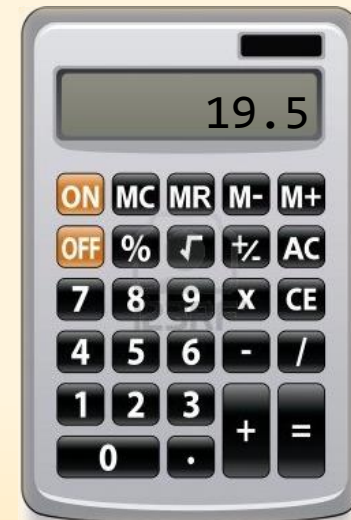
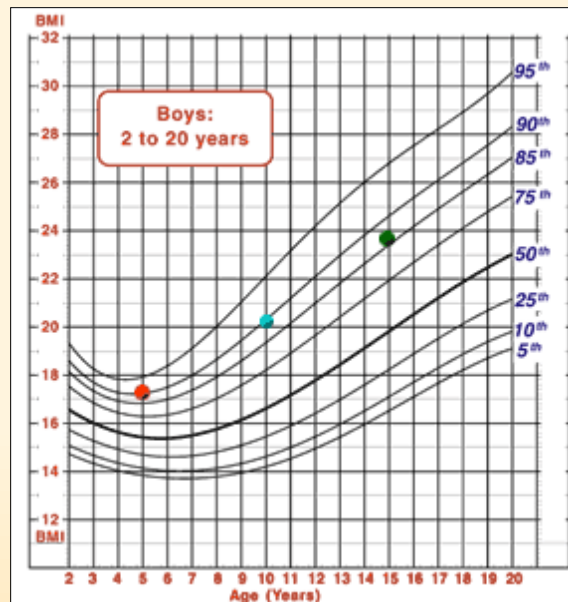
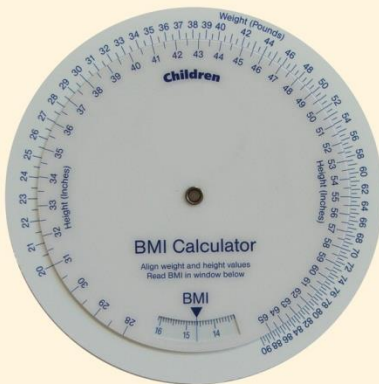


Assessing Child Growth Using Body Mass Index (BMI)-for-Age Growth Charts



Adapted by the State of California CHDP Nutrition Subcommittee from materials developed by California Department of Health Care Services – Children’s Medical Services Branch
Centers for Disease Control and Prevention
Maternal and Child Health Bureau

July 2013



Training Objectives

By the end of this presentation, you will be able to:

- Select appropriate **growth chart** for age group
- Identify the **age range** for which Body Mass Index (BMI) screening is used
- Calculate or determine **BMI value**
- **Plot BMI value** on the appropriate growth chart
- Determine **BMI-for-age percentile**
- Identify **weight category**
- **Record results** on PM 160

Which Growth Chart Should I Use?



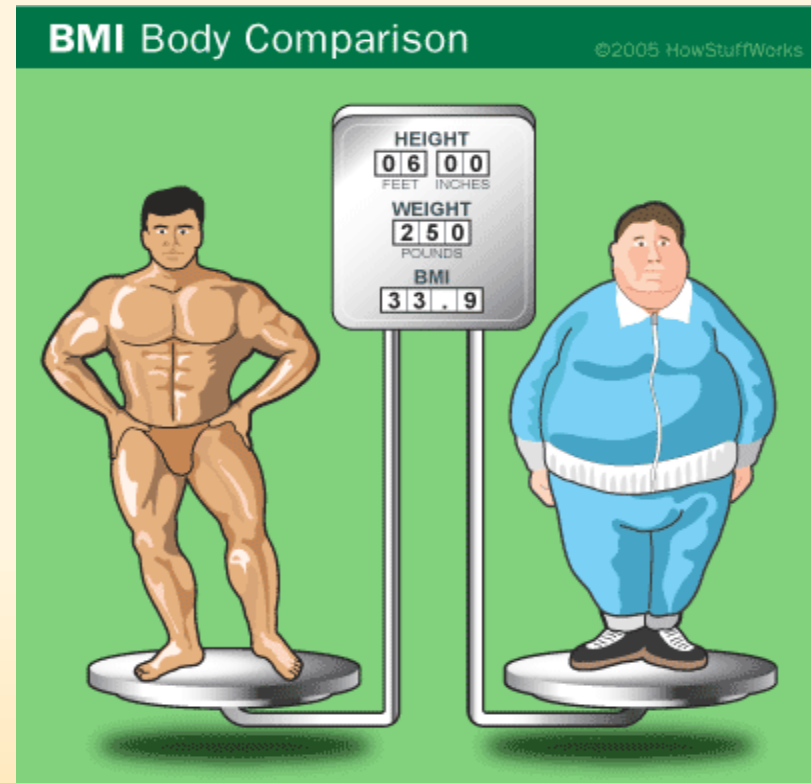
- *Birth to 2?* Use WHO



- *2 to 20?* Use CDC

What Is Body Mass Index?

- A number calculated using weight and height measurements:
Body Mass Index (BMI) =
Weight (kg) / Height (m)²
- It compares a person's weight to height
- It is an indirect *screening test* for body fatness



Why Use BMI-for-Age?

- **Lifetime tracking tool**
 - *from age 2 through adult*
- **Relates weight, stature *and* age**
- **Screening for health and nutrition status required by CHDP and health plans**
- **Early indicator of other health risk factors**
 - *Hyperlipidemia*
 - *Elevated insulin*
 - *High blood pressure*

Body Mass Index Cutoff Values for Adults

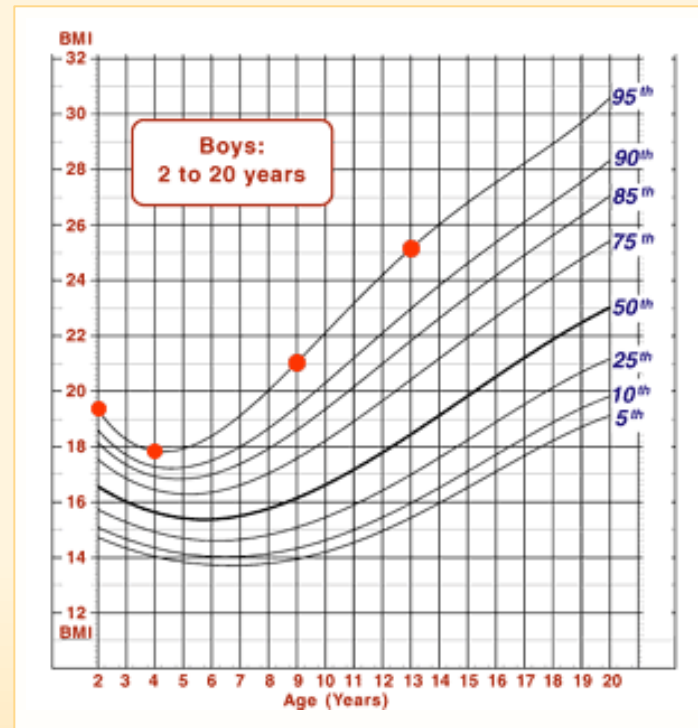
- Standard weight categories
- Same for all ages 18 +
- Same for men and women



<i>Weight Status</i>	<i>BMI</i>
Obese	30.0 and above
Overweight	25.0 - 29.9
Normal	18.5 - 24.9
Underweight	Below 18.5

For Children, BMI Changes with Age

Example: Child's growth tracking along 95th percentile



Age	2	4	9	13
BMI Value	19.3	17.8	21.0	25.1

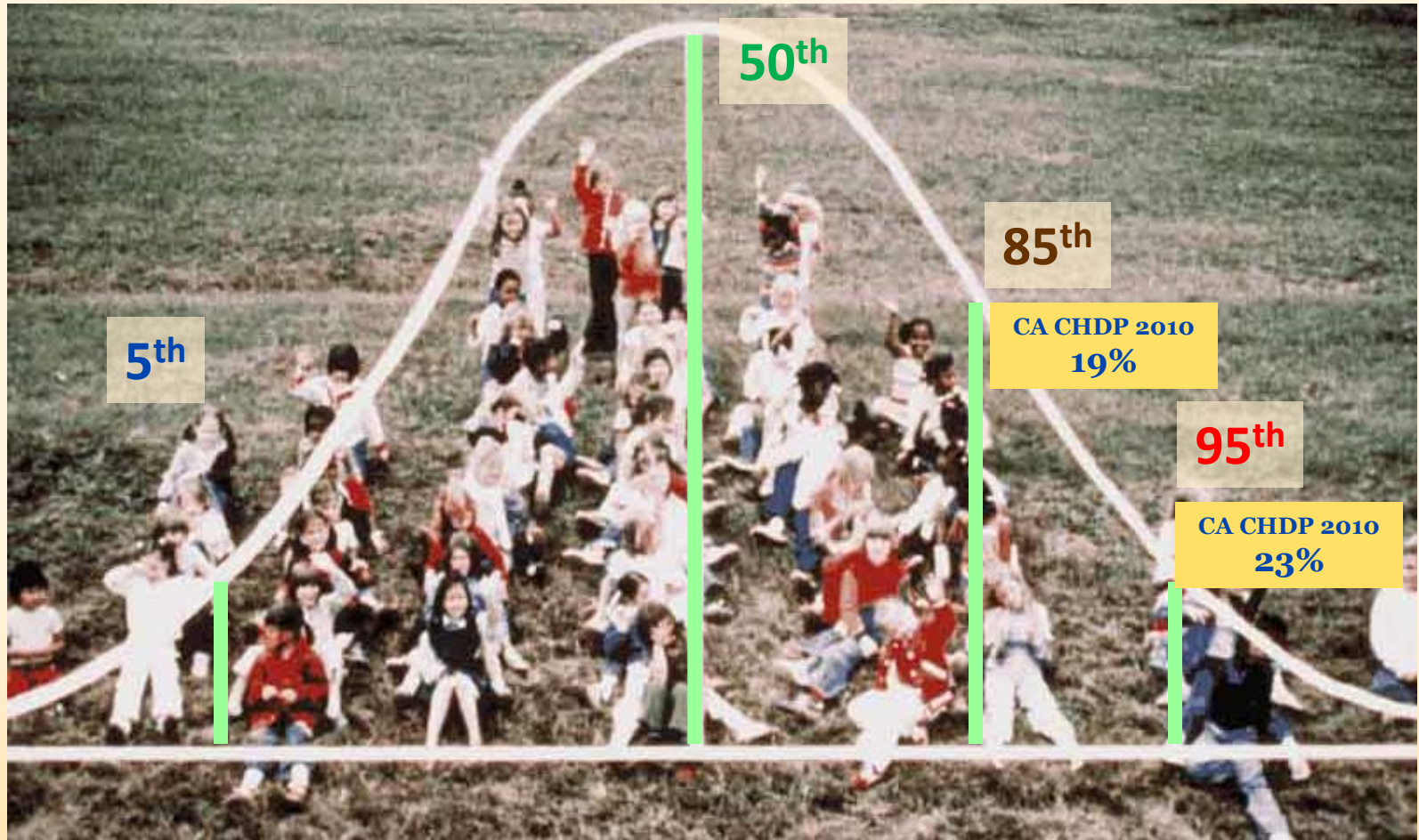
BMI for Children and Teens

- Age- and sex-specific
- Plot BMI to find percentile
- Determine weight status



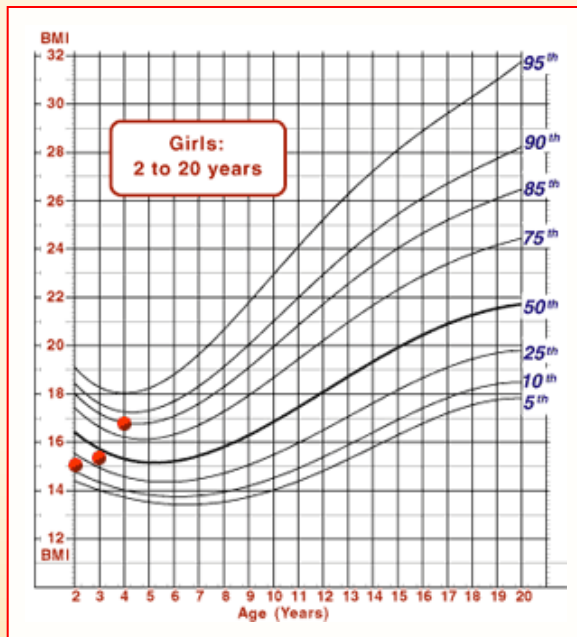
<i>Weight Status Category</i>	<i>Percentile Range</i>
Obese	$\geq 95^{\text{th}}$ percentile
Overweight	85^{th} to $< 95^{\text{th}}$ percentile
Normal	5^{th} to $< 85^{\text{th}}$ percentile
Underweight	$< 5^{\text{th}}$ percentile

What is a Percentile?



Major Percentile Divisions

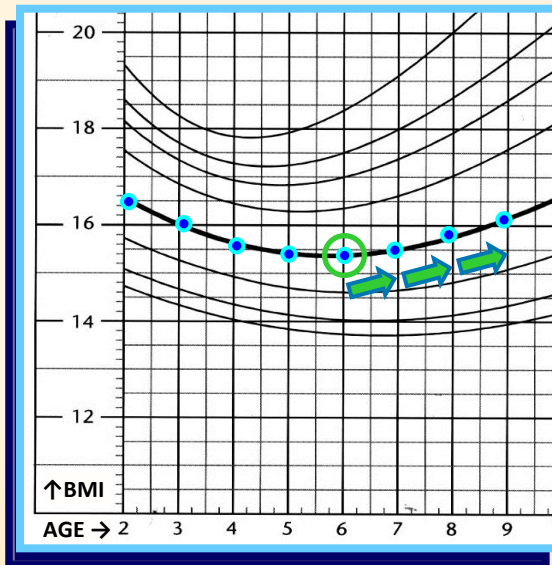
How to Read and Interpret the Growth Chart



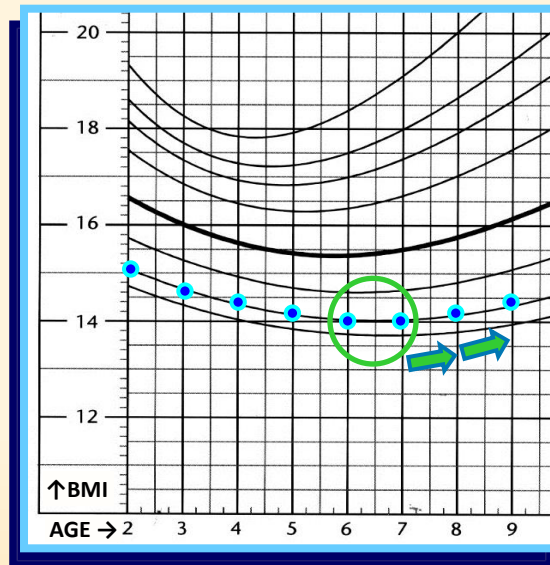
- A single point on the curve indicates current status
- A series of BMI plots are needed to determine the growth trend
- If growth deviates from the expected growth pattern, further assessment may be needed

Adiposity Rebound

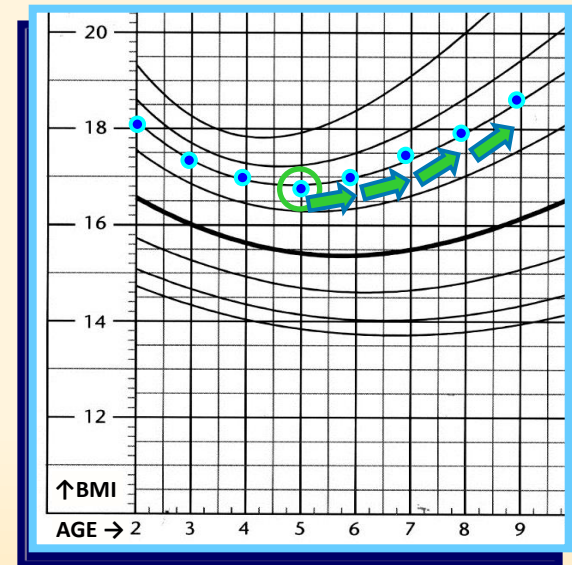
A normal increase in BMI after it reaches its lowest point, usually between ages 4 and 6



*Child following
50th percentile curve*

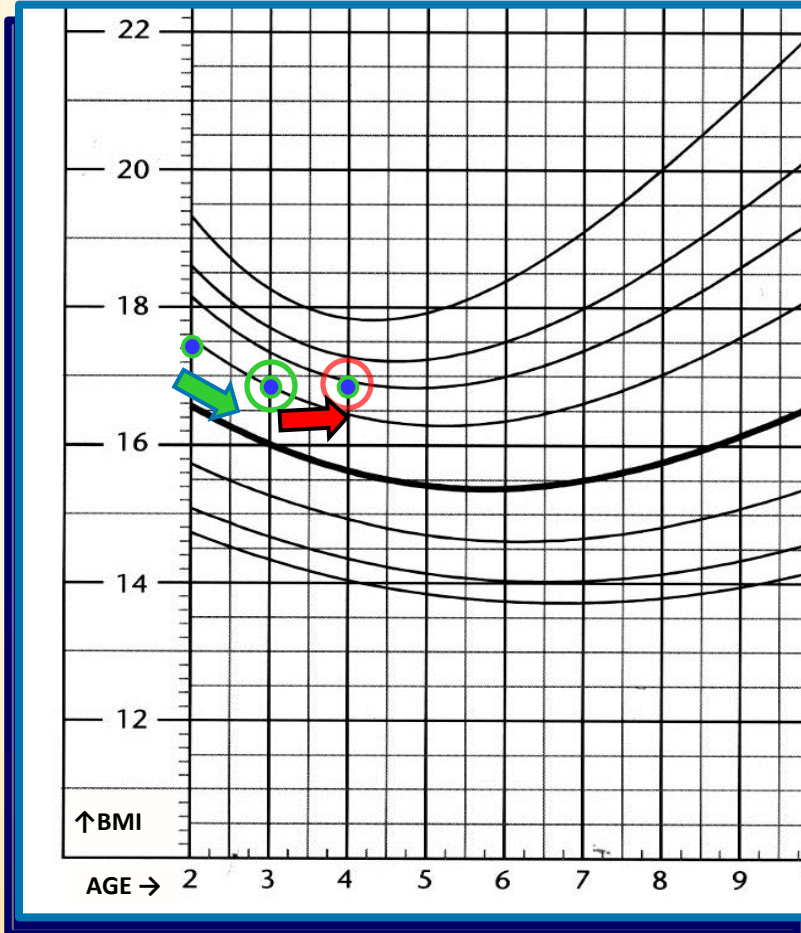


*Child following
10th percentile curve*



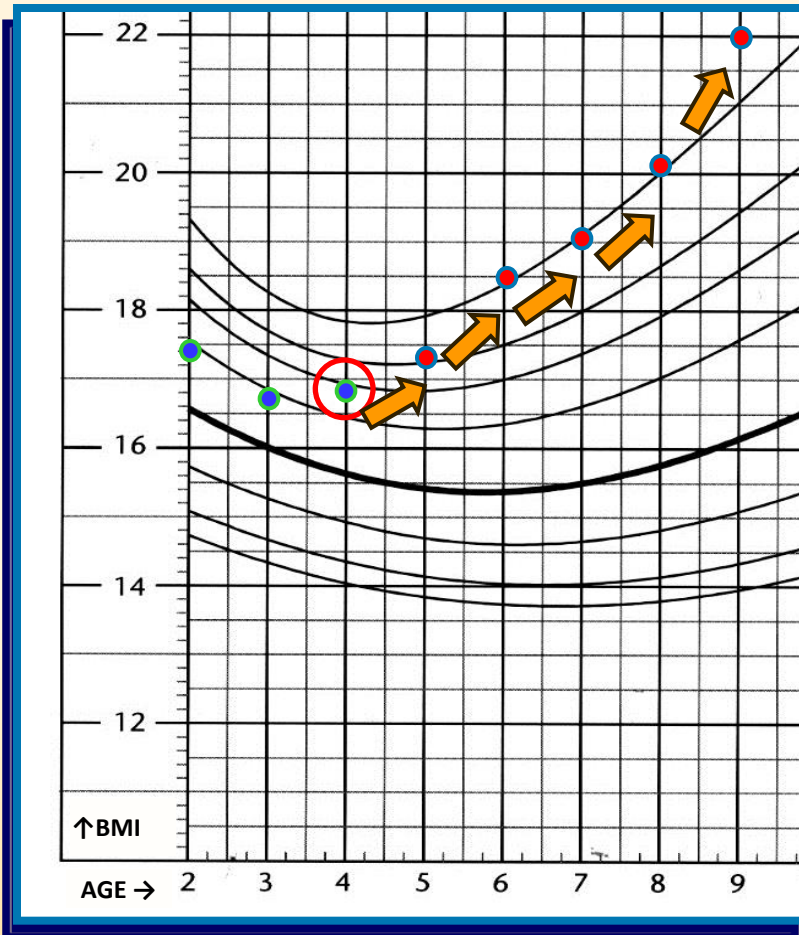
*Child following
85th percentile curve*

Early Adiposity Rebound

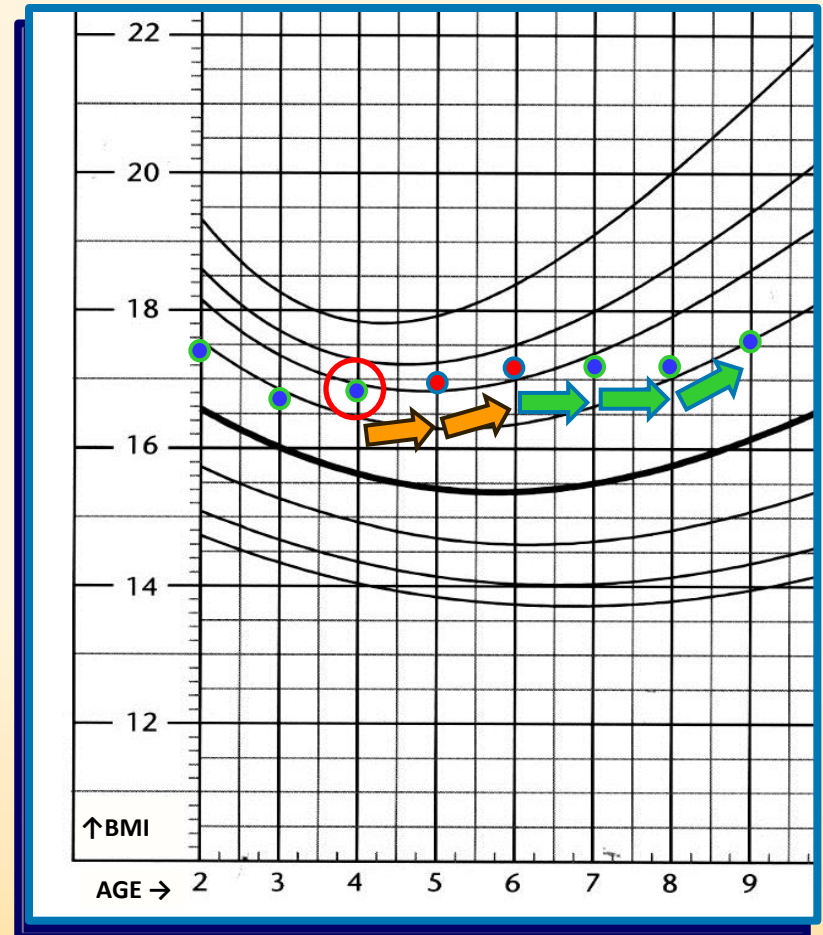


- An increase in BMI before age 5 is called *early adiposity rebound*
- An upward BMI trend before age 5 is related to higher BMI in adulthood
- This is a **red flag** indicating need for further nutrition and physical activity assessment

Early Adiposity Rebound

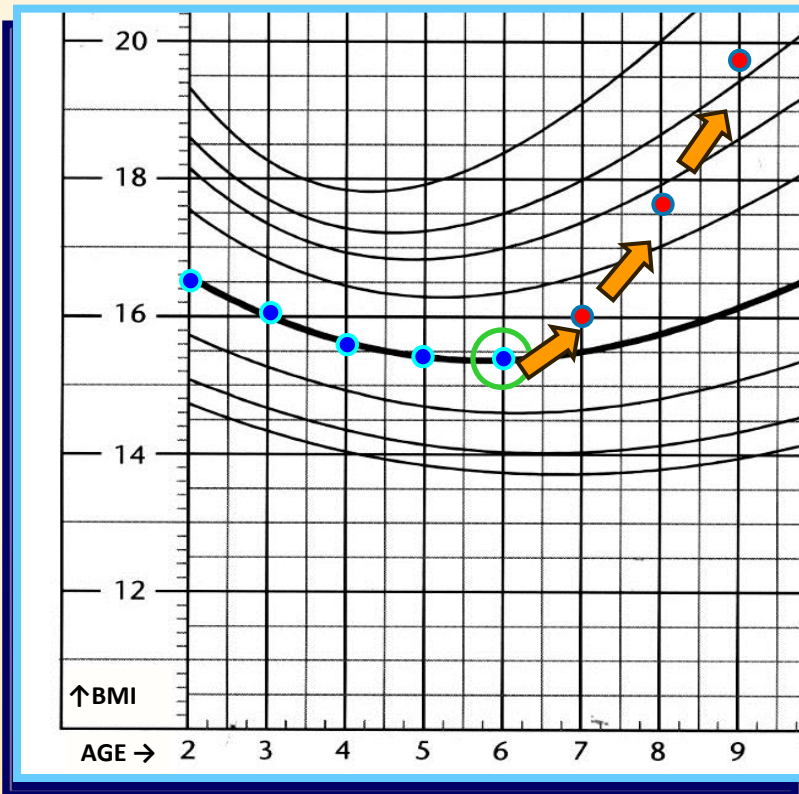


Without Intervention



With Intervention

Excessive Adiposity Rebound



- *Excessive adiposity rebound* is also related to higher BMI in adulthood
- Increasing BMI percentiles that cross major percentile lines are **red flags** indicating need for further nutrition and physical activity assessment

Steps to Plot BMI-for-age

1. Select appropriate growth chart
2. Measure standing height accurately
3. Measure weight accurately
4. Determine BMI value
5. Determine BMI-for-age percentile
6. Record BMI percentile on PM 160
7. Determine weight category

Chart Carlos Correctly

Step 1:

Select Appropriate Growth Chart



- **CDC 2 to 20 years: Boys**
 - **Stature-for-age**
 - **Weight-for-age**
 - **BMI-for-age**

Step 2: Measure Standing Height

Record on growth chart and PM 160



Date	Age	Weight	Stature	BMI*
	3	32 #	38 $\frac{1}{2}$ "	15.2
	4	36 #	41 "	15.0
	6		45 $\frac{3}{4}$ "	

HEIGHT IN INCHES 0 4 5 3/4 4	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT	.0%	%	BIRTH WEIGHT LBS
				OZS

Step 3: Measure Weight

Record on growth chart and PM 160



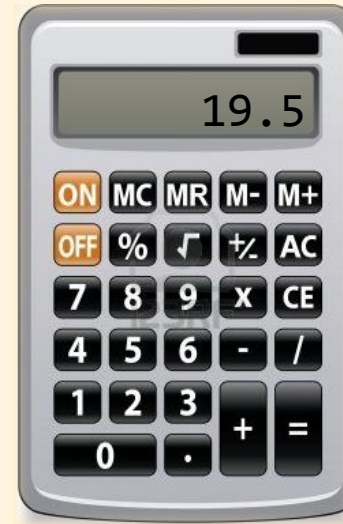
Date	Age	Weight	Stature	BMI*
	3	32 #	38 ½ "	15.2
	4	36 #	41 "	15.0
	6	43 ½ #	45 ¾ "	

HEIGHT IN INCHES 0 4 5 3 4	WEIGHT LBS OZS 0 4 3 0 8	BODY MASS INDEX (BMI) PERCENTILE	BLOOD PRESSURE
HEMOGLOBIN	HEMATOCRIT .0%	%	BIRTH WEIGHT LBS OZS

Step 4A: Determine BMI Value

Method 1:

Using a calculator



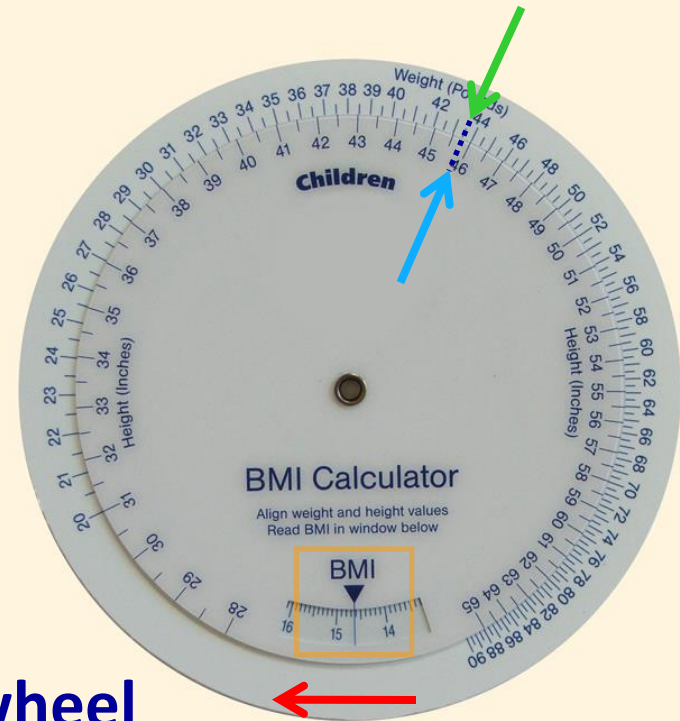
- English measurements
 $\text{Wt (pounds)} \div \text{Ht (inches)} \div \text{Ht (inches)} \times 703$
- Metric measurements
 $\text{Wt (kg)} \div \text{Ht (cm)} \div \text{Ht (cm)} \times 10,000$

TIP: Formulas are listed on the BMI-for-age chart

Step 4A: Determine BMI Value

Method 2: Using a BMI calculation wheel

- Line up the **height** on inner wheel with the **weight** on outer wheel
- Read BMI value in the window on the inner wheel
Read number and decimal points from right to left!



Step 4A:

Determine BMI Value

Method 3:

*Using an online calculator
or electronic health record*



- **CDC BMI Calculator for Child and Teen**
<http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>
- **Children's Hospital of Philadelphia**
Body Mass Index and Z-Score Calculation in Children
<http://stokes.chop.edu/web/zscore/>
- **Your clinic's electronic health record system**

Step 4A: Determine BMI Value

Method 3: Using an online calculator or electronic health record

Enter Data

View Results

BMI Calculator for Child and Teen English | Metric

Birth Date:
July 1 2007

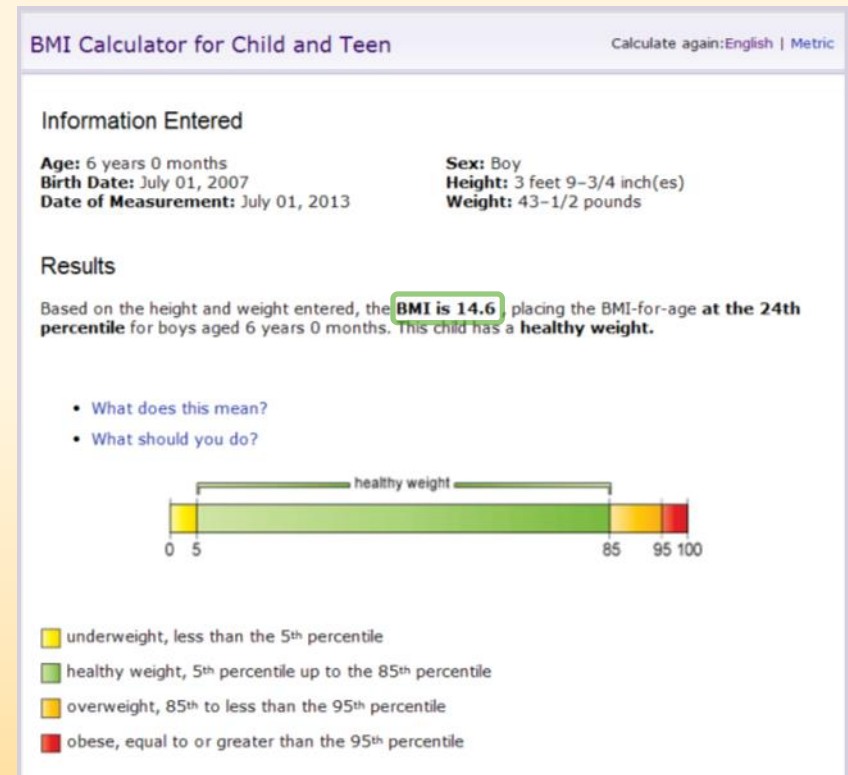
Date of Measurement:
July 1 2013

Sex:
 boy girl

Height, to nearest 1/8 inch:
3 feet, 9 inches, 3/4 fractions of an inch
(12 inches = 1 foot; Example: 4 feet, 5 1/2 inches)

Weight, to nearest 1/4 (.25) pound:
43 pounds, 1/2 fractions of a pound
(8 ounces = 1/2 pounds; Example: 75 3/4 pounds)

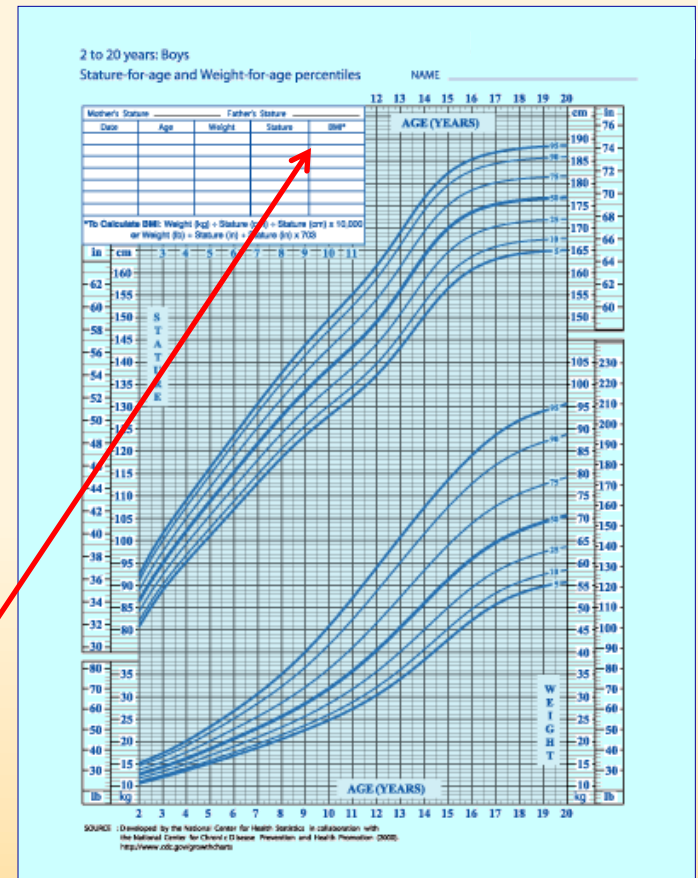
Calculate



Step 4B: Determine BMI Value

Record on growth chart

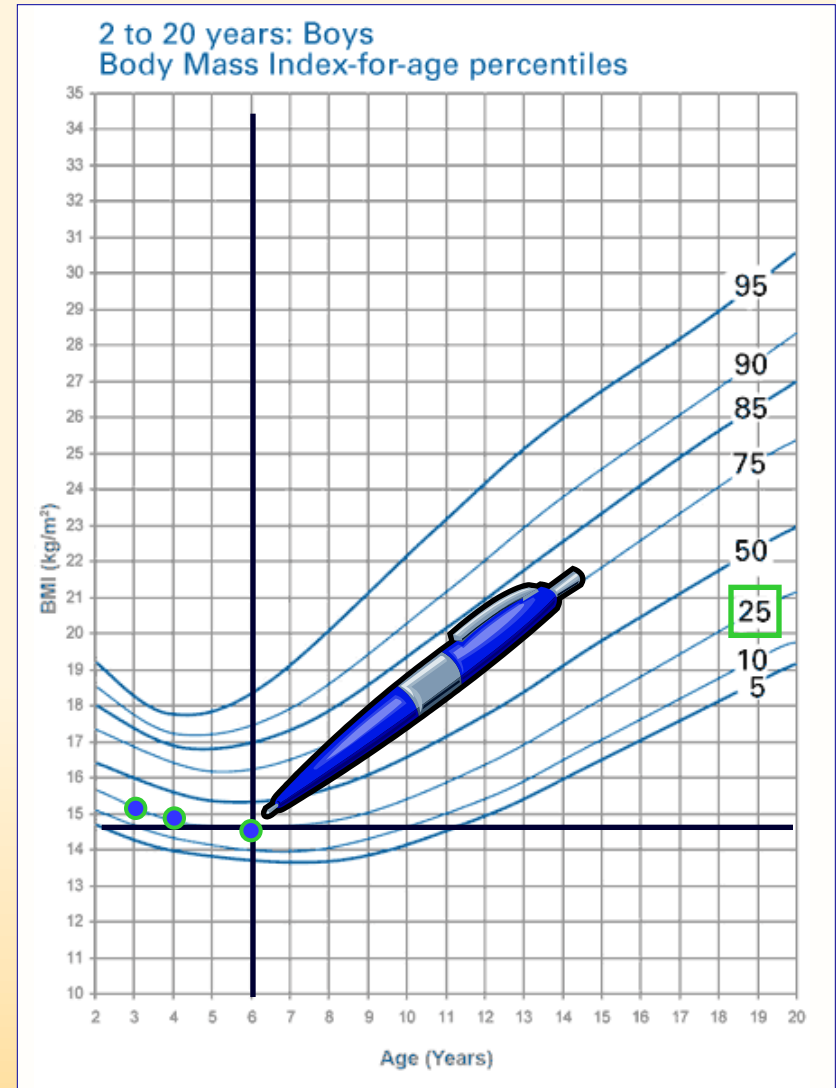
Date	Age	Weight	Stature	BMI*
	3	32 #	38 $\frac{1}{2}$ "	15.2
	4	36 #	41 "	15.0
	6	43 $\frac{1}{2}$ #	45 $\frac{3}{4}$ "	14.6



Step 5: Determine BMI-for-Age %ile

TIP: Use a transparent growth chart plotting aid

- Find age on horizontal axis
- Find BMI value on vertical axis
- Mark point of intersection
- Estimate BMI percentile



Step 6:

Record BMI Percentile on PM 160

- Estimate a whole number between 1 and 99 that best represents the percentile point plotted on the growth chart

HEIGHT IN INCHES 0 4 5 3 4	WEIGHT LBS OZS 0 4 3 0 8	BODY MASS INDEX (BMI) PERCENTILE 2 5 %	BLOOD PRESSURE /
HEMOGLOBIN	HEMATOCRIT .0%		BIRTH WEIGHT LBS OZS

Step 7A:

Determine Weight Category

Determined by certified
CHDP health care provider (MD, NP, or PA)

<i>Weight Status Category</i>	<i>Percentile Range</i>
Obese	$\geq 95^{\text{th}}$ percentile
Overweight	85^{th} to $< 95^{\text{th}}$ percentile
Normal	5^{th} to $< 85^{\text{th}}$ percentile
Underweight	$< 5^{\text{th}}$ percentile

Step 7B: Record Abnormal Results

CLAIM CONTROL NUMBER * FOR STATE USE ONLY

STAPLE HERE

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. 94 05778281 J

PATIENT'S BIRTH DATE (Mo) (Day) (Year) AGE SEX (M/F) PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER (Area) (City) (State) ZIP

RESPONSIBLE PERSON (NAME) (STREET) (APT./SPACE #) (CITY) (STATE) (ZIP)

CHDP ASSESSMENT
Indicate outcome for each screening procedure

PROBLEM SUSPECTED	NO PROBLEM SUSPECTED	REFUSED CONTROL NOT NEEDED	PROBLEM SUSPECTED - Follow Up Code	DATE OF SERVICE	FOLLOW UP CODES
✓ A	✓ B	✓ C	NEW C KNOWN D	Mo Day Year	1. NO DV INDICATED OR NOW SCHEDULED 2. QUESTIONABLE RESULT, RECHECK SCHEDULED 3. DV MADE AND RX STARTED 4. DV PENDING/RETURN VISIT SCHEDULED 5. REFERRED TO ANOTHER EXAMINER FOR DIAGNOSIS 6. REFERRAL REFUSED

01 HISTORY and PHYSICAL EXAM

02 DENTAL ASSESSMENT/REFERRAL

03 NUTRITIONAL ASSESSMENT

04 HEALTHY LOCATION

05 DEVELOPMENTAL ASSESSMENT

06 SMELLEN OR EQUIVALENT

07 ALBUMINURIC

08 HEMOGLOBIN OR HEMATOCRIT

09 URINE DIPSTICK

10 COMPLETE URINALYSIS

12 TB MANTOUX

HEIGHT IN INCHES 0 WEIGHT LBS 4 BODY MASS INDEX (BMI) PERCENTILE BLOOD PRESSURE

HEMOGLOBIN HEMATOCRIT BIRTH WEIGHT LBS OZS

IMMUNIZATIONS
PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

PATIENT VISIT (✓) TYPE OF SCREEN (✓) TOTAL FEES

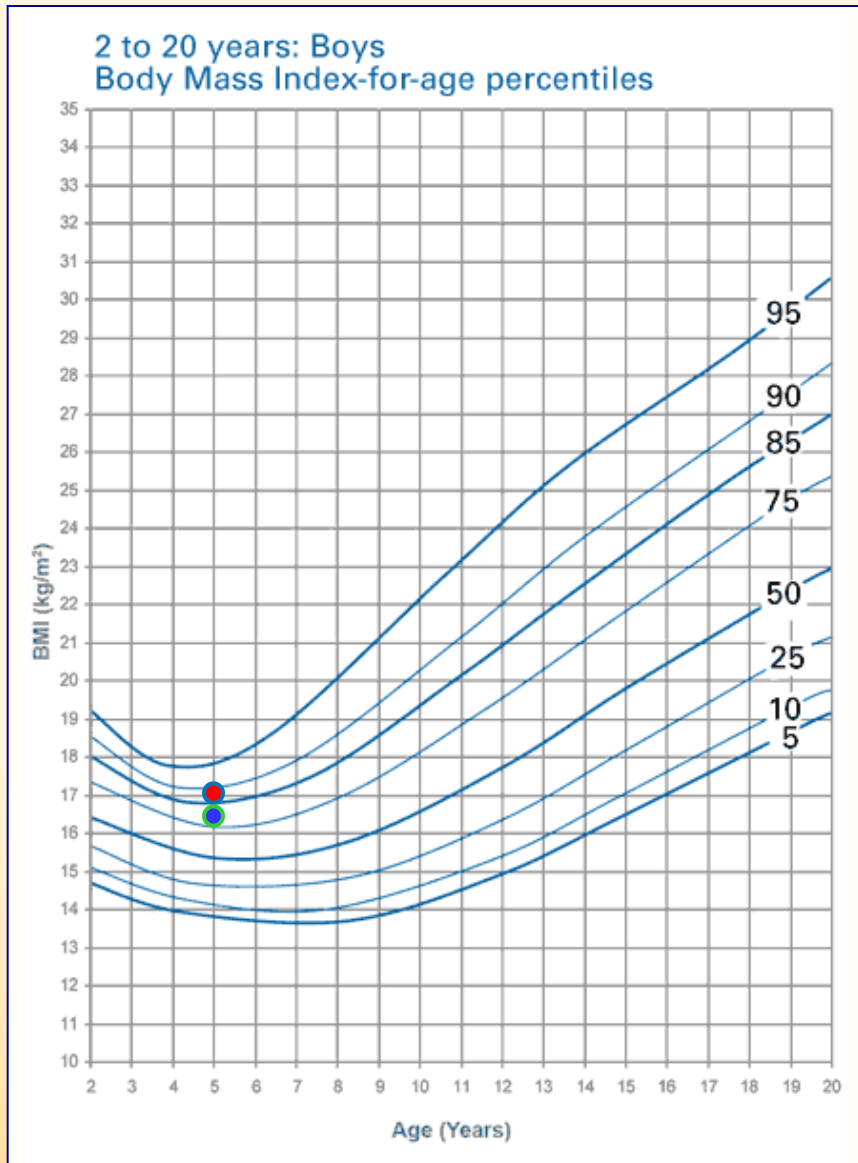
SERVICE LOCATION: Home, Address, Telephone Number (Please include Area Code) PROVIDER NUMBER PLACE OF SERVICE

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Medi-Cal/CHDP
P.O. Box 13300
Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT COPY 1 - MAIL TO MEDICAL CHDP PM 160 (3/07)

- On PM 160, enter follow up code in appropriate column under **PROBLEM SUSPECTED**
- Enter diagnosis under **COMMENTS/PROBLEMS**
 - Underweight
 - Overweight
 - Obese
- Carlos' weight status is normal so there is nothing to record in the comments

Accurate Measurements Are Critical



BMI for 5 year old boy

- Weight: 43.5 lb
- Height: 43.0 in
- BMI= 16.5

- BMI-for-age = 75-84th percentile
- *Normal range*

If height is inaccurate:

- Weight: 43.5 lb
- Height: 42.5 in
- BMI = 17.0

- BMI-for-age = 85-94th percentile
- *Overweight range*

Practice Using BMI-for-Age Growth Charts



Pete - 4 yrs

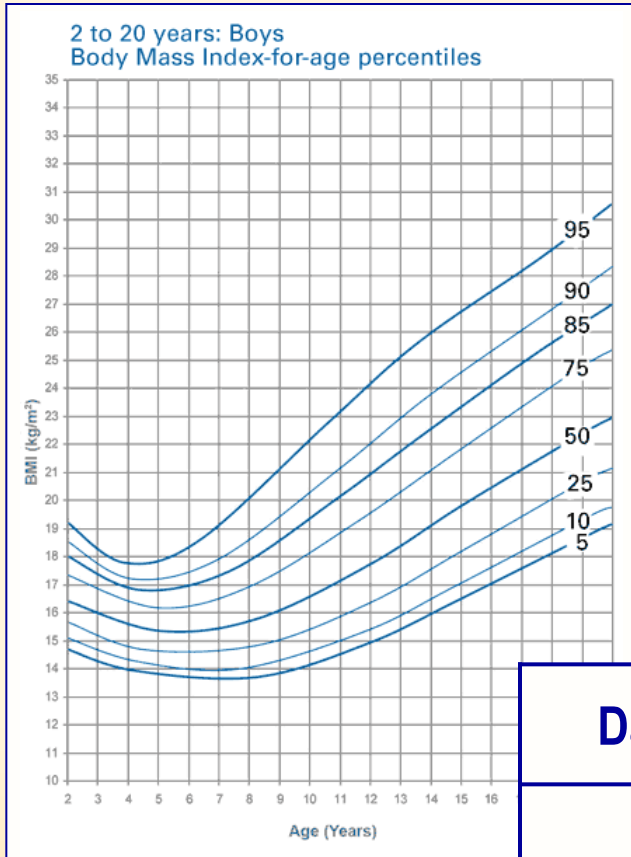


Liz - 4 yrs



Gabriela - 4 yrs

Plot Pete Precisely

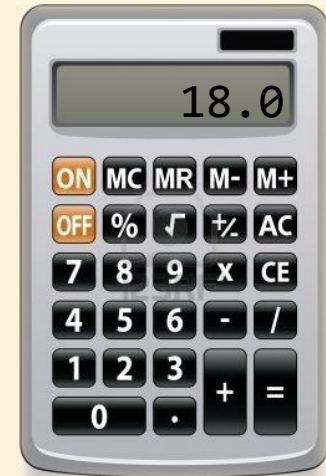
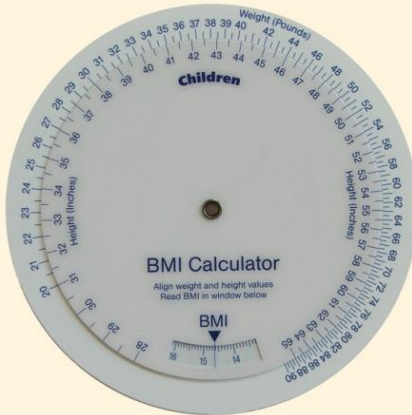


FIRST STEPS

1. Select appropriate growth chart
2. Measure standing height
3. Measure weight

Date	Age	Weight	Stature	BMI*
	2	30 #	34 $\frac{1}{2}$ "	17.7
	3	36 $\frac{1}{2}$ #	38 "	17.8
	4	43 #	41 "	

Plot Pete Precisely



NEXT STEP

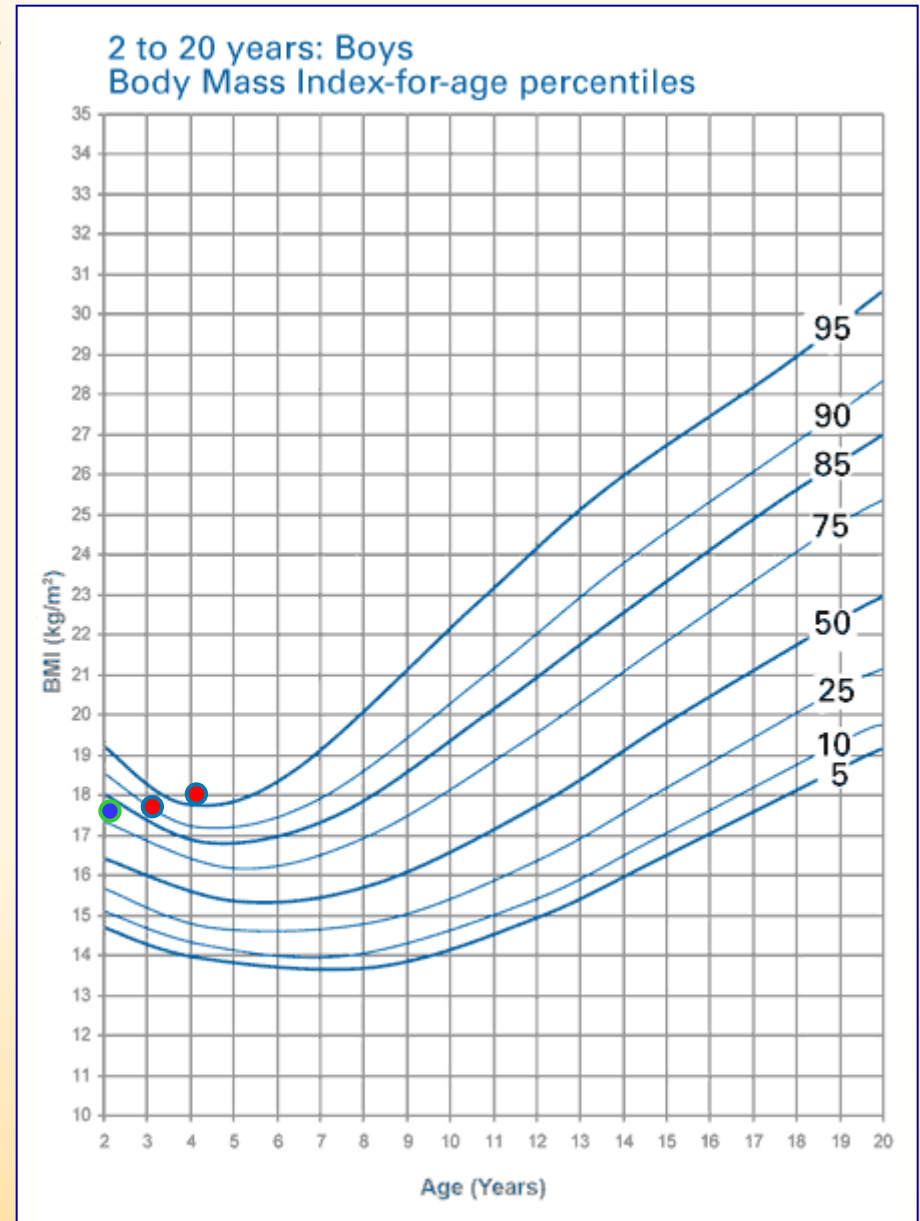
4. Determine BMI Value

Date	Age	Weight	Stature	BMI*
	2	30 #	34 $\frac{1}{2}$ "	17.7
	3	36 $\frac{1}{2}$ #	38 "	17.8
	4	43 #	41 "	18.0

Plot Pete Precisely

NEXT STEP

5. Determine BMI-for-age percentile



Plot Pete Precisely

NEXT STEP

6. Record BMI Percentile on PM 160

- *Estimate a whole number between 1 and 99 that best represents the percentile point plotted on the growth chart*

HEIGHT IN INCHES 0 4 1 0/4	WEIGHT LBS OZS 0 4 3 0 0	BODY MASS INDEX (BMI) PERCENTILE 9 6 %	BLOOD PRESSURE /
HEMOGLOBIN	HEMATOCRIT .0%		BIRTH WEIGHT LBS OZS

Plot Pete Precisely

FINAL STEP

7. Determine category and record on PM 160 if needed

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE HERE

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. CA No. 94 05778291 J

BIRTH DATE (Mo. Day Year) AGE SEX (M/F) PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER NEXT CHIEF EXAM (Mo. Day Year)

RESPONSIBLE PERSON (NAME) (STREET) (APT./SPACE #) (CITY) (ZIP) Ethnic Code 1. American Indian 2. Asian 3. Filipino 4. Hispanic/Latino 5. Other 6. White 7. Other 8. Pacific Islander

CHDP ASSESSMENT Indicate outcome for each screening procedure

NO PROBLEM SUSPECTED	PROBLEM SUSPECTED	REFUSED CONTROL	PROBLEM SUSPECTED		DATE OF SERVICE	FEES	FOLLOW UP CODES
			NEW	KNOWN			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

01 HISTORY and PHYSICAL EXAM 02 DENTAL ASSESSMENT/REFERRAL 03 NUTRITIONAL ASSESSMENT 04 HEALTH EDUCATION 05 DEVELOPMENTAL ASSESSMENT 06 SMELLEN OR EQUIVALENT 07 ALBUMINURIC 08 HEMOGLOBIN OR HEMATOCRIT 09 URINE DIPSTICK 10 COMPLETE URINALYSIS 12 TB MANTOUX

HEIGHT IN INCHES 0 WEIGHT LBS 4 BODY MASS INDEX (BMI) PERCENTILE BLOOD PRESSURE HEMOGLOBIN HEMATOCRIT BIRTH WEIGHT LBS OZS

IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

PATIENT VISIT (✓) New Patient or Return visit TYPE OF SCREEN (✓) Initial Periodic

SERVICE LOCATION: Home, Address, Telephone Number (Please include Area Code) PROVIDER NUMBER PLACE OF SERVICE

Enrolled in WIC Referred to WIC NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

PARTIAL SCREEN SCREENING PROCEDURE RECHECK ACCOMPANIES PRIOR PM 160 DATED

PATIENT COUNTY AD IDENTIFICATION NUMBER ELIGIBILITY

If covered by Medi-Cal, or pre-enrolled in CHDP Gateway, enter IIC number. Patient eligible for CHDP benefits only.

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM Medi-Cal/CHDP P.O. Box 15300 Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT COPY 1 - MAIL TO MEDICAL CHDP PM 160 (3/07)

(03) Obese

— Enter follow up code in appropriate column under **PROBLEM SUSPECTED**

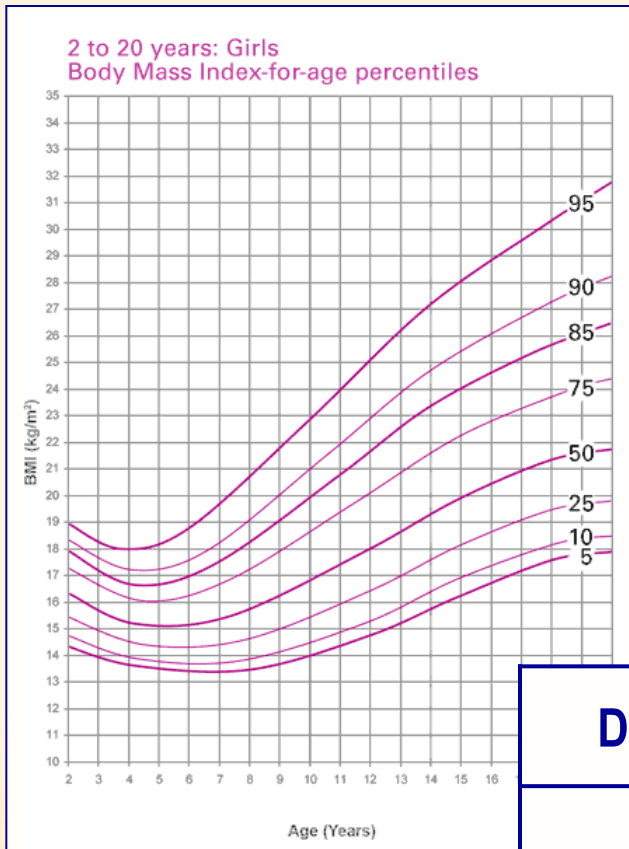
— Enter diagnosis under **COMMENTS/PROBLEMS**

- Underweight
- Overweight
- Obese

Let's Look at Liz

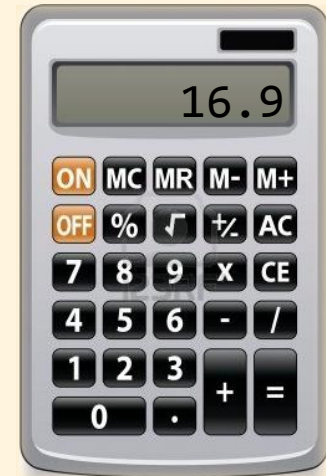
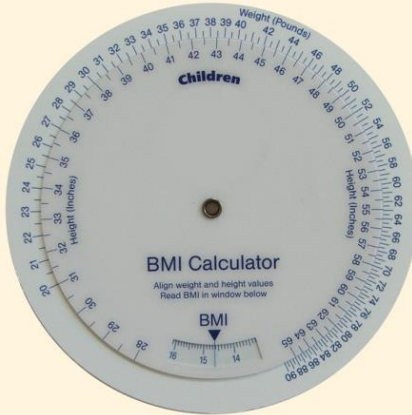
FIRST STEPS

1. Select appropriate growth chart
2. Measure standing height
3. Measure weight



Date	Age	Weight	Stature	BMI*
	2	28 $\frac{3}{4}$ #	33 $\frac{1}{2}$ "	18.0
	3	33 #	36 $\frac{1}{2}$ "	17.4
	4	37 #	39 $\frac{1}{4}$ "	

Let's Look at Liz



NEXT STEP

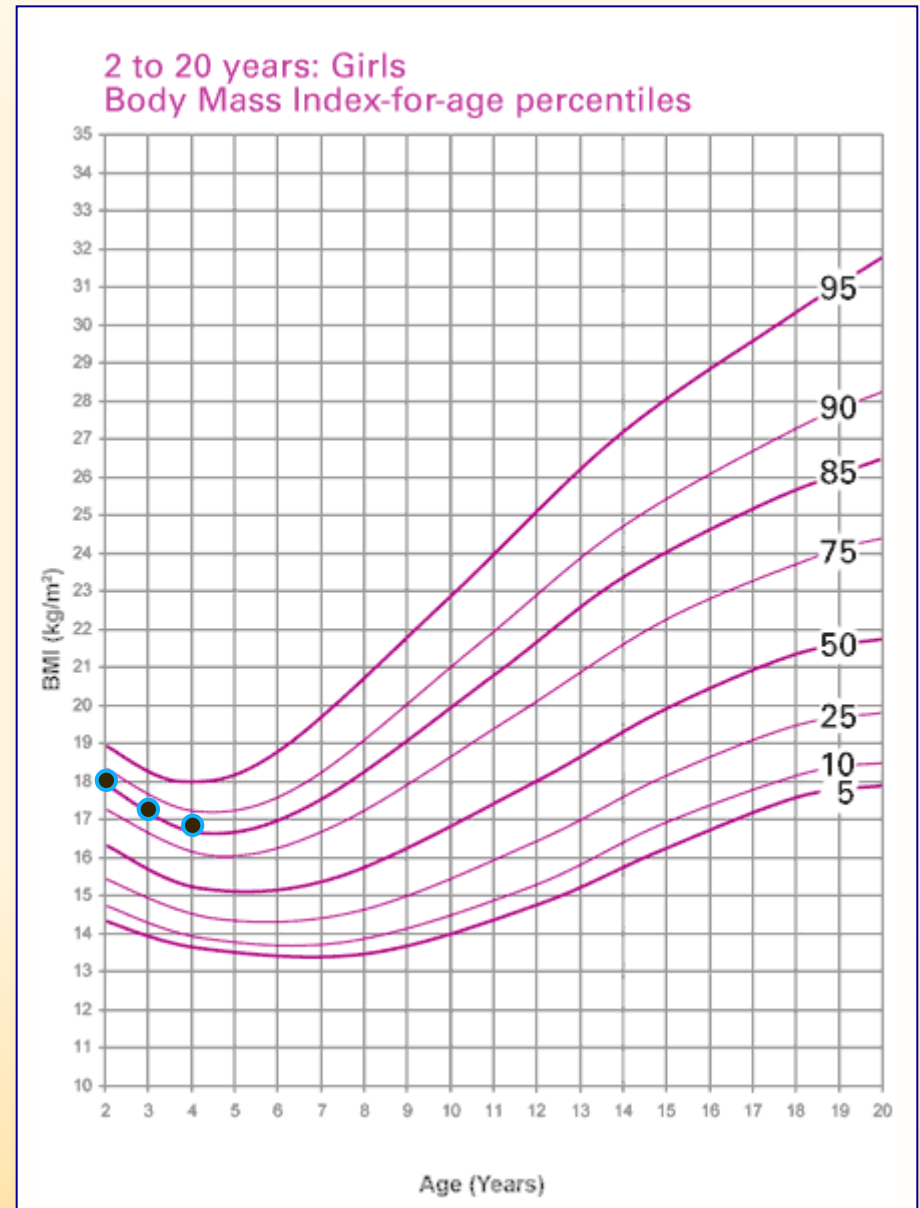
4. Determine BMI Value

Date	Age	Weight	Stature	BMI*
	2	28 $\frac{3}{4}$ #	33 $\frac{1}{2}$ "	18.0
	3	33 #	36 $\frac{1}{2}$ "	17.4
	4	37 #	39 $\frac{1}{4}$ "	16.9

Let's Look at Liz

NEXT STEP

5. Determine BMI-for-age percentile



Let's Look at Liz

NEXT STEP

6. Record BMI Percentile on PM 160

- *Estimate a whole number between 1 and 99 that best represents the percentile point plotted on the growth chart*

HEIGHT IN INCHES 0 3 9 1/4	WEIGHT LBS OZS 0 3 7 00	BODY MASS INDEX (BMI) PERCENTILE 8 7 %	BLOOD PRESSURE /
HEMOGLOBIN	HEMATOCRIT .0%		BIRTH WEIGHT LBS OZS

Let's Look at Liz

FINAL STEP

7. Determine category and record on PM 160 if needed

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

STAPLE HERE

PATIENT NAME (LAST) (FIRST) (INITIAL) MEDICAL RECORD NO. CA No. 94 05778291 J

BIRTH DATE (Mo.) (Day) (Year) AGE SEX (M/F) PATIENT'S COUNTY OF RESIDENCE CO. CODE TELEPHONE NUMBER (Area) (City) (ZIP) NEXT CHIEF EXAM (Day) (Year)

RESPONSIBLE PERSON (NAME) (STREET) (APT./SPACE #) (CITY) (ZIP) Ethnic Code 1. American Indian 2. Asian 3. Filipino 4. Hispanic 5. Native American/Hispanic 6. White 7. Other 8. Pacific Islander

CHDP ASSESSMENT Indicate outcome for each screening procedure

CHDP ASSESSMENT	NO PROBLEM SUSPECTED ✓ A	PROBLEM SUSPECTED NOT REFERRED ✓ B	PROBLEM SUSPECTED Enter Follow Up Code		DATE OF SERVICE Mo. Day Year	FEES	FOLLOW UP CODES 1. NO DX/RX INDICATED OR NOW UNDER CARE. 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. 3. DX MADE AND RX STARTED 4. DX PENDING/RETURN VISIT SCHEDULED. 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX. 6. REFERRAL REFUSED.
			NEW C	KNOWN D			
01 HISTORY and PHYSICAL EXAM							
02 DENTAL ASSESSMENT/REFERRAL							
03 NUTRITIONAL ASSESSMENT							
04 HEALTH EDUCATION							
05 DEVELOPMENTAL ASSESSMENT							
06 SMELLEN OR EQUIVALENT							
07 ALBUMINURIC							
08 HEMOGLOBIN OR HEMATOCRIT							
09 URINE DIPSTICK							
10 COMPLETE URINALYSIS							
12 TB MANTOUX							

HEIGHT IN INCHES 0 WEIGHT LBS 4 BODY MASS INDEX (BMI) PERCENTILE BLOOD PRESSURE HEMOGLOBIN HEMATOCRIT BIRTH WEIGHT LBS OZS

IMMUNIZATIONS PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

PATIENT VISIT (✓) TYPE OF SCREEN (✓) TOTAL FEES

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

CONFIDENTIAL SCREENING/BILLING REPORT COPY 1 - MAIL TO MEDICAL CHDP

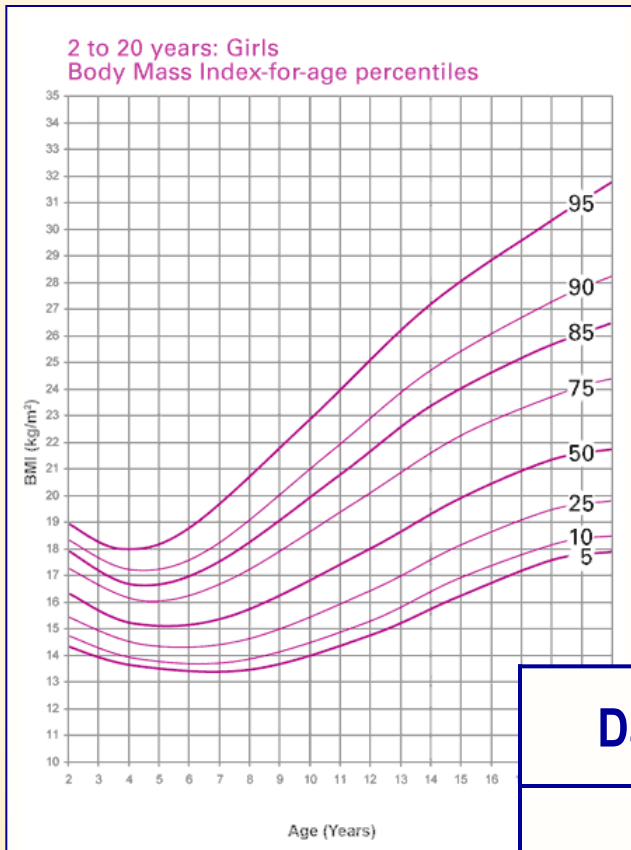
(03) Overweight

— Enter follow up code in appropriate column under **PROBLEM SUSPECTED**

— Enter diagnosis under **COMMENTS/PROBLEMS**

- Underweight
- Overweight
- Obese

Graph Gabriela's Growth

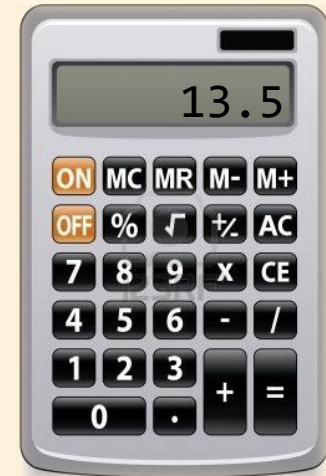
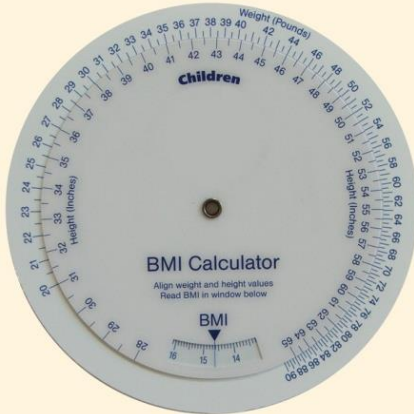


FIRST STEPS

1. Select appropriate growth chart
2. Measure standing height
3. Measure weight

Date	Age	Weight	Stature	BMI*
	2	25 #	34 $\frac{1}{2}$ "	14.8
	3	29 $\frac{1}{2}$ #	38 $\frac{1}{2}$ "	14.0
	4	32 $\frac{1}{2}$ #	41 "	

Graph Gabriela's Growth



NEXT STEP

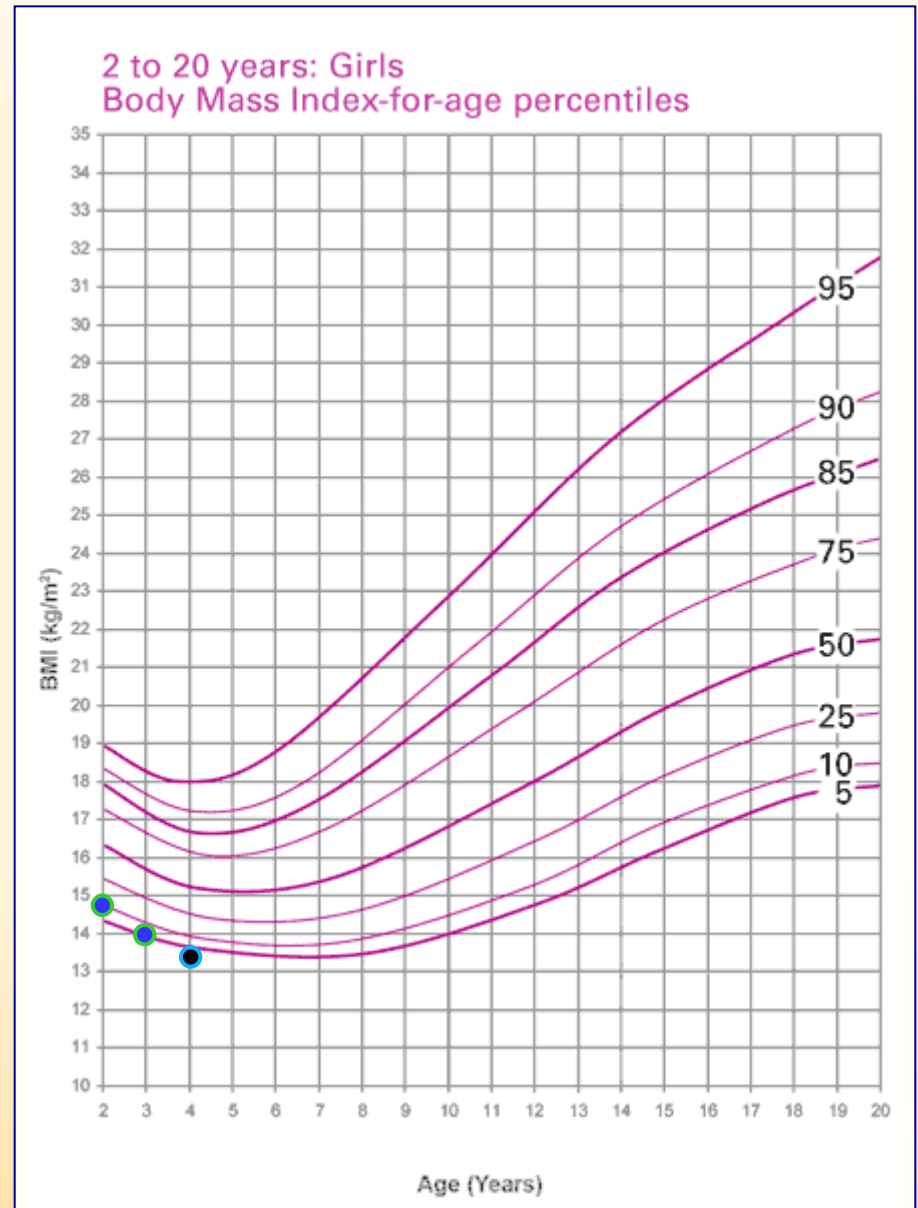
4. Determine BMI Value

Date	Age	Weight	Stature	BMI*
	2	25 #	34 $\frac{1}{2}$ "	14.8
	3	29 $\frac{1}{2}$ #	38 $\frac{1}{2}$ "	14.0
	4	32 $\frac{1}{2}$ #	41 "	13.6

Graph Gabriela's Growth

NEXT STEP

- Determine BMI-for-age percentile



Graph Gabriela's Growth

NEXT STEP

6. Record BMI Percentile on PM 160

- *Estimate a whole number between 1 and 99 that best represents the percentile point plotted on the growth chart*

HEIGHT IN INCHES 0 4 1 0/4	WEIGHT LBS OZS 0 3 2 0 8	BODY MASS INDEX (BMI) PERCENTILE 0 3 %	BLOOD PRESSURE /
HEMOGLOBIN	HEMATOCRIT .0%		BIRTH WEIGHT LBS OZS

Graph Gabriela's Growth

FINAL STEP

7. Determine category and record on PM 160 if needed

- Enter follow up code in appropriate column under **PROBLEM SUSPECTED**
- Enter diagnosis under **COMMENTS/PROBLEMS**

- Underweight**
- Overweight**
- Obese**

CHDP ASSESSMENT

Indicate outcome for each screening procedure	NO PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED	PROBLEM SUSPECTED
	✓ A	✓ B	✓ C	✓ D	✓ E	✓ F	✓ G	✓ H	✓ I
01 HISTORY and PHYSICAL EXAM									
02 DENTAL ASSESSMENT/REFERRAL									
03 NUTRITIONAL ASSESSMENT									
04 HEALTH EDUCATION									
05 DEVELOPMENTAL ASSESSMENT									
06 SMELLEN OR EQUIVALENT									
07 ALBUMINURIC									
08 HEMOGLOBIN OR HEMATOCRIT									
09 URINE DIPSTICK									
10 COMPLETE URINALYSIS									
12 TB MANTOUX									

COMMENTS/PROBLEMS

(03) Underweight

You have learned to:

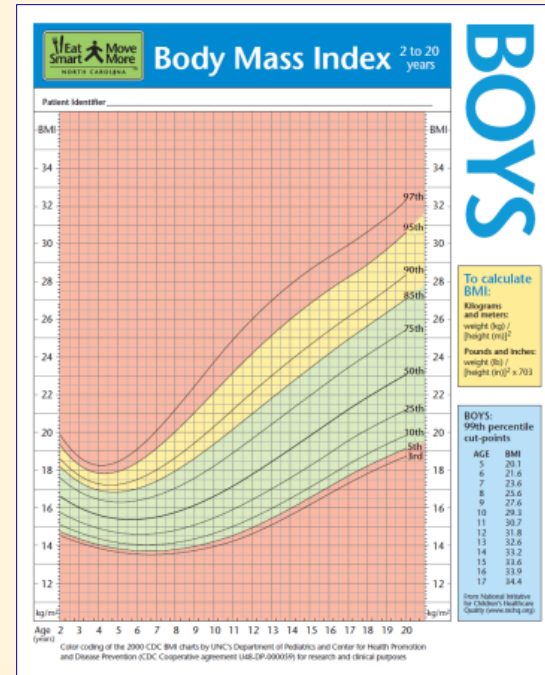
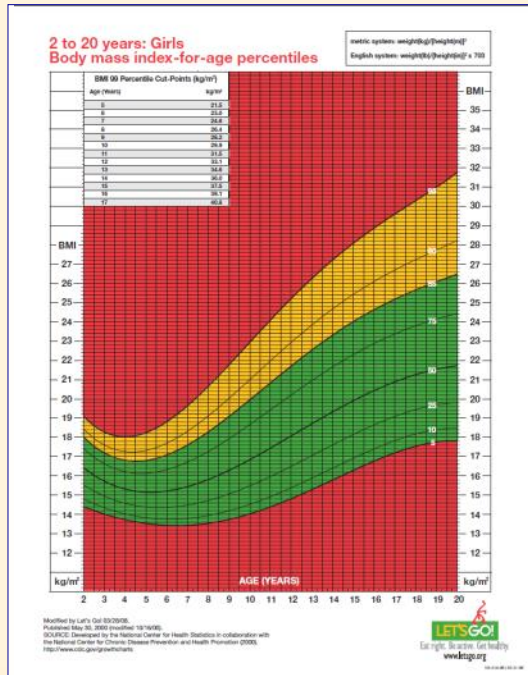
- Select appropriate ***growth chart*** for age group
- Identify the ***age range*** for which Body Mass Index (BMI) screening is used
- Calculate or determine ***BMI value***
- Plot ***BMI value*** on the appropriate growth chart
- Determine ***BMI-for-age percentile***
- Identify ***weight category***
- ***Record results*** on PM 160

Resources and Clinical Tools



- **Online tutorials**
- **Online resources**
- **Growth charts**
- **BMI wheels**
- **BMI calculators**
- **Plotting aids**

Color-coded BMI Charts



- **5210 Let's Go!**
www.letsgo.org/programs/healthcare/provider-resources/
- **Eat Smart, Move More North Carolina**
www.eatsmartmovemorenc.com/PediatricObesityTools/PediatricObesityTools.html

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