Fit Families 4 Life

Lanelle (Lani) Nakamura, MD, Dr. Trang Hoa, MD, Valerie Comeaux Riverside County Wednesday, June 11, 2025







- Medical Consultants for California Children's Services (CCS)
 - Riverside County
 - 10th largest county in the US
 - 2nd largest county in CA
 - 4th most populous county in CA
 - Statewide Program
 - Care for children with certain physical limitations and chronic health conditions
 - Serves 12,604 clients, age 0 21 years old
 - Team of public health nurses, medical social workers, medical therapy team





Percent

25

20

15

10

5

6-11 years

1967

1966- 1971-1974 1976-1980

1963-

1965





Childhood obesity is the most common pediatric chronic disease

Higher asthma in children with obesity

1988-1994

2-5 years

1999-

2003-

2007-

2008

2011-

2012

2015-

American Academy of Pediatrics (AAP) Clinical Practice Guidelines (2023)



Intensive Health Behavior and Lifestyle Treatment (IHBLT)

WHO:



Patient and family in partnership with a multidisciplinary treatment team*

WHEN:



Promptly for child or adolescent with overweight or obesity

WHAT:



Health education and skill building on multiple topics



Behavior modification and counseling

WHERE:



Healthcare setting



Community-based setting with linkage to medical home

DOSAGE:



Longitudinal treatment across 3-12 months with ideally \geq 26 contact hours

FORMAT:



Group,



Individual, or



Both

CHANNEL:



Face-to-face (strongest evidence)



Virtual (growing evidence)

^{*} PCPs and/or PHCPs with training in obesity as well as other professionals trained in behavior and lifestyle fields such as dietitians, exercise specialists and behavioral health practitioners

Fit Families 4 Life

Pilot a treatment model of a multi-disciplinary approach within a primary care setting

Children ages 8 to 12 diagnosed with asthma and are overweight and obese

Goal: 10-12 patients

6-month intervention period





Fit Families 4 Life (FF4L)







Dr. Redieat Assefa

2019 Cohort Fellow – Pediatrician

Referral to Fit Families 4 Life

Data collection

Body Mass Index

Blood Pressure

Asthma Control Test (ACT)



Intervention

Medical Intervention

Physical Activity Education

Medical Nutrition Therapy (Registered Dietician)

Nutrition Education

Behavior Health Counseling

RUHS Partnerships





Community Health Centers

Dr. Asseffa is a crucial clinical partner for referrals and medical management of asthma.



Depart. of Public Health

CalFresh Healthy Living is an integral part of the nutrition and physical activity intervention for project.



Behavioral Health

RUHS integrated system provides behavioral health services.









Demographics

6 patients

• Age: 9 – 12 years

• BMI > 97%

• ACT Score: 18-22

Intervention

- Monthly 1-hour session
- 3 sessions completed
 - 1/29/25, 2/26/25, 3/26/25, 5/19/25





Attendance Participation

Session 1: 6 families

Session 2: 1 family attended

(4 families confirmed)

Session 3: 1 family attended

(3 families confirmed)

Additional Measures Implemented

Additional reminders via letter sent to families and calls from CHW

Incentive prizes for participation

Survey

2 families opted out of future session

2 families with transportation issues

2 families unable to contact despite multiple attempts

Next Steps



- Collaboration with Inland Empire Health Plan (IEHP)
 - Explore transportation resources
 - "Breathe Well, Live Well" Asthma Education
 - Home visit assessment
 - Community Wellness Center





Dr. Lanelle (Lani) Nakamura:

Lnakamura@ruhealth.org

Dr. Trang Hoa:

T.Hoa@ruhealth.org

Valerie Comeaux:

VaComeaux@ruhealth.org



Thank you





www.championprovider.ucsf.edu championprovider@ucsf.edu





Funded, in part, by USDA SNAP-Ed, an equal opportunity provider and employer.