

# Promoting Healthy Weight at CHDP Well-Child Exams



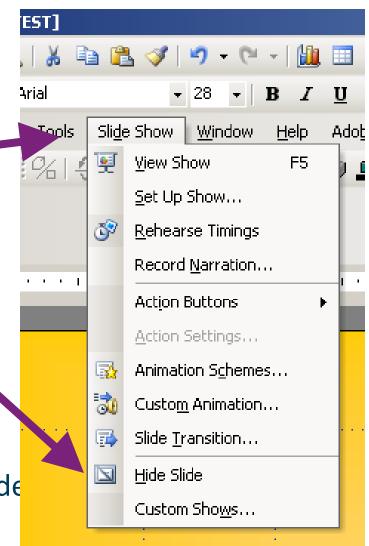
Developed by
State of California CHDP Nutrition
Subcommittee
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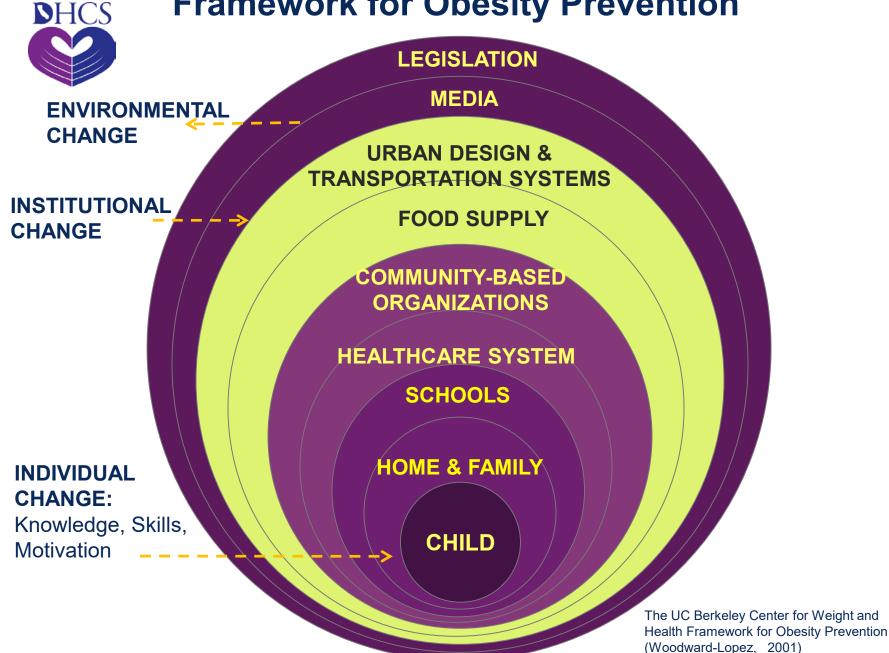


## Objectives

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

- Remember to discuss BMI percentile for all children 2 years of age and older
- Incorporate childhood obesity prevention messages into a well-child exam
- Demonstrate counseling skills using Brief Focused Advice and the Fogg Behavior Model to deliver key messages

#### **Framework for Obesity Prevention**





# Physician Advice Does Make a Difference







### Physician Advice About Being Overweight

- This study examined the association of physician counseling regarding adolescent weight status with attempted weight loss and dietary and physical activity behaviors
- Data from NHANES for 16-19 year old subjects with BMI-for-age ≥ 85<sup>th</sup> percentile (n=716) were used
- Approximately 51% of obese teens & 17 % of overweight teens were informed by a doctor about their weight status
- Nearly 63% of those who were advised about weight attempted weight loss, relative to 42% who did not receive advice

Kant, AK and Miner, P. Physician Advice About Being Overweight: Association with Self-Reported Weight Loss, Dietary and Physical Activity Behaviors of US Adolescents in NHANES, 1999-2002. Pediatrics. 2007; 119: e142.



# Role of the Practitioner 2007 AMA Recommendations

- Screen weight status using BMI percentile
- Routinely deliver obesity prevention messages (regardless of weight) during well-child exams
- Order the appropriate lab tests
- Follow-up and/or refer

# 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



## BMI for Children and Teens

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



Weight Status Category	Percentile Range
Obese	≥ 95 <sup>th</sup> percentile
Overweight	85 <sup>th</sup> to < 95 <sup>th</sup> percentile
Normal	5 <sup>th</sup> to < 85th percentile
Underweight	< 5 <sup>th</sup> percentile



# Overweight Sensitivity

### **Avoid:**

- Obese, overweight, fat
- Ideal weight
- Fix the child
- Focus on weight
- Diets or "bad foods"
- Exercise

### Replace with:

- ✓ Unhealthy weight
- ✓ Healthy weight
- ✓ Family behavior change
- √ Focus on lifestyle
- ✓ Healthier food choices
- ✓ Activity or play

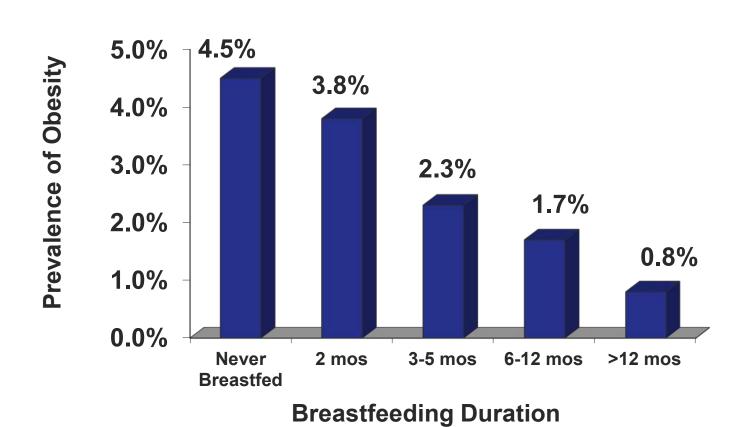


# AMA Recommended Behaviors for Obesity Prevention and Treatment

- Breastfeed
- Increase physical activity
- Limit TV and screen time
- Eat more fruits and vegetables
- Eat breakfast daily
- Eat out less often, particularly fast food
- Limit portion sizes
- Limit sugar-sweetened beverages



# Babies Who are Exclusively Breastfed are Less Likely to Become Obese



Von Kries R. Koletzko B, Sauerwald T, von Mutius E, Barnert D, Grunert V, von Voss H. Breast feeding and obesity: cross sectional study. BMJ . 1999;319:147-150.



## Little changes. Big rewards.









# Are you ready?



Every body needs a balance of nutritious foods and active living to achieve a healthy weight and prevent problems such as diabetes and heart disease. As a parent, you have the power to teach your children healthy habits that will last a lifetime.

Here are some simple steps that can bring big rewards for your entire family.

#### Get moving

- Aim for at least 60 minutes of activity a day.
- Escape the pull of the couch—get up and get moving.

#### Pull the plug

- Limit screen time (TV, computers, and video games) to 1 to 2 hours a day.
- Move the TV out of the bedroom.

#### Eat smart

- Aim for 5 to 9 servings of fruits and vegetables a day.
- Fuel up with breakfast every morning.

#### Drink well

- . Choose water or non-fat milk.
- Limit soda, sports drinks, juice, and sweetened drinks—one can is equal to drinking a candy bar!

Child Health and Disability Prevention Program
Children's Medical Services, California Department of Health Care Services



www.dhcs.ca.gov/services/chdp

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## Get Moving:

# Aim for at Least 60 Minutes of Physical Activity a Day

- Schedule outdoor time: plan family walks, outings to the park, or bike rides
- Be active indoors: dance, vacuum, make beds, play balloon volleyball
- Sign up for activities through the YMCA, Parks and Recreation, schools and community centers
- Use the Resource Guide for activities in your city



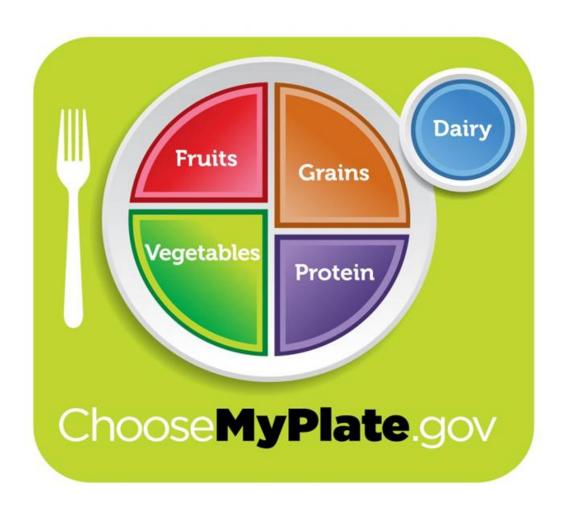
## Pull the Plug:

# Limit Screen Time to Less Than 1-2 hours/day

- No screen time for children under 18 months
- < 1 hr of screen time for children 18 mon-5 yrs</li>
- Remove TV, computers and other electronic screen devices from children's bedrooms
- Turn off all electronics during mealtimes



## **Eat Smart**



### **Eat Smart:**

## Eat More Fruits and Vegetables

## Tips:

DHCS

- Offer fruits or vegetables for snacks instead of chips, cookies, and candy
- Choose frozen or canned vegetables if fresh are not available
- Cut up fruits and vegetables so they are ready to eat



## Eat Smart: Eat Breakfast Daily

- Stock kitchen with easy to grab breakfast items (fruits, mini bagels, cheese sticks, yogurt)
- Eat breakfast with your child
- Enroll your child in a school breakfast program



# Eat Smart: Eat Less Fast Food

- Prepare most meals in advance at home to avoid the temptation of fast food
- Order the smallest size food/beverage
- Avoid "extras" such as cheese, bacon, mayonnaise and gravy
- Avoid foods listed as "breaded", "crispy", "crunchy", "creamy" or "deep fried"



# Drink Well: Limit Sugary Beverages

- Decide what drinks will be available in your home
- Offer water or nonfat/lowfat milk instead of juice or soda
- Do not give juice to children under 1 year of age
- AAP recommendations for 100% juice by age:
  - -4 ounces for children ages 1-3 years
  - -4 6 ounces for children ages 4-6 years
  - -8 ounces for children 7 and older



## Delivering the Message

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

Can we take a few minutes to discuss your/your child's weight?

#### **Step #2: Share Information**

Share BMI and discuss the risks of an unhealthy weight.

#### Step #3: Guide family toward behavior change

- What easy DAILY change could you make?
- How could you make it fun? (Motivation)
- How could you make it easier? (Ability)
- What is something you already do every day that you could link the change to which will help you remember? (Trigger)

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

 Let's set up a future appointment to talk about how things are going.

Adapted from Effective Communication with Families, Kaiser Permanente © 2004 and Fogg BJ. <u>BJ Fogg's Behavior Model: What Causes Behavior Change?</u> Stanford, CA: BJ Fogg, Ph.D., Persuasive Technology Lab @ Stanford University; © 2015. Available from: <a href="http://behaviormodel.org/">http://behaviormodel.org/</a>.



# The phone rings . . . and you don't answer. Why?

Motivation

Did not want to answer

Ability

Could not get to phone

Trigger

Could not hear ring

Behavior Change requires

Motivation, Ability and Trigger to occur at the same time



# Make it easy for people to do what they already want to do . . .

- Boost motivation (pleasurable, rewards)
- Increase ability
   (simple small steps, less time, less cost)
- Focus on trigger (cue to action, reminder)

<sup>\*</sup> All of the above must occur at the same time

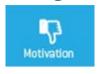


### Will This Boy Change His Behavior?

Behavior (**B**) is the result of three factors coming together at the same time – Motivation (**M**), Ability (**A**), and Triggers (**T**). In other words, Do you want to do it? Do you have the ability to do it? Were you prompted to do it at the *right time and in the right way*?

**B** Will a 12-year old boy eat more fruits and vegetables?

M States he doesn't like the way they taste





- A The store on the way home from school doesn't sell them
- T Posters at school show kids eating fruit with the message that it's healthy

What if a fun homework assignment prompted students to make a tasty fruit shake with dad?



### Will This Girl Change Her Behavior?

Behavior (**B**) is the result of three factors coming together at the same time — Motivation (**M**), Ability (**A**), and Triggers (**T**). In other words, Do you want to do it? Do you have the ability to do it? Were you prompted to do it at the *right time and in the right way*?

- **B** Will a 16-year old teenage girl drink more water?
- M Says she wants her skin to look better



- A Drinks mostly soda; has tried but forgets to drink more water during the day
- T School nurse gave a handout on the importance of water



What if the school nurse gave her a reusable water bottle and shared resources about mobile apps that remind her to drink water?



### My Healthy Lifestyle Goal Tracker

#### My Healthy Lifestyle Goal Tracker

Keeping track helps me make changes (See back page for helpful tips.)

#### **Get Moving**

Aim for at least 60 minutes of activity a day.

Color in **one circle for each 30 minutes** that you are active.

My goal is to Get Moving \_\_\_ hour(s) a day.

To Get Moving this week, I will:

#### **Eat Smart**

Aim for 5 to 9 servings of fruits and vegetables a day\*

Color in **one circle for each serving** of fruit or vegetables you eat.

My goal is to Eat servings a day.

To Eat Smart this week, I will:

#### Pull the Plug

Limit screen time to 1 to 2 hours a day

Color in **one circle for each 30 minutes** that you had any screen time. **Limit** TV, computer, and video game time.

My goal is to have no more than\_\_\_ hour(s) of screen time a day.

To Pull the Plug this week, I will:

#### Drink Well

Choose water and non-fat milk

Color in **one circle for each glass** of non-fat milk and water that you drink. **Limit** soda, sports drinks, juice, & sweetened drinks.

My goal is to drink \_\_\_\_ glasses of non-fat milk and water a day.

This week, I will Drink Well by choosing:

Health messages adapted by the Sacramento County CHDP Program from the 2008 CHDP/Kaiser Permanente childhood obesity poster "Little changes. Big rewards. Are you ready?"

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<sup>\*</sup> To view the 2008 Physical Activity Guidelines for Americans, visit

<sup>\*</sup> Recommended number of servings varies by age, sex and level of activity.

Visit ways fruits and use signments you for more information



# Role Playing Exercise





## Summary

- It is important for providers to discuss weight status for all children 2 years of age and older
- 'Little changes. Big rewards.' is an effective tool from a national campaign to deliver key evidence-based health promotion messages
- Providers can promote and support behavior change using effective and persuasive communication techniques with families



#### Resources

- KAISER PERMANENTE The Brief Negotiation Roadmap http://www.kphealtheducation.org/roadmap/roadmap.html
- Expert Committee Recommendations Regarding the Prevention,
   Assessment, and Treatment of Child and Adolescent Overweight
   and Obesity: Summary Report. Pediatrics; 120:S164-S192, 2007.
   http://pediatrics.aappublications.org/content/120/Supplement\_4/S164.full
- Recommendations for prevention of childhood obesity.
   Pediatrics; 120:S229-S253, 2007.
   http://pediatrics.aappublications.org/content/120/Supplement\_4/S229.full
- BJ Fogg, PhD http://www.bjfogg.com
- Fogg Method: 3 steps to changing behavior http://www.foggmethod.com/
- CHDP Promoting Healthy Weight Toolkit
   Presentation, toolkit and tools
   http://www.dhcs.ca.gov/services/chdp/Pages/HealthyWeightToolkit.aspx