MACOMB COUNTY
COMMUNITY MENTAL HEALTH

MCCMH Preventive Care Guidelines – Obesity and Healthy Weight		
Last Updated: **12/05/2024**	Owner: **MCCMH Chief Medical Office**	Pages: **5**

I. PURPOSE:

A. To create awareness for providers on the important role they must play in assisting persons served and their guardians in following appropriate preventive care guidelines. It is through the provision of guidelines that MCCMH seeks to empower providers to create their own processes to ensure awareness.

B. To mitigate the risk of certain medical conditions by assisting persons served and their guardians in understanding the importance of a proactive approach with these preventive care practices.

II. DEFINITIONS:

Body Mass Index (BMI) is a tool that healthcare providers use to estimate the amount of body fat by using your height and weight measurements. It can help assess risk factors for certain health conditions. The ideal Body Mass Index (BMI) is between 18.5 and 24.9.[1]

Food insecurity: Defined as the limited or uncertain availability of nutritionally adequate and safe foods or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[2]

III. OVERVIEW:

These guidelines are to educate and bring attention to how having a chronically elevated or low BMI may impact health. According to the World Health Organization, having an elevated BMI places a person at risk of developing metabolic syndrome, diabetes, hypertension, heart disease, or other medical conditions.[3] Additionally, having too low of a BMI can place a person at risk for developing osteoporosis, anemia, or additional health complications most notable while developing or if becoming pregnant. While being overweight or obese can lead to significant health risks, extreme underweight and coexisting eating disorders are associated with an even higher health risks according to research.[4] Multiple conditions may stem from having an unhealthy weight such as thyroid imbalance, diabetes, elevated cholesterol, high blood pressure, cancer, various vitamin deficiencies, etc. Unhealthy BMI, whether it is high or low, can also be impacted by environmental aspects such as community accessibility. Per MDHHS's Michigan Behavioral Risk Factor Surveillance System (BRFSS) Surveillance Brief Newsletter, citing data from the United States Department of Agriculture (USDA), food

insecurity affected 12.8% of U.S. households in 2022 which translated to approximately 17 million households, and one in 8 Michigan adults (12.5%) experienced food insecurity in 2021 or 2022.[5] The same document also found that food insecurity impacted disproportionately LGBT, non-Hispanic blacks and Hispanics and that it was four times more prevalent in adults ages 18 to 24 than 65 years or older.[5] Certainly, not being able to maintain adequate and safe food intake if suffering from a given medical condition such as Diabetes and Hypertension will jeopardize negatively patients' outcomes and, in many instances, contribute to increase also their risk for obesity.[5] On the other hand, women, infants, children, and adolescents especially those in poverty are at particular risk of malnutrition.[5] There are multiple programs in Michigan with the goal to support people experiencing food insecurity, including federal programs such as SNAP, Women, Infants, and Children (WIC), and the Senior Farmers Market Nutrition Program. In addition, Michigan funds programs such as Double Up Food Bucks and Universal School Meals.

It is with this understanding that we as health providers should assist our individuals and their natural support in finding healthy options and helping guide them towards wellness. Based on the above information there are some items that can be used to improve the wellness of individuals and reduce the risk of comorbidity of diseases from unhealthy weight. Some examples are:

- Providing guidance and appropriate referrals for those with BMI outside the range of 18.5-24.9.
- Monitoring laboratory results for potential medication side effects in accordance with the most current American Psychiatric Association Guidelines and American Academy of Child and Adolescent Psychiatry, as it pertains to adults or children/adolescent populations.
- Providing individuals with appropriate education regarding weight and what a healthy BMI is for their height.
- Providing individuals with information about food resources in our local area for those with disadvantages finding or affording healthy foods.
- Monitoring or diagnosis of potential eating disorders for those with low BMI.[6]

Children and Adolescent Considerations:

Per the United States Task Force and the paper published by Dr. O'Connor et al on *Interventions for High Body Mass Index in Children and Adolescents: An Evidence Update for the U.S. Preventive Services Task Force from 2024,* "Clinicians should provide or refer children and adolescents 6 years or older with a high body mass index (BMI) (≥95th percentile for age and sex) to comprehensive, intensive behavioral interventions...Comprehensive, intensive behavioral interventions with at least 26 contact hours or more that include supervised physical activity sessions for up to 1 year result in weight loss in children and adolescents. Effective, high-intensity (≥26 contact hours) behavioral interventions result in greater weight loss than less intense interventions and result in some improvements in cardiometabolic risk factors. These behavioral interventions consist of multiple components, and although components vary across interventions, many of the studied interventions include sessions targeting both the parent and child (separately, together, or both); offer group sessions in addition to individual or single-family sessions; provide information about healthy eating, safe exercising, and reading food labels; and

incorporate behavior change techniques such as problem solving, monitoring diet and physical activity behaviors, and goal setting. These types of interventions are often delivered by multidisciplinary teams, including pediatricians, exercise physiologists or physical therapists, dietitians or diet assistants, psychologists or social workers, or other behavioral specialists."[7]

The attached educational handout (Exhibit A) can be used as an optional tool to provide to individuals when speaking to them on healthy BMI status. Prescribers and Nurses may use their own information or direct individuals with unhealthy BMI to nutritionists, primary care, or other health specialists. The use of the MCCMH educational handout and Patry List (Exhibit B) disseminated along with these recommendations is optional; however, the expectation of the role providers must play in providing this education is not.

IV. MCCMH Preventive Care Guidelines and Provider Expectations:

Based on the information provided above and in accordance with the World Health Organization as it pertains to the goal of promoting obesity prevention and healthy weight among our persons served, it is the recommendation from the Chief Medical Office to all in-network and out-of-network providers that:

A. Providers develop a process to educate their direct care staff on the most up-to-date guidelines and resources that assist our persons served in taking early proactive steps in the identification of unhealthy weight above or below BMI.
B. It is at the discretion of the provider to develop a process that guarantees how persons served, and their guardians are provided with education on this subject.
C. Providers may opt to use the "MCCMH Preventive Care Guidelines to Promote Obesity and Healthy Weight" (Exhibit A) handouts to their staff, persons served and their guardians as part of their efforts to create awareness on the subject. Even though the use of the MCCMH educational handout disseminated along with these recommendations is purely optional; the expectation of the role they must play in providing this education is not. Providers may develop their own educational materials to achieve this awareness goal, always abiding by the appropriate most up-to-date guidelines from well recognized national organizations and authorities in the field.
D. It is the provider's responsibility to update their educational materials following recognized professional organizations such as the World Health Organization, United States Preventive Services Task Force, the CDC among others that may publish new revised guidelines.
E. Providers should remain aware of the importance of these guidelines and encourage their persons served and their guardians to have their weight regularly checked so that during the persons served annual physical exam or follow up appointment(s) any concerns and treatment alternatives related to obesity or underweight can be discussed and appropriately medically worked up screened based on their age, family history, and health history, they would need to be aware of and consider.
F. Providers and direct care staff must know that only the medical health care provider of the person served is the ultimate and sole authority in determining when a given treatment alternative is deemed to be appropriate or contraindicated based on having a full understanding of the individual's medical history and family history. It is of paramount

importance that the persons served and their guardians also understand this and that they always follow and abide by their health care provider's recommendations.

G. As part of being integrated care advocates, it is important that providers regularly encourage our persons served to stay up to date with their yearly physical or follow-ups as recommended by their PCP. Providers must have their staff (i.e. the support coordinator) work collaboratively with the individual's medical provider to coordinate a discussion about this occurs with the individual/guardian.

H. For those individuals receiving antipsychotic medication via their psychiatric outpatient provider, it is important the provider's licensed prescribers offering those services follows APA Guidelines related to the monitoring of metabolic syndrome as applicable.
Providers must develop a process for their direct care staff or supports coordinator to document in the record the instances in which education related to the issue was provided.

I. Granted all the above occur, if a person/guardian were to exercise his/her right to decline the recommendation/education, the provider must develop a process for their staff or supports coordinator to not only thoroughly date and document the efforts made to educate and encourage the person's served/their guardian on addressing the issue but also document the stated reason for the person's/guardian's decline.
    1. Some appropriate documentation parameters to consider at minimum should include date, name and credentials of the staff providing the education/encouragement. And, when applicable, the reason stated by the person served and/or their guardian in the event they choose to decline the education or recommendations from their health care provider.
    2. In the event a medical contraindication/s is/are the reason for a person served to not have an elevated or decreased BMI, the provider should make sure they implement a process for their staff or supports coordinator to document those. It is the expectation those instances are clearly documented in the records at the time they are due to revisit each year.

J. In cases of persons served whose cause of death are related to heart conditions/diabetes or diagnosis in which an elevated BMI played the role of a significant comorbidity or failure to thrive or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analysis for the review of Critical Risk Management Committee (CRMC).

K. In the event those are not initially submitted by the provider, the CRMC Committee reserves the right to request the provider for this information when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for the review.

V. REFERENCES:

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2. Michigan Department of Health and Human Services. MICHIGAN BRFSS SURVEILLANCE BRIEF. August 2024.
3. Obesity and overweight. World Health Organization. March 2024. Accessed December 5, 2024. https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight.
4. Cuntz U, Quadflieg N, Voderholzer U. Health Risk and Underweight. *Nutrients*. 2023;15(14):3262. Published 2023 Jul 24. doi:10.3390/nu15143262
5. Fact sheets - Malnutrition. World Health Organization. March 2024. Accessed December 5, 2024. https://www.who.int/news-room/fact-sheets/detail/malnutrition.
6. Balasundaram P, Santhanam P. Eating Disorders. [Updated 2023 Jun 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK567717/
7. O'Connor E, Evans C, Henninger M, et al. Interventions for High Body Mass Index in Children and Adolescents: An Evidence Update for the U.S. Preventive Services Task Force [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2024.

VI. EXHIBITS:

A. Educational Handout for Individuals on Healthy Weight
B. List of Food Pantries

Annual Review Attestation / Revision History:

Revision:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	12/16/2024	Development of Guidelines	MCCMH Chief Medical Office
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