

HEALTHY TOGETHER



HEALTHCARE

TOOLKIT

READY, SET, GO!

WELCOME TO THE HEALTHY TOGETHER HEALTH CARE TOOLKIT!

What's Healthy Together?

Led by Atrium Health through its Levine Children's, together with community partners, the *Healthy Together* initiative is aimed at tackling childhood obesity by promoting healthy behaviors. This toolkit was developed to help health care providers and their teams implement the essentials of prevention, assessment, management, and treatment of childhood obesity.

The epidemic of youth overweight and obesity continues to have major implications for the health of the entire population, from infancy to adulthood. Research has shown that primary care providers can and should play an important role in obesity prevention because they are in a unique position to partner with families and patients and to influence key components of the broader strategy of developing community support. To be effective in this role, we know that health care practice teams need tools and resources that are evidence-based, practical, and accessible. This toolkit is designed to help a primary care provider and their team to:

- **Connect** - to the community and the *Healthy Together* efforts
- **Assess** - a patient's height, weight, and measure BMI
- **Talk** - respectfully with patients about healthy eating, active living, and weight

What's Inside

This toolkit will guide your practice through *Healthy Together's* 5 Step Path to Success. Within each tab are the handouts, tools, and resources for each step.

Thank you for your efforts to help improve the health and well-being of our children and families.



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The resources found in the toolkit have been adapted from the Let's Go! materials:
letsgo.org



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HEALTHY TOGETHER

PARTNER STRUCTURE

It takes a big team to make *Healthy Together* a success. These are the roles and responsibilities of each *Healthy Together* partner.

Program Coordinator

The Program Coordinator is located at Atrium Health in Charlotte, NC. They develop the structure, framework, marketing materials, evaluation plan and scorecard, and communicate with coordinators and setting leads.

The Program Coordinator is responsible for:

- Overseeing all *Healthy Together* programs across the Atrium Health footprint
- Developing and maintaining frameworks for multiple counties
- Establishing and maintaining partners who can implement the *Healthy Together* model locally
- Creating and managing annual evaluation activities and data collection
- Creating and managing program tools and resources, including toolkits, e-newsletters, the website, and trainings

County Coordinator

The County Coordinator is instrumental in guiding and maintaining the frameworks to be implemented in all settings (e.g., schools, early childcare, out-of-school, clinical, etc.) in a given county.

The County Coordinator is responsible for:

- Recruiting and training Setting Leads
- Collecting county data
- Communicating with Setting Leads and Site Champions regularly
- Providing technical assistance to Setting Leads

Setting Lead

The Setting Lead is responsible for sites that fall under one setting in a given county. They work directly with Site Champions and their teams. The Setting Lead is the Site Champion's local *Healthy Together* contact.

The Setting Lead is responsible for:

- Registering sites to participate in the *Healthy Together* program designed for their designated setting
- Working with a Site Champion to go through the *Healthy Together* "5-Step Path to Success," helping to change a site's environment and policies to support healthy behaviors
- Connecting Site Champions to healthy eating and active living resources in the community
- Communicating, training, and supporting evaluation activities

PROGRAM
COORDINATORCOUNTY
COORDINATORSETTING
LEADSITE
CHAMPION

HEALTHY TOGETHER

PARTNER STRUCTURE

Site Champion

Every *Healthy Together* registered program has a Site Champion to lead their program through the “5-Step Path to Success.” The Site Champion is someone who is at the program daily, and who knows and can help influence the healthy eating and physical activity practices at the program.

Site Champions lead the positive changes in a program environment. The role includes:

- Signing up their program with the local *Healthy Together* Setting Lead, being listed as the *Healthy Together* Site Champion, and giving their contact information
- Reviewing the *Healthy Together* Action Planning Packet each year with their team and determining what their program wants to achieve that year
- Ensuring that parents, administrators, and all staff are aware of and, if possible, included in the work
- Sharing the 5-2-1-0 message and *Healthy Together* resources with parents and staff
- Reaching out to the *Healthy Together* Program Coordinator with any questions, challenges, or successes they come across in their efforts to increase healthy eating and physical activity
- Completing the *Healthy Together* Survey each spring with the assistance of their team



5-2-1-0 MESSAGE

THE SCIENTIFIC RATIONALE

**FIVE SERVINGS OF
FRUITS & VEGGIES**

A diet rich in fruits and vegetables provides vitamins and minerals, important for supporting growth and development, and for optimal immune function in children. High daily intake of fruits and vegetables among adults is associated with lower rates of chronic diseases such as heart disease, stroke, high blood pressure, diabetes, and possibly, some types of cancers. Emerging science suggests fruit and vegetable consumption may help prevent weight gain, and when total calories are controlled, may be an important aid to achieving and sustaining a healthy weight.

**TWO HOURS OR
LESS OF SCREEN TIME**

Watching too much television (TV) and use of other screen media is associated with an increased prevalence of overweight and obesity, lower reading scores, and attention problems. The American Academy of Pediatrics (AAP) recommends no more than 2 hours of screen time a day and that children under age 2 not watch any TV or other screen media. The AAP recommends keeping the TV and computer out of the bedroom.

**ONE HOUR OR MORE
OF PHYSICAL ACTIVITY**

Regular physical activity is essential for weight maintenance and prevention of chronic diseases such as heart disease, diabetes, colon cancer, and osteoporosis. While most school-age children are quite active, physical activity sharply declines during adolescence. Children who are raised in families with active lifestyles are more likely to stay active as adults than children raised in families with sedentary lifestyles.

**ZERO SUGARY DRINKS**

Sugar-sweetened beverage consumption has increased dramatically since the 1970s; high intake among children is associated with overweight and obesity, displacement of low-fat milk consumption, and dental cavities. The AAP recommends that children 1–6 years old consume no more than 4–6 ounces of 100% juice per day and youth 7–18 years old consume no more than 8–12 ounces. Water provides a low-cost, zero-calorie beverage option and is a healthy alternative to sugary drinks.

* Screen time includes time spent watching television, playing video games, or using a computer, smartphone, or tablet. Recreational screen time is screen time used for non-educational purposes.



STEP ONE

ENGAGE



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PROGRAM OVERVIEW

5-2-1-0 HEALTH CARE

Our goal is to help you go from where you are to wherever you want to be!

Healthy Together is an initiative that helps schools, child care programs, out-of-school programs, and healthcare practices maintain and improve upon their healthy food choices and physical activity opportunities. 5-2-1-0 Health Care is designed to be easy and efficient to weave into your busy day. We help you look at your current successes and then build upon them. We guide you in connecting all of your efforts back to your community, creating greater impact on the families you serve.

***Healthy Together* promotes the 5-2-1-0 message:**



Introducing the *Healthy Together* messages in the health care provider offices not only provides a credible location for the messages, it also emphasizes the important role health care professionals can play as community partners.

The 5-2-1-0 Health Care intervention focuses on educating health care providers and their practice teams on childhood overweight and obesity prevention, assessment, management, and treatment. *Healthy Together* provides educational outreach, supporting materials, and training to practice staff working with patients and their families on promoting healthy eating and active living.



This resource is adapted from Let's Go! materials. letsgo.org



IN THE KNOW

FAQ

1. What is Body Mass Index?

Body mass index (BMI) is a number calculated from a child's height and weight (age 2 and older). BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems. For children and teens, BMI is age and gender specific and is often referred to as BMI-for-age. (Source: www.cdc.gov)

2. What is a BMI percentile?

After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking.

WEIGHT STATUS CATEGORY	PERCENTILE RANGE
Underweight	Less than the 5th percentile
Healthy Weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	Equal to or greater than the 95th percentile

3. How is BMI used with children and teens?

BMI is used as a screening tool to identify possible weight problems for children and teens. The CDC and the American Academy of Pediatrics (AAP) recommend the use of BMI-for-age to screen for overweight and obesity in children beginning at 2 years of age. BMI is not a diagnostic tool. For example, a child may have a high BMI-for-age and gender, but to determine if excess fat is a problem, the health care team would need to perform further assessments. These assessments might include evaluations of diet, physical activity, family history, skin fold thickness, and other appropriate health screenings.

4. What about the growth chart?

This is where the beauty of pediatrics shines through. We love our growth charts. The tracking of BMI over time on a CDC BMI-for-age growth chart provides clinical information for assessment, education, and intervention.

5. How do you take a proper height and weight measurement of a patient 2 years or older?

For detailed instructions on this, visit the *Measuring and Weighing* tab in this toolkit.

6. How do I calculate BMI?

The majority of health care practices use an electronic medical record (EMR) and BMI is calculated automatically. However, you can also calculate BMI yourself by following the steps below: Use a BMI wheel, calculator (see below for a link to the CDC), or the BMI formula:

$$\text{BMI (English)} = \text{weight (lb)} \div [\text{height (in)} \times \text{height (in)}] \times 703$$

$$\text{BMI (Metric)} = \text{weight (kg)} \div [\text{height (cm)} \times \text{height (cm)}]$$

BMI Percentile Calculator for Children and Teens: nccd.cdc.gov/dnpabmi/Calculator.aspx



IN THE KNOW

FAQ

7. How do I take proper weight and length measurement of a patient less than 2 years old?

For detailed instructions on this, visit the *Measuring and Weighing* tab in this toolkit.

8. What does 5-2-1-0 stand for?

- 5** - Eat at least five servings of fruits and veggies every day
- 2** - Limit recreational screen time to fewer than two hours per day
- 1** - Be physically active for at least one hour per day
- 0** - Avoid sugary drinks, and instead aim for water or low-fat milk

9. What is the science behind the 5-2-1-0 message?

There is a scientific rationale supporting each component of the 5-2-1-0 message. The 5-2-1-0 message is an easy way to begin an open discussion about the ways to increase physical activity and healthy eating. For more information on this, visit the *Intro* tab of this toolkit.

10. Will discussion of the 5-2-1-0 message lead to an increase in eating disorders such as anorexia nervosa??

There is no current evidence that bringing up healthy behaviors in a positive manner leads to disordered eating. The 5-2-1-0 message is an easy way to discuss general healthy choices that apply to everyone. Its purpose is to spread healthy behaviors. Research supports the idea that interventions like *Healthy Together* may actually help prevent eating disorders in early adolescent girls.

(Austin SB, Kim J, Wiecha J, Troped PJ, Feldman HA, Peterson KE. School-based overweight preventive intervention lowers incidence of disordered weight-control behaviors in early adolescent girls. *Arch. Pediatr. Adolesc. Med.* 2007;161(9):865-869).



STEP TWO

CREATE AN ACTION PLAN



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GETTING STARTED IN YOUR PRACTICE

The Getting Started in Your Practice Checklist, located next in the toolkit, provides concrete examples of how to successfully begin this work.

Prevention, assessment, management, and treatment of overweight and obesity are not like many of the other medical conditions your practice may have addressed in the past.

Addressing this growing challenge requires new techniques and skills. 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 your practice wary of starting this work; however, patients are looking to health care practices to help them. Practices don't need to take on the whole epidemic of obesity. *Healthy Together* is working across our communities to help patients and families make healthy choices.

Things to think about:

The focus is on healthy behaviors

It's important to remember that the focus should be on healthy behaviors and not weight for ALL children. Healthy behaviors include 5-2-1-0, setting structured mealtimes, eating less fast food, and getting enough sleep.

A team approach is essential

It's important to engage not only the medical and nursing staff but also the administrative staff. Using the team approach allows everyone to see value in the effort and have ownership over one or more of the steps.

Staff may have their own attitudes and beliefs around healthy behaviors and weight issues (physical activity, healthy eating, etc.)

Reinforce that this can be an uncomfortable topic, filled with culturally sensitive behaviors, emotions, and opinions. Help staff reflect on their own experiences working with patients and families around healthy behaviors and weight issues.

Think about your environment

Is your office promoting positive cues around healthy behaviors and weight? If not, try these:

- **Posters:** Add the 5-2-1-0 poster to your waiting room and all exam rooms (a great way to start a conversation!).
- **Role model:** Wear a pedometer, drink water, go on walking meetings.
- **Food:** Serve healthy lunches at staff meetings and be conscious of snacks and drinks that may be observed by patients and families.



GETTING STARTED

IN YOUR PRACTICE

Things to think about continued:

Stigma/bias

Consider what your practice currently does to ensure that it is a safe, accepting, and suitable environment for providing care to patients who have overweight or obesity. Providing proper seating, medical equipment, and accommodations for these patients is an ethical responsibility. For more information on this topic, visit the UConn Rudd Center for Food Policy & Obesity:

uconnruddcenter.org/

Incorporate the 5-2-1-0 Healthy Habits Questionnaire into your office work flow

This is one of the first things to institute in your practice at all well-child visits for children 2 years and older. This tool will help you focus on behaviors, not on weight, and engage in a respectful conversation with patients and families. More information on this can be found under the *Talk with Patients and Families* tab.

Screen and document body mass index (BMI) percentile for age/gender

Measuring BMI percentile is a good screening tool to identify children who may have an increased percentage of body fat. More information on this can be found under the *Measuring and Weighing* tab.

Talk with patients and families

This may require you to think differently about counseling patients. Remember, they don't necessarily need more information – they need to be guided in defining their own health goals and their willingness to change. The language used is very important when working with patients and families on healthy behaviors. Be sure that you ask permission first and then focus on positive, healthy behaviors, not on weight. Motivational Interviewing (MI) is a useful tool when engaging in conversations. More information on MI can be found under the *Talk with Patients and Families* tab.

Distribute patient and family tools one at a time – based upon the patient's and family's areas of interest

Target one piece of the healthy lifestyle message. It is important not to overwhelm a patient and/or family with too much information. Setting small, achievable goals is most effective. A whole host of educational materials can be found under the *Parent Handouts* tab.

Explore your natural connections to the community – your voice matters

There are many opportunities for you and your office team to advocate for healthy eating and physical activity in your community (schools, child care centers, faith based organizations, etc.) and at the state and national level for policy changes. More information on advocacy can be found under the *Connect To Community* tab.



5-2-1-0 HEALTH CARE:

GETTING STARTED CHECKLIST

This checklist is designed to help your practice be successful in implementing the 5-2-1-0 Health Care program. The following series of questions will help you to understand what your practice is currently doing and identify areas for improvement.

Engage ALL Staff in this effort:

- ☐ All team members have been informed of the practice involvement with 5-2-1-0!?
- ☐ All team members have explored their own experiences working with patients and families around healthy behaviors and weight issues?

Incorporate the 5-2-1-0 Healthy Habits Questionnaire into your office work flow. The team has addressed the following:

- ☐ When and where will the survey be handed out?
- ☐ Who will the patient/parent give the survey back to?
- ☐ Where will the survey be placed in the chart?

Screen and document body mass Index (BMI) percentile for age/gender. The team has addressed the following:

- ☐ How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?
- ☐ If you do NOT have an electronic medical record (EMR), can the person who does the measuring also calculate the BMI and determine BMI percentile and weight classification?
- ☐ Where will the BMI percentile and weight classification be documented?

Talk with patients and families:

- ☐ All team members who will be addressing healthy behaviors and weight issues with families have reviewed the Motivational Interviewing tools located in the *Talk with Patients and Families* tab of this toolkit.

Distribute and display appropriate patient and family tools in the office. The team has addressed the following:

- ☐ Where will handouts be stored/displayed?
- ☐ What handouts are you going to use?
- ☐ Who is responsible for ordering/stocking handouts?
- ☐ The practice has hung a 5-2-1-0 posting in the waiting room and exam rooms.



STEP THREE

IMPLEMENT ACTION PLAN



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IMPLEMENT STRATEGIES

STRATEGY ONE

CONNECTING TO THE COMMUNITY



STRATEGY 1: CONNECTING TO THE COMMUNITY

WHY DOES IT MATTER?

The physician's office is a work site that can be a powerful tool to communicate healthy eating and active living messages. Prevention of childhood obesity remains a public health priority and primary care can be a resource for the community and can be an integral part of the solution.¹

In addition to providing credible health information, health care providers are a natural and powerful advocate on behalf of children's health. You can use your voice to create change.

References

1. Adapted from the Healthy Care for Healthy Kids Learning Collaborative (A Partnership of Blue Cross Blue Shield of Massachusetts and the National Initiative on Children's Healthcare Quality).



STRATEGY 1: CONNECTING TO THE COMMUNITY

HOW TO IMPLEMENT

Healthy choices:

include water, fruits, vegetables, whole grain foods, protein sources such as eggs, beans, dairy, fish, poultry, and healthy fats such as nuts, seeds, and avocados.

Unhealthy choices:

include foods and drinks high in sugar and/or salt such as soda, candy, cookies, cake, and chips.



Here are some ideas that your office might want to try

- Hang *Healthy Together* posters in waiting areas and in examination rooms.
- Create a 5-2-1-0 bulletin board. More on this idea can be found on the Healthy Bulletin Board handout found under this tab.
- Display books, puzzles, and activity sheets that support healthy eating and active living.
- Play videos in the waiting area that show children taking part in non-traditional sports, other physical activities and healthy eating.
- Replace lollipop and candy rewards with stickers, bookmarks, and other non-food items.
- Incorporate Wii Fit or other active video games into the waiting area.
- Create a sugar bottle display for your waiting area!
*This is a FAVORITE activity of practices! Learn how to create this educational tool with the Make Your Own Sugar Bottle Display handout found under this tab.

Work with your staff to make healthy eating and active living a part of their lives.

- Sample a fruit or vegetable of the month—try items from different cultures.
- Host a healthy lunch.
- Provide 10-minute physical activity or walk breaks during the work day.

Adapted from the Healthy Care for Healthy Kids Learning Collaborative (A Partnership of Blue Cross Blue Shield of Massachusetts and the National Initiative on Children's Healthcare Quality).

A CREATIVE WAY TO CONNECT

HEALTHY BULLETIN BOARDS

Bulletin boards provide a fun and easy way to deliver healthy eating and active living messages and better connect health care practices to their community.

5-2-1-0 bulletin boards are a great way to get everyone in your practice involved! There may be someone on your office team who has a creative eye and would enjoy taking on this role. Try connecting with your local *Healthy Together* Coordinator...they are a great resource!

Here are some ideas to keep in mind when creating your Healthy Together 5-2-1-0 bulletin board:

- Regularly feature healthy community activities that patients and their families can attend. Examples include: local 5K runs, health fairs, supermarket tours, and farmers markets.
- Post resources and news articles for parents and children.
- Post seasonal activities such as "safe sledding techniques" or "free hiking spots."
- Feature a fruit or vegetable of the month.

Colorful parent handouts located under the 'Parent Handout' tab can be used to bring your bulletin board to life!

Be creative and have fun!



DIRECTIONS TO MAKE YOUR OWN

SUGAR BOTTLE DISPLAY

Making a sugar bottle display is a great activity.

This powerful visual is one of the best ways to show just how much sugar is in some popular drinks – you'll be surprised. This is a tool that can be used to help kids and staff to make smart drink choices.

**Supplies:**

- Bottles of common sugary drinks – refer to the table on the next page for suggestions.
- Bag of white sugar
- Teaspoons
- Funnels

Directions:

1. Empty, wash, and completely dry bottles. Be careful not to damage the labels as you want to keep them on the bottles.

TIP: Give the bottles at least 24 hours to dry.

2. Find the Nutrition Facts on the bottle label.

3. Take note of serving size (many bottles contain two or more servings – something to think about!)

TIP: Make sure to pay attention to the information listed per bottle.

4. Record how many grams of sugar are in a bottle.



DIRECTIONS TO MAKE YOUR OWN

SUGAR BOTTLE DISPLAY

5. Figure out how many teaspoons of sugar are in each bottle by dividing the grams of sugar by 4.2 (the number of grams of sugar in a teaspoon).

For example:

- Serving size 1 bottle
- Grams of sugar per bottle: 48g
- Teaspoons of sugar per bottle: 48 divided by 4.2 \approx 11 The amount of sugar to put into this bottle is 11 teaspoons.

6. Put funnel into mouth of bottle and pour in the sugar. Replace cap. Screw on tight!

7. Make a chart like the one below that matches the drinks you chose.

TIP: Lamine the chart to ensure it lasts a long time.

8. Display the chart in your building so kids and staff can see how much sugar is in some of their favorite drinks. Place the bottles filled with sugar in front of the chart.

9. Other ideas:

- Take a photo of your display and use along with chart and other handouts to make a bulletin board.
- Make a game out of it by having people guess how many teaspoons of sugar are in their favorite drinks and give the winners a 5-2-1-0 approved prize.
- Have a poster contest around limiting sugar-sweetened beverages.

DRINK	SIZE	TOTAL CALORIES	SUGAR GRAMS	SUGAR TSP.
Arizona® Green Tea & Honey	20 oz	175 cal	43 g	10
Coca-Cola® Classic	20 oz	240 cal	65 g	11
Dunkin' Donuts Strawberry Fruit Coolata®	16 oz (sml)	230 cal	57 g	14
Gatorade Thirst Quencher®	20 oz	133 cal	35 g	8
Glaceau Vitamin Water®	20 oz	120 cal	32 g	8
Minute Maid® 100% Apple Juice	15.2 oz	210 cal	49 g	11
Monster Energy® Drink	16 oz	200 cal	54 g	13
Mountain Dew®	20 oz	290 cal	77 g	18
Sprite®	20 oz	240 cal	64 g	15
Starbucks Bottled Frappuccino®	9.5 oz	200 cal	32 g	8
Water	ANY SIZE!	0 cal	0 g	0



ADVOCACY

YOUR VOICE MATTERS

Did you know
that health care
professionals are
natural advocates?

It's true and here's why:

You put a human face to the statistics

You care for children every day who are affected by the environments in which they live. When you tell your story, you make the issue of children's health tangible to people in a way that fact sheets or statistics alone cannot.

You have credibility

By the nature of your profession, education, and training, people in your community respect and trust you.

You have influence

Because you instill trust in others and add credibility to your cause, your investment in the community can inspire others to do likewise.

Your patients are depending on you

Children cannot vote. They need your help to tell their story.

You have passion

Advocacy allows you to dig deeper into your interests and touches on why you originally became a health care professional.

You have relevant skills

Health care professionals already have the skill set of an advocate. The same skills you use every day to establish trust, develop relationships, and provide solutions to your patients can be applied to your community advocacy work.

Research is on your side

The issues you care about are backed by research.

Continued



If you are interested in doing more to support the advocacy efforts of *Healthy Together* or are looking for support for your own cause related to healthy eating and active living, please contact us at HealthyTogether@AtriumHealth.org.

You are not alone

Through advocacy, you can join other health care professionals, school personnel, youth organizers, agricultural groups and others, who, through their efforts and community partnerships, are making children's health a priority and working to eradicate childhood obesity.

There are many opportunities for your office team to advocate for healthy eating and physical activity in your community (schools, child care programs, faith based organizations, etc.), and at the state and national level for policy change.

Try one:

- Get more involved with your parent/teacher organization
- Become a school physician
- Testify at a state legislative hearing

Consider this:

Think about where you spend your time or are a member of a board or committee and whether there are ways to model healthy behaviors.

If you are interested in learning more about advocacy, the *Be Our Voice* campaign is a great place to start! *Be Our Voice* encourages health care professionals to be advocates for children in the fight against childhood obesity so the collective voice is heard by legislators who make and enforce rules and regulations that affect children's health.

To learn more, go to: Obesity.nichq.org/resources



STEP THREE

IMPLEMENT STRATEGIES

STRATEGY TWO

MEASURING AND WEIGHING



STRATEGY 2: MEASURING AND WEIGHING

WHY DOES IT MATTER?

Growth charts are composed of percentile curves that show the distribution of selected body measurements in children. Pediatric growth charts are used by health care providers and parents to assess the growth of infants, children, and adolescents in the United States.

It is important to remember that growth charts cannot be used as a solitary diagnostic instrument. Rather, the clinician should use the charts in forming an overall clinical impression for the child being measured.

What is the purpose of measuring weight-for-length?

Length is measured lying down. Height is measured standing up. Typically, length (lying down) is measured in children 0-2 years old. The charts are normalized for this age group. The CDC recommends that health care providers use the WHO growth standards to monitor growth in infants and children ages 0-2 years old in the U.S.¹

The next section will provide you with a closer look as to WHY measuring weight-for-length and BMI is important and HOW to successfully do both at your practice.

References

1. Centers for Disease Control and Prevention: Growth Charts (www.cdc.gov/growthcharts)



MEASURING WEIGHT-FOR-LENGTH

Why should I measure weight-for-length?

- BMI is not a unit of measurement under the age of two. BMI uses height not length in its calculation and under the age of two the length measure is used to track growth. Length and height cannot be used interchangeably.
- Weight-for-length percentile charts allow clinicians to determine the trend of weight gain as compared to length gain over time (the measurement cannot stand on its own). Any abnormal patterns can help clinicians identify those children who need early dietary intervention.
- Many older children and adolescents with BMI >95th percentile have been overweight since infancy, so early identification in the first 2 years can have large preventive effects.



How do I measure weight-for-length?

Measuring Weight

Infants should be weighed using a hospital-grade platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale.

Check your equipment regularly to make sure you are getting accurate measurements. Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

Procedure:

1. Remove shoes, clothing and diaper from the infant.
2. Place the scale in the "zero" position before you place the infant on the scale.
3. Make sure the child is on the center of the platform.
4. Record the measurement to the nearest decimal fraction.
5. Remove the child from the scale.

Continued



A parent handout on the importance of measuring weight-for-length is available in the 'Parent Handouts' tab.

Measuring Length^{1,2}

BEST PRACTICE: A platform with an attached yardstick, a fixed head plate, and a movable footplate is required. The footplate can be adjusted so it comes up to the bottom of the infant's heels. This apparatus should be used on a flat surface and requires two people to operate.

Procedure:

1. Remove shoes, clothing and diaper from the infant.
2. Lay the child on the platform.
3. Have one person hold the head of the infant.
4. The other person should keep the infant's knees straight and bring the adjustable footplate up to the infant's heels.
5. Secure the footplate.
6. Remove the infant from the surface.
7. Record the measurement on the yardstick to the nearest 0.1 cm.

COMMON PRACTICE: Many clinicians measure infants by laying the patient on the paper covering the exam table and marking the positions of the head and the feet on the paper. They then remove the patient and use a measuring tape to quantify the distance between the two pen markings. While this procedure can be very inaccurate due to the incorrect positioning of the infant, movement and crumpling of the paper, and failure to get perpendicular markings by the pen, there are a few tips to getting good length data if this method is used in your office:

1. Ask the caregiver who is with the patient to hold the patient as still as possible.
2. Measure the length three times and use the average.
3. If you notice a leveling off or a decline in the patient's length, consider a more precise measurement such as the best practice noted above.

References

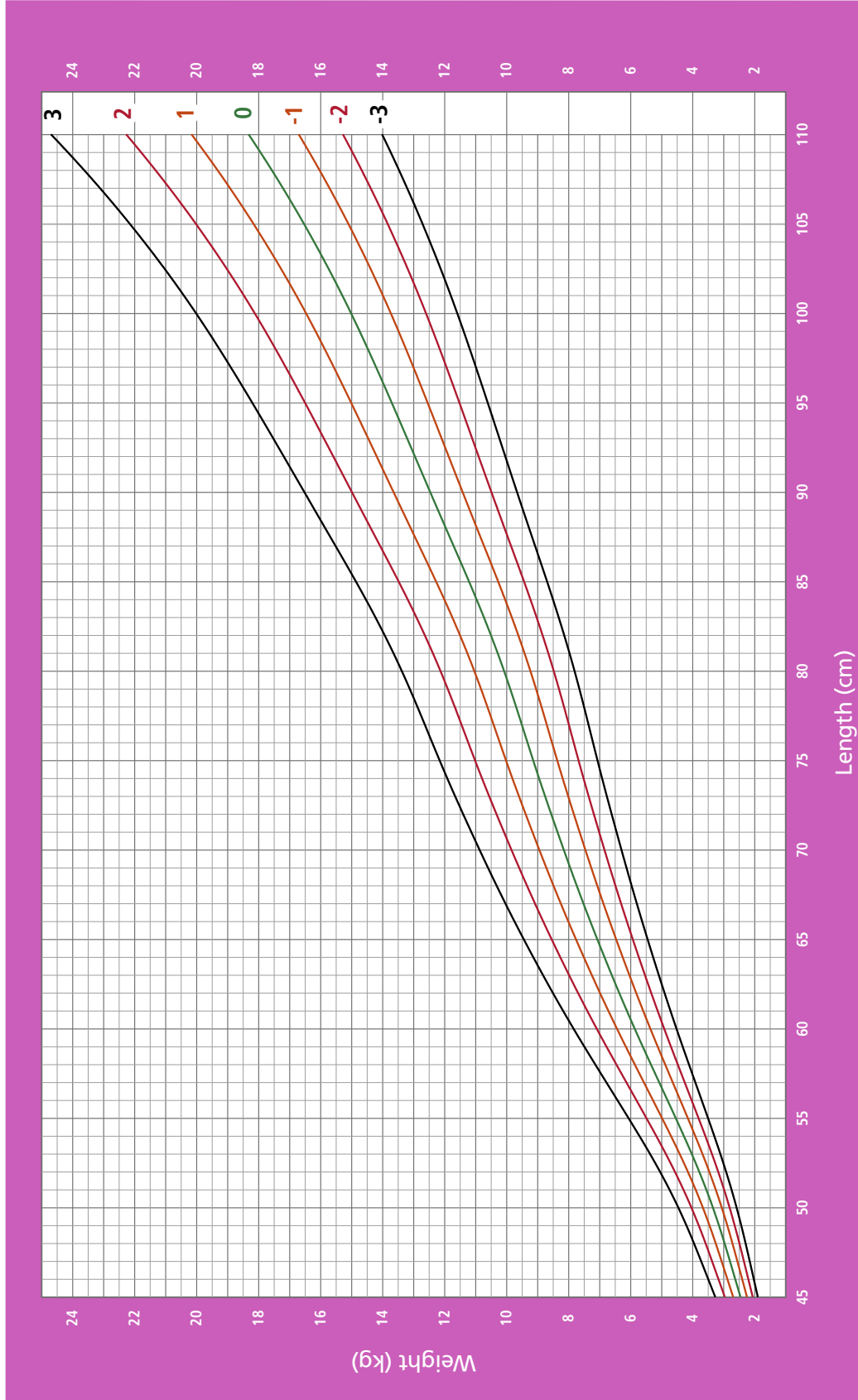
1. Lifshitz, Fima. Pediatric Endocrinology Fifth Edition: Volume 2. Growth, Adrenal, Sexual, Thyroid, Calcium and Fluid Balance Disorders. 2007: 4-6.
2. Wales, JKH, Rogol AD, Maarten W., Color J. Atlas of Pediatric Endocrinology and Growth. 1996: 2-3.





Weight-for-length GIRLS

Birth to 2 years (z-scores)



WHO Child Growth Standards

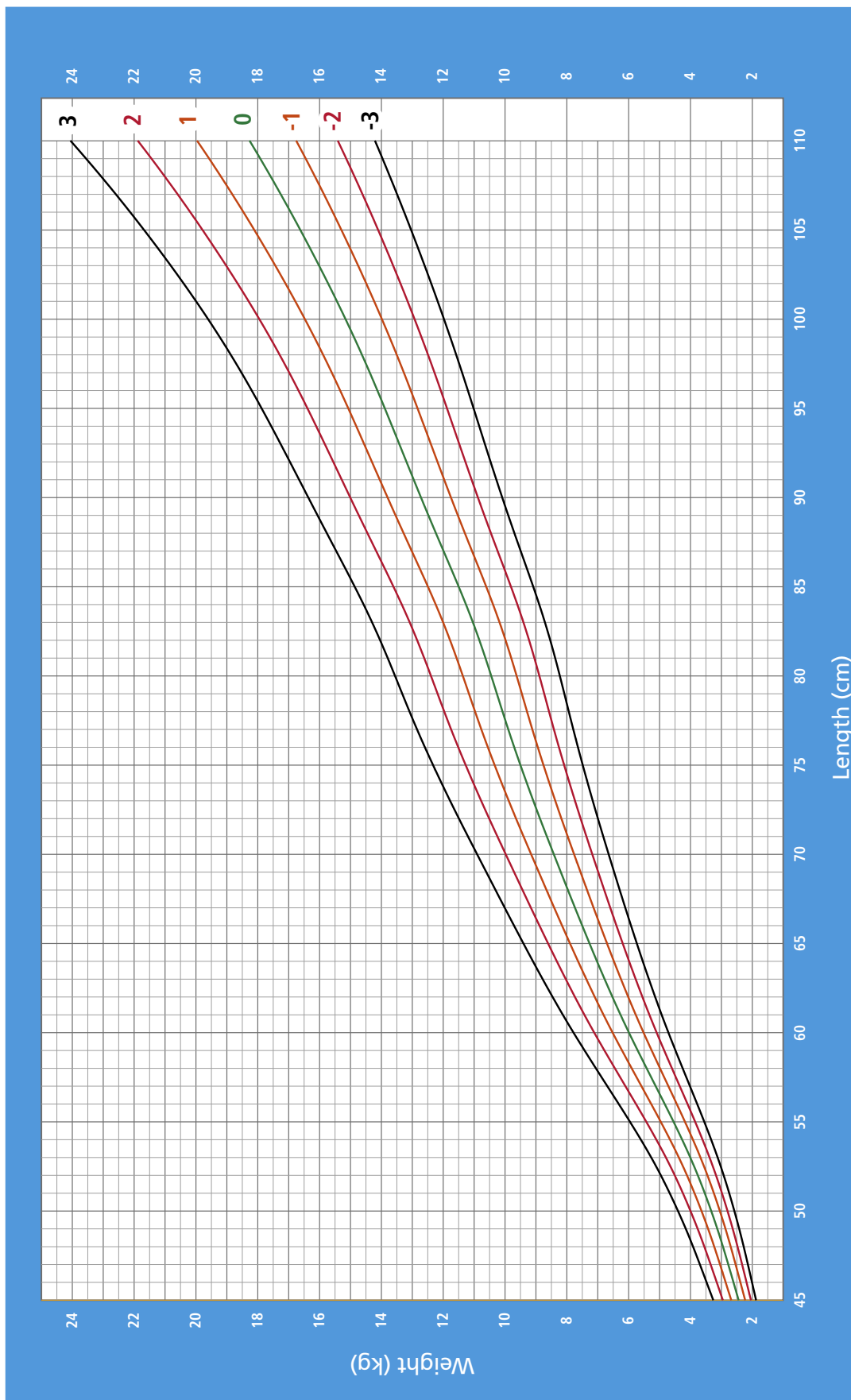
For additional assistance in interpretation of these charts, check out who.int/childgrowth/training/module_c_interpreting_indicators.pdf?ua=1

WHO Child Growth Standards



Weight-for-length BOYS

Birth to 2 years (z-scores)



For additional assistance in interpretation of these charts, check out who.int/childgrowth/training/module_c_interpreting_indicators.pdf?ua=1

MEASURING BODY MASS INDEX

Why should I measure body mass index?

There have been numerous studies that have determined body mass index (BMI) to be a good screening tool to identify children who have an increased percentage of body fat and who are at risk for medical conditions, such as heart disease and diabetes.

How do I measure BMI?

Measuring Weight

Children should be weighed using a platform scale. This may be a beam balance scale or a digital (electronic load cell or strain gauge) scale. Check your equipment regularly to make sure you are getting accurate measurements.

Scales should be calibrated on a routine basis. Calibration involves putting known weight on the scale to check accuracy. Be sure the scale is placed on a flat, uncarpeted floor.

Procedure:

1. Ask the child to remove shoes and bulky clothing.
2. Place the scale in the "zero" position before the child steps on.
3. Ask the child to stand still with both feet in the center of the platform.
4. Record the measurement to the nearest decimal fraction.
5. Have the child step off the scale



Continued



Measuring Height

A standing height board or stadiometer is required. This device has a vertical ruler with a sliding horizontal rod that adjusts to rest on the head. It also has a permanent surface to stand on, or the entire device is mounted on the wall of a room with a level floor.

Procedure:

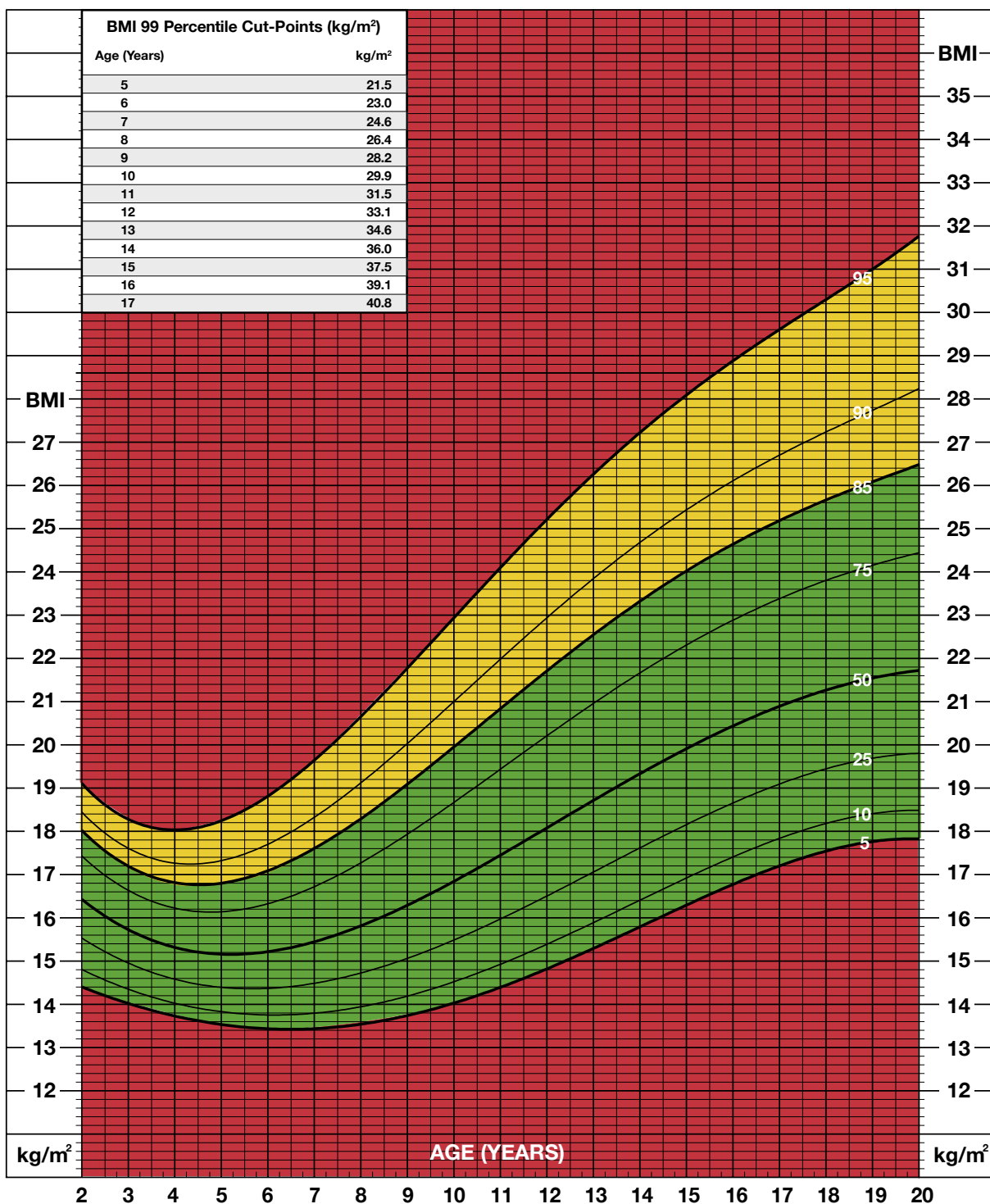
1. Before you begin, ask the child to remove shoes, hats, and bulky clothing, such as coats and sweaters. Ask the child to remove or undo hair styles and hair accessories that interfere with taking a measurement. In rare cases, a child may be unwilling to undo an intricate or costly hairstyle. In these situations, care should be taken to locate the actual crown of the head.
2. Direct the child to stand erect with shoulder level, hands at sides, thighs together, and weight evenly distributed on both feet. The child's feet should be flat on the floor or foot piece, with heels comfortably together and touching the base of the vertical board. There are four contact points between the body and the stadiometer: head, upper back, buttocks, and heels.
3. Ask the child to adjust the angle of his/her head by moving the chin up or down in order to align their head into the Frankfort Plane. The Frankfort Plane is an imaginary line from the lower margin of the eye socket to the notch above the tragus of the ear (the fleshy cartilage partly extending over the opening of the ear). This is best viewed and aligned when the viewer is directly to the side of and at the eye level of the child. When aligned correctly, the Frankfort Plane is parallel to the horizontal headpiece and perpendicular to the vertical back piece of the stadiometer.

Note: When the chin is correctly positioned, the back of the head may not make contact with the board. In fact, in a very few individuals, only two points will make contact with the vertical back piece.

4. Ask the child to breathe in and maintain his/her position. Lower the headpiece until it firmly touches the crown of the head and is at a right angle with the measurement surface. Check contact points to ensure that the lower body stays in the proper position and the heels remain flat. Some children may stand up on their toes, but verbal reminders are usually sufficient to get them in proper position.
5. Record height to the nearest 0.1 cm.



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

metric system: $\text{weight}(\text{kg})/[\text{height}(\text{m})]^2$ English system: $\text{weight}(\text{lb})/[\text{height}(\text{in})]^2 \times 703$ 

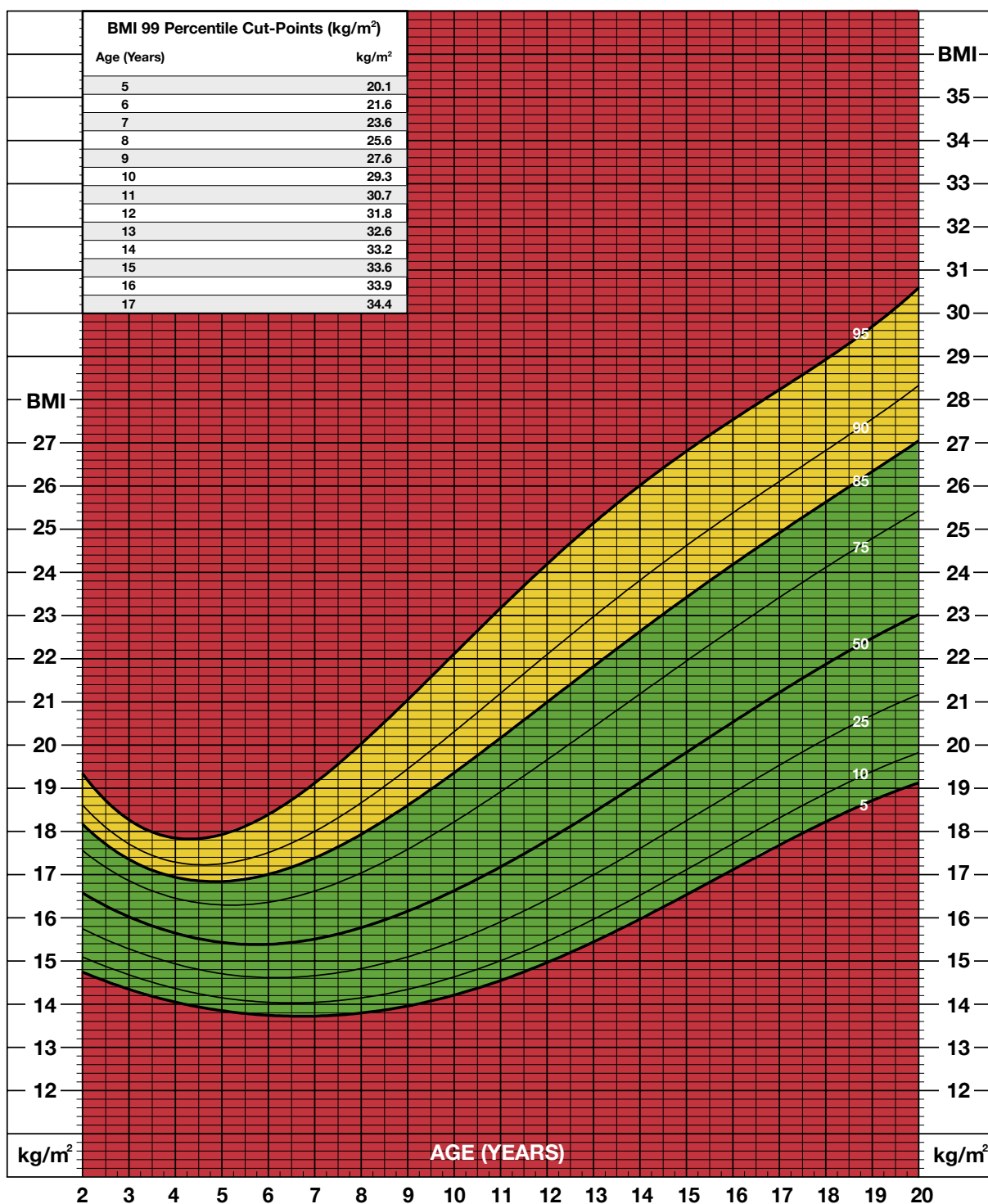
Source

Modified by Let's Go! 03/28/08.

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). cdc.gov/growthcharts

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

metric system: $\text{weight}(\text{kg})/[\text{height}(\text{m})]^2$ English system: $\text{weight}(\text{lb})/[\text{height}(\text{in})]^2 \times 703$ 

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STEP THREE

IMPLEMENT STRATEGY

STRATEGY THREE

TALK WITH PATIENTS AND FAMILIES



STRATEGY 3: TALK WITH PATIENTS AND FAMILIES

WHY DOES IT MATTER?

"Communicating with children and families can sometimes be difficult. When you add in all the emotions around body image, feelings of guilt, weight bias amongst peers and adults, cultural context, and the social determinants of health that play into causes of obesity, the communication around these topics is particularly challenging. But, those challenging conversations are critical to have as early as possible. We know that as providers, we often gloss over this tricky topic until it is a more serious problem for the child. We also know that the earlier we manage childhood obesity, the better the long term outcome for that child. This toolkit is designed to help break down some of those communication barriers, shift the discussion from losing weight to focusing on healthy habits, and hopefully make goal setting easier for that child and family."

Shivani Mehta, MD, MPH, FAAP - Pediatrician in Charlotte, NC

This section provides helpful techniques for talking with patients and families about healthy eating and active living behaviors.

This is not intended to be an all-inclusive guide – it is simply a resource to get you started in your office.

The first tool is the *Healthy Habits Questionnaire*, which should be used at all well-child visits. Weight is a difficult topic to address with patients and families, and this tool helps in switching the conversation from weight to HEALTH. If you are looking for talking points to address some of the questions, refer to the *Healthy Habits Questionnaire Talking Points* document found in this section.

If you plan on going deeper with some patients, motivational interviewing (MI) tools can help guide your efforts.



HEALTHY HABITS QUESTIONNAIRE

TALKING POINTS

Here are some talking points for you to consider when addressing the questions included in the Healthy Habits Questionnaire.

Many offices have successfully used the Healthy Habits Questionnaire to gather basic healthy lifestyle information from their patients. Clinicians have found that simply using and reviewing the questionnaire is a powerful tool for starting the conversation around healthy lifestyles.

PLEASE NOTE: The questions below are from the questionnaire for ages 10-18; however, the same discussion points apply to ages 2-9 as well.

How many servings of fruits and/or vegetables do you have a day?

Five or more servings of fruits and/or vegetables per day contribute to a healthy diet. The palm of the child's hand is a good reference for a serving size of meat and most vegetables. A more accurate guide for each meal is:

- 3 ounces of protein, such as chicken, lean meat, fish, tofu, or 2 tablespoons of peanut butter
- ½ cup to 1 cup of a starch, such as pasta, potato, rice, or 2 slices of bread
- ½ cup to 1 cup of vegetables
- ½ cup or one small piece fresh fruit
- 1 cup milk or 1-2 ounces of cheese

How many times a week do you eat dinner at the table together with your family?

Family meals are associated with an increased intake of fruits and vegetables. Encourage families to eat meals together more often. Mealtime is a great opportunity for parents to connect with their kids.

How many times a week do you eat breakfast?

A daily breakfast is very important for a healthy diet. Eating breakfast every day provides the energy needed to start the day. It is fuel for the body!

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

Eating takeout or fast food may be associated with poor nutrition. These foods have a tendency to be higher in salt, fat, and sugar so children should eat them less often. If children do eat takeout or fast food, they should look for healthy options.

How much recreational (outside of school work) screen time do you have daily? AND Is there a television set or Internet-connected device in your bedroom?

The American Academy of Pediatrics recommends the following: 2 hours or less of recreational screen time. They also recommend: no screens in the child's bedroom and no TV or computer under the age of 2.

Continued



How many hours do you sleep each night?

Research has found that chronic sleep curtailment has been associated with high overall obesity rates at age seven. Establishing healthy sleep habits may be a critical component of an obesity prevention intervention.

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

1 hour or more; the time spent doing physical activity can be separated out throughout the day.

How many 8-ounce servings of the following do you drink a day?

Consider the following:

100% juice:

- 4 ounces for toddlers 1-3 years old
- 4-6 ounces for children 4-6 years old
- 8 ounces for children 7-18 years old
- Children 12 months and under should not be given juice

Water: Unlimited

Fruit or sports drinks: Limited—you can use this opportunity to have a conversation about when a sports drink is needed (after 60 minutes of continuous vigorous activity).

Soda or punch: Limited

Whole milk: Recommended for children 1 to 2 years old. After age 2, children should be drinking low fat or skim milk. Children under 1 year should drink breast milk or formula.

Non-fat, low-fat, or reduced fat milk:

- Children ages 2-3: 2 cups a day
- Children ages 4-8: 3 cups a day
- Preteens and teens: 4 cups a day





HEALTHY HABIT QUESTIONNAIRE

AGES 2-9

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

CHILD'S NAME _____

AGE _____ TODAY'S DATE _____

1. How many servings of fruits or veggies do you have a day? _____
One serving is most easily identified by the size of the palm of your hand.
2. How many times a week does your child eat dinner at the table together with the family? _____
3. How many times a week does your child eat breakfast? _____
4. How many times a week does your child eat takeout or fast food? _____
5. How much recreational (outside of school work) screen time does your child have daily? _____
6. Is there a television set or Internet-connected device in your child's bedroom? _____
7. How many hours does your child sleep each night? _____
8. How much time a day does your child spend being active? _____
(faster breathing/heart rate or sweating)?
9. How many 8-ounce servings of the following does your child drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would like to help your child change now?
Please check one box.

<input type="checkbox"/> Eat more fruits and veggies.	<input type="checkbox"/> Drink more water.	<input type="checkbox"/> Get more sleep.
<input type="checkbox"/> Eat less fast food/takeout.	<input type="checkbox"/> Take the TV out of the bedroom.	<input type="checkbox"/> Spend less time watching TV/movies and playing video/computer games.
<input type="checkbox"/> Drink less soda, juice, or punch.	<input type="checkbox"/> Be more active – get more exercise.	



HEALTHY HABIT QUESTIONNAIRE

AGES 10+

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

CHILD'S NAME _____

AGE _____ TODAY'S DATE _____

1. How many servings of fruits or veggies do you have a day? _____
One serving is most easily identified by the size of the palm of your hand.
2. How many times a week does your child eat dinner at the table together with the family? _____
3. How many times a week does your child eat breakfast? _____
4. How many times a week does your child eat takeout or fast food? _____
5. How much recreational (outside of school work) screen time does your child have daily? _____
6. Is there a television set or Internet-connected device in your child's bedroom? _____
7. How many hours does your child sleep each night? _____
8. How much time a day does your child spend being active? _____
(faster breathing/heart rate or sweating)?
9. How many 8-ounce servings of the following does your child drink a day?

100% juice _____	Whole milk _____
Water _____	Soda or punch _____
Fruit or sports drinks _____	Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk _____
10. Based on your answers, is there ONE thing you would like to help your child change now?
Please check one box.

<input type="checkbox"/> Eat more fruits and veggies.	<input type="checkbox"/> Drink more water.	<input type="checkbox"/> Get more sleep.
<input type="checkbox"/> Eat less fast food/takeout.	<input type="checkbox"/> Take the TV out of the bedroom.	<input type="checkbox"/> Spend less time watching TV/movies and playing video/computer games.
<input type="checkbox"/> Drink less soda, juice, or punch.	<input type="checkbox"/> Be more active – get more exercise.	

A BEHAVIORAL CHANGE TOOL

MOTIVATIONAL INTERVIEWING

1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

CELEBRATE

RESOURCES

Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication, with particular attention to the language of change.

It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.
(Miller & Rollnick, 2013.)

Motivational Interviewing (MI) is a paradigm shift for many of us, especially those trained in a prescriptive style of communication.

We engage in MI as we dialogue with people about many areas of behavior change.

MI is NOT a technique, and it is NOT a switch that we turn on and off.

MI includes the following:

- A person-centered approach
- Expressing empathy
- An invitation to a collaborative partnership between patient and provider
- Listening more than telling & eliciting information rather than instructing
- Placing the responsibility for change with the patient and not the provider
- Asking permission
- Honoring the patient's autonomy and resourcefulness
- Avoiding coerciveness

Why should we use MI in obesity work?

There are several reasons to use MI when the focus is on achieving a healthy weight. Weight is a difficult topic to address. MI can make this tough topic a more enjoyable conversation between the provider and patient/family. However, it helps to start the conversation by asking, "Would it be okay if we discussed your weight?" or "How do you feel about your weight?"

Research outcomes demonstrate a compelling case for the use of MI. Here are a few examples:

- A number of studies have shown that allowing patients the opportunity to advocate for their own change is predictive of their future behavior change. Conversely, if we force people to make a decision about change, or if we tell them they must change, they will argue for the status quo. Once a patient verbalizes an argument for change (or an argument for status quo), we can predict that their behavior will follow that argument. Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.
- Research has also shown that MI in addition to "active treatment" works exceptionally well. "Active treatment" can include MI and:
 - Nutrition education
 - Physical therapy
 - Exercise program/support
 - General health education
- There has been demonstrated success with integrating MI into clinical encounters. The outcomes improve. People are more likely to "comply" with appointments, lab draws, medication adherence, and treatment plans when MI is integrated into practice.



PHRASES THAT HELP AND HINDER

As the caregiver, you play the biggest role in your child's eating behavior. What you say has an impact on developing healthy eating habits. Negative phrases can easily be changed into positive, helpful ones!

PHRASES THAT HINDER	PHRASES THAT HELP
<p>Instead of...</p> <p>Eat that for me. If you do not eat one more bite, I will be mad.</p> <p>Phrases like these teach your child to eat for your approval and love. This can lead your child to have unhealthy behaviors, attitudes, and beliefs about food and about themselves.</p>	<p>Try...</p> <p>This is kiwi fruit; it's sweet like a strawberry. These radishes are very crunchy!</p> <p>Phrases like these help to point out the sensory qualities of food. They encourage your child to try new foods.</p>
<p>Instead of...</p> <p>You're such a big girl; you finished all your peas. Jenny, look at your sister. She ate all of her bananas. You have to take one more bite before you leave the table.</p> <p>Phrases like these teach your child to ignore fullness. It is better for kids to stop eating when full or satisfied than when all of the food has been eaten.</p>	<p>Try...</p> <p>Is your stomach telling you that you're full? Is your stomach still making its hungry growling noise? Has your tummy had enough?</p> <p>Phrases like these help your child to recognize when he or she is full. This can prevent overeating.</p>
<p>Instead of...</p> <p>See, that didn't taste so bad, did it?</p> <p>This implies to your child that he or she was wrong to refuse the food. This can lead to unhealthy attitudes about food or self.</p>	<p>Try...</p> <p>Do you like that? Which one is your favorite? Everybody likes different foods, don't they?</p> <p>Phrases like these make your child feel like he or she is making the choices. It also shifts the focus toward the taste of food rather than who was right.</p>
<p>Instead of...</p> <p>No dessert until you eat your vegetables. Stop crying and I will give you a cookie.</p> <p>Offering some foods, like dessert, in reward for finishing others, like vegetables, makes some foods seem better than others. Getting a food treat when upset teaches your child to eat to feel better. This can lead to overeating.</p>	<p>Try...</p> <p>We can try these vegetables again another time. Next time would you like to try them raw instead of cooked? I am sorry you are sad. Come here and let me give you a big hug.</p> <p>Reward your child with attention and kind words. Comfort him or her with hugs and talks. Show love by spending time and having fun together.</p>



Adapted from "What You Say Really Matters?" in Feeding Young Children in Group Settings, Dr. Janice Fletcher and Dr. Laurel Branen, University of Idaho.

ADDITIONAL RESOURCES

MOTIVATIONAL INTERVIEWING

Books:

- *Motivational Interviewing: Preparing People for Change*, Miller & Rollnick, 3rd Ed, 2013.
- *Motivational Interviewing in Health Care: Helping Patients Change Behavior*, Rollnick, Miller, & Butler, 2008.
- *Motivational Interviewing in the Treatment of Psychological Problems*, Arkowitz, Westra, Miller, Rollnick, 2nd Ed, 2015.

Websites:

- Motivational Interviewing Network of Trainers (MINT)
MotivationalInterviewing.org
- Let's Go! Maine
Mainehealth.org/lets-go/childrens-program/pediatric-family-practices/training
- ChangeTalk:Childhood Obesity - Motivational Interviewing (MI) Skill-Building Module and corresponding apps in the iTunes and Google Play store
ihcw.aap.org/Pages/Resources_ProEd.aspx

Other web resources:

- *Motivational Interviewing Videos on YouTube™* through ProjectECHO, five part series:
Youtube.com/channel/UCmwGG71uLREMLQkvhwXBIXQ

DVDs:

- *Motivational Interviewing: Professional Training Series*, Moyers, Miller & Rollnick, 1998.
- *BMI2 : Brief Motivational Interviewing to Reduce Body Mass Index*, University of Michigan, 2009.



STEP THREE

IMPLEMENT STRATEGIES

MORE

CHILDHOOD OBESITY ALGORITHM



MORE: CHILDHOOD OBESITY ALGORITHM

WHY DOES IT MATTER?

1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

CELEBRATE

RESOURCES

Over the last few years there has been increased understanding and research demonstrating that children with overweight and obesity may be sick, and often times these children are not being appropriately screened for co-morbidities.

Providers want to be able to keep their patients in their medical homes by managing and treating them in their offices and these providers have asked for guidance.

With these points in mind, the American Academy of Pediatrics Institute for Healthy Childhood Weight, a team of national experts, created the *Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older*, to support Primary Care Providers.



ALGORITHM FOR ASSESSMENT AND MANAGEMENT OF Childhood Obesity in Patients 2 Years and Older

Assess Behaviors

Assess healthy eating and active living behaviors

Provide Prevention Counseling

5 fruits and vegetables, **2** hours or less of screen time, **1** hour or more of physical activity, **0** sugary drinks, every day

Determine Weight Classification

Accurately determine weight and height, calculate and plot body mass index (BMI) and determine BMI percentile

Healthy Weight BMI 5-84thile

- FAMILY HISTORY
- REVIEW OF SYSTEMS
- PHYSICAL EXAM

Risk Factors Absent

Overweight BMI 85-94thile

- AUGMENTED (obesity-specific)*
- FAMILY HISTORY
 - REVIEW OF SYSTEMS
 - PHYSICAL EXAM

Determine Health Risk Factors**

Obesity BMI ≥95thile

- AUGMENTED (obesity-specific)*
- FAMILY HISTORY
 - REVIEW OF SYSTEMS
 - PHYSICAL EXAM

Risk Factors Present

ROUTINE CARE

- Provide ongoing positive reinforcement for healthy behaviors
- If **healthy weight**, check non fasting lipid profile between ages **9-11** and **18-21**
- If **overweight**, obtain a lipid profile
- Maintain weight velocity
- Reassess annually, consider sooner follow-up if crossing two percentiles or overweight
- Document the appropriate BMI Z68 code and other associated diagnoses

OBESITY-SPECIFIC ROS AND EXAM FINDINGS:

- Sleep habits, snoring/sleep apnea, fatigue
- Wheezing/asthma, exercise intolerance, chest pain/palpitations
- Abdominal pain, reflux/heartburn, constipation, central obesity
- Headache, dizziness, visual disturbances
- Musculoskeletal pain, limping, bowing of limbs
- Polyuria/polydipsia, cold/heat intolerance, thyroid size, height
- If female: menarche, regularity
- Skin infections, acne, hirsutism, acanthosis nigricans, striae
- Bullying, body image, bingeing/purging, emotional eating, depression, anxiety

LAB SCREENING

- Labs only if **≥10 years old*****
- Fasting glucose, HgbA1c, or oral glucose tolerance test
- Fasting lipid profile (non-fasting lipid profile is acceptable)
- ALT and AST
- Optional: 25-OH Vitamin D, thyroid panel

Insulin resistance/prediabetes/diabetes screening

HgbA1c < 5.7 Recheck every 2 years, more frequently if weight gain accelerates or symptomatic
5.7-6.5 Insulin resistance/prediabetes, recheck every year, more frequently if symptomatic
> 6.5 Diabetes, refer to Endocrinology

Post prandial glucose < 140 Recheck every 2 years
> 140 Check HgbA1c
> 200 Diabetes, check HgbA1c and refer to Endocrinology

Fasting glucose < 100 Recheck every 2 years
100-125 Insulin resistance/prediabetes, recheck in 1 year, consider checking HgbA1c
≥ 126 Diabetes, check HgbA1c and refer to Endocrinology

Hyperlipidemia screening (nonfasting labs)

LDL <110 Recheck every 5 years
110-129 Recheck in 1 year
130-159 Review FHx, low cholesterol diet, recheck in 1 year
≥ 150 AND 2 or more risk factors* OR comorbidity**; OR any LDL ≥ 200 Confirm with fasting lipids and refer to Lipid Clinic

HDL ≥ 40 Recheck every 2 years, more frequently if weight gain accelerates
< 40 Increase physical activity, omega 3 fatty acids, decrease sugar intake, recheck in 1 year

Triglycerides <200 Recheck every 2 years, more frequently if weight gain accelerates
200-499 Increase omega 3 fatty acids, decrease saturated fat and sugar, recheck in 1 year
≥ 500 Confirm with fasting lipids and refer to Lipid Clinic

*Risk factors: HDL <45, BP >95th %ile, smoking, insulin resistance, FHx of premature CVD

**Comorbidity: DM, CKD, SLE, HIV, organ transplant

Non-Alcoholic Fatty Liver Disease (NAFLD) screening

ALT or AST Normal Recheck every 2 years, more frequently if weight gain accelerates
>1.5 normal Refer to GI Fatty Liver Clinic (imaging to be ordered by specialist)
≥ 200 at anytime Obtain ultrasound and refer to GI

***Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Consider screening patients < 10 years of age if risk factors or symptoms/exam findings are present.

* Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*. 2007;120(4):S164-S192

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



Management and Treatment Stages

FOR PATIENTS WITH **OVERWEIGHT** OR **OBESITY**

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- After 3-6 months if the BMI/weight status has not improved, consider advancing to the next management and treatment stage.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.
- For added support and counseling in stages 1 and 2 consider partnering with a dietician, social worker, athletic trainer, physical therapist, psychologist/therapist or other community resources.
- Document the appropriate BMI Z68 code and other associated diagnoses.

Target weight loss maximum:

Children age 2-5 years old who have obesity should not lose more than 1 pound/month

Older children and adolescents with obesity should not lose more than an average of 2 pounds/week

PRIMARY CARE PROVIDER

STAGE 1 - Prevention Plus

Primary Care Office/Primary Care Provider

Healthy Habit Follow-up:

at least monthly
for 3-6 months

What:

Planned follow-up themed visits focusing on behaviors that resonate with the patient, family and provider.
Set and document realistic goals together.

Goals:

Positive behavior change.
Weight maintenance or a decrease in BMI velocity.

STAGE 2 - Structured Weight Management

Primary Care Office/Primary Care Provider with Training

Healthy Habit Follow-up:

every 2-4 weeks
for 3-6 months

What:

Stage 1 plus more intense support and structure to achieve healthy behavior change.
Set and document realistic goals together.

Goals:

Positive behavior change.
Weight maintenance or a decrease in BMI velocity.

STAGE 3 - Comprehensive Multi-disciplinary Intervention

Pediatric Weight Management Clinic/Multi-disciplinary Team

Follow-up:

weekly or at least every
2-4 weeks for 3-6 months

What:

Structural behavior modification program including increased intensity of behavior changes, frequency of visits, and specialists involved.

Goals:

Positive behavior change.
Weight maintenance or a decrease in BMI velocity.

STAGE 4 - Tertiary Care Intervention

Pediatric Weight Management Center/Providers with expertise in treating childhood obesity

Follow-up:

determined based on patients motivation, medical center, and the treatment protocol.

What:

Recommended for children BMI \geq 95% and significant comorbidities if unsuccessful with Stages 1-3. Also for children > 99% who have shown no improvement under Stage 3. Intensive nutrition and activity counseling with consideration of use of the of meds/surgery.

Goals:

Positive behavior change.
Weight maintenance or a decrease in BMI velocity.

This algorithm was developed based on the American Academy of Pediatrics Institute for Healthy Childhood Weight

CODING FOR OBESITY AND RELATED COMORBIDITIES

Z68.51 BMI pediatric, less than 5th percentile for age

Z68.52 BMI pediatric, 5th percentile to less than 85th percentile for age

Z68.53 BMI pediatric, 85th percentile to less than 95th percentile for age

Z68.54 BMI pediatric, greater than or equal to 95th percentile for age

Z71.3 Counseling, dietary and surveillance

Z71.89 Counseling, other specified (exercise, parent-child problems)

E03.9 Hypothyroidism

E28.2 PCOS (polycystic ovary syndrome)

E55.9 Vitamin D insufficiency

E66.01 Morbid (severe) obesity due to excess calories

E66.9 Obesity, unspecified

E78.00 Hypercholesterolemia

E78.1 Hypertriglyceridemia

E78.5 Hyperlipidemia

F54 Psychological factor affecting physical condition

G47.30 Sleep disordered breathing

I10 Hypertension

K76.0 Non-alcoholic hepatosteatosis

L83 Acquired acanthosis nigricans

N92.6 Irregular menstrual periods

R03.0 Elevated BP without diagnosis of hypertension

R63.5 Abnormal weight gain

R63.4 Loss of weight

R68.89 Exercise intolerance (Poor conditioning)

R73.09 Elevated hemoglobin A1c

R74.8 Low HDL



Atrium Health
Levine Children's



PUTTING THE ALGORITHM

TO USE IN YOUR PRACTICE

The algorithm is a tool to support primary care providers in their efforts to assess, manage, and treat childhood overweight and obesity.

Here are a few key points to consider as you begin

1. How to use the algorithm

- It starts at the well-child visit and continues on in planned Health Habit follow-up visits as determined by the patient, family, and provider
- It's not a protocol – it is a suggested course of action and provides guidance to be used with clinical judgment

2. Things to think about

- These kids could be sick
- Children with a BMI greater than the 85th percentile are at a higher risk for co-morbidities
- There are three ways to fine-tune/augment your assessment:
 - Augmented obesity-specific:
 - o Family history
 - o Review of systems
 - o Physical exam
- For patients with BMI greater than the 85th percentile, laboratory and co-morbidity work-up is needed

3. Working with patients and families

- Be respectful
- Be empathetic
- Listen more than you speak
- Use Motivational Interviewing techniques:
 - o Ask open-ended questions
 - o Use reflective listening
 - o Roll with resistance

4. Use treatment stages as a guide

- Not every patient is ready to make change
- Fear tactics don't work
- There are no quick fixes
- Frequent visits over time work best
- Small behavior changes can have profound effects on health and they are usually much more sustainable
- Motivational Interviewing works



For patients with a BMI \geq the 85th percentile, include the following in your annual well-child visit:

1. Augmented obesity-specific family history

Does your patient have a first-degree relative with any of the following?
If yes, they are at a greater risk of co-morbidities associated with obesity.

- ☐ Heart disease
- ☐ Hypertension
- ☐ Lipid level abnormalities
- ☐ Obesity
- ☐ Type 2 Diabetes

2. Augmented obesity-specific review of systems

SYMPTOMS	PROBABLE CAUSES
<input type="checkbox"/> Snoring/Sleep Disturbances	Obstructive sleep apnea
<input type="checkbox"/> Abdominal pain	GERD, constipation, gallbladder disease, NAFLD
<input type="checkbox"/> Menstrual irregularities	Polycystic ovary syndrome
<input type="checkbox"/> Hip, knee, leg pain	SCFE
<input type="checkbox"/> Foot pain	Musculoskeletal stress from weight
<input type="checkbox"/> Polyuria/Polydiopsia	Type 2 diabetes
<input type="checkbox"/> Anxiety, school avoidance, social isolation	Depression
<input type="checkbox"/> Severe recurrent headaches	Pseudotumor cerebri
<input type="checkbox"/> Shortness of breath	Asthma

1

3. Augmented obesity-specific physical exam

FINDINGS	PROBABLE EXPLANATIONS
<input type="checkbox"/> Elevated blood pressure, make sure to use correct size cuff	Hypertension on 3 or more occasions
<input type="checkbox"/> Short stature	Underlying endocrine condition
<input type="checkbox"/> Acanthosis nigricans	Increased risk of insulin resistance
<input type="checkbox"/> Acne, hirsutism	Polycystic ovary syndrome
<input type="checkbox"/> Skin irritation, inflammation	Intertrigo
<input type="checkbox"/> Papilledema, cranial nerve VI paralysis	Pseudotumor cerebri
<input type="checkbox"/> Tonsillar hypertrophy	Obstructive sleep apnea
<input type="checkbox"/> Goiter	Hypothyroidism
<input type="checkbox"/> Wheezing	Asthma
<input type="checkbox"/> Tender abdomen	GERD, gallbladder disease, NAFLD
<input type="checkbox"/> Abnormal gait, limited hip range	SCFE
<input type="checkbox"/> Bowing of tibia	Blount disease
<input type="checkbox"/> Small hands and feet, polydactyly	Some genetic syndromes
<input type="checkbox"/> Reproductive (Tanner stage, apparent micropenis, undescended testes)	Premature puberty, may be normal penis buried in fat, Prader-Willi syndrome

2

^{1,2} Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. Pediatrics. 2007;120(4):S164-S192.

Continued

For patients with a BMI \geq the 85th percentile WITHOUT Risk Factors*:

- Obtain a lipid profile

For patients with a BMI \geq the 85th percentile WITH Risk Factors*:

Laboratory Screening and Work-up for Co-morbidities

- The 2007 Expert Committee Recommendations state that a **fasting glucose** and **fasting lipid panel** along with **ALT** and **AST** should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using **A1C**, **fasting glucose**, or **oral glucose** tolerance to test for diabetes or pre-diabetes.
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences, and availability of testing should be used to help determine the timing of follow-up of abnormal labs.
- Of note, some sub-specialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for **Vitamin D** and **fasting insulin**. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient's health risk, some experts may start screening patients at 2 years of age.

Laboratory screening summary

The recommended tests for patients with BMI \geq 85th percentile with risk factors:

- Fasting glucose
- Fasting lipid panel
- ALT
- AST

Additional laboratory test should be obtained based upon the patient's signs, symptoms, family history, and medical condition.

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



STEP THREE

IMPLEMENT STRATEGIES

MORE
FEEDING PRACTICES



STEP 3: FEEDING PRACTICES

WHY DOES IT MATTER?

There is a growing body of evidence on the long-term health effects of establishing healthy eating practices early in life.

In fact, children who learn these habits, when they are young, are more likely to continue making healthy choices into adulthood.

It is important for caregivers to understand their role and the child's role at mealtimes.

The caregiver's role is to offer healthy foods at regular times; the child's role is to decide whether and how much to eat.

This section will provide you with information and resources on feeding practices and the benefits of breastfeeding.

If you are interested in learning more, familiarize yourself with the *Best Practices for Healthy Eating* guide, from Nemours.

Nemours.org/content/dam/nemours/wwwv2/filebox/service/healthy-living/growuphealthy/fivetwoone/Nemours_BestPracticesHealthyEatingGuide.pdf

Key Feeding Messages for Caregivers:

- Make mealtime fun and enjoyable
- Role model healthy eating
- Divide responsibilities for healthy meals – caregivers provide, kids decide
- Acknowledge hunger cues – Eat when your body is hungry, stop when you are full
- Control portions – Start with smaller portions
- Turn off screens when eating
- Avoid food rewards and bribes



FEEDING PRACTICES FOR OUR YOUNGEST PATIENTS

Babies are the best judge of how much food they need and their appetite may vary greatly day to day.

The American Academy of Pediatrics (AAP) recommends exclusive consumption of breast milk for at least the first 4-6 months of life. Breastfeeding should still continue until 12 months of age or later.

What do babies drink?

It is not recommended to give children under 6 months of age anything to drink besides breast milk or iron-fortified infant formula. After 6 months it is okay to start introducing a small amount of water after feedings. Hold off on any other fluids (including 100% fruit and vegetable juices) until 1 year of age.

Age	Drink	Amount*
Up to 6 months	Breast milk (preferred) Iron-fortified infant formula	4-6 oz/feeding
6-12 months	Breast milk (preferred) Iron-fortified infant formula Plain unflavored water	4-8 oz/feeding Small amounts of water can be given after breast milk or formula.

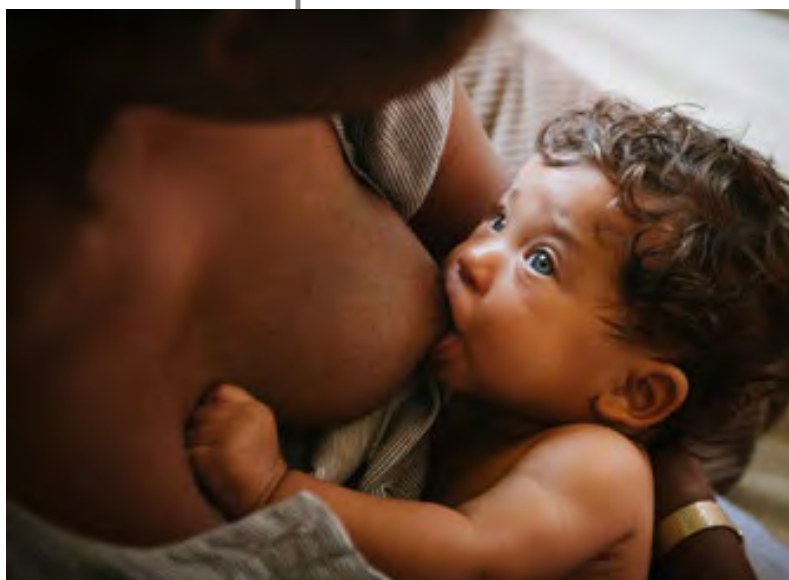
*An infant may eat or drink more or less than what is listed here. Pay attention to signs of hunger and fullness and talk to your doctor if you're concerned about your infant's intake.

Signs of Hunger:

- Putting fists in mouth
- Rooting (when an infant opens her mouth and turns her head towards anything near the mouth)
- Excited arm and leg movements
- Sucking or smacking lips
- Aim to feed an infant before they get too upset and are crying from hunger (crying is a late hunger sign)

Signs of Fullness:

- Clamping lips together
- Turning head away
- Spitting out nipple
- Pushing away bottle
- Decreased or stopped sucking
- Milk dribbling out corner of mouth



Continued



Bottle Feeding Techniques:

- Put only breast milk or formula in the bottle. Do not put cereal, other food, juices, or other drinks in the bottle. Adding food to the bottle does NOT help infants sleep through the night. In fact, this practice makes it harder for the infant to recognize signs of fullness.
- Give the bottle to the baby at feeding time only, not nap time, and do not let the baby go to sleep with the bottle as it promotes overeating and tooth decay.
- Always hold the baby while feeding instead of propping the bottle in the baby's mouth. This will prevent overeating and tooth decay. Tip the bottle so that milk fills the nipple and air does not get in.
- Do not let the baby walk or crawl around with the bottle.
- Never force a baby to finish what is in the bottle. Babies are the best judge of how much they need. To avoid wasting breast milk or formula, start with a smaller amount and add more if the baby is still hungry.

Feeding Solid Foods

- Introduction of solids can begin as early as 4-6 months.
- Introduce one "single-ingredient" new food at a time and wait 3-5 days before introducing anything else to watch for possible allergic reactions.
- Choose foods that will provide key nutrients and help children meet their energy needs.

Recommended first foods include:

- Single-grain cereals, pureed vegetables and fruits, and pureed lean poultry or meats. You can make your own foods and thin them to a soupy consistency with breast milk or formula.
- Introduce a variety of foods by the end of the first year. Remember, when offering a new food, it may take up to 15 exposures until the child accepts the food, so keep trying!
- Avoid adding salt or any kind of sweetener. These are not necessary to make children like a food – this can be done by repeatedly introducing a food.

Age	Solid Food	Amount*
Up to 4 months	No Solids Recommended	
4-8 months	Single-grain, iron-fortified cereal Fruits and/or vegetables Pureed lean poultry and meats	Up to 3 Tbsp Up to 3 Tbsp Up to 3 Tbsp
8-12 months	Single-grain, iron-fortified cereal Fruits and/or vegetables Lean poultry, meat, egg, cooked beans or peas Cottage cheese or yogurt Cheese Bread Crackers	1-4 Tbsp 1-4 Tbsp 1-4 Tbsp 1-4 Tbsp ½ oz to 2 oz ¼ to ½ slice 2 crackers

*An infant may eat or drink more or less than what is listed. Pay attention to signs of hunger and fullness. Talk to your doctor if you're concerned about your infant's intake.



HOW TO PRACTICE THE

DIVISION OF RESPONSIBILITY WHEN FEEDING CHILDREN

A crucial part of parents' and caregivers' job around mealtime is trusting children to determine *how much and whether* to eat from what is offered. Children are born with a natural ability to eat. As adults do their jobs with feeding, children do their jobs with eating. Because of this, we encourage child care providers to practice Ellyn Satter's Division of Responsibility when feeding children.

When parents and caregivers follow this Division of Responsibility in feeding, kids build on this natural ability and become eating competent. This leads to them eating the appropriate amount of food and growing in a way that is right for them.

The Division of Responsibility varies slightly depending on the age and ability of a child.

For Infants

- The caregiver is responsible for *what* is offered.
- The child is responsible for *how much* they eat from what is offered (and everything else).

For Babies Making the Transition to Family Food

- The caregiver is still responsible for *what* is offered, and is becoming responsible for *when* and *where* the child is fed.
- The child is still responsible for *how much* and *whether* to eat the foods offered by the caregiver.

For Toddlers through Adolescents

- The caregiver is responsible for *what*, *when*, and *where* the food is offered.
- The child is responsible for *how much* and *whether* to eat from what is offered.

Content adapted from Ellyn Satter's Division of Responsibility in Feeding at ellynsatterinstitute.org. Visit this website for more about eating and feeding and for Ellyn Satter's books, videos, and other resources. For the evidence behind this model, read "The Satter Feeding Dynamics Model" under "Who We Are" on the website.



PROVIDER GUIDE TO BREASTFEEDING

Benefits for baby:

Most health professionals are familiar with the benefits of breastfeeding. The American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, American Academy of Family Physicians, Centers for Disease Control, World Health Organization, and United Nations Children's Fund continue to support the unequivocal evidence that breastfeeding protects against a variety of diseases and conditions in the infant such as:

- Atopic dermatitis
- Asthma
- Otitis media
- Urinary tract infection
- Bacterial meningitis
- Late-onset sepsis in preterm infants
- Sudden infant death syndrome (SIDS)
- Type 1 and Type 2 diabetes
- Diarrhea
- Lymphoma, leukemia, and Hodgkin's disease
- Respiratory tract infection
- Childhood overweight and obesity
- Necrotizing enterocolitis
- Celiac Disease

Benefits for mom:

- Decreased postpartum bleeding and more rapid uterine involution
- Decreased menstrual blood loss and increased child spacing (lactational amenorrhea)
- Earlier return to pre-pregnancy weight
- Decreased risk of breast and ovarian cancers
- Decreased risk of postpartum depression
- Decreased risk of Type 2 diabetes

Breastfeeding is also a great benefit to the environment and society. Breastfeeding families are sick less often and the parents miss less work. It does not require the use of energy for manufacturing or create waste or air pollution. There is no risk of contamination, and it is always at the right temperature and ready to feed.

For these reasons, as well as the potential risk to an infant's health from formula feeding (e.g., differences in the neonatal GI microbiome), all maternal/child health care organizations recommend exclusive breastfeeding for approximately the first 6 months of life and continued breast milk feeding for at least the first year of life.



Contradictions to breastfeeding:

The only true contraindications to breastfeeding are the following:

- Infants with classic galactosemia (galactose 1—phosphate uridylyltransferase deficiency)
- In the US, mothers who are infected with human immunodeficiency virus (HIV)
- Human t-lymphotropic virus type I or II

Refer to the American Academy of Pediatrics policy statement for other conditions that may require further investigation/careful consideration at (Aap.org/breastfeeding).

Breastfeeding is NOT contraindicated in the following conditions:

- Infants born to mothers who are hepatitis B surface antigen-positive
- Mothers who are infected with hepatitis C virus (persons with hepatitis C virus antibody or hepatitis C virus-RNA-positive blood)
- Mothers who are febrile (unless cause is a contraindication outlined in the previous section)



HEALTH CARE PROVIDERS' ROLE IN SUPPORTING BREASTFEEDING

Pediatricians, obstetricians, nurse practitioners, nurse midwives, and family medicine providers can play a key role in promoting breastfeeding and supporting families.

You and your staff can:

- Communicate the benefits of breastfeeding and the risks of formula feeding to all of your patients.
- Educate yourself about breastfeeding and how to care for breastfeeding families in your practice (Use the Provider Resource Guide for Breastfeeding).
- Know how to assess breastfeeding and manage common breastfeeding problems.
- Know the local resources available to you and your patients (WIC, breastfeeding support groups, lactation consultants, breast pump rental stations, etc.).
- Understand how to use breastfeeding equipment and be able to support women who wish to return to work or school while breastfeeding.
- Consider having a Lactation Consultant on staff to address any questions or concerns your patients may have.



1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

CELEBRATE

RESOURCES



PROVIDER RESOURCE GUIDE FOR BREASTFEEDING

Website

- Baby Friendly USA – Organization that credentials hospitals for the Baby Friendly Hospital Initiative (BFHI).

Babyfriendlyusa.org

Self-Study

- Academy of Breastfeeding Medicine. International physician organization for promotion, protection, and support of breastfeeding. Evidence-based protocols available for free download; annual CME conference occurs every fall.

Bfmed.org

- Breastfeeding Friendly Consortium. Offers 20 hours of on-line CME education including education on the Ten Steps to Successful Breastfeeding/BFHI helping advanced-level providers meet the required 3 hours of training to achieve BFHI-designation. Also offers ABP Maintenance of Certification approved activities and practice monitoring tools. \$99 for one year registration. Endorsed by the AAP.

Bfconsortium.org

- Resources for safety of medications in breastfeeding: Lactmed. Online, evidence-based website supported by the NIH.

Toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACTMED

- Video demonstration of hand expression of breastmilk.

Med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html

- Wellstart International (2013) Lactation Management Self-Study Modules, Level I, Fourth Edition, Shelburne, Vermont: Wellstart International. Available for no cost at:

wellstart.org/Self-Study-Module.pdf

Identify your local Chapter Breastfeeding Coordinator

- Chapter Breastfeeding Coordinators (CBCs) are pediatricians who are appointed by their AAP Chapter President to work within their AAP Chapter and the community on breastfeeding support and promotion. CBCs ensure that the members of their AAP Chapter are up to date on the latest breastfeeding education and advocacy activities. Find the roster of CBCs [here](#).

Apps

- Massachusetts Breastfeeding Coalition's evidence-based smartphone app, Breastfeeding Management 2, is now available in Android and for iPhone in the app store. It is specifically designed to help health professionals manage breastfeeding issues and includes triage tools, links, calculators, and lots of other useful information.

Source

American Academy of Pediatrics Breastfeeding Initiatives – www.aap.org/breastfeeding Ip, et al. A summary of the Agency for Healthcare Research and Quality's evidence report on breastfeeding in developed countries. Breastfeed Med. 2009; 4:S17-30. American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk. Pediatrics, 2012; 129:e827-841. ACOG, <http://www.acog.org/Search?Keyword=breastfeeding> AAFP Guidelines, <http://www.aafp.org/afp/2000/0401/p2093.html>



FAMILY RESOURCE GUIDE

FOR BREASTFEEDING

This resource guide will direct you towards websites and AAP publications for families about breastfeeding as well as those of other organizations.

AAP Publications

The AAP sells educational products to professionals as well as parents.

WEBSITE: shop.aap.org/

New Mother's Guide to Breastfeeding: A basic breastfeeding 101 book for mothers. A good overview of the experience of breastfeeding from initiation to weaning for parents. Available in Spanish.

WEBSITE: amazon.com/American-Academy-Pediatrics-Mothers-Breastfeeding/dp/0553386662

Your Baby's First Year: From birth to your baby's first birthday.

This book will guide you about every aspect of your child's health.

WEBSITE: amazon.com/Your-Babys-First-Year-Edition/dp/0553593005

The Joint Commission's Speak Up™ brochure "What you need to know about breastfeeding." Provides new mothers/families with information on the benefit of breastfeeding, and helpful tips on preparing for breastfeeding in the prenatal period, in the hospital, and after leaving the hospital.

WEBSITE: jointcommission.org/assets/1/18/Breastfeeding_final_7_19_11.pdf

An Easy Guide to Breastfeeding. This popular pamphlet for mothers will give you the basics of breastfeeding. It is available in many different versions and languages including a guide for African American women, American Indian and Alaska Native women, and versions in Spanish and Chinese.

WEBSITE: womenshealth.gov/publications/our-publications/breastfeeding-guide/

Breastfeeding – Best for Baby, Best for Mom. This comprehensive Web site from the Office on Women's Health offers breastfeeding information and a breastfeeding helpline.

WEBSITE: womenshealth.gov/Breastfeeding/



FAMILY RESOURCE GUIDE

FOR BREASTFEEDING

Centers for Disease Control and Prevention Breastfeeding Pages.

The CDC has basic information about breastfeeding including the safety of vaccinating pregnant women, traveling and breastfeeding, and other helpful information about breastfeeding and disease prevention.

WEBSITE: cdc.gov/breastfeeding/

Human Milk Banking Association of North America.

This Web site will answer your questions about human milk banking and direct-to-human milk banks in North America.

WEBSITE: hmbana.org/

International Lactation Consultant Association. Visit this site to find local International Board Certified Lactation Consultants by zip code. Be sure to have a name and number of a lactation consultant on hand before you have your baby. Also, ask your obstetrician and pediatrician about lactation support in their office.

WEBSITE: ilca.org/

La Leche League International. La Leche League International offers many resources for families including breastfeeding help, breastfeeding laws, breastfeeding publications, links to local LLL leaders and groups, and more.

WEBSITE: lli.org/

MyPlate for Pregnancy and Breastfeeding. This Web site has nutrition tools to help you to eat right during pregnancy and lactation.

WEBSITE: choosemyplate.gov/pregnancy-breastfeeding.html

AAP Section on Perinatal Pediatrics. This Web site features up-to-date neonatal-perinatal information for families with premature babies.

WEBSITE: aap.org/en-us/about-the-aap/Committees-Councils-Sections/Neonatal-Perinatal-Medicine/Pages/Who-We-Are.aspx



STEP THREE

IMPLEMENT STRATEGIES

MORE
PARENT HANDOUTS



MEASURING YOUR BABY

WEIGHT-FOR-LENGTH MEASUREMENTS

You may have noticed that we measure your baby's length when you come in for a check-up. Or you might have heard your baby's doctor talk about weight-for-length measurements. What are weight-for-length measurements, and why do they matter?

Weight-for-length measurements help us track your baby's growth.

- For babies up to 2 year of age, the best way to determine their growth is to track their weight compared to their length. This process is called weight-for-length measurement.
- We track your baby's weight and length each time you visit. This lets us see how your baby is growing and gaining weight over time.

Finding problems now will help us keep your baby healthy in the future.

- Usually, we are glad to see babies gain weight! This means they are getting bigger and stronger. But weighing too much can lead to health problems as they get older.
- Many kids and teens who are very overweight, first started having problems with their weight when they were babies.
- If your baby is gaining weight too quickly, weight-for-length measurements help us see this early.
- Finding problems now helps us make sure that this doesn't become a bigger problem later. If needed, we can help you make changes in what your baby eats.





EAT AT LEAST

FRUITS + VEGGIES

EVERY DAY

TRY IT!

- Try fruits and veggies different ways and try at least a couple of bites each time. It can take 7 to 10 tries before you like a new food, so be open to trying again and again. It may become your new favorite!
- Many fruits and veggies taste great with a dip or dressing. Try salad dressing, yogurt, nut butter, or hummus.
- Make a fruit smoothie with yogurt.

MIX IT!

- Add veggies to foods you already make, like pasta, soups, casseroles, pizza, rice, etc.
- Add fruit to your cereal, pancakes, or other breakfast foods.

SLICE IT!

- Keep washed and chopped veggies and fruits in the fridge so they are ready to grab and eat.
- Most people prefer crunchy foods over mushy ones. Enjoy veggies fresh or lightly steamed, and avoid overcooking.

Did you know?

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

What is a serving?**Kids**

- Size of the palm of their hand

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



A MEAL IS A FAMILY AFFAIR

Mealtimes often revolve around our busy lifestyles. As a result of this, we miss meals or eat foods that are not the best for our bodies. **Did you know experts have found that kids who eat regularly with their families are more likely to eat fruits, veggies, and whole grains?** So, no matter how busy life may seem, it's important to make family meals a priority.



To get started, try some of these ideas:

- Choose a time when everyone can enjoy at least one meal together – it may be breakfast, lunch, or dinner.
- As the parent, you should decide what time meals are served and what the food choices are. Your children can then decide what and how much to eat of what's offered.
- Include your children in preparing the meal.
- Gather around the table for a meal and turn the TV and mobile devices off.
- Make the meal pleasant by keeping the conversation positive.
- Limit eating and drinking unhealthy snacks between meals.
- Role model the habits you want your children to develop.



HOW TO ADD FIBER

TO YOUR MEAL

Fiber is the part of plant foods that the body cannot digest. Eating more fiber can help your child prevent constipation, diabetes and heart disease. Foods that contain a lot of fiber are filling, have lots of vitamins and minerals, and help children maintain a healthy weight.

Fiber should be added very gradually to give the body time to adjust. Drinking plenty of fluids helps fiber do its work.

How much fiber is enough?

You can find out how much fiber is in food by looking for the "dietary fiber" line of food labels.

Children ages 3-15 should aim for "age in years plus 5-10 grams" of fiber. Older teen should eat 20-35 grams of fiber a day.

FOR EXAMPLE: an 8-year old should eat $8 \text{ grams} + 5 \text{ to } 10 = 13 \text{ to } 18 \text{ grams of fiber a day}$.

Here are some easy ways to add fiber:

- Serve high-fiber cereal like bran flakes, oatmeal, or shredded wheat.
- Add some raisins or berries to breakfast cereal.
- Serve whole fruit instead of juices.
- Eat vegetables that are really high in fiber like carrots, winter squash, broccoli, cauliflower, peas, potatoes and avocado.
- Add a salad to lunch or dinner.
- Eat apples, pears, and potatoes with the peels on.
- Add beans (like kidney or navy beans), chickpeas, or lentils to salads and soups or eat baked beans as a side dish.
- Popcorn makes a great high-fiber snack.
- Fill $\frac{3}{4}$ of the lunch or dinner plate with plant-based foods, such as fruits, vegetables, and whole grains



Adapted from How To Add Fiber to Your Meals by Nutrition Works, LLC © 2008.

TIPS FOR A HEALTHIER DIET

Healthier foods usually are “nutrient-dense.” This means they provide lots of vitamins and minerals along with the calories they contain.

These foods are nutrient-dense and easy to include in your diet:

- Frozen fruits and veggies
- Canned beans (rinse and drain well)
- Fresh fruit in season
- Whole grains in bulk
- Store brand whole-grain breakfast cereals



By choosing nutrient-dense foods like these, you can make sure your child's calories count:

- Vibrant, deeply-colored fruits and veggies
 - Lean meat, skinless poultry, fish, eggs, beans, and nuts
- TIP:** The leanest cuts of meat end in “loin” or “round”
- Fiber-rich whole grain foods
 - Low-fat milk, cheese, and yogurt

Tips to help your family have a healthier diet:

Are you looking to help everyone in your family eat healthier? Here are some ideas for how to introduce new foods and boost the quality of your family's diet.

- Offer new foods over and over again. It can take many exposures to a food before a child is willing to try it.
- Offer less familiar foods alongside your child's favorite foods to increase the chances they'll try it.
- Mix more nutritious foods into less nutritious ones. For example, mix whole grain cereal into your child's favorite cereal, plain yogurt into sugar-sweetened yogurt, and whole grain flour into your pancake mix.
- Make your own versions of favorite foods (e.g., pizza with whole wheat dough and veggies on top, baked “French fries” tossed in olive oil and salt).
- Let the kids help you cook! They are more likely to try something they helped make.
- Have fresh veggies available for kids to snack on while they wait for dinner to be ready.
- Be prepared with healthy on-the-go options: whole or dried fruit, nuts, hard boiled eggs, cheese sticks, yogurt cups, and single-serve fruit cups canned in water or 100% fruit juice are all good options.

A HEALTHY START

BREAKFAST IS BEST**BOOST
YOUR
ENERGY
AND
BRAIN
POWER!**

**Keep it simple,
but keep it delicious!**
You may like:

- Oatmeal with cinnamon, applesauce, and a glass of low-fat milk.
- A waffle or pancake with blueberries.
- An English muffin with a slice of ham, egg, and cheese.
- A raisin bran muffin, a banana, and a glass of low-fat milk.

**Choose whole grains
most of the time!**



AtriumHealth.org/HealthyTogether

Why eat breakfast every day?

- It will give you the energy you need to start your day. It is “fuel” for the body!
- It can help you focus on work or school!
- It can help you feel and act your best!
- It can help keep you healthy!

Try a variety of healthy foods! Find the ones YOU like!**Not hungry in the morning? Start small...try:**

- A cup of yogurt (plain – add your own fruit).
- A piece of fruit such as a banana, orange, or apple.
- A bowl of cereal with low-fat milk.
- A slice of toast with nut butter and a glass of low-fat milk.
- Half of a toasted English muffin with a slice of cheese.
- Trail mix of raisins, nuts, and cereal.



FRUITS AND VEGGIES ALL YEAR LONG!



Eat at least five fruits
and veggies a day!

SOOOOO
COOL!



AtriumHealth.org/HealthyTogether

There's no reason not to have fruits and veggies year-round. Here's why frozen or canned produce is a good choice:

For health:

- They're just as good for you as fresh fruit and veggies – the nutrients are saved when they are canned and frozen.
 - o Choose fruit packed in their natural juice, not in syrup.
 - o Choose canned veggies that are salt-free. You can season to taste. If you have only have salted canned veggies, rinse in water.

For savings:

- They cost less than fresh fruit and veggies.

For convenience:

- They're always in season.
- You'll have lots of choices.
- They're easily stored.
- They're already washed and cut – ready for your favorite recipe!

Add frozen and canned veggies to:

- Chili
 - Soups or stews
 - Stir-fry
 - Pasta sauce
 - Casseroles
- Use canned black beans, corn, peppers, and onions to spice up a Mexican dish. Add chick peas or kidney beans to any salad.

Add frozen and canned fruits to:

- Smoothies
- Yogurt parfaits
- Plain yogurt
- Fruit salad
- Cereal
- Stir-fry (pineapple)

Or simply use as a side dish!

WHAT IS A HEALTHY PORTION?

Food portions are larger than ever these days – usually much more than we need. Choose your starting portion size by relating food to everyday items.



A serving of meat, fish, or poultry is equal to a deck of cards.



A serving of nut butter or salad dressing is about the size of a ping-pong ball.



A serving of fruit or veggie is about the size of a tennis ball.



For toddlers, the right portion size is the size of the palm of their hand.



WHAT IS A

HEALTHY PORTION?

**NO
MORE
CLEAN
PLATE
CLUB!**

Use these tips to help keep your portions right-sized.

- Start with one portion of each food on your plate. If you are still hungry, you can always get more.
- Use the MyPlate model to create a balanced plate. Fill half of your plate with veggies (and/or fruit), 1/4 with protein, and 1/4 with starch, preferably a whole grain.
- Check the serving size on packaged foods for guidance on portion size.
- Eat your food while sitting down and using a plate or bowl. Avoid eating directly out of packages.
- Eat regularly throughout the day; this helps keep you from getting too hungry.
- Serve food on smaller plates.
- Serve meals from the stove. This can help you avoid eating more when you are no longer hungry.
- At restaurants, ask for a lunch-size portion, split your meal, or box up half to take home.
- Skip the “clean plate” club. Instead, start with smaller portions, savor your food, and eat until you are satisfied.
- Role model the behaviors that you want your children to develop.



QUICK SNACKS

FOR HEALTHY KIDS

Everyone is hungry and time is limited. Try some of these quick snacks you can make in no time!

- **Veggies and Dip:** Baby carrots, cucumber slices, red pepper slices, broccoli, cherry tomatoes, snap peas, or celery sticks served with hummus, salad dressing, or other dip.
- **Veggie Sticks with Spread:** Celery or carrot sticks topped with nut butter or cream cheese (add some raisins to make "ants on a log"!)
- **Snack Kabobs:** Veggie or fruit chunks skewered onto thin pretzel sticks.
- **Sweet Potato Fries:** Baked sweet potato wedges, tossed lightly with olive oil and salt.
- **Cottage Cheese or Yogurt with Fruit and/or Granola:** Try using fresh grapes, frozen berries, or canned peaches or pineapple.
- **Mini Bagel with Spread:** Try cream cheese, nut butter, or hummus.
- **Apple Treats:** Sprinkle apple chunks with cinnamon and/or raisins or granola, then mix in some nut butter.
- **Chips and Salsa:** Use whole grain baked pita chips or baked tortilla chips. Also try out bean dip instead.
- **Taco Roll-Up:** Small whole wheat tortilla rolled with cheese, beans, and salsa.
- **Turkey Roll-Up:** Turkey slice rolled up with cheese.
- **Mini Pizzas:** Top pita bread or half of a whole wheat English muffin with tomato sauce, cheese, and chopped veggies and toast until cheese is melted.



EVEN QUICKER SNACKS

FOR HEALTHY KIDS

For even quicker snacks, try these!

- **Whole Fruit:** Grapes, apples, bananas, etc.
- **Fruit Salad:** Store-bought fresh fruit, unsweetened canned fruit, or snack cup.
- **Frozen Fruit:** Berries, mango, you can even freeze grapes.
- **Dried Fruit:** Look for unsweetened varieties and keep it to a handful.
- **Apple Sauce:** Unsweetened.
- **Nuts:** Such as almonds, walnuts, cashews, or mixed nuts; keep it to a handful.
- **Cheese:** One string cheese or 2 slices of cheese.
- **Granola/Fruit Bar:** Look for whole grain bars that are low in sugar.
- **Cereal:** Choose whole grain cereals like Cheerios, Multi-grain Chex, and Shredded Wheat.
- **Trail Mix:** Made with nuts, seeds, granola, and/or dried fruit; keep it to a handful.
- **Popcorn:** 2-3 cups popped.

- **Fruit Smoothies:** Store-bought or homemade with fresh or frozen fruit and low-fat milk or yogurt.
- **Pretzels:** A handful served with a spoonful of hummus or nut butter.

Let's not forget about beverages.

Reach for some of the suggestions below the next time you provide beverages!

- Water
- Low-fat milk
- Seltzer water with a splash of 100% fruit juice

Try making yummy infused water

Just add fruit (think berries, melons, citrus fruit, kiwi, etc.) and/or veggies (like cucumber, celery or carrot), and/or fresh herb leaves (like thyme, mint, cilantro, or parsley). Mix and match and let it sit a few hours in the fridge to let the flavors infuse.



HEALTHY SHOPPING

ON A BUDGET

Healthy shopping on a budget takes planning! Planning helps you save time, money and eat healthier.

- **Make a list and stick to it.** Lists help you avoid impulse buys that are usually unhealthy and expensive.
- **Shop mostly the perimeter of the store.** Spend most of your grocery budget on natural foods found around the outside of the store like fruits, veggies, dairy, protein, and foods that are good for your body. Limit your shopping in the middle aisles to staples like pasta, canned tuna, and nut butter, avoiding other expensive processed, and often unhealthy, packaged foods.
- **Shop when you are NOT hungry or stressed.** People who shop when hungry or stressed tend to not only buy MORE food, but also unhealthier food.
- **Compare unit prices.** Bigger is not always better! Use the unit price to compare similar products and make sure you're getting the best deal. The unit price is the cost per a standard unit (like ounce or pound) and is usually found on a sticker on the shelf beneath the product.
- **Weigh the cost of convenience.** If food tends to rot in your fridge before you prepare it, then you could actually save money by purchasing fresh fruits and veggies that have been washed and chopped for you.
- **Try frozen and canned.** Canned and frozen produce keeps for a long time and may be cheaper per serving than fresh. For frozen, make sure you look for items with no added sauces or sugar. For canned, choose fruit canned in 100% juice and veggies that are labeled either "low sodium" or "no added salt."
- **Use store flyers to plan your menu.** Save money by planning your menu around fruits, veggies and other items that are on sale each week. Save time by already knowing what you are going to make for dinner each night.
- **Try store brands.** Store brands on average are cheaper by about 26% to 28% and their quality usually at least meets, and often surpasses, that of name brand products.
- **Shop in season.** Buying fruits and veggies in season generally means your food not only tastes better, but is more nutritious and affordable.
- **Buy in bulk when foods are on sale.** Frozen and canned produce, and some fresh items like apples and carrots, will last a long time. If you have the storage space, stock up on the foods you eat regularly when they are on sale to save some money.



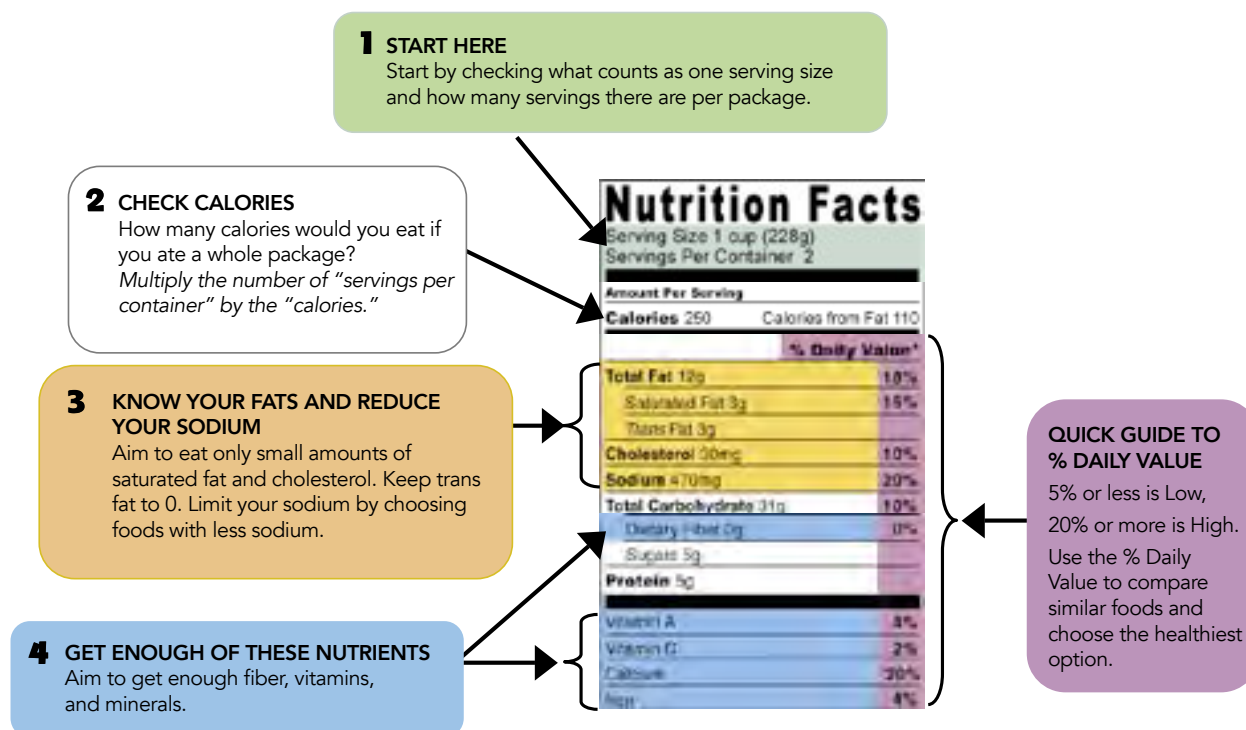
UNDERSTANDING FOOD LABELS

What can I use the Nutrition Facts label for?

- Getting a general idea about how healthy a food is.
- Figuring out what counts as one serving and how many calories are in each serving.
- Comparing two similar products to choose the healthiest option.

Watch out for these common misunderstandings:

- Assuming “sugar-free” or “fat-free” means a product is low calorie or healthy; it’s not true!
- Buying something because it says “organic,” “natural,” “multi-grain,” or has some other “healthy” claim. These statements do not necessarily mean a product is good for you.
- Assuming that a package or bottle is only one serving. Many beverage bottles and packages of chips, cookies, and candy are actually 2 or 3 servings!



For more information visit fda.gov/ and search “Food Labeling”



LIMIT RECREATIONAL SCREEN TIME TO 2 HOURS OR LESS EVERY DAY

Keep TV/Computer out of bedroom. No screen time under the age of 2.

Life is a lot 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 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 free activities in your community.
- Rollerblade.
- Play charades.
- Go play in the snow
(E.g., sled, ski, snowshoe, build a snowman or fort).

Tame the TV and computer! Set limits and provide alternatives.

- 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, it's time to turn off the TV.
- Eliminate TV time during the week.
- Set family guidelines for age-appropriate shows.
- Make a list of fun activities to do instead of being in front of a screen.
- Keep books, magazines, and board games in the family room.

Healthy screen time means:

- No TV/computer in the room where the child sleeps.
- No TV/computer under the age of 2.
- One hour of educational TV/computer time between ages 2 and 5.
- After the age of 5, two hours or less per day.

Did you know?

- Screen time includes time spent on TVs, computers, gaming consoles handhelds, tablets, and smartphones. It's important to limit the use of ALL screens.
- Watching TV is associated with more snacking and increased obesity.
- Too much TV has been linked to lower reading scores and attention problems.



PROMOTE HEALTHY VIEWING HABITS

How much screen time is too much?

The American Academy of Pediatrics (AAP) recommends that kids under 2 years old not have any screen time and that those older than 2 have no more than 1-2 hours a day of quality programming.

Why is this important?

TV and other electronic devices can get in the way of learning, exploring, playing, sleeping, and interacting with parents and others, which encourages learning and healthy physical and social development.

Here are some tips you can use to help your child develop positive screen time habits:

- Keep screens out of your child's bedroom.
- Turn off TV and put away handheld devices during meal time.
- Treat screen time as a privilege to be earned – not a right.
- Establish and enforce family viewing rules, like allowing screen time only after chores and homework are complete.
- Make a list of fun activities to do instead of being in front of a screen. Keep books, magazines, and board games easily available.

What counts as a screen time?

Screen time is any time spent using TVs, computers, video games, tablets, and/or smartphones.



UNPLUGGED!

LIFE IS A LOT MORE FUN WHEN YOU JOIN IN!

Interesting facts about TV

- Screen can be habit-forming: the more time kids engage with screens, the harder time they have turning them off as they become older.
- Over half of advertisements during kids' TV shows are about foods, and up to 98% of these promote foods that are high in fat, sugar, and/or sodium.
- Reducing screen time can help prevent childhood obesity.
- Kids who spend less time watching television in early years tend to do better in school, have a healthier diet, be more physically active, and be better able to engage in schoolwork in later elementary school.
- Limiting exposure to television during the first 4 years of life may decrease children's interest in it in later years.

Adapted from Campaign for a Commercial-Free Childhood

Try some of these "unplugged" activities instead of watching TV.

- Take a walk
- Ride a bike
- Go on a nature hike
- Put together a jigsaw puzzle
- Go camping (even if it's just in the backyard)
- Go to a school sporting event
- Play a board game
- Read a book
- Play outside
- Turn on the music and dance
- Start a journal

Check these out!

- Center on Media and Child Health:
cmch.tv
- Campaign for a Commercial-Free Childhood:
commercialfreechildhood.org



SCREEN TIME AND THE VERY YOUNG

The American Academy of Pediatrics recommends NO screen time for children under 2 years of age. Listed below are some of the effects that excessive screen time (over two hours a day) can have on the very young.

Excessive Screen Time

- Can be habit-forming. The more time a young child is engaged with screens, the harder time they have turning them off as older children.
- Is linked to irregular sleep patterns and delayed language acquisition for children under 3.
- Is associated with problems later in childhood, including lower math and school achievement, reduced physical activity, social challenges, and increased BMI.
- Means less time involved in creative play and constructive problem solving.

Reduced Screen Time

- May lead to decreased interest in screen time when children are older.
- Can help prevent childhood obesity by allowing more time for physical activity and less exposure to television advertising for unhealthy foods targeted at children.
- Is related to doing better in school, having a healthier diet, being more physically active, and being better able to engage in school work.
- Can start now! Limiting exposure before age 6 greatly reduces some of the risks of excessive screen time.

Source: Campaign for a Commercial-Free Childhood.





ONE HOUR OR MORE OF PHYSICAL ACTIVITY

EVERY DAY

MOVE 1 HOUR EVERY DAY!

Physical activity can 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

Make physical activity easier.

- Make gradual changes to increase your level of physical activity.
- Track the level of your physical activity using a pedometer, fitness band, or online tracker.
- Choose toys and games that promote physical activity (e.g., balls, hula hoops, jump ropes, scarves).
- Do physical activities together with friends or family.
- Turn off the TV and computer and keep them out of the bedroom.
- Limit recreational screen time (e.g., TVs, computers, video games, etc.).
- Encourage lifelong physical activity by incorporating it into your routine.
- Keep physical activity fun! You'll be more likely to do it.

Did you know?

One hour of moderate physical activity means:

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

20 minutes of heavy physical activity means:

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

Physical activity...

- Makes you feel good.
- Makes your heart happy.
- Makes you stronger.
- Makes you flexible.



BE A ROLE MODEL

SCHEDULE ACTIVE FAMILY PLAY TIME DAILY.



TAKE IT OUTSIDE

With so much technology, it can be hard to pull ourselves away from indoor attractions like computers, TVs, and video games. As a result, we miss out on the exciting and beautiful world of nature that is right outside the door. Spending time in nature, either alone or with our families, has positive outcomes for everyone.

Did you know that experts have found that kids who have greater contact with nature are happier, healthier, smarter, more creative, more optimistic, more focused, and more self-confident? Families also have stronger bonds and get along better if they participate in activities outside. Getting outside can even help prevent diabetes, behavioral disorders, and depression. So, no matter how tempting staying inside may be, making time for nature is really important!

Tips to get involved:

- Make a list of nature activities that your kids want to do and then use those activities as rewards.
- Encourage kids to go outside with you while you do yard work.
- Help kids plant a garden that they can take care of.
- Check out books on local animals, like birds, and help your kids explore them.
- Get other friends and families involved in your nature outings – the more, the merrier!

Here are some fun, family-friendly outdoor activities you can try:

- Go apple or berry picking
- Jump in puddles
- Go stargazing and pick out your favorite constellations
- Plant a vegetable garden
- Go for a hike or nature walk
- Collect seashells on the beach
- Follow animal tracks
- Sleep in the backyard
- Go sledding
- Go fishing





SUGARY DRINKS...

DRINK WATER!

Put limits on juice!

- Juice products labeled “-ade,” “drink,” or “punch” often contain 5% juice or less. Sometimes, the only difference between these “juices” and soda is that they have added Vitamin C.
- Always try to choose whole fruits over juice.
- Suggest a glass of water or low-fat milk instead of juice.
 - If you choose to serve juice: Buy 100% juice.
- Each day, juice should be limited to:
 - 4 ounces for toddlers 1-3 years old
 - 4-6 ounces for children 4-6 years old
 - 8 ounces for children 7-18 years old
 - Children 12 months and under should not be given juice

Water!

Keep It Handy, Keep It Cold:

- Keep bottled water or a water bottle on hand.
- Fill a pitcher of water and keep it in the fridge.

Liven It Up, Make It Fruity:

- Add fresh lemon, lime, or orange wedges to water for some natural flavor.
- Try mixing seltzer with a splash of juice.

Be a Role Model:

- Drink water when you're thirsty.
- Replace soda with water, instead of other sugar-sweetened beverages, such as juice or sports drinks.

Water is fuel for your body:

- Between 70-80% of our body is made up of water.
- When you exercise, you sweat, and when you sweat, you LOSE water – it is important to replace the water you lose when you sweat.
- Water is the #1 thirst quencher!

Did you know?

Soda has no nutritional value and is high in sugar. Just 9 ounces of soda has up to 150 empty calories. Many sodas also contain caffeine, which kids don't need.



WATER IS FUEL

FOR YOUR BODY

**STAY
HYDRATED!
IT'S
COOL.**

Ever wonder why you need water? Like food, water acts like fuel in your body and helps your body run. To keep your body running well, drink plenty of water throughout the day.

Kids who eat healthy, drink enough water, and sleep well at night will have more energy for all their sports and activities!

- Between 70-80% of your body is made up of water.
- Water is the #1 thirst quencher.

Give your body water when you need more fuel!

When you exercise, you sweat, and when you sweat, you LOSE water and minerals. It's important to replace the water you lose when you sweat by drinking water. You can replace the minerals by eating a piece of fruit – such as a banana. It's uncommon for kids to reach a level of activity where they require sports drinks. Most often the best choice is water and a light snack.

Energy drinks should never be used to replace water during exercise. Most energy drinks, like Red Bull and Monster, contain caffeine. Caffeine causes the body to lose water and can sometimes cause anxiety, headaches, stomachaches, and sleep problems.

Energy drinks and many sports drinks contain HIGH amounts of sugar and calories. The extra sugar and calories may add to weight gain and tooth decay.



WHAT SHOULD YOUNG CHILDREN DRINK?

The best drinks for young children—and for kids of all ages—are water and milk.

- Water is essential for good health and is the best thirst quencher.
- Milk is loaded with important nutrients, especially calcium, which is vital to proper development of teeth and bones.
 - o Children between 1 and 2 years old should be drinking whole milk and/or breast milk.
 - o Preschoolers can consume 2-3 cups of milk (or other dairy, or dairy alternative products like fortified soy or almond milk) every day.
- Even 100% juice has a significant amount of sugar, so limit to no more than one serving (about 4-6 ounces) of 100% juice a day.
- Kids may be less likely to drink enough water and milk if soda and other sugar-sweetened beverages are available.

What You Can Do:

- Promote water and milk as the drinks of choice.
- Offer milk or milk alternatives at all meals, and water between meals.
- For flavored milk, limit the added sugar by flavoring it yourself versus buying premixed versions. Note: Flavored milk should only be an occasional treat, if served at all.
- Use the drink chart below to talk with your kids about how much sugar is in some common drinks.
- Bring water or milk instead of sugar-sweetened drinks to celebrations.
- Be a role model by drinking water or milk.

DRINK	SIZE	SUGAR
Water	8 oz.	0
Milk	8 oz.	11 grams
100% Orange Juice	8 oz.	22 grams
Juice Drink (10% fruit juice)	8 oz.	38 grams
Powdered Drink Mix (with added sugar)	8 oz.	24 grams
Soda	8 oz.	27 grams



DO YOU THINK THAT JUICE IS A HEALTHY CHOICE OR AN OCCASIONAL TREAT?

Juice is best as an occasional treat.

Here's why...

- Juice contains similar amounts of sugar as soda.
- Fruit juice offers no health benefits for infants younger than 6 months.
- For infants older than 6 months and children, fruit juice offers no health benefits over whole fruit.
- Fruit juice is NOT appropriate in treating dehydration or diarrhea.
- Too much juice may lead to obesity, diarrhea, gas, malnutrition, and tooth decay.
- Calcium-fortified juices do provide calcium, but lack other nutrients present in breast milk, formula, or cow's milk.

Recommendations:

- Offer and encourage children to eat whole fruit instead of juice. They will get all the great fiber of the whole fruit and feel fuller than with drinking juice.
- If you decide to give your child juice:
 - It is recommended that you do not introduce it until your infant is at least twelve months old.
 - Choose 100% juice instead of fruit "drinks," which most likely contain added sweeteners and flavors.
 - Younger children aged 1 to 6 years should be limited to only 4-6 ounces of 100% juice a day, if any at all.
 - Older children should be limited to 8-12 ounces of 100% juice a day, if any at all.
 - Serve juice in open cups, not bottles or "sippy" cups that allow children to consume easily throughout the day.

Adapted from the American Academy of Pediatrics Committee on Nutrition.

Check out how much sugar is in some popular (and marketed towards children) juice and juice drinks:

BEVERAGE	SUGAR GRAMS PER SERVING	TSP. OF SUGAR PER SERVING
Sunny D Baja Orange Drink	43g	10
Capri Sun Red Berry Drink	25g	6
Apple & Eve Bert & Ernie Berry 100% Juice	13g	3
Earth's Best Strawberry Pear 100% Juice	11g	2.5
Water	0g	0

**EAT YOUR FRUIT
INSTEAD OF
DRINKING IT.**

**IT'S BETTER
FOR YOU.**



CALCIUM COUNTS!

**CHEERS
TO
DRINKING
WATER!**

Calcium is a mineral found in some foods and drinks. It works with other vitamins and minerals to build strong bones and teeth for life!

The best sources of calcium in the diet are milk and milk products. The United States Department of Agriculture says that most young people should drink milk products in these amounts:

Children ages 1-3: 2 cups a day
Children ages 4-8: 3 cups a day
Preteens and teens: 4 cups a day

What if your child can't or won't drink that much milk?

Other foods containing smaller amounts of calcium include macaroni and cheese, turnip or beet greens, kale, canned salmon, broccoli, cottage cheese, navy or pinto beans, almonds, and oranges.

If milk products cause gas or diarrhea in an older child, don't let that stop her from getting enough calcium. Serve Lactaid™ (specially treated) milk instead of regular milk. Small servings of yogurt and cheese may not cause a problem.

If your child has an allergy to milk, ask your health care provider how to select a calcium supplement. Or, ask for a nutrition "check up" to help you make sure your child is getting enough calcium.

Here are some easy options that have the same amount of calcium (300 mg) as a cup of milk.

- Yogurt, 1 cup: choose those with less added sugar or corn syrup
- Smoothies made with milk, yogurt, and frozen fruit
- Chocolate milk, 1 cup
- Cheese, 2 ounces
- Orange juice plus calcium, 1 cup
- Calcium-fortified soy milk, 1 cup (shake well)
- Total cereal, $\frac{3}{4}$ cup



MOST PEOPLE DON'T NEED

SPORTS AND ENERGY DRINKS

Did you know?

Neither sports drinks nor energy drinks are a good substitute for the water we need each day – water is always the best thirst quencher!

Water is the best choice for hydration, before, during, and after most people's exercise routines.

Sports drinks:

- These are flavored drinks that usually contain sugar, minerals, and electrolytes (like sodium, potassium, and calcium).
- Most people don't need them! They are recommended only when you are doing intense physical activity for at least an hour or longer (such as long-distance running or biking, or high intensity sports like soccer, basketball, or hockey).
- Avoid drinking them when you are just doing routine physical activity or to satisfy your thirst.
- Examples of Sports Drinks:
 - o Gatorade
 - o Powerade
 - o All Sport Body Quencher
 - o Propel

Energy drinks:

- These are flavored beverages that usually contain stimulants like caffeine and other compounds along with sugar, added vitamins and minerals, and maybe even protein.
 - o Guess what?! We don't need these nutrients from drinks; we get them from our food!
- These drinks are not the same thing as sports drinks and are **never** recommended for children or adolescents.
- These could cause increased heart rate, increased blood pressure, trouble sleeping, anxiety, difficulty concentrating, upset stomach, and even caffeine toxicity.
- Examples of Energy Drinks:
 - o Monster
 - o Red Bull
 - o Power Trip
 - o Full Throttle
 - o Jolt
 - o Rockstar

Instead of sports drinks, have some water and a piece of fruit after a workout!



NON-FOOD REWARDS

AT HOME

Be sure to avoid giving extra time in front of the TV or computer as a reward!

Words of appreciation can go a long way. Children love to hear "You did a great job" or "I appreciate your help."

How can you celebrate a job well done without using food treats?

Here are some ideas:

- Make a list of fun, non-food rewards that don't cost much and post it where the whole family can see it. Allow your child to choose something from the list when appropriate.
- Have a separate list of special and inexpensive rewards for those really big achievements.
- Give certificates or ribbons for healthy behaviors.
- Allow your child to have a few friends over after school to play sports.
- Invite a few of your child's friends to a sleepover.
- Have a family game night.
- Keep a box of special toys or art supplies that can only be used on special occasions.
- Go to a sports game.
- Camp out in the back yard.
- Allow the use of electronics that support physical activity, like Dance Dance Revolution.
- Choose toys and games that promote physical activity like jump ropes, balls, or Skip-Its.

Food as a reward:

- Contributes to poor health.
- Encourages over-consumption of unhealthy foods.
- Contributes to poor eating habits.
- Increases preferences for sweets.



HEALTHY SLEEPING HABITS

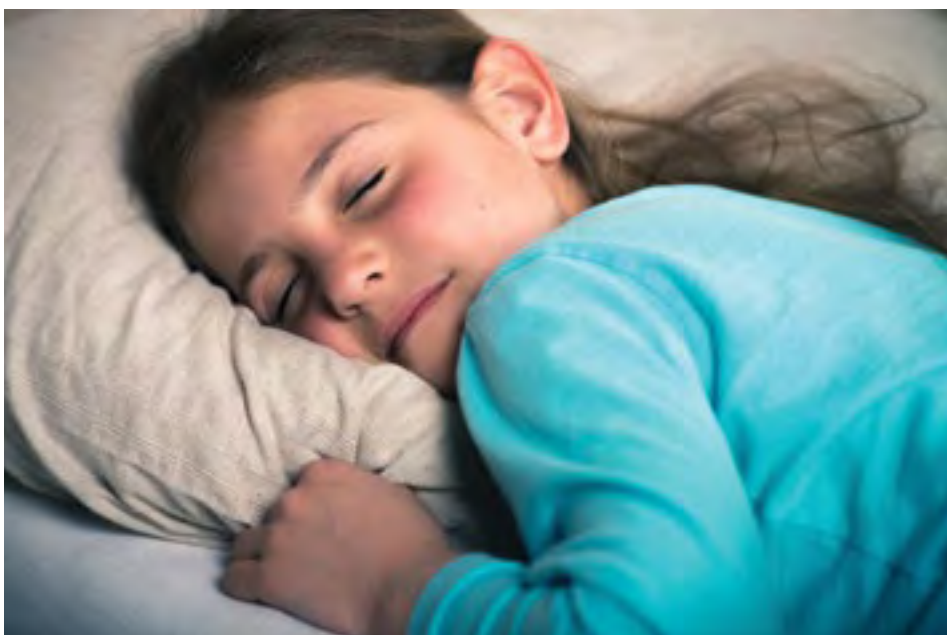
How much sleep is enough?

There are no exact number of hours of sleep required by all kids in a certain age group, but the National Sleep Foundation suggests:

- Preschoolers (ages 3 to 5) need 10 to 13 hours of sleep a night.
- School-Age kids (ages 6 to 13) need 9 to 11 hours of sleep a night.
- Teens (ages 14 to 17) need 8 to 10 hours of sleep a night.

The average kid has a busy day. There's school, taking care of pets, playing with friends, and participating in sports practice or other activities. By the end of the day, kids need sleep. However, a lot of kids are not getting the sleep they need. National experts surveyed kids about their sleep habits and here's what they learned:

- 70% of kids said they wish they could get more sleep.
- 71% of kids said they feel sleepy or very sleepy when it's time to wake up.
- 25% of kids said they feel tired every single day.



Five tips for bedtime

It may be a challenge to make a change to your children's bedtime routine, but if you stick to it your efforts will pay off.

These ideas can help:

1. Help your child prepare the night before by laying out their clothes, backpack, etc.
2. Set up a routine where kids slow down before bed and go to bed about the same time each night.
3. Avoid screen time at least one hour before bedtime.
4. Make the bedroom a cozy environment where your child wants to be.
5. Make the bedroom a screen-free zone.
6. Adjust your child's bedtime earlier if they are not getting enough sleep.



STEP FOUR

COMPLETE SURVEY



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IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

CELEBRATE

RESOURCES

WE WANT TO HEAR FROM YOU

THE HEALTHY TOGETHER SURVEY

Remember, the survey needs to be completed every year!

We know you are busy, so we keep the survey as short and quick as possible.

We thank you in advance for filling it out on behalf of your site each year.

Every year, *Healthy Together* surveys our registered sites to measure progress on the implementation of our three clinical strategies:

1. Connecting to your community and Healthy Together by hanging a Healthy Together poster in the waiting room and ALL exam rooms where pediatric patients are seen.
2. ALL providers accurately weighing and measuring patients by determining body mass index (BMI), BMI percentile, and weight classification for all patients ages two years and older at well-child visits.
3. ALL providers regularly engaging in respectful conversations with patients about weight by using the 5-2-1-0 Healthy Habits Questionnaire at well-child visits.

In the spring, you will receive an invitation to complete the survey online. If you have limited access to a computer, paper surveys are available by request from your *Healthy Together* System Coordinator.

The survey is important in many ways. By completing the survey:

- Your site becomes eligible to qualify as a *Healthy Together* Health Care Site of Distinction.
- You paint the picture of how your community's environment is changing to support healthy eating and active living.
- You help inform new initiatives around the assessment, management, and treatment of childhood obesity.
- You help build the evidence for the *Healthy Together* Health Care program.
- You're telling us that your site still wants to participate in *Healthy Together*.

***Healthy Together* can provide support throughout the year to help your practice qualify as a Site of Distinction. We can provide you with posters and/or schedule a site visit with a health care champion.**



HEALTHY TOGETHER EVALUATION FRAMEWORK

The following evaluation activities provide evidence of progress and help inform decision making at *Healthy Together*:

1. Implementation of program strategies

Healthy Together surveys sites and relies on self-reported information to track the implementation of *Healthy Together's* environmental and policy strategies for increasing healthy eating and active living.

- Child care programs, schools, and out-of-school programs are measured on their implementation of *Healthy Together's* 10 Strategies for Success.
- Health care practices are measured on their adherence to *Healthy Together's* clinical approaches for the prevention, assessment, and treatment of childhood obesity.

This is where you come in!

Please be sure to complete the *Healthy Together* Survey every spring!

2. Changes in awareness

Healthy Together creates awareness of the 5-2-1-0 message throughout the year at community events, in website content and in information provided to parents.

3. Changes in behaviors

Healthy Together measures changes in families' health-related knowledge, attitudes and behaviors through program surveys sent to parents at participating programs.

4. Changes in weight status

Healthy Together uses two sources to track the prevalence of overweight and obesity:

- Centers for Disease Control and Prevention (CDC), Robert Wood Johnson Foundation (RWJF), Eat Smart Move More NC, and local health department data are used to track the prevalence of overweight and obesity for youth ages 2-18.
- Healthcare patient data are used to track the prevalence of overweight and obesity for children and adolescents. Data are based on measured heights and weights.

***Healthy Together* includes a comprehensive evaluation plan to track program performance and measure impact.**

Healthy Together's theory of change is based on a social ecological framework of behavior change – that people's behaviors are influenced by many factors including family, friends, local surroundings, built environment, and community.

In order to bring about behavioral change, the supporting environments and policies must be changed to make it easier for people in those environments to make the healthy choice.



STEP FIVE

CELEBRATE



CELEBRATE

ALL OF YOUR SUCCESSES

Remember, even small steps are a step in the right direction. Just talking with someone about the 5-2-1-0 message and what you are doing in your program is something to celebrate!

How many successes can you recognize and celebrate this year?

At *Healthy Together*, we believe in celebrating every step you take, big or small, towards increased healthy eating and active living. Significant change is usually the result of many smaller changes. There is no need to wait until a goal is fully achieved before recognizing and celebrating progress.

Maybe you haven't been able to fully integrate the Healthy Habits Questionnaire into the patient flow for the entire practice, but some providers and their teams have successfully figured it out. Recognize and celebrate your progress, and then keep on going!

We think your practice is awesome regardless of formal recognition, so keep up the great work!

Healthy Together has a formal recognition program that is outlined on the next page, but we know it takes a lot of work incorporating 5-2-1-0 into your practice, so make sure you celebrate small steps along the way.

Key Points to Remember

1. Taking small steps matters
2. Talking to patients and families about 5-2-1-0 connects to other community efforts
3. Celebrate along the way and connect with your community partners



HEALTHY TOGETHER RECOGNITION PROGRAM

The *Healthy Together* Recognition Program celebrates health care practices, schools, child care programs, and out-of-school programs that have made improvements in their environments related to healthy eating and physical activity. Recognition is given to health care practices that complete the yearly *Healthy Together* survey and show they are implementing the three clinical strategies of the *Healthy Together* health care program.

Health care practices receive annual recognition when implementing the following:

1. Connect to your community and *Healthy Together* efforts:
 - How: Hang a 5-2-1-0 poster in your waiting room and ALL exam rooms where pediatric patients are seen.
2. Accurately weigh and measure patients:
 - How: ALL providers at well-child visits determine body mass index (BMI), BMI percentiles, and weight classification in patients ages 2 years and older.
3. Have a respectful conversation around weight:
 - How: ALL providers at well-child visits use the 5-2-1-0 Healthy Habits Questionnaire.

Recognized health care practices are publicly acknowledged in the following ways:

- The practice is listed as a “Site of Distinction”.
- The practice receives a framed *Healthy Together* “Site of Distinction” certificate.
- The practice’s senior leadership receives a signed “Letter of Acknowledgement” from the *Healthy Together* Program Manager acknowledging the great work the practice has completed.



RESOURCES



ENGAGE



CREATE
ACTION PLAN



IMPLEMENT
ACTION PLAN



COMPLETE
SURVEY



CELEBRATE

RESOURCES



KEEP THEM THINKING

5-2-1-0 TRIVIA, FACTS AND QUESTIONS OF THE DAY

Use these trivia, facts, and daily questions to start a fun conversation about healthy behaviors. Try posting them on your bulletin board, Facebook page, or in a newsletter sent home to parents. Bring them up with the children during circle time or meal time.

For young kids:

- 1. What does 5-2-1-0 stand for?**
A: 5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity, 0 sugary drinks; more water!
- 2. Name 3 fruits that you could have at breakfast.**
- 3. Name 5 vegetables that you could bring for lunch.**
- 4. How many commercials do think you watch every year?**
A: The average child watches 20,000 commercials each year.
- 5. Name 3 activities you can do inside that don't involve a screen.**
Build a fort, play dress up, dance to your favorite music, etc.
- 6. What is the #1 thirst quencher?**
A: Water
- Frogs do not need to drink water because they absorb the water through their skin. You, however, are not a frog and need to drink plenty of water every day!
- Raisins are made from grapes that have dried in the sun for two to three weeks. 1/4 cup of raisins in your lunch can count as one of your 5-A-Day!
- What color are carrots? Did you know that they also come in purple, red, black, and white? Ask your parents to take you to the local farmer's market and find them!

For older kids:

- Most Americans eat about 20 teaspoons of sugar each day.
- True or False: Americans spend more money on fast food than on movies, books, magazines, newspapers, videos, and recorded music combined.**
A: True
- According to a study from the Trust for America's Health and the Robert Wood Johnson Foundation, the number of fast food restaurant outlets in the United States increased from 30,000 in 1970 to 220,000 in 2001, and fast food spending has increased from \$6 billion to \$110 billion over the last three decades.
- How many teaspoons of sugar are in a 20oz bottle of Mountain Dew?**
A: 18 tsp
- Did you know that since the 1970s, the standard dinner plate has increased from 10 1/2 inches to 12 1/2 inches in diameter?
- Did you know that in 1969, 50% of kids walked to school each day compared to the 10% that walked to school in 2001?
- A serving of fruit for a kid is the size of the palm of their hand.
- How much of a child's body is made up of water?**
A: 70-80%
- Try this Physical Activity Break today! Run or March in place, lifting your knees in front of you as high as you can. Pump your arms. Count to 30!



ORIGINAL VERSION OF THE 5-2-1-0 SONG

5 – 2 – 1 and 0

That's a funny way to count you say.

5 – 2 – 1 and 0

Well that's the way to stay healthy today.

5 fruits and vegetables every day

Make your mind and body strong.

Like carrots or broccoli or apples or bananas

Or green beans that grow long.

5 – 2 – 1 and 0

That's a funny way to count you say.

5 – 2 – 1 and 0

But that's the way to stay healthy today.

And TV and video games, we know that they are fun

But just keep it under 2 hours

And let your imagination run...

With... 5 – 2 – 1 and 0

That's a funny way to count you say.

But 5 – 2 – 1 and 0

That's the way to stay healthy today.

And run and jump and play outside

For at least 1 hour

And when you're thirsty, leave the soda behind

But grab an ice cold milk or a water that's fine...

And remember...5 – 2 – 1 and 0

Well that's a funny way to count you say.

But 5 – 2 – 1 and 0

Well that's the way to stay healthy today.

That's the way to stay healthy today!

Lyrics and Music By Sara Yasner



AtriumHealth.org/HealthyTogether



5-2-1-0 VERSION OF

**IF YOU'RE HAPPY AND YOU
KNOW IT**

Sing to the tune of "If You're Happy and You Know it..."

If you're healthy and you know it
Go for 5!
5 fruits and veggies each day will help you thrive!
They give you energy to Go!
And vitamins to grow.
If you're healthy and you know it
Go for 5!

If you're healthy and you know it
Go for 2!
Less than two hours of TV is good for you!
PlayStation and X-box won't help you be a Red Sox!
If you're healthy and you know it
Go for 2!

If you're healthy and you know it
Go for 1!
1 hour of exercise is each day is really fun!
Walking, running, jumping, biking,
Playing ball and going hiking,
If you're healthy and you know it
Go for 1!

If you're healthy and you know it
Go for 0!
No sugary drinks will make you a hero!
You know that you ought to
Drink milk and lots of water
If you're healthy and you know it
Go for 0!

Written by Kindergarten teachers at Eight Corners
Elementary School in Scarborough, Maine. Heidi
Gosselin, Andrea White, Erica Keay, Jessica Deans,
and Karen Littlefield



AtriumHealth.org/HealthyTogether





Let's Be Healthy Together!

Following 5-2-1-0 is a fun, easy way to boost your family's healthy habits. Join the 5-2-1-0 League and pledge to get healthy together!

5

Eat at least 5 servings of fruits and veggies daily!

Growing strong starts with eating the right foods. For your child, a serving of fruit and veggies is about the size of the palm of their hand.

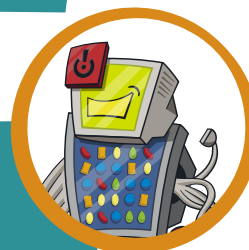
- Add veggies to foods you already make, like pasta, soups, pizza and rice.
- Add fruit to your cereal, pancakes or other breakfast foods.
- Keep washed and chopped veggies and fruits in the fridge so they are ready to grab and eat.



2

Limit screen time not linked to schoolwork or learning to less than 2 hours a day.

Once your child's homework is done, get them to be active or read a book! Limit the time they spend playing video games or watching TV. You'll be helping make healthy habits that will last a lifetime.



1

Be active for at least 1 hour per day.

Being active helps you feel better, makes you stronger and helps your heart work better. Best of all, you can be active as a family.

Ways to be active:

- Playing sports
- Taking the stairs
- Dancing
- Walking around the block



0

Stay away from sweet drinks – go for water or low-fat milk!

Water quenches thirst better than any other drink. Water puts back the things we need to grow strong that we lose during play.

Lead the way as a parent. Put down soda or sports drinks. Pick up a glass of water or milk!



Get lots more 5-2-1-0 tips and tools:
AtriumHealth.org/HealthyTogether



Approved through Carolinas HealthCare System Pediatric Patient Health Education Committee December, 2016
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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-821-1535.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-821-1535。

This information is intended as general wellness guidelines for most children ages 2 and up. If you have any questions, or need specific recommendations for your child, talk to your child's pediatrician.

What's Your 5-2-1-0 Score?

Answer these easy questions to get a better look at your child's healthy habits. If you're the kid, answer for yourself!



1. How many servings of fruits and veggies does your child eat a day?
(1/2 cup of raw veggies or 1 medium sized piece of fruit = 1 serving)

____ Less than 1 serving (1 pt.)

____ 1-2 servings (2 pts.)

____ 3-4 servings (3 pts.)

____ 5 or more servings (4 pts.)

2. How often does your child drink sugary drinks (soda, sweet tea, sports drinks, fruit juice) in a day?

____ 3 or more a day (1 pt.)

____ 2 a day (2 pts.)

____ 1 a day (3 pts.)

____ Not very often (4 pts.)

3. How many 8-ounce cups of water does your child drink in a day?

____ Less than 1 cup (1 pt.)

____ 1 cup (2 pts.)

____ 2 cups (3 pts.)

____ 3 cups or more (4 pts.)

4. How many minutes a day is your child physically active?

____ Not that often (1 pt.)

____ Less than 30 minutes a day (2 pts.)

____ 30-60 minutes a day (3 pts.)

____ More than 60 minutes a day (4 pts.)

5. How much time does your child spend watching TV, or using a tablet, phone or similar item in a day?

____ More than 3 hours (1 pt.)

____ 2-3 hours (2 pts.)

____ 1-2 hours (3 pts.)

____ 1 hour or less (4 pts.)

Great job! Add up the points from each question to get your 5-2-1-0 score.

5-10 = Sidekick: Great start! You're on the right path. By eating the right foods and being more active, you can become the hero you're meant to be. Follow 5-2-1-0 to start making healthy habits!

11-15 = Hero: Wow – you're making great strides toward leading a healthy life! With a little help, you'll be at superhero level in no time. Follow 5-2-1-0 for even better choices!

16-20 = Superhero: You're a health superhero! Keep up the great work. And visit the 5-2-1-0 website for even more ways to be healthy!

5210

LEAGUE



WHAT I LIKE ABOUT FRUITS AND VEGGIES:

1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

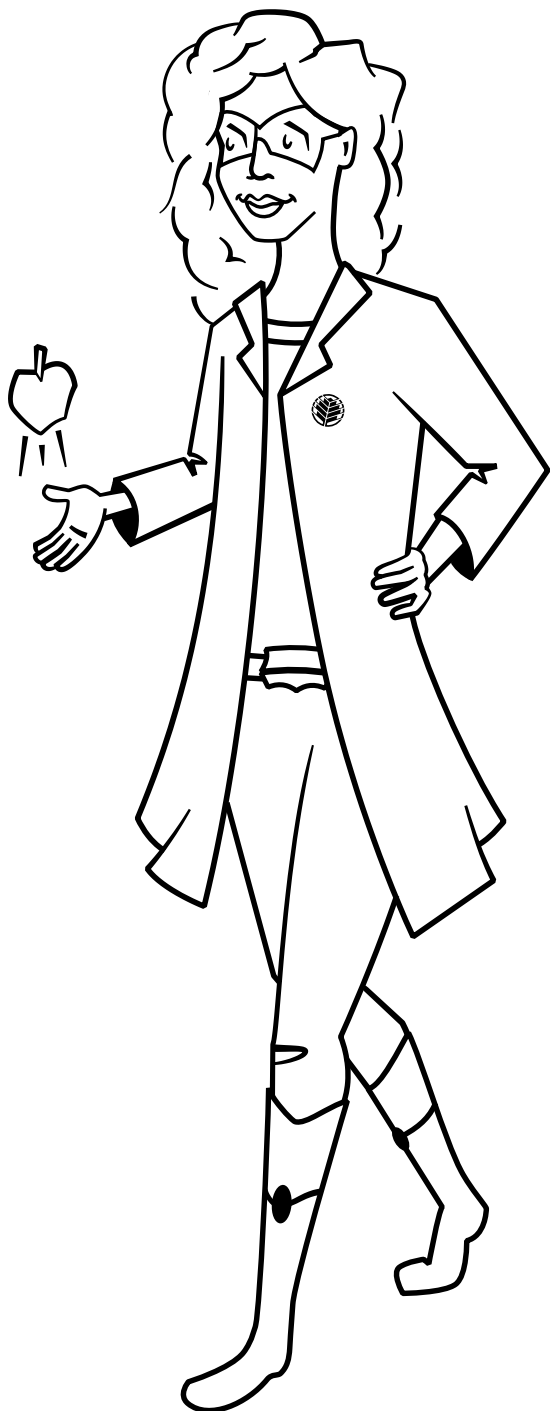
CELEBRATE

RESOURCES





FIVE SERVINGS OF FRUITS & VEGGIES



DOCTOR FIT



WHAT I DO INSTEAD OF TV:

1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

COMPLETE
SURVEY

5

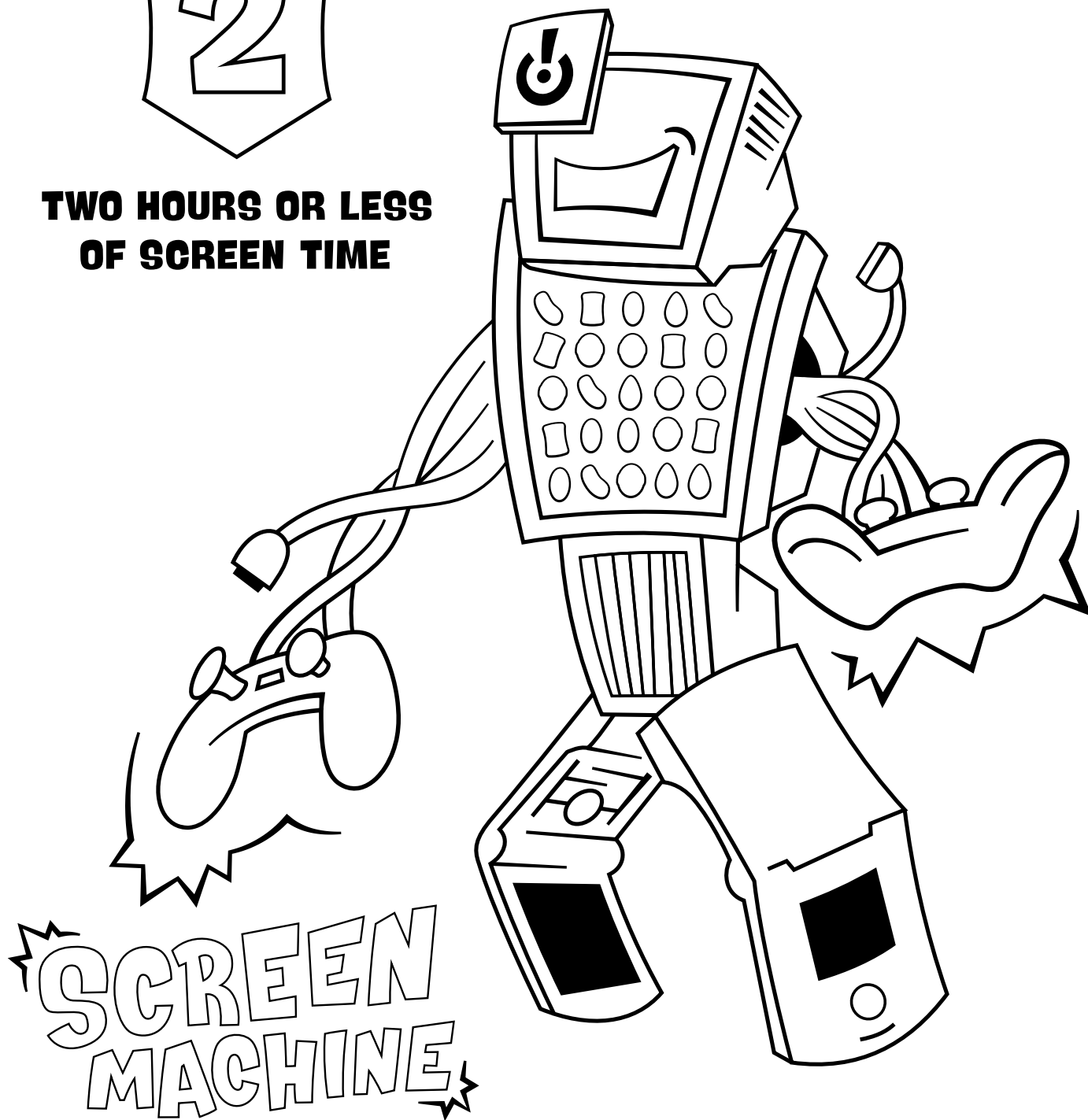
CELEBRATE

RESOURCES





TWO HOURS OR LESS OF SCREEN TIME



WHAT I LIKE TO DO OUTSIDE:

1

ENGAGE

2

CREATE
ACTION PLAN

3

IMPLEMENT
ACTION PLAN

4

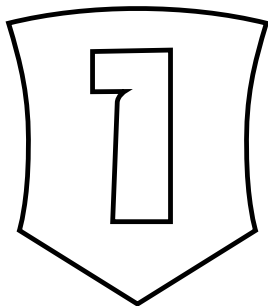
COMPLETE
SURVEY

5

CELEBRATE

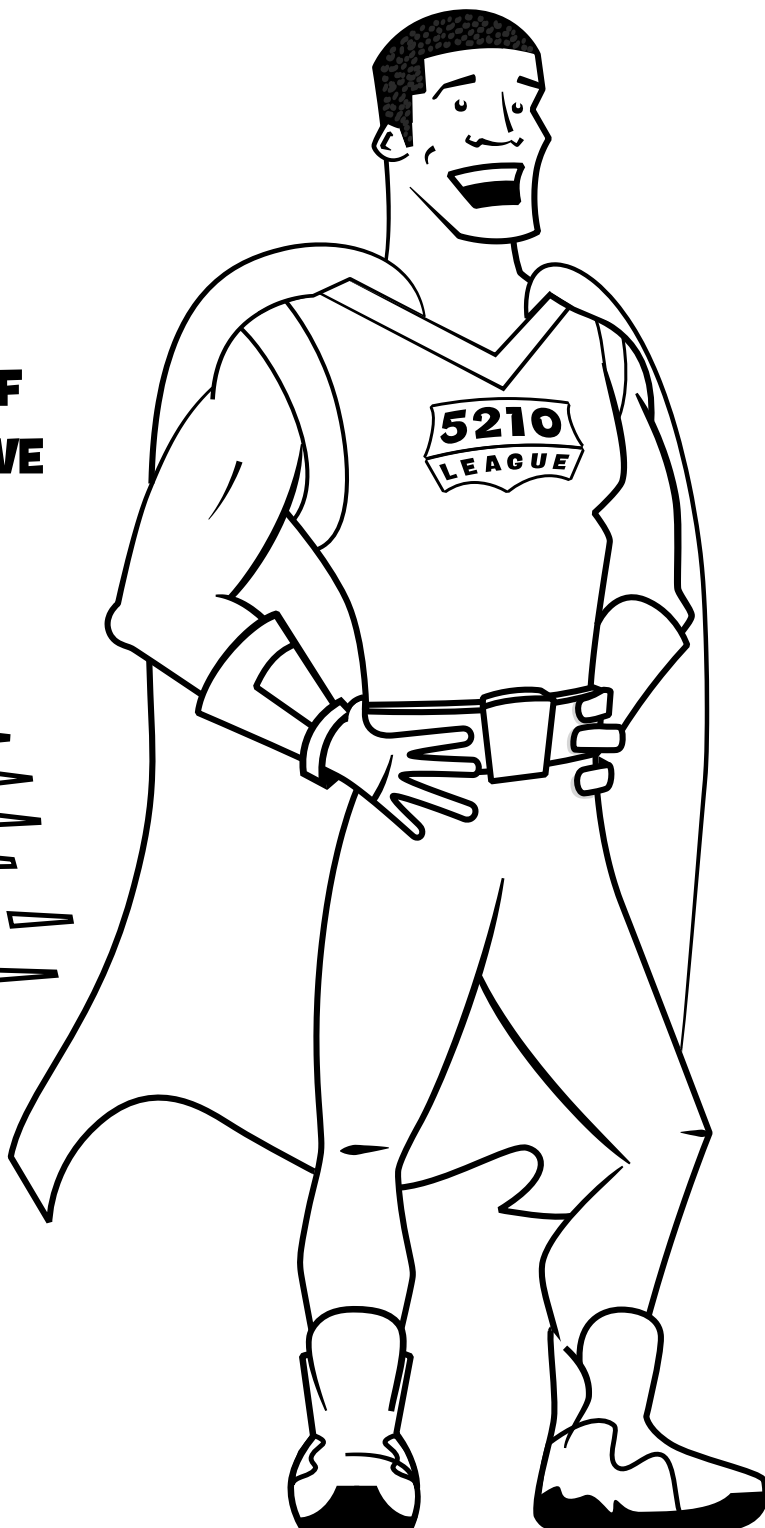
RESOURCES





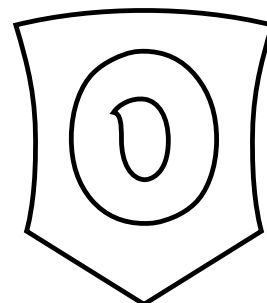
**ONE HOUR OR MORE OF
BEING PHYSICALLY ACTIVE**

**ACTION
ACE**



WHERE I CAN FIND FRESH, COOL WATER:





ZERO SUGARY DRINKS



GROUCH POTATO



