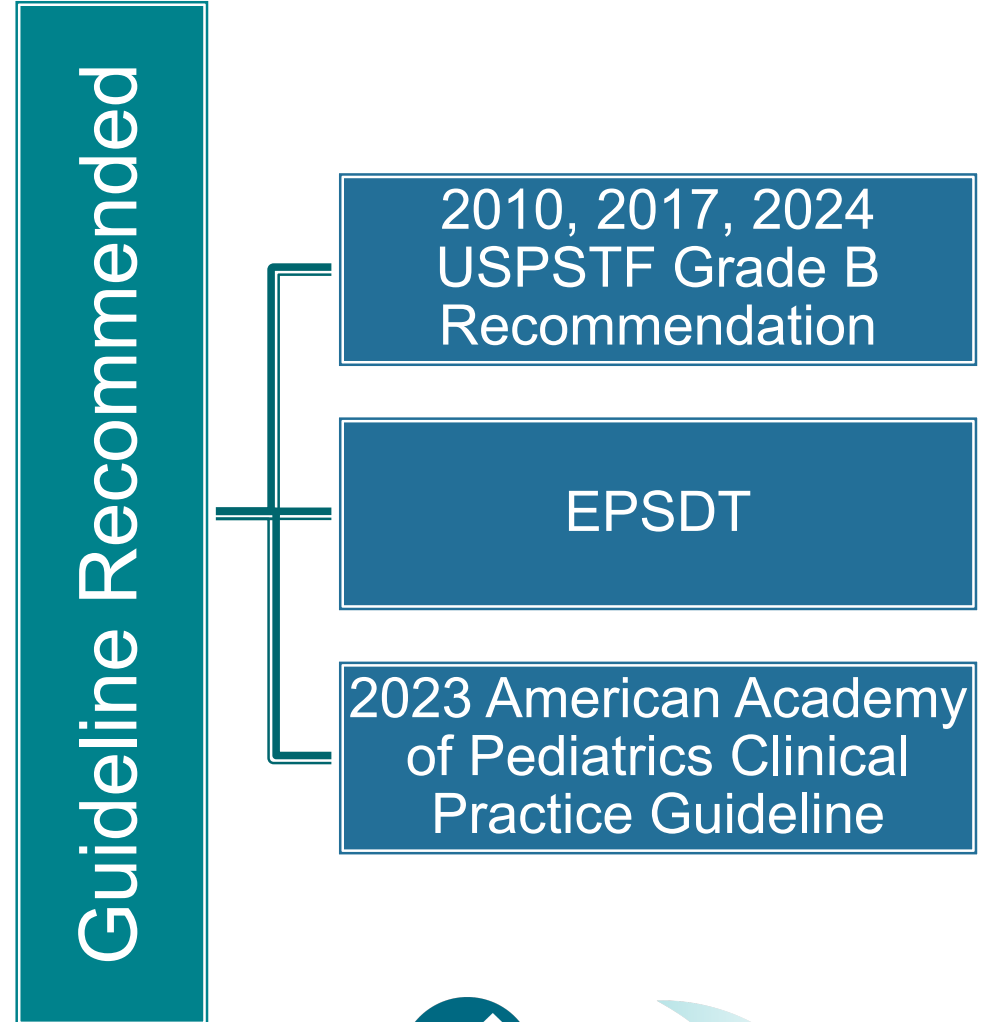
# Only 13% of Children with Obesity got Lab Screening for Metabolic Conditions



Source: Pierce SL. Assessment of guideline-recommended laboratory screening for obesity-related chronic conditions in US youth 10–18 years. Obesity. 2025, available at <https://onlinelibrary.wiley.com/doi/10.1002/oby.24365>

# Evidence for Intensive Health Behavior and Lifestyle Treatment

- **Foundational** for childhood obesity treatment
- **Complementary** to other treatment modalities: Medical Nutrition Therapy (MNT), Pharmacotherapy, Surgery
- 30+ years of evidence, 60+ randomized clinical trials



# Family Healthy Weight Programs (FHWPs) are a Type of Lifestyle Change Intervention

What are lifestyle change interventions?



Focus on **physical activity and/or nutrition**



Are delivered by a **trained instructor or coach**



Use an **evidence-based curriculum**



Build skills such as **cooking, grocery shopping, or healthy movement**



Help adults and children **improve wellness and prevent or manage chronic disease**

https://www.cdc.gov/diabetes-prevention/programs/index.html

An official website of the United States government Here's how you know

**CDC** National Diabetes Prevention Program


EXPLORE TOPICS SEARCH

## About the National Diabetes Prevention Program

For Everyone  
MAY 15, 2024

**AT A GLANCE**

The National Diabetes Prevention Program—or National DPP—was created in 2010 to address the increasing burden of prediabetes and type 2 diabetes in the United States. This national effort created partnerships between public and private organizations to offer evidence-based, cost-effective ways to help prevent type 2 diabetes.



https://www.cdc.gov/arthritis/programs/index.html

An official website of the United States government Here's how you know

**CDC** Arthritis


EXPLORE TOPICS SEARCH

## Physical Activity and Self-Management Education Programs for Arthritis

For Everyone  
MARCH 11, 2024

**AT A GLANCE**

CDC recognizes over 20 lifestyle management programs proven to reduce arthritis pain, improve flexibility and movement, and increase the ability to do daily activities. The programs are known as arthritis-appropriate, evidence-based interventions (AAEBIs).



https://www.cdc.gov/family-healthy-weight/php/recognized-programs/index.html

An official website of the United States government Here's how you know

**CDC** Family Healthy Weight Programs

EXPLORE TOPICS SEARCH

## CDC-Recognized Family Healthy Weight Programs

Public Health  
APRIL 24, 2024

**AT A GLANCE**

The American Academy of Pediatrics (AAP) recommends family healthy weight programs (FHWPs) as multi-component behavioral interventions to help treat childhood obesity. This page contains CDC-recognized FHWPs that are evidence-based and ready to be implemented in health care, community, or public health settings.



https://www.cdc.gov/heart-disease/about/cardiac-rehabilitation-treatment.html

An official website of the United States government Here's how you know

**CDC** Heart Disease

EXPLORE TOPICS SEARCH

## How Cardiac Rehabilitation Can Help Heal Your Heart

For Everyone  
MAY 24, 2024

**AT A GLANCE**

If you have a heart attack or other heart problem, cardiac rehabilitation is an important part of your recovery. Cardiac rehabilitation can both help a person recover from a heart problem and prevent future heart problems.

### What cardiac rehabilitation is

About 800,000 people in the United States have a heart attack every year. About 1 in 4 of those people already had a heart attack. [1](#) Cardiac rehabilitation not only can help a person

**ON THIS PAGE**

- [What cardiac rehabilitation is](#)
- [Who needs cardiac rehabilitation?](#)

# FHWP Key Characteristics

Safe and effective for children aged 2 through 18 years with BMI  $\geq$ 85th percentile for age and sex



Family-centered, involving parents or caregivers



26 or more contact hours over 3 - 12 months



Curriculum based behavior change and lifestyle modification



Group and Individual sessions, Virtual or in-person



Community or Clinic Models, Delivered by trained staff

# Proven Benefits of FHWPs\*

## IMPROVED



Health behaviors



Mental health



Parenting



Quality of life



Family stress & coping



Cost effective & future cost saving

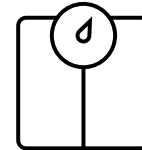


Social connectedness

\*Mitigate disordered eating



Metabolic markers – prediabetes, cholesterol, blood pressure



Child & caregiver weight

- 5 – 20 % reduction in excess weight (child and parent)

## REDUCED



# CDC is Helping to Address Gaps in FHWP Availability by Recognizing Evidence-Based Programs



## Family Healthy Weight Programs

EXPLORE THIS TOPIC ▾

- CDC-recognized programs meet evidence-based criteria



MEND  
(Mind, Exercise,  
Nutrition, Do It!)

Healthy Weight  
and Your Child

Building Healthy  
Families

Smart Moves  
(Bright Bodies)

Healthy Weight  
Clinic

Family-based  
Behavioral  
Treatment  
(FBT)

Fit Together

JOIN for ME

# Lifestyle change interventions can **Make America Healthy Again**, but only if they reach more people.

## Opportunities to improve reach:



**Increase healthcare provider referrals**



**Make it easier for more delivery organizations to offer lifestyle change interventions**

## Opportunities to help people enroll:



Offer a variety of lifestyle change interventions with convenient locations and schedules



Improve awareness of lifestyle change interventions



Decrease out of pocket costs for individuals and families

# Example of State Public Health Approaches



**JumpStart**  
HEALTH



**pb** Pennington Biomedical  
Research Center  
Louisiana State University



YMCA OF METROPOLITAN MILWAUKEE



MoHealth  Net



 Mass General

# Thank You

- **For more information:**  
<https://www.cdc.gov/family-healthy-weight/php/recognized-programs/index.html>
- **For questions:** [PHHT@cdc.gov](mailto:PHHT@cdc.gov)



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# State Highlight: Florida's Initiative on Childhood Obesity

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Christopher R. Cogle, MD

Professor, University of Florida

Chief Medical Officer, Florida Agency for Health Care Administration, Florida Medicaid

## Purpose of the Initiative

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*JumpStart Health* is a health care improvement initiative in rural Florida counties designed to:

1. **Test** feasibility of Medicaid-supported obesity prevention in community settings;
2. **Identify** which outcome measures are most appropriate for reducing childhood obesity; and
3. **Inform** design for regional and statewide implementations.



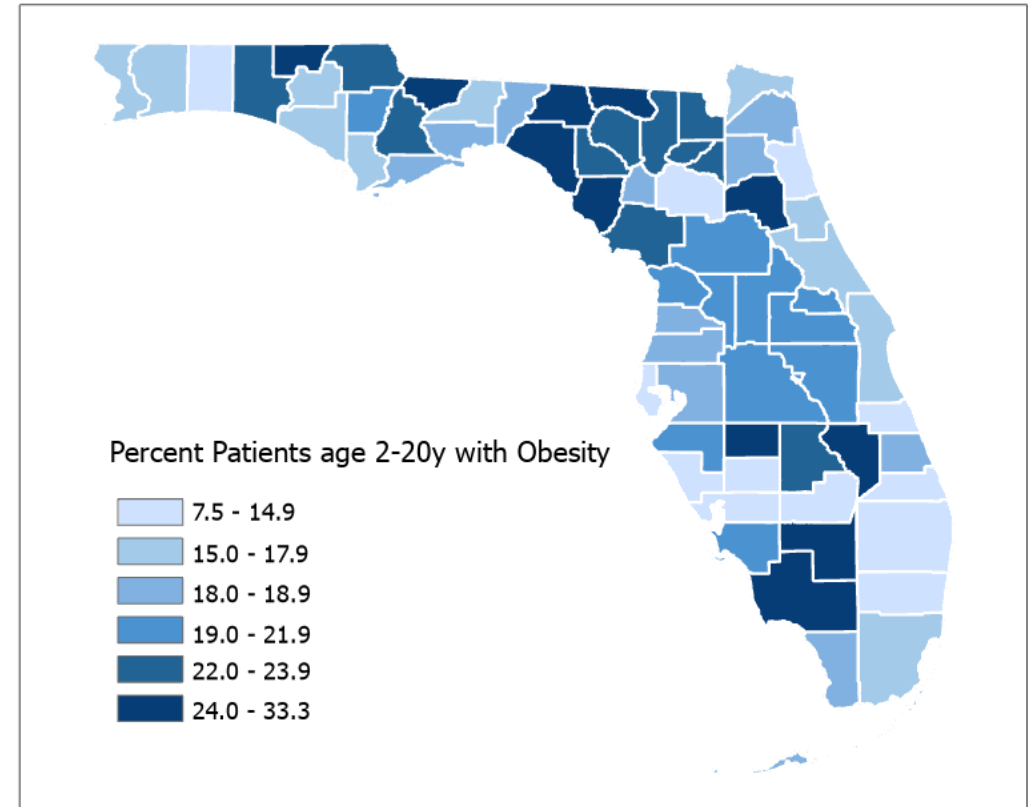
# Focus on Rural Florida



Claims and electronic health record (EHR) data show high obesity rates in small towns.

Childhood Obesity Prevalence by Urban and Rural Classifications

	Child	
	Obesity	Severe Obesity
<b>Metropolitan</b>	16.5	4.1
<b>Micropolitan (i.e., Small Metro)</b>	17.9	5.2
<b>Rural and Small Town</b>	21.7	7.1



Percent Patients age 2-20 with Obesity in OneFlorida DataTrust 2020-2025

**Source:** Lemas, et al. Objectively measured pediatric obesity prevalence using the OneFlorida Clinical Research Consortium. *Obes Res Clin Pract*, vol 13, no. 1, 2019. <https://doi.org/10.1016/j.orcp.2018.10.002>



# Principles of Empowering Families to Choose Healthy (1 of 2)

## 1. Connect Families to Local Activity Opportunities

- After-school programs, YMCAs, 4-H, Scouting, and church-based fitness in rural areas.
- Free state park passes for outdoor activity.

## 2. Bring Healthy Food Within Reach

- Clinics, schools, and community centers become hubs for movement and meals.
- Community-provided produce prescriptions, produce boxes, and mobile trailer of fresh food.
- Cooking and grocery shopping classes using seasonal Florida foods.

## 3. Activate Health Care Teams

- Providers trained in motivational interviewing, play, and nutrition counseling.
- New referral workflows built into EHR and managed care coordination.

## 4. Build Habits Early

- Kids learn to hydrate, move, and snack smart through monthly themes.
- Families engage in step-by-step behavior change supported by registered dietitians, coaches, and care coordination teams.



# Principles of Empowering Families to Choose Healthy (2 of 2)

## 1. Connect Families to Local Activity Opportunities

- After-school programs, YMCAs, 4-H, Scouting, and church-based fitness in rural areas.
- Free state park passes for outdoor activity.

## 2. Bring Healthy Food Within Reach

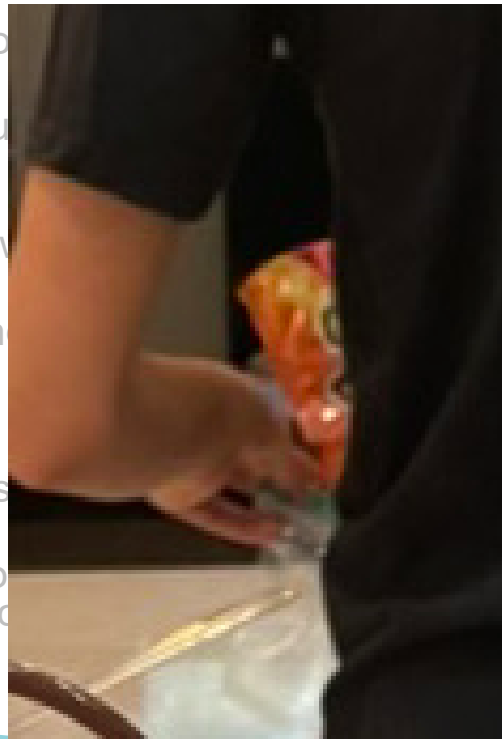
- Clinics, schools, and community centers become hubs for movement and meals.
- Community-provided produce prescription mobile trailer of fresh food.
- Cooking and grocery shopping classes use

## 3. Activate Health Care Teams

- Providers trained in motivational interview counseling.
- New referral workflows built into EHR and coordination.

## 4. Build Habits Early

- Kids learn to hydrate, move, and snack with healthy themes.
- Families engage in step-by-step behavior change with registered dietitians, coaches, and care coordinators.



# Aligning Medicaid Providers and Plans to Prevent Childhood Obesity

## What **Health Care Providers** Do:

- **Screen & Identify:** Use EPSDT visits and ICD-10 codes (e.g., E66.\*, Z68.5x, Z59.4x) to flag at-risk children.
- **Refer Effectively:** Use toolkits with CPT & ICD-10 codes, referral workflows, and EHR smart phrases to connect families to JumpStart Health services.
- **Counsel with Confidence:** Complete CME training in nutrition counseling, motivational interviewing, and diabetes screening.
- **Prescribe Nutrition & Activity:** Refer to covered services like Medical Nutrition Therapy and after-school sports.

## What **Managed Care Plans** Do:

- **Bundle Services:** Implement a consistent set of services (e.g., nutrition counseling, after-school programs, produce vouchers, Healthy Behaviors incentives).
- **Streamline Access:** Build closed-loop referral pathways using UniteUs or FindHelp.
- **Promote Engagement:** Use monthly media campaigns, member outreach, and community partnerships.
- **Track & Improve:** Submit data on referrals, service use, outcomes, and adjust approaches based on findings.

**Acronyms:** CME = Continuing Medical Education, CPT = Current Procedural Terminology, EHR = Electronic Health Record, EPSDT = Early and Periodic Screening, Diagnostic and Treatment, ICD-10 = International Classification of Diseases, 10<sup>th</sup> revision

# What JumpStart Health Will Examine (1 of 2)

- **JumpStart Health Services:**

- Managed Care Plan **Services & Supports:**

- Medical Nutrition Therapy (CPT 97802-97804), registered dietitian assessment → meal planning and f/u
- Healthy Behaviors programs for “medically directed weight loss” (s. 409.973(3), F.S.)
- Pediatric Obesity Screening & Counseling (BMI coding ICD-10 Z68.5x series, CPT 99401-99404)

- Managed Care Plan **Expanded Benefits** (aka Value-Added Benefits):

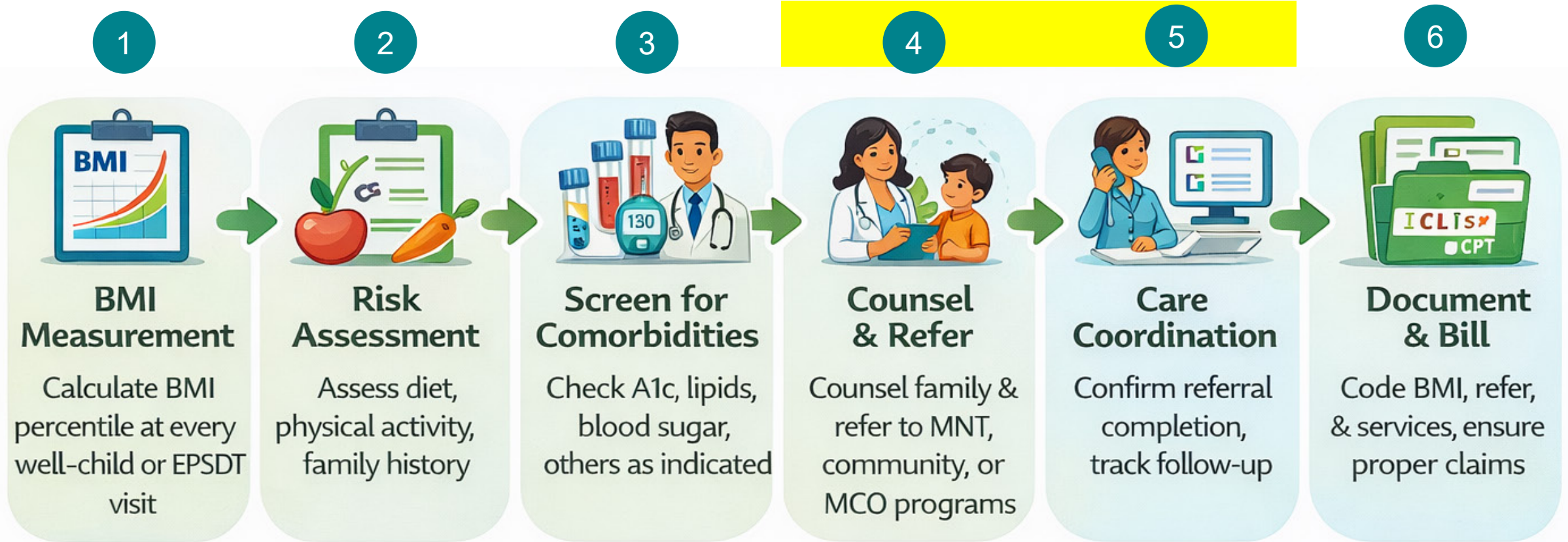
- Classes on Meal Planning, Grocery Shopping, and Cooking
- Produce Prescriptions & Vouchers
- Pedometers
- Weight Scales
- After-School Sports Scholarships (covers registration fees, equipment, uniforms)
- Swimming Classes & Gym Memberships
- Park Passes & Outdoor Activity Kits
- Telehealth Coaching for Nutrition Education + Physical Activity

## What JumpStart Health Will Examine (2 of 2)

- **Community Partnerships:**
  - Feeding Florida
    - Fresh Access Bucks (2x value at farmers' markets)
    - Nutrition educators on-demand
    - Mobile Farmacy to areas with limited access to whole foods
    - School Markets (flexible and dignified pantries and grocery lockers)
  - After-school programs
    - Champions®
    - YMCA®
  - Local medical clinics (FQHCs, rural health clinics, private practice)
  - Schools (elementary, middle, high, charter)
- **Referral Infrastructure:** UniteUs, FindHelp, closed-loop feedback
- **Provider Readiness:** CME, Physician Toolkit, screening workflows
- **Cross-Agency Collaboration:** Dept of Health, Dept of Agriculture



# Physician Screening & Referral Workflow for Childhood Obesity



 **Goal: Identify at-risk children, refer to community and MCO services, and track progress**

**Acronyms:** A1c = Hemoglobin A1c, BMI = Body Mass Index, EHR = Electronic Health Record, EPSDT = Early and Periodic Screening, MCO = Managed Care Organization, MNT = Medical Nutrition Therapy

# Cross-Agency Collaboration

Program	Food Delivery	Meal/Snack Provided on Site	Nutrition Education	Food Pick-Up	Benefits to Purchase Food	Eligibility
ACFP		☑				60+
CCFP		☑	☑			0-18
CSFP			☑	☑		60+
EFNEP			☑			18+
Fresh Access Bucks					☑	All Ages
School Meals		☑	☑			PreK-12 Students
SFMNP			☑		☑	60+
Congregate Meals		☑	☑			60+
Home Delivered Meals	☑		☑			60+ Homebound
SNAP					☑	All Ages
SNAP-Ed			☑			All Ages
Summer BreakSpot		☑				0-18
The Emergency Food Program				☑		All Ages
WIC			☑		☑	0 up to 5 and pregnant, breastfeeding, postpartum women
WIC FMNP			☑		☑	1 up to 5 and pregnant, breastfeeding, postpartum women



Fresh, Local & In Season:



Fresh, Local & In Season:



**Acronyms:** ACFP = Adult Care Food Program, CCFP = Child Care Food Program, CSFP = Commodity Supplemental Food Program, EFNEP = Expanded Food and Nutrition Education Program, FMNP = Farmers Market Nutrition Program, SFMNP = Senior Farmers Market Nutrition Program, SNAP = Supplemental Nutrition Assistance Program, SNAP-Ed = Supplemental Nutrition Assistance Program Education, WIC = Women, Infants, and Children



# Primary and Secondary Outcomes of Interest

- **Short-Term Procedural Outcomes**
  - % of enrollees referred to *JumpStart Health* services and supports
  - % of closed-loop referrals completed
  - Provider toolkit access and engagement
  - Participation in Healthy Behaviors programs
  - Expanded Benefit utilization
  - Attendance at plan-led community events
- **Long-Term Health Outcomes**
  - Changes in BMI percentile at 6 and 12 months (Z68.53-54 reductions, EHR)
  - Reductions in ED visits or hospitalizations for obesity-related diagnoses (ICD-10: E66.x, E11.x)
  - Improved food security (social need screening, Z59.4x)
  - Diabetes screening rates (T2D) and early detection

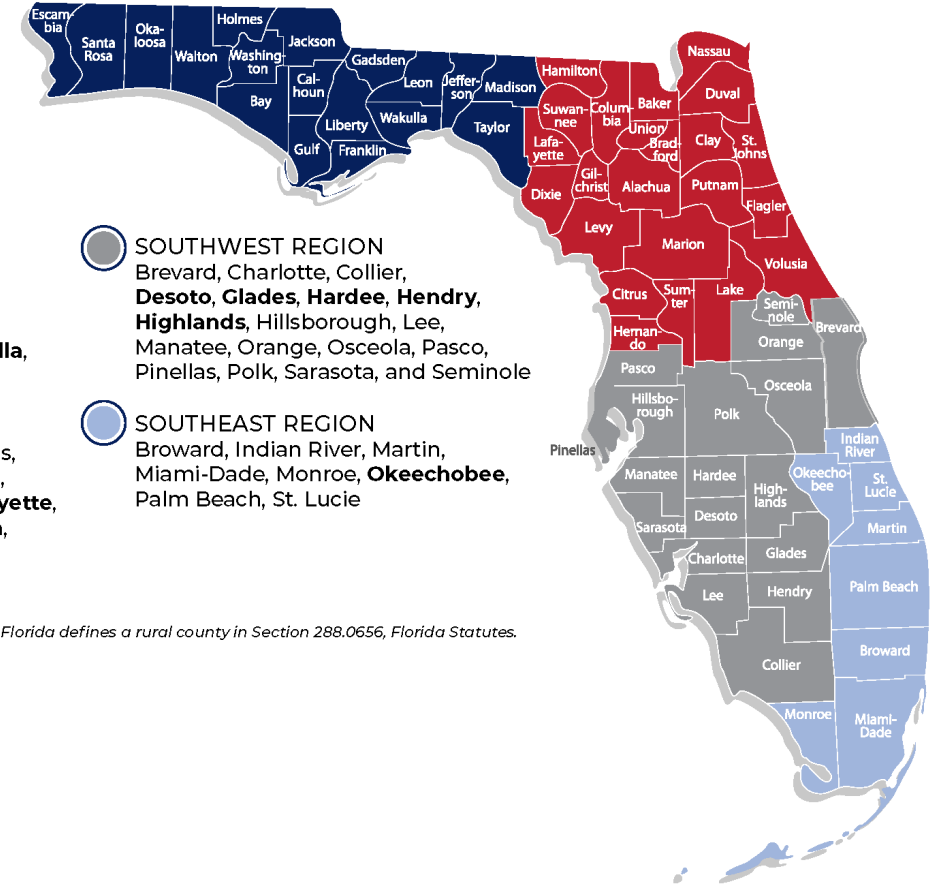
# Florida Rural Health Transformation Program (RHTP)

## Florida’s Rural Health Goals

- Support **Chronic Disease** Management
- Modernize **Data** Systems
- Leverage **Community** Partnerships
- Sustain Rural Health **Systems**

## “Obesity” in State RHTPs:

1. Florida
2. Kentucky
3. Maryland
4. Nebraska
5. Oklahoma
6. Utah



- NORTHWEST REGION  
Bay, **Calhoun**, Escambia, **Franklin**, **Gadsden**, **Gulf**, **Holmes**, **Jackson**, **Jefferson**, Leon, **Liberty**, **Madison**, Okaloosa, Santa Rosa, **Taylor**, **Wakulla**, **Walton**, and **Washington**
- NORTHEAST REGION  
Alachua, **Baker**, Bay, **Bradford**, Citrus, Clay, **Columbia**, **Dixie**, Duval, Flagler, **Gilchrist**, **Hamilton**, Hernando, **Lafayette**, Lake, **Levy**, Marion, **Nassau**, **Putnam**, St. Johns, Sumter, **Suwannee**, **Union**, and Volusia

- SOUTHWEST REGION  
Brevard, Charlotte, Collier, **Desoto**, **Glades**, **Hardee**, **Hendry**, **Highlands**, Hillsborough, Lee, Manatee, Orange, Osceola, Pasco, Pinellas, Polk, Sarasota, and Seminole
- SOUTHEAST REGION  
Broward, Indian River, Martin, Miami-Dade, Monroe, **Okeechobee**, Palm Beach, St. Lucie

*\*Bold denotes a rural county based on how the State of Florida defines a rural county in Section 288.0656, Florida Statutes.*



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# State Highlight: Louisiana's Evidence-Based Pediatric Weight Management Services

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Stewart Gordon, MD, FAAP, Louisiana Healthcare Connections

Amanda Staiano, PhD, Pennington Biomedical Research Center, Louisiana State University



# Intensive Health Behavior and Lifestyle Treatments (IHBLT)

Systematic reviews support that effective IHBLT programs deliver 26 or more hours of face to face, family-based counseling on nutrition and physical activity over a 3- to 12- month period, for children aged 6 or older with overweight and obesity.

## Who?

- Provider & family
- Multidisciplinary treatment team

## When?

- Upon diagnosis

## What?

- Health education
- Skill building
- Behavior modification

## Where?

- Healthcare setting
- Community-based setting

## How?

- Group
- Individual
- Combination
- Face to face
- Virtual

## How much?

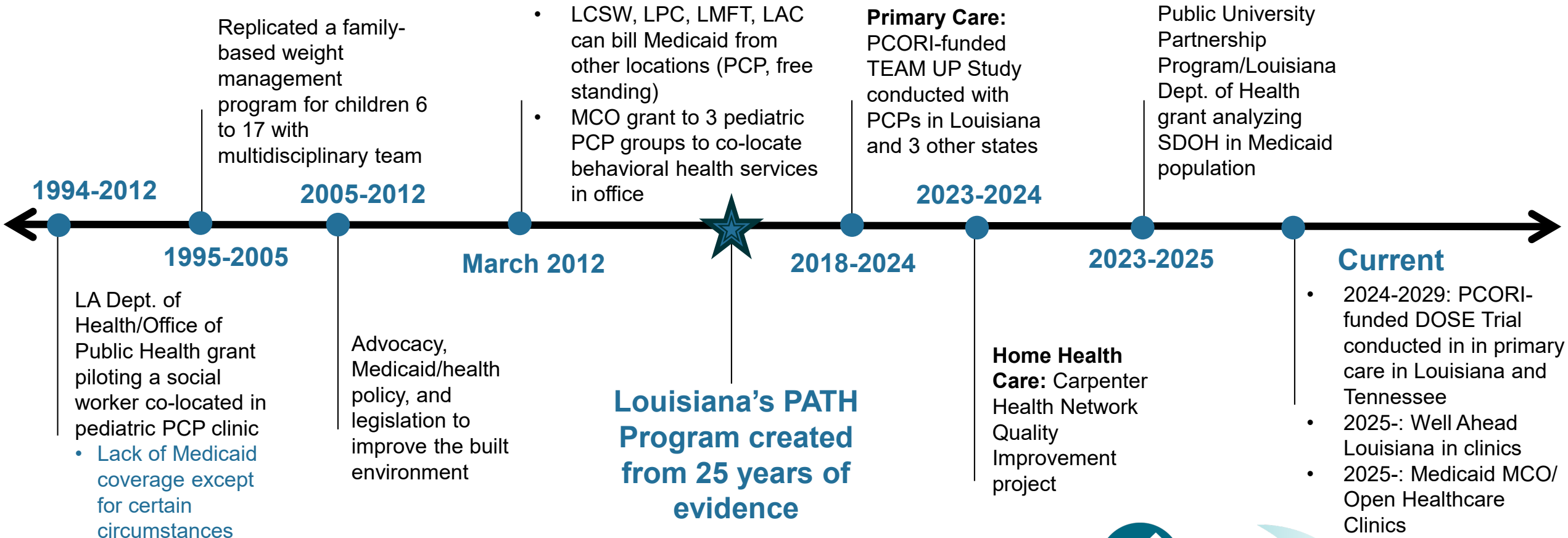
- 3- to 12- months
- At least 26 hours

Source: Hampl et. al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*, vol. 151, no. 2, February 2023. <https://doi.org/10.1542/peds.2022-060640>

# Academic/Medicaid Partnership Timeline Leading to Louisiana's Family Healthy Weight Program

**Acronyms:** LCSW = Licensed Clinical Social Worker, LPC = Licensed Professional Counselor, LMFT = Licensed Marriage and Family Therapy Specialist, LAC = Licensed Addiction Counselor, PCP = Primary Care Provider, MCO = Managed Care Organization, PCORI = Patient-Centered Outcomes Research Institute, SDOH = Social Determinants of Health

**Objective:** Partner with Medicaid, MCOs, research institutions, and primary care to innovate with **billable encounters**, **value-based contracts**



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# **Academic/Medicaid MCO Partnership for Pediatric Weight Management Delivery**

# IHBLT in Primary Care: The TEAM UP Research Study (2018-2024)

- **Purpose:** To compare the effectiveness of two clinical treatment options to provide families, providers, and payers with information on the best behavioral treatment of childhood obesity approach.
- **730 families in 41 clinical practices** across Louisiana, New York, and Missouri.
- **Louisiana Clinics:** Access Health Louisiana (FQHC), Red Stick Pediatrics (Medicaid), Ochsner Health network (mixed), Our Lady of the Lake network (mixed).
- **Findings:**
  - Primary outcomes show effectiveness of family weight management in primary care for 6-15 year olds.
  - Cost analysis on n=80 dyads plus n=80 matched control showed similar medical costs and utilization for delivery of both treatment arms, supporting cost effectiveness.



**PCORI Grant #PCS-2017C2-7542;**  
**Principal Investigators (PIs): Denise Wilfley & Steve Cook**  
**Site PI: Amanda Staiano (Pennington)**

**Sources:**

Staiano, A.E., S.R. Cook, D.W. Wilfley. "TEAM UP – A large comparative effectiveness pragmatic trial of family-based treatment for youth with obesity." Presented at The Obesity Society Annual Meeting, Obesity Week, Atlanta, GA, 2025.  
McBride T et al. Effects of the TEAM UP obesity treatment program for children on utilization and costs. *Obesity*, 33:163, 2025. <https://doi.org/10.1002/oby.70103>

# IHBLT in Rural & Urban Primary Care: The DOSE Trial (2024-2029)

- **Goal:** Assess the effectiveness of reduced treatment doses (13, 16, 19, and 22 hours) of IHBLT for childhood obesity compared to the current American Academy of Pediatrics (AAP) and United States Preventive Services Task Force (USPSTF) recommendation (26 hours).
- **Participants:** 900 families living in Louisiana & Tennessee.
- **Billing:** Providers bill for 4 PCP visits and up to 16 nutrition counseling sessions over the 12-month intervention.
- **Louisiana Participating Clinical Systems:** Our Lady of the Lake Children's Health, Teche Health (FQHC), Ochsner Health, Willis Knighton.

PCORI Grant #BPS-2023C1-31064; PIs: Amanda Staiano (Pennington) & William Heerman (Vanderbilt University Medical Center)

# COACH



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# Positive Actions Towards Health (PATH) Program Overview

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Amanda Staiano and Corby Martin, Pennington Biomedical Research Center

# The PATH to Louisiana's Family Healthy Weight Program

## Efficacy of SmartLoss<sup>SM</sup>, a smartphone-based weight loss intervention: Results from a randomized controlled trial

[Corby K. Martin](#) ✉, [Anastasia C. Miller](#), [Diana M. Thomas](#), [Catherine M. Champagne](#), [Hongmei Han](#), [Timothy Church](#)

First published: 28 April 2015 | <https://doi.org/10.1002/oby.21063> | [VIEW METRICS](#)

Randomized Controlled Trial > Eat Weight Disord. 2005 Sep;10(3):193-203.  
doi: 10.1007/BF03327547.

## Efficacy of an internet-based behavioral weight loss program for overweight adolescent African-American girls

[D A Williamson](#)<sup>1</sup>, [P Davis Martin](#), [M A White](#), [R Newton](#), [H Walden](#), [E York-Crowe](#), [A Alfonso](#), [S Gordon](#), [D Ryan](#)

## Two-Year Internet-Based Randomized Controlled Trial for Weight Loss in African-American Girls

[Donald A. Williamson](#) ✉, [Heather M. Walden](#), [Marney A. White](#), [Emily York-Crowe](#), [Robert L. Newton Jr](#), [Anthony Alfonso](#), [Stewart Gordon](#), [Donna Ryan](#)

First published: 06 September 2012 | <https://doi.org/10.1038/oby.2006.140> | Citations: 138

Published on 07.Jan.2021 in Vol 4, No 1 (2021): Jan-Mar

Preprints (earlier versions) of this paper are available at <https://preprints.jmir.org/preprint/24714>, first published 02.Oct.2020.



## Digital Tools to Support Family-Based Weight Management for Children: Mixed Methods Pilot and Feasibility Study

[Amanda E Staiano](#)<sup>1</sup>, [Jenelle R Shanley](#)<sup>2</sup>, [Holly Kihm](#)<sup>3</sup>, [Keely R Hawkins](#)<sup>1,4</sup>, [Shannon Self-Brown](#)<sup>5</sup>, [Christoph Höchsmann](#)<sup>1</sup>, [Melissa C Osborne](#)<sup>5</sup>, [Monique M LeBlanc](#)<sup>3</sup>, [John W Apolzan](#)<sup>1</sup>, [Corby K Martin](#)<sup>1</sup>

> *Pediatrics*. 2023 Feb 1;151(2):e2022060640. doi: 10.1542/peds.2022-060640.

## Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity

[Sarah E Hampl](#), [Sandra G Hassink](#), [Asheley C Skinner](#), [Sarah C Armstrong](#), [Sarah E Barlow](#), [Christopher F Bolling](#), [Kimberly C Avila Edwards](#), [Ihuoma Eneli](#), [Robin Hamre](#), [Madeline M Joseph](#), [Doug Lunsford](#), [Eneida Mendonca](#), [Marc P Michalsky](#), [Nazrat Mirza](#), [Eduardo R Ochoa](#), [Mona Sharifi](#), [Amanda E Staiano](#), [Ashley E Weedn](#), [Susan K Flinn](#), [Jeanne Lindros](#), [Kymika Okechukwu](#)

PMID: 36622115 DOI: 10.1542/peds.2022-060640

# PATH Program Goal

- **Teach successive changes in lifestyle behaviors in children and their parents/caregivers**
- **This goal is met through behavioral counseling on:**
  - Child-friendly nutrition and physical activity guidance
  - Positive caregiving and healthy household strategies
  - Long-term goals and maintenance



PIs/Inventors: Amanda Staiano & Corby Martin (Pennington)

# PATH Program Components

## Lesson Plans

**PATH: Positive Actions Towards Health**  
Coach Lesson Plan



**UNIT 1**  
**LESSON 10**  
**GROCERY SHOPPING**



**LESSON FOCUS**

This lesson teaches the child and his or her family the importance of being prepared before they go to the grocery store.

**PARTICIPANT LEARNING OBJECTIVES**

By the end of the lesson, the child and their family/caregivers will:

- Identify how to prepare for grocery shopping
- Know what healthy foods to buy to keep on hand at home
- Learn how to read a Nutrition Facts label

**LESSON HANDOUTS**

- Grocery Shopping Tips
- How to Read a Nutrition Facts Label
- Setting SMART Goals




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## Family Handouts

**PATH: Positive Actions Towards Health**

### Grocery Shopping Tips



**Take Action: READY. SET. GO!**

Create your own weekly meal plan and grocery shopping list.

	Breakfast	Lunch	Snack	Dinner
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				

Take note of what you already have at home in your fridge, freezer, and pantry. Fill in your list with things you need (staples to have on hand plus items needed for your meal plan recipes).

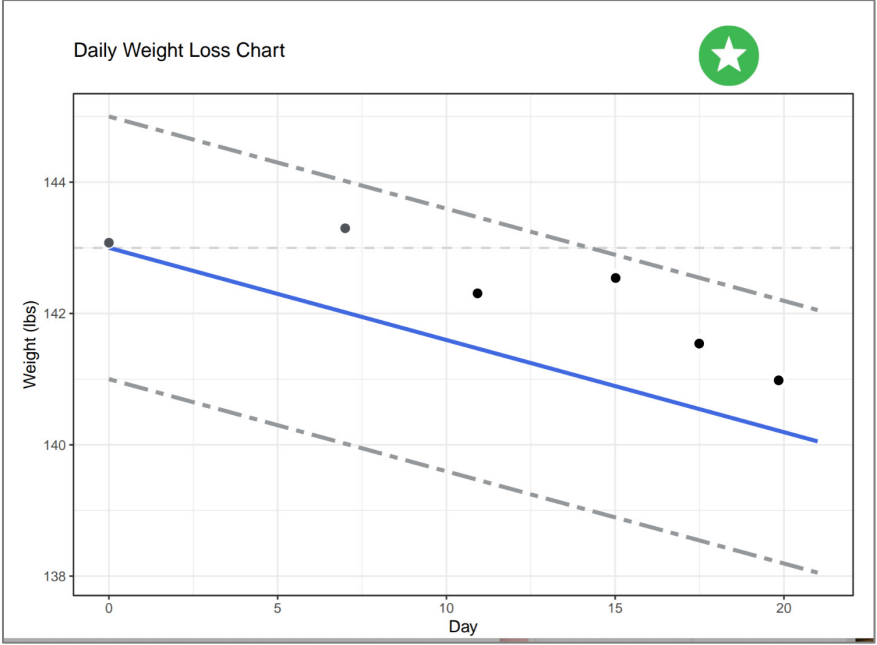
Fruits	Veggies	Grains	Proteins	Dairy

**Reflect and Discuss**  
Was this meal plan and grocery shopping list activity helpful? Why or why not?

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## App with Virtual Weight Path using Cellular-Enabled Scale



PIs/Inventors: Amanda Staiano & Corby Martin (Pennington)



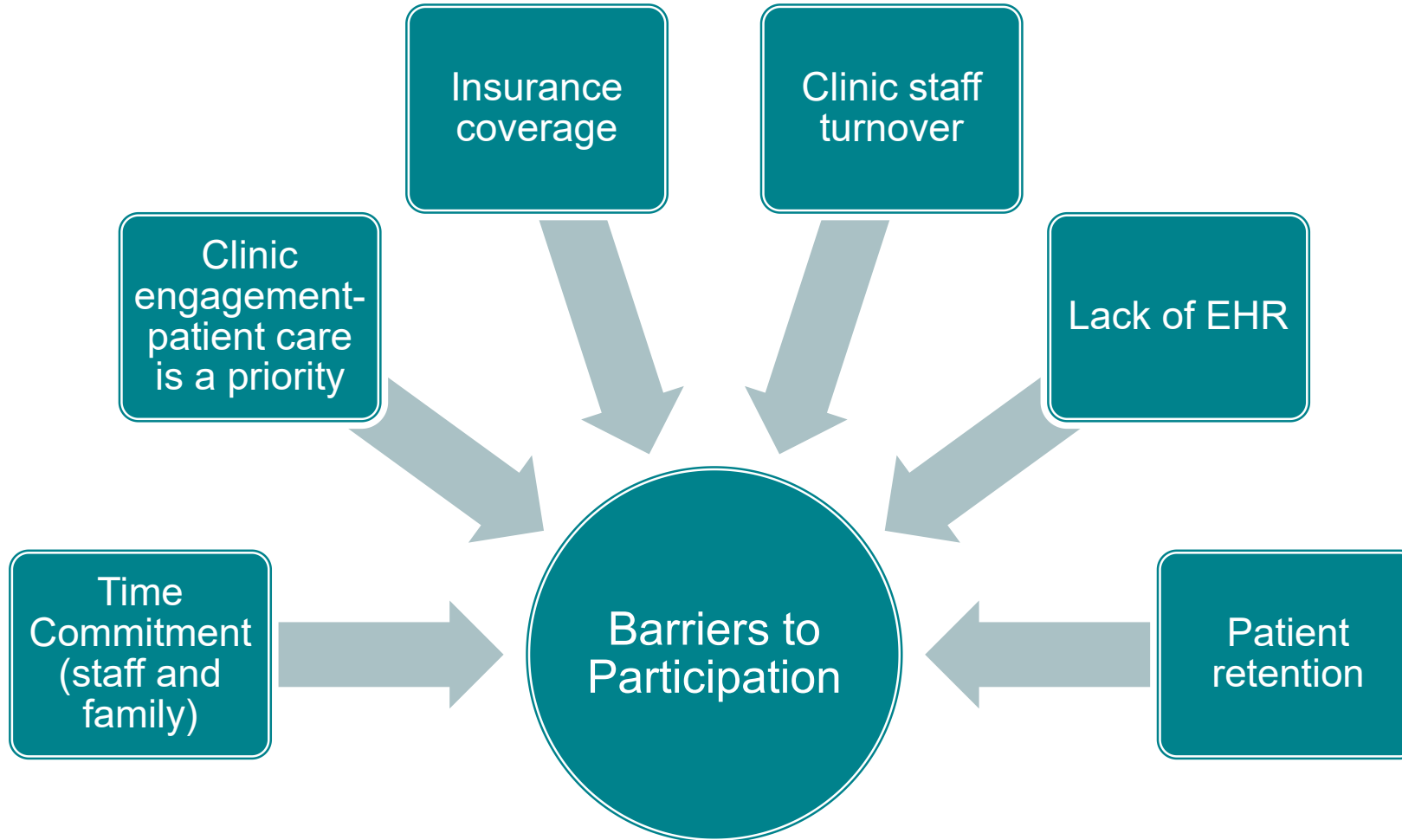
# Current PATH Programs in Louisiana

- **Carpenter Health Network (CHN) Quality Improvement (QI) Project (2023-2024)**
  - Delivered in a home healthcare setting to children insured by Medicaid for 12 months.
  - Showed improvements in weight status and related health metrics.
  - Drafting brief scientific report on findings:
    - Button AM, Ullmer A, Katzmarzyk PT, Gordon S, Domingue J, Diktas HE, Martin CK, Staiano AE. Adaptations of an evidence-based intervention for child obesity treatment delivered in a home health setting.
- **CDC/Louisiana Department of Health – Well Ahead Louisiana (2025-Current)**
  - 6–12-month intervention in primary care.
  - Identifying potential clinics to pilot this project; focused on provider referrals.
- **Open Health Care Clinic (OHCC) FQHC school clinic with a Medicaid MCO (2025-Current)**
  - Trained FQHC medical assistant to deliver IHBLT in the clinic, delivered to K-8<sup>th</sup> grade students and their parents

**PIs/Inventors: Amanda Staiano & Corby Martin (Pennington)**



# Delivery Challenges



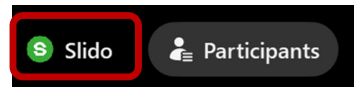
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# Questions and Discussion

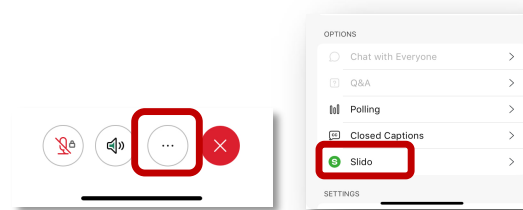
Stephanie Reyna, Mathematica

# How to Submit a Question

- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Slido** panel in the lower right corner of your screen.



*On the mobile app:*



- When the Slido panel is pulled up you will see a Q&A box, type your question in the text box and click “Send.”
- Please note:** Slido Q&A should be used to submit requests for technical support with the webinar platform, as well as questions for speakers.

# CMS Addressing Childhood Obesity Resources

- **CMS's Addressing Childhood Obesity Resources include:**
  - Webinar materials (coming soon!)
  - Examples of innovative strategies states are using to promote healthy eating, active living, and obesity prevention and treatment among individuals enrolled in Medicaid and CHIP
  - Additional resources from other federal agencies



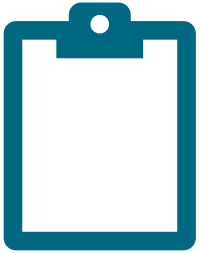
The screenshot shows the Medicaid.gov website. The header includes the logo 'Medicaid.gov Keeping America Healthy', a search bar, and navigation tabs for 'Federal Policy Guidance', 'Resources for States', 'Medicaid', 'CHIP', 'Basic Health Program', 'State Overviews', and 'About Us'. The breadcrumb trail reads: Home > Medicaid > Quality of Care > Quality Improvement Initiatives > Addressing Childhood Obesity. The main heading is 'Addressing Childhood Obesity'. The text below explains that childhood obesity is a common chronic condition affecting more than 1 in 5 children in the United States and more than 1 in 4 children in Medicaid. It lists associated conditions like diabetes, hypertension, asthma, depression, and anxiety, and notes that children with obesity are more likely to have obesity as adults. A second paragraph states that although childhood obesity is complex, there are ways to support children and families, such as through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which covers obesity-related prevention and treatment services. A 'Related Resources' sidebar on the right lists links to 'Make America Healthy Again Initiative', 'CDC: About Obesity', and 'CDC's Family Healthy Weight Programs'. A section titled 'Addressing Childhood Obesity in Medicaid and CHIP' mentions that CMS is hosting a webinar to highlight opportunities for state Medicaid and CHIP programs to strengthen prevention and treatment efforts.



<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/addressing-childhood-obesity>

# Thank you for participating!

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- Please **complete the survey** as you exit the webinar.



- If you have any **questions**, email [MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov).