

Preventing Youth-Onset Type 2 Diabetes by Building Healthier Communities

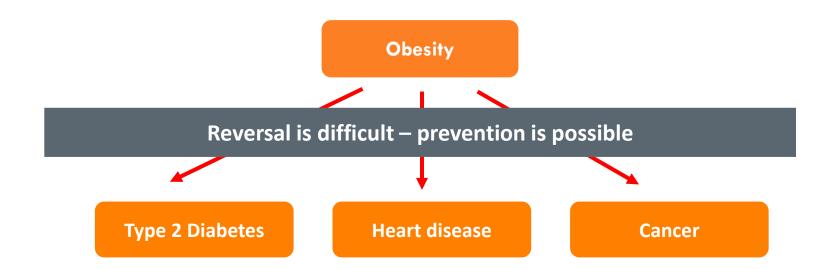
Shazhan Amed MD FRCPC MSc.PH

Head & Clinical Professor | Div of Endocrinology, Dept of Pediatrics Endocrinologist | BC Children's Hospital Founder & Lead | Live 5-2-1-0 | live5210.ca



The Problem

- 30% of Canadian children are overweight or obese
- 80% of obese youth (ages 12-17) in BC will become obese adults
- Concern is NOT about body size, shape or weight
- Childhood obesity increases the risk of serious chronic disease

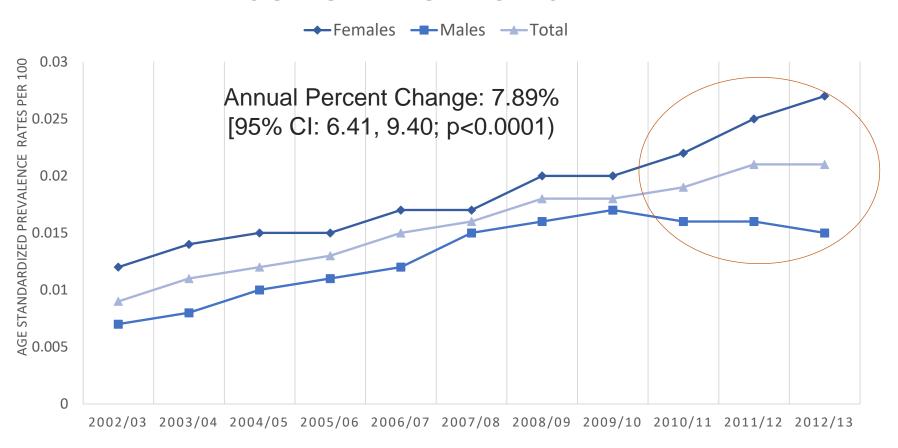




Type 2 Diabetes (T2D):

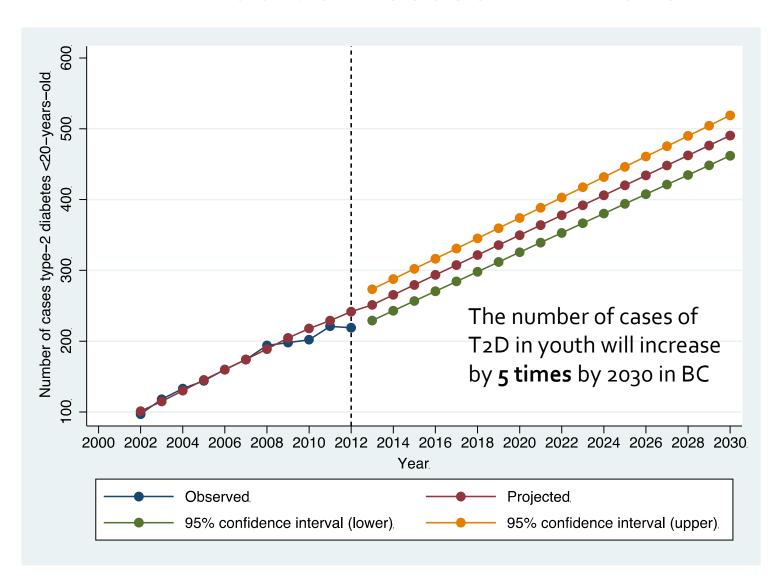
'An Adult's Disease in Children'

AGE STANDARDIZED PREVALENCE RATES PER 100 YOUTH <20 YEARS OF AGE LIVING IN BC BY SEX AND YEAR



Type 2 Diabetes (T2D):

'An Adult's Disease in Children'



Type 2 Diabetes (T2): 'An Adult's Disease in Children'



95% are obese

Unhealthy weights are the single most important risk factor for Type 2 Diabetes in youth

Type 2 Diabetes (T2): 'An Adult's Disease in Children'



38% also had at least one complication

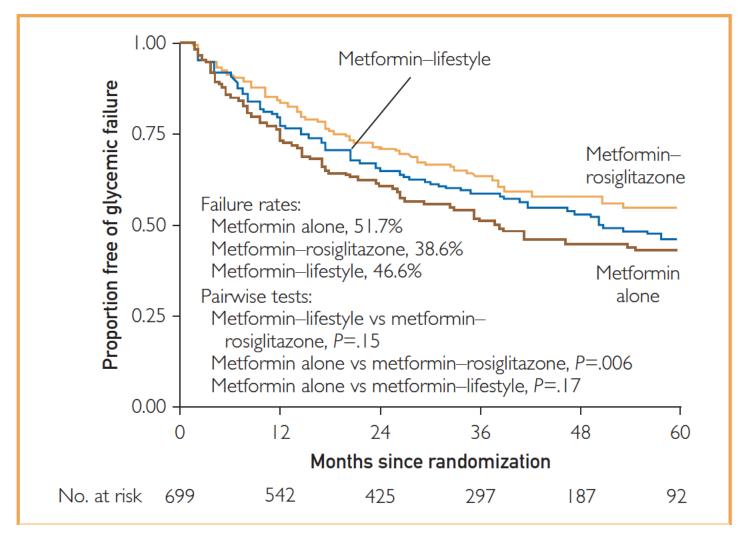
At an average age of only 13.5 years

- High blood pressure
- High cholesterol
- Kidney disease

HIGHLIGHTS: The TODAY Trial

RISK FACTORS FOR YOUTH-ONSET T2D

- Overweight/Obese
- Family history of diabetes
- High risk ethnic background
- Insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, PCOS, SGA)
- Maternal history of diabetes or GDM during pregnancy



Characteristics of Type 2 Diabetes in Youth versus Adults

Characteristic	Youth in the TODAY Study	Adults
Obesity	Common Poor response to lifestyle program	Common Lifestyle programs are more effective
Pancreatic Beta Cell Function	20%-35% decline per year	7%-11% decline per year
Microalbuminuria	6.3% at baseline 16.6% by 4 years	38% of UKPDS participants after 15 y 20%-40% of adults with T2D
Hypertension	11.6% at baseline 33.8% over 3.9 y	Common (~67% of adults with T2D)
Retinopathy	13.7% at 2.8 y of diabetes duration	12.6% in adults 3 y after T2D dx
Depressive Symptoms	15%	17.6%

Poll Question 1

 Compared to adults with type 2 diabetes, youth with type 2 diabetes have:

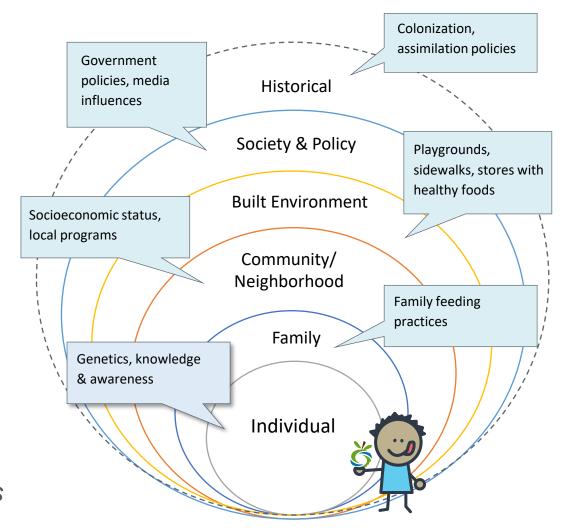
- A. faster decline in beta cell function
- B. the same response to lifestyle intervention
- C. very low rates of diabetes related complications
- D. lower rates of depression

Community-based, multi-sector, systems science

Behaviours are individual, but...

- Affected by many 'layers' of influence
- Together, these influences are what drive individual choices and behaviours
- One layer or community sector cannot solve the problem alone

It is **all** of our responsibility to support kids in making healthy choices



The Live 5-2-1-0 Initiative

Collective & Coordinated Action to Achieve Systems Change



A long-term commitment by **community champions** from **different sectors** to a **common agenda and approach** for solving a complex problem.

The Live 5-2-1-0 Message



Enjoy-

FIVE or more vegetables & fruits every day

Power down-

no more than TWO hours of screen time a day





Play actively-

at least ONE hour each day

Choose healthy-

ZERO sugary drinks



- Evidence-based for kids 5-12 years old
- Simple, clear, and easy to remember.
- Provides a shared, consistent message that families see everywhere they go.
- Provides clear goals for kids and families, and a framework for local leaders.
- A common, over-arching message that ties local efforts together.



Poll Question 2

- Have you heard of Live 5-2-1-0?
 - A. Yes
 - B. No
 - C. Unsure





It's not just a message, it's about creating change!

SHARING

A simple, easy to remember message to help kids and families adopt healthy habits

SUPPORTING

Creating environments that support children to make healthy choices every day







Share the message:

Posters, fact sheets, resources, social media

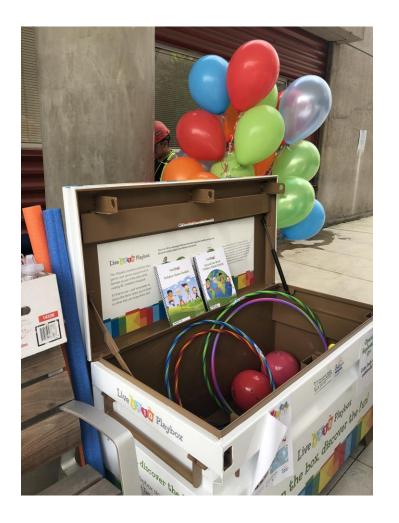
Practice Change:

What policies and practices could be changed to make the healthy choice easier?

Environmental change:

Ask – is it easy for kids/families to make healthy choices here?









Live 5-2-1-0 Playboxes

Live 5-2-1-0 Resource Hub

Community Initiatives

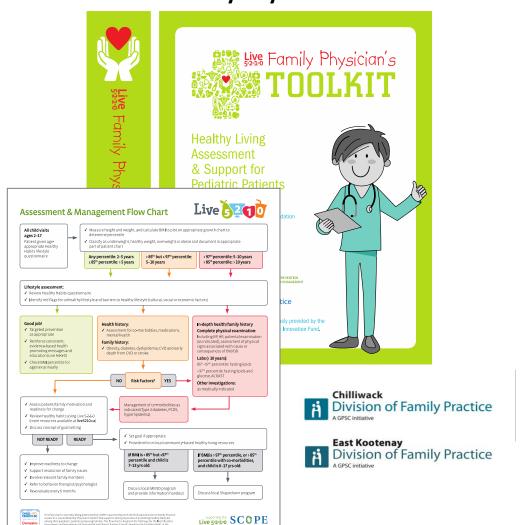


Live 5-2-1-0 in Healthcare



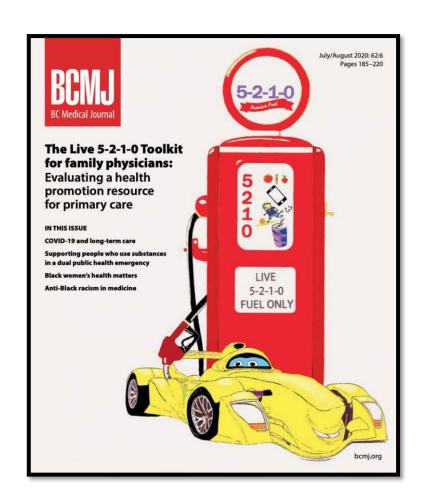
Supporting primary care physicians in assessment, discussion and management of healthy behaviours and weights with pediatric patients and their families

Live 5-2-1-0 Family Physician Toolkit





The Live 5-2-1-0 Toolkit for Family Physicians

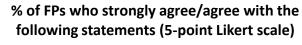


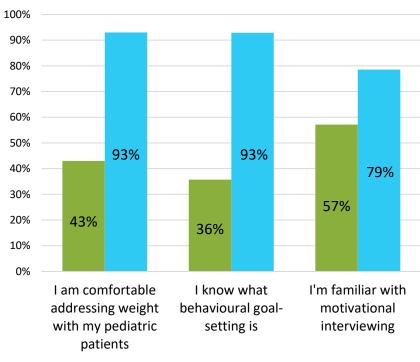
Key components:

- 1. Growth monitoring/BMI tracking
- 2. Training:
 - Motivational Interviewing
 - Respectfully discussing weight with patients
 - Use of Live 5-2-1-0 Toolkit resource elements
- 3. Tools & Resources:
 - Healthy Habits Questionnaire & Answer Key
 - Supporting Patient Resources

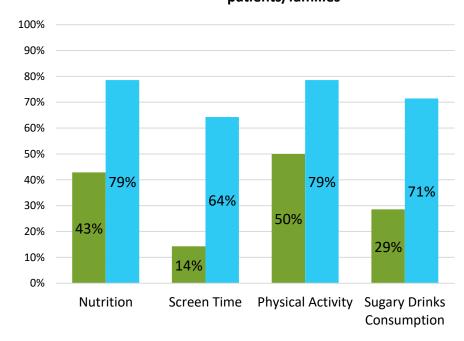


Family Physician Toolkit Pilot





% of FPs who routinely address the following with pediatric patients/families









Motivational Interviewing Course for Healthcare Providers







- Enabling scale-up of healthcare provider toolkit training
- Introduction to the key elements of Motivational Interviewing – videos, exercises, and role-playing activities
- Four modules two hours total, CME accreditation
- Developed in partnership with UBC CPD
- Available at: www.ubccpd.ca







Poll Question 3

- Motivational Interviewing is:
 - A. a communication style
 - B. a set of skills
 - C. a philosophy
 - D. all of the above



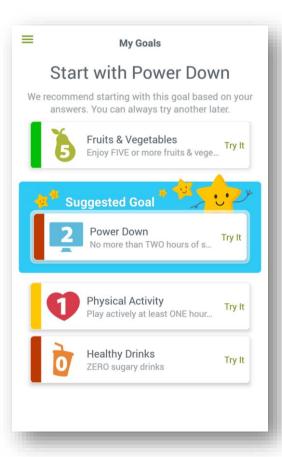
Live 5-2-1-0 App

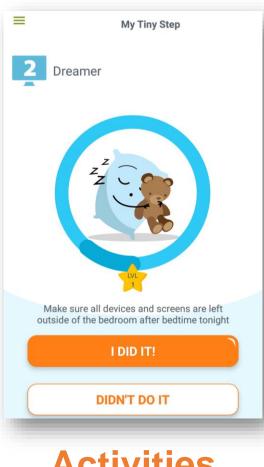


Assessment



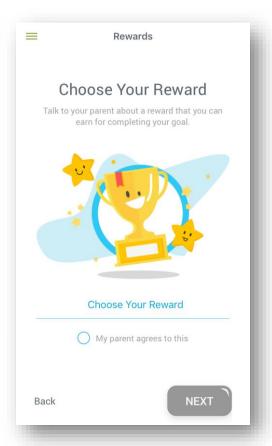
Goal Setting



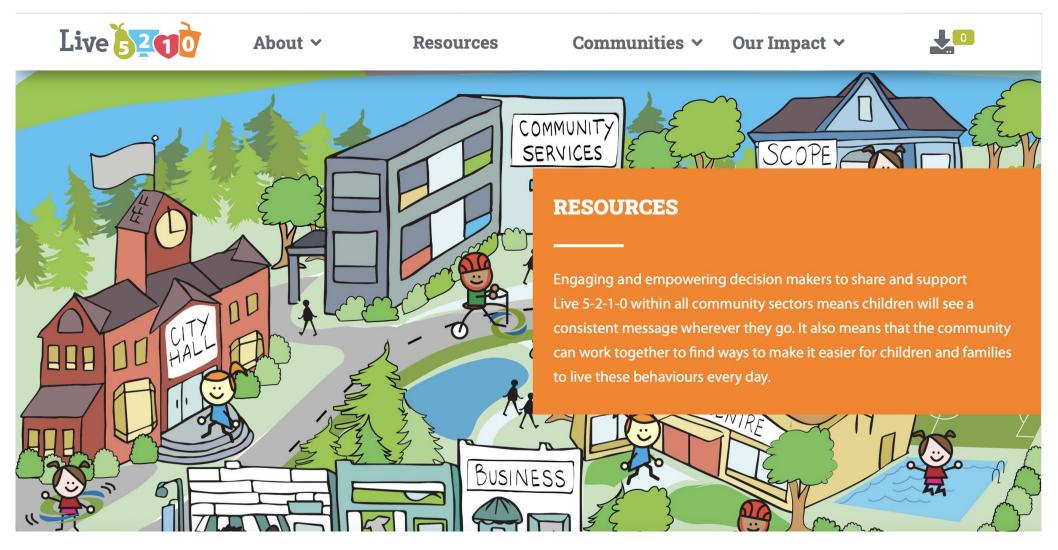


Activities

Rewards



Live 5-2-1-0 Online Resource Hub



www.Live5210.ca

Stay Connected!



Acknowledgements

Partner Communities:

This work would not be possible without the dedication, commitment and support of our community partners & champions

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Kelly Bahn | Research Assistant

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