

**PRESENTATION**

December 3, 2014

DATE: October 17, 2014

TO: Children and Families Commission of Orange County

FROM: Christina Altmayer, Executive Director

SUBJECT: Candice Taylor Lucas, M.D., M.P.H – Childhood Obesity Prevention

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Dr. Candice Taylor Lucas is the Assistant Clinical Professor and practicing pediatrician with the University of California, Irvine School of Medicine in the Department of Pediatrics. Dr. Lucas' position is supported through funding from the Commission's Pediatric Health Services program to improve access to children's specialty medical service through recruiting and retaining pediatric subspecialists in targeted practice areas. Her focus is obesity prevention and her scope includes providing training to healthcare professionals; working in clinical settings; serving as a resource and advisor to community organizations; and promoting healthy eating and an active lifestyle from prenatal through the first years of life.

Dr. Lucas recently completed her first year of implementation, which included assisting the community to better understand evidence based pediatric obesity prevention and treatment practice, identifying and reducing barriers to physician engagement in the assessment of healthy lifestyles, and furthering activities that prevent and control early childhood obesity. She presented an update on the program to the Pediatric Health Services Committee in September and was requested to provide the update to the Commission. Dr. Lucas will also present on responsive community strategies based on her observations in Orange County to date.

Dr. Lucas is an academic general pediatrician whose research and public health interests are associated with early childhood obesity prevention, physical activity, and disparities in health. She completed undergraduate studies at the University of California, Los Angeles (UCLA) and matriculated to graduate school in the UCLA School of Public Health with a concentration in Community Health Sciences. She continued her education in medical school at the Keck School of Medicine, at the University of Southern California and subsequently returned to UCLA where she completed her residency training in pediatrics in 2010. She was chosen to serve as a chief resident in academic year 2010-2011.

Dr. Lucas completed a fellowship in Academic General Pediatrics at New York University and Bellevue Hospital Center in 2013. She joined the UCI Health School of Medicine, Department of Pediatrics in September 2014 as a Health Sciences Assistant Clinical Professor and currently works with the Commission to promote evidence based practices associated with early childhood obesity prevention and is a physician-researcher with the UCI Pediatric Exercise and Genomics Research Center.

**ATTACHMENT:**

Presentation - Children and Families Commission of Orange County, Fellow 2014 Report

# CFCOC Pediatric Fellow

## Early Child Obesity Prevention

### Presentation and Updates

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**Candice Taylor Lucas, MD, MPH**

Health Sciences, Assistant Clinical Professor

UC Irvine School of Medicine, Department of Pediatrics

Pediatric Exercise and Genomics Research Center

Fellow, Children and Families Commission of Orange County

December 3, 2014



**UC Irvine Health**



# Presentation Outline

## I) Background:

- Prevalence
- Service Aims 2013-2014

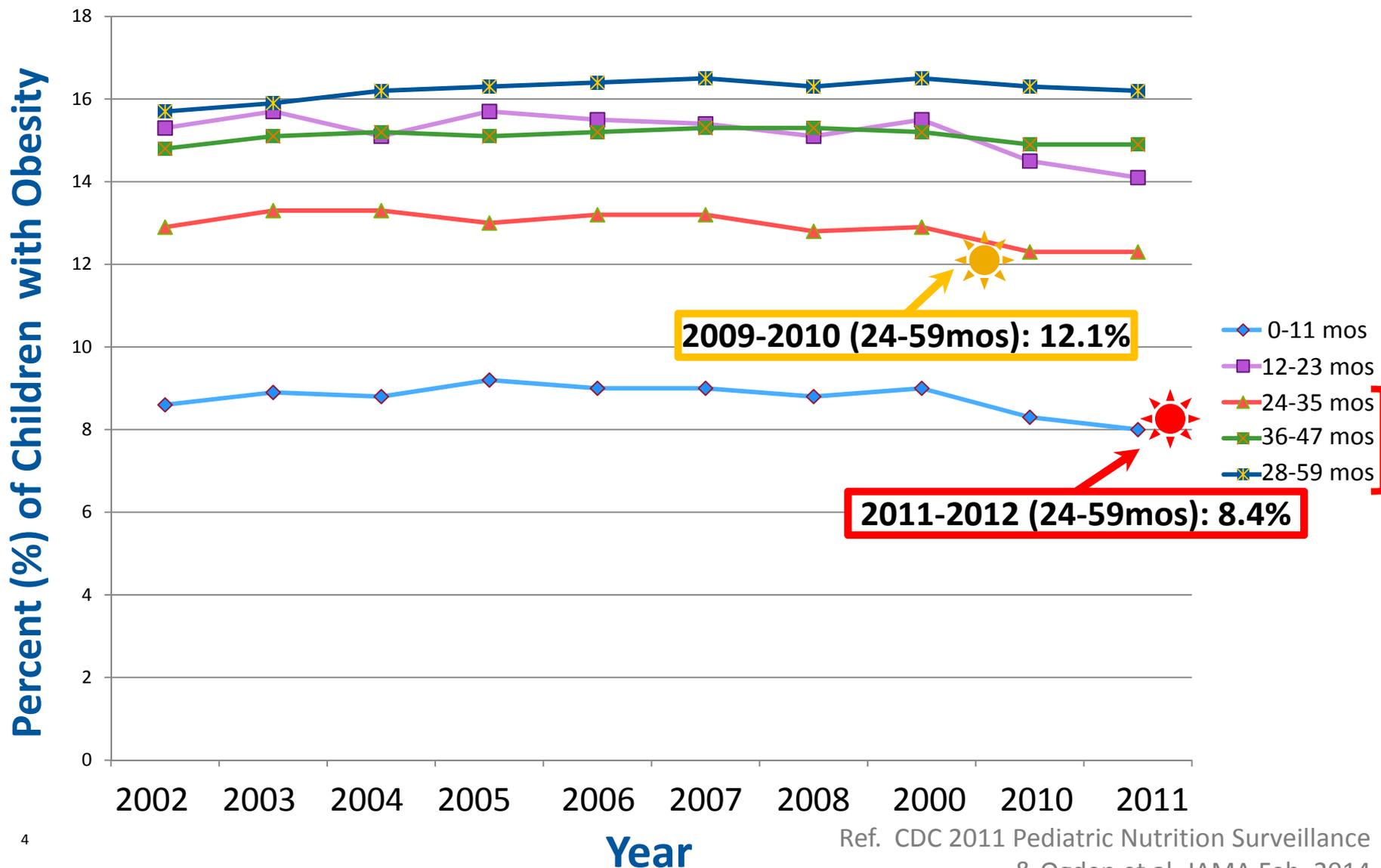
## II) Next Steps

- Early Childhood Obesity Prevention Action Group
- Evidence: Maternal and Infant Factors

## III) Provider Resources

# Background: Prevalence

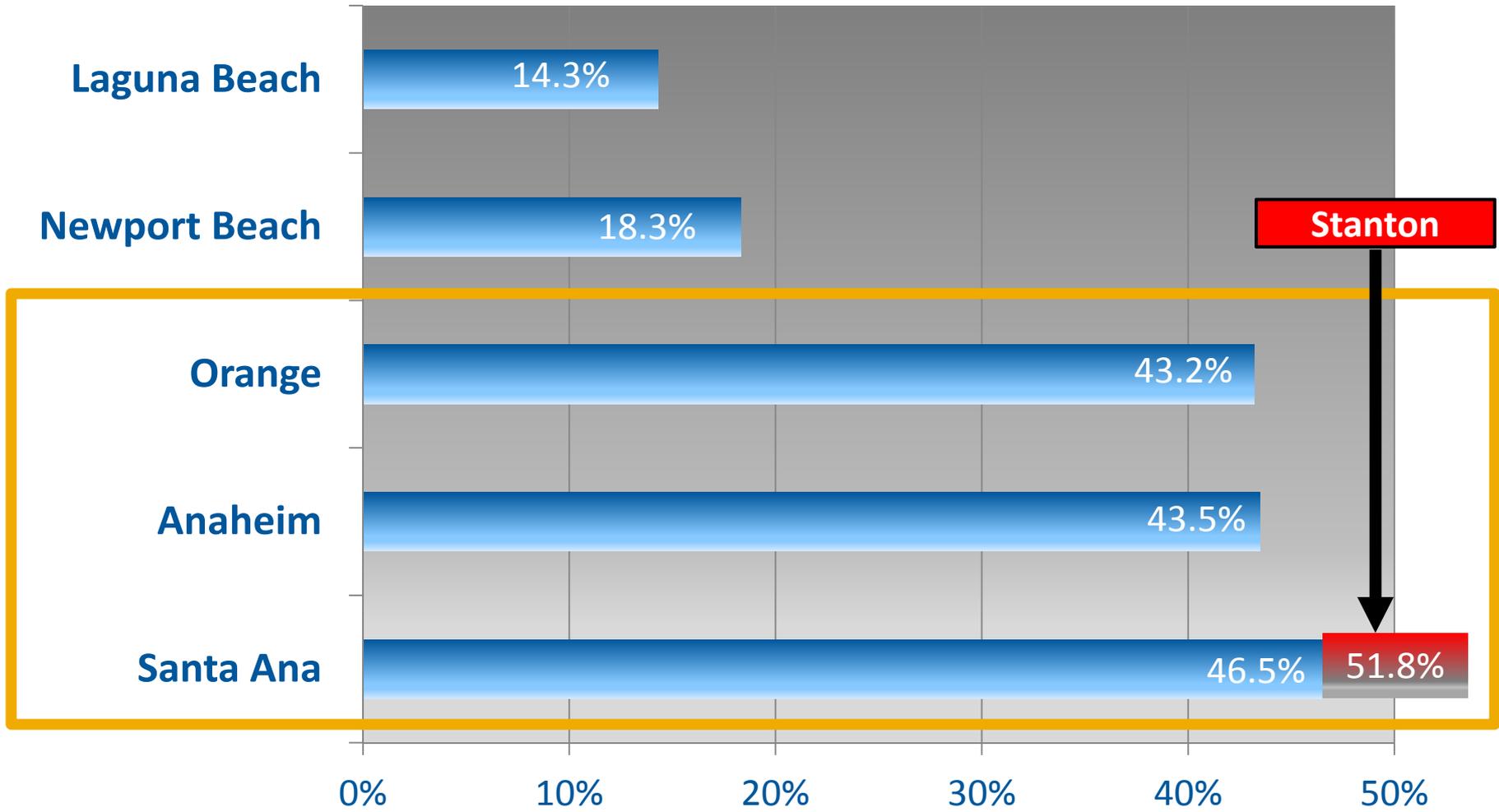
# US Prevalence of Child Obesity 0-5 yrs





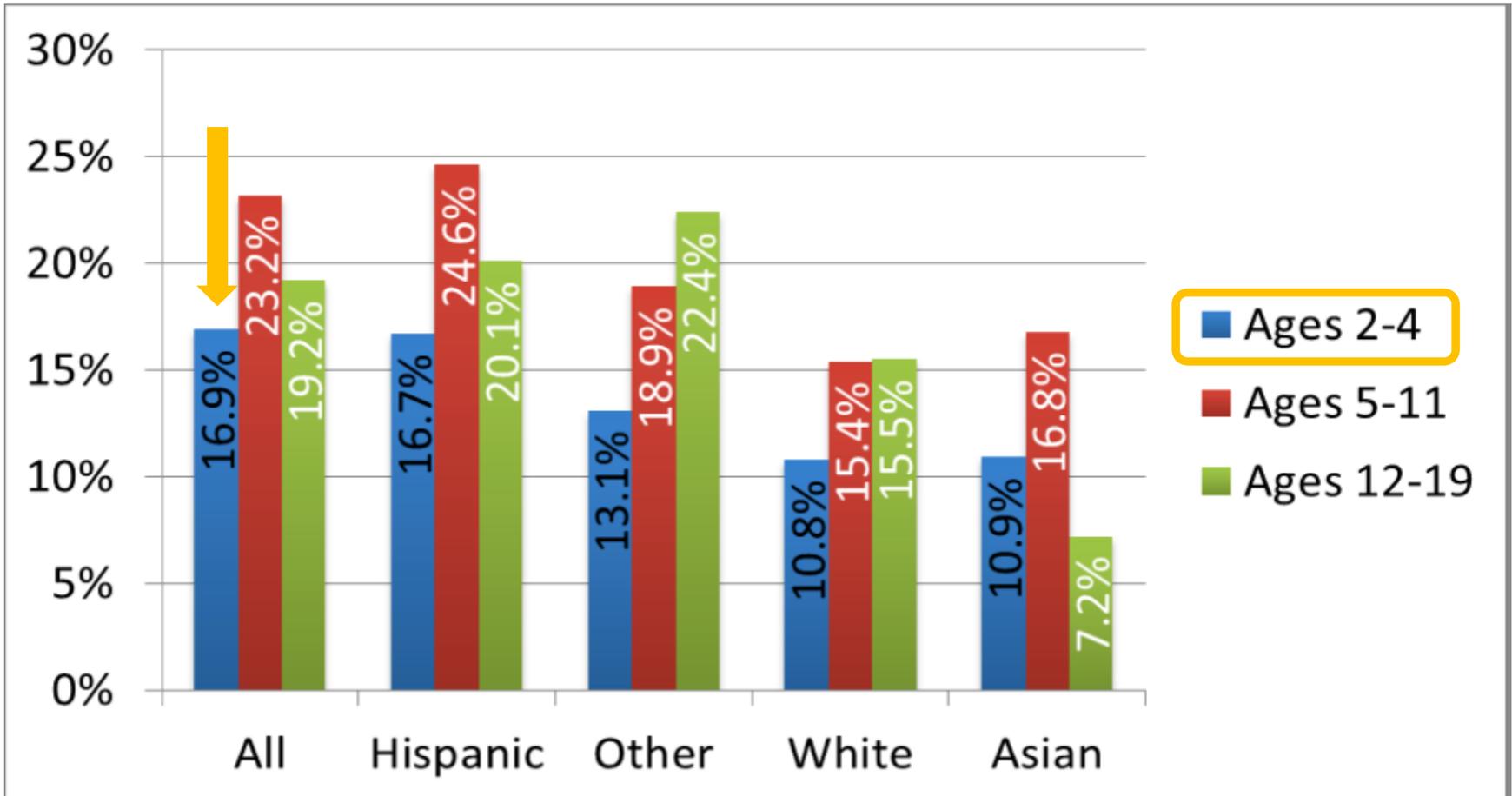
 UC Irvine Health, Family Health Centers  
 UC Irvine Health, Douglas Hospital

# Childhood Overweight and Obesity in Orange County: 2010



Ref, Babey, et. Al. Overweight and Obesity among Children by California Cities – 2010 UCLA Center for Health Policy Research and California Center for Public Health Advocacy. June 2012

# Child Obesity Among Low Income Children in Orange County, 2010



# Background: Service Aims

# Service Aims:

- 1) **HC.4.2.2** Children enrolled in multi-disciplinary weight loss and/or physical activities program
- 2) **CB.2.2.1** Developing partnerships, coordinating and collaborating with other agencies to improve service delivery (Describe activities in notes)
- 3) **CB.2.6.1** Present best / innovative practices
- 4) **CB.2.8.2** Consultant will develop program and fiscal reports, agenda items and other information as required by the Commission and funding partners

# Aim #1: Multidisciplinary Clinic

## Accomplishments:

- November 2013 - established pediatric continuity clinic weekly at the UCI Health Family Health Center, Santa Ana
- April 2014 - established monthly “Peds Fit Clinic” at the UCI Health Family Health Center, Anaheim
  - 1:1 counseling for children 2 to 18 years with:
    - BMI  $\geq$ 85<sup>th</sup> percentile with comorbidities
    - BMI  $\geq$ 95<sup>th</sup> percentile with or without comorbidities

## Challenges:

- Funding for expansion to a multidisciplinary clinic
- Accepting referrals outside of UCI Health

# Aim #2: Develop Partnerships and Collaborations (1)

- Child Signature Program 3 (CSP3)
  - Arlene Turner, MS – Physical Activity and Nutrition Program Manager  
Children and Families Commission of Orange County
- Anaheim HEART Committee
- MOMS Orange County
- Orange County Department of Education
- OC Healthcare Agency
  - Champion Physician
- Madison Park Neighborhood Association, Santa Ana

# Aim #2: Develop Partnerships and Collaborations (2)

- UCI Health
  - Prenatal Breastfeeding Programs (Breastfeeding), Family Health Centers
  - Adult Weight Management Clinic (Meeting scheduled for September)
  - Health Scholars Program (Undergraduate volunteer program)
- Anaheim YMCA HEAL Zone
- CalOptima
- CHOC - Childrens' Hospital Orange County
- UC Irvine Program of Nursing Sciences
- Child Guidance Center

# Aim #2: Develop Partnerships and Collaborations (3)

- Committees and Programs:
  - Oral Health Advisory Committee, Healthy Smiles; September 2013 – Present
  - Anaheim HEART Committee; January 2014 - Present
  - UCI Health, Health Scholars Program, Pediatric Programs Advisor; March 2014 – Present
- Participating in a Southern California think tank with medical directors of multidisciplinary pediatric weight management clinics in Los Angeles
  - University of California, Los Angeles
  - Children's Hospital Los Angeles
  - Harbor UCLA

# Childhood Obesity Multidisciplinary Programs: UCLA

The screenshot shows the UCLA Health website for the UCLA Fit for Healthy Weight Program. The header includes navigation links for UCLA Campus, UCLA Health, and School of Medicine, along with a language selection option. The main navigation bar lists: About Us, Healthy Weight Clinic, Weight-Loss Surgery, Health Resources, For Providers, and Public Health & Research. A search bar and appointment request link (310-UCLA-FIT (310-825-2348)) are also present.

## UCLA Fit for Healthy Weight Program

The goal of the UCLA FIT Program is to provide comprehensive management of the nutritional, physical activity and overall health needs of overweight children and adolescents. In addition, the program will include consideration of the psychosocial (psychological, social, familial and educational) needs of youth and their families. [Learn more »](#)

### Comprehensive weight management for children and adolescents

[learn more »](#)

#### PATIENTS CORNER

- Our Team
- Understanding Obesity and Weight
- FAQs
- Health Resources
- Contact Us
- Directions

JOIN US ON

#### UCLA BRUIN KIDS CLUB

Learn about The UCLA Bruin Kids Club presented by Mattel Children's Hospital UCLA

#### IN THE NEWS

##### PARENT-TRAINING INTERVENTION CURBS PEDIATRIC OBESITY RATES, STUDY SHOWS

A UCLA study led by Dr. Wendy Slusser, has found that a new parent-training program is effective in reducing the risk of low-income, preschool-age Latino children being overweight.

[Read the article »](#)

[Read more "In the News" »](#)

#### BMI CALCULATOR

### Calculate Your BMI

Body mass index, or BMI, is the most common measure of an individual's weight relative to his or her height.

[Click to Start](#)

At the bottom of the page, there is a footer with a "RANKED BEST IN THE WEST 1990-2015 NO. 5 IN THE NATION" badge, a navigation menu (NEWSROOM, PUBLICATIONS, VOLUNTEER, GIVING, SMOKE-FREE, MAPS, JOBS, DIRECTORY, CONTACT, SITEMAP), the UCLA logo, a list of resources (UCLA HEALTH, DISABILITY RESOURCES, EMERGENCY, PRIVACY, TERMS OF USE), social media icons, and the text "STAY CONNECTED".

# Childhood Obesity Multidisciplinary Programs: CHLA

The screenshot shows the CHLA website interface. At the top, there is a navigation bar with links for 'Donate', 'About Our Hospital', 'Health Professionals', 'International Patients', 'Community', 'Español', and '한국어'. Below this is the CHLA logo and the tagline 'We Treat Kids Better'. A search bar and a phone number '323-660-2450' are also visible. A secondary navigation bar contains links for 'Find a Doctor', 'Request Appointment', 'Programs & Services', 'Education', 'Research', 'Parents & Kids', and ' Ways to Give'. The main content area is titled 'EMPOWER Weight Management Clinic' and includes a breadcrumb trail: 'Home > Programs & Services > Diabetes and Obesity Program > EMPOWER Weight Management Clinic'. There are icons for 'Print Page' and 'AAA'. The text describes the clinic's mission and provides information about the services offered, including a list of what to expect during a visit and conditions treated.

**Children's Hospital LOS ANGELES**  
We Treat Kids Better

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[Refer a Patient](#) | [Locations and Directions](#) | [Contact Us](#) | **323-660-2450**

Search:  [GO](#)

[Find a Doctor](#) | [Request Appointment](#) | [Programs & Services](#) | [Education](#) | [Research](#) | [Parents & Kids](#) | [Ways to Give](#)

## EMPOWER Weight Management Clinic

Home > Programs & Services > Diabetes and Obesity Program > EMPOWER Weight Management Clinic

[Print Page](#) [AAA](#)

### About Our Clinic

At the EMPOWER Weight Management Clinic (Energy Management for Personalized Weight Reduction) at Children's Hospital Los Angeles, we believe that all children, adolescents, and young adults have the potential to achieve a healthy weight, but that in some cases, it requires a personalized approach, delivered by a specially-trained, multi-disciplinary team of health care providers. We also believe that in most cases, involving the entire family in lifestyle change is essential to the behavior change process for individual children, adolescents and young adults, and we design our services to support the entire family. At the EMPOWER Weight Management Clinic, we accept referrals for patients ages 2-17 whose BMI is greater than the 85th percentile, and for patients 18-21 whose BMI is greater than 25 kg/m<sup>2</sup>.

### What to Expect During Your Visit

On your first visit, you will see a behavioral health specialist, dietician, physician, physical therapist and occupational therapist; this core team will collaborate to create a customized plan designed to optimize your health and maximize your potential to achieve a healthy weight. This first visit will take up an entire afternoon, so please plan accordingly.

In addition to regular follow-up with our team physicians, your treatment plan may include:

- Regular visits with the dietician
- Regular visits with the behavioral health specialist
- A fitness assessment by the physical therapist
- A Zamzee® activity game device
- A Kids N Fitness referral
- Weight loss medication (not commonly used but a possibility in patients 18 years old and older)

### Conditions and Treatment

All of our EMPOWER Weight Management Clinic team physicians are trained in the basic management of medical problems that are commonly associated with obesity, and will include diagnostic evaluations and treatment for these conditions in your overall treatment plan. They include:

- Type 2 diabetes mellitus
- High blood pressure

[http://www.chla.org/site/c.ipINKTOAJsG/b.8865099/k.2D78/EMPOWER\\_Weight\\_Management\\_Clinic.htm](http://www.chla.org/site/c.ipINKTOAJsG/b.8865099/k.2D78/EMPOWER_Weight_Management_Clinic.htm)

# Childhood Obesity Multidisciplinary Programs: Harbor UCLA

The screenshot displays the Harbor-UCLA Pediatrics website. At the top left is the logo for Harbor-UCLA Pediatrics, featuring stylized figures of a child and a parent. The navigation menu includes: Residency, Fellowships, Academics, Patients, **Advocacy** (highlighted in yellow), and About Us. Below the navigation is a blue banner with the text "Caring for the under-served in an academic setting".

The main content area is titled "Be Forever Fit" and includes a breadcrumb "Home > Be Forever Fit". Below the title is a photograph of a diverse family of six people (two adults and four children) sitting outdoors in a grassy area. To the right of the photo is a "Clinic Calendar" section listing "September 19 - 1:00pm Be Forever Fit Building N-24". Below that is a "BFF Team" section listing "Program Director Jennifer K. Yee, MD Pediatric Physician" with a portrait of Dr. Yee, and "Catherine Mao, MD Pediatric Physician" with a portrait of Dr. Mao.

On the left side of the page is a sidebar menu with the following items: Advocacy, First Year Curriculum, Second & Third Year Curriculum, Projects & International Experiences, Clinical Programs (with a plus icon), **Be Forever Fit** (highlighted), Child Life Services, Failure to Thrive Clinic, Reach Out and Read, and Community Partners.

**Be Forever Fit**

Home > Be Forever Fit

**Be Forever Fit**

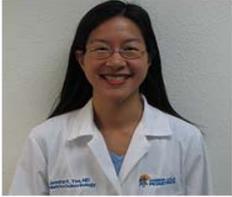


**Clinic Calendar**

September 19 - 1:00pm  
Be Forever Fit  
Building N-24

**BFF Team**

Program Director  
Jennifer K. Yee, MD  
[Pediatric Physician](#)



Catherine Mao, MD  
[Pediatric Physician](#)



In partnership with UniHealth Foundation, our mission is to provide multidisciplinary and tertiary care services for children and adolescents with obesity through our clinic, to provide subspecialty support to community providers who evaluate pediatric patients with obesity, and to enhance training of pediatric providers in management of childhood and adolescent overweight/obesity.

**What is BFF?**

In the BFF clinic, patients see three providers on each day they have an appointment: a doctor, a dietitian, and a psychologist. Our BFF team will

# Aim #3: Share Best Practices (1)

- Cal Optima Focus Groups on Childhood Obesity; September 2013
- Harbor UCLA Obesity Symposium; November 2013
- UCI School of Medicine, PALS Program; April 2014
- MOMS Orange County, Keynote Presentation; May 2014
- CHOC Breathmobile Provider Training; June 2014
- Delta Sigma Theta Sorority GEMS; June 2014
- Congresswoman Loretta Sanchez's Staffers; August 2014

# Aim #3: Share Best Practices (2)

- CalOptima Quality Assurance Committee; August 2014
  - Upcoming Presentation at Board Meeting December 4, 2014
- Child Signature Program 3; September 2013 - Present
  - School Readiness Nurses
  - Family Support Specialists
  - Teachers
  - Parents

# Aim #4: Reports

- Report presented to the CFCOC Pediatric Health Services Committee, September 2014

# Next Steps

# Next Steps

- **Meet with the Orange County Early Childhood Obesity Prevention (ECOP) Action Group**
  - Solicit feedback from ECOP Key Informants and Key Stakeholders:
    - Individuals (Health care providers: Physicians, Dieticians, OC Obesity prevention and treatment program directors)
    - Groups and Organizations

# ECOP Action Group Preliminary Goals:

1. To identify local practice barriers and challenges to early childhood obesity prevention and healthy weight management.
2. To develop and disseminate resources that are sensitive to provider limitations in order to facilitate optimal implementation of evidence-based practices for early childhood obesity prevention in the medical home
3. To partner with community based organizations and facilitate connections with the medical home to prevent the development of childhood obesity.

# ECOP Action Group Sample Timeline

Year 1	Year 2
<ul style="list-style-type: none"><li>▪ Review optimal methods and identify local challenges in implementing early childhood obesity prevention practices in medical homes</li><li>▪ Develop resources and best practice checklists for health care providers targeting:<ul style="list-style-type: none"><li>▪ Pregnant Women</li><li>▪ Children 0-2 years</li></ul></li><li>▪ Adapt materials with feedback from key informants and stakeholders</li><li>▪ Support connections between medical homes and community resources</li></ul>	<ul style="list-style-type: none"><li>▪ Develop resources and best practice checklists for health care providers targeting:<ul style="list-style-type: none"><li>▪ Children 2-5 years</li></ul></li><li>▪ Adapt materials with feedback from key informants and stakeholders</li><li>▪ Complete and disseminate resources</li><li>▪ Support connections between medical homes and community resources</li></ul>

# Question:

Why establish the ECOP action group?

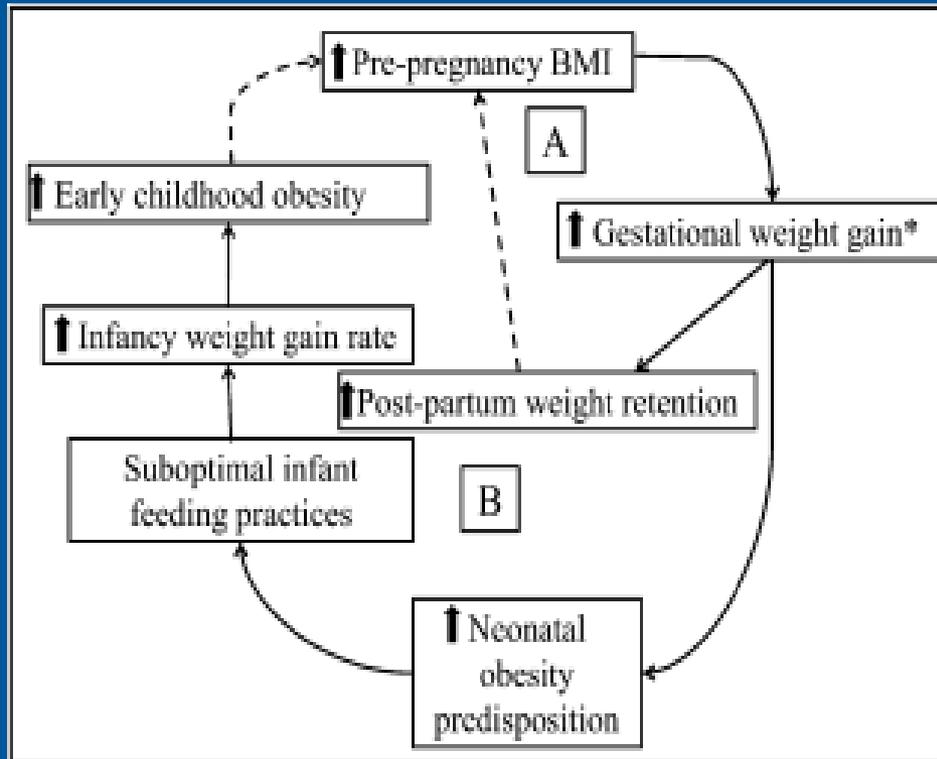
# Answer #1:

Variability exists in care provided for early childhood obesity prevention and healthy weight management.

## **Answer #2:**

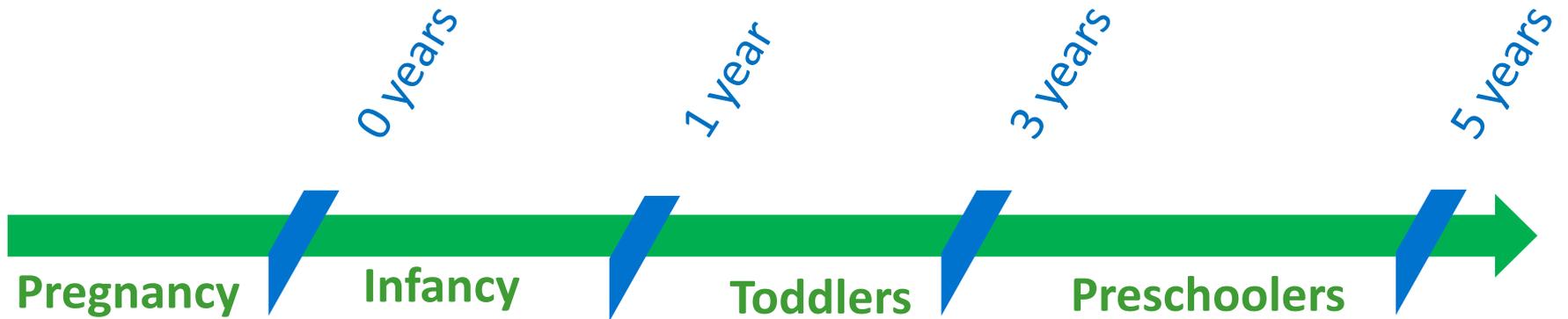
Early childhood obesity prevention and healthy weight management has to start early.

# Maternal-Child Life Course Obesity Cycle



\*Excessive gestational weight gain as compared to IOM recommendations according to pre-pregnancy BMI.

# Start Prevention Early



# Start Prevention Early



## Health Promotion:

Nutrition, Exercise,  
Breastfeeding

## Medical Screening and

## Management:

Stress, Depression,  
Gestational Diabetes,  
Obesity



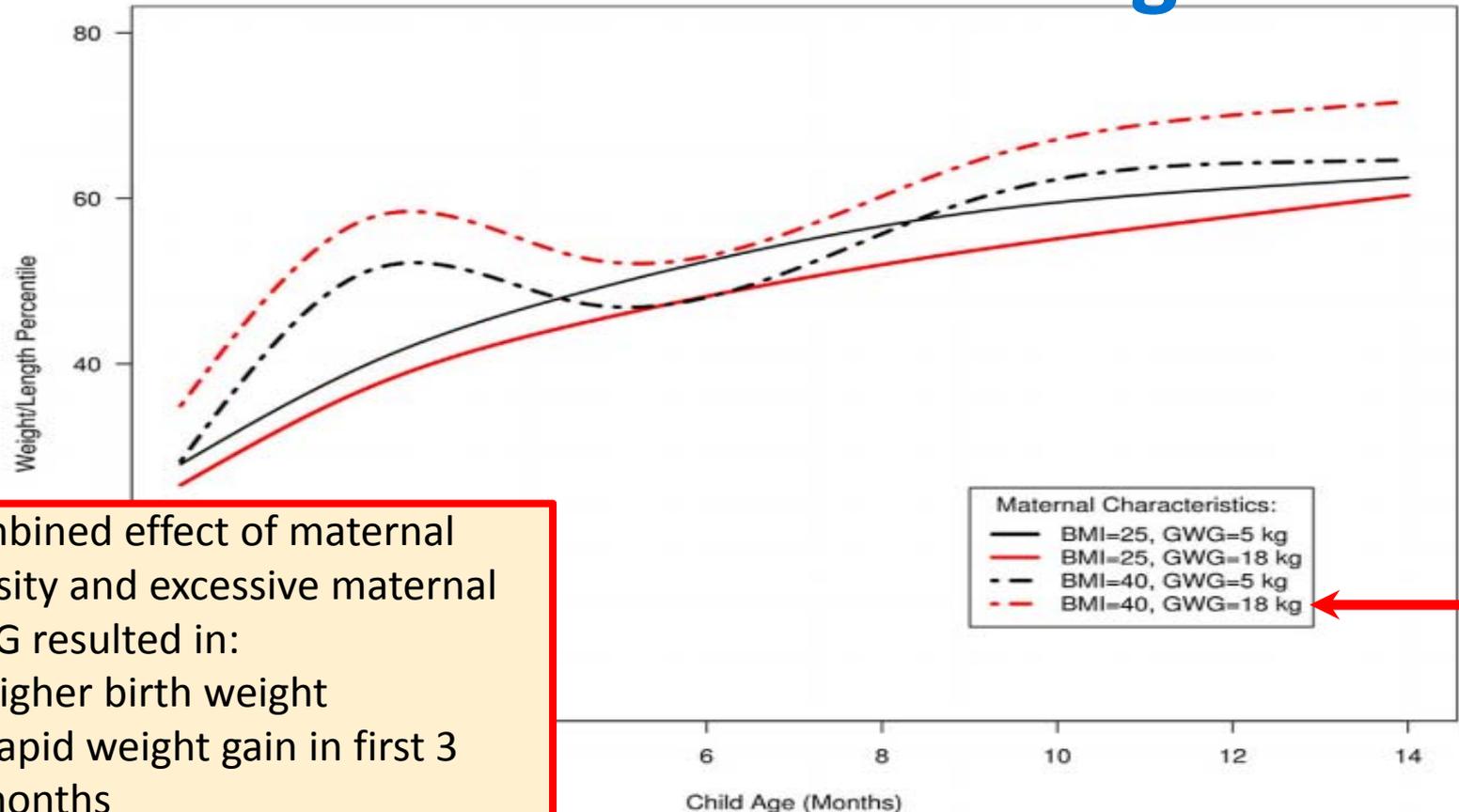
# Prenatal Risk Factors

- Maternal periconceptual BMI
  - Maternal obesity in pregnancy
- Excessive gestational weight gain
- Gestational diabetes
- Maternal triglyceride levels in pregnancy
- Smoking in pregnancy

# Prenatal Risk Factors

- **Maternal periconceptual BMI**
  - **Maternal obesity in pregnancy**
- **Excessive gestational weight gain**
- **Gestational diabetes**
- **Maternal triglyceride levels in pregnancy**
- Smoking in pregnancy

# Combined Impact of Maternal Obesity and Excessive Gestational Weight Gain



Combined effect of maternal obesity and excessive maternal GWG resulted in:

- Higher birth weight
- Rapid weight gain in first 3 months
- Sustained weight elevation throughout the first year of life

Interaction between maternal prepregnancy BMI and GWG on infant growth. Representative curves are shown from the adjusted least-squares model to illustrate that the shape of the infant growth curve is markedly different for infants of mothers who were obese at pregnancy. There was a significant 2-way interaction between GWG and maternal prepregnancy BMI ( $P = .02$ ). This interaction indicates that the effect of maternal GWG on infant growth in the first year is modified by prepregnancy BMI. The model was adjusted for estimated gestational age, exclusive breast-feeding for the first 6 months of life, maternal age, number of previous pregnancies, maternal smoking, levothyroxine use, hypertension, depression, insurance type, and gestational diabetes. BMI indicates body mass index ( $\text{kg}/\text{m}^2$ ); GWG, gestational weight gain (kg).

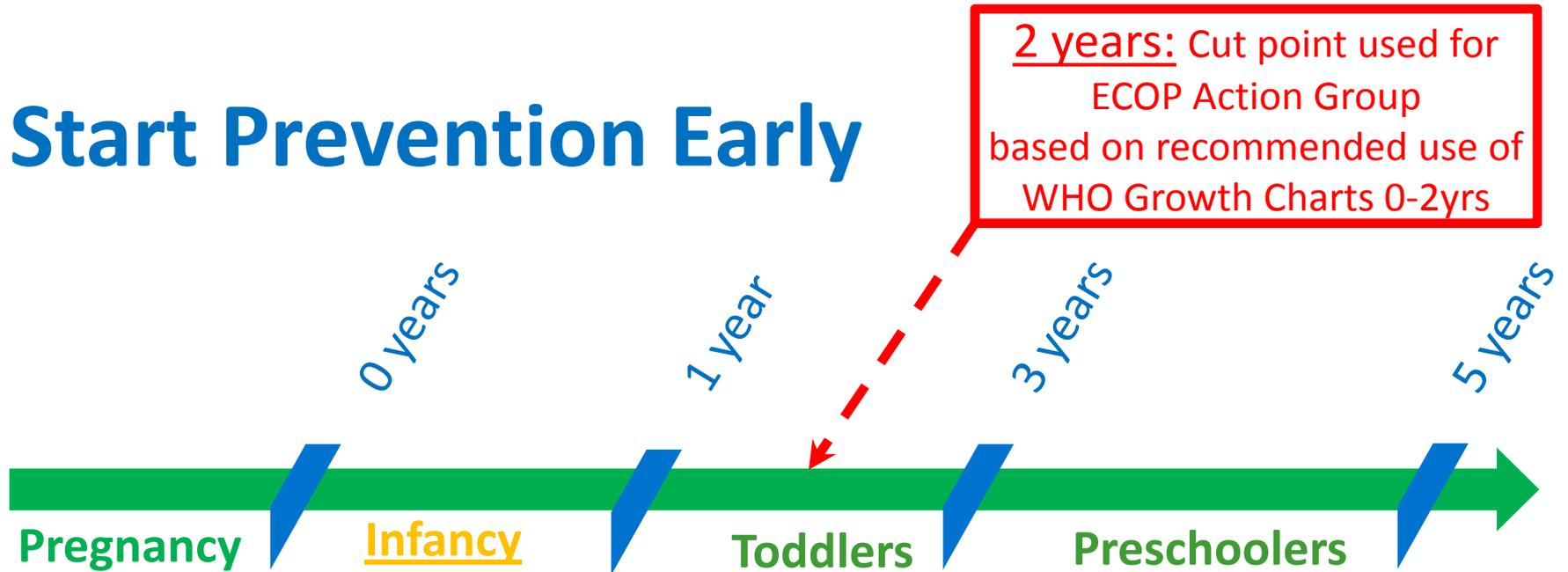
# Maternal Triglyceride Levels

- DiCianni, et al. 2005. (Cohort study; n=168)
  - Fasting maternal triglyceride (TG) levels in the last trimester of gestation associated with neonatal birth weight in women with normal glucose tolerance, but positive screening test
- Vrijkotte, et al. 2011. Amsterdam Born Children and their Development (ABCD) study (Cohort study; n=2,502 women)
  - High maternal triglyceride (TG) levels in the 1<sup>st</sup> term of pregnancy were associated with higher birth weights and LGA infants
  - Low maternal TG levels in the 1<sup>st</sup> trimester were associated with accelerated postnatal growth

Ref. DiCianni et al. Maternal triglyceride levels and newborn weight in pregnant women with normal glucose tolerance. *Diabetes Medicine*. 2005

Vrijkotte, et al. Maternal triglyceride levels during early pregnancy are associated with birth weight and postnatal growth. *The Journal of Pediatrics*. 2011

# Start Prevention Early



## Health Promotion:

Breastfeeding, Parenting Styles, Feeding Practices (i.e., Introduction of Solids), Active Play, Screen Time, Sleep

## Medical Screening and Management:

WHO Growth Charts  
Maternal Depressive Symptoms

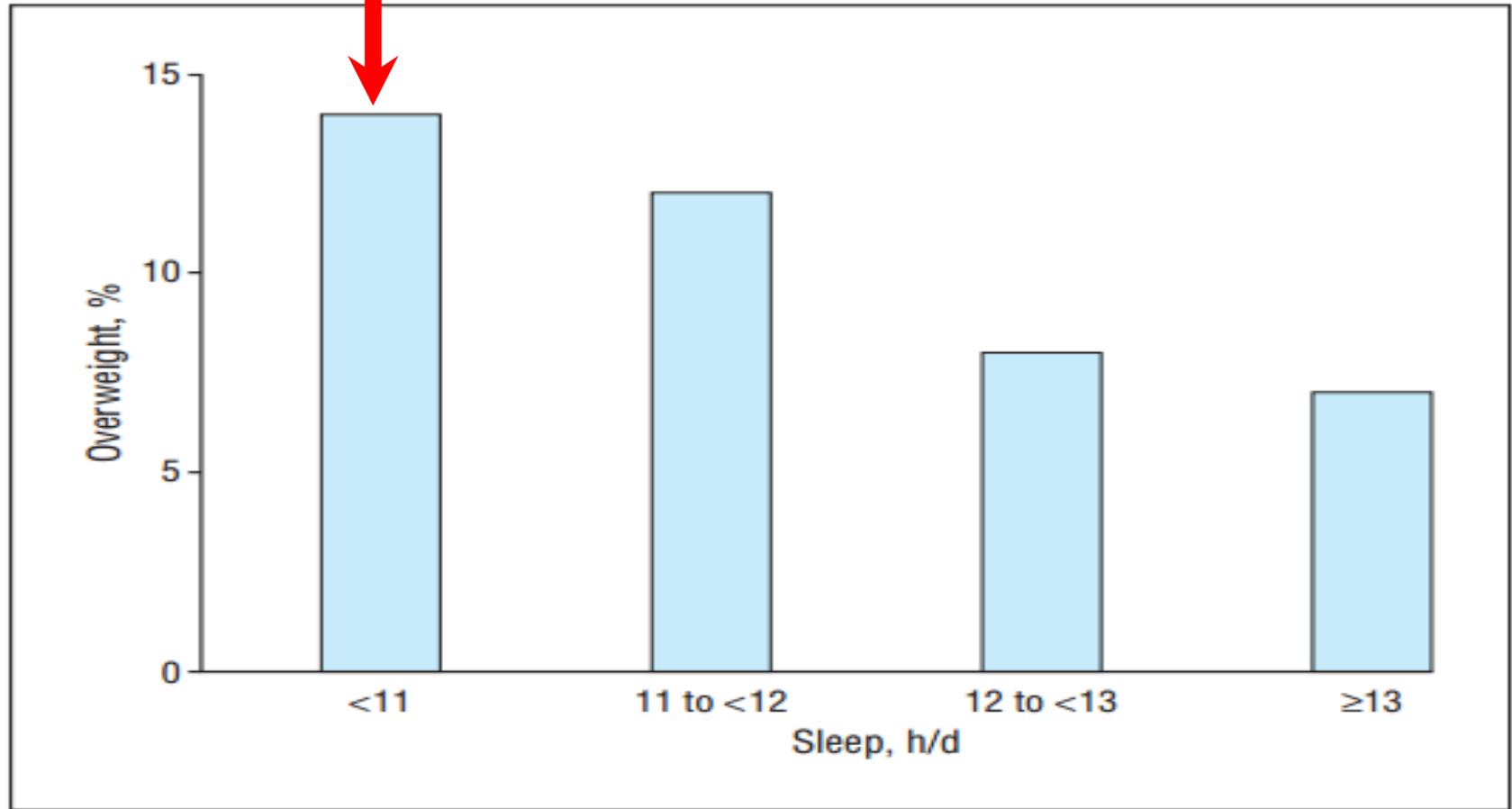
# Risk Factors in Infancy

- Early Infant Feeding
  - Formula versus breastfeeding
  - Early introduction of solids
  - Feeding styles
  
- Sleep
  
- Maternal depressive symptoms
  
- Rapid infant weight gain
  - Special considerations:
    - Preterm infants
    - Infants who are Small for Gestational Age (SGA)
  
- Theoretical considerations
  - Sedentary activity
  - Physical activity

# Risk Factors in Infancy

- Early Infant Feeding
  - Formula versus breastfeeding
  - Early introduction of solids
  - Feeding styles
- **Sleep**
- Maternal depressive symptoms
- **Rapid infant weight gain**
  - Special considerations:
    - Preterm infants
    - Infants who are Small for Gestational Age (SGA)
- Theoretical considerations
  - Sedentary activity
  - Physical activity

# Sleep



**Figure 1.** Unadjusted relationship of infant sleep duration with overweight prevalence at age 3 years. Data from 915 Project Viva participants.

Ref. Taveras, et al. Short sleep duration in infancy and risk of childhood overweight. *JAMA Peds.* 2011

# Rapid Infant Weight Gain (Taveras, et al. 2011)

**Table 5. Odds of Obesity at Ages 5 and 10 Years Among Children Who Had Ever Crossed Upwards 2 or More vs Less Than 2 Major Weight-for-Length Percentiles in the First 24 Months of Life**

Characteristic	Odds Ratio (95% CI)	
	Obesity at 5 Years	Obesity at 10 Years
Ever crossed upwards $\geq 2$ major weight-for-length percentiles in the first 24 mo (vs crossed $< 2$ major weight-for-length percentiles)	2.08 (1.84-2.34)	1.75 (1.53-2.00)
Female vs male	0.96 (0.87-1.07)	0.72 (0.63-0.81)
Race/ethnicity vs white		
Black	1.83 (1.55-2.16)	2.48 (2.07-2.96)
Hispanic	1.67 (1.25-2.24)	1.66 (1.11-2.48)
Other	0.95 (0.77-1.17)	1.02 (0.79-1.33)
Age at outcome, mo	1.00 (0.99-1.01)	1.01 (0.99-1.02)
Visit year at outcome	1.04 (1.03-1.05)	1.03 (1.01-1.04)

## Question:

What can the ECOP Action Group do to translate current evidence to clinical practice in Orange County?

## **Answer:**

Disseminate best practices and target gaps identified in care provided by the medical home.

# Potential Targets in the Medical Home

- Prenatal health education, counseling and programs targeted at women with obesity as early as the first trimester
- Screening for maternal depressive symptoms at well child care visits
- Transitions in care for breastfeeding support (hospital to home, prenatal to pediatric practices)
- Physical activity and active play promotion (prenatal and pediatric practices)
- Healthy sleep hygiene screening and promotion at well child care visits

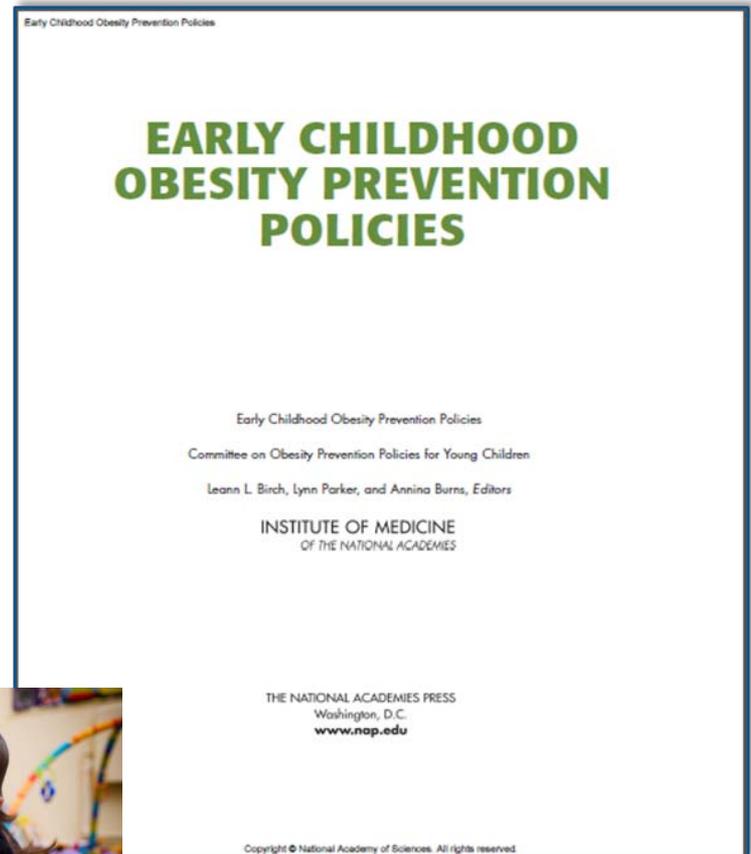
# Resources

# Child Obesity Prevention Has to Start Earlier (Children 0 – 5 years)

## Institute of Medicine's

### Key Focus Areas:

1. Assessing Risk for Obesity
2. Physical Activity
3. Healthy Eating
4. Marketing and Screen Time
5. Sleep



<http://www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx>

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Healthy Children > Ages & Stages

## Ages & Stages

f Like 213



### Prenatal

Pregnancy is a time of anticipation, excitement, preparation, and, for many new parents, uncertainty. The nine months of pregnancy will give you time to have your questions answered, calm your fears, and prepare yourself for the realities of parenthood. This section contains some guidelines to help you with the most important of these preparations.

**Featured**  
**Why Choose a Pediatrician?**  
**Delivery by Cesarean Section**

**SEE ALL**

### Baby: 0-12 mos.

It doesn't take long to develop the confidence and calm of an experienced parent. Your baby will give you the most important information—how she likes to be treated, talked to, held, and comforted. This section address the most common questions and concerns that arise during the first months of life.

**Featured**  
**Suitable Sleeping Sites**  
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**Nails, Nails, Everywhere!**

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### Toddler: 1-3 yrs.

Search healthy children

### Ask the Pediatrician Symptom Checker

Should you call the doctor? Find out here.

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**GO**

For on the go advice, download your **free** HealthyChildren app for **Apple** devices!

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[www.healthychildren.org](http://www.healthychildren.org)

# Examples of Regional Resources

- **Orange County Health Care Agency:**

- <http://media.ocgov.com/gov/health/phs/about/family/nutrition/overweight.asp>

- Health education on breastfeeding promotion and support

- <http://ohealthinfo.com/phs/about/family/mcah/bps>

- Adolescent Family Life Program (volunteer program) and CalLearn (mandatory program for teens in CalWORKS)

- <http://ohealthinfo.com/phs/about/family/mcah/aflp>

- **MOMS Orange County:** [www.momsorangecounty.org/](http://www.momsorangecounty.org/)

- **OC Breastfeeding Coalition:** [www.ocbreastfeedingcoalition.org/](http://www.ocbreastfeedingcoalition.org/)

- **Special Supplemental Nutrition Program for Women Infants and Children (WIC):** [www.cdph.ca.gov/programs/wicworks](http://www.cdph.ca.gov/programs/wicworks)

- **Baby Friendly Hospitals :** [www.babyfriendlyusa.org/](http://www.babyfriendlyusa.org/)



**Thank you for your time**