



# Fit Family Challenge

## Contributors



COLORADO ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR COLORADO**

University of Colorado  
**Department of Family Medicine**  
School of Medicine



**HealthTeamWorks**  
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# Fit Family Challenge

## **Fit Family Challenge Clinical Guide**

This guideline is designed to assist the primary care provider in the prevention and treatment of childhood obesity. It is not intended to replace a clinician's judgment or establish a protocol for all patients.

For national recommendations, references, and additional copies of the guideline go to [www.coloradoafp.org](http://www.coloradoafp.org) or call (303)695-6655.

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## **INTRODUCTION**

## Welcome to the Colorado Academy of Family Physicians Pediatric Obesity Initiative



# Fit Family Challenge

The Colorado Academy of Family Physicians Fit Family Challenge Clinical Guide was developed by a team of experts as a resource for any primary care practitioner and support staff to help improve comprehensive multidisciplinary care to patients who are overweight or obese. Resources in this clinical guide are intended to simplify the process of diagnosis, prevention, and treatment of pediatric obesity. The clinical guide provides current recommendations from national standards and collective resources from other initiatives with proven outcomes in childhood obesity prevention and treatment.

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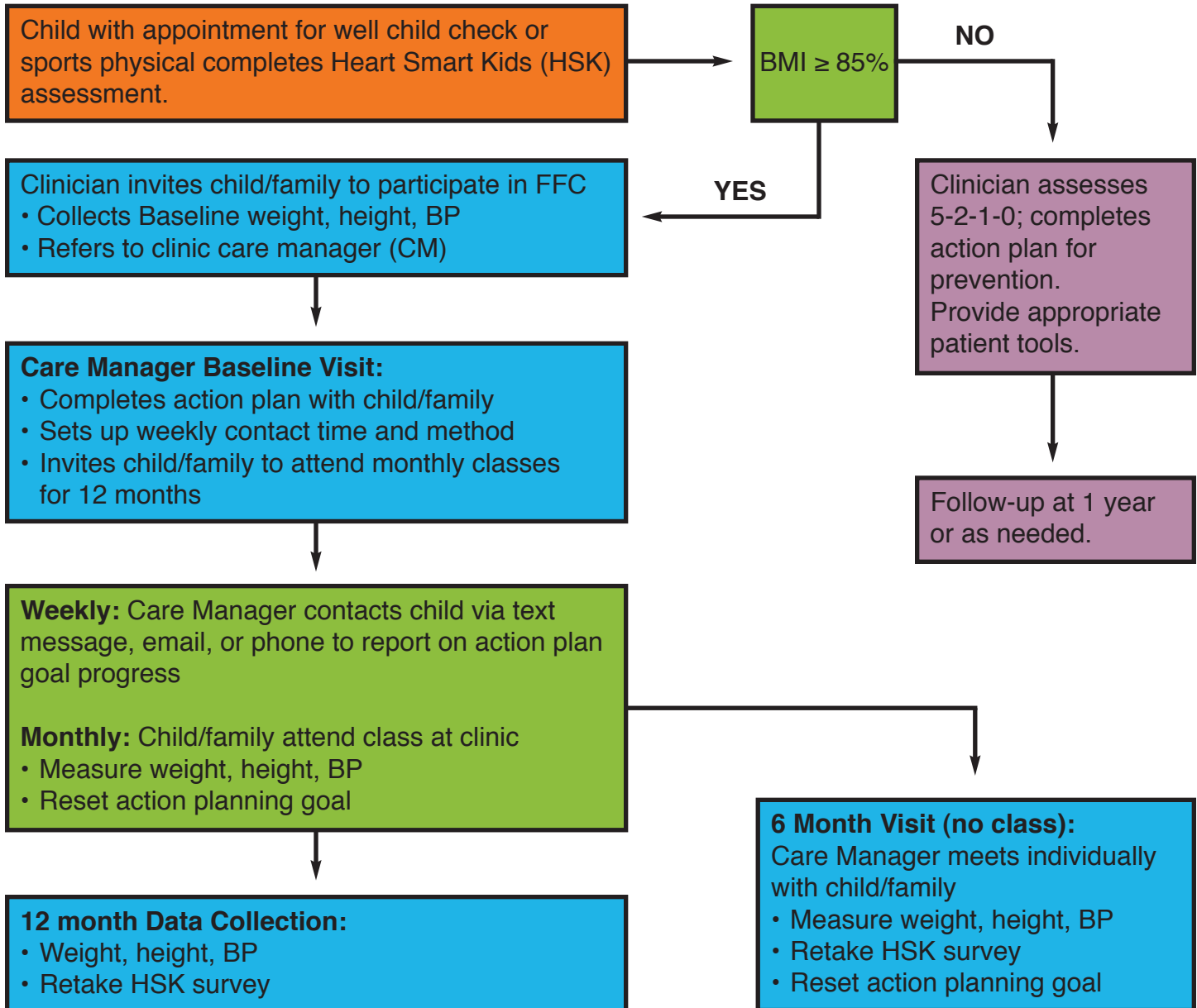
## Getting Started in Your Practice

Screening, prevention, and treatment of obesity is not like many of the other medical conditions you may have addressed in the past. Addressing this growing challenge may require new techniques for your office to learn; the words you use with your patients and families may need to be adjusted to reflect the sensitive nature of weight issues in our culture; and there really isn't a simple cure. All of this may make you wary of starting this work; however, our patients are looking to us to help them. You don't need to take on the whole epidemic of obesity. There are organizations working in our schools, childcare centers and at the local, state and national level to help our patients and families make healthy choices around physical activity and healthy eating.



Fit Family Challenge

## Fit Family Challenge (FFC) Flow Chart





# Fit Family Challenge

**PROVIDER TOOLS**

## Childhood Obesity Guideline

### Obesity is Preventable

### Screen for Obesity and Co-Morbidity



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

<p><b>Growth</b></p>	<ul style="list-style-type: none"> <li>• Birth to 2 years: use CDC weight-for-length charts</li> <li>• 2-18 years: use CDC BMI %ile charts</li> <li>• Breast fed infants: use WHO breast feeding charts</li> <li>• Excessive weight gain prior to 6 months of age is associated with later obesity</li> <li>• Overweight = 85-94%ile, Obese <math>\geq</math>95%ile</li> </ul>
<p><b>Blood Pressure</b> <i>Systolic and Diastolic</i></p>	<ul style="list-style-type: none"> <li>• Begin routine screening at 3 years of age</li> <li>• Pre-hypertension: BP 90-94%, Stage I: 95-99% + 5mm, Stage II: <math>&gt;</math>99% + 5mm</li> <li>• Obtain 3 measurements on separate days for diagnosis of HTN (except if stage II)</li> </ul>
<p><b>History</b></p>	<ul style="list-style-type: none"> <li>• Screen all patients, regardless of BMI status, for healthy behaviors using 5-2-1-0: <b>5</b> fruits and vegetables daily, less than <b>2</b> hours of screen time daily, <b>1</b> hour or more of daily physical activity, <b>0</b> sweetened beverages</li> <li>• Family history of obesity, gestational diabetes, type 2 diabetes, early cardiovascular event in parents or grandparents (prior to 55 years in males and 65 years in females) = increased risk</li> </ul>
<p><b>Lab Screening</b></p>	<ul style="list-style-type: none"> <li>• If BMI <math>&gt;</math>95%ile + 10 years or older: non-fasting lipids, HbA1C, ALT</li> <li>• If family history of early cardiovascular event, obtain lipids beginning at 2 years of age to rule out genetic dyslipidemia</li> </ul>

## Childhood Obesity Guideline

### Obesity is Preventable

#### Counsel



<p><b>Engage Patient/Parent</b></p>	<ul style="list-style-type: none"> <li>• Have you heard of 5-2-1-0?</li> <li>• 5-2-1-0 are recommended daily behaviors which improve fitness, health, and weight (see definition of 5-2-1-0 below).</li> </ul>
<p><b>Advise</b></p>	<ul style="list-style-type: none"> <li>• How is your family doing with 5-2-1-0?</li> <li>• Do you have any ideas for improvement?</li> <li>• If No: Are there one or two goals on this Action Plan that your family is ready to work on?</li> </ul>
<p><b>Elicit</b></p>	<ul style="list-style-type: none"> <li>• On a scale of 1-10, how confident are you that you will be able to make this change?</li> </ul>
<p><b>Assist</b></p>	<ul style="list-style-type: none"> <li>• May I (or someone from my office) follow up with you in 2 weeks to discuss your progress or difficulties with these goals?</li> </ul>



## Childhood Obesity Guideline

### Obesity is Preventable

**Ages 0 - 2 Years: Promote Healthy Fit Children and Reduce Obesity for Infants and Toddlers**  
*Give consistent messages for all children regardless of BMI*



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Breast feeding offers protection against obesity (exclusivity and duration strengthen association)</li> <li>• To prevent overfeeding: increase parental awareness of hunger and satiety cues and teach comforting with attention rather than food</li> <li>• Introduction of solids prior to 4 months is associated with increased obesity risk</li> <li>• Diet quality decreases with the transition to table foods: encourage fruits and vegetables and discuss avoiding sweetened beverages</li> </ul>
<b>Screen Time</b>	<ul style="list-style-type: none"> <li>• Television and videos are not recommended &lt;2 years of age</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Physical activity is promoted by providing frequent opportunity for movement</li> <li>• Infant and toddlers should not be inactive for more than 60 minutes unless sleeping</li> <li>• Toddlers need several hours of unstructured movement every day</li> </ul>
<b>Beverages</b>	<ul style="list-style-type: none"> <li>• Serve nonfat milk beginning at 1 year of age unless weight-for-length &lt;5%</li> <li>• No sweetened beverages; intake increases risk of obesity</li> <li>• Fruit is more nutritious than juice and does not have the potential risk for obesity and caries</li> </ul>
<b>Sleep</b>	<ul style="list-style-type: none"> <li>• Sleep duration is inversely associated with obesity</li> </ul>

## Childhood Obesity Guideline

### Obesity is Preventable

### **Ages 3 - 18 Years: Promote Healthy Fit Children and Reduce Obesity for Older Children**

*Give consistent messages for all children regardless of BMI*



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Encourage plate method: ½ plate fruit and vegetables, ¼ lean protein, ¼ whole grain carbohydrate</li> <li>• Vegetables may be fresh, frozen or canned</li> <li>• Family meals are associated with higher dietary quality</li> <li>• Portion sizes are often excessive when eating out</li> <li>• Skipping breakfast is associated with a higher risk of obesity and decreased academic performance</li> <li>• Food insecurity is associated with higher obesity risk</li> </ul>
<b>Screen Time</b>	<ul style="list-style-type: none"> <li>• Television in bedrooms is associated with sleep disruption and increased viewing</li> <li>• Limit screen time to less than 2 hours daily</li> <li>• Empower parents to unplug their children</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>• Physical activity is associated with improved mood, focus and academic achievement</li> <li>• Outside time is associated with increased activity, improved Vitamin D status, and improved focus</li> <li>• Family role modeling and peer support are associated with increased levels of activity</li> </ul>
<b>Beverages</b>	<ul style="list-style-type: none"> <li>• Nonfat milk and water are preferred for nutrient value and hydration</li> <li>• No sweetened beverages: intake increases risk of obesity (soda, fruit drinks, and sport drinks)</li> </ul>
<b>Sleep</b>	<ul style="list-style-type: none"> <li>• Sleep duration is inversely associated with obesity</li> </ul>

## Childhood Obesity Guideline

### Obesity is Preventable

### Treatment for Overweight and Obese Children



<p><b>Basic Lifestyle Intervention</b></p>	<ul style="list-style-type: none"> <li>• Use motivational interviewing techniques and action plan to set at least 1 nutrition and/or physical activity goal for the entire family. (This may be done by medical staff, registered dietitian or healthcare provider.)</li> <li>• Track family goals and refer to community resources: <a href="http://www.healthteamworks.org">www.healthteamworks.org</a></li> <li>• Follow up in two weeks, then monthly via office visit, phone or email to assess progress and barriers to change</li> <li>• After success with one behavior, begin work on another behavior</li> <li>• Re-evaluate behaviors, BMI %ile and co-morbidities at 3-6 months</li> </ul>
<p><b>Structured Lifestyle</b></p>	<ul style="list-style-type: none"> <li>• If no success with basic lifestyle intervention, refer motivated families to a family-based program which incorporates nutrition, physical activity and behavioral components and involves &gt;25 hours of contact over a 6 month period</li> </ul>
<p><b>Physician/RD Specialty Consult</b></p>	<ul style="list-style-type: none"> <li>• Consult/refer if co-morbidities persist or if no improvement after 6 months of structured lifestyle</li> </ul>

## Childhood Obesity Guideline

### Obesity is Preventable

### Obesity Co-Morbidities



Disease	Evaluation	Diagnostic Criteria	Rules Out
<b>Insulin Resistance</b>	Fasting glucose HbA1C	Fasting glucose 100-125 mg/dl or HbA1C 5.7-6.4%	
<b>Type 2 Diabetes</b>	HbA1C	HbA1C $\geq$ 6.5% Fasting glucose >125	
<b>Hypertension</b>	Blood Pressure x3 UA, Creatinine, CBC, electrolytes, renal US	Age/gender/height tables	
<b>Dyslipidemia</b>	Non-fasting Lipid Panel	LDL >100 mg/dl, Non HDL-C >120, Trig >150, HDL <40	If LDL >130, TG >250 or non HDL-C >145 obtain R/O thyroid, liver, renal disease, or diabetes
<b>Non Alcoholic Steatohepatitis (NASH)</b>	ALT - If ALT >60 order liver profile	ALT > AST, normal bilirubin & albumin Exclude other liver diseases if ALT >100 or ALT >60 after 3 months	Hepatitis screen, ANA, Anti LKM antibody, Anti smooth muscle ab, Alpha 1 antitrypsin phenotype, ceruloplasmin, alcohol, drugs, toxins, liver, ultrasound

## Childhood Obesity Guideline

### Obesity is Preventable

### Obesity Co-Morbidities - CONTINUED



**5** servings of fruits and vegetables daily



**2** hours or less of screen time



**1** hour or more of physical activity daily



**0** sweetened beverages

Disease	Evaluation	Diagnostic Criteria	Rules Out
<b>Polycystic Ovary Syndrome (PCOS)</b>	Testosterone: free and total DHEAS Prolactin Thyroid profile FSH	Requires 2 of: Oligo- or amenorrhea <9 periods/year Hyperandrogenism clinical or biochemical Polycystic ovaries on US	Hyperprolactinemia Congenital adrenal hyperplasia Cushing's syndrome Ovarian/Adrenal tumors (if testosterone >150 ng/dl or DHEAS >700 mcg/dl)
<b>Depression</b>	PHQ-9 (11-18 years) PSC (6-16 years)	Score $\geq 11$ or Q12 or 13 yes Score $\geq 30$ or Q36 or 37 yes	
<b>Sleep Apnea</b>	Pediatric sleep questionnaire	Sleep study	
<b>Genetic Syndrome</b>	Developmental delay, short stature or dysmorphic		
<b>Endocrine Causes</b>	Decreased height velocity	Hypothyroidism, Cushing's	TSH, Free T4, Cortisol AM
<b>Slipped Capital Femoral Epiphysis (SCFE)</b>	Hip X-ray		
<b>Pseudotumor Cerebri</b>	Papillidema/headache		

# Childhood Obesity Guideline

## Obesity is Preventable

### Healthy Lifestyle Screening and Childhood Action Plan to Promote Healthy and Fit Families



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

### Collaborative Goal Setting

Collaborative goal setting is an important part of helping patients make sustainable health behavior changes. This involves two things: goal setting is the process, and action plans are the result of the process. The actions are highly specific, such as walking around the block twice on Monday, Wednesday, and Friday before lunch, or reducing consumption of cookies from three to one per day.

### S.M.A.R.T.

Using S.M.A.R.T. can help your overweight and obese pediatric patients and their families set specific goals and develop an action plan:

### S.M.A.R.T. goal setting:

- Specific (what are you going to do and how often)
- Measurable (how will you know if you have done it each day)
- Attainable (can you do it)
- Realistic (can you do it given everything you have going on right now)
- Time-limited (when will you do this by)

### Healthy Lifestyle Screening and Childhood Action Plan to Promote Healthy and Fit Families

When using the Healthy Lifestyle Screening and Childhood Action Plan to Promote Healthy and Fit Families (found in the patient tool section), it is suggested that you collaboratively ask the patient and family which goal(s) they would like to set. It is important that the patient/family set only 1-2 goals. The child/family can then choose the specific change they are going to make (i.e. if they choose reducing screen time, they can choose to remove TVs from bedroom). Then ask the child and family member to sign the action plan and make a copy to put in their chart. The family should go home with the original action plan.

**Healthy Lifestyle Screening**  
Obesity is preventable.

**Healthy Lifestyle Screening**

Has anyone in your family ever been diagnosed with:

Diabetes (Type 1 or 2)  Yes  No  Other \_\_\_\_\_

Heart disease (Heart attack, stroke)  Yes  No  Other \_\_\_\_\_

High blood pressure  Yes  No  Other \_\_\_\_\_

Overweight  Yes  No  Other \_\_\_\_\_

**Childhood Action Plan to Promote Healthy and Fit Families**

Goals are most successful when all family members participate and support one another.

Choose one or two goals your family will work to achieve:

**5 servings of fruits and vegetables daily**

- Include at least one fruit or vegetable with every snack or meal
- Add color make to your plate (fruit or vegetables or root meals)
- Add extra vegetables to tacos, stews, burritos, soups, etc.

**2 or less hours of screen time daily**

- Remove TV and access from bedrooms
- Enjoy time outside daily green hour without any screens
- Challenge the family for 7-2 weeks, plan activities without screens
- Join after school activities or community centers
- Turn off TV during meals

**1 or more hours of physical activity daily**

- Walk or bike to school or at least the last 2 blocks
- Join a sports team, dance group or outdoor club
- Play outside daily invent games, jump in leaves, build snow forts, etc.
- Sign up for a recreation pass as a family or with friends
- Spend family time together taking, playing a sport or other activities

**0 sweetened beverages daily**

- Drink milk, water or water flavored with fruit
- Save money do not buy soda, sports drinks, fruit drinks
- Reduce amount of soda, sports drinks, fruit drinks to \_\_\_\_\_/week

**Other**

- Eat breakfast daily
- Eat dinner as a family \_\_\_\_\_ times/week
- Serve smaller portions (see mypyramid.gov)
- Eat whole and fresh fruits \_\_\_\_\_ times/week
- Additional goal: \_\_\_\_\_

Signatures

Patient/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Provider \_\_\_\_\_ Date \_\_\_\_\_

For resources on how to achieve your family goals, please visit [www.healthteamworks.org](http://www.healthteamworks.org)

## Childhood Obesity Guideline

Obesity is Preventable

### Patient and Parenting Tips



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

### Nutrition

#### Feeding Practices

- Eat and buy foods you want your child to eat.
- Enjoy regular mealtimes together.
- Reward 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, and decreases the risk of obesity.
- When eating out choose grilled, steamed, and baked foods instead of fried foods.

#### Food Choices

- Use the plate method: fill  $\frac{1}{2}$  your plate with fruits and vegetables,  $\frac{1}{4}$  whole grain,  $\frac{1}{4}$  lean protein.
- Eat dark green and orange vegetables every day. Try fresh, frozen or canned vegetables.
- Encourage whole fruit instead of juice, and serve fresh fruit that is in season.
- Whole grain foods include: brown rice, oatmeal, bran cereal, whole grain breads, and whole grain pasta.
- Choose lean protein: beans, fish, poultry, eggs, pork, beef.
- Serve nonfat milk with meals and water between meals.

## Childhood Obesity Guideline

### Obesity is Preventable

### Patient and Parenting Tips - CONTINUED



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

#### Physical Activity

*(Minimum of 60 minutes throughout the day)*

- Play and have fun together as a family or with peers.
- Improve your health and the planet's health: walk, bike or use public transit when possible.
- Find physical activities your child/teen enjoys, i.e. sports, dance, outdoor activities.
- Join a recreation center, YMCA or boys and girls club.
- Television and screens in bedrooms interfere with sleep and increase usage.
- Enjoy nature and activities as a family: get outside!
- Toddlers and preschool children need several hours of unstructured movement every day in addition to 30 minutes of structured daily activity. Avoid periods of inactivity more than 60 minutes at a time.

#### Resources

##### Nutrition

[www.letsmove.gov](http://www.letsmove.gov)  
[www.mypyramid.gov](http://www.mypyramid.gov)  
<http://we.can.nhlbi.nih.gov>  
[www.operationfrontline.org](http://www.operationfrontline.org)  
[www.eatrightcolorado.org](http://www.eatrightcolorado.org)

##### Physical Activity

[www.nwf.org/Get-Outside](http://www.nwf.org/Get-Outside)  
[www.bgca.org](http://www.bgca.org)  
[www.bam.gov](http://www.bam.gov)  
[www.naturefind.com](http://www.naturefind.com)  
[www.fitness.gov/funfit/kidsinaction.html](http://www.fitness.gov/funfit/kidsinaction.html)

***For additional resources, visit [www.healthteamworks.org](http://www.healthteamworks.org)***



## 15-Minute Obesity Prevention Protocol

Step 1: Assessment	
Action	Sample Language
Weight and height, convert to BMI. Provide BMI information.	We checked your child's body mass index (BMI), which is a way of looking at weight and taking into consideration how tall someone is. Your child's BMI is in the range where we start to be concerned about extra weight causing health problems.
Elicit parent's concern.	What concerns, if any, do you have about your child's weight? <i>He did jump two sizes this year. Do you think he might get diabetes someday?</i>
Reflect/probe.	So you've noticed a big change in his size and you are concerned about diabetes down the road. What makes you concerned about diabetes in particular? Etc.
Sweetened beverages, fruits and vegetables, TV viewing and other sedentary behavior, frequency of fast-food or restaurant eating, consumption of breakfast, and others	(Use verbal questions or brief questionnaires to assess key behaviors.) Example: About how many times a day does your child drink soda, sports drinks, or powdered drinks like Kool-Aid?
Provide positive feedback for behavior(s) in optimal range. Elicit response. Reflect/probe.	You are doing well with sugared drinks. <i>I know it's not healthy. He used to drink a lot of soda, but now I try to give him water whenever possible. I think we are down to just a few soda's a week.</i> So you have been able to make a change without too much stress.
Provide neutral feedback for behavior(s) NOT in optimal range. Elicit response. Reflect/probe	Your child watches 4 hours of TV on school days. What do you think about that? <i>I know it's a lot, but he gets bored otherwise and starts picking an argument with his little sister.</i> So watching TV keeps the household calm.



## 15-Minute Obesity Prevention Protocol - CONTINUED

Step 4: Summarize and Probe Possible Changes	
Action	Sample Language
Query possible next steps.	So where does that leave you? <b>OR</b> From what you mentioned it sounds like eating less fast food may be a good first step. <b>OR</b> How are you feeling about making a change?
Probe plan of attack.	What might be a good first step for you and your child? <b>OR</b> What might you do in the next week or even day to help move things along? <b>OR</b> What ideas do you have for making this happen? If patient does not have any ideas... If it's OK with you, I'd like to suggest a few things that have worked for some of my patients.
Summarize change plan, provide positive feedback.	Involving child in cooking or meal preparation. Ordering healthier at fast-food restaurants Trying some new recipes at home
Step 5: Schedule Follow-up	
Agree to follow up within X weeks/months.	Let's schedule a visit in the next few weeks/months to see how things went.
If no plan is made	Sounds like you aren't quite ready to commit to making any changes now. How about we follow up with this at your child's next visit? <b>OR</b> Although you don't sound ready to make any changes, between now and our next visit you might want to think about your child's weight gain and lowering his diabetes risk.

## Effective Communication with Families

### Communication Techniques

#### **Lifestyle Advice - Well child or urgent visit**

- < 1 minute
- Children not currently at risk for overweight

#### **Brief Focused Advice - Well child visit**

- < 3 minutes
- Children who are overweight or at risk for overweight

#### **Brief Negotiation & Cognitive Behavioral Skills - Follow up visit or weight management intervention**

- 10 + minutes: single or multiple sessions
- Children who are overweight or at risk for overweight

### Who Do You Communicate With?

#### **2 - 5 Years Old**

- Communicate with Parent
- Child in Room

#### **6 - 12 Years Old**

- Communicate with Parent or Both
- The First Encounter - Consider taking parent to your office to discuss in private first

#### **Over 12 Years Old**

- Communicate with Teen or Both
- The First Encounter - Consider having parent leave exam room first

### Brief Negotiation Skills

*Particularly effective for contemplative/ambivalent patients*

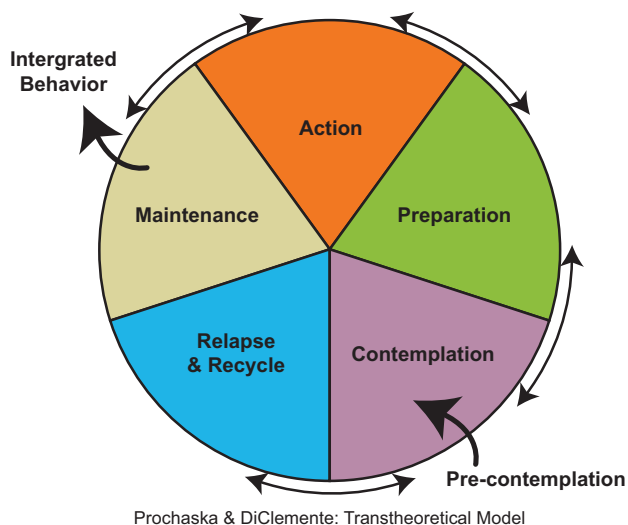
- Asking open ended questions
- Reflective Listening
- Summarizing
- Clinician Style: empathic, accepting, collaborative

### Behavior Skills

*For patients ready and willing to make changes*

- Develop awareness of eating habits, activity and parenting behavior
- Identification of problem behaviors
- Problem solving and modification of problem behaviors
- Weekly goal setting for children and parents on dietary, activity and self-esteem/parenting goals
- Positive reward systems
- Record keeping
- Weight checks

## Effective Communication with Families - CONTINUED



### Lifestyle Advice - Every Visit

**To stay healthy and energized try 5210 everyday!**

- 5 servings of fruit and vegetables daily
- 2 hours or less of screen time
- 1 hour or more of physical activity
- 0 sweetened beverages daily

### Brief Advice - < 3 minutes

#### **Step 1: Engage the Patient / Parent**

- Can we take a few minutes together to discuss your health and weight?
- How do you feel or what do you think about your health and weight?

#### **Step 2: Share Information (optional)**

- Your weight is increasing faster than your height.
- Your current weight puts you at risk for developing heart disease and diabetes.
- What do you make of this?
- Some ideas for staying healthy include...
- What are your ideas for working toward a healthy weight?

#### **Step 3: Ask Permission / Make a Key Advice Statement**

- Do you mind if I tell you what the recommendations are?
  - *Get up and play hard, 30-60 minutes a day*
  - *Limit TV and video games to 2 hours or less a day*
  - *Eat 5 helpings of fruits or vegetables every day*
  - *Limit sodas & juice drinks to 1 cup or less a day*
  - *Use patient ideas from Step 2*

#### **Step 4: Arrange for Follow up**

- Would you be interested in more information on ways to reach a healthier weight?  
AND / OR
- Let's set up an appointment in \_\_\_\_ weeks to discuss this further.

## Effective Communication with Families - CONTINUED

### Brief Negotiation - 10+ Minutes or Multiple Sessions

#### Open the Encounter

#### Ask Permission

- Would you be willing to spend a few minutes discussing your health/weight?
- Are you interested in discussing ways to stay healthy and energized?

#### Ask an Open-Ended Question, Listen and Summarize

- What do you think / how do you feel about your health/ weight?
- What have you tried so far to work toward a healthier weight?  
Share BMI / Weight / Risk Factors (optional)
- *Your current weight puts you at risk for developing heart disease and diabetes.*
- Ask for the patient's interpretation:  
*"What do you make of this?"*
- Add your own interpretation or advice as needed AFTER eliciting the patient's/parent's response

#### Overweight Sensitivity

"Do no harm"

- |                        |   |                          |
|------------------------|---|--------------------------|
| • Obesity              | → | • Overweight             |
| • Ideal Weight         |   | • Healthier Weight       |
| • Personal Improvement |   | • Family Improvement     |
| • Focus on Weight      |   | • Focus on Lifestyle     |
| • Diets or "Bad Foods" |   | • Healthier Food Choices |
| • Exercise             |   | • Physical Activity      |

#### Negotiate the Agenda

- There are a number of ways to achieve a healthy weight. They include:
  - 5 servings of fruit and vegetables daily
  - 2 hours or less of screen time
  - 1 hour or more of physical activity
  - 0 sweetened beverages daily
- *Is there one of these you'd like to discuss further today? Or perhaps you have another idea that isn't listed here.*

#### Assess Readiness

#### Importance/Confidence

0 1 2 3 4 5 6 7 8 9 10

On a scale from 0 to 10, how ready are you to consider... [option chosen above]

- Straight question: *Why a 5?*
- Backward question: *Why a 5 and not a 3?*
- Forward question: *What would it take to move you from a 5 to a 7?*

## Effective Communication with Families - CONTINUED

### Explore Ambivalence

**Step 1: Ask a pair of questions to help the patient explore the pros and cons of the issue**

- What are the things you like about\_\_\_\_\_? **AND** What are the things you don't like about\_\_\_\_\_?
- OR**
- What are the advantages of keeping things the same? **AND** What are the advantages of making a change?

**Step 2:**

- Summarize Ambivalence: Let me see if I understand what you've told me so far (begin with reasons for maintaining the status quo, end with reasons for making a change)
- Ask: Did I get it all? / Did I get it right?

### Tailor the Intervention

Stage of Readiness	Key Questions
<p><b>Not Ready 0 – 3</b></p> <ul style="list-style-type: none"> <li>• Raise Awareness</li> <li>• Elicit Change Talk</li> <li>• Advise and Encourage</li> </ul>	<ul style="list-style-type: none"> <li>• Would you be interested in knowing more about reaching a healthy weight?</li> <li>• How can I help?</li> <li>• What might need to be different for you to consider a change in the future?</li> </ul>
<p><b>Unsure 4 – 6</b></p> <ul style="list-style-type: none"> <li>• Evaluate Ambivalence</li> <li>• Elicit Change Talk</li> <li>• Build Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Where does that leave you now?</li> <li>• What do you see as your next steps?</li> <li>• What are you thinking / feeling at this point?</li> <li>• Where does_____ fit into your future?</li> </ul>
<p><b>Ready 7 – 10</b></p> <ul style="list-style-type: none"> <li>• Strengthen Commitment</li> <li>• Elicit Change Talk</li> <li>• Facilitate Action Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Why is this important to you now?</li> <li>• What are your ideas for making this work?</li> <li>• What might get in the way? How might you work around the barriers?</li> <li>• How might you reward yourself along the way?</li> </ul>

## Effective Communication with Families - CONTINUED

### Close the Encounter

- Summarize:  
*Our time is almost up. Let's take a look at what you've worked through today...*
- Show Appreciation / Acknowledge willingness to discuss change:  
*Thank you for being willing to discuss your weight.*
- Offer advice, emphasize choice, express confidence:  
*I strongly encourage you to be more physically active. The choice to increase your activity, of course, is entirely yours. I am confident that if you decide to be more active you can be successful.*
- Confirm next steps and arrange for follow up:  
*Are you able to come back in 1 month so we can continue to work together?*

Adapted from Regional Health Education- Kaiser Permanente Northern California



## HeartSmart Kids - Heart Print

**HSK**

DOB: 02/14/1995

Initials: TMC

Patient ID 1387

10/20/2007 12:06PM

Age 12 years, 8 Months

Height: 62in/157cm (68%)

Weight: 111lbs/50.3kg (75%)

Weight for BMI85: 117lbs/53.2kg

BP: 110/80 ♥

BP for 90%: 123/77

Family History: 1 ♥

Smoking: No

Sedentary: 3 hour(s) ♥

Activity: 2.00 hour(s)

Breakfast: 6/week

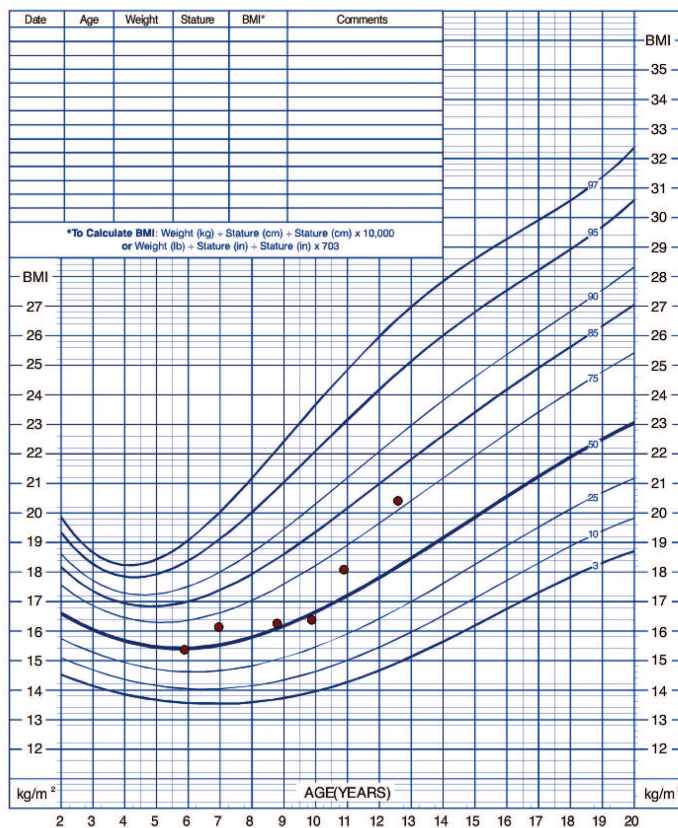
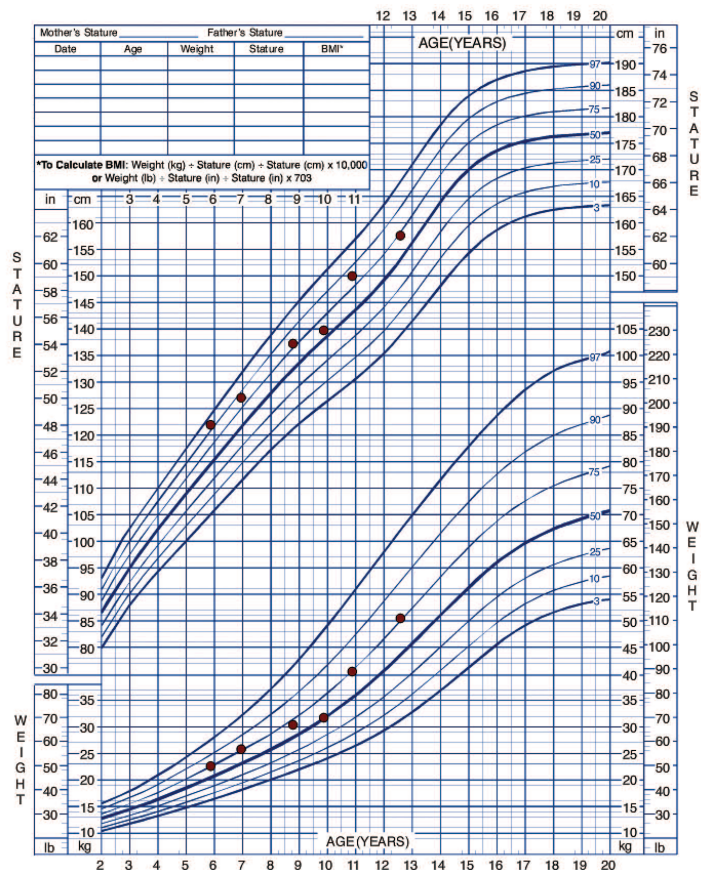
Beverages: 12oz

Milk: 3 cups(1%)

Eats Out: 3/week ♥

Junk Snacks: 2/day

Fruits/Vegs: 4 times



Charts from US CDC

## HeartSmart Kids - Heart Print CONTINUED

**Initials: TMC Birthday: 1995-02-14**

### **Your Recommendations:**

Experts advise not making many changes at the same time. Choose one or two items from each section to work on for several weeks.

### **Activity:**

- Limit daily “screen time” (TV, computers and video games) to less than 2 hours
- Remove the TV, computer or phone from your child's bedroom
- Turn off the TV at meal times and talk with your family instead

### **Nutrition:**

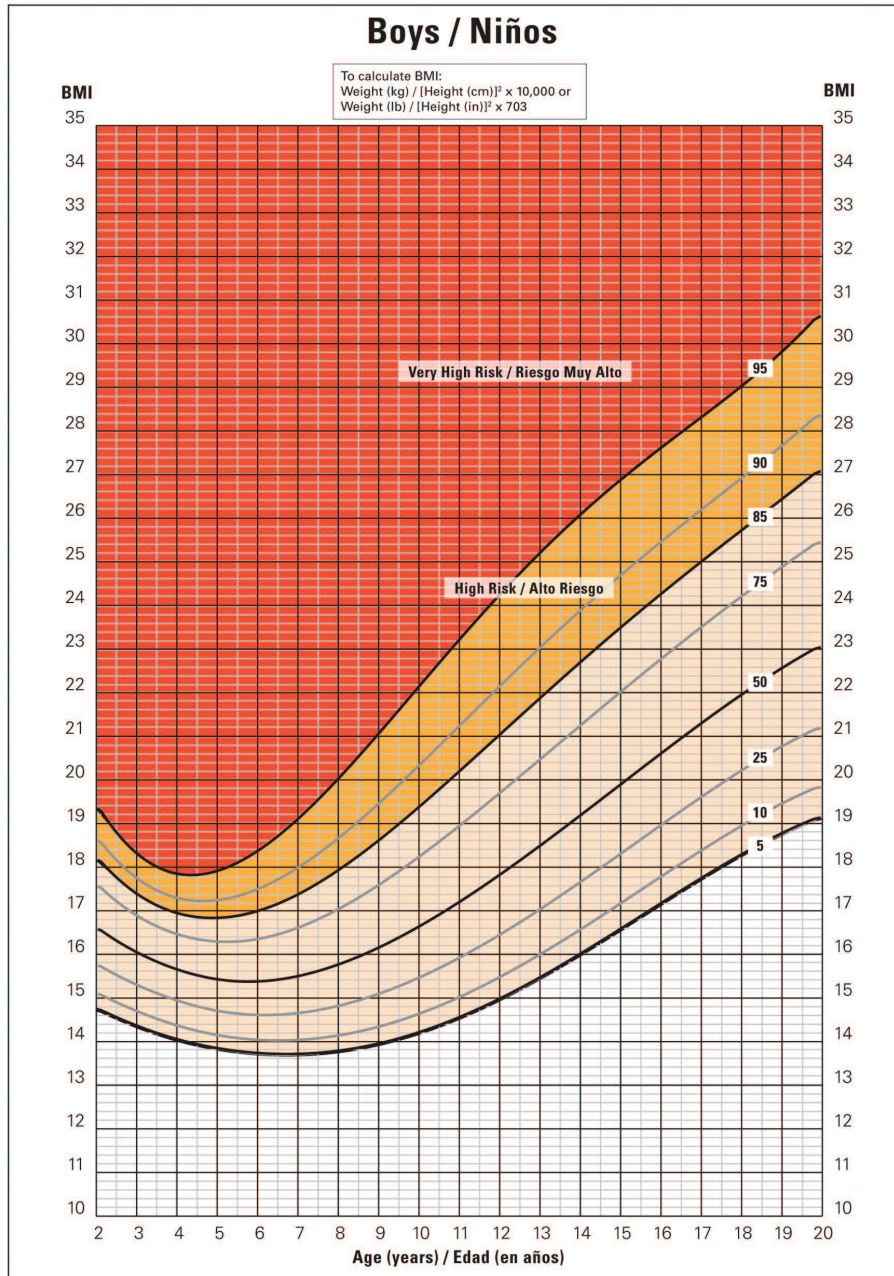
- Do not eat out more than two times per week
- Eat meals together as a family whenever you can

### **Notes:**

# BMI Index

2 to 20 years: Body mass index-for-age percentiles

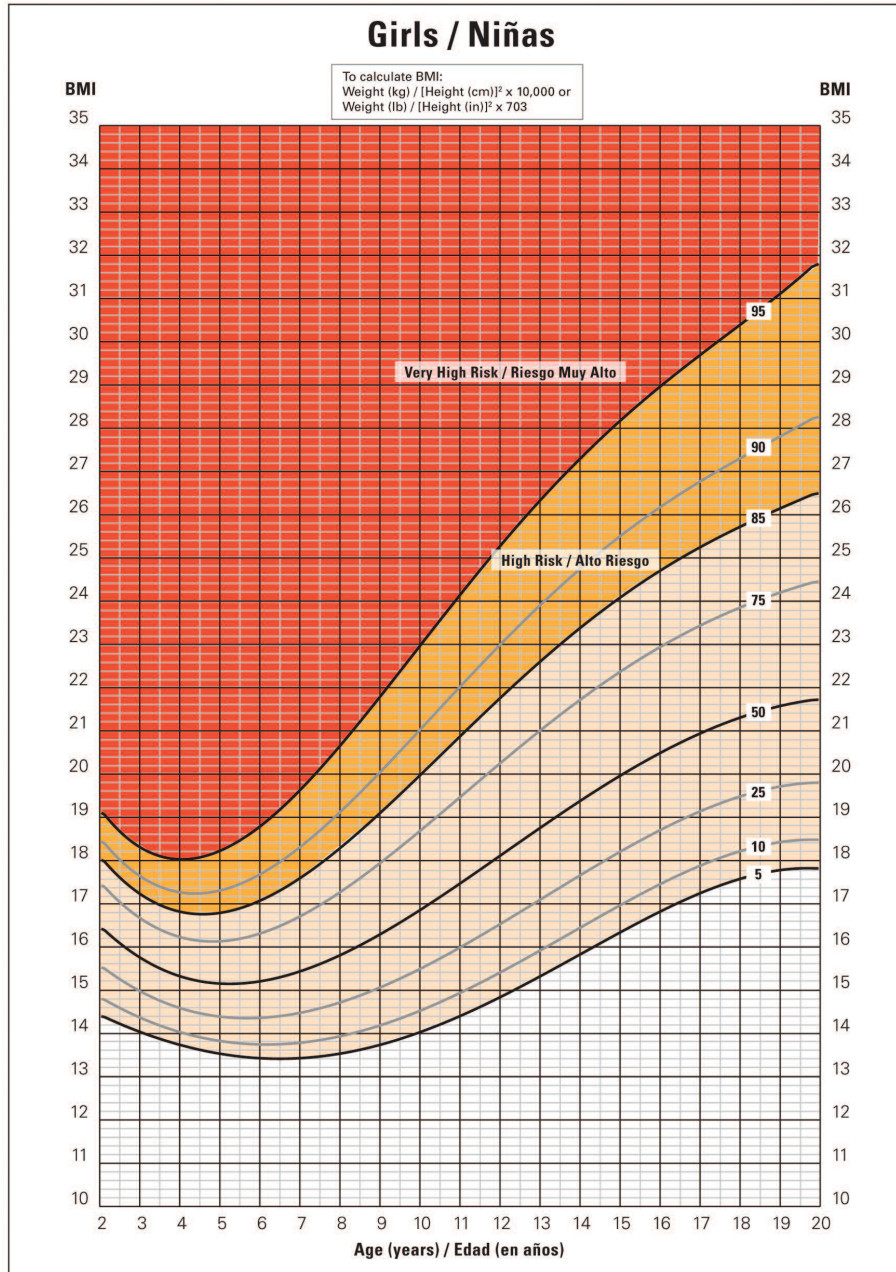
2 a 20 años: Percentiles por edad para el índice de masa corporal



# BMI Index

2 to 20 years: Body mass index-for-age percentiles

2 a 20 años: Percentiles por edad para el índice de masa corporal



## Hypertension

### Definition of Hypertension<sup>a</sup>

- Hypertension is defined as average SBP and/or DBP that is  $\geq 95$ th percentile for gender, age, and height on  $\geq 3$  occasions.
- Prehypertension in children is defined as average SBP or DBP levels that are  $\geq 90$ th percentile but  $< 95$ th percentile.
- As with adults, adolescents with BP levels 120/80 mm Hg should be considered prehypertensive.
- A patient with BP levels  $> 95$ th percentile in a physician's office or clinic, who is normotensive outside a clinical setting, has "whitecoat hypertension."  
ABPM is usually required to make this diagnosis.

### Clinical Evaluation of Confirmed Hypertension

Study of Procedure	Purpose	Target Population
<b>Evaluation for Identifiable Causes</b>		
History, including sleep history, family history, risk factors, diet, and habits such as smoking and drinking alcohol; physical examination	History and physical examination help focus subsequent evaluation	All children with persistent BP $\geq 95$ th percentile
BUN, creatinine, electrolytes, urinalysis, and urine culture	R/O renal disease and chronic pyelonephritis	All children with persistent BP $\geq 95$ th percentile
CBC	R/O anemia, consistent with chronic renal disease	All children with persistent BP $\geq 95$ th percentile
Renal U/S	R/O renal scar, congenital anomaly, or disparate renal size	All children with persistent BP $\geq 95$ th percentile

## Clinical Evaluation of Confirmed Hypertension - CONTINUED

Study of Procedure	Purpose	Target Population
<b>Evaluation for Co-Morbidity</b>		
Fasting lipid panel and fasting glucose	Identify hyperlipidemia, identify metabolic abnormalities	Overweight patients with BP at 90th–94th percentile; all patients with BP $\geq$ 95th percentile; family history of hypertension or CVD; child with chronic renal disease
Drug screen	Identify substances that might cause hypertension	History suggestive of possible contribution by substances or drugs.
Polysomnography	Identify sleep disorder in association with hypertension	History of loud, frequent snoring
<b>Evaluation for Target-Organ Damage</b>		
Echocardiogram	Identify LVH and other indications of cardiac involvement	Patients with comorbid risk factors <sup>b</sup> and BP 90th–94th percentile; all patients with BP $\geq$ 95th percentile
Retinal exam	Identify retinal vascular changes	Patients with comorbid risk factors and BP 90th–94th percentile; all patients with BP $\geq$ 95th percentile

## Clinical Evaluation of Confirmed Hypertension - CONTINUED

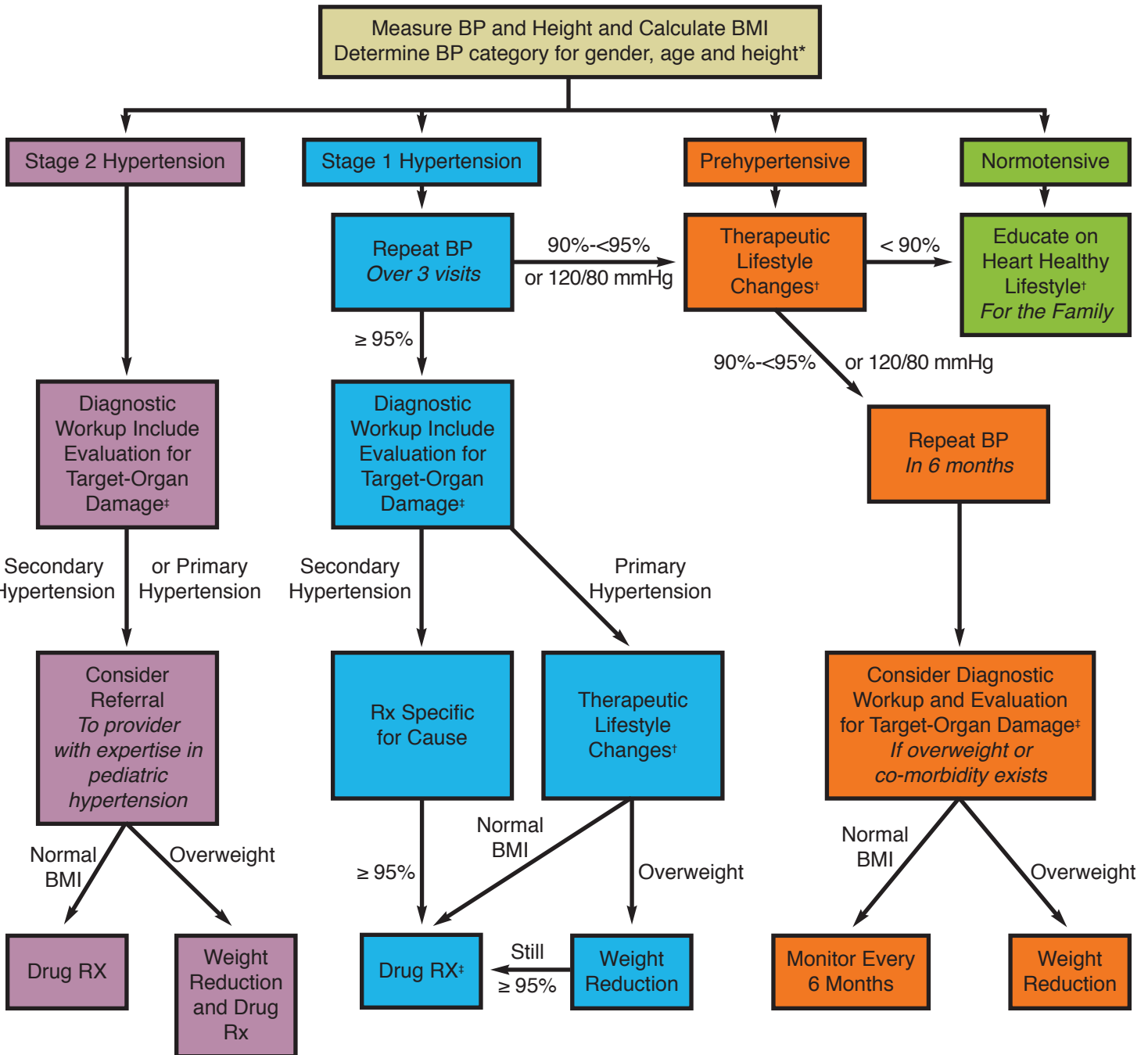
Study of Procedure	Purpose	Target Population
<b>Additional Evaluation as Indicated</b>		
ABPM	Identify white-coat hypertension, abnormal diurnal BP pattern, BP load	Patients in whom white-coat hypertension is suspected, and when other information on BP pattern is needed
Plasma renin determination	Identify low renin, suggesting mineralocorticoid-related disease	Young children with stage 1 hypertension and any child or adolescent with stage 2 hypertension Positive family history of severe hypertension
Renovascular Imaging Isotopic scintigraphy (renal scan) MRA Duplex Doppler flow studies 3-Dimensional CT Arteriography: DSA or classic	Identify renovascular disease	Young children with stage 1 hypertension and any child or adolescent with stage 2 hypertension
Plasma and urine steroid levels	Identify steroid-mediated hypertension	Young children with stage 1 hypertension and any child or adolescent with stage 2 hypertension
Plasma and urine catecholamines	Identify catecholamine-mediated hypertension	Young children with stage 1 hypertension and any child or adolescent with stage 2 hypertension

Abbreviations: SBP, systolic blood pressure; DBP, diastolic blood pressure; BP, blood pressure; ABPM, ambulatory blood pressure monitoring; BUN, blood urea nitrogen; R/O, rule out; CBC, complete blood count; U/S, ultrasound; CVD, cardiovascular disease; LVH, left ventricular hypertrophy; MRA, magnetic resonance angiography; CT, computed tomography; DSA, digital-subtraction angiography.

<sup>a</sup> Selected excerpts from The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents. *Pediatrics*. 2004;114:555–576.

<sup>b</sup> Comorbid risk factors also include diabetes mellitus and kidney disease.

# Hypertension Management Algorithm



Abbreviations and symbols: Rx, prescription; †, diet modification and physical activity; ‡, especially if younger, very high blood pressure, little or no family history, diabetic, or other risk factors.



# Hypertension

## **Therapeutic Lifestyle Changes**

- Weight reduction is the primary therapy for obesity-related hypertension. Prevention of excess or abnormal weight gain will limit future increases in blood pressure.
- Regular physical activity and restriction of sedentary activity will improve efforts at weight management and may prevent an excess increase in blood pressure over time.
- Dietary modification should be strongly encouraged in children and adolescents who have blood pressure levels in the prehypertensive range as well as those with hypertension.
- Family-based intervention improves success.

## **Indications for Antihypertensive Drug Therapy in Children**

- Symptomatic hypertension
- Secondary hypertension
- Hypertensive target-organ damage
- Diabetes (types 1 and 2)
- Persistent hypertension despite nonpharmacologic measures

Selected excerpts from The fourth report on the diagnosis, evaluation, and treatment and high blood pressure in children and adolescents.  
Pediatrics. 2004;114:555–576

## Blood Pressure for Boys

### BLOOD PRESSURE LEVELS FOR THE 90TH AND 95TH PERCENTILES OF BLOOD PRESSURE FOR BOYS AGE 1 TO 17 YEARS BY PERCENTILES OF HEIGHT

Age	Height Percentiles* BP†	Systolic BP (mm Hg)							Diastolic BP (mm Hg)						
		→5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1	90th	94	95	97	98	100	102	102	50	51	52	53	54	54	55
	95th	98	99	101	102	104	106	106	55	55	56	57	58	59	59
2	90th	98	99	100	102	104	105	106	55	55	56	57	58	59	59
	95th	101	102	104	106	108	109	110	59	59	60	61	62	63	63
3	90th	100	101	103	105	107	108	109	59	59	60	61	62	63	63
	95th	104	105	107	109	111	112	113	63	63	64	65	66	67	67
4	90th	102	103	105	107	109	110	111	62	62	63	64	65	66	66
	95th	106	107	109	111	113	114	115	66	67	67	68	69	70	71
5	90th	104	105	106	108	110	112	112	65	65	66	67	68	69	69
	95th	108	109	110	112	114	115	116	69	70	70	71	72	73	74
6	90th	105	106	108	110	111	113	114	67	68	69	70	70	71	72
	95th	109	110	112	114	115	117	117	72	72	73	74	75	76	76
7	90th	106	107	109	111	113	114	115	69	70	71	72	72	73	74
	95th	110	111	113	115	116	118	119	74	74	75	76	77	78	78
8	90th	107	108	110	112	114	115	116	71	71	72	73	74	75	75
	95th	111	112	114	116	118	119	120	75	76	76	77	78	79	80
9	90th	109	110	112	113	115	117	117	72	73	73	74	75	76	77
	95th	113	114	116	117	119	121	121	76	77	78	79	80	80	81
10	90th	110	112	113	115	117	118	119	73	74	74	75	76	77	78
	95th	114	115	117	119	121	122	123	77	78	79	80	80	81	82
11	90th	112	113	115	117	119	120	121	74	74	75	76	77	78	78
	95th	116	117	119	121	123	124	125	78	79	79	80	81	82	83
12	90th	115	116	117	119	121	123	123	75	75	76	77	78	78	79
	95th	119	120	121	123	125	126	127	79	79	80	81	82	83	83
13	90th	117	118	120	122	124	125	126	75	76	76	77	78	79	80
	95th	121	122	124	126	128	129	130	79	80	81	82	83	83	84
14	90th	120	121	123	125	126	128	128	76	76	77	78	79	80	80
	95th	124	125	127	128	130	132	132	80	81	81	82	83	84	85
15	90th	123	124	125	127	129	131	131	77	77	78	79	80	81	81
	95th	127	128	129	131	133	134	135	81	82	83	83	84	85	86
16	90th	125	126	128	130	132	133	134	79	79	80	81	82	82	83
	95th	129	130	132	134	136	137	138	83	83	84	85	86	87	87
17	90th	128	129	131	133	134	136	136	81	81	82	83	84	85	85
	95th	132	133	135	136	138	140	140	85	85	86	87	88	89	89

\*Height percentile determined by standard growth curves.

†Blood pressure percentile determined by a single measurement.

## Blood Pressure for Girls

### BLOOD PRESSURE LEVELS FOR THE 90TH AND 95TH PERCENTILES OF BLOOD PRESSURE FOR GIRLS AGE 1 TO 17 YEARS BY PERCENTILES OF HEIGHT

Age	Height Percentiles* BP†	Systolic BP (mm Hg)							Diastolic BP (mm Hg)						
		→5%	10%	25%	50%	75%	90%	95%	5%	10%	25%	50%	75%	90%	95%
1	90th	97	98	99	100	102	103	104	53	53	53	54	55	56	56
	95th	101	102	103	104	105	107	107	57	57	57	58	59	60	60
2	90th	99	99	100	102	103	104	105	57	57	58	58	59	60	61
	95th	102	103	104	105	107	108	109	61	61	62	62	63	64	65
3	90th	100	100	102	103	104	105	106	61	61	61	62	63	63	64
	95th	104	104	105	107	108	109	110	65	65	65	66	67	67	68
4	90th	101	102	103	104	106	107	108	63	63	64	65	65	66	67
	95th	105	106	107	108	109	111	111	67	67	68	69	69	70	71
5	90th	103	103	104	106	107	108	109	65	66	66	67	68	68	69
	95th	107	107	108	110	111	112	113	69	70	70	71	72	72	73
6	90th	104	105	106	107	109	110	111	67	67	68	69	69	70	71
	95th	108	109	110	111	112	114	114	71	71	72	73	73	74	75
7	90th	106	107	108	109	110	112	112	69	69	69	70	71	72	72
	95th	110	110	112	113	114	115	116	73	73	73	74	75	76	76
8	90th	108	109	110	111	112	113	114	70	70	71	71	72	73	74
	95th	112	112	113	115	116	117	118	74	74	75	75	76	77	78
9	90th	110	110	112	113	114	115	116	71	72	72	73	74	74	75
	95th	114	114	115	117	118	119	120	75	76	76	77	78	78	79
10	90th	112	112	114	115	116	117	118	73	73	73	74	75	76	76
	95th	116	116	117	119	120	121	122	77	77	77	78	79	80	80
11	90th	114	114	116	117	118	119	120	74	74	75	75	76	77	77
	95th	118	118	119	121	122	123	124	78	78	79	79	80	81	81
12	90th	116	116	118	119	120	121	122	75	75	76	76	77	78	78
	95th	120	120	121	123	124	125	126	79	79	80	80	81	82	82
13	90th	118	118	119	121	122	123	124	76	76	77	78	78	79	80
	95th	121	122	123	125	126	127	128	80	80	81	82	82	83	84
14	90th	119	120	121	122	124	125	126	77	77	78	79	79	80	81
	95th	123	124	125	126	128	129	130	81	81	82	83	83	84	85
15	90th	121	121	122	124	125	126	127	78	78	79	79	80	81	82
	95th	124	125	126	128	129	130	131	82	82	83	83	84	85	86
16	90th	122	122	123	125	126	127	128	79	79	79	80	81	82	82
	95th	125	126	127	128	130	131	132	83	83	83	84	85	86	86
17	90th	122	123	124	125	126	128	128	79	79	79	80	81	82	82
	95th	126	126	127	129	130	131	132	83	83	83	84	85	86	86

\*Height percentile determined by standard growth curves.

†Blood pressure percentile determined by a single measurement.

## Reference Values

Plasma Glucose Criteria for the Diagnosis of Impaired Glucose Tolerance in Diabetes <sup>a</sup>			
Plasma Glucose	Normal, mg/dL	Impaired, mg/dL	Diabetes, mg/dL
Fasting	<100	100-125 (IFG)	≥126
Oral glucose-tolerance test, 2 h PG	<140	140-199 (IGT)	≥200
Random			≥200 + symptoms <sup>b</sup>

Abbreviations: IFG, impaired fasting glucose; 2 h PG, plasma glucose at 2 hours postingestion of glucose; IGT, impaired glucose.  
<sup>a</sup> From Hannon TS, Rao G, Arslanian SA. Childhood obesity and type 2 diabetes mellitus. *Pediatrics*. 2005;116:475.  
<sup>b</sup> Polyuria, polydipsia, weight loss.

Cholesterol			
Category	Total Cholesterol, mg/dL	Low-Density Lipoprotein, mg/dL	High-Density Lipoprotein, mg/dL
Acceptable	<170	<110	>40
Borderline	170-199	110-129	
Abnormal	≥200	≥130	<40 is low

<sup>a</sup> Adapted from American Academy of Pediatrics Committee on Nutrition. Cholesterol in children. *Pediatrics*. 1998;101:145.

Triglycerides		
Age in years	Normal, mg/dL	
	Male	Female
8-9	25-90	30-115
10-11	30-105	35-130
12-15	35-130	40-125
16-19	40-145	40-125

<sup>a</sup> From the Third National Health and Nutrition Examination Survey (NHANES III), 1988–1994.

Note: Alanine transaminase, aspartate transaminase, blood urea nitrogen, and creatinine reference values vary by laboratory. Consult local laboratory values.

## Coding for Obesity and Related Co-Morbidities

While coding for the care of children with obesity and related co-morbidities is relatively straightforward, ensuring that appropriate reimbursement is received for such services is a more complicated matter. Many insurance carriers will deny claims submitted with “obesity” codes (eg, **278.00**), essentially carving out obesity-related care from the scope of benefits. Therefore, coding for obesity services is fundamentally a two-tiered system, in which the first tier requires health care professionals to submit claims using appropriate codes and the second tier involves the practice-level issues of denial management and contract negotiation.

The following is a guide to coding for obesity-related health care services taken from “Obesity and Related Co-Morbidities Coding Fact Sheet for Primary Care Pediatricians.” For strategies for pediatric practices to handle carrier denials and contractual issues, see “Obesity and Related Co-Morbidities Coding Fact Sheet for Primary Care Pediatricians” ([www.aap.org/obesity/Obesity%20CodingFact-SheetAugust07.pdf](http://www.aap.org/obesity/Obesity%20CodingFact-SheetAugust07.pdf)).

### Procedure Codes (Current Procedural Terminology [CPT ®] Codes)

#### Body Fat Composition Testing

There is no separate Current Procedural Terminology (CPT®) code for body fat composition testing. This service would be included in the examination component of the evaluation and management (E/M) code reported.

#### Calorimetry

**94690** Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)

or

**94799** Unlisted pulmonary service or procedure [Note: Special report required.]

#### Glucose Monitoring

**95250** Glucose monitoring for up to 72 hours by continuous recording and storage of glucose values from interstitial tissue fluid via a subcutaneous sensor (includes hookup, calibration, patient initiation and training, recording, disconnection, downloading with printout of data)

#### Routine Venipuncture

**36415** Collection of venous blood by venipuncture

**36416** Collection of capillary blood specimen (eg, finger, heel, ear stick)

#### Venipuncture Necessitating Physician’s Skill

**36406** Venipuncture, younger than 3 years, necessitating physician’s skill, not to be used for routine venipuncture; other vein

**36410** Venipuncture, 3 years or older, necessitating physician’s skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)

## Coding for Obesity and Related Co-Morbidities - CONTINUED

### Digestive System Surgery Codes

- 43644** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (Roux limb 150 cm or less)
- 43645** Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption
- 43770** Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components)
- 43771** Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only
- 43772** Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only
- 43773** Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only
- 43774** Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components
- 43842** Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty
- 43843** Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty
- 43845** Gastric restrictive procedure with partial gastrectomy, pyloruspreserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
- 43846** Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy
- 43847** Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption
- 43848** Revision of gastric restrictive procedure for morbid obesity; other than adjustable gastric band (separate procedure)

## Coding for Obesity and Related Co-Morbidities - CONTINUED

### Healthcare Common Procedure Coding System (HCPCS) Level II Procedure and Supply Codes

CPT codes are also known as Healthcare Common Procedure Coding System (HCPCS) Level I codes. HCPCS also contains Level II codes. Level II codes (commonly referred to as HCPCS ["hick-picks"] codes) are national codes that are included as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard procedural transaction coding set along with CPT codes.

HCPCS Level II codes were developed to fill gaps in the CPT nomenclature. While they are reported in the same way as CPT codes, they consist of 1 alphabetic character (A–V) followed by 4 digits. In the past, insurance carriers did not uniformly recognize HCPCS Level II codes. However, with the implementation of HIPAA, carrier software systems must now be able to recognize all HCPCS Level I (CPT) and Level II codes.

### HCPCS Education and Counseling Codes

- S9445** Patient education, not otherwise classified, nonphysician provider, individual, per session
- S9446** Patient education, not otherwise classified, nonphysician provider, group, per session
- S9449** Weight management classes, nonphysician provider, per session
- S9451** Exercise class, nonphysician provider, per session

- S9452** Nutrition class, nonphysician provider, per session
- S9454** Stress management class, nonphysician provider, per session
- S9455** Diabetic management program, group session
- S9460** Diabetic management program, nurse visit
- S9465** Diabetic management program, dietitian visit
- S9470** Nutritional counseling, dietitian visit

### Diagnosis Codes (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] Codes)

#### Circulatory System

- 401.9** Essential hypertension; unspecified
- 429.3** Cardiomegaly Congenital Anomalies
- 758.0** Down syndrome
- 759.81** Prader-Willi syndrome
- 759.83** Fragile X syndrome
- 759.89** Other specified anomalies (Laurence-Moon syndrome)

## Coding for Obesity and Related Co-Morbidities - CONTINUED

### Digestive System

- 530.81** Esophageal reflux
- 564.00** Constipation, unspecified
- 571.8** Other chronic nonalcoholic liver disease  
Endocrine, Nutritional, Metabolic
- 244.8** Other specified acquired hypothyroidism
- 244.9** Unspecified hypothyroidism
- 250.00** Diabetes mellitus without mention of complication, type 2 or unspecified type, not stated as uncontrolled
- 250.02** Diabetes mellitus without mention of complication, type 2 or unspecified type, uncontrolled
- 253.8** Other disorders of the pituitary and other syndromes of diencephalohypophysial origin
- 255.8** Other specified disorders of adrenal glands
- 256.4** Polycystic ovaries
- 259.1** Precocious sexual development and puberty, not elsewhere specified
- 259.9** Unspecified endocrine disorder
- 272.0** Pure hypercholesterolemia
- 272.1** Pure hyperglyceridemia
- 272.2** Mixed hyperlipidemia
- 272.4** Other and unspecified hyperlipidemia
- 272.9** Unspecified disorder of lipid metabolism
- 277.7** Dysmetabolic syndrome X/metabolic syndrome
- 278.00** Obesity, unspecified
- 278.01** Morbid obesity
- 278.02** Overweight
- 278.1** Localized adiposity
- 278.8** Other hyperalimentation

### Genitourinary System

- 611.1** Hypertrophy of the breast

### Mental Disorders

- 300.00** Anxiety state, unspecified
- 300.02** Generalized anxiety disorder
- 300.4** Dysthymic disorder
- 307.50** Eating disorder, unspecified
- 307.51** Bulimia nervosa
- 307.59** Other and unspecified disorders of eating
- 308.3** Other acute reactions to stress
- 308.9** Unspecified acute reaction to stress
- 311** Depressive disorder, not elsewhere classified
- 313.1** Misery and unhappiness disorder
- 313.81** Oppositional defiant disorder

### Musculoskeletal System and Connective Tissue

- 732.4** Juvenile osteochondrosis of lower extremity, excluding foot

### Nervous System and Sense Organs

- 327.23** Obstructive sleep apnea (adult or pediatric)
- 327.26** Sleep-related hypoventilation/hypoxemia in conditions classifiable elsewhere
- 327.29** Other organic sleep apnea
- 348.2** Benign intracranial hypertension

### Skin and Subcutaneous Tissue

- 701.2** Acquired acanthosis nigricans



## Coding for Obesity and Related Co-Morbidities - CONTINUED

### Symptoms, Signs, and Ill-Defined Conditions

- 780.51** Insomnia with sleep apnea, unspecified
- 780.52** Insomnia, unspecified
- 780.53** Hypersomnia with sleep apnea, unspecified
- 780.54** Hypersomnia, unspecified
- 780.57** Unspecified sleep apnea
- 780.71** Chronic fatigue syndrome
- 780.79** Other malaise and fatigue
- 783.1** Abnormal weight gain
- 783.3** Feeding difficulties and mismanagement
- 783.40** Lack of normal physiological development, unspecified
- 783.43** Short stature
- 783.5** Polydipsia
- 783.6** Polyphagia
- 783.9** Other symptoms concerning nutrition, metabolism, and development
- 786.05** Shortness of breath
- 789.1** Hepatomegaly
- 790.22** Impaired glucose tolerance test (oral)
- 790.29** Other abnormal glucose; prediabetes not otherwise specified
- 790.4** Nonspecific elevation of levels of transaminase or lactate dehydrogenase (LDH)
- 790.6** Other abnormal blood chemistry (hyperglycemia)

### Other

NOTE: The ICD-9-CM codes that follow are used to deal with occasions in which circumstances other than a disease or injury are recorded as diagnoses or problems. Some carriers may request supporting documentation for the reporting of V codes.

- V18.0** Family history of diabetes mellitus
- V18.1** Family history of endocrine and metabolic diseases
- V49.89** Other specified conditions influencing health status
- V58.67** Long-term (current) use of insulin
- V58.69** Long-term (current) use of other medications
- V61.0** Family disruption
- V61.20** Counseling for parent-child problem, unspecified
- V61.29** Parent-child problems; other
- V61.49** Health problems with family; other
- V61.8** Health problems within family; other specified family circumstances
- V61.9** Health problems within family; unspecified family circumstances
- V62.81** Interpersonal problems, not elsewhere classified
- V62.89** Other psychological or physical stress not elsewhere classified; other
- V62.9** Unspecified psychosocial circumstance
- V65.19** Other person consulting on behalf of another person
- V65.3** Dietary surveillance and counseling
- V65.41** Exercise counseling
- V65.49** Other specified counseling
- V69.0** Lack of physical exercise

## Coding for Obesity and Related Co-Morbidities - CONTINUED

### Other - CONTINUED

- V69.1 Inappropriate diet and eating habits
- V69.8 Other problems relating to lifestyle;  
self-damaging behavior
- V69.9 Problem related to lifestyle, unspecified
- V85.51 Body mass index, pediatric,  
less than 5th percentile for age
- V85.52 Body mass index, pediatric,  
5th percentile to less than  
85th percentile for age
- V85.53 Body mass index, pediatric,  
85th percentile to less than  
95th percentile for age
- V85.54 Body mass index, pediatric,  
greater than or equal to  
95th percentile for age

## Tips for Busy Clinicians

### Treatment Interventions

#### Communication

- Deliver a set of consistent key messages-5210.
- Keep a list of good Web sites to give your patients. Have appropriate books and magazines available in your waiting room. Provide books, puzzles, and activity sheets- especially for children-that help promote healthy eating and active living.
- Display educational posters and create a bulletin board for community partners to update.
- Frame your discussions to expand the patient/family perception of what healthy lifestyle changes they can make. Keep goals small, simple, and concrete. Allow for personal choices. Selections a child enjoys will be more easily sustained.
- Have patients set specific behavioral goals and action plans and be sure to ask about these during the next visit or follow-up contact.
- Be aware of the cultural norms of the patient, significance of meals/eating for the family/community, beliefs about special foods, and feelings about body size.

### Team Approach

- Be a good role model-be physically active every day and work to make healthy food choices.
- Involve the clinical team in planning and implementing treatment intervention.
- Know your community resources and refer patients to them. These will help support families once they leave your office.
- Behavior change is a long-term process and involving other qualified staff will help ensure success.
- Encourage involvement and change for the whole family and all caregivers.

### ABCs of Counseling and Motivating Overweight Children and Families

#### Ask Open-Ended Questions

- How do you feel about us talking about your physical activity, TV watching, and eating today?
- How concerned are you about your child's weight? Why?
- What are some of the things you might like to change?

## Tips for Busy Clinicians - CONTINUED

### **Body Language**

- Put patient at ease.
- Use eye contact without barriers.
- Convey respect.
- Counsel in a private setting.

### **Care and Empathy**

- Do not criticize.
- Acknowledge patient's feelings.
- Answer questions without sign of judgment.
- Use language that is nonjudgmental
  - "Healthier" food vs "bad" food
  - "Healthier" weight vs "ideal" weight

## Website Resources

### **BMI Calculators and Information**

#### **2000 CDC Growth Charts**

[www.cdc.gov/growthcharts/](http://www.cdc.gov/growthcharts/)

#### **BMI Adults National Heart, Lung, & Blood Institute**

[www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi)

#### **CDC BMI Calculator**

<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>

#### **CDC Z Score Data Files**

[www.cdc.gov/nchs/about/major/nhanes/growthcharts/zscore/zscore.htm](http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/zscore/zscore.htm)

#### **Children's BMI Risk Category Dependent on Age**

[www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/bmi-for-age.htm)

#### **Children's BMI Calculator including plot to graph (for parents)**

[www.kidsnutrition.org/bodycomp/bmiz2.html](http://www.kidsnutrition.org/bodycomp/bmiz2.html)

#### **Free Download for Palm OS Handhelds**

[www.statcoder.com/growthcharts.htm](http://www.statcoder.com/growthcharts.htm)

#### **Medscape: Using the BMI-for-Age Growth Charts**

[www.medscape.com/viewprogram/2640](http://www.medscape.com/viewprogram/2640)

### **National Resources**

#### **Action for Healthy Kids**

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

#### **American Academy of Family Physicians**

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

#### **American Academy of Pediatrics**

[www.aap.org/obesity](http://www.aap.org/obesity)

#### **Bright Futures**

[www.brightfutures.aap.org/web/](http://www.brightfutures.aap.org/web/)

#### **Call to Action: Health School Nutrition Environments**

[www.fns.usda.gov/tn/healthy/calltoaction.html](http://www.fns.usda.gov/tn/healthy/calltoaction.html)

#### **Childhood Health Awareness**

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

#### **Harvard Prevention Research Center**

[www.hsph.harvard.edu/prc/](http://www.hsph.harvard.edu/prc/)

#### **Information for kids, teens, parents, childcare, healthcare providers, schools and workplaces**

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

#### **Let's Move**

[www.letsmove.gov](http://www.letsmove.gov)

#### **National Initiative for Children's Healthcare Quality-Childhood Obesity Action Network**

[www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm](http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm)

### **Resources for Parents and Kids**

#### **Healthy eating and activities for kids & parents**

[www.kidnetic.com](http://www.kidnetic.com)

#### **KidsHealth**

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

#### **My Pyramid**

[www.mypyramid.gov](http://www.mypyramid.gov)

#### **Overview of the VERB campaign**

[www.cdc.gov/youthcampaign/](http://www.cdc.gov/youthcampaign/)

#### **VERB Tween interactive website**

[www.verbnow.com](http://www.verbnow.com)

## Website Resources

### Colorado Resources

#### **Colorado Academy of Family Physicians**

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

#### **Colorado Academy of Pediatrics**

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

#### **Live Well Colorado**

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

#### **Health TeamWorks**

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

#### **Colorado Dietetic Association**

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

#### **Heart Smart Kids**

[www.heartsmartkidslive.com](http://www.heartsmartkidslive.com)

#### **Coalition for Activity and Nutrition to Defeat Obesity**

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

#### **Cooking Matters**

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

#### **Central Colorado Area Health Education Center (AHEC)**

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

#### **Colorado Physical Activity & Nutrition**

[www.cdphe.state.co.us/pp/copan/copan.HTML](http://www.cdphe.state.co.us/pp/copan/copan.HTML)

#### **Colorado WIC**

[www.cdphe.state.co.us/ps/wic/](http://www.cdphe.state.co.us/ps/wic/)

#### **County Social Services**

<http://www.cdhs.state.co.us/servicebycounty.htm>

#### **Colorado Department of Agriculture**

[www.coloradoagriculture.com](http://www.coloradoagriculture.com)

#### **Colorado State Parks**

[www.parks.state.co.us](http://www.parks.state.co.us)



# Fit Family Challenge

**OFFICE TOOLS**

## Creating a Healthy Pediatric/Family Practice Office Environment

The physician's office and their practice teams can be a powerful tool for encouraging patients to lead healthy living through physical activity and healthy eating. Your practice can become active participants in creating a "healthy office" by making simple changes in both your staff's personal lives and the environment of your office.

Consider the following strategies to being the process:

### 1. Develop a Healthy Culture!

#### Physical Activity Focus

- Display physical activity and nutrition posters in waiting areas and examine rooms
- Wear identity items (t-shirts, pedometers, buttons) that promote fitness and elicit questions from patients
- Create "Healthy Living" bulletin board
  - Monthly or quarterly updates can feature patient activities in their communities
  - Post resources & news articles for parents and children
  - Post seasonal activities
  - Fruit or vegetable of the month
- Display books, puzzles, and activity sheets that support healthy eating and active living to entertain children
- Play videos that show children taking part in nontraditional sports and other physical activities

#### Nutrition Focus

- Display Food Guide Pyramid throughout office
- Create a healthy recipes share board where both staff and patients can share healthy recipes
- Install a water cooler in break rooms and waiting rooms
- Post a chart showing the number of calories in various portions of fast foods

### 2. Cultivate Healthy Staff Champions!

- Raise awareness among clinicians and staff regarding their own personal physical activity and nutrition
- Start an office walking group at lunch time
- Encourage friendly internal competitions or group activities related to fitness
- Start a "healthy lunch" program, providing a healthy lunch for the entire office
- Purchase pedometers for staff
- Create a buddy system for working out
- Participate in local walks/runs as a practice team



Fit Family Challenge



## Resources

### **Americans In Motion • Website: [www.aafp.org](http://www.aafp.org)**

The American Academy of Family Physicians is one of the largest national medical organizations, representing more than 97,600 family physicians, family medicine residents and medical students nationwide. Founded in 1947, its mission has been to preserve and promote the science and art of Family Medicine and to ensure high-quality, cost-effective health care for patients of all ages.

### **National Initiative for Children’s Health Care Quality • Website: [www.nichq.org](http://www.nichq.org)**

For more than a decade, through the expertise of clinical and improvement leaders and parents, NICHQ has directly shaped the quality of care for children and youth in the areas of access and efficiency in office practice, asthma, autism, children in foster care, diabetes, attention deficit hyperactivity disorder, cystic fibrosis, hearing loss, epilepsy, obesity, oral health, neonatal care, prevention and spina bifida.



**Fit Family Challenge**



# Fit Family Challenge

**PATIENT TOOLS**

# Put limits on Juice

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. The only difference between these “juices” and soda is that they’re fortified with Vitamin C.
- Always try to choose whole fruits over juice.
- If you choose to serve juice, buy 100% juice.
- Each day, juice should be limited to:
  - 4-6 ounces for children 1-6 years old
  - 8-12 ounces for children 7-18 years old
  - No juice for children 6 months and under
- Make changes slowly by adding water to your child’s juice.
- Suggest a glass of water or low fat milk instead of juice.



Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk



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

**5210** Every Day!

Drink less sugar.

Try water and low fat milk instead of soda and drinks with lots of sugar.



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

# Did you know?

Soda has no nutritional value and is high in sugar. Just nine ounces of soda has 110-150 empty calories. Many sodas also contain caffeine, which kids don't need.

Energy drinks are **NOT** sports drinks and should never replace water during exercise.

Water is fuel for your body:

- Water is the most important nutrient for active people.
- Between 70-80% of a child's body is made up of water.
- When you exercise, you sweat, and when you sweat you **LOSE** water and minerals – it is important to replace the water you lose when you sweat.
- Water is the #1 thirst quencher!

## Redy's Rules

### Water

#### Keep It Handy, Keep It Cold:

- Keep bottled water or a water bottle on hand.
- Add fresh lemon, lime, or orange wedges to water for some natural flavor.
- Fill a pitcher of water and keep it in the fridge.
- Drink water when you're thirsty. It's the best choice.
- Cut back slowly on sugar-sweetened drinks.
- Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

#### Be A Role Model:

- Grab a glass of water instead of soda.
- Try mixing seltzer with a small amount of juice.

# Milk

Encourage low fat milk instead of sugar-sweetened drinks.

#### According to the national dairy council:

- Children ages 4-8 years old should be consuming three 8-ounce glasses of milk or other dairy each day.
- Children ages 9-18 years old should be consuming four and a half 8-ounce glasses of milk or other dairy each day.

The recommendation is that children over the age of two drink low fat milk. Gradually make the change from whole milk to low fat milk.

Make a milkshake using low fat milk, ice, and your favorite berries.



# Use physical activity as a reward

## The Good Behavior Game:

- Write a short list of good behaviors on a chart. Mark the chart with a star every time you see the good behavior.
- After your child has earned a small number of stars, give him or her a reward.
- Give your child extra play time before or after meals as a reward for finishing homework.
- Avoid giving your child extra time in front of the screen as a reward.
- Choose fun, seasonal activities.
- Encourage your child to try a new sport or join a team.



Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk



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

**5210** Every Day!

Get one hour or more of physical activity every day.



# Did You Know?

One hour of **moderate** physical activity physical activity means:

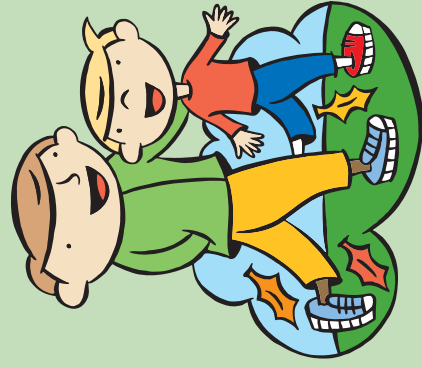
- Doing activities where you breathe hard like hiking or dancing.

20 minutes of **vigorous** physical activity means:

- Doing activities where you sweat, like running, aerobics, or basketball.

Physical activity ...

- Makes you feel good
- Helps you keep a healthy weight
- Makes your heart happy
- Makes you stronger
- Makes you flexible



## Redy's Rules

### Move An Hour Every Day!

- Encourage at least an hour of daily physical activity...for kids and adults!

### Let Physical Activity be Free and Fun!

- Take a walk with your family
- Play with your pet
- Play tag
- Take a bike ride (remember to wear your helmet)
- Turn on music and dance
- Jump rope
- Play Frisbee
- Take the stairs
- Park the car at the end of the parking lot
- Make snow angels

## Tips from Redy

### Make Physical Activity Easier.

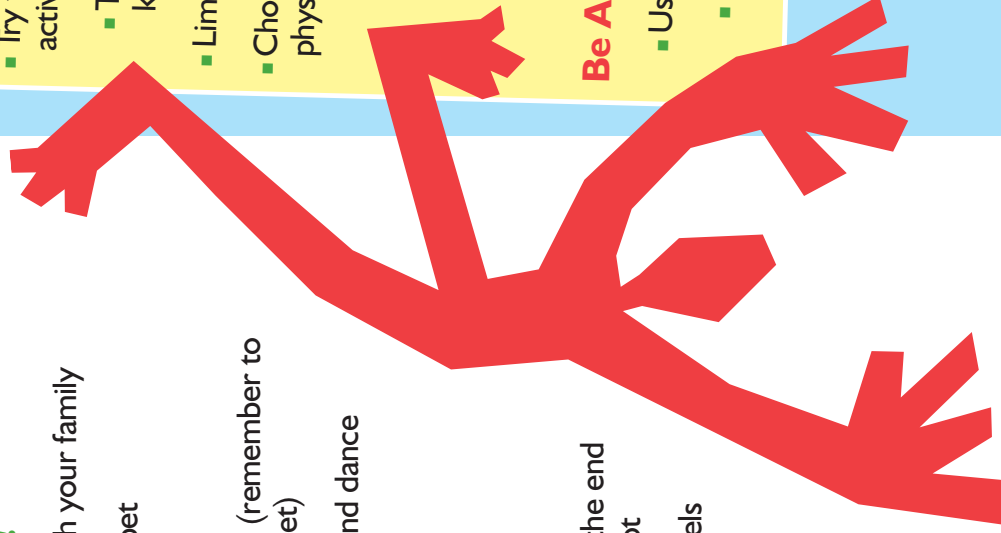
- Make gradual changes to increase your level of physical activity.
- Incorporate physical activity into your daily routines.
- Try tracking the level of your physical activity using a pedometer.
- Turn off the TV and computer and keep them out of the bedroom.
- Limit recreational computer time.
- Choose toys and games that promote physical activity.

- Encourage lifelong physical activity by incorporating physical activity into your routine.

- Keep physical activity fun!!

### Be A Role Model.

- Use a pedometer.
- Take a walk after dinner.



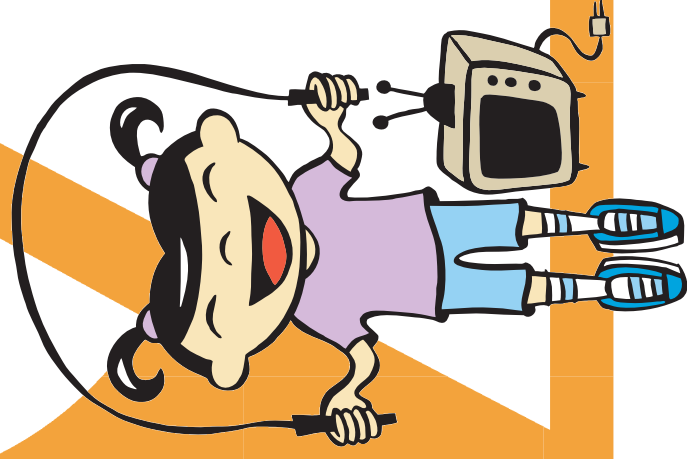
# Turn on! the fun!

Life is lots more fun when you join in!  
Try these activities instead of watching TV.

- Ride a bike
- Go on a nature hike
- Put together a puzzle
- Turn on the music and dance
- Read a book or magazine
- Spend time catching up with your family
- Take your kids to the park or beach
- Play board games
- Walk, run, or jog
- Start a journal
- Play ball (basketball, catch, soccer, etc.)
- Go to the library
- Explore gyms in your community
- Rollerblade
- Charades
- Sled, ski, or snowshoe

**5210** Every Day!

Limit recreational  
TV or computer use to  
two hours  
or less.



**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

**5210**  
**LET'S GO!**

[www.lets-go.org](http://www.lets-go.org)

**5210**  
**LET'S GO!**

[www.lets-go.org](http://www.lets-go.org)

# Did you know?

- Screen time includes TV, computer, Playstation, and Gameboy. All are important to limit.
- American children and adolescents spend 22-28 hours per week viewing television, more than any other activity except sleeping. By the age of 70 they will have spent 7 to 10 years of their lives watching TV.
  - The Kaiser Family Foundation
- Watching TV is associated with more snacking and increased obesity.
- Too much TV has been linked to lower reading scores and attention problems.
- Healthy Screen Time:
  - No TV/computer under the age of 2
  - No TV/computer in the room the child sleeps
  - One hour of educational TV/computer time between ages 2 and 5
  - After the age of 5, 2 hours or less

## Redy's Rules

### Tame the TV and Computer!

### Participate – keep TVs, computers, DVD players, and video games out of your child's room.

- Having the TV in a common room makes watching a family activity.
- Watch TV with your child and discuss the program. Ask them questions and express your views.
- This will also let you know what your children are watching.

### Set Limits – know how much TV your child is watching.

- Set some basic rules such as no TV or computer before homework or chores are done.
- Do not watch TV during mealtime.
- Use a timer. When the bell rings its time to turn off the TV or eliminate TV time during the week.

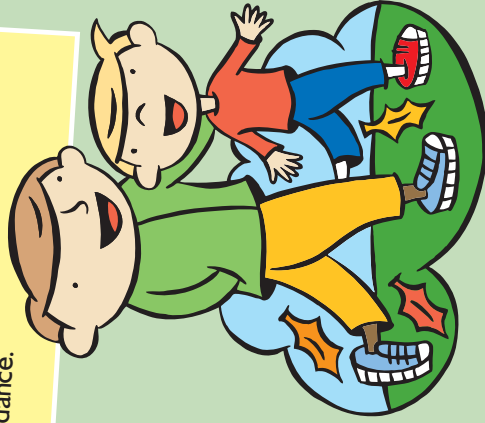
## Tips from Redy

### Help your child plan television viewing in advance.

- Keep books, magazines, and board games in the family room.
- Make a list of fun activities to do instead of being in front of a screen.
- Set family guidelines for age-appropriate shows.

### Be a Role Model.

- Follow your own rules. Because children model behavior, set a good example with your own TV viewing habits.
- Avoid watching programs containing adult content when your child is in the room or nearby.
- Have the family help with dinner. It gets them involved and shows them helping is important.
- Put on music and let the kids dance.





# Food for thought

## What is a serving?

### Adults

- A whole fruit the size of a tennis ball
- 1/2 cup of chopped fruit or veggies
- 1 cup of raw, leafy greens
- 1/4 cup of dried fruits

### Kids

- Size of the palm of their hand

## Choose with the seasons

- Buy fruits and veggies that are in season.
- Don't forget that frozen fruits and veggies are always available and are a healthy choice.

## Family mealtime

- Do not underestimate the importance of family mealtime; take 10-15 minutes to sit down together.
- Get your family involved with meal planning.

**5210** Every Day!

Eat at least five fruits and vegetables a day.



**5210**

Every Day!

- 5** or more servings of fruits & vegetables
- 2** hours or less recreational screen time
- 1** hour or more of physical activity
- 0** sugary drinks, more water & low fat milk

**5210**  
**LET'S GO!**

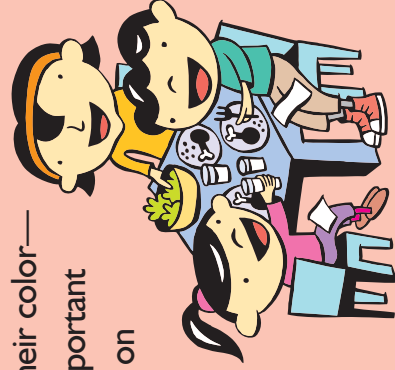
[www.lets-go.org](http://www.lets-go.org)

**5210**  
**LET'S GO!**  
[www.lets-go.org](http://www.lets-go.org)

# Did You Know?

A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function.

Most fruits and vegetables are low in calories and fat, making them a healthy choice anytime. They may also contain phytochemicals (fight-o-chemicals) that work together with fiber to benefit your health in many ways. Different phytochemicals are found in different fruits based on their color—that's why it's important to put a rainbow on your plate.



## Redy's Rules

### Try it!

- Try the three bite rule. Offer new fruits and veggies different ways and try at least three bites each time—it can take 7 to 10 tries before you like a new food.
- Many fruits and veggies taste great with a dip or dressing. Try a low fat salad dressing with yogurt or get protein with peanut butter.
- Make a fruit smoothie with low fat yogurt.

### Mix it!

- Add them to foods you already make, like pasta, soups, casseroles, pizza, rice, etc.
- Add fruit to your cereal, pancakes, or other breakfast foods.
- Be a good role model for your family and have at least one veggie at every meal.

### Slice it!

- Wash and chop veggies and fruits so they are ready to grab and eat.
- Most people prefer crunchy foods over mushy ones. Enjoy them fresh or lightly steamed.

## Tips from Redy

### Offer Non-Food Rewards.

- Have your family put together a list of fun, non-food rewards that don't cost much. Post it where the whole family can see it. Examples: playing outdoors, a family game night, going to a ball game, buying a new book, extra reading time before bed.

### Put Limits on Juice.

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. The only difference between these “juices” and soda is that they're fortified with Vitamin C.
- Always try to choose whole fruits over juice.
- If you choose to serve juice, buy 100% juice.
- Make changes slowly by adding water to your child's juice.
- Try mixing seltzer with a small amount of juice.
  - Each day, juice should be limited to:
    - 4-6 ounces for children 1-6 years old
    - 8-12 ounces for children 7-18 years old
    - Children 6 months and under should not be given juice

### Be a Role Model.

- Snack on fruits and veggies.
- Have the family help plan meals.



# Childhood Action Plan to Promote Healthy and Fit Families

Goals are most successful when all family members participate and support one another.

**Choose one or two goals your family will work to achieve:**



**5 servings of fruits and vegetables**

**5 servings of fruits and vegetables daily**

- Include at least one fruit or vegetable with every snack or meal
- Add color: make ½ your plate fruits or vegetables at most meals
- Add extra vegetables to tacos, stews, burritos, soups, etc.



**2 hours or less of screen time**

**2 or less hours of screen time daily**

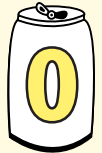
- Remove TV and screens from bedrooms
- Enjoy time outside: daily green hour without any screens
- Unplug the family for 1-2 weeks, plan activities without screens
- Join after school activities or community centers
- Turn off TV during meals



**1 hour or more of physical activity**

**1 or more hours of physical activity daily**

- Walk or bike to school (or at least the last 5 blocks)
- Join a sports team, dance group or outdoor club
- Play outside daily: invent games, jump in leaves, build snow forts, etc.
- Sign up for a recreation pass as a family or with friends
- Spend family time together hiking, playing a sport or other activities



**0 sweetened beverages**

**0 sweetened beverages daily**

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

**Other**

- Eat breakfast daily
- Eat dinner as a family \_\_\_ times/week
- Serve smaller portions (see [mypyramid.gov](http://mypyramid.gov))
- Eat out/take out less than \_\_\_ times/week
- Additional goal: \_\_\_\_\_

## Signatures

Patient \_\_\_\_\_

Date \_\_\_\_\_

Parent or Caregiver \_\_\_\_\_

Date \_\_\_\_\_

Provider \_\_\_\_\_

Date \_\_\_\_\_

For resources on how to achieve your family goals, please visit [www.healthteamworks.org](http://www.healthteamworks.org).



**5 servings of fruits and vegetables daily**



**2 hours or less of screen time**



**1 hour or more of physical activity daily**



**0 sweetened beverages**

## Nutrition

### Feeding Practices

- Eat and buy foods you want your child to eat.
- Enjoy regular mealtimes together.
- Reward 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, and decreases the risk of obesity.
- When eating out choose grilled, steamed, and baked foods instead of fried foods.

### Food Choices

- Use the plate method: fill  $\frac{1}{2}$  your plate with fruits and vegetables,  $\frac{1}{4}$  whole grain,  $\frac{1}{4}$  lean protein.
- Eat dark green and orange vegetables every day. Try fresh, frozen or canned vegetables.
- Encourage whole fruit instead of juice, and serve fresh fruit that is in season.
- Whole grain foods include: brown rice, oatmeal, bran cereal, whole grain breads, and whole grain pasta.
- Choose lean protein: beans, fish, poultry, eggs, pork, beef.
- Serve nonfat milk with meals and water between meals.

## Physical Activity

*(Minimum of 60 minutes throughout the day)*

- Play and have fun together as a family or with peers.
- Improve your health and the planet's health: walk, bike or use public transit when possible.
- Find physical activities your child/teen enjoys, i.e. sports, dance, outdoor activities.
- Join a recreation center, YMCA or boys and girls club.
- Television and screens in bedrooms interfere with sleep and increase usage.
- Enjoy nature and activities as a family: get outside!
- Toddlers and preschool children need several hours of unstructured movement every day in addition to 30 minutes of structured daily activity. Avoid periods of inactivity more than 60 minutes at a time.

## Resources

### Nutrition

- [www.letsmove.gov](http://www.letsmove.gov)
- [www.mypyramid.gov](http://www.mypyramid.gov)
- <http://wecan.nhlbi.nih.gov>
- [www.operationfrontline.org](http://www.operationfrontline.org)
- [www.eatrightcolorado.org](http://www.eatrightcolorado.org)

### Physical Activity

- [www.nwf.org/Get-Outside](http://www.nwf.org/Get-Outside)
- [www.bgca.org](http://www.bgca.org)
- [www.bam.gov](http://www.bam.gov)
- [www.naturefind.com](http://www.naturefind.com)
- [www.fitness.gov/funfit/kidsinaction.html](http://www.fitness.gov/funfit/kidsinaction.html)

**For additional resources, visit [www.healthteamworks.org](http://www.healthteamworks.org).**