

Healthy Care for Healthy Kids: Obesity Toolkit



NICHQ (the National Institute for Children’s Health Quality), along with teams from *Healthy Care for Healthy Kids, a Collaborative to Prevent, Identify and Manage Childhood Overweight*, sponsored by Blue Cross Blue Shield MA, developed this toolkit to assist primary care practice teams in providing coordinated, integrated and multidisciplinary services to prevent obesity and improve care for children who are already overweight or at risk for becoming overweight.

Toolkit Contents

Prevention Tools and Materials

- Jump Up & Go! Physical Activity and Nutrition Survey
- Jump Up & Go! Weekly Log

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- Body Mass Index Chart for Boys (age 2-20)
- Body Mass Index Chart for Girls (age 2-20)
- Approach for Prevention & Management of Overweight in Children (age 2-12)
- Blood Pressure Levels for the 90th and 95th Percentiles of Blood Pressure for Boys and Girls (age 1-17 years)

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- Encounter Documentation Tool
- Serving Portion by Age
- Drink Comparison Handout
- What’s on Your Plate?

Management and Treatment – Care Partnerships Support Tools

- Healthy Care for Healthy Kids Management Plan
- A Menu for Action

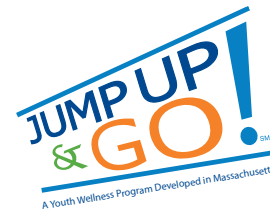
Community Resources Tools

- Physician Involvement in Community Action
- Community Resources Key Points

Office Culture Tools

- Creating a Healthy Pediatric/Family Practice Office Environment

Physical Activity and Nutrition Survey



Are You a Healthy Kid?

Patient Name: _____ **Age:** _____ **Date:** _____

While you are waiting to see your clinician, please take a moment to answer questions 1–10 below.

For each of the following questions, circle “yes” or “no.”

- | | | |
|--|-----|----|
| 1. Do you eat five or more fruits and vegetables per day? | Yes | No |
| 2. Do you have a favorite fruit or vegetable that you eat every day? | Yes | No |
| 3. Do you eat breakfast every day? | Yes | No |
| 4. Do you watch TV, videos, or play computer games for two hours or less per day? | Yes | No |
| 5. Do you take gym class or participate in sports or dance in or outside of school three or more times a week? | Yes | No |
| 6. Do you have a favorite sport or physical activity that you love to do? | Yes | No |
| 7. Do you eat dinner at the table with your family at least once a week? | Yes | No |
| 8. Do you have a TV in your bedroom? | Yes | No |
| 9. Do you eat in front of the TV? | Yes | No |
| 10. Do you drink more than one soda, juice, or other sugar-sweetened drink a week? | Yes | No |

5-2-1 Daily Prescription for Better Health (to be completed by clinician)

Height: _____ Weight: _____ BMI: _____ BMI Percentile: _____

To help you get healthy and grow strong, begin doing what we’ve discussed and I’ve marked below.

At Least 5 Fruits & Vegetables

Servings (1/2 cup)

- _____ Apples/Bananas/Oranges
- _____ Apricots/Pears/Plums
- _____ Asparagus/Broccoli
- _____ Beans/Lentils/Peas
- _____ Berries/Grapes/Kiwi
- _____ Carrots/Celery/Spinach
- _____ Dates/Figs/Raisins
- _____ Guava/Mango/Papaya
- _____ Lettuce/Tomatoes/Peppers
- _____ Other:

No More Than 2 Hours of Screen Time

Minutes

- _____ TV/Videos/DVDs
- _____ Video/Computer
- _____ Games
- _____ Game Boy
- _____ Movies
- _____ Computer/IM Chat
- _____ Other:

At Least 1 Hour of Physical Activity

Minutes

- _____ Aerobics/Dance
- _____ Baseball/Softball/Basketball
- _____ Bicycle/Swim/Tennis
- _____ Football/Soccer
- _____ Gymnastics/Martial Arts
- _____ Hockey/Field Hockey
- _____ Ice-skate/Roller-skate
- _____ Jump Rope/Run/Walk
- _____ Skate-Snowboard/Ski
- _____ Other:

Weekly Recommendations:

No more than one sugar-sweetened beverage: _____ Soda _____ Fruit Drink _____ Sports Drink

Other Suggestions/Recommendations:



Your Weekly Log

Growing Up Healthy and Strong Is as Easy as 5-2-1!

- 5**—Record the servings of fruits and veggies you eat each day. **5 or more** each day is the healthy way.
- 2**—Limit your screen time; try not to guess—you'll be a success if it's **2 hours or less**.
- 1**—Add up your time to get the activity score—get **1 hour or more** to build a strong core.



Track your progress every day. Record each amount in the chart below.

Family Member Name _____

Week of _____

5

2

1

	Mon Date:	Tues Date:	Wed Date:	Thurs Date:	Fri Date:	Sat Date:	Sun Date:
Fruits and Veggies	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____
	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____
	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____
	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____
Screen Time	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under	<input type="checkbox"/> 2 hrs or under
	<input type="checkbox"/> Over 2 hrs Describe: _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____	<input type="checkbox"/> Over 2 hrs _____ _____ _____
Physical Activity	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more	<input type="checkbox"/> 1 hr or more
	<input type="checkbox"/> 30 minutes or more Describe: _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____	<input type="checkbox"/> 30 minutes or more _____ _____ _____

Completed by participating family member _____

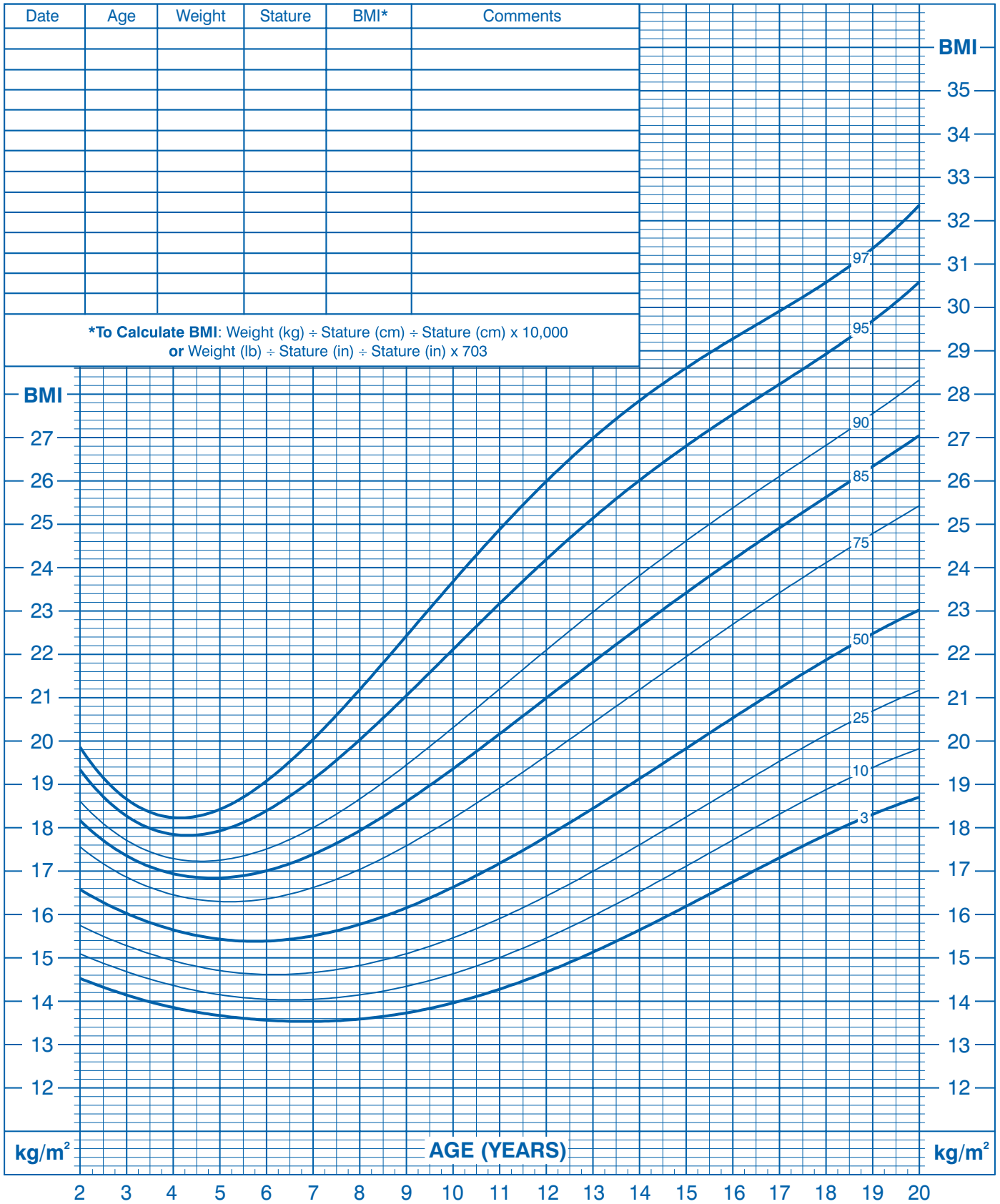
Confirmed by another family member _____

2 to 20 years: Boys

Body mass index-for-age percentiles

NAME _____

RECORD # _____



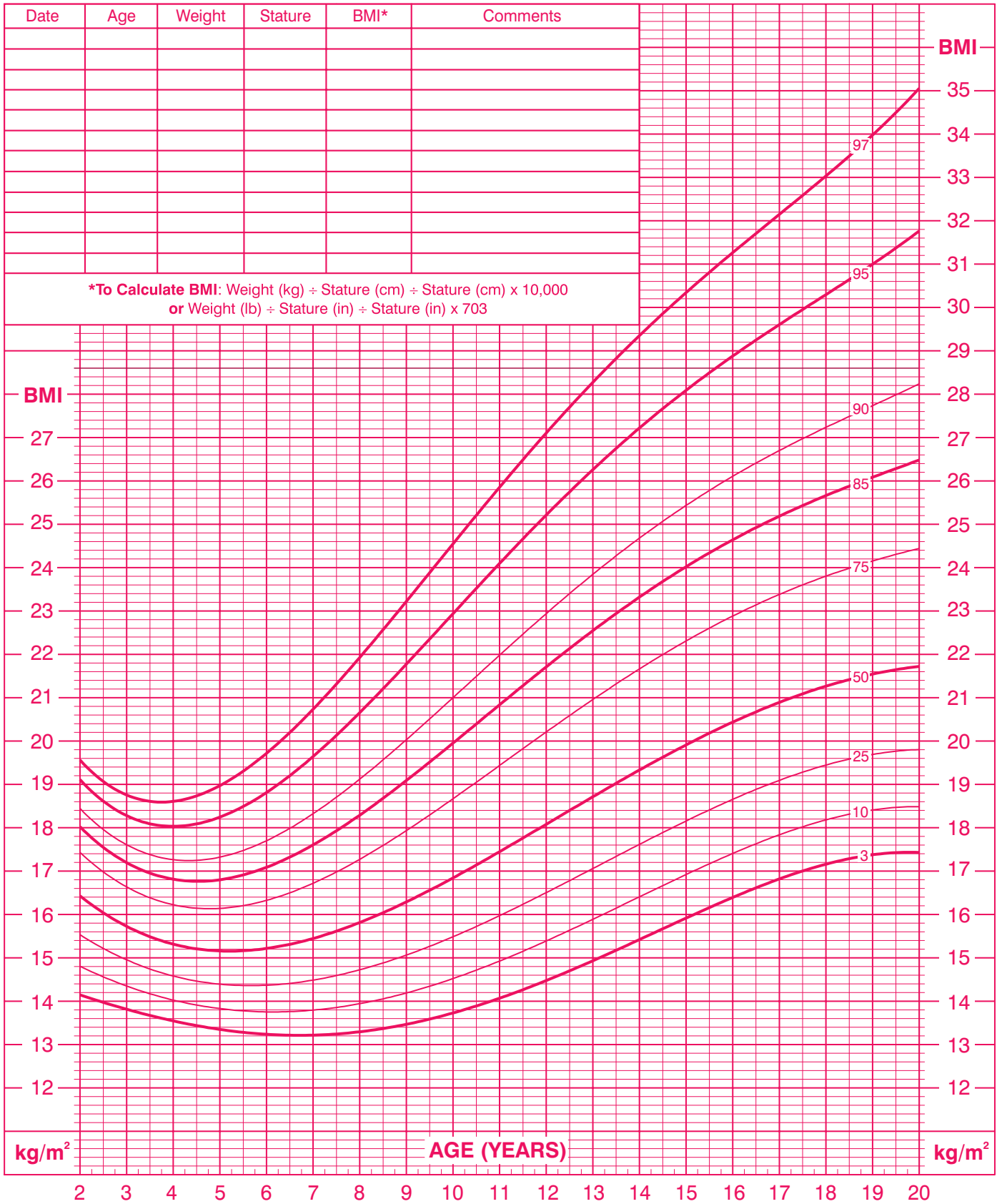
Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with
the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



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

NAME _____

RECORD # _____

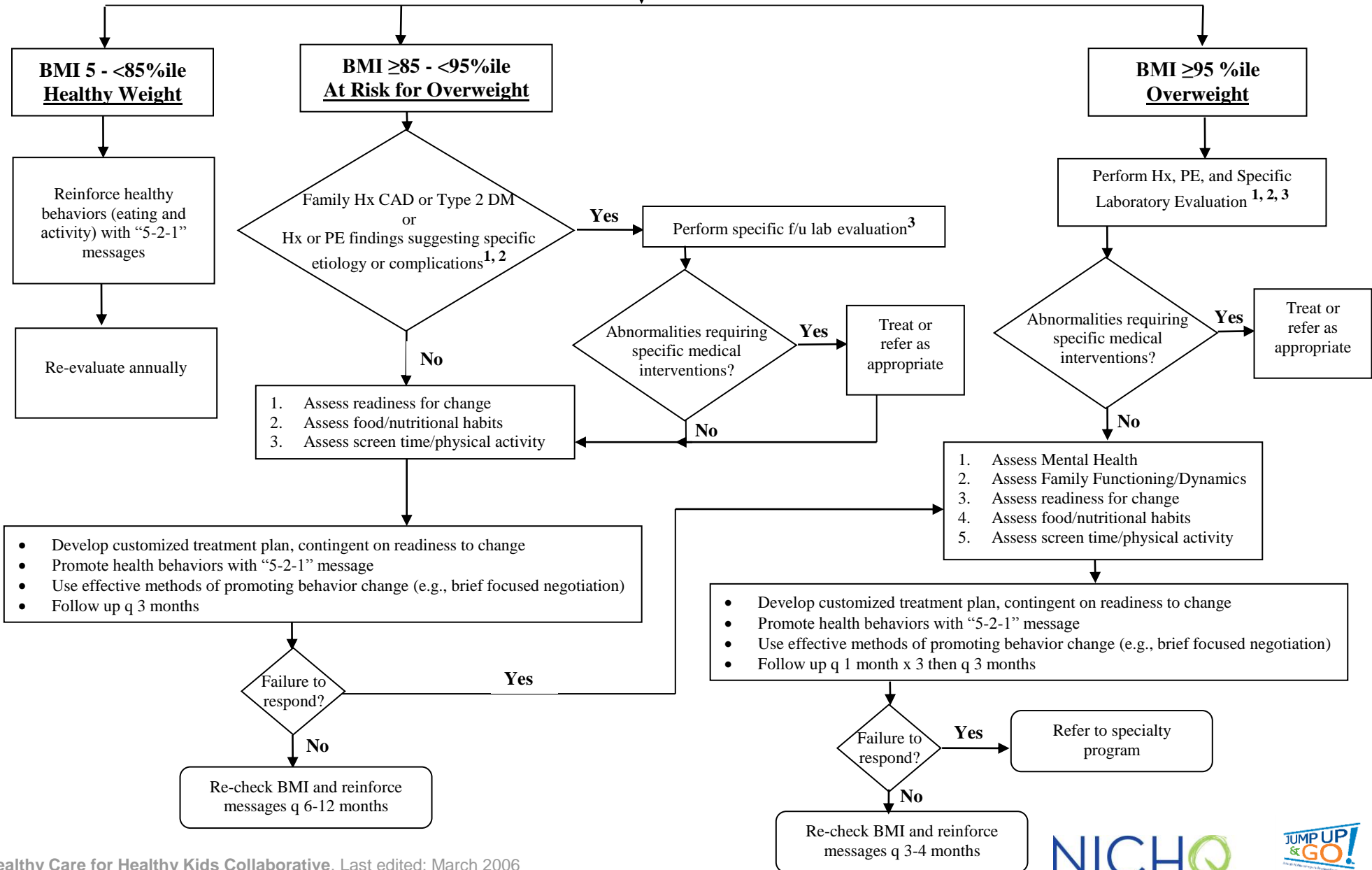


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SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
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Approach for Prevention & Management of Overweight in Children 2-12 years

1. Measure Height and Weight
2. Calculate BMI and Plot BMI% for age/gender
3. Classify Weight
4. Engage family/youth about 5-2-1 behaviors



Additional Details and Notes

1. Physical Findings Suggesting Specific Causes of Obesity:

- a) Poor linear growth:
 - i. Assess for hypothyroidism
 - ii. If associated with hirsutism, moon facies, striae, hypertension, assess for Cushing's
- b) Developmental delay, abnormal genitalia:
 - i. Consider Prader Willi, Turner, Laurence-Moon-Badet-Biedle
- c) Oligomenorrhea, hirsutism: Consider Polycystic ovarian syndrome

2. History or Physical findings indicating potential complications of obesity

- a) Hypertension
- b) Assess the risk for type II DM - Family history of type II DM in first degree relatives; Ethnicity with a high prevalence of Type II DM (African American, Hispanic, Native American) signs of insulin resistance (acanthosis nigrans, HTN, dyslipidemia, abdominal girth > 90%ile for age, PCOS)
- c) Bowed legs (Blount's Disease)
- d) Sleepiness, snoring: assess for sleep apnea

3. Laboratory evaluation:

- a) If > 10 years of age or pubertal check fasting lipid profile
- b) If > 10 years of age and BMI% $\geq 85^{\text{th}}$ ile for age with ≥ 2 risk factors present screen for diabetes (family history, ethnicity with a high prevalence of Type II DM (African American, Hispanic, Native American) signs of insulin resistance (acanthosis nigrans, HTN, dyslipidemia, abdominal girth > 90%ile for age, PCOS) screen for diabetes with Fasting Blood Sugar
- c) Consider AST/ALT if $\geq 95^{\text{th}}$ ile for age. There is insufficient evidence to recommend for or against routine use of this test in this population.
- d) Abdominal Girth, per table below

Abd Girth 90%'ile	8 yrs	12 yrs	15 yrs	Adult	Reference values from Fernandez et al. J Pediatrics 2004; 145: 439-44
Male	71 cm	85 cm	94 cm	102 cm	
Female	70 cm	82 cm	90 cm	89 cm	

4. Fasting Blood Sugar:

- < 100 Normal – re-evaluate every 2 years
 100-125 Impaired – perform 2 hour modified OGTT
 >125 (X2) Type 2 Diabetes

Table 16. Blood Pressure Levels for the 90th and 95th Percentiles of Blood Pressure for Boys Ages 1 to 17 Years

		Systolic BP (mm Hg), by Height Percentile from Standard Growth Curves							Diastolic BP (mm Hg), by Height Percentile from Standard Growth Curves						
Age	BP Percentile^a	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

Source: Reprinted from National High Blood Pressure Education Program Working Group on Hypertension Control in Children and Adolescents.³
^aBlood pressure percentile determined by a single measurement.

Table 17. Blood Pressure Levels for the 90th and 95th Percentiles of Blood Pressure for Girls Ages 1 to 17 Years

		Systolic BP (mm Hg), by Height Percentile from Standard Growth Curves							Diastolic BP (mm Hg), by Height Percentile from Standard Growth Curves						
Age	BP Percentile^a	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





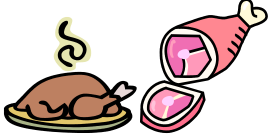
Source: Reprinted from National High Blood Pressure Education Program Working Group on Hypertension Control in Children and Adolescents.³
^aBlood pressure percentile determined by a single measurement.

Encounter Documentation Tool: Key Elements to Include in an Encounter Form

<p>1. Vital Signs:</p> <ul style="list-style-type: none">▪ Height and Weight▪ BMI▪ BMI percentile▪ Weight classification<ul style="list-style-type: none"><5% Underweight5-84% Healthy Weight85-94% At Risk for Overweight≥ 95% Overweight <p>2. Current Health Habits:</p> <ul style="list-style-type: none">▪ Nutrition<ul style="list-style-type: none">○ Fruits and vegetables○ Sugar Sweetened Beverages○ Milk – type and quantity○ Snacking – types and quantity▪ Physical Activity<ul style="list-style-type: none">○ Type and quantity▪ Screen time<ul style="list-style-type: none">○ Type and quantity○ TV/computer in the room the child sleeps <p>3. Review of Systems:</p> <ul style="list-style-type: none">▪ Constitutional<ul style="list-style-type: none">○ Sleep Habits○ Fatigue/Lethargy▪ Respiratory<ul style="list-style-type: none">○ Snoring○ Wheezing/Coughing○ Difficulty breathing▪ Cardiovascular<ul style="list-style-type: none">○ Chest Pain▪ Gastrointestinal<ul style="list-style-type: none">○ Abdominal Pain/Vomiting/Constipation▪ Skin<ul style="list-style-type: none">○ Striae	<ul style="list-style-type: none">▪ Neurologic<ul style="list-style-type: none">○ Developmental Delay○ Headache▪ Genitourinary<ul style="list-style-type: none">○ Menarche○ Oligo/Amenorrhea▪ Musculoskeletal<ul style="list-style-type: none">○ Knee/Hip Pain○ Limp <p>4. Family History:</p> <ul style="list-style-type: none">○ Obesity○ Diabetes○ Hypertension○ Cardiovascular Disease○ Depression <p>5. Social History:</p> <ul style="list-style-type: none">○ School/Daycare○ Who lives at home?○ Who helps parent? <p>6. Past Medical History</p> <ul style="list-style-type: none">○ Birth weight – IUGR/LGA○ Mental Health <p>7. Medications:</p> <p>8. Physical Exam:</p> <ul style="list-style-type: none">○ Special attention to respiratory, muscular skeletal, skin exam <p>9. Assessment:</p> <ul style="list-style-type: none">○ Weight Classification○ Lab work up○ Readiness to Change <p>10. Plan:</p> <ul style="list-style-type: none">○ Based upon Readiness to Change Tailor the Intervention○ Goal Setting Worksheet if indicated○ Follow up Plans○ Referral to Specialist
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Food Portion Size by Age

Estimates below are based on 30-60 min exercise/day and should be increased or decreased based on activity level

Food	Portion Size/Age			
Age	2 years	4 years	6 years	10 years
Calories/Sex	1000 both	1400 both	1600 M 1400 F	1800 both
<p>Grains <i>(Make ½ your grains whole)</i></p> <p>In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or ½ cup of cooked rice, cooked pasta, or cooked cereal can be considered as 1 ounce equivalent from the grains group.</p>	 2 oz	5 oz	5 oz M 5 oz F	6 oz
<p>Vegetables</p> <p>Any vegetable or 100% vegetable juice counts as a member of the vegetable group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut up, or mashed.</p>	 1 Cup	1½ Cups	2 Cups M 1 ½ Cups F	2½ Cups
<p>Fruits</p> <p>Any fruit or 100% fruit juice counts as part of the fruit group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut up, or pureed.</p>	 1 Cup	1 ½ Cups	1 ½ Cups	2 cups
<p>Milk Yogurt Cheese</p> <p>In general, 1 cup of milk or yogurt, 1½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the milk group.</p>	 2 Cups	2 Cups	3 Cups M 2 Cups F	3 Cups
<p>Meats, poultry, fish, dry beans and peas, eggs, nuts</p> <p>In general, 1 ounce of meat, poultry or fish, ¼ cup cooked dried beans, 1 egg, 1 tablespoon of peanut butter, or ½ ounce of nuts or seeds can be considered as 1 ounce equivalent from the meat and beans group.</p>	 2 oz	4 Oz	5 Oz M 4 Oz F	5 Oz
Extras Fats and Sugars	Limit to 165 cals/day	Limit to 170 cals/day	Limit to 130 M 170 F cals/day	Limit to 265 cals/day
Oils	3 tsp./day	4 tsp./day	5 M/4 F tsp./day	6 tsp./day

Food Portion Size by Age

Estimates below are based on 30-60 min exercise/day and should be increased or decreased based on activity level

Tips: Use what you have on hand

- A fist or cupped hand = 1 cup
- Your thumb tip = 1 teaspoon
- A handful = 1-2 ounces of snack food

Meat	2-3 ounces	Your palm (no fingers) or a deck of cards
Pasta or rice, Vegetables, or a piece of fruit	½ cup	A tennis ball
Bread, ½ bagel	1 slice	Computer disc
Peanut Butter	2 tablespoons	Ping Pong ball
Cheese	1 ounce	Your thumb or 4 dice



Tool Name: Drink Comparison Chart/Display

Use: To demonstrate (and provide a visual display) how much sugar is contained in each drink

Directions:

For Simple Chart – Post on bulletin board or show patient/family

For Display – Purchase bottles in sizes below, empty, dry and fill with appropriate amounts of sugar.

Substitutions may be use by calculating sugar content 4.2 gms/teaspoon or 200 gms/cup

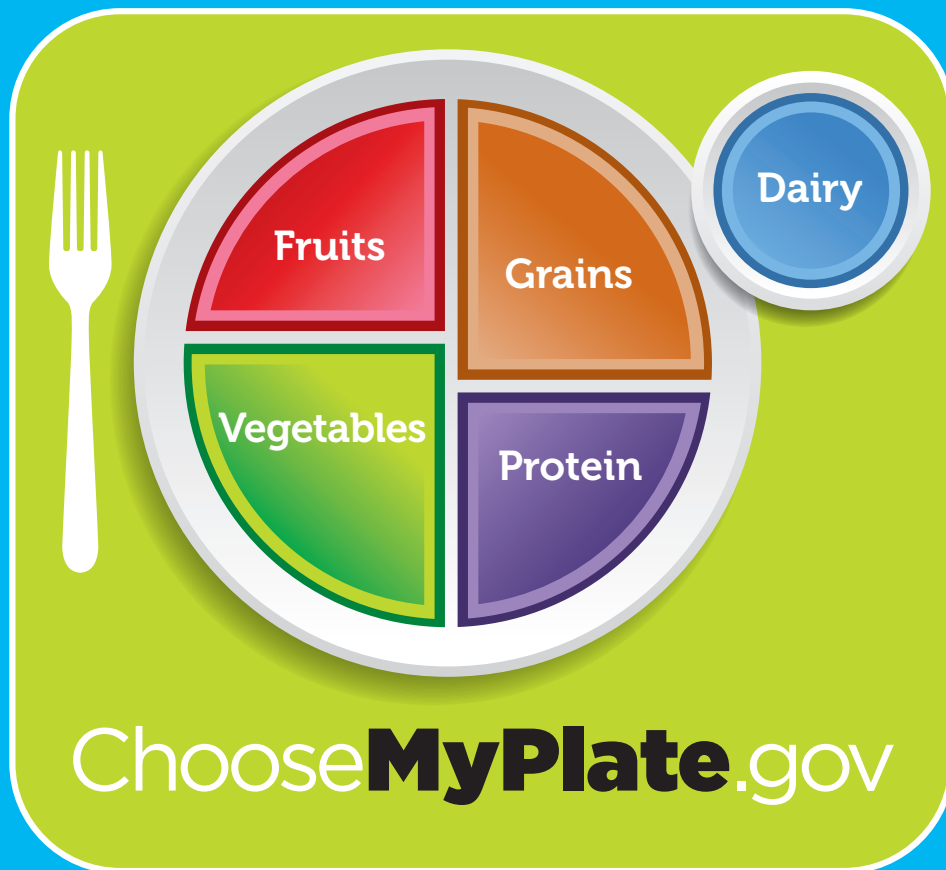
For Exercise – Ask child to fill an empty bottle with the amount of sugar he/she thinks it contains

Drink	Size	Total Calories	Tsp. Sugar	# Dots Sugar Cubes*
<i>Mountain Dew</i>	20 oz	275 cal	18.45	37
<i>Hawaiian Punch</i>	20 oz	300 cal	17.26	35
<i>Pepsi</i>	20 oz	250 cal	16.07	36
<i>Coke</i>	20 oz	250 cal	16.07	36
<i>Sprite</i>	20 oz	250 cal	15.47	31
<i>Dole 100% Apple Juice</i>	15.2 oz	220 cal	11.42	23
<i>Tropicana Orange Juice</i>	14 oz	190 cal	9.28	18
<i>Fanta Orange</i>	20 oz	275 cal	17.85	36
<i>Dunkin Donuts Strawberry Fruit Collata</i>	16 oz	290 cal	15.47	31
<i>Propel Fitness Water</i>	16.9 oz	20 cal	0.6	1



* One Domino Dot Sugar Cube = 1/2 teaspoon sugar

What's on your plate?



Before you eat, think about what and how much food goes on your plate or in your cup or bowl. Over the day, include foods from all food groups: vegetables, fruits, whole grains, low-fat dairy products, and lean protein foods.



Make half your plate fruits and vegetables.



Make at least half your grains whole.



Switch to skim or 1% milk.



Vary your protein food choices.

Vegetables	Fruits	Grains	Dairy	Protein Foods
<p>Eat more red, orange, and dark-green veggies like tomatoes, sweet potatoes, and broccoli in main dishes.</p> <p>Add beans or peas to salads (kidney or chickpeas), soups (split peas or lentils), and side dishes (pinto or baked beans), or serve as a main dish.</p> <p>Fresh, frozen, and canned vegetables all count. Choose “reduced sodium” or “no-salt-added” canned veggies.</p>	<p>Use fruits as snacks, salads, and desserts. At breakfast, top your cereal with bananas or strawberries; add blueberries to pancakes.</p> <p>Buy fruits that are dried, frozen, and canned (in water or 100% juice), as well as fresh fruits.</p> <p>Select 100% fruit juice when choosing juices.</p>	<p>Substitute whole-grain choices for refined-grain breads, bagels, rolls, breakfast cereals, crackers, rice, and pasta.</p> <p>Check the ingredients list on product labels for the words “whole” or “whole grain” before the grain ingredient name.</p> <p>Choose products that name a whole grain first on the ingredients list.</p>	<p>Choose skim (fat-free) or 1% (low-fat) milk. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.</p> <p>Top fruit salads and baked potatoes with low-fat yogurt.</p> <p>If you are lactose intolerant, try lactose-free milk or fortified soymilk (soy beverage).</p>	<p>Eat a variety of foods from the protein food group each week, such as seafood, beans and peas, and nuts as well as lean meats, poultry, and eggs.</p> <p>Twice a week, make seafood the protein on your plate.</p> <p>Choose lean meats and ground beef that are at least 90% lean.</p> <p>Trim or drain fat from meat and remove skin from poultry to cut fat and calories.</p>

For a 2,000-calorie daily food plan, you need the amounts below from each food group.
To find amounts personalized for you, go to ChooseMyPlate.gov.

<p>Eat 2½ cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked vegetables or vegetable juice; 2 cups of leafy salad greens</p>	<p>Eat 2 cups every day</p> <p>What counts as a cup? 1 cup of raw or cooked fruit or 100% fruit juice; ½ cup dried fruit</p>	<p>Eat 6 ounces every day</p> <p>What counts as an ounce? 1 slice of bread; ½ cup of cooked rice, cereal, or pasta; 1 ounce of ready-to-eat cereal</p>	<p>Get 3 cups every day</p> <p>What counts as a cup? 1 cup of milk, yogurt, or fortified soymilk; 1½ ounces natural or 2 ounces processed cheese</p>	<p>Eat 5½ ounces every day</p> <p>What counts as an ounce? 1 ounce of lean meat, poultry, or fish; 1 egg; 1 Tbsp peanut butter; ½ ounce nuts or seeds; ¼ cup beans or peas</p>
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Cut back on sodium and empty calories from solid fats and added sugars



Look out for salt (sodium) in foods you buy. Compare sodium in foods and choose those with a lower number.

Drink water instead of sugary drinks. Eat sugary desserts less often.

Make foods that are high in solid fats—such as cakes, cookies, ice cream, pizza, cheese, sausages, and hot dogs—occasional choices, not every day foods.

Limit empty calories to less than 260 per day, based on a 2,000 calorie diet.

Be physically active your way

Pick activities you like and do each for at least 10 minutes at a time. Every bit adds up, and health benefits increase as you spend more time being active.

Children and adolescents: get 60 minutes or more a day.

Adults: get 2 hours and 30 minutes or more a week of activity that requires moderate effort, such as brisk walking.

My Personal Healthy Weight Plan _____ (Name)

SETTING A GOAL

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

- Eat at least 5 servings of fruits/vegetables a day
- Avoid sugar-sweetened beverages
- Get at least 60 minutes of physical activity every day
- Limit screen time (especially TV)
- Monitor my weight status regularly
- Manage my stress
- Get enough sleep
- Other _____

Specific behaviors should be modified to match those in the selected healthy weight message

ACHIEVING MY GOAL

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

0 1 2 3 4 5 6 7 8 9 10

Not at all important

Extremely important

2. What might make it difficult for me to achieve my goal (what are the barriers)?

3. Steps I will take to make this change (for example: what, when, how and with whom):

- a. _____
- b. _____
- c. _____
- d. _____

4. How confident am I that I can carry out this plan? (select a number)

0 1 2 3 4 5 6 7 8 9 10

Not at all confident

Very confident

5. Information or support I might need in accomplishing my goal:

6. I will know my plan is working when:

7. I will celebrate my success by:

8. I agree to this plan of action and will review my plan and progress on _____ with _____

by _____ (Date) _____ (Name)

REFERRALS

I need more information about how to improve my health! I want to:

- See my primary care doctor, _____ (Name) by _____ (date)
- I do not have a regular doctor but agree to see _____ (Name) by _____ (date)
- See a dietitian to talk about healthy eating
- Be referred to community agencies where I can exercise

I give my permission to forward the information about my health assessment and my plan to the health professional I want to see.

Signature of individual _____ Date _____

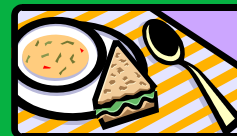
Specific referral sources should be modified to match those available to the target population

While you are waiting to see the doctor please take a moment to answer questions 1-10

1. Do you eat **5 or more** fruits and vegetables *per day*? YES NO
2. Do you have a **favorite fruit or vegetable** that you would eat *everyday*? YES NO
3. Do you eat **breakfast everyday**? YES NO
4. Do you watch **TV, videos or play computer games for no more than 2 hours** per day? YES NO
5. Do you take gym class or participate in sports or dance **in or outside of school more times per week**? YES NO
6. Do you have a **favorite sport or physical activity** that you love to do? YES NO
7. Do you eat dinner **at the table with your family** at least once a week? YES NO
8. Do you have a TV in **your bedroom**? YES NO
9. Do you eat **in front of the TV**? YES NO
10. Do you drink soda, juice, or other **sugar sweetened drinks** one or more times a day? YES NO

Would you like to talk to your doctor about making changes to improve your health? YES NO
(if yes, continue to page 2)

Directions: Check the area you would like to change then choose one from the list or fill in your very own idea!



1 Increasing Physical Activity

___ Take a walk everyday
___ Pedometer 10,000 steps

2 Decreasing TV & Screen Time

___ Plan TV time
___ Take the TV out of my bed room

Decreasing Portion Sizes



Decreasing Soft Drinks and Juices

___ Cut down
___ NO soda



5 Increasing Fruits and Vegetables

___ Try one new veg or fruit
___ Add fruit to my cereal

OTHER



On a scale of 0 (not ready) to 10 (very ready)

How ready are you (please circle appropriate number) to consider making a change?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

When I / my child reach goal I / my child will be rewarded by: (a special privilege, special activity etc.)

Patient Signature _____ **Clinician Signature** _____

Guardian Signature _____ **Phone** _____ **Visit Date** _____

Adapted from the Jump Up & Go! Physical Activity and Nutrition Survey and the Maine Center for Public Health Keep Me Healthy Goal Setting Worksheet



Physician Involvement in Community Action

The authority vested in physicians gives your voice clout on the issue of childhood obesity prevention and treatment. It is not necessary for you to create your own community programs and projects. Some of the most efficient and effective ways to turn your authority into action include:

1. Supporting existing coalitions & groups working on issues such as
 - Healthy school environments
 - Access to affordable fresh fruits & vegetables
 - Access to quality physical activity program
 - Access to quality after-school programs
 - Access to quality daycare programs
2. Offering testimony and /or your experience and knowledge
 - At community and school programs
 - At school committee meeting, legislative hearings
 - In the media – newspapers, magazines & TV
3. Displaying information about groups and programs in your office so that
 - Parents & patients will become aware of your interest
 - Patient healthy eating and physical activity counseling message will be reinforced
 - Children and their parents will have access to resource information
4. Challenging your office staff to get engaged with obesity prevention
5. Financially supporting groups and organizations through donations and/or in-kind services

How to Locate Community Partners

Begin by contacting groups and agencies at the national, state, and/or local level such as following:

1. National level
 - a. American Academy of Pediatrics
 - b. Steps to a Healthier US Initiative
 - c. President's Council on Physical Fitness and Sports
 - d. CDC
 - e. Action for Healthy Kids
2. State level
 - a. Governor's Committee on Physical Fitness and Sports
 - b. Department of Public Health , Obesity Prevention Program
 - c. American Academy of Pediatrics State Chapter
 - d. Department of Education
 - e. School Nurse Organization
 - f. Public Health Association
3. City or town level
 - a. Public Health Commission
 - b. Local School Department - Wellness Policy Initiative
 - c. Parks & Recreation Departments
 - d. Healthy People 2010
 - e. United Way and other community organizations
 - f. YMCA/ Boys & Girls Club and youth serving organizations
 - g. Hospital Community Benefits Departments



Community Resources: Key Points



In NICHQ's Care Model for Child Health (based on the Chronic Illness Care Model developed by Ed Wagner), the health care system can optimize self-management support by informed, activated patients through collaboration with community resources.

Utilizing community partnerships, health care providers can identify effective programs, encourage appropriate patient participation, develop evidence-based programs and policies supportive of chronic care, and encourage coordination among health plans of chronic illness guidelines, measures, and care resources.

The following key points identify: community partners, activities benefiting primary care providers and community partners, and strategies for prioritizing potential partnerships.

Identify Potential Community Partners

- Other clinical providers of care
- Health care delivery systems
- Payers, insurers, and managed care organizations
- Public health and environmental agencies, schools, and childcare providers
- Community-based organizations both public and private, voluntary health agencies, and local coalitions
- State and local government, academic institutions, and the local media
- Parents/caretakers of children with overweight

An Effective Community Partnership includes:

- A clear vision and shared objectives
- Decisive and flexible leadership
- Inclusive participation of key representatives
- Trusting relationships
- Clear roles and responsibilities
- Time commitment of partners
- Funds for capacity building
- Shared benefits

Strategies for prioritizing potential Partnerships:

- Prioritize internal needs
- Analyze relative strengths and limitations of potential partners
- Identify shared opportunities for improvement
- Overcome political barriers
- Secure cash and in-kind support

Key Activities

- Clinical provider training
- Patient, peer, and family education
- Information and referral networks to needed resources
- Resources for nutrition support and education, exercise and healthy habits
- Public and community education
- Community health planning
- Coalition development
- Program evaluation



Strategies to help PCPs identify and meet the needs of Partners:

- Evaluate your needs
- Understand your partner's needs
- Establish shared goals
- Clarify roles
- Celebrate successes

Creating a Healthy Pediatric / Family Practice Office Environment



“A picture is worth more than a thousand words”

The physician’s office is a worksite that can be a powerful tool to communicate healthy eating and active living messages.

- Hang physical activity and nutrition posters in waiting areas and in examination rooms
 - Make them as prominent as vaccination posters
- Create a 5-2-1 bulletin board. Monthly or quarterly updates can feature
 - Patient activities in their communities
 - Resources & news articles for parents and children
 - Seasonal activities
 - Fruit or vegetable of the month
- Give 5-2-1 stickers to children who are working on or plan to work on one of three
- Play videos that show children taking part in non traditional sports and other physical activities
- Play videos of children trying new fruits and vegetables
- Display books, puzzles and activity sheets that support healthy eating and active living to entertain children
- Replace lollipop and candy rewards with stickers, bookmarks and other non food items



Work with you staff to make healthy eating and active living apart of their lives.

- Have staff contest to create an office slogan or universal message about healthy lifestyles
- Sample a fruit or vegetable of the month – select items of different cultures to try
- Host a healthy eating lunch
- Provide 10 minute physical activity or walk break during the work day

