There are more people in South Carolina who are overweight or obese than who have a healthy weight. With those numbers, it is no longer enough to rely upon the traditional medical approach in which patients are counseled about changing their own individual behavior. Rather additional interventions that target today’s obesogenic environment are needed, addressing the many barriers to healthy nutrition and adequate exercise. For children, these systemic environmental and policy interventions must be in schools, where most children spend the majority of their time and where children often eat two or even three meals a day. In fact, schools are so important in obesity prevention among children and adolescents that the recent Institute of Medicine called for the strengthening of schools as the “heart of health” and devote one of the five recommendations to school-based strategies.

Many health care organizations recommend that physicians become involved in community and school-based obesity prevention efforts. The American Medical Association states that physicians bring a unique contribution to community and school-based obesity prevention efforts as they “provide credibility, personalize an issue drawing on years of experience working with patients, (and provide a) powerful voice … to existing advocacy.” The Institute of Medicine encouraged health care providers to advocate for “physical activity opportunities and accessible healthy foods and beverages in patients’ communities.” Similarly, the Expert Committee on Childhood Obesity, convened jointly by the American Medical Association, Center for Disease Control and Prevention and the Health Resources and Services Administration, asks that physicians “advocate for improved access to fresh fruits and vegetables and safe physical activity in your community and schools.” The American Academy of Pediatrics also targets advocacy specifically toward “policy makers from schools to support a healthful lifestyle for all children, including proper diet and adequate opportunity for regular physical activity.” The American Academy of Family Physicians Americans In Motion – Healthy Interventions Initiative (AIM-HI) specifically targets schools with an educational program about fitness that includes the students family physician. However, despite this consensus about the need for physicians to be part of community efforts combating childhood obesity, to date few have done so. While physicians are concerned, most feel ill-equipped to address such a complex societal issue and are unfamiliar with methods of advocacy.

Development of the Docs-Adopt School Wellness Initiative

The Docs-Adopt School Wellness Initiative was developed by the Charleston County Medical Society (CCMS) School Health Committee in collaboration with the Medical University of South Carolina (MUSC) and the Charleston County School District (CCSD) through a community-based participatory approach with the goal of decreasing the prevalence of childhood obesity in Charleston County. The CCMS School Health Committee is an advisory committee for CCSD that has been in place for over 30 years, addressing many issues about the health and wellness of CCSD students and staff. The CCMS School Health Committee became more directly involved in school wellness efforts in response to the SC Student Health and Fitness Act of 2005, when a coordinated school health advisory committee (CSHAC) overseeing school district wellness policy was required. However, the Docs-Adopt School Wellness Initiative model goes beyond the requirements of the SC Student Health and Fitness Act by encouraging wellness committees at the individual school level, and by developing and implementing a...
Program Description and Timeline
With support from a school district’s administration, schools and physicians are recruited and matched, ideally through prior relationships (patients or family members attend that school) or geographic proximity (practice location is near the school). Physicians and school wellness committee representatives (such as the school nurse) receive training annually on national and local obesity statistics, nutrition and physical activity standards and programs, school policies, and examples of activities and strategies that have worked. Physicians are recognized with their name on a sign in front of their schools or a decal for their office. (See Figure 1.) Wellness efforts are encouraged and tracked through a checklist; prioritizing effective healthy changes improving nutrition and increasing physical activity. At the end of each school year, a roundtable event is held during which schools share their successes and challenges. Schools that have completed a requisite number of items and are awarded a monetary incentive of $1,000/school. The “winning” school making the most changes and with the highest total points on the checklist receives additional prize money and a trophy that will stay at their school for the upcoming school year. The incentive money must be used for by each school for a wellness project of their choice during the following school year. (See Figure 2 for timeline during a school year.)

Outcomes
Since the program was developed, the number of participating schools and the healthy changes they have made have in-

<table>
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<th>Table 1. Examples of policy and environmental changes made by participating schools to improve nutrition and increase physical activity.</th>
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<td><strong>Healthy Nutrition</strong></td>
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<td>Remove the deep fat fryer and serve baked foods instead of fried</td>
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<tr>
<td>Give students a Good Nutrition Placemat based on My Plate</td>
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<td>Stock only healthy foods in the school store and serve only healthy foods in classroom parties (for example a birthday certificate rather than a cake)</td>
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<tr>
<td>Plant a school garden</td>
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school wellness program that integrates physician “adoption” of schools (“Docs-Adopt”) with use of a Wellness Checklist competition to incentivize effective evidence-based healthy policy and environmental changes. Through the Docs-Adopt School Wellness program, local physicians are paired with schools in order to support and advise efforts by the school’s wellness committee. Physicians serve as a health resource for the school wellness committee. No clinical services are provided to the schools as part of this initiative. As general health expertise is the only resource provided and not specific clinical knowledge, any physician can participate regardless of specialty. The “adopting” physician is one of many members on
increased rapidly. (See Figure 3.) Over the past 4 years, 79 out of 82 (96%) of CCSD schools have participated in the wellness checklist contest. In 2013 this model was expanded into 2 other adjacent school districts as well (Berkeley County School District and Dorchester County School District 2), through partnerships with South Carolina DHEC Region 7, Trident United Way Links to Success, and the Dorchester County Medical Society. Currently 146 schools in Charleston, Berkeley and Dorchester counties are involved in the program of which 119 are actively involved and 81 “adopted” by 99 doctors. All participating schools made policy and environmental changes targeting both healthy nutrition as well as increased physical activity. Specific examples of these many changes are listed in the Table.

Ongoing process and outcome evaluation has included surveys of physicians and school staff, identifying wellness efforts including policy and environmental changes concerning nutrition and physical activity, and tracking the uses of incentive awards. Evaluation has demonstrated the importance of physician participation in strengthening school wellness efforts. School variables such as size, minority enrollment, elementary/middle/high, rural/urban, or Title 1 status were not significantly associated with the amount of wellness efforts made by a school. Only physician participation (being “adopted” by a doctor) was a significant variable (p<0.05). Surveys and structured interviews of participating physicians have found common themes (the importance of annual training, the positive effect of prior relationship with the school) as well as areas for improvement (communication difficulties between schools and physicians). Surveys of school personnel have found that despite the fact that physicians rarely attended meetings held at the school, their membership on the committee added importance to the wellness effort and brought additional resources to the school. Overall both the physicians and school staff reported their participation in the program positively and continued to be involved in subsequent years.

**Conclusions**

Obesity is a recent phenomenon that has many complex underlying causes and does not have a simple solution. Effective interventions must include environmental and policy changes that target healthier nutrition and increased physical activity. The Docs-Adopt School Wellness Initiative is a community generated model that allows physicians to be involved in such school-based interventions. This program is feasible and uses physician expertise in a meaningful way such that they can contribute to the prevention of childhood obesity.
References:


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