HEALTHY WEIGHT CLINIC GUIDE

How to develop, implement and maintain a community-based, pediatric healthy weight clinic

NICHQ
National Institute for Children's Health Quality

HEALTHY WEIGHT CLINIC GUIDE

Contents

NICHQ is an independent, nonprofit organization working for nearly two decades to improve children's health, with an emphasis on helping our most vulnerable children and youth. We help organizations and professionals who share this mission make breakthrough improvements so children and families can live healthier lives. Learn more about us at NICHQ.org.

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INTRODUCTION

Healthy Weight Clinic Multidisciplinary Team

PROVIDER
Physician, Nurse Practitioner, Physician Assistant or Nurse

NUTRITIONIST
Registered Dietitian, Nutritionist or Nutrition Educator

COMMUNITY HEALTH WORKER
Certified Community Health Worker, Medical Assistant or Nurse

This guide is meant to be a "nuts and bolts" manual about how to implement a healthy weight clinic in your primary care practice. A healthy weight clinic, as described here, provides multi-disciplinary, community-oriented care within the medical home setting for children and adolescents who are overweight or obese. This guide is an evidenced-based template for this specialized care. It incorporates current best practices that are practical and easy to implement in any primary care setting from community health centers or resident training sites to private offices.

The scope of the obesity epidemic is startling, with national rates of childhood overweight and obesity over 30 percent, and rates much higher in low income and minority communities including African American and Latino communities[1]. Many pediatric patients now suffer from what were once considered adult co-morbidities such as type II diabetes, hypertension, obstructive sleep apnea and hyperlipidemia *(See Page 4)*. Since overweight and obesity is now considered the most common chronic condition of childhood, the impact on the healthcare system and cost of caring for these complications now, and costs in adulthood if not course corrected, is staggering[2].

INTRODUCTION

Overweight/Obesity Co-Morbidities

- Type II Diabetes/Insulin Resistance
- Hypertension
- Obstructive Sleep Apnea
- Hyperlipidemia
- Polycystic Ovary Syndrome/ Amenorrhea
- Nonalcoholic Fatty Liver Disease
- Orthopedic Complications (SCFE, Blount's)
- Pseudotumor Cerebri
- Depression
- Asthma
- Gastroesophageal Reflux
- Cholelithiasis

Tertiary care healthy weight programs are challenged to meet the demand of all of these individuals, as they have limited capacity and locations.[20] However, primary care based healthy weight clinics can dramatically increase capacity for specialized, weight-related care for large numbers of patients.

The healthy weight clinic model presented in this guide calls for the delivery of chronic disease management in the patient's medical home, which typically has a unique understanding of the patient's cultural, linguistic, community and family context. Patient centered medical home data has shown the benefit of team-based care for chronic disease management. Benefits include: shorter visit wait times, fewer transportation barriers, improved compliance with visits, cost savings over tertiary care visits, and improved communication among the primary care team leading to more coordinated care[3].

Massachusetts Healthy Weight Collaborative Results* N=174

- Decreased BMI 50%**
- Increased Physical Activity 45.5%
- Decreased Screen Time 29.9%
- Decreased Sugar Sweetened Beverage Intake 32.2%
- Increased Fruit/Vegetable Intake 33.2%

*at least 2 visits, **serial prevalence

INTRODUCTION

Much of the information in this guide is the culmination of a number of nationally recognized healthy weight collaborative initiatives including the three outlined below.

Massachusetts Healthy Weight Collaborative

Facilitated and funded by Ceiling and Visibility Unlimited (CAVU)[5]

Participants:

Seven community health centers using a primary care healthy weight clinic model developed at Whittier Street Health Center[5]

Initiative/Model Description:

Using the Breakthrough Series model[4], sites established primary care based multidisciplinary healthy weight clinics staffed with a pediatric provider, nutritionist and community health worker.

Sitedevelopmentincludedskillsin:

- Weight management
- Patient-centered goal setting
- Linking families to community based resources (i.e.YMCA)

Key Results:

- 50 percent of participants had decreased BMI
- Majority of participants improved healthy lifestyle behaviors

Collaborate for Healthy Weight

Facilitated by National Institute for Children's Health Quality (NICHQ) and funded by Health Resources and Services Administration (HRSA)

Participants:

Multi-sector teams in 49 communities throughout the U.S. over 3 years

Initiative/Model Description:

Teams of primary care providers, public health professionals and leaders of community organizations identified, tested and evaluated evidence-based interventions and promising practices to prevent and treat obesity and overweight at the community level.

Key Results:

- Many teams linked to a healthy weight clinic
- Evidence based tools including messages, healty weight plans and models for integrating at the community level utilized and refined
- Lessons learned shared throughout all teams and nationally

Mass in Motion Kids

Facilitate by NICHQ and funded by Centers for Disease Control and Prevention (CDC)

Participants:

11 teams in two cities in Massachusetts

Initiative/Model Description:

Teams of primary care sites developed healthy weight clinics that linked with child care, schools and after-school programs within their community, as well as creating policy change and building awareness through a community-wide campaign.

Key Results:

- Developed healthy weight clinics, community collaborations and worksite wellness programs
- Used evidence based tools to support both healthy weight clinics and community engagement
- Lessons learned shared throughout teams and nationally

INTRODUCTION

Best practices and the lessons learned in these efforts, along with current national guidelines and recommendations, are included in this guide. It provides the reader with a current and evidence-based model of providing accessible secondary care, or specialized care, in the primary care setting that includes electronic health record support and links to community organizations and resources[2,13,14,15,16].

We hope this guide will prove to be a valuable and user friendly resource for primary care practices seeking to address overweight and obesity in the children and adolescents they serve.

BUILDING YOUR HEALTHY WEIGHT CLINIC

Staffing

The staff required to provide a healthy weight clinic in your practice may vary based upon your current office staffing, layout and work flow, as well as the model you choose to use. Individual visits may require different staffing than shared medical appointments (group visits) and the specific composition of the team will be dictated by the staff available in your practice setting. This guide will outline the minimum components of staff based upon prior national experience. The most important quality of the staff involved is a willingness to develop specialized knowledge in healthy weight management and the ability to be creative and flexible to promote ongoing quality improvement based on patient outcomes. The primary staff in a healthy weight clinic includes a pediatric provider, nutritionist, and community health worker.

The { **pediatric provider** } in most models is a physician and most often a pediatrician, but the provider can be a family medicine physician, nurse practitioner or physician's assistant. Some sites have also had nurse providers based on the resources available at the practice. The type of provider may also impact reimbursement, which will be discussed later in the guide. The provider will do the medical component of the visit including weight assessment and classification and assess past medical history and relevant social and family history. The provider will also assess for co-morbidities and consider lab and other testing. Provider assessment is well described in

BUILDING YOUR HEALTHY WEIGHT CLINIC

NICHQ's Pediatric Obesity Implementation Guide recently summarized in the American Academy of Pediatrics (AAP) Obesity Treatment Algorithm and therefore will not be presented here in detail[2, 17].

{ **The nutritionist** } should have experience or interest in gaining experience in pediatric healthy weight management. A registered dietitian has been successful in the model at most sites and leads to better reimbursement in some states. Nutritionists and other staff with nutrition certification have been successful with training as well. Some sites have even used a certified chef. The nutritionist obtains the nutritional history, often including a 24 hour dietary recall and will make dietary recommendations.

Though this evidence based model includes a nutritionist, providers should not be deterred from creating a focused healthy weight clinic in the absence of specific nutrition support.

The { **community health worker** } should be someone with a good understanding of the community and its resources. The role can be filled by a certified community health worker or other staff with skills in this area, such as a medical assistant, trained community health worker, nurse or other clinic staff. This person should have an interest in developing relationships with community-based organizations such as the local YMCA or Boys and Girls Club. The community health worker should reflect and understand the cultural and linguistic needs of the community. The community health worker will meet with the family to understand their needs especially related to increasing physical activity and will link or refer families to appropriate community resources for healthy eating and physical activity. The community health worker will also be responsible for maintaining the clinic schedule, tracking patient's attendance, case management and care coordination as needed, and often data collection and entry.

If the community health worker is also a nurse or medical assistant, he or she may also be responsible for processing of the patient, including vital signs with blood pressure, height, weight and BMI.

In some settings the community health worker role may be filled by multiple individuals, which may be necessary based on staffing mix, needs of the practice, understanding of the community and training.

Shared medical appointments (group visits) may require different staffing because they will need a greater number of patients to be processed at one time to initiate the

group visit. This will likely require two to three staff to process patients at the beginning of the session. Once all patients are processed the extra staff are available to support the team to ensure patient intake forms are completed, follow up appointments are scheduled, electronic health record (EHR) data is entered and other tasks done as needed. Alternatively, height and weight measurement can be staggered throughout the appointment time, as long as staff is designated to help patients transition into and out of group activities.

The time needed to do this work may vary significantly depending upon the practice, but here are some general guidelines. For a clinic that meets once a week for a half day (one clinical session) of individual visits, you will likely need 4 hours/week of provider time, 4 hours/week for the dietitian, 4 hours/week for the medical assistant or person who is processing the patient if it is not the community health worker and 8 hours/week for the community health worker. These times may be more with the initiation of the clinic until processes are well established and one or two more staff may be needed for shared medical appointments to get patients processed efficiently.

Essential Features of Key Personnel

TEAM MEMBERS	ESSENTIAL FEATURES OF KEY PERSONNEL
PROVIDER	• Champion for healthy weight • Leader in the practice, able to motivate others • Has a good working relationship with practice leadership • Leads healthy weight clinic team • Willing to develop community relationships • Understands the community • Training in motivational interviewing or patient-centered goal setting
NUTRITIONIST	• Understands cultural aspects of diet • Comfortable with pediatric nutrition • Training in motivational interviewing or patient-centered goal setting
COMMUNITY HEALTH WORKER	• Speaks language of many patients • From or relates to the cultural background of many patients • Familiar with resources in the community • Actively develops relationships in the community • Training in motivational interviewing or patient-centered goal setting
STAFF	• Detail oriented • Trained in accurate vital sign and BMI measurement • Typically an MA, nurse or community health worker

BUILDING YOUR HEALTHY WEIGHT CLINIC

Space

Most healthy weight clinics take place in the existing provider setting. Maintaining your office's typical flow will make integrating these visits simpler and more efficient. The front desk and patient processing areas should be the same as other visits. It may be most efficient to have three rooms available to accommodate the three team members, provider, nutritionist and community health worker, at any given time. Since the community health worker typically finishes the visit, this will allow the provider and nutritionist the flexibility to easily shift to the next patient who they have not seen without the patient having to leave the room.

If visits are done in groups then a larger space will be needed to fit tables and chairs for the size of the group and team. Most often these rooms are not clinical rooms so practices will need to bring equipment to measure and document height, weight, BMI and blood pressure. It is best to do measurements in a separate space or secluded area to maintain patient privacy.

Equipment

There are a few pieces of equipment that are particularly important for a healthy weight clinic. While routine vital signs will be done, accurate blood pressure, and height and weight measurement are critical, so the proper equipment is essential.

Blood pressure measurement may require the use of { **large adult cuffs** } or even thigh cuffs to be used on the upper arm. An accurate measurement will be dependent on correct technique including sizing[7]. Easily accessible pediatric blood pressure tables for gender, height and age will be needed to interpret the results as well[6,7].

An accurate { **medical scale** } to measure weight and a { **standing stadiometer** } to measure height will be needed to calculate a BMI. Remember to remove shoes and have patients stand up straight for measurements. A { **BMI calculator** } will be needed, which can be as simple as a BMI calculation wheel, but many electronic scales will calculate BMI, as well as most electronic health records (EHRs). A paper or electronic growth chart will be needed to plot height, weight and BMI to compare to a normative population and for tracking purposes[8].

Other measures of adiposity have been advocated such as calipers or waist circumference. These methods may be better measures of adiposity, but for most primary care settings are less available and efficient. BMI is simple to do, useful for tracking, leverages the routine measurement of height and weight, and is a routine part of many measurement and reporting dashboards.

Laptop computers and wireless internet may be necessary to access the EHR if group visits are done in a room that is not a typical clinical space.

BUILDING YOUR HEALTHY WEIGHT CLINIC

Tools

There are a few tools that will facilitate your healthy weight clinic. These tools, forms or EHR templates, will provide consistency to your healthy weight clinic assessment and treatment.

One of the most important tools is an { **intake form** } that gathers patient history. It also will support appropriate goal setting with families. Many healthy weight clinics have families complete this form prior to the visit to increase efficiency of the visit.

The lifestyle information on the intake form is often part of a { **healthy weight plan** } (HWP) and many healthy weight clinics use a HWP for lifestyle assessment and goal setting. The HWP is a care plan to help support patients in attaining the goals they set at healthy weight clinics. Many different versions of HWPs are readily available and your team can choose from a number of non-proprietary options.

The { **visit template** } (paper form or EHR template) can support consistent processing of the patient and family through the visit. This template can include vital signs and measurements, as well as all of the information to be gathered including lifestyle, past medical, social and family histories, screening for co-morbidities, vital signs, physical exam, diagnostic assessment and plan, including goals set. The visit template may include a list of resources available at a given clinic including educational materials or clinical or community referrals (i.e. YMCA or Boys and Girls Club).

Goal setting is an important part of a HWP, and it should involve the patient and family and team member's participation. Using the principles of patient-centered goal setting or motivational interviewing, families can be supported to set achievable goals after conducting a readiness for change assessment. Goal setting support tools that offer goal choices can be helpful to families struggling to choose a goal and a goal prescription, similar to a medication prescription with written lifestyle goals given by the provider, can be a powerful way to delineate the goals and empower the patient and family.

Many sites use specific educational materials including: physical activity calendars, sugar sweetened beverage sugar content comparison sheets or displays, healthy snack, and ingredient substitution information. Healthy weight clinics marketing materials, such as flyers or brochures may be needed as well.

Other published and readily accessible resources are available for families. One such resource is Chop Chop Magazine.

BUILDING YOUR HEALTHY WEIGHT CLINIC

Training

A healthy weight clinic team will benefit from specific training before jumping into delivering care. The whole team should familiarize themselves with the NICHQ Obesity and Overweight Recommendations Implementation Guide[2], and AAP Algorithm[17]. The clinical guidance will be particularly helpful to the provider and nutritionist. This guide outlines a healthy weight specific history, focused exam, and screening for co-morbidities including laboratory testing. The guide also gives clear weight loss guidelines and recommendations about when to transition the patient to a higher level of care. Pediatricians can benefit from the American Board of Pediatrics Maintenance of Certification Obesity Assessment and Management Performance Improvement Module or Self-Assessment as well. Learning from and having a relationship with your referral tertiary care practices and referral subspecialists, and an understanding when to refer, will also be valuable.

The staff involved in measuring height, weight and blood pressure and recording BMIs will benefit from specific training. The following links will guide staff: BMI and blood pressure measurement[7,9].

The dietitian should be familiar with pediatric patients and healthy weight management. The Academy of Nutrition and Dietetics endorses a certification in Child and Adolescent Weight Management which may be of use to dietitians interested in improving their skill in pediatric healthy weight management. Non-registered dieticians may benefit from specific training in pediatric healthy weight management as well.

BUILDING YOUR HEALTHY WEIGHT CLINIC

This skill may be gained by spending time with a tertiary care pediatric healthy weight program if specific training or certification is available in your area.

Since many offices and practices do not have a certified community health worker, this role may be filled by other staff with skills in this area, such as a medical assistant, trained community health worker, nurse or other clinic staff. Specific certification for community health workers varies state to state, but skill development can be supported through existing community health worker resources (please see additional resources).

Many clinics find having skills in patient-centered goal setting such as motivational interviewing important. Motivational interviewing is a guided communication technique that is patient centered and explores ambivalence to change and uses it to create achievable goals with the patient[12]. The American Academy of Pediatrics has developed a motivational interviewing training module for pediatric healthy weight that staff may find helpful. The AAP's Next Steps Guide, created in collaboration with NICHQ, also introduces the basics of MI and offers language to be used around various healthy weight related topics[10].

The training for staff should include an understanding of appropriate staff behavior or the culture of the clinic. As a general rule Healthy Weight Clinic staff should limit focus on a patient's weight and avoid stigma and weight bias[19]. The focus should be health, household behavior change and on reinforcing healthy lifestyle choices. The staff should outline expectations early and address differences in parent and child expectations. Staff should always be positive and empathic and use good patient centered or motivational interviewing techniques. Asking permission to discuss areas for improvement and setting simple, achievable goals have proven effective in healthy weight clinics. Staff should also avoid labeling the patient as obese or overweight and focus the conversation on weight and health as promoted in people first language.

BUILDING YOUR HEALTHY WEIGHT CLINIC

Scheduling

The scheduling of a healthy weight clinic will vary based on the particular practice's scheduling template and the work flow and space/room specifics for each site. A few examples that have been used successfully in established healthy weight clinics are listed below.

TYPE OF VISITS	NEW PATIENT	FOLLOW UP PATIENT	NUMBER OF VISITS
INDIVIDUAL	30 minutes	15 minutes	6-monthly
INDIVIDUAL	20 minutes	15 minutes	6-monthly
SHARED MEDICAL APPT. (Group)	90 minutes	90 minutes	6-monthly
SHARED MEDICAL APPT. (Group)	60 minutes	60 minutes	6-monthly

There are some basic principles to keep in mind. Most healthy weight clinics occur in one clinical session, a morning or afternoon (3-4 hours). Many choose to have afternoon or evening visits to minimize impact on school attendance. A referral process will need to be in place. A single staff point of contact, such as the community health worker, will facilitate appropriate scheduling and communication with the team. The scheduling may be impacted by the number of rooms available and the models presented are assuming there will be one room for each of the three team members. This model has seen success with monthly follow up visits for six months. After six monthly visits many sites transition the patients back to their primary care provider, but depending on visit capacity may choose to follow some patients monthly for a longer period or see them at a less frequent interval. Since this is the primary care setting, follow up should be patient-centered and patients should not be transitioned out of the clinic until they are ready.

The monthly visit model is ideal, but given that many of the healthy weight clinics exist in very disadvantaged communities and in families with significant psychosocial barriers, flexibility in the visit interval to be patient centered may be needed. Some sites may also utilize other methods of follow up such as nutritionist only or a combination of primary care, nutrition and healthy weight clinic.

PATIENT EXPERIENCE

Below we describe the patient experience from acquisition through data tracking. This patient experience template can and should be adapted to your particular setting.

{ **Acquisition** } The patient learns about the healthy weight clinic from informational flyers/ brochures found throughout the office and direct communication with families by staff. Staff often educate families about the basics of the clinic and the primary care provider makes a referral to the clinic. The community health worker receives the referral and develops the healthy weight clinic schedule on the appropriate day or clinic session. The established practice reminder call system (phone call, text, mail, etc.) is done by the clinic staff or community health worker.

{ **Arrival and Intake** } On arrival to the front desk or registration area the patient/ family is given an intake form and/or HWP with other typical practice or visit related forms to complete prior to the visit. The medical assistant or nurse then performs vital signs to include height, weight, BMI and blood pressure at a minimum and those are charted (EHR or paper record) to include appropriate growth curves. A blood pressure table based on age, height and gender is readily available to staff and the provider. The person processing the patient ensures the visit intake form and or HWP is completed. Educational information can be left with the family to review while waiting to see one of the healthy weight clinic staff (provider, nutritionist or community health worker).

PATIENT EXPERIENCE

{ **Evaluation** } The order of evaluation by the team members can vary to optimize room use and efficiency. The first patient of the session is often seen first by the provider or nutritionist and once they are each with a patient, the community health worker can be the first of the team to engage a patient and family. The specific roles for each team member will be determined by comfort level and skills.

{ **Roles** } Typically the provider assigns a weight classification of obese or overweight (Obese-BMI ≥ 95th percentile, Overweight-BMI ≥ 85th - < 95th percentile) based on BMI and will assess past medical history and relevant social and family history, screen for co-morbidities and do a focused physical exam as outlined in NICHQ's Pediatric Obesity Implementation Guide[2] and AAP Obesity Treatment Algorithm[17]. Based on the medical evaluation the provider will consider laboratory and other testing or referral, such as fasting blood sugar, lipid panel, sleep study or otolaryngology referral. The NICHQ Implementation Guide outlines recommended testing as well. The provider will also review the HWP /intake form with the family and can support goal setting based on that information.

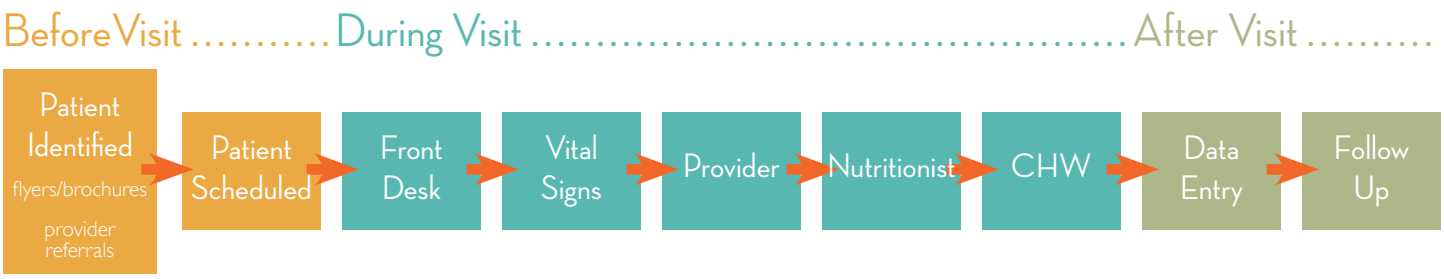
The nutritionist will do a nutritional evaluation and set nutrition goals with the patient and family. The evaluation and recommendations will be based on the past medical history and known co-morbidities. The evaluation often includes a 24 hour dietary recall and further exploration of the information in the HWP or intake form. Education often includes portion control and optimizing meal frequency, healthy food choices and cooking methods, ingredient substitution, limiting sugar and fat intake, avoiding processed foods and shopping guidance. Based on the assessment, nutritional goals are set. The nutritionist may give specific educational materials as well to target a specific topic for the family.

- As a general rule, only two to three goals are set at each visit, to allow the family to focus and to increase the likelihood for success. Too many goals can overwhelm patients and families and make it more difficult to be successful.

The community health worker meets with the family to understand the barriers to success for their goals and healthy lifestyle choices. The community health worker will attempt to link families with resources available in the community. This may be an invitation to an event that will promote healthy living such as a food demonstration or walk/run, or informing the family of open gymnasium times, town recreational activities and the location and time of the local farmers market.

PATIENT EXPERIENCE

Healthy Weight Clinic Process



The community health worker can also inform the families of other community-based organizations that offer healthy lifestyle promotion activities such as the YMCA, Boys and Girls Club and Girls Inc. Many clinics develop relationships with certain organizations to offer the families involved in the healthy weight clinic a reduced rate membership to support their lifestyle changes. The community health worker can also provide the patient with an incentive if available (water bottle, pedometer, basketball etc.), review any educational materials provided to the family and be sure they have a follow up appointment (with the clinic or to return to a primary care provider if the family is ready or has that desire), and have no remaining questions. The community health worker can also add touch points between visits using phone calls, texts or emails to reinforce goals and support families.

{ **Data Tracking** } The best time to enter your tracking data is soon after the clinic session is completed. Understanding the impact of a healthy weight clinic will promote quality improvement efforts to enhance care delivery, as well as provide support for continuing this work within the practice and with insurance companies and funders if outside resources are explored.

The shared medical appointment (group visit) process can vary based on space used, staff available to support the team, and state specific reimbursement issues, which should be well understood before beginning. The referral and scheduling process should be the same. These visits often happen outside of the clinic setting, so a registration process will need to be determined. For a group visit many patients will need to be processed quickly prior to or during the beginning of the session so additional medical assistant or nurse support may be needed for the first portion of the visit. The provider, nutritionist and community health worker interaction is done in the group setting, although some group visits include a brief focused provider encounter separate from the group setting.

SUSTAINABILITY

Considering sustainability at all stages of your healthy weight clinic is critical. The major areas of focus for sustainability include: leadership support, reimbursement, evaluation and ongoing team development. Main activities are outlined below.

MAJOR AREAS OF FOCUS	ACTIVITIES
LEADERSHIP SUPPORT	• Involve leadership in healthy weight clinic development • Define community's weight related health disparity • Link to internal initiatives and programs, especially those that are grant funded or nationally recognized • Support mandated reporting (UDS, HEDIS, PCMH, MU etc.) • Develop a business plan • Track outcomes • Highlight community collaborations
REIMBURSEMENT/ FUNDING	• Collaborate with billing/finance staff • Understand state and local coding opportunities • Consider funding sources (grants, insurers etc.) • Reach out to hospital community benefits office • Consider performance-based opportunities
EVALUATION	• Collaborate with medical information systems personnel to establish structured templates • Understand optimal data entry/extraction from the EHR • Develop data entry/analysis method (non-EHR) • Link to organizational quality improvement efforts • Track process data including community linkages
TEAM DEVELOPMENT	• Ongoing training (conferences, webinars, etc.) • Explore learning communities or collaboratives • Reach out to other healthy weight providers in your community and across the country

Leadership Support

Institutional leadership support is critically important to the success of any healthy weight clinic. For this reason involving your leadership team in the development process will be beneficial. Understanding areas of mutual benefit in providing a healthy weight clinic in your office or institution will allow you to advocate more effectively. A needs assessment that defines the health disparity related to overweight and obesity and it's co-morbidities in your community and linking the disparity to the mission, strategic plan and wellness policy of your organization is a powerful tool. The Centers for Disease Control and Prevention, state departments of public health, and local boards of health are good potential sources of this information.

SUSTAINABILITY

Consider how the healthy weight clinic work can support other initiatives at your site. For example many sites have linked to their patient-centered medical home (PCMH) initiative. Healthy weight clinics support the National Committee for Quality Assurance (NCQA) PCMH standards for recognition including patient-centered access, team-based care, population health management, care management and support, care coordination and care transitions and performance measurement, and quality improvement[11]. The tools used in the healthy weight clinic such as the HWP provide culturally and linguistically appropriate support for behavior change that includes patient-centered goal setting to promote self-efficacy as promoted in the PCMH.

A healthy weight clinic can support organization-wide reporting requirements related to overweight and obesity for uniform data set (UDS), healthcare effectiveness data and information set (HEDIS), meaningful use, and PCMH (see table). Healthy weight clinics can also support pay-for-performance initiatives, such as P4P in California and the primary care payment reform initiative in Massachusetts. Supporting other initiatives and quality improvement within the organization will also make it more likely that the healthy weight clinic will be viewed positively.

OBESITY REPORTING	REQUIREMENTS
UDS-COMMUNITY HEALTH CENTERS	• Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year
HEDIS-PRIVATE INSURERS	• Children/Adolescents 3-17 years of age with an evidence of BMI percentile, and counseling for nutrition and physical activity
MEANINGFUL USE STAGE 1	• Same as HEDIS. • Record and chart changes in height, weight, blood pressure, plot and display growth charts including BMI for more than 50 percent of all unique patients seen by the Eligible Professional during the EHR reporting period and have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data Use of EHR for provider decision supports, patient specific education resources, patient list by condition and reminders
MEANINGFUL USE STAGE 2	• Same as HEDIS. • Record and chart changes in vital signs (as in Stage 1). Use clinical decision support to improve performance on high-priority health conditions. Generate list of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach. Use certified EHR technology to identify patient-specific education resources.
PCMH	• Aligns with Meaningful Use

SUSTAINABILITY

Consider activities and programs within your organization that may have overlapping patient populations or goals. Consider reaching out to adult healthy weight, diabetes, nutrition or other healthy lifestyle promotion providers or programs.

Presenting to leadership an organized, simple business plan will also be a good way to support a healthy weight clinic proposal. Predicting expected expenses and revenues and having a commitment to tracking this information prospectively will likely be important. You will need salary information of involved staff, organizational overhead, cost of any resources needed (i.e. handouts, stadiometer, digital scale, incentives, etc.). Then you will need to estimate reimbursement. This estimate will need to consider no-show rate, ability to bill for nutritionist and provider in the same day, state specific reimbursement options for obesity/overweight and co-morbidity codes.

It will be important to track outcomes to understand efficacy of the healthy weight clinic. Determine in the development process what information will be tracked. BMI and BMI percentile are the most practical to be used in children and can be extracted from EHR systems. Lifestyle changes will be important to track as well. Many are possible, but consider at least: servings of fruits and vegetables, screen time, physical activity, servings of sugar sweetened beverages, and sleep time. Most HWPs will track these lifestyle parameters and many EHRs will contain or can be edited to contain these data elements, which will facilitate tracking.

Depending on your setting, creating and maintaining links to the community as is needed for an effective healthy weight clinic may be very attractive to your organization's leadership as well. Many potential community partners may have a working relationship with the practice already and in the era of expanding clinical-community linkages to support clinical care the relationships developed with community organizations may be very well received.

SUSTAINABILITY

Reimbursement

Reimbursement for your healthy weight clinic visits is a critical component to sustaining the work. How best to bill for the visits will vary from state to state and may vary by insurance carrier. Understanding the process for your community will be important to be part of the planning process. Meet with your billing staff to understand the optimal way to bill for the visits. In some states obesity will be reimbursed as a primary billing code and some insurance plans will allow a provider and nutritionist visit in the same day. For plans that don't allow obesity codes as the primary diagnosis, secondary or co-morbidity codes will be needed, such as hypertension, sleep apnea, snoring, acanthosis, metabolic syndrome, etc. Co-payments and insurance cost sharing may also impact the functioning of a healthy weight clinic. Plans may reimburse differently for group versus individual visits as well and how a group visit billing is maximized should be understood in your community if this visit model is chosen. The American Academy of Pediatrics offers coding resources that may be helpful[12].

As your healthy weight clinic gets established it will be important to monitor reimbursement for these visits so reimbursement is understood and maximized. This will also be a way to assess cost efficacy and ensure that reimbursement is covering staff and administrative overhead costs.

Alternative sources of funding may need to be considered if reimbursement does not cover the cost of operating a healthy weight clinic. This can be in the form of grants from various sources including foundations, organizations and insurers including Medicaid managed care organizations. Local funders tend to have simpler application processes and are more receptive to smaller, more targeted local funding opportunities. Another potential source of funding or support includes non-profit hospital community benefit programs. Non-profit hospitals are mandated to show community benefit to receive federal tax exempt status. As of 2009, stricter federal reporting standards were mandated and strengthened in the Patient Protection and Affordable Care Act. Despite state community benefit regulation variability, many hospitals may now be more actively interested in supporting community initiatives. Each non-profit hospital should have a person directing their community benefits efforts.

Given the evolving reimbursement structure in many states and the path to more performance-based reimbursement it will be important to understand this in your current practice setting. Many practices are receiving bonuses based on performance such as meaningful use. Some practices are considering or participating in global payments and are reimbursed by panel size with bonuses for performance. Understanding where your practice fits in this evolving payment structure will be important.

SUSTAINABILITY

Evaluation

Evaluating your healthy weight clinic will be important for leadership buy in and sustainability. It may be especially important if outside funding is needed to support your clinic's efforts. As the healthy weight clinic is developed give early consideration to the best type of evaluation process for your site. If you use an EHR, engage with your medical information systems department to understand the best way to input and extract data. Consider the data elements you would like to track. At a minimum consider tracking demographics, BMI and the lifestyle behaviors you want to monitor for improvement. For example it may be useful to know if there has been a change in behaviors such as physical activity, screen time, intake of sugar sweetened beverages, sleep time, or intake of fruits and vegetables. It is helpful to include process data such as patient satisfaction, attrition and number of participants, as well as community linkages. Laboratory value tracking can be a powerful motivator for patients and families as well.

If you are not using an EHR or if the data is not easily extracted from your system then some sort of a spreadsheet, such as Excel or Access, will be necessary to prevent the need for retrospective chart review which can be cumbersome and time consuming. In the clinic design process, consider who will do the data extraction from the EHR. Depending on the resources of your organization and the specific EHR this may be IT personnel, quality improvement staff or a member of the healthy weight clinic team. Also, consider who will be doing the data entry into the database if that is necessary. Linking to the institutions quality improvement work or related meaningful use, UDS or HEDIS reporting can be very helpful in facilitating the data getting collected and analyzed.

SUSTAINABILITY

Team Development

Training as outlined earlier is a very important component. This includes ongoing training and team development. Ensuring your team has access to training opportunities such as webinars, conferences and on site quality improvement initiatives can substantially improve your team's outcomes and performance. Becoming part of a learning community or collaborative can be especially helpful if available. Even creating a link to other local providers that provide a similar clinic or a tertiary care weight management clinic can provide meaningful support to your team.

POTENTIAL PITFALLS TO SUSTAINABILITY	
DESIGN	• Inadequate training • Inconsistent team availability for clinic development/ enhancement • Poor integration into site's current clinical processes
REIMBURSEMENT	• Inadequate understanding of state and local obesity reimbursement practices • Not using appropriate codes • Failure to monitor over time
STAFF TURNOVER	• Inadequate training • Not enough support from other staff and administration • Inadequate cross training
LEADERSHIP SUPPORT	• Insufficient regular communication • Inadequate data sharing • Poor understanding of cost efficacy
EVALUATION	• Not having well defined processes • Process too complex • Poorly linked to other activities and reportables

OTHER CONSIDERATIONS

When designing a healthy weight clinic there may be other models or support to consider.

- The national movement toward behavioral health integration presents an excellent opportunity to include { **behavioral health support** } in your healthy weight clinic. It is well established that mood disorders are often co-morbid with obesity and overweight in children[13]. An imbedded behavioral health clinician or at least a well design referral system to facilitate access to services will be very beneficial.

- Some sites have used a { **non-clinician as the team champion** }, such as a nurse or nutritionist. This may offer flexibility to sites in terms of provider availability and staff time.

- While BMI and BMI percentile are common measures to follow in the healthy weight clinic, BMI tracking above the 99th percentile can be problematic. { **BMI z-scores** } can be useful when following these children and adolescents to better understand weight percentile changes in the largest weight centiles.

- It can sometimes be difficult to get families to attend healthy weight clinics for the suggested number of visits. { **Incentives for attendance** } can be very helpful, especially if the incentive supports the process for lifestyle change. Examples of incentives may be pedometers, jump ropes, hula hoops and balls. An incentive may also be a reduced rate membership to a local gym, YMCA or Boys and Girls Club.

- Engagement with organizations outside the clinical setting also creates a { **multi-sector health promotion opportunity** } for behavior change. If your patients and their families are hearing the same messages from others such as school, Head Start, WIC, YMCA, faith-based organizations, local department of public health, work and their pediatric provider then the potential for change is much greater. Collaborations can increase potential touch points and allow for sharing of resources such as staff or reporting structures or physical activity opportunities with a local YMCA, parks and recreation department or physical therapy group.

IMPORTANT RESOURCES AND GUIDELINES

Direct Care

NICHQ's Pediatric Obesity Implementation Guide

AAP Algorithm for Assessment and Management of Childhood Obesity

AAP 5210 Pediatric Obesity Clinical Decision Support Chart, 2nd ed.

AAP/NICHQ Next Steps Guide
(Theme based provider guide)

NC East Smart Move More Clinical Reference Chart

AAP Childhood Obesity Change Talk (Motivational Interviewing Resource)

AAP Pediatric ePractice (Practice Management Tool for Obesity Care)

Education

Let's Go! Website (5210 Resources)

AAP Institute for Healthy Weight – (Provider and Family Resources)

AAP Healthy Active Living for Families (HALF)
(Family Resources)

NICHQ Obesity Resources

Expert Recommendations and Guidelines

AAP Expert Committee Recommendations 12/2007

IOM Report on Obesity Prevention 5/2012

USPSTF Obesity in Children and Adolescents:
Screening 1/2010

Other Important Resources

Children's Hospital Association Survival Guide

NICHQ "Be Our Voice" (Clinical/Community Collaborations)

Childhood Obesity Action Network (Obesity listserv)

Rudd Center Stigma and Weight Bias
(Videos for Staff Training)

Center for Disease Control's Community Health Improvement Navigator

American Academy of Pediatrics Policy Statement, Promoting Food Security for all Children

NIH We can

Salud America

Children in Nature Network

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APPENDIX: EXAMPLES

Healthy Eating and Living Assessment

Parent Questionnaire

Child's Name_____ **Date:** _____

Parent's Name_____

Complete Section 1 and 2 if you are a new patient, if you have never filled out this assessment before, or if there have been any changes in Section 1 or 2.

Section 1: Prenatal and birth history: ***Please circle all that apply to your child*****.**

1. Birth weight _____
2. Diabetes during pregnancy in the mother? **Yes No**
3. Mother overweight at the beginning of pregnancy? **Yes No**
4. Mother with more than 35 pounds of weight gain during pregnancy? **Yes No**
5. Exposure to tobacco smoke during pregnancy? **Yes No**
6. LGA (large for gestational age) or SGA (small for gestational age) at birth?

LGA SGA Neither Don't know

Section 2: Family and past medical history: ***Please check all that apply to <u>either your child or to your family</u> (siblings, parents or grandparents).***

	<u>Section 2 A</u>	**<u>Section 2 B</u>**
• Overweight or obese?	☐ **Family member (list)**_____	☐ **My child**
• High blood pressure?	☐ **Family member (list)**_____	☐ **My child**
• High cholesterol?	☐ **Family member (list)**_____	☐ **My child**
• Type 2 diabetes?	☐ **Family member (list)**_____	☐ **My child**
• Heart disease or stroke in anyone 40 years of age or younger?	☐ **Family member (list)**_____	☐ **My child**

Section 3: Lifestyle, Eating and Health Behaviors: ***Please circle all that apply to your child.***

1. Breast or bottle fed as an infant?	**Breast**	**Bottle**	**Both**
2. Introduced to solid foods (baby food, cereal) before 4 months of age?		**Yes**	**No**
3. Eats breakfast daily?		**Yes**	**No**
4. Servings of fruits and vegetables each day?	**Less than 5**		**5 or more**
5. Drinks sweetened beverages (soda, sweet tea, sports drinks, fruit juices, Kool-aid, sweetened coffee)?	**None**	**1-2/week**	**Every day**
6. Eats "second helpings" of food?	**Rarely**	**Often**	**Always**
7. Portion sizes larger than the size of his or her own fist?	**Rarely**	**Often**	**Always**
8. Eats candy, cookies, snack cakes, chips or desserts?	**Rarely**	**Often**	**Every day**
9. Fast food restaurants?	**Almost never**	**Once/week**	**Several/week**
10. Other dining out?	**Almost never**	**Once/week**	**Several/week**
11. Family meals together at the dinner table?	**Rarely**	**Often**	**Always**

12. Total hours per day spent watching TV, or playing the computer, I-pad or video games? (Do not count computer time doing homework.) **Less than 2 hrs** **2-4 hrs** **5 or more hrs**

13. Have a TV in his or her room? **Yes** **No**

14. Eats in front of the TV or while playing computer/video games? **Yes** **No**

15. Time spent <u>each day</u> in physical activity including outside play, exercise or sports? **1 hr or more** **30 minutes** **<30 minutes**

16. What kind of physical activity does your child do? _____

17. What does your child eat for breakfast? _____

_____

18. What does your child eat for lunch? _____

_____

19. Does your child take his or her lunch to school, or buy it? **Take lunch** **Buy lunch**

20. What are common foods that your child eats for dinner? _____

_____

21. Have you or anyone else (family, friends, teacher, doctor, etc.) ever been concerned that your child is overweight? **Yes** **No**

If you answered "yes" to #21, please complete the following questions:

- On a scale of 1 to 10, with 1 being least concerned, and 10 being most concerned, how concerned are you about your child's weight today?

1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

- On a scale of 1 to 10, with 1 being least ready, and 10 being most ready, how ready are you to make changes in your child and family's eating and activity behaviors?

1 2 3 4 5 6 7 8 9 10
Not at all Somewhat Very

22. ***Please check below any of the specific lifestyle changes that you would like to discuss with your nurse or doctor today:***

- □ Learning to eat less at mealtime
- □ Understanding my child's cues of hunger and fullness
- □ Increasing fruits and vegetables
- □ Eating breakfast every day
- □ Improving my child's snacks
- □ Improving my child's meals
- □ Goals and ideas for dining out
- □ Changing what my child drinks
- □ Goals for TV, video or computer games
- □ Helping my child be more active

EVALUACION DE NUTRICION Y VIDA SANA
Cuestionario para los padres

Nombre del niño_____Fecha:_____
Nombre del padre_____

Complete la Sección 1 y 2 si es paciente nuevo y si nunca ha llenado una evaluación antes, o si ha habido cambios en la Sección 1 o 2.

Sección 1: Historia prenatal y del parto: Por favor circule todo lo que se atribuye a su niño/a

1. Peso al nacer_____
2. ¿Tuvo diabetes la madre durante el embarazo? **Si No**
3. ¿La madre tenía sobrepeso al comenzar el embarazo? **Si No**
4. ¿La madre aumentó más de 35 libras durante el embarazo? **Si No**
5. ¿Alguien fumaba durante el embarazo? **Si No**
6. ¿LGA (grande para su edad gestacional) o SGA (pequeño para su edad gestacional) al nacer?

LGA SGA Ninguno No sabe

Sección 2: Historia médica pasada y de la familia: Por favor chequear el que se aplica <u>a su criatura o a personas de la familia</u> (hermanos, padres, abuelos).

	<u>Sección 2ª</u>	**<u>Sección 2B</u>**
• ¿Sobrepeso u obeso?	□ Miembro de la familia (listar) _____	□ Mi criatura
• ¿Presión sanguínea alta?	□ Miembro de la familia (listar) _____	□ Mi criatura
• ¿Colesterol alto?	□ Miembro de la familia (listar) _____	□ Mi criatura
• ¿Diabetes tipo 2?	□ Miembro de la familia (listar) _____	□ Mi criatura
• ¿Enfermedad del corazón o derrame cerebral antes de los 40 años de edad?	□ Miembro de la familia (listar) _____	□ Mi criatura

Sección 3: Estilo de vida, Comportamiento de Salud y Nutrición: Favor circule el que aplica para su criatura.

1. ¿Tomó pecho o formula en la infancia?	**Pecho**	**Formula**	**Ambos**
2. ¿Le dio comida sólida (comida de bebe, cereal) antes de los 4 meses de vida?		**Si**	**No**
3. ¿Come desayuno todos los días?		**Si**	**No**
4. ¿Cuantas porciones de frutas y vegetales cada día?	**Menos de 5**		**5 o más**
5. ¿Bebe bebidas dulces (soda, te dulce, bebidas deportivas, Jugos de fruta, Kool-Aid, café dulce)?	**Nada**	**1-2 /semana**	**Todos los días**
6. ¿Repite los platos que le sirven?	**Casi nunca**	**A menudo**	**Siempre**
7. ¿Tamaño de la porción más grande que el puño?	**Casi nunca**	**A menudo**	**Siempre**
8. ¿Come caramelos, galletas, tortitas, chips o postres?	**Casi nunca**	**A menudo**	**Todos los días**
9. ¿Comen en restaurantes de comida rápida?	**Casi nunca**	**Una vez/semana**	**Varias veces/semana**
10. ¿Otros restaurantes?	**Casi nunca**	**Una vez/semana**	**Varias veces/semana**

11. ¿La familia come junta en la cena?	**Casi nunca**	**A menudo**	**Siempre**
12. ¿Total de horas que ven TV o juegan con la Computadora, I-pad o juegos de video? (No cuenta las tareas de la escuela en la computadora)	**Menos de 2 horas**	**2-4 horas**	**5 o más horas**
13. ¿Tiene TV en su cuarto?		**Si**	**No**
14. ¿Come en frente de la TV o mientras juega Con la computadora o juegos de video?		**Si**	**No**
15. ¿Tiempo que pasan <u>cada día</u> en actividad física Incluyendo jugando afuera, ejercicios, deportes?	**1 hora o más**	**30 minutos**	**Menos de 30 minutos**

16. ¿Que tipo de actividad física practica su niño/a?_____

17. ¿Que come su criatura en el desayuno? _____

_____

18. ¿Que come su criatura en el almuerzo?_____

_____

19. ¿Su criatura compra o lleva su almuerzo en la escuela	**Lleva**	**Compra**

20. ¿Que comidas come su criatura generalmente para la cena?_____

21. ¿Alguien (familia, amigos, maestra, medico, etc.) le han dicho que se Preocupan porque su criatura tiene sobrepeso?	**Si**	**No**

Si contesto "si" al # 21, por favor complete las siguientes preguntas:

- ¿Tomando una escala del 1 al 10, con el 1 siendo el que menos le preocupa, y el 10 siendo la mayor preocupación, que nivel de preocupación siente usted con respecto al peso de su criatura hoy?

  1 2 3 4 5 6 7 8 9 10
  Casi nada Algo Mucho

- ¿Tomando una escala del 1 al 10, con el 1 siendo el que menos disposición tiene y el 10 la mayor disposición que tiene de hacer cambios en el comportamiento de comer y en las actividades de su familia y de su criatura?

  1 2 3 4 5 6 7 8 9 10
  Casi nada Algo Mucho

22. **Por favor chequear abajo cualquiera de los cambios en estilo de vida que quisiera planificar con la enfermera y con el médico hoy:**

□ Aprender a comer menos en las comidas
□ Comprender la señales del hambre y la plenitud de mi Criatura
□ Aumentar las frutas y vegetales
□ Comer desayuno todos los días
□ Mejorar las meriendas de mi criatura
□ Mejorar las comidas de mi criatura
□ Metas e ideas para comer afuera
□ Cambiar las bebidas de mi criatura
□ Metas para la TV, video o juegos de Computadora
□ Ayudar a mi criatura a ser más activa

Healthy Weight Clinic
Patient Survey

Date: _____
Name: _____
Date of Birth: _____
Gender: Male Female
Race/Ethnicity: ☐ Asian ☐ Black/African American ☐ Hispanic/Latino ☐ White

☐ Other (please describe) _____

1. How many hours a day on average do you spend watching T.V.?
   0 1 2 3 4 5 6 7 8 9 10+

2. How many hours a day on average do you spend playing video games?
   0 1 2 3 4 5 6 7 8 9 10+

3. How many hours a day on average do you spend on the computer?
   0 1 2 3 4 5 6 7 8 9 10+

4. How many minutes a day do you spend on average doing physical activity like walking, biking, sports, dance, gym, playground etc.? _____

5. What activity/ activities do you do? _____

6. How many times per week do you do a physical activity?
   0 1 2 3 4 5 6 7

7. Do you attend gym class at school? Yes No

8. Do you have a T.V. in your bedroom? Yes No

9. How many servings of juice, soda, or other sweetened beverages do you drink each day? (One serving is 12 ounces or 1 can of soda)
   0 1 2 3 4 5 6 7 8 9 10+

10. How many servings of junk or snack food do you eat each day?
    0 1 2 3 4 5 6 7 8 9 10+

11. How many servings of fruits and vegetables do you eat each day?
    0 1 2 3 4 5 6 7 8 9 10+

12. How many times a day do you skip meals?
    0 1 2 3

13. How many times a day do you eat a meal at a table with your family?
    0 1 2 3 4 5 6 7

14. How many times a week do you eat at a restaurant or fast food place?
    0 1 2 3 4 5 6 7

15. How many times a week do you buy snacksat a corner store?
    0 1 2 3 4 5 6 7

16. How many meals a week do you eat at the school cafeteria?
0 1 2 3 4 5 6 7 8 9 10

17. Do you have any medical conditions?
□ Asthma □ High blood pressure □ Diabetes □ Other _____

18. Does anyone in your family have diabetes? Yes/No
Who?_____

19 Does anyone in your family have high blood pressure? Yes/No
Who?_____

20. Does anyone in your family have high cholesterol? Yes/No
Who?_____

21Does anyone in your family have early heart disease or stroke? (Men younger than 55/ Women younger than 65)? Yes/No
Who?_____

22. Is anyone in your family overweight or obese? Yes/No
Who?_____

Clínica Futuro Saludable
Encuesta para Pacientes

Fecha: _____
Nombre: _____
Fecha de Nacimiento: _____
Género: Masculino Femenino
Raza / Origen: ☐ Asiático ☐ Negro/Afro Americano ☐ Hispano/Latino ☐ Blanco

☐ Otro (por favor describa) _____

1. ¿Cuantas horas del día aproximadamente usted utiliza para ver T.V?
   0 1 2 3 4 5 6 7 8 9 10+

2. ¿Cuantas horas del día aproximadamente usted utiliza para jugar juegos de videos?
   0 1 2 3 4 5 6 7 8 9 10+

3. ¿Cuantas horas del día aproximadamente usted utiliza para usar la computadora?
   0 1 2 3 4 5 6 7 8 9 10+

4. ¿Cuantos minutos del día aproximadamente usted utiliza para hacer actividad física, como por ejemplo caminar, correr bicicleta, deportes, bailar, gimnasio o en el parque, etc.? _____

5. ¿Que tipo de actividad (es) usted realiza? _____

6. ¿Cuantas veces por semana usted realiza alguna actividad física?
   0 1 2 3 4 5 6 7

7. ¿Usted asiste a alguna clase de gimnasio en la escuela? Si No
   ¿Cuantas veces por semana? _____

8. ¿Usted tiene T.V. es su cuarto? Si No

9. ¿Cuantos servicios de jugo, soda u otra bebida con azúcar usted toma al día? (Un servicio es de 12 onzas o 1 lata de soda)
   0 1 2 3 4 5 6 7 8 9 10+

10. ¿Cuantos servicios de comida chatarra (junk food) o merienditas usted come al día?
    0 1 2 3 4 5 6 7 8 9 10+

11. ¿Cuantos servicios de frutas y vegetales usted come al día?
    0 1 2 3 4 5 6 7 8 9 10+

12. ¿Cuantas veces al día usted olvida o brinca alguna comida?
    0 1 2 3 4 5 6 7 8 9 10+

13. ¿Cuantas veces al día usted se sienta a la mesa a comer con su familia?
    0 1 2 3 4 5 6 7

14. ¿Cuantas veces a la semana usted come en algún restaurante o lugar de comida rápida, como por ejemplo McDonald's, Chili's etc.?
    0 1 2 3 4 5 6 7

15. ¿Cuantas veces a la semana usted compra alguna meriendita en alguna tiendita?
0 1 2 3 4 5 6 7

16. ¿Cuantas comidas a la semana usted hace en la cafetería de la escuela?
0 1 2 3 4 5 6 7

17. ¿Usted tiene alguna condición medica? Si / No
□ Asma □ Alta Presión □ Diabetes □ Otro _____

18. ¿Alguien en su familia tiene diabetes? Si / No
¿Quien?_____

19. ¿Alguien en su familia tiene alta presión? Si / No
¿Quien?_____

20.¿Alguien en su familia tiene colesterol alto? Si / No
¿Quien?_____

21. ¿Alguien en su familia ha tenido algún infarto o ataque del corazón? (Hombre menor de 55 / Dama menor de 65 años de edad) Si / No
¿Quien?_____

22. ¿Alguien es su familia esta sobrepeso u obeso? Si / No
¿Quien?_____

Healthy Weight Assessment/Plan

Please complete blue sections only (A, B, C and D).

Patient / Parent: Complete these sections only

A. ASSESSING HABITS

1. How many servings of **FRUITS OR VEGETABLES** does you child eat **a day**? _____
2. How many times **a week** does your child **EAT DINNER AT THE TABLE with the FAMILY**? _____
3. How many times **a week** does your child eat **BREAKFAST**? _____
4. How many times **a week** does your child **EAT TAKEOUT or FAST FOOD**? _____
5. How many **hours a day** does your child **watch TV**, or sit and play **video games**? _____
6. Does your child have a **TV IN THE ROOM** where he/she sleeps? Yes No
7. On most days, **how many minutes** does your child spend in ***ACTIVE*** **PLAY**? *(fast breathing, sweating)* _____
8. How many 8 ounce servings of the following does your child **DRINK** a day? *(An 8 ounce serving is the size of one cup)*

100% Juice _____ Fruit/Sports Drink _____ Soda/punch _____

Whole Milk _____ Fat Free/Low Fat Milk _____ Water _____

B. SETTING A GOAL / REVIEWING IDENTIFIED GOAL

Are there goals that you are ready to try?

5 ☐ Eat at least 5 servings of fruits/vegetables a day

2 ☐ Limit screen time *(especially TV)*

1 ☐ Get at least 60 minutes of physical activity every day

0 ☐ Avoid sugar-sweetened drinks *(soda, sports drinks, punch, etc)*

☐ Other _____

_____

_____

_____

C. PARENT / SCHOOL INFORMATION

Parent Name _____ *(Print the name of the parent/guardian to be contacted for follow-up)*

Parent Phone Number_____ Child's School_____

D. ACHIEVING MY GOAL

1. How important is it to me to make this change? *(circle a number)*

0	1	2	3	4	5	6	7	8	9	10
Not at all important										*Extremely important*

2. What might make it hard to achieve this goal (what are the barriers)?

_____

_____

3. Information or support I might need in accomplishing this goal:

_____

E. TREATMENT PLAN

_____

_____

_____

F. COMMITMENT

I agree to this plan of action and will review the plan and progress _____ *(timeframe)*

X_____ *(Patient / Parent Signature)* _____ *(Date)*

Weight _____ lb BMI _____ ____	Child Name / DOB _____ AFFIX LABEL HERE

5210 Healthy Habits Questionnaire (Ages 2–9)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: _____ Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables does your child eat a day?
   One serving is most easily identified by the size of the palm of your child's hand.
   _____

2. How many times a week does your child eat dinner at the table together with the family?
   _____

3. How many times a week does your child eat breakfast?
   _____

4. How many times a week does your child eat takeout or fast food?
   _____

5. How many hours a day does your child watch TV/movies or sit and play video/computer games?
   _____

6. Does your child have a TV in the room where he /she sleeps? Yes ☐ No ☐

7. Does your child have a computer in the room where he /she sleeps? Yes ☐ No ☐

8. How much time a day does your child spend in active play (faster breathing/heart rate or sweating)?
   _____

9. How many 8-ounce servings of the following does your child drink a day?

100% Juice	_____	Fruit drinks or sports drinks	_____	Soda or punch	_____
Water	_____	Whole milk	_____	Nonfat or reduced fat milk	_____

10. Based on your answers, is there <u>ONE</u> thing you would like to help your child change now? Please check one box.

- ☐ Eat more fruits & vegetables.
- ☐ Take the TV out of the bedroom.
- ☐ Play outside more often.
- ☐ Switch to skim or low fat milk.
- ☐ Spend less time watching TV/movies and playing video/computer games.
- ☐ Eat less fast food/takeout.
- ☐ Drink less soda, juice, or punch.
- ☐ Drink more water.

Please give the completed form to your clinician. Thank you.

5210 LET'SGO!
www.letsgo.org

Adapted by MaineHealth® and Maine Medical Center from the High Five for Kids in Massachusetts and Keep ME Healthy in Maine.

155-505-08 / 03-3

5210 Healthy Habits Questionnaire (Ages 10–18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: _____ Age: _____ Today's Date: _____

1. How many servings of fruits or vegetables do you eat a day?
   (*One serving is most easily identified by the size of the palm of your hand.*) _____
2. How many times a week do you eat dinner at the table together with your family? _____
3. How many times a week do you eat breakfast? _____
4. How many times a week do you eat takeout or fast food? _____
5. How many hours a day do you watch TV/movies or sit and play video/computer games? _____
6. Do you have a TV in the room where you sleep? Yes ☐ No ☐
7. Do you have a computer in the room where you sleep? Yes ☐ No ☐
8. How much time a day do you spend in active play (faster breathing/heart rate or sweating)? _____
9. How many 8-ounce servings of the following do you drink a day?

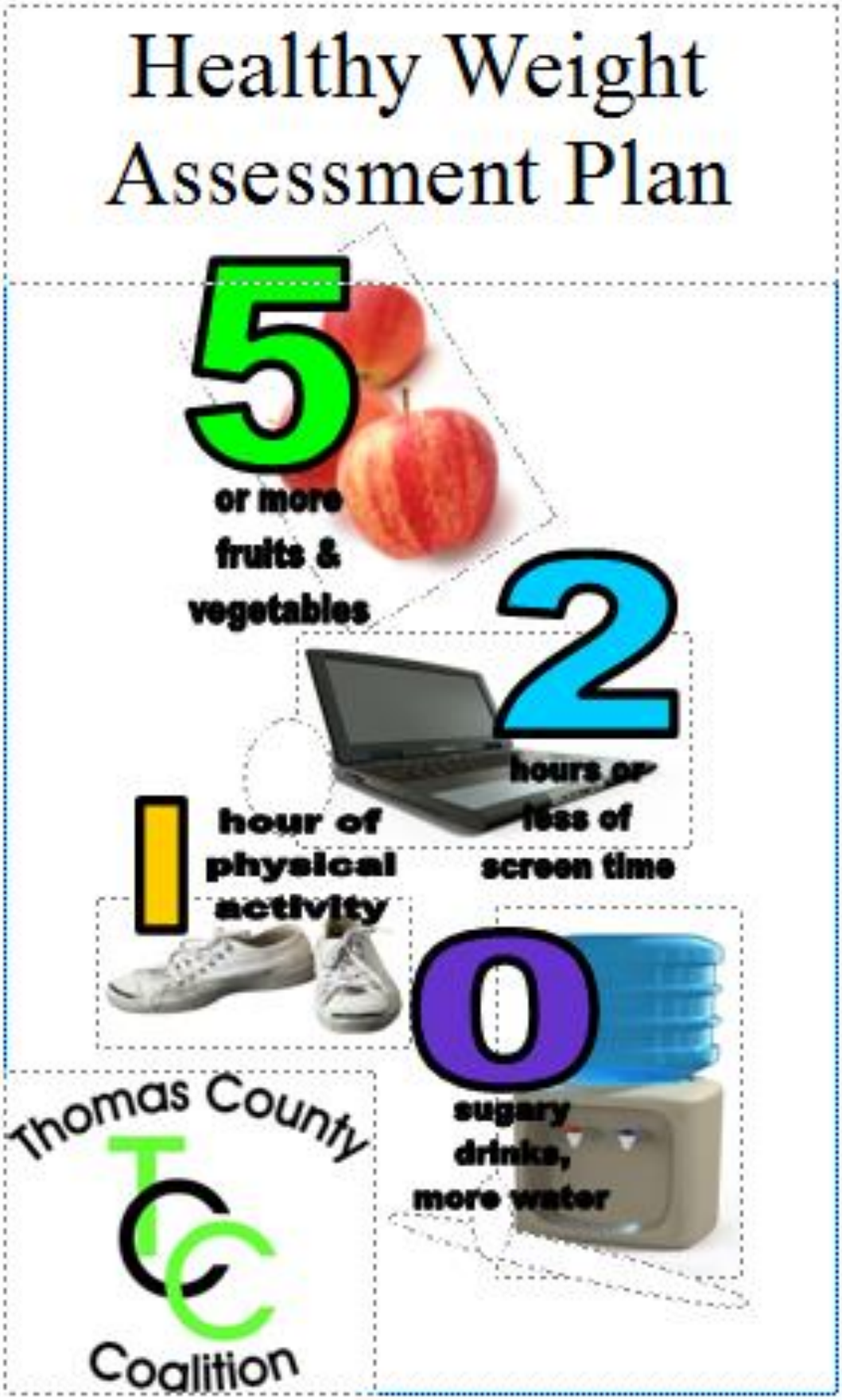
   _____100% juice _____Fruit or sports drinks _____Soda or punch
   _____Water _____Whole milk _____Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk

10. **Based on your answers, is there <u>ONE</u> thing you would be interested in changing now? Please check one box.**

- ☐ Eat more fruits and vegetables.
- ☐ Take the TV out of the bedroom.
- ☐ Play outside more often.
- ☐ Switch to nonfat (skim) or low-fat (1%) milk.
- ☐ Spend less time watching TV/movies and playing video/computer games.
- ☐ Eat less fast food/takeout.
- ☐ Drink less soda, juice, or punch.
- ☐ Drink more water.

Please give the completed form to your clinician. Thank you.

5210 LET'SGO!
www.letsgo.org
03-31-08 R07/13


Healthy Weight
Assessment Plan
5
or more
fruits &
vegetables
2
hours or
less of
screen time
1
hour of
physical
activity
0
sugary
drinks,
more water
Thomas County
TCC
Coalition

SETTING A GOAL

Here are some changes other people have decided to make for their health. I would like to set goal(s) to:

- ☐ Eat at least 5 servings of fruits/vegetables a day
- ☐ Limit screen time (especially TV) less than 2 hours
- ☐ Get at least 1 hour of physical activity every day
- ☐ Avoid sugar-sweetened beverages (0-almost none)
- ☐ Monitor my weight status regularly
- ☐ Manage my stress
- ☐ Get enough sleep
- ☐ Other _____

MY GOALS (Please fill in the goals you would like to work on)

Table

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Goal #1							
Goal #2							
Goal #3							

RESOURCES

www.health.gov

www.choosemyplate.gov

www.sparkpeople.com

www.fruitsandveggiesmorematters.org

www.healthfinder.gov

www.americaonthemove.org

www.nutritionpossible.com

DEMOGRAPHICS

Name

DOB

MEASUREMENT

Date		Height		Weight	
BMI		Waist			

☐ Underweight (BMI<18.5) ☐ Healthy Weight (18.5-24.9)
☐ Overweight (25.0-29.9) ☐ Obese (BMI>30.0)

HEALTHY BEHAVIORS ASSESSMENT

How many servings of fruits or vegetables do you eat a day? _____

How many times a week do you eat breakfast?

How many times a week do you eat takeout or fast food? _____

How many hours a day do you watch TV/movies or sit and play video/computer games?

Do you have a TV or computer in the room where you sleep?
☐ TV ☐ Computer ☐ Both

How many hours of sleep do you get per night? _____

How much time a day do you spend being active (faster breathing/heart rate or sweating)?

How many 8-ounce (1 cup) servings of the following do you drink a day? (A 12-oz serving is the size of a can of soda or pop)

100% juice _____ Fruit drinks or sports drinks _____

Water Soda or punch

Whole milk Nonfat or reduced fat milk

Please rate your level of stress (select a number)

0 1 2 3 4 5 6 7 8 9 10

Little or no stress *A great deal of stress*

My Healthy Living Plan

Name _____ EHR#_____ Date_____

I – refers to child if parent completing survey for child

What am I doing now?

Nutrition

How many times a day do I eat **fruits or vegetables**? _____

How many times a day do I drink **sugar sweetened beverages?** (juice, soda, ice tea, Kool-Aid, sports drink)_____

How many times a day do I eat **junk food**? (*cake, cookies, chips etc*.) _____

How many times a week do I eat **takeout or fast food**? _____

Exercise & Physical Activity

On most days, how many minutes do I spend in **active play or exercise**? (fast breathing, sweating)

_____ # days _____ time

How many hours a day do I watch **TV/movies** or sit and play **video games** or use **the cell phone** or **the computer** for fun? _____

Other habits

How many times *a week* do I **skip meals**? _____

How many days a week do I have trouble **sleeping?** _____

How many times *a week* do I **eat dinner at the table with my family**?_____

Do I have a **TV in the room** where I sleep? Yes_____ No_____

I will try at least one 5 2 1 0 goal. No more than 3 goals.

☐ Increase the fruits or vegetables I eat each day to: (Check one below)
___5 ___4 ___3 ___2 ___1

☐ Decrease screen time (TV/movie, video games, cell phone, computer, etc.) to: (Check one below)
___ 2 hours ___ 2 ½ hours ___ 3 hours ___3 ½ hours ___ 4 hours

☐ Increase exercise or physical activity every day to: (Check one below)
___1 hour ___45 minutes ___30 minutes ___15 minutes ____ other

☐ Decrease sugar-sweetened drinks (soda, sports drinks, juice, punch, etc.) to: (Check one below)
___ 0 per day ___ 1 per day ___ 2 per day

☐ Another goal_____

How confident am I to accomplish my goal?

Not confident *Very confident*

0 1 2 3 4 5 6 7 8 9 10

What might make it hard to achieve this goal (What are my barriers)?

_____

Nutrition, Excercise and Stage of Change

Visit #: | Date: | PatientID:

Blood Pressure: | Height (cm): | Weight (kg):

BMI: | BMI%ile: | Weight Change:

Last BMI: | BMI Change:

Interim History

Motivation(s): | Barrier(s):

Additional History:

Activity

Screen Time (hours/ day)		After School Physical Activity		Other Activity	
Computer:		Minutes/ episode:		TV in bedroom:	☐ Yes ☐ No
Video Game:		Times per week:		Gym Class:	☐ Yes ☐ No
TV:		Activity:		Times per week:	
Total:		Supervised Activity:		Times per week:	

Nutrition

Daily Food Servings	(#)	(Size)	Weekly Food Servings			24 Hour Food Recall	
Sweetened Beverages:			Fast Food:			Breakfast:	
Junk Food:			Restaurant:			AM Snack:	
Fruits/ Veggies:			School Cafeteria:			Lunch:	
Family Meals:			Corner Store:			PM Snack:	
Skipped Meals:						Dinner:	
						After Dinner:	

Family History

	Bro	Sis	Mom	Dad	MGM	MGF	PGM	PGF	Aunt	Uncle
Obesity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Type 2 Diabetes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dyslipidemia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Early CVD	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Early Stroke	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Goal Setting

Stages of Change

	Patient	Parent

Update

Healthy Weight Clinic - Physical and Lab

GEN

☐ Well developed ☐ Alert ☐ NAD ☐ Obese appearing

☐ Non-obese appearing ☐ Flat affect ☐ Normal affect

HEENT/ Neck

☐ No papilledema ☐ Papilledema ☐ Buffalo Hump ☐ Thyromegaly

Tonsils: ☐ WNL ☐ Hypertrophy +

SKIN

☐ No rashes ☐ Acanthosis nigricans ☐ Acne

☐ Hirsuitism ☐ Candidal Dermatitis Location:

COR

☐ RRR ☐ No murmurs/ gallops/ rubs

BP: ☐ WNL ☐ Hypertensive

PULM

☐ CTAB

ABD

☐ Obese ☐ Soft, nontender, nondistended

EXT

☐ FROM ☐ No tenderness, swelling ☐ No edema ☐ Well perfused

MUSKULOSKELETAL

NEURO

☐ Station and gail WNL ☐ Sensation grossly intact

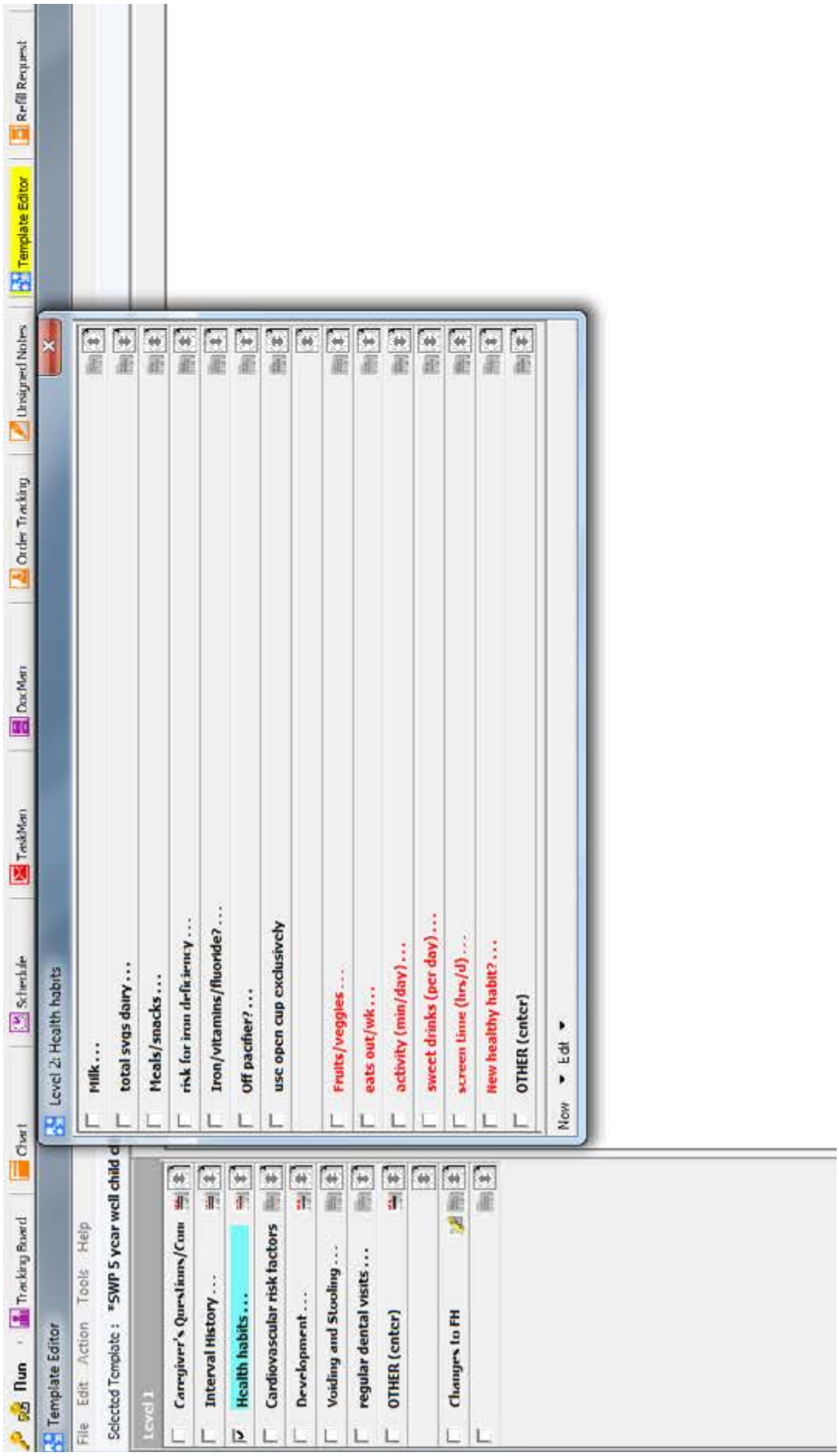
Assesment and Plan

Labs	Prev Value	Date	Order
Fasting plasma glucose			☐
Random plasma glucose			☐
Cholesterol panel			☐
Liver function tests			☐
BUN			☐
Creatinine			☐
Other			☐

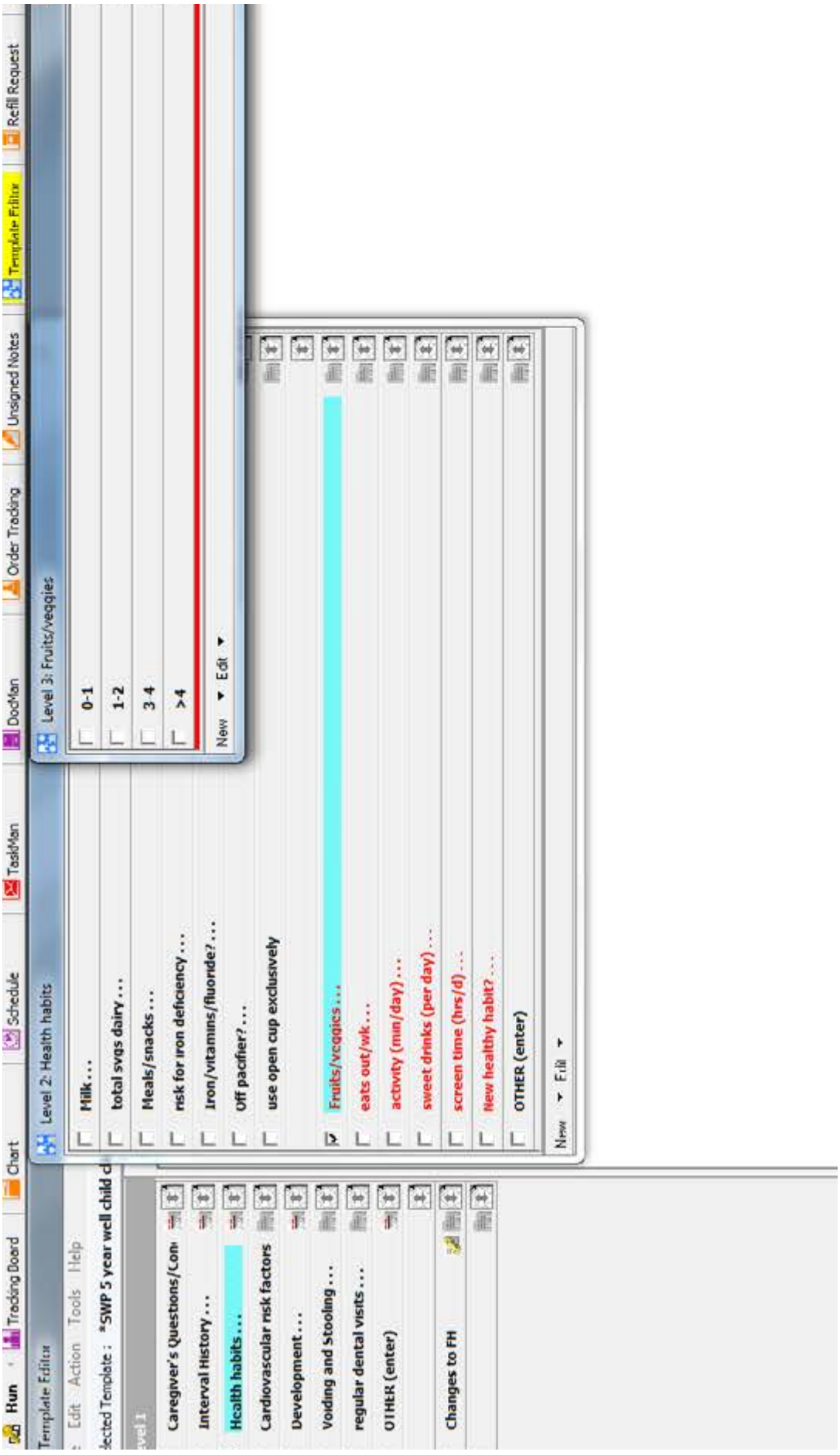
Referrals (check today's)

- ☐ Endocrine
- ☐ Cardiology
- ☐ Hospital obesity clinic
- ☐ Physical activity program
- ☐ Name
- ☐ Nutrition program
- ☐ Name
- ☐ Mental Health
- ☐ Return to HWC?

Update



Brad Weselman, Atlanta, Georgia



Brad Weselman, Atlanta, Georgia

Brad Weselman, Atlanta, Georgia

GENERAL APPEARANCE: well developed and nourished; clean and well groomed; in no apparent distress;
EYES: EOMI; PERRLA; normal conjunctiva; no strabismus;
E/N/T: EARS: normal external auditory canals and tympanic membranes; grossly normal hearing; NOSE: normal nasal mucosa, septum, turbinates, and sinuses; OROPHARYNX: normal mucosa, dentit
NECK: supple, full ROM; no lymphadenopathy;
RESPIRATORY: lungs clear to auscultation, symmetric expansion, no dyspnea;
CARDIOVASCULAR: normal rate; rhythm is regular; no systolic murmur;
GASTROINTESTINAL: nontender, nondistended; no hepatosplenomegaly or masses; nontender; normal bowel sounds; no organomegaly; no masses; no abdominal hernias;
GENITOURINARY: Penis: normal with no lesions or urethral discharge; Testes: descended bilaterally; no testicular tenderness or masses; no inguinal hernia;
LYMPHATIC: no enlargement of cervical or facial nodes; no inguinal adenopathy;
INTEGUMENT: Skin is without significant rashes or lesions; no suspicious moles;
MUSCULOSKELETAL: normal gait; muscle strength: 5/5 in all major muscle groups; spine: no scoliosis or other abnormal spinal curvatures; tone: normal overall; normal range of motion of all major musc
NEUROLOGIC: Mental Status: alert; Reflexes: knee jerks: 2+;
PSYCHIATRIC: appropriate affect and demeanor; normal speech pattern;

Lab/Test Results:

LABORATORY RESULTS: Hematocrit 41%
Urinalysis: (-) glucose, (-) bilirubin, (-) ketones, S.G. 1.015, (-) blood, pH 7.0, (-) protein, normal (0.2-1 EU) urobilinogen, (-) nitrite, (-) leukocyte esterase;

ASSESSMENT:

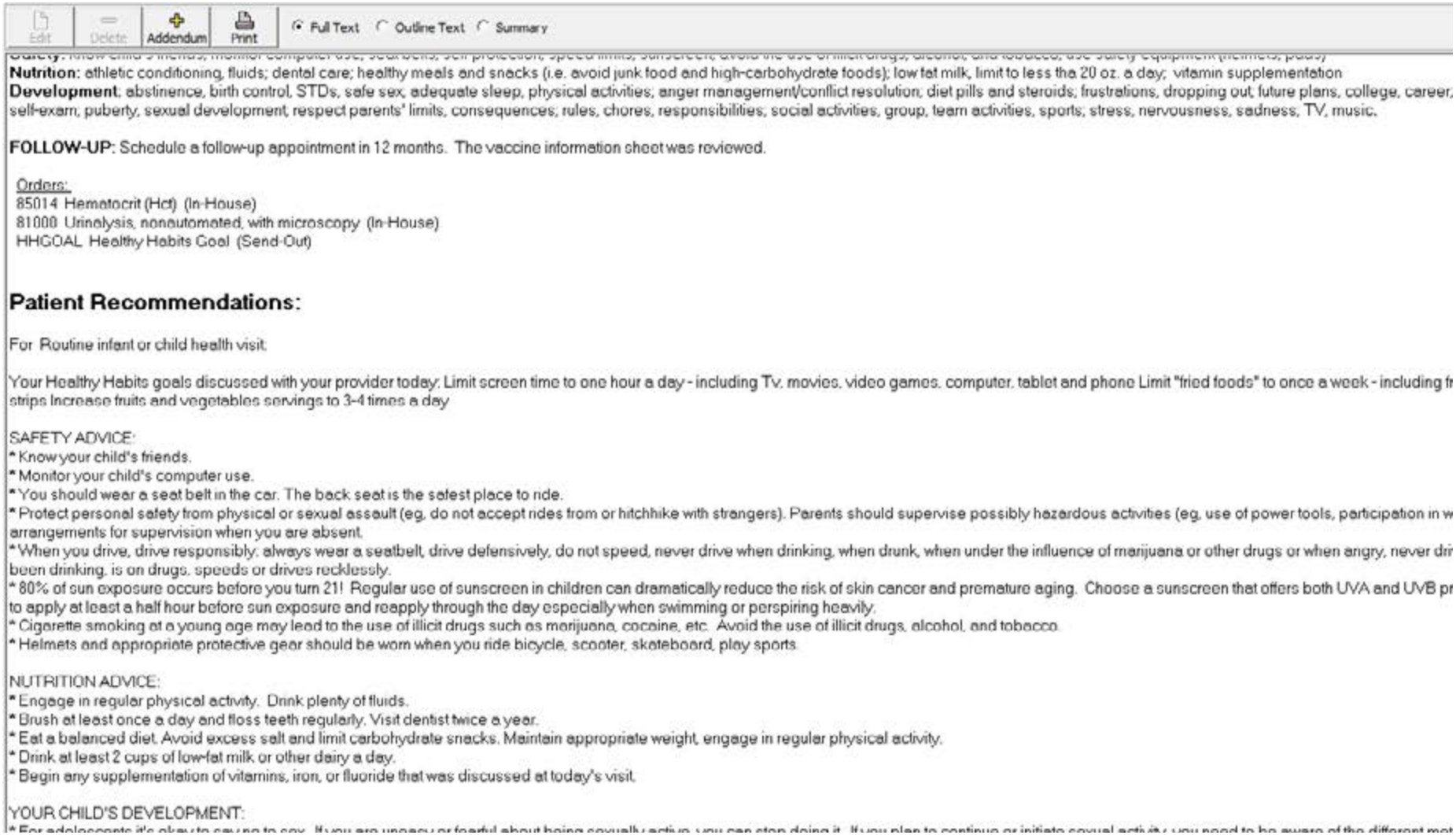
V20.2 Routine infant or child health visit
DDx:
V85.52 Body Mass Index, pediatric, 5th percentile to less than 85th percentile for age
DDx:

PLAN:

Routine infant or child health visit
LABORATORY: Labs ordered to be performed today include hematocrit and UA, manual with micro.
Healthy Habits Goal(s): Limit screen time to one hour a day. Limit "fried foods" to once a week, and increase fruits and vegetables servings to 3-4 times a day

ANTICIPATORY GUIDANCE topics covered today include:
Safety: know child's friends; monitor computer use; seat belts; self-protection; speed limits; sunscreen; avoid the use of illicit drugs, alcohol, and tobacco; use safety equipment (helmets, pads)
Nutrition: athletic conditioning, fluids; dental care; healthy meals and snacks (i.e. avoid junk food and high-carbohydrate foods); low fat milk, limit to less tha 20 oz. a day; vitamin supplementation
Development: abstinence, birth control, STDs, safe sex; adequate sleep, physical activities; anger management/conflict resolution; diet pills and steroids; frustrations, dropping out; future plans, college, self-exam, puberty, sexual development, respect parents' limits, consequences, rules, chores, responsibilities, social activities, group, team activities, sports, stress, nervousness, sadness, TV, music.

FOLLOW-UP: Schedule a follow-up appointment in 12 months. The vaccine information sheet was reviewed.



Edit | Delete | Addendum | Print | Full Text | Outline Text | Summary

Safety: [illegible]

Nutrition: athletic conditioning, fluids; dental care; healthy meals and snacks (i.e. avoid junk food and high-carbohydrate foods); low fat milk, limit to less tha 20 oz. a day; vitamin supplementation

Development, abstinence, birth control, STDs, safe sex, adequate sleep, physical activities; anger management/conflict resolution; diet pills and steroids; frustrations, dropping out, future plans, college, career, self-exam, puberty, sexual development, respect parents' limits, consequences; rules, chores, responsibilities; social activities, group, team activities, sports; stress, nervousness, sadness, TV, music.

FOLLOW-UP: Schedule a follow-up appointment in 12 months. The vaccine information sheet was reviewed.

Orders:
85014 Hematocrit (Hct) (In-House)
81000 Urinalysis, nonautomated, with microscopy (In-House)
HHGOAL Healthy Habits Goal (Send-Out)

Patient Recommendations:

For Routine infant or child health visit.

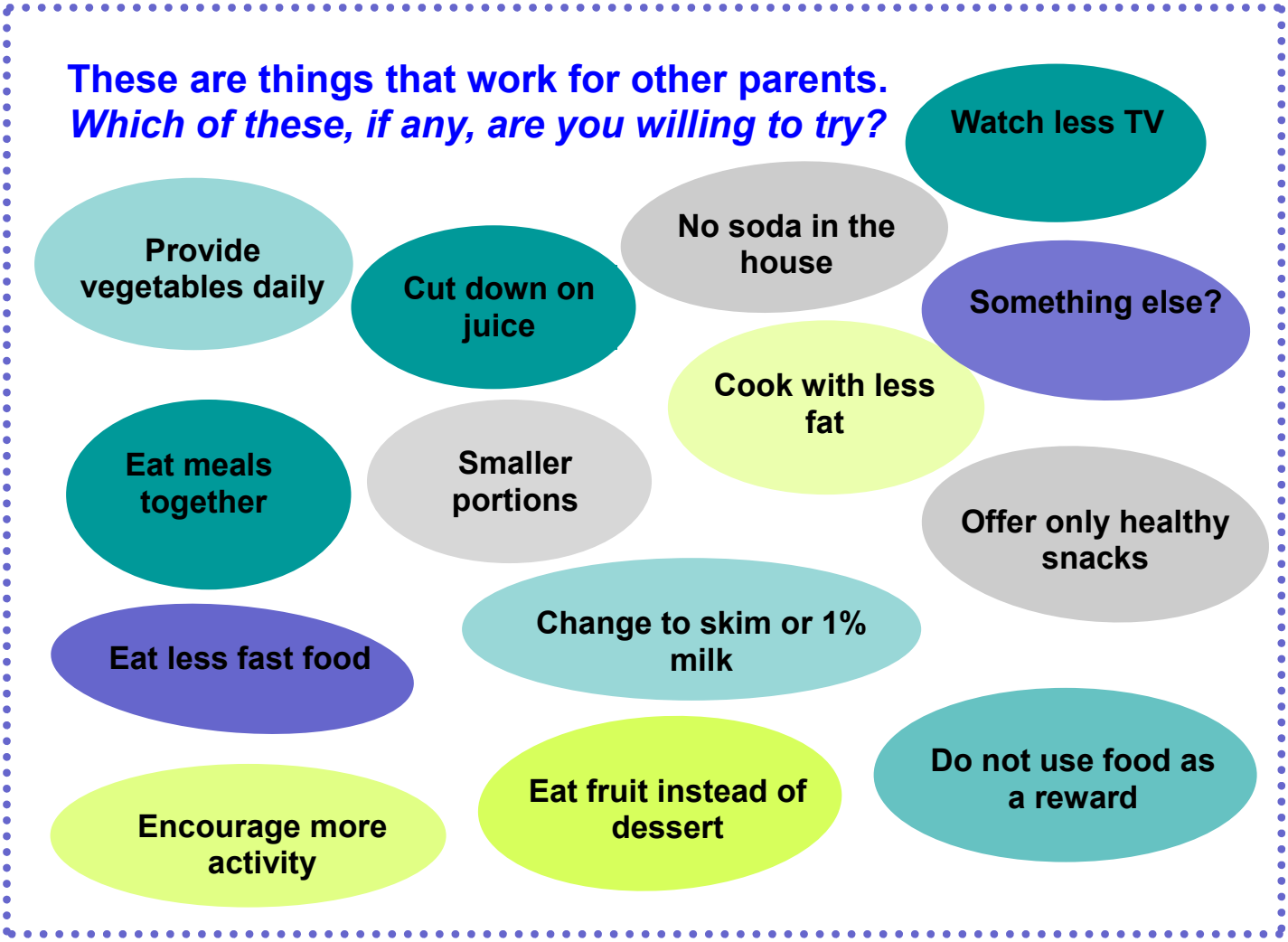
Your Healthy Habits goals discussed with your provider today: Limit screen time to one hour a day - including Tv, movies, video games, computer, tablet and phone Limit "fried foods" to once a week - including fr strips Increase fruits and vegetables servings to 3-4 times a day

SAFETY ADVICE:
* Know your child's friends.
* Monitor your child's computer use.
* You should wear a seat belt in the car. The back seat is the safest place to ride.
* Protect personal safety from physical or sexual assault (eg, do not accept rides from or hitchhike with strangers). Parents should supervise possibly hazardous activities (eg, use of power tools, participation in w arrangements for supervision when you are absent.
* When you drive, drive responsibly: always wear a seatbelt, drive defensively, do not speed, never drive when drinking, when drunk, when under the influence of marijuana or other drugs or when angry, never dri been drinking, is on drugs, speeds or drives recklessly.
* 80% of sun exposure occurs before you turn 21! Regular use of sunscreen in children can dramatically reduce the risk of skin cancer and premature aging. Choose a sunscreen that offers both UVA and UVB pr to apply at least a half hour before sun exposure and reapply through the day especially when swimming or perspiring heavily.
* Cigarette smoking at a young age may lead to the use of illicit drugs such as marijuana, cocaine, etc. Avoid the use of illicit drugs, alcohol, and tobacco.
* Helmets and appropriate protective gear should be worn when you ride bicycle, scooter, skateboard, play sports.

NUTRITION ADVICE:
* Engage in regular physical activity. Drink plenty of fluids.
* Brush at least once a day and floss teeth regularly. Visit dentist twice a year.
* Eat a balanced diet. Avoid excess salt and limit carbohydrate snacks. Maintain appropriate weight, engage in regular physical activity.
* Drink at least 2 cups of low-fat milk or other dairy a day.
* Begin any supplementation of vitamins, iron, or fluoride that was discussed at today's visit.

YOUR CHILD'S DEVELOPMENT:
* For adolescents it's okay to say no to sex. If you are unsure or fearful about being sexually active, you can stop doing it. If you plan to continue or initiate sexual activity, you need to be aware of the different met


These are things that work for other kids.
Which of these, if any, are you willing to try?
Watch less TV
Cut down on juice
Give up soda
Something else?
Stop skipping breakfast
Become more active
Cut back on video games
Eat only healthy snacks
Eat less fast food
Sleep at least 8 hours
Eat vegetables daily
Eat fruit for dessert
Drink skim or 1% milk


These are things that work for other parents.
Which of these, if any, are you willing to try?
Watch less TV
Provide vegetables daily
Cut down on juice
No soda in the house
Something else?
Cook with less fat
Eat meals together
Smaller portions
Offer only healthy snacks
Change to skim or 1% milk
Eat less fast food
Do not use food as a reward
Eat fruit instead of dessert
Encourage more activity


Estas son cosas que le han funcionado a otros niños. ¿*Cuál de ellas te gustaría tratar*?
Ver menos tele-visión
Reducir el consumo de jugo
Dejar de tomar soda
¿*Algo más?*
Jugar menos video juegos
No quedarme sin desayunar
Estar más activo
Comer meriendas saludables
Comer menos comida rápida
Dormir por lo menos 8 horas
Tomar leche descre-mada o de 1%
Comer vegetales todos los días
Comer frutas como postre


Estas son cosas que le han funcionado a otros padres. ¿Cual le gustaría tratar?
Ver menos televisión
Proveer vegetales a diario
Reducir el jugo
No tener soda en la casa
¿Algo más?
Cocinar con menos grasa
Comer todos juntos
Porciones más pequeñas
Ofrecer meriendas saludables
Comer menos comida rápida
Cambiar para leche descremada o de 1%
No utilizar alimentos como recompensa
Comer frutas en vez de postres
Fomentar una mayor actividad física

Youth Prescription for a Healthy Weight

Name: _____ **Date:** _____

Current Weight: _____ **Current BMI Percentile:**_____ **Ideal Weight:**_____

What is BMI percentile? Body Mass Index (BMI) percentile helps health care providers determine if your child is at a healthy weight for his or her height compared to other children of the same age.

BMI Categories

Below 5th percentile Underweight	***5th-85th percentile*** Healthy Weight	***85th-95th percentile*** At-Risk	***95th percentile and Above*** Overweight

Choose at least one goal from each category for your family to accomplish:

5 or more fruits & vegetables

- ☐ Include at least one fruit or vegetable with every snack or meal
- ☐ Fill ½ your plate with colorful fruits and vegetables at most meals
- ☐ Add extra vegetables to tacos, stews, burritos, soups

2 hours or less of screen time

- ☐ Remove TV and computers from bedrooms
- ☐ Plan a week of activities without TV or computers
- ☐ Turn off TV during meals

1 hour of physical activity

- ☐ Walk or bike to school (or at least the last 5 blocks)
- ☐ Spend family time hiking, playing a sport, biking on trails in the city
- ☐ Play outside daily—invent games, jump in leaves, build snow forts

0 sugary drinks, more water

- ☐ Drink nonfat milk, water, or water flavored with fresh fruit
- ☐ Save money: do not buy soda, sports drinks, fruit drinks
- ☐ Reduce amount of soda, sports drinks, fruit drink to ____/ week

Tips for Healthy & Fit Families

Make the healthy choice the easy choice everyday...

Nutrition

Eating Habits

- Enjoy regular mealtimes together
- Reward your child with activity and reading rather than food
- Children eat different amounts from day to day. Let your child decide how much to eat
- New foods need to be offered as many as 10 times or more before being accepted
- Eating breakfast improves attention and grades
- When eating out choose grilled, steamed and baked foods instead of fried foods

Food Choices

- Buy foods you want your child to eat
- Use the plate method: fill ½ your plate with fruits and vegetables, ¼ with whole grains, and ¼ with lean protein
- Choose whole grain foods: brown rice, oatmeal, bran cereal, whole grain breads and pasta
- Choose lean protein: beans, fish, poultry, eggs, pork and nuts
- Serve nonfat milk with meals and water between meals

Physical Activity

- Play and have fun together as a family or with friends
- Walk, bike or bus whenever possible, especially trips that are less than one mile
- Find physical activities your child/teen enjoys such as biking, dancing, or skating
- Join a recreation center or neighborhood play group
- Get outside and enjoy nature and activities as a family
- Toddlers and preschool children need several hours of play every day in addition to 30 minutes of structured daily activity. Avoid periods of inactivity lasting 60 minutes or longer
- Join a sports or dance team

Online Resources

Nutrition

- www.letsmove.gov/eat-healthy
- www.choosemyplate.gov
- www.wecan.nhlbi.nih.gov
- www.fruitsandveggiesmorematters.org

Physical Activity

- www.bam.gov
- www.nwf.org/Get-Outside
- www.naturefind.com
- www.presidentschallenge.org

healthy by design

www.healthybydesignyellowstone.org

Rx for Healthier Living

ZUFALL HEALTH CENTER

IDEAS FOR HEALTHIER LIVING	
5	Eat 2 fruits and at least 3 servings of vegetables every day
2	Limit screen time for example, TV, Video Games, Computer) to 2 hours or less per day
1	Get one hour or more of physical activity every day
0	Drink fewer sugar-sweetened drinks, drink more water, consider low fat milk with meals

MY HEALTHY LIFESTYLE GOALS

- ☐ Eat ____ fruits and ____ servings of vegetables everyday
- ☐ Reduce screen time to_____minutes per day
- ☐ Get_____minutes of physical activity each day
- ☐ Reduce number of sugared drinks to _____ per day

Patient Name

Patient or Parent/Guardian Signature

Health Center Staff Date

5-2-1-0
GET HEALTHY BE A HERO!
If We Work as a Team, We Will Build Self Esteem

LET'S MOVE! *America's Move to Raise a Healthier Generation of Kids*
www.LetsMove.gov

Rx para Vivir Saludablemente

ZUFALL HEALTH CENTER

Ideas paraVivir Saludable	
5	Comer 2 frutas y por lo menos 3 servicios de verduras diariamente
2	Limitar el tiempo dedicado enfrente de las pantallas por ejemplo la televisión, computadora o juegos de video a 2 horas diariamente o menos
1	Dedicar 1 hora o más de actividad física cada día
0	Tomar más agua y leche baja en grasa, en lugar de bebidas azucaradas come la soda o jugos de fruta

Mis Objectivos para vivir saludablmente

- ☐ Comer ____ frutas y ____ servicios de verduras diariamente
- ☐ Limitar el tiempo enfrente de las pantallas a ____ minutos al día
- ☐ Dedicarme a ____ minutos diario de actividad física
- ☐ Dedicarme a limitar bebidas azucaradas a no más de ____ al día

Nombre del Paciente

Firma del Paciente/Padres/Guardian

Equipo de Salud Fecha

5-2-1-0
LA SALUD ES LO QUE QUIERO!
If We Work as a Team, We Will Build Self Esteem

LET'S MOVE! *Projecto Para Optimar la Salud de Nuestra Juventud en America*
www.LetsMove.gov

My Healthy Weight Assessment

1. Do you think your child is at a healthy weight? □ yes □ no
   If no, we can help you set some goals!
2. Are you happy with your child's eating habits? □ yes □ no
3. Would your family be willing to make lifestyle changes?
   □ yes □ no
4. What is your child's height_____, weight _____, age ____.
5. Your child is a □ Girl □ Boy
6. Select one: □ Your child is in a healthy range
   □ Your child is gaining more weight than he/she should

5-2-1-0
GET HEALTHY BE A HERO!
If We Work as a Team, We Will Build Self Esteem

ZUFALL HEALTH CENTER

BMI Scale for Children 2-20
Less than 5th percentile = Underweight
5th to less than 85th percentile = Healthy Weight
85th to 95th percentile = At Risk
Equal to or Greater than 95th percentile = Overweight

Mi Peso Saludable –Vamos a Determinar

1. ¿Usted cree que el peso de su hijo/hija esta a lo ideal? □ sí □ no
   ¡Si no, podemos ayudar a planear objetivos!
2. ¿Usted está contento/a en como come su hijo/hija? □ sí □ no
3. ¿Usted cree que su familia está dispuesta a cambiar su estilo de vida? □ sí □ no
4. ¿Qué es la estatura? _____, peso _____, edad _____.
5. Es □ Niña □ Niño
6. Seleccione una: □ Su hijo/a está en un buen peso.
   □ Su hijo/a está subiendo de peso más de lo que debe.

5-2-1-0
LA SALUD ES LO QUE QUIERO!
If We Work as a Team, We Will Build Self Esteem

ZUFALL HEALTH CENTER

BMI Escala para juventud 2-20
Menos de el 5th porcentaje = Bajo de peso
5th a menos de 85th porcentaje = Peso Saludable
85th a 95th porcentaje= En Riesgo
Equivalente o más del 95th porcentaje = Sobrepeso

Rx for Healthy Active Living

Name _____ Date _____

Ideas for Living a Healthy Active Life

5 Eat at least 5 fruits and vegetables every day.
2 Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
1 Get 1 hour or more of physical activity every day.
0 Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

My Goals *(choose one you would like to work on first)*

- ☐ Eat _____ fruits and vegetables each day.
- ☐ Reduce screen time to _____ minutes per day.
- ☐ Get _____ minutes of physical activity each day.
- ☐ Reduce number of sugared drinks to _____ per day.

_____
Patient or Parent/Guardian signature

_____
Doctor signature

From Your Doctor

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Healthy Active Living
An initiative of the American Academy of Pediatrics

_____'s Healthy Weight Plan

(Child's name)

Based on your visit today, the following lifestyle goals are recommended:

Meal time

- ☐ Eat at least 5 fruits or vegetables each day (these can be fresh, frozen, dried, or canned)
- ☐ Eat breakfast daily (including fruit, whole grain, and lean protein or low fat dairy)
- ☐ Reduce snacks, or snack only on fruits or vegetables
- ☐ Eat together as a family
- ☐ Decrease sweetened beverages to none (including sweet tea, soda, sports drinks, fruit punch, lemonade, sweetened coffee drinks)
- ☐ Drink more water
- ☐ Limit 100% fruit juice to less than 6 ounces per day
- ☐ Switch to skim or 1% milk (all children over 2 years old, OR children over 12 months with risk factors for overweight/obesity)
- ☐ Reduce desserts, candy, cookies and chips
- ☐ Adjust recipes to gradually reduce sugar and fat, and increase fiber and whole grains
- ☐ Keep portion sizes smaller than your child's fist
- ☐ Limit second servings to fruits or vegetables only
- ☐ Prepare less food, or remove extras from the table
- ☐ Stop eating when satisfied, before feeling "full" (allow children to stop eating when they lose interest in it)
- ☐ Limit distractions during mealtime (TV, computer, phone)
- ☐ Limit eating out, especially at fast food restaurants
- ☐ Eat only half, or less, of restaurant portion sizes
- ☐ Involve children in menu planning and meal preparation
- ☐ Let children help shop for healthy foods they like at the grocery store
- ☐ Avoid using food as a reward, or for any reason other than physical hunger

Play time

- ☐ Get at least 60 minutes of physical activity each day (this can be done in shorter segments throughout the day)
- ☐ Be active together as a family
- ☐ Plan indoor physical activity for inclement weather
- ☐ Participate in active sports, such as swimming, soccer, running, tennis, basketball, dance, karate or cycling. List sport(s):_____
- ☐ Walk or ride a bike, instead of driving a car, for short trips
- ☐ Walk or ride a bike to school
- ☐ Visit parks or playgrounds
- ☐ Limit screen time to less than 2 hours per day (this includes TV, computer, or video games on ANY screen)
- ☐ NO screen time or children younger than 2 years
- ☐ Remove TVs and computers from the child's bedroom
- ☐ Other_____

Make your plate look like this!

For more tips about healthy living, go to:

Please work on these goals and return for follow-up in: ☐ 1 month ☐ 3 months ☐ 6 months ☐ Other _____





Healthy Weight Clinic

Who: For children ages 3- 17 and their families

Where: Codman Square Health Center

What: Learn from a doctor, nutritionist, and case manager about how your child can eat right and keep a healthy weight.

How: Ask your child's doctor or nurse to schedule them for an appointment with the Healthy Weight Team

Why: Because a healthy lifestyle begins in childhood!





Codman Square Health Center, Massachusetts

Healthy Eating and Living Office Assessment Tool

1 Assess Risks and Behaviors

Using information from the *Healthy Eating and Living Assessment* questionnaire, assess prenatal risk factors (Section 1), family history (Section 2A) and co-morbidities (Section 2B).

Document the presence of:

- **Prenatal Risk Factors**
- **Positive Family History**
- **Co-morbidities**

2 BMI Percentiles and Weight Category

For children < 2 yrs, record Weight to Length Percentile

For children ≥ 2 yrs, record BMI and BMI Percentile

- **Underweight = BMI less than 5th percentile, or Weight/Length less than 5th percentile**
- **Healthy weight = BMI 5th-84th percentile, or Weight/height less than 95th percentile**
- **Overweight = BMI 85th -94th percentile, or Weight/height 95th percentile or above**
- **Obesity = BMI 95th percentile or above**

Document the correct weight category:

- **Obese**
- **Overweight**
- **Healthy Weight**
- **Underweight**

3 Assess Readiness for Change

How concerned are you about your child's weight?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very

How ready are you to make changes in your child and family's behaviors in eating, nutrition and activity?

1	2	3	4	5	6	7	8	9	10
Not at all				Somewhat					Very

Document readiness for change to help guide intervention guidance (Step 5) and to schedule appropriate follow-up (Step 8)

CONCERN:

- **Not at all concerned**
- **Somewhat concerned**
- **Very concerned**

READINESS:

- **Not at all ready**
- **Somewhat ready**
- **Very ready**

4 History and Physical Examination

REVIEW OF SYSTEMS

Concern for possible underlying disease:

- **Headache**
- **Abdominal Pain**

Concern for possible co-morbidities:

- **Headache**
- **Snoring, daytime somnolence**
- **Abdominal pain**
- **Polydipsia or polyuria**
- **Absent, delayed or irregular menses**
- **Hip or knee pain, limping**
- **Hirsutism or excessive acne**
- **Depression, anxiety, sleep disturbance**
- **School avoidance, social isolation**
- **Binge eating, vomiting**

PHYSICAL EXAMINATION

Concern for possible underlying disease:

- **Small stature or decreasing height velocity**
- **Cushingoid facies**
- **Goiter**
- **Undescended testes, small genitalia**
- **Dysmorphic features, small hands and feet**

Concern for possible co-morbidities:

- **Elevated blood pressure**
- **Papilledema**
- **Tonsillar hypertrophy**
- **Hepatosplenomegaly**
- **Limited hip range of motion, limping**
- **Lower leg bowing**
- **Acanthosis nigricans, purple striae**

If concerns for underlying disease or for co-morbidities are present, consider additional laboratory evaluation (Step 6) or referral to appropriate subspecialty services (Step 7)

Healthy Eating and Living Office Assessment Tool

5 Intervention

Patient at a healthy weight	• Discuss prevention guidance • Provide 5210 Way To Go handout
Patient overweight or obese, but family not ready for change	• Ask the patient/family: *Is there any information I can provide today that may help you feel more ready to make changes?* • Discuss risks or co-morbidities • Ask permission to schedule a follow-up (1-6 months) to reassess • Provide 5210 Way to Go handout
Patient overweight or obese and family ready for change	• Discuss risks or co-morbidities • From the Healthy Eating and Living Assessment questionnaire, review target behaviors (Section 3) and provide guidance in making *family-directed choices* (see below), choosing 1-2 from each category • Provide Healthy Weight plan based upon choices of change

Food Habits (Choose 1-2)

- Eat at least 5 fruits and vegetables each day
- Eat breakfast daily
- Reduce or skip snacks, or snack only on fruits or vegetables
- Eat together as a family
- Eliminate sweetened beverages (sweet tea, soda, sports drinks, fruit punch, lemonade, sweetened coffee drinks)
- Drink more water
- Limit 100% fruit juice to less than 6 ounces a day
- Switch to skim or 1% milk for all children older than 2 years, and for children over 12 months who are overweight or have risk factors
- Reduce desserts, candy and "junk foods"
- Gradually adjust recipes to decrease sugar and fat, and increase fiber and whole grains
- Keep portion sizes smaller than your child's fist
- Limit second helpings to fruits or vegetables only
- Prepare less food, or remove extras from the table
- Stop eating when satisfied (rather than "full") and allow children to stop eating when they lose interest in it
- Limit distractions like TV, computer, or phone during meals
- Limit eating out, especially at fast food restaurants
- Eat only half, or less, of restaurant portions
- Involve children in menu planning and meal preparation
- Let children help shop for healthy foods
- Avoid using food as a reward, or for any reason other than physical hunger

Physical Activity (Choose 1-2)

- Limit screen time (TV, video games, computer, I-pad) to less than 2 hours per day
- No screen time for children younger than 2
- Remove TV and computers from the child's bedroom
- Get at least 60 minutes of physical activity each day (Can be done in shorter segments throughout the day)
- Participate in active sports such as swimming, soccer, running, tennis, basketball, dance, karate, or cycling
- Walk or ride a bike instead of driving a car for short trips, including to school
- Be active together as a family
- Plan indoor activities for inclement weather
- Visit parks or playgrounds

For most patients, the goal is keeping weight the same, so that BMI lowers as height increases

For patients unresponsive to treatment or with a BMI > 99th percentile, consider gradual weight loss

Healthy Eating and Living Office Assessment Tool

6 Laboratory Evaluation

Overweight (BMI 85th to 94th percentile) WITHOUT risk factors	→	Fasting lipid profile
Overweight (BMI 85th to 94th percentile), WITH risk factors	→	Fasting lipid profile, AST, ALT, fasting glucose
Obese (BMI 95th percentile or above)	→	Fasting lipid profile, AST, ALT, fasting glucose, BUN/creatinine

GUIDANCE FOR LABORATORY RESULTS

Fasting Glucose	• <100 – Recheck every 2 years • 100-125 – Pre-diabetes. Provide counseling. Consider oral glucose tolerance test, HbA1c. Recheck yearly • ≥126 – Diabetes. Refer to endocrine.
Oral GTT (2-hour)	• <140 – Recheck every 2 yrs, more frequently if weight gain continues/accelerates. • 140-199 – Pre-diabetes. Provide counseling. Consider referral to endocrine if risks present. Recheck every 2 yrs, more frequently if weight gain continues/accelerates. • ≥200 – Diabetes. Refer to endocrine.
Random Glucose	• ≥200 – Diabetes. Refer to endocrine.
Hemoglobin A1C	• ≥7 – Refer to endocrine.
Fasting LDL	• <110 – Repeat every 5 years • 110-129 – Repeat in 1 year • 130-159 – Obtain complete family history. Provide low cholesterol diet (AHA "Step 1" Diet). Recheck 1 year. • ≥ 160 w/risks, or ≥190 w/o risks – Refer to cardiology or lipid/hypertension specialist
Fasting HDL	• .≥40 – Routine care. Recheck every 2 years. • <40 – Increase activity and omega-3 fats (flax/fish oil). Stop smoking. Decrease sugar intake, recheck 1 year.
Fasting Triglycerides	• <200 – Routine care. Recheck every 2 yrs. • 200-499 – Increase omega-3 intake. Decrease saturated fat, sugar. Recheck 1 year. • ≥500 – Refer to cardiology or lipid/hypertension specialist
Liver Function Tests	• ALT or AST 60-200 – Lifestyle modification. Recheck 3 mos. • ALT or AST >60 for 6 mos. Or >200 at any time – Refer to GI

Table adapted with permission from Eat Smart Move More NC, North Carolina chapter of the AAP, www.eatsmartmovemorenc.com

The Tennessee Chapter of the American Academy of Pediatrics

Healthy Eating and Living Office Assessment Tool

7 Referrals/Resources

Consider referral if concerns for underlying organic illness, co-morbidities, BMI > 99th percentile or unresponsive to treatment

Referral Recommendations

Symptoms or Signs	Suspected Diagnosis	Appropriate Studies	Referral
Polydipsia, polyuria, weight loss, acanthosis nigricans	Type 2 Diabetes	Random glucose, fasting glucose, 2 hour GTT, urine ketones, HbA1c	Endocrine
Small Stature (decreasing height velocity), goiter	Hypothyroidism	Free T4, TSH	Endocrine
Hirsutism, excessive acne, menstrual irregularity	Polycystic Ovary Syndrome	Free testosterone	Adolescent medicine or Endocrine
Abdominal pain	GE Reflux, Constipation, Gall Bladder Disease	Medication trial for suspected reflux or constipation, ultrasound for GB disease	Gastroenterology
Hepatosplenomegaly, increased LFTs (ALT or AST >60 for 6 months or more)	Nonalcoholic Fatty Liver Disease	ALT, AST, bilirubin, alkaline phosphatase	Gastroenterology
Snoring, daytime somnolence, tonsillar hypertrophy, enuresis, headaches, elevated BP	Sleep Apnea, Hypoventilation Syndrome	Sleep Study	ENT or pulmonology
Hip or knee pain, limp, limited hip range of motion, pain walking	Slipped Capital Femoral Epiphysis	X-rays of hip	Orthopedics
Lower leg bowing	Blount Disease	X-ray of lower extremities and knees	Orthopedics
Severe headache, papilledema	Pseudotumor cerebri	Head CT Scan	Neurology or Neurosurgery
Depression, school avoidance, social isolation, sleep disturbances	Depression	Validated depression screen (PSC, MFQ)	Psychiatry or Psychology
Binge eating, vomiting	Bulimia	Validated screen for eating disorder	Psychiatry, psychology, eating disorders center
Dysmorphic features, small hands and feet, small genitalia, no menses, undescended testis	Prader-Willi Syndrome	Chromosomes for Prader-Willi Syndrome	Genetics

Table adapted with permission from Eat Smart Move More NC, North Carolina chapter of the AAP, www.eatsmartmovemorenc.com

HANDOUTS:

- o 5210 Way To Go
- o Healthy Weight Plan
- o CDC MyPlate
- o U R What U Eat
- o Breakfast is Best
- o Promote Healthy Viewing
- o Get One Hour
- o Readiness for exercise
- o Think Your Drink

POTENTIAL REFERRALS:

- o Adolescent Medicine
- o Cardiology
- o Endocrinology
- o Gastroenterology
- o Genetics
- o Hypertension/Nephrology
- o Neurology
- o Orthopedics
- o Pulmonology
- o Psychology
- o Weight Management Clinic

8 Follow-up

Schedule follow-up appointment based on weight category, presence of risk factors or co-morbidities, and readiness for change

Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity - 2007

- An Implementation Guide from the Childhood Obesity Action Network -

Overview:

In 2005, the AMA, HRSA and CDC convened an Expert Committee to revise the 1997 childhood obesity recommendations. Representatives from 15 healthcare organizations submitted nominations for the experts who would compose the three writing groups (assessment, prevention, treatment). The initial recommendations were released on June 6, 2007 in a document titled "Appendix: Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity" (www.ama-assn.org/ama/pub/category/11759.html)

In 2006, the National Initiative for Children's Healthcare Quality (NICHQ) launched the Childhood Obesity Action Network (COAN). With more than 40 healthcare organizations and 600 health professionals, the network is aimed at rapidly sharing knowledge, successful practices and innovation. This Implementation Guide is the first of a series of products designed for healthcare professionals by COAN to accelerate improvement in the prevention and treatment of childhood obesity.

The Implementation Guide combines key aspects of the Expert Committee Recommendations summary released on June 6, 2007 and practice tools identified in 2006 by NICHQ from primary care groups that have successfully developed obesity care strategies (www.NICHQ.org). These tools were developed before the 2007 Expert Recommendations and there may be some inconsistencies such as the term *overweight* instead of *obesity* for BMI ≥ 95%ile. The tools are intended as a source of ideas and to facilitate implementation. As tools are updated or new tools developed based on the Expert Recommendations, the Implementation Guide will be updated. The Implementation Guide defines 3 key steps to the implementation of the 2007 Expert Committee Recommendations:

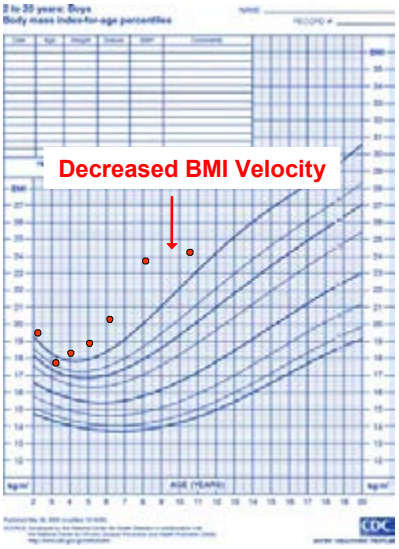
- **Step 1 – Obesity Prevention at Well Care Visits** (Assessment & Prevention)
- **Step 2 – Prevention Plus Visits** (Treatment)
- **Step 3 – Going Beyond Your Practice** (Prevention & Treatment)

Step 1 – Obesity Prevention at Well Care Visits (Assessment & Prevention)

Action Steps	Expert Recommendations	Action Network Tips and Tools
Assess all children for obesity at all well care visits 2-18 years	Physicians and allied health professional should perform, at a minimum, a yearly assessment.	A **presentation** for your staff and colleagues can help implement obesity prevention in your practice.
Use Body Mass Index (BMI) to screen for obesity	▪ **Accurately measure height and weight** ▪ **Calculate BMI** BMI (English):[weight (lb) ÷ height (in) ÷ height (in)] x 703 BMI (metric):[weight (kg) ÷ height (cm) ÷ height (cm)] x 10,000 ▪ **Plot BMI on BMI growth chart** ▪ Not recommended: skinfold thickness, waist circumference	BMI is very sensitive to measurement errors, particularly height. Having a standard measurement protocol as well as training can improve accuracy. **BMI calculation** tools are also helpful. Use the CDC BMI %ile-for-age **growth charts**.
Make a weight category diagnosis using BMI percentile	▪ < 5%ile Underweight ▪ 5-84%ile Healthy Weight ▪ 85-94%ile Overweight ▪ 95-98%ile Obesity ▪ ≥ 99%ile	Until the BMI 99%ile is added to the growth charts, **Table 1** can be used to determine the 99%ile cut-points. **Physicians should exercise judgement when choosing how to inform the family. Using more neutral terms such as *weight, excess weight, body mass index, BMI, or risk for diabetes and heart disease* can reduce the risk of stigmatization or harm to self-esteem.**
Measure blood pressure	▪ Use a cuff large enough to cover 80% of the upper arm ▪ Measure pulse in the standard manner	Diagnose hypertension using **NHLBI tables**. An abbreviated table is shown below (**Table 2**).
Take a focused family history	▪ Obesity ▪ Type 2 diabetes ▪ Cardiovascular disease (hypertension, cholesterol) ▪ Early deaths from heart disease or stroke	A child with one obese parent has a 3 fold increased risk of becoming obese. This risk increases to 13 fold with 2 obese parents. Using a **clinical documentation** tool can be helpful.

Take a focused review of systems	Take a focused review of systems	See **Table 3**. Using a **clinical documentation** tool can be helpful.
Assess behaviors and attitudes	**Diet Behaviors** ▪ Sweetened-beverage consumption ▪ Fruit and vegetable consumption ▪ Frequency of eating out and family meals ▪ Consumption of excessive portion sizes ▪ Daily breakfast consumption **Physical Activity Behaviors** ▪ Amount of moderate physical activity ▪ Level of screen time and other sedentary activities **Attitudes** ▪ Self-perception or concern about weight ▪ Readiness to change ▪ Successes, barriers and challenges	Using **behavioral risk assessment** tools can facilitate history taking and save clinician time.
Perform a thorough physical examination	Perform a thorough physical examination	See **Table 3**. Using a **clinical documentation** tool can be helpful.
Order the appropriate laboratory tests	**BMI 85-94%ile Without Risk Factors** ▪ Fasting Lipid Profile **BMI 85-94%ile Age 10 Years & Older With Risk Factors** ▪ Fasting Lipid Profile ▪ ALT and AST ▪ Fasting Glucose **BMI ≥ 95%ile Age 10 Years & Older** ▪ Fasting Lipid Profile ▪ ALT and AST ▪ Fasting Glucose ▪ Other tests as indicated by health risks	Consider ordering ALT, AST and glucose tests beginning at 10 years of age and then periodically (every 2 years). Provider **decision support** tools can be helpful when choosing assessment and treatment options. Delivering lab results can be one way to open the conversation about weight and health with a family.
Give consistent evidence-based messages for all children regardless of weight	▪ Limit sugar-sweetened beverages ▪ Eat at least 5 servings of fruits and vegetables ▪ Moderate to vigorous physical activity for at least 60 minutes a day ▪ Limit screen time to no more than 2 hours/day ▪ Remove television from children's bedrooms ▪ Eat breakfast every day ▪ Limit eating out, especially at fast food ▪ Have regular family meals ▪ Limit portion sizes	An example from the Maine Collaborative: ▪ **5** fruits and vegetables ▪ **2** hours or less of TV per day ▪ **1** hour or more physical activity ▪ **0** servings of sweetened beverages Exam and waiting room **posters** and family **education materials** can help deliver these messages and facilitate dialogue. Encourage an authoritative parenting style in support of increased physical activity and reduced TV viewing. Discourage a restrictive parenting style regarding child eating. Encourage parents to be good role models and address as a family issue rather than the child's problem.
Use Empathize/Elicit - Provide - Elicit to improve the effectiveness of your counseling	Assess self-efficacy and readiness to change. Use Empathize/Elicit - Provide - Elicit to improve the effectiveness of your counseling. **Empathize/Elicit** ▪ Reflect ▪ What is your understanding? ▪ What do you want to know? ▪ How ready are you to make a change (1-10 scale)? **Provide** ▪ Advice or information ▪ Choices or options **Elicit** ▪ What do you make of that? ▪ Where does that leave you?	A possible dialogue: **Empathize/Elicit** "Yours child's height and weight may put him/her at increased risk for developing diabetes and heart disease at a very early age." "What do make of this?" "Would you be interested in talking more about ways to reduce your child's risk?" **Provide** "Some different ways to reduce your child's risk are…" "Do any of these seem like something your family could work on or do you have other ideas?" **Elicit** "Where does that leave you?" "What might you need to be successful?" **Communication guidelines** can helpful when developing communication skills.

Step 2 – Prevention Plus Visits (Treatment)

Action Steps	Expert Recommendations	Action Network Tips and Tools
Develop an office based approach for follow up of overweight and obese children	A staged approach to treatment is recommended for ages 2-19 whose BMI is 85-94%ile with risk factors and all whose BMI is ≥ 95%ile. In general, treatment begins with Stage 1 Prevention Plus (**Table 4**) and progresses to the next stage if there has been no improvement in weight/BMI or velocity after 3-6 months and the family is willing/ready. The recommended weight loss targets are shown in **Table 5**. **Stage 1 - Prevention Plus** ▪ Family visits with physician or health professional who has had some training in pediatric weight management/behavioral counseling. ▪ Can be individual or group visits. ▪ Frequency - individualized to family needs and risk factors, consider monthly. ▪ **Behavioral Goals** – – Decrease screen time to 2 hr/day or fewer – No sugar-sweetened beverages – Consume at least 5 servings of fruits and vegetables daily – Be physically active 1 hour or more daily – Prepare more meals at home as a family (the goal is 5-6 times a week) – Limit meals outside the home – Eat a healthy breakfast daily – Involve the whole family in lifestyle changes – More focused attention to lifestyle changes and more frequent follow-up distinguishes Prevention Plus from Prevention Counseling ▪ **Weight Goal** – weight maintenance or a decrease in BMI velocity. The long term BMI goal is <85%ile although some children can be healthy with a BMI 85-94%ile. ▪ Advance to Stage 2 (Structured Weight Management) if no improvement in weight/BMI or velocity in 3-6 months and family willing/ready to make changes.	Prevention Plus visits may include: ▪ Health **education materials** ▪ **Behavioral risk assessment and self-monitoring** tools ▪ **Action planning and goal setting** tools ▪ **Clinical documentation** tools ▪ **Counseling protocols** ▪ Other health professionals such as dietitians, psychologists and health educators Besides behavioral and weight goals, improving self-esteem and self efficacy (confidence) are important outcomes. Although weight maintenance is a good goal, more commonly, a slower weight gain reflected in a decreased BMI velocity is the outcome seen in lower intensity behavioral interventions such as Prevention Plus. Measuring and plotting BMI after 3-6 months is an important step to determine the effectiveness of obesity treatment. 
Use motivational interviewing at Prevention Plus visits for ambivalent families and to improve the success of action planning	Use patient-centered counseling – motivational interviewing	Research suggests that motivational interviewing may be an effective approach to address childhood obesity prevention and treatment. Motivational interviewing is particularly effective for ambivalent families but can also be used for action planning. Instead of telling patients what changes to make, you elicit "change talk" from them, taking their ideas, strengths, and barriers into account. **Communication guidelines** and **communication training** can be helpful with skill development.
Develop a reimbursement strategy for Prevention Plus visits		**Coding strategies** can help with reimbursement for Prevention Plus visits. Advocacy through professional organizations to address reimbursement policies is another strategy.

Step 3 – Going Beyond Your Practice (Prevention & Treatment)

Action Steps	Expert Recommendations	Action Network Tips and Tools
Advocate for improved access to fresh fruits and vegetables and safe physical activity in your community and schools	The Expert Committee recommends that physicians, allied healthcare professionals, and professional organizations advocate for: ▪ The federal government to increase physical activity at school through intervention programs as early as grade 1 through the end of high school and college, and through creating school environments that support physical activity in general. ▪ Supporting efforts to preserve and enhance parks as areas for physical activity, informing local development initiatives regarding the inclusion of walking and bicycle paths, and promoting families' use of local physical activity options by making information and suggestions about physical activity alternatives available in doctors' offices.	Physicians and health professionals can play a key role in advocating for policy and built environment changes to support healthy eating and physical activity in communities, child care settings, and schools (including after-school programs). **Advocacy tools and resources** can be helpful in advocacy efforts. Partnering with others and using evidence-based strategies are also critical to the success of **multi-faceted community interventions**.
Identify and promote community services which encourage healthy eating and physical activity	Promote physical activity at school and in child care settings (including after school programs), by asking children and parents about activity in these settings during routine office visits.	Public Health Departments and Parks and Recreation are good places to start looking for community programs and resources. You can work on developing your own partnerships with community organizations (Physical Activity Directory template and/or referral forms).
Identify or develop more intensive weight management interventions for your families who do not respond to Prevention Plus	The Expert Committee recommends the following staged approach for children between the ages of 2 and 19 years whose BMI is 85-94%ile with risk factors and all whose BMI is ≥ 95%ile: ▪ **Stage 2 - Structured Weight Management** (Family visits with physician or health professional specifically trained in weight management. Monthly visits can be individual or group.) ▪ **Stage 3 - Comprehensive, Multidisciplinary Intervention** (Multidisciplinary team with experience in childhood obesity. Frequency is often weekly for 8-12 weeks with follow up.) ▪ **Stage 4 - Tertiary Care Intervention** (Medications - sibutramine, orlistat, Very-low-calorie diets, weight control surgery - gastric bypass or banding.) Recommended for select patients only when provided by experienced programs with established clinical or research protocols. Gastric banding is in clinical trials and not currently FDA approved.	Stage 2 could be done without a tertiary care center if community professionals from different disciplines collaborated. For example, if a physician provided the medical assessment, a dietitian provided classes, and the local YMCA provided an exercise program. Partnering with your community tertiary care center can be an effective strategy to develop or link to more intensive weight management interventions (Stages 3 and 4) as well as referral protocols to care for families who do not respond to Prevention Plus visits. Provider **decision support** tools can be helpful when choosing appropriate treatment and referral options. **Weight management protocols and curriculum** can also be helpful when getting started.
Join the Childhood Obesity Action Network to learn from your colleagues and accelerate progress		The Childhood Obesity Action Network has launched "The Healthcare Campaign to Stop the Epidemic." **Join the network** (www.NICHQ.org) to learn from our national obesity experts, share what you have learned and access the tools in this guide. ***Together we can make a difference!***

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Childhood Obesity Action Network *The Healthcare Campaign to Stop the Epidemic*

NICHQ National Institute for Children's Health Quality

Table 1 – BMI 99%ile Cut-Points (kg/m^2)

Age (Years)	Boys	Girls
5	20.1	21.5
6	21.6	23.0
7	23.6	24.6
8	25.6	26.4
9	27.6	28.2
10	29.3	29.9
11	30.7	31.5
12	31.8	33.1
13	32.6	34.6
14	33.2	36.0
15	33.6	37.5
16	33.9	39.1
17	34.4	40.8

Table 2 – Abbreviated NHLBI Blood Pressure Table

Blood Pressure 95% by Age, Sex and Height %

AGE	BOYS HEIGHT %		GIRLS HEIGHT %	
	50%	**90%**	**50%**	**90%**
2 Yr	106/61	109/63	105/63	108/65
5 Yr	112/72	115/74	110/72	112/73
8 Yr	116/78	119/79	115/76	118/78
11 Yr	121/80	124/82	121/79	123/81
14 Yr	128/82	132/84	126/82	129/84
17 Yr	136/87	139/88	129/84	131/85

Pediatrics Vol. 114 No. 2 August 2004 pp. 555-576

Table 3 – Symptoms and Signs of Conditions Associated with Obesity

Symptoms	Signs
➢ **Anxiety, school avoidance, social isolation** (Depression)	➢ **Poor linear growth** (Hypothyroidism, Cushing's, Prader-Willi syndrome)
➢ **Polyuria, polydipsia, weight loss** (Type 2 diabetes mellitus)	➢ **Dysmorphic features** (Genetic disorders, including Prader–Willi syndrome)
➢ **Headaches** (Pseudotumor cerebri)	➢ **Acanthosis nigricans** (NIDDM, insulin resistance)
➢ **Night breathing difficulties** (Sleep apnea, hypoventilation syndrome, asthma)	➢ **Hirsutism and Excessive Acne** (Polycystic ovary syndrome)
➢ **Daytime sleepiness** (Sleep apnea, hypoventilation syndrome, depression)	➢ **Violaceous striae** (Cushing's syndrome)
➢ **Abdominal pain** (Gastroesophageal reflux, Gall bladder disease, Constipation)	➢ **Papilledema, cranial nerve VI paralysis** (Pseudotumor cerebri)
➢ **Hip or knee pain** (Slipped capital femoral epiphysis)	➢ **Tonsillar hypertrophy** (Sleep apnea)
➢ **Oligomenorrhea or amenorrhea** (Polycystic ovary syndrome)	➢ **Abdominal tenderness** (Gall bladder disease, GERD, NAFLD)
	➢ **Hepatomegaly** (Nonalcoholic fatty liver disease (NAFLD))
	➢ **Undescended testicle** (Prader-Willi syndrome)
	➢ **Limited hip range of motion** (Slipped capital femoral epiphysis)
	➢ **Lower leg bowing** (Blount's disease)

Table 4 – A Staged Approach to Obesity Treatment

	BMI 85-94%ile No Risks	BMI 85-94%ile With Risks	BMI 95-98%ile	BMI >= 99%ile
Age 2-5 Years	Prevention Counseling	**Initial:** Stage 1 **Highest:** Stage 2	**Initial:** Stage 1 **Highest:** Stage 3	**Initial:** Stage 1 **Highest:** Stage 3
Age 6-11 Years	Prevention Counseling	**Initial:** Stage 1 **Highest:** Stage 2	**Initial:** Stage 1 **Highest:** Stage 3	**Initial:** Stage 1-3 **Highest:** Stage 3
Age 12-18 Years	Prevention Counseling	**Initial:** Stage 1 **Highest:** Stage 3	**Initial:** Stage 1 **Highest:** Stage 4	**Initial:** Stage 1-3 **Highest:** Stage 4

Stage 1	**Prevention Plus**	Primary Care Office
Stage 2	**Structured Weight Management**	Primary Care Office with Support
Stage 3	**Comprehensive, Multidisciplinary Intervention**	Pediatric Weight Management Center
Stage 4	**Tertiary Care Intervention**	Tertiary Care Center

Table 5 – Weight Loss Targets

	BMI 85-94%ile No Risks	BMI 85-94%ile With Risks	BMI 95-98%ile	BMI >= 99%ile
Age 2-5 Years	Maintain weight velocity	Decrease weight velocity or weight maintenance	Weight maintenance	Gradual weight loss of up to 1 pound a month if BMI is very high (>21 or 22 kg/m2)
Age 6-11 Years	Maintain weight velocity	Decrease weight velocity or weight maintenance	Weight maintenance or gradual loss (1 lb per month)	Weight loss (average is 2 pounds per week)*
Age 12-18 Years	Maintain weight velocity. After linear growth is complete, maintain weight	Decrease weight velocity or weight maintenance	Weight loss (average is 2 pounds per week)*	Weight loss (average is 2 pounds per week)*

* Excessive weight loss should be evaluated for high risk behaviors

Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations,[1] new evidence and promising practices.

Assess Behaviors
Assess healthy eating and active living behaviors

Provide Prevention Counseling
5 (fruits & vegetables) **2** (hours or less of screen time) **1** (hour or more of physical activity) **0** (sugary drinks) every day!

Determine Weight Classification
Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

Healthy Weight
(BMI 5-84%)

- Family History
- Review of Systems
- Physical Exam

Risk Factors Absent

Overweight
(BMI 85-94%)

Augmented (obesity-specific)[1]
- Family History
- Review of Systems
- Physical Exam

Determine Health Risk Factors*

Obesity
(BMI ≥ 95%)

Augmented (obesity-specific)[1]
- Family History
- Review of Systems
- Physical Exam

Risk Factors Present

Routine Care
- Provide ongoing positive reinforcement for healthy behaviors.
- For patients in the *healthy weight* category, screen for genetic dyslipidemia by obtaining a non-fasting lipid profile for all children between the ages of 9-11 and again between 18-21.[2]
- For patients in the *overweight* category, obtain a lipid profile.
- Maintain weight velocity:
  - Crossing 2 percentile lines is a risk for obesity[4]
  - Reassess annually
- Follow up at every well-child visit.

Lab Screening
- The 2007 Expert Committee Recommendations[1] state that a fasting glucose and fasting lipid profile along with ALT and AST should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using A1C, fasting glucose or oral glucose tolerance to test for diabetes or pre-diabetes. The ADA notes that there are presently limited data supporting A1C for diagnosing diabetes in children and adolescents; however, they are continuing to recommend A1C at this time.[3]
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences and availability of testing should be used to help determine the timing of follow up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for Vitamin D and fasting insulin. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient's health risk, some experts may start screening patients at 2 years of age.

Obesity-related conditions: The following conditions are associated with obesity and should be considered for further work-up. Additional lab tests may be warranted if indicted by the patient's clinical condition.[5] In 2014, consensus statements from The Children's Hospital Association described the management of a number of these conditions.[6,7]

Dermatologic:
- Acanthosis nigricans
- Hirsutism
- Intertrigo

Endocrine:
- Polycystic ovarian syndrome (PCOS)
- Precocious puberty
- Prediabetes: Impaired fasting glucose and/or impaired glucose tolerance as demonstrated during a GTT
- Premature adrenarche
- Type 2 Diabetes

Gastrointestinal:
- Cholelithiasis
- Constipation
- GERD
- Nonalcoholic fatty liver disease or steatohepatitis

Neurologic:
- Pseudotumor cerebri

Orthopedic:
- Blount's Disease
- Slipped capital femoral epiphysis (SCFE)

Psychological/Behavioral Health:
- Anxiety
- Binge eating disorder
- Depression
- Teasing/bullying

*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

Move on to next page

Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.[8,9]
- Children age 2 – 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider
What: Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.
Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.[4]
Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training
What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team
What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

Stage 4 Tertiary Care Intervention

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity
What: Recommended for children with BMI $\geq$ 95% and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children > 99% who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.
Goals: Positive behavior change. Decrease in BMI.
Follow-up: Determine based upon patient's motivation and medical status.

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3. American Diabetes Association. Classification and diagnosis of diabetes. Sec.2. In Standards of Medical Care in Diabetes – 2015. Diabetes Care 2015;38(Suppl.1):S8-S16.
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8. Preventing weight bias: Helping without harming in clinical practice. Rudd Center for Food Policy and Obesity website. http://biastoolkit.uconnruddcenter.org/.
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Updated 10/7/15

5 2 1 0 WAY TO GO!

Eat 5 or more fruits and vegetables every day

- Eat fruits and vegetables at every meal and snack.
- Fresh is best, but frozen, canned, or dried vegetables and fruit are good choices too.
- Choose products without added salt, sauce, or sugar and that aren't packed in syrup.
- Rinse canned fruits and vegetables to help remove extra salt, juices, and sugar.

Limit the use of TV, computers, video games, smart phones, electronic tablets or notebooks, and other electronic devices to less than 2 hours per day.

- Keep TV's and computers out of the bedroom.
- No screen time under the age of 2.

1 hour or more of physical activity

- Play together! Choose activities that are fun and involve the whole family.
- Plan indoor active play for rainy days.
- Choose walking or biking, rather than the car, for short trips.
- Busy schedule? Combine shorter periods of activity throughout the day.

0 sugary drinks

- Avoid fruit punch, sports drinks, regular soda, sweet tea, lemonade, limeade, fruit drinks, and sweetened coffee drinks.
- Limit 100% fruit juice to 6 ounces or less per day.
- Drink more water and lowfat or fat-free milk.

A message from **The Chattanooga Regional Healthy Weight Collaborative**

HOLYOKE HEALTH CENTER

Eat Your Colors Everyday!!!

5 to 9 For Better Health

Benefits of red color:
- Heart health
- Memory function
- A lower risk of some cancers
- Urinary tract health

Benefits of purple color:
- A lower risk of some cancers
- Urinary tract health
- Memory function
- Healthy aging

Benefits of yellow and orange color:
- A healthy immune system
- Infection prevent
- A lower risk of some cancers
- Heart health
- Vision health

Benefits of white color:
- Healthy heart
- Lower cholesterol level
- A lower risk of some cancers

Benefits of green color:
- Strong immune system
- Infection prevent
- Healthy vision
- A lower risk of some cancers
- Strong bones and teeth

HOLYOKE HEALTH CENTER

Coma sus Colores Todos los Días!!!

5 a 9
Para una Mejor Salud

Beneficios del color rojo:
- Un corazón saludable
- Buena memoria
- Reduce riesgos de algún tipo de cáncer
- Mantiene saludable el tracto urinario

Beneficios del color púrpura:
- Reducen riesgo de cáncer
- Mantienen saludable el tracto urinario
- Buena capacidad memoria
- Envejecimiento saludable

Beneficios del color amarillo y anaranjado:
- Fortalece sistema inmunológico
- Previene infecciones
- Reducen riesgo de cáncer
- Corazón saludable
- Visión saludable
- Sistema inmunológico saludable

Beneficios del color blanco
- Corazón saludable
- Reduce niveles de colesterol
- Reduce riesgo de cáncer

Beneficios del color verde:
- Fortalece sistema inmunológico
- Previene infecciones
- Visión saludable
- Reduce riesgo de cáncer
- Huesos y dientes fuertes

EAT BREAKFAST DAILY

Try to include:
a source of protein (such as an egg, peanut butter, or low fat yogurt or cheese)

whole grains (like a whole grain hot or cold cereal or 100% whole wheat bread product)

a serving of fruit

WATCH PORTION SIZES

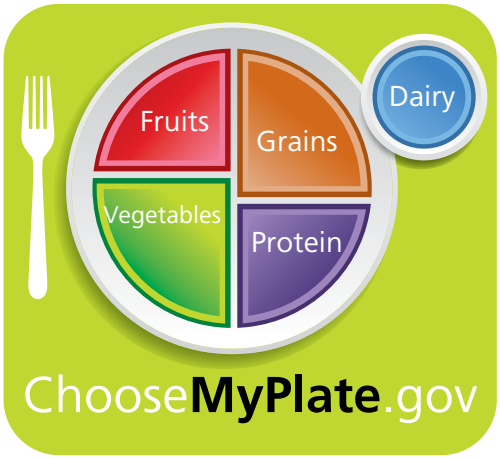
It is the parent's job to decide what food choices to provide; it is the child's job to decide how much to eat.

Pay attention to cues of hunger and fullness; stop eating before feeling full and allow children to stop eating when they lose interest in the meal.

Reduce second helpings and limit them to fruits and vegetables

Eat half—or less—of portions served in restaurants

Make your plate look like this:



For healthy living tips for the entire family, go to www.ChooseMyPlate.gov

Cook meals at home more often. They have less calories, fat, and salt than foods from restaurants (especially fast food restaurants).

Adjust recipes gradually to reduce the amount of added salt, fat, and sugar used in cooking. Use more whole grains, fruits, and vegetables.

LIMIT EATING OUT

Eat together as a family around the dinner table

Limit distractions such as TV, phones, and computers

Eating together results in healthier meals, a lower incidence of obesity, better family communication, and other psychosocial benefits.

EAT TOGETHER

5 2 1 0 WAY TO GO!

5 2 1 0 ¡BIEN HECHO!

5 frutas o verduras o más

- Verduras y frutas frescas son las mejores, pero las congeladas, enlatadas o secas son buenas opciones también.
- Escoge productos sin sal agregado, salsa o azúcar y que no están "empacados en almíbar"
- Lava las frutas y verduras enlatadas para ayudar a quitarles la sal adicional, los jugos y el azúcar.

2 horas o menos enfrente de la pantalla

- Limite el uso del televisor, la computadora, los juegos electrónicos, teléfono, tabletas u otros aparatos electrónicos a 2 horas o menos al día.
- No pongas el televisor ni computadora en tu recámara.
- Niños que tienen menos de 2 años no deben mirar la televisión.

1 hora o más de actividad física

- ¡Jueguen juntos! Escoge actividades divertidas y que incluyen a toda la familia.
- Planea ejercicios divertidos para hacer en casa cuando llueve.
- Camine o use bicicleta en lugar de un carro para diligencias de poca distancia.
- ¿Estás ocupado? Combina las actividades físicas que haces durante el día para hacerlas en menos tiempo.

0 Bebidas Azucaradas

- Evite refrescos de frutas tropicales, bebidas deportivas, refrescos regulares, té dulce, limonadas, aguas de frutas y cafés azucarados.
- Limite jugo de frutas 100% a 6 onzas o menos al día.
- Tome más agua o leche de poca grasa o leche sin grasa.

Un mensaje de **The Chattanooga Regional Healthy Weight Collaborative**

DESAYUNA DIARIAMENTE

Intenta Incluir:
Una proteína (como un huevo, mantequilla de maní o yogurt o queso de poca grasa)

Granos (como cereales fríos o calientes o un producto de pan 100% integral)

Una porción de fruta

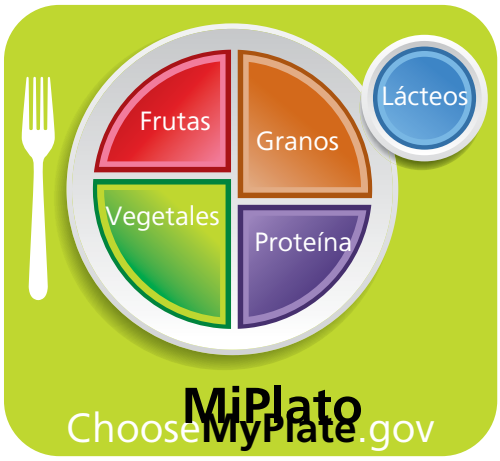
TEN CUIDADO CON LA CANTIDAD DE LA PORCIÓN

Es el trabajo de los padres decidir cuáles comidas darle al niño; es el niño que decide cuánto comer.

Presta atención a las indicaciones de tener hambre o estar lleno; deje de comer antes de sentir sentirse "lleno" y permita que los niños paren de comer cuando ya no les interesa la comida.

No repitas y cuando quieres repetir, come solamente frutas y verduras.

Come la mitad, o menos, de las porciones que te sirven en los restaurantes.



Haz que tu plato sea así:

Para consejos saludables para toda la familia, ve a www.ChooseMyPlate.gov

Cocina en casa más. Esas comidas contienen menos calorías, grasa y sal que las comidas de restaurantes (especialmente los de comida rápida).

Ajusta gradualmente las recetas para bajar la cantidad de sal agregado, grasa y azúcar que usas. Usa más granos integrales, frutas y verduras.

LIMITA LAS VECES QUE COMEN FUERA DE CASA

Coman juntos en familia.

Limita distracciones como la televisión, teléfonos y computadoras.

Comer juntos resulta en comidas más saludables, un índice reducido de obesidad, mejor comunicación entre la familia y otros beneficios sicológicos.

COMAN JUNTOS

5 2 1 0 ¡BIEN HECHO!

How much do you eat?

It's easier to stay at a healthy weight when you know how to count your amount.
Use these ideas to eat the recommended amount from each food group every day.

Fruits

Eat 2 cups every day.

Count these as 1 cup:

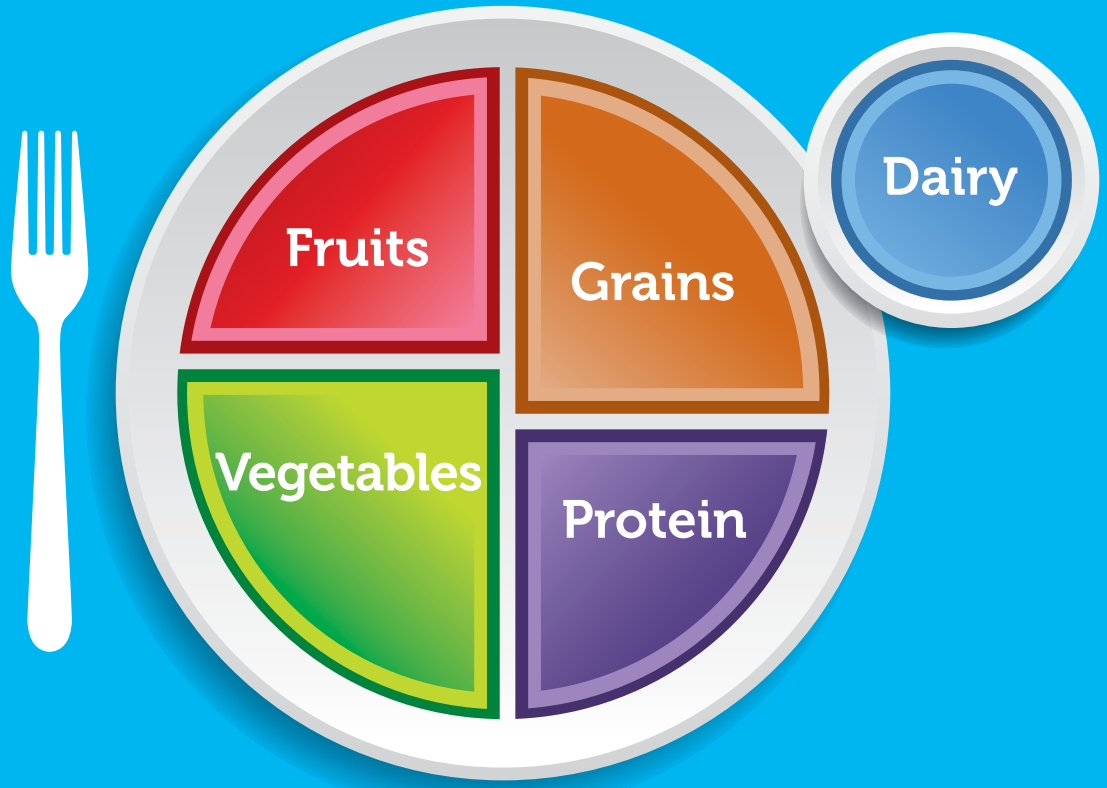
- 1 apple, pear or orange
- 1 cup diced melon (cantaloupe, watermelon or honeydew)
- 8 large strawberries
- 1 cup applesauce
- ½ cup dried fruit, such as raisins

Vegetables

Eat 2½ cups every day.

Count these as 1 cup:

- 1 cup cooked or 2 cups raw spinach
- 1 medium baked potato or 1 cup mashed
- 1 cup cubed, cooked squash (acorn, butternut or zucchini)
- 1 large ear of corn
- 1 cup cooked green beans



Grains

Eat 6 ounces every day

Count these as 1 ounce:

- 1 slice bread
- 6-inch tortilla
- ½ cup cooked oatmeal
- ½ cup cooked rice or pasta
- 1 small (4½") pancake

Make half your grains whole.

Protein

Eat 5½ ounces every day

Count these as 1 ounce:

- 1 ounce lean meat, chicken or fish (small chicken breast is 3 ounces)
- 1 tablespoon peanut butter
- 7 walnut halves
- ¼ cup cooked beans
- ¼ cup tofu or tempeh

Dairy

Eat 3 cups every day

Count these as 1 cup:

- 1 cup milk or yogurt
- 1½ ounce cheese, such as Jack, Cheddar or Swiss (the size of 6 dice)
- 3 slices American cheese

Choose fat free or low fat.

ChooseMyPlate.gov

The amounts are for a 2,000 calorie diet. To find the amounts that are right for you, go to MyPlate.gov. The USDA does not endorse any products, services, or organizations. Source: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. Provided by **ETR Associates**, a nonprofit organization. 1-800-321-4407. www.etr.org/pub. Title No. FS003.

Let's Move Holyoke

Every Day!

5 or more fruits & vegetables

2 hours or less fun screen time*

1 hour or more physical activity

0 sugary drinks, more water & low fat milk

* Keep TV/Computer out of bedroom. No screen time younger than 2.

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A Moverse Holyoke

¡Todos Los Días!

5 cinco o más frutas y vegetales

2 dos horas o menos del uso de computadora y TV

1 una hora o más de actividad fisica diaria

0 bebidas con azúcar, más agua y leche baja en grasa

* Elimine la computadora y TV del cuarto. No TV a menores de 2 anõs.

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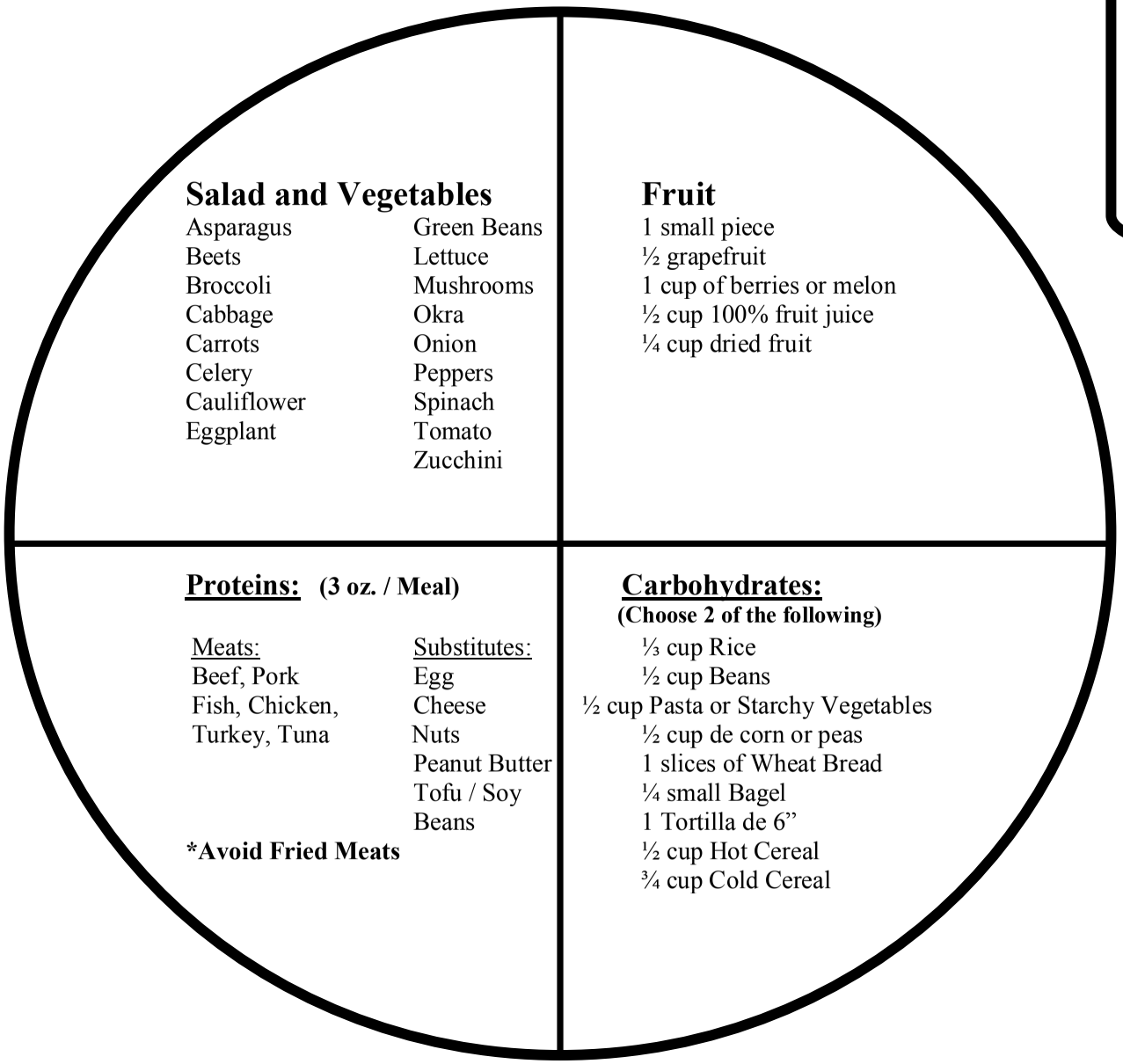
230 Maple St. Holyoke, MA

HEALTHY SNACKS

TEEN	KIDS
1 slice Bread / 1 mini Bagel / ½ English Muffin (Whole Wheat) 1 tbsp. Cream cheese Low Fat	½ "English Muffin" Whole Wheat 1 tbsp. Jelly Sugar Free 4 oz. Milk Low Fat
8 oz. Yogurt "Fat Free or No Sugar" ¼ cup Granola **or** 1 oz Nuts	8 oz. Frozen Yogurt ½ cup Fruits
1 Whole Wheat Toast 1 tbsp. Peanut Butter 1 tbsp Jelly Sugar Free	1 Whole Wheat Toast 1 slice of Turkey Ham low fat 1 slice of Cheese low fat
½ cup Pudding "Low Fat" 1/3 cup Fruits	1 cup Ice Cream "Fat Free" 17 small grapes **or** ½ cup of fruits
Vegetable Rolls 1 Whole Wheat Tortilla 6" ½ cup Vegetables 1 tbsp Cream Cheese "Low Fat"	Pizza: 1 Whole Wheat Tortilla 6" 1/3 cup Shredded Cheese "Low Fat" 1 tbsp Tomato Sauce
1 Box of Cereal "Sugar Free" 4 oz. Milk Low or Fat Free 1 tbsp. Raisins	1 Box of Cereal "Sugar Free" 4 oz. Milk Low or Fat Free ½ Banana
1 Small Fruit 1 tbsp Peanut Butter	1 Small Fruit 1 oz Cheese "Low Fat"
1 cup Raw Vegetables or Salad 2 tbsp Salad Dressing	1 cup Raw Baby Carrots or Celery 2 tbsp Ranch "Low Fat"
½ cup Fruit Cocktail "Sugar Free" 1 cup Gelatin Sugar Free	
Cheesy Quesadilla 1 Whole Wheat Tortilla 6" 1/3 cup Shredded Cheese "Low Fat"	
Smoothie: ½ cup Milk "Low Fat" + ½ cup Yogurt "Low Fat" ½ cup Fruit	

HOLYOKE HEALTH CENTER

Sample Plate of 9”



Salad and Vegetables

Asparagus
Beets
Broccoli
Cabbage
Carrots
Celery
Cauliflower
Eggplant
Green Beans
Lettuce
Mushrooms
Okra
Onion
Peppers
Spinach
Tomato
Zucchini

Fruit

1 small piece
½ grapefruit
1 cup of berries or melon
½ cup 100% fruit juice
¼ cup dried fruit

Proteins: (3 oz. / Meal)

Meats:
Beef, Pork
Fish, Chicken,
Turkey, Tuna

Substitutes:
Egg
Cheese
Nuts
Peanut Butter
Tofu / Soy
Beans

***Avoid Fried Meats**

Carbohydrates:

(Choose 2 of the following)

⅓ cup Rice
½ cup Beans
½ cup Pasta or Starchy Vegetables
½ cup de corn or peas
1 slices of Wheat Bread
¼ small Bagel
1 Tortilla de 6”
½ cup Hot Cereal
¾ cup Cold Cereal

*Dairy

1 cup Milk
1 cup Yogurt
½ cup Ice Cream
1 oz. Cheese

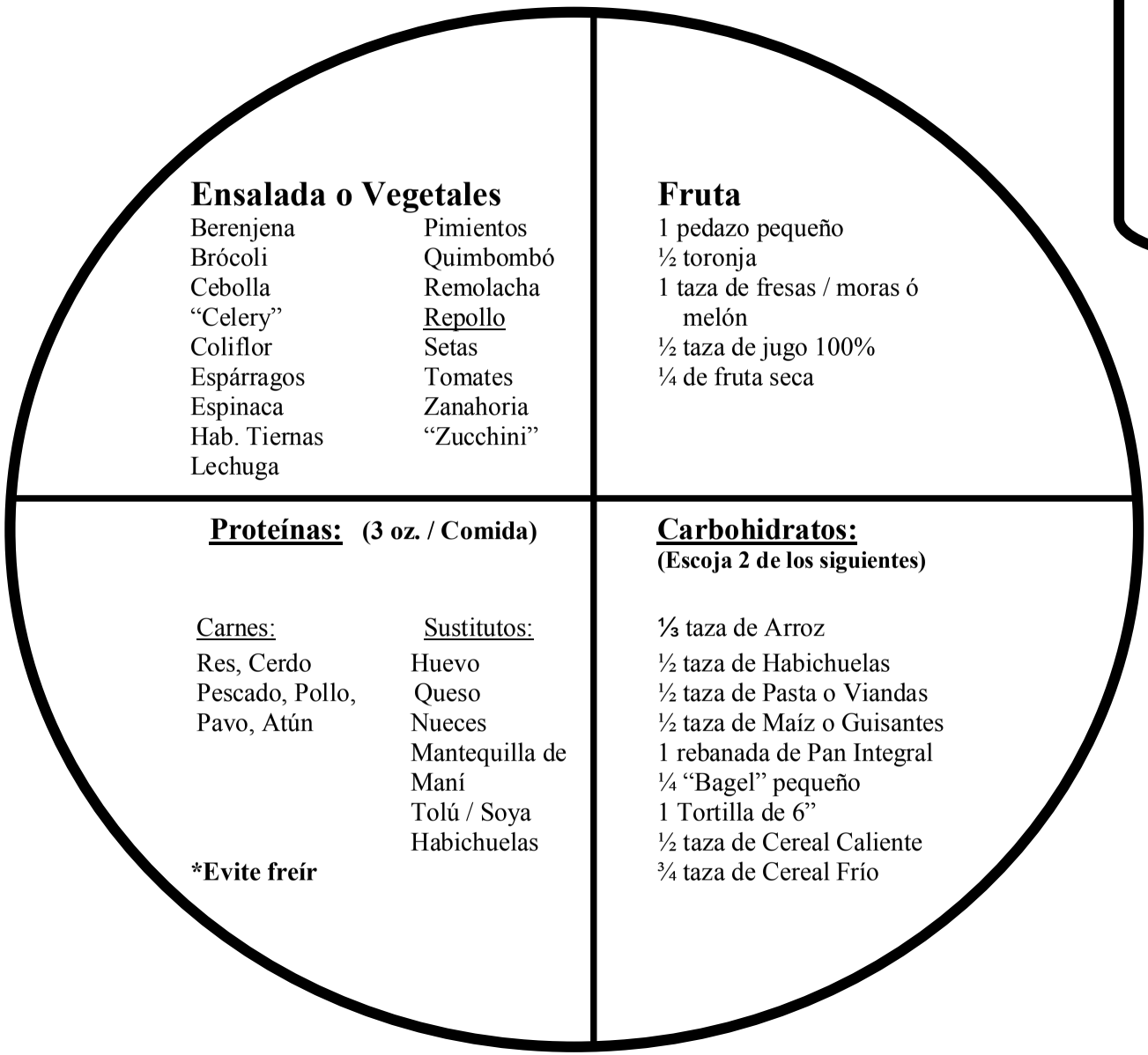
***Prefers Non Fat or Low Fat**

Diabetics:

Carbohydrates including: fruits, juices, dairy and sweets have the most impact on your glucose levels. Eat more whole wheat products and **WATCH** with the portions.

HOLYOKE HEALTH CENTER

Método del Plato de 9”



Ensalada o Vegetales

Berenjena
Brócoli
Cebolla
“Celery”
Coliflor
Espárragos
Espinaca
Hab. Tiernas
Lechuga
Pimientos
Quimbombó
Remolacha
Repollo
Setas
Tomates
Zanahoria
“Zucchini”

Fruta

1 pedazo pequeño
½ toronja
1 taza de fresas / moras ó melón
½ taza de jugo 100%
¼ de fruta seca

Proteínas: (3 oz. / Comida)

Carnes:
Res, Cerdo
Pescado, Pollo,
Pavo, Atún

Sustitutos:
Huevo
Queso
Nueces
Mantequilla de Maní
Tolú / Soya
Habichuelas

***Evite freír**

Carbohidratos:

(Escoja 2 de los siguientes)

⅓ taza de Arroz
½ taza de Habichuelas
½ taza de Pasta o Viandas
½ taza de Maíz o Guisantes
1 rebanada de Pan Integral
¼ “Bagel” pequeño
1 Tortilla de 6”
½ taza de Cereal Caliente
¾ taza de Cereal Frío

*Lácteos

1 taza de leche
1 taza de yogurt
½ taza de mantecado
1 oz. de queso

***Prefiera sin grasa o bajos en grasa**

Diabéticos:

Carbohidratos incluyendo: las frutas, jugos, lácteos y postres / dulces tienen el mayor efecto en su **glucosa**. Consuma más productos integrales y **OJO** con las porciones.

HOLYOKE HEALTH CENTER

Amount of Sugar of some Popular Drinks
Cantidad de Azúcar de algunas Bebidas Reconocidas

Gatorade (24oz. 42g Sugar/Azúcar)

8.5 tsp. / cucharaditas

+ ½

Pepsi (20oz. 69g Sugar / Azúcar)

14 tsp. /cucharaditas

Powerade (20oz. 37.5g Sugar / Azúcar)

7.5 tsp. / cucharaditas

+ ½

Malta Goya (12 oz. 41g Sugar / Azúcar)

8.5 tsp. / cucharaditas

+ ½

Pineapple Soda (20oz. 87.5g Sugar / Azúcar)

17.5 tsp. / cucharaditas

+ ½

Snapple (16oz. 54g Sugar / Azúcar)

11 tsp. / cucharaditas

Amount of Sugar of some Popular Drinks
Cantidad de Azúcar de algunas Bebidas Reconocidas

Tampico Citrus Punch (6.75oz. 21g Sugar / Azúcar) 4.5 tsp. / cucharaditas	Vitamin Water (20oz. 32.5g Sugar / Azucar) 6.5 tsp. / cucharaditas	Yohoo Chocolate (9oz. 29g Sugar / Azúcar) 6 tsp. / cucharaditas
  + ½	   + ½	  

Healthy Tips / Consejos Saludables:

Watch:
1 tsp. of sugar everyday = 20 calories and that represent 2 pounds yearly
1 soda of 20oz everyday = 250 calories and that represent 26 pounds yearly

Ojo:
1 cucharadita de azúcar todos los días = 20 calorías, esto representa 2 libras al año
1 refresco de 20oz todos los días = 250 calorías, esto representa 26 libras al año

However…
One bottle of water or one gallon do not has sugar or calories, so you don't gain weight

Sin embargo….
Una botella de Agua o 1 galón no tiene azúcar ni calorías por lo que no ganas peso

30 Winter Street, 6th Floor, Boston, MA 02108

617.391.2700

www.NICHQ.org