



## LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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Executive Director

September 29, 2008

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Dr. Charles Sophy, Medical Director  
Department of Children and Family Services  
425 Shatto Place 6<sup>th</sup> Floor  
Los Angeles, California 90020

**RE: COMMISSION RECOMMENDATIONS REGARDING  
PRODEDURAL GUIDE FOR MONITORING A YOUTH'S BODY  
MASS INDEX (BMI)**

Dear Dr. Sophy:

We thank you for presenting the Department of Children and Family Services' (DCFS) draft Procedural Guide for Monitoring a Youth's Body Mass Index (BMI) at the Commission for Children and Family and Families' Childhood Obesity Committee on September 15, 2008. We appreciate being given the opportunity to respond to this proposed Protocol.

The Commission for Children and Families continues to be concerned with the well-being of children in the care of the county. The Commission's involvement with the issue of childhood obesity was affirmed at its 2007 Retreat held in November 2007. The Commission was at the table when Judge Nash convened the Juvenile Obesity Committee on November 30, 2007, and continues our participation. *Preventing Childhood Obesity: The Need to Create Healthy Places—A Cities and Communities Health Report October 2007* was presented to the Commission at its December 17, 2007 Commission meeting. In addition, the Commission's Obesity Committee continues to meet since January 2008, and we are pleased that your staff attends these meetings. Public Health, Juvenile Court, Department of Parks and Recreation, and Association of Community Human Service Agencies also attend this committee.

We recognize that this proposed Protocol is in response to the guidelines developed in the Court's Obesity Committee. However, the Commission is concerned about the tone of the Protocols and how it will be received by those identified as responsible for its implementation. The following represents some of the recommendations the Commission is presenting for the Department's consideration:

1. The BMI Protocol specifically addresses utilizing height and weight in determining potential weight issues. However, focusing on weight alone limits the scope in addressing the greater picture and the recommendations identified by the County's Health Officer, Dr. Jonathan Fielding, the Center for Disease Control and the 2005 Dietary Guidelines for Americans (USDHHS). We therefore recommend the use of a "growth and development plan" or "healthy lifestyle plan".
2. The Protocol's expectations do not address the training needs of those identified as responsible for the plan. For this policy to be adopted and implemented by staff from the Courts, Children's Law Center, Medical HUBS, Public Health and the Department of Children and Family Services, it is important to have a training plan in place prior to finalization of the Protocol. This might allay some of the reluctance that non-medical professionals may have in developing a plan for the child/youth.
3. Training opportunities should also be made available to caregivers and parents as to how they can fulfill their responsibility for decisions about the range and availability of healthy food choices in the home and adequate opportunity for regular physical activity and thereby decreasing sedentary activities. This training should also be available for adoptive parents and parents who are working towards reunification with their children.
4. The Juvenile Court should receive a comprehensive report on a dependency child's physical, emotional, psychological, behavioral, and environmental needs. This report will be instrumental in assessing the barriers that may impede the child from immediately benefiting from a "healthy lifestyle plan".
5. The Department should consider utilizing the Team Decision Making process as an alternative in developing a "healthy lifestyle plan."
6. The Department should make readily available resource information such as MyPyramid and the 2005 Dietary Guidelines for Americans.
7. Though we must be concerned about the health and well-being of children, we must ensure that approaching children, who may have a BMI equal to or greater than the 95<sup>th</sup> percentile, be in a supportive manner. These children need support, acceptance, and encouragement.
8. The Protocol deals with secondary and tertiary prevention however there is no mention regarding the Department promoting primary prevention—avoiding the occurrence of obesity in a population. Lifestyles and behaviors are established early in life. Therefore, it is important to focus early on healthful behaviors.
9. It is recommended that children be involved in moderate physical activity on a daily basis for at least 60 minutes as proposed by the Center for Disease Control

and the American Academy of Pediatrics. However, children need to be provided with a safe environment to be able to play actively.

10. The Protocol references all children. However, the BMI is applicable to children ages 2 and older. There is no indication as to what document should be used for children under the age of 2 where failure to thrive may be an issue.
11. A section of the Protocol should indicate the importance of monitoring children taking psychotropic medication. Documenting weight changes that may be occurring with these children is important.
12. The Department may consider the first goal for children with BMI's above the 95<sup>th</sup> percentile not to go out and try to lose a lot of weight but instead to recommend a much more modest goal of simply not gaining any more weight. Further, staff must be aware of the dynamics of puberty with respect to weight.

The Commission for Children and Families remains vigilant in its desire to ensure the safety, health and well-being of the children in the care of the county. We would appreciate consideration of the Commission recommendations in the proposed Protocol. We look forward to working with the Department to improve the health and well-being of our children. However, we know that our efforts cannot succeed unless they also involve families, schools, and communities that create the environments in which children live and their behaviors are formed.

Sincerely,



Adelina Sorkin, LCSW/ACSW, Chair  
Commission for Children and Families

- c: Patricia Ploehn, DCFS  
Judge Michael Nash, Presiding Judge Juvenile Court  
Jonathan E. Fielding, Public Health  
Miguel Santana, DCEO  
Children's Deputies  
Health Deputies  
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