Children's Hospital of The King's Daughters

CHILDREN'S HOSPITAL OF RICHMOND

INOVA FAIRFAX HOSPITAL FOR CHILDREN

UNIVERSITY of VIRGINIA Children's Hospital

VTC Virginia Tech Carilion School of Medicine and Research Institute

June 15th, 2012

Dear Virginia pediatric provider:

The need for enhancing the competence of pediatric providers to help slow down the epidemic of child obesity, or even reverse it, is not a topic that needs debate. We need to know how to help families without saying the wrong things and we need to know that our efforts are not causing more harm. We are now at a point with childhood obesity similar to where we were 20 years ago with addressing smoking. This public health threat will require collective action involving community-based activism, wide range policy changes, and proactive efforts on the part of all providers who care for children.

The Virginia Chapter of the AAP has formulated this toolkit to begin helping you in your quest against childhood obesity. The kit is meant to be user friendly and easy to implement in any practice. The content is adapted from a combination of tools already put in place by experts from our participating pediatric providers and from our pediatric colleagues from Arizona to Maine. This comprehensive kit includes everything from a template for a standard medical evaluation to a listing of useful CPT and ICD-9 codes for billing.

Our toolkit is a work in progress and is just the beginning of our efforts in battling the obesity epidemic. We are currently working on a Virginia obesity website and we hope to soon have trainers coming to your cities and towns to help guide you and perfect your skills as an anti-obesity warrior. We are committed to helping you develop the expertise needed to confidently and effectively treat this vulnerable population thus, bringing the fight against childhood obesity to the frontlines of primary care. If you have any comments or suggestions or would just like to share your expertise, please let us know. We would love to hear from you.

Sincerely,

Robert Shayne, M.D.
Co-Chair of Obesity Subcommittee

Maggie Jeffries-Honeycutt, M.D.
Co-Chair of Obesity Subcommittee

William Moskowitz, M.D.
Chapter President

EVALUATION FORM

Name Last, First, M.I.	**Age** ☐ M ☐ F DOB ____/_____/_____
Date of Evaluation: ____/_____/_____	

FAMILY HISTORY

☐ Obesity	☐ Dyslipidemia
☐ Coronary Heart Disease	☐ Type 2 Diabetes Mellitus
☐ Hypertension	☐ Thyroid Disease
☐ Eating Disorders	☐ Genetic Disorders

DIETARY HISTORY

Fruit juice consumption _____oz/day Water consumption _____ oz/day

Milk consumption _____ oz/day and type: ☐ Skim ☐ 1% ☐ 2% ☐ Whole

Sweetened beverage consumption (sports drinks, sweetened tea) _____ oz/day

Soft drink consumption _____ cans/day

Fruit _____ servings/day Vegetables _____ servings/day

Describe meals eaten on a typical day.

How many snacks eaten? _____ / day _____ / week

Number of meals eaten prepared outside the home _____/wk.
Number of fast food meals _____/wk.

Time and place of eating: _____ Breakfast

_____ Lunch

_____ Dinner

EVALUATION FORM

PHYSICAL ACTIVITY HISTORY

Daily hours of television viewing/computer and video game use playing _____hrs/day
Is there a T.V. in the child's bedroom? ☐ Yes ☐ No

Amount of daily physical activity _____ hrs/day

Amount of physical education at school _____ days/wk.

Participation in organized activity? ☐ Yes ☐ No _____ days/wk.

Time spent outdoors _____hrs/day

Parent exercise behaviors:

Availability of local parks? _____

SOCIAL HISTORY

Smoker ☐ Yes ☐ No Caretakers _____, _____

MEDICATIONS

REVIEW OF SYSTEMS

Skin
☐ Hyperpigmentation around neck ☐ Furunculosis

Endocrine
☐ Polyuria ☐ Polydipsia ☐ Unexpected weight loss

Pulmonary
☐ Wheezing ☐ Snoring ☐ Daytime somnolence

Gastrointestinal
☐ Abdominal pain ☐ Gallbladder disease

Genital *(Female only)*

☐ Age at Menarche _____ ☐ Irregular Menses (< 9 cycles/yr.) ☐ Hirsutism
☐ Amenorrhea

Genitourinary
☐ Nocturnal Enuresis

Musculoskeletal
☐ Hip Pain ☐ Knee Pain ☐ Pain with walking ☐ Foot Pain ☐ Groin Pain

Neurologic
☐ Headache ☐ Diplopia ☐ Hyperactivity

EVALUATION FORM

Psychiatric

☐ Depression ☐ Poor Self-image ☐ Feelings of isolation from peers ☐ Behavior Problems
☐ School avoidance ☐ Anxiety ☐ Sleepiness ☐ Wakefulness

Additional Notes

PHYSICAL EXAM

General:

Vitals: Wt. _____ Ht. _____ BMI: _____
BP* _____/_____(**see BP reference table**)
**Ensure proper sized cuff*

$$BMI = \frac{\text{weight (lb)} * 703}{\text{height}^2 \text{ (in}^2\text{)}}$$

Sk: Acanthosis Nigricans Furunculosis Hirsutism Dense Acne

Irritation inflammation Violaceous striae

HEENT: Papilledema Tonsillar Size EOM

Neck: Palpation of Thyroid

CV:

Pulm: Wheezing

Abd: Liver Span RUQ tenderness Epigastric Tenderness

GU: Tanner Stage

Extremities:

Musculoskeletal: Gait ROM Hip

Bowing of tibia

Neurologic:

LABS

Recommended for patients with BMI 5%-85% with + Risk Factors (HTN, tobacco use, DM, FHx: Elevated lipid levels or premature CV disease):
Fasting serum lipid panel

EVALUATION FORM

Recommended for patients with BMI 85-95% with NO Risk Factors:
Fasting serum lipid panel

Recommended for patients with BMI 85-95% with + Risk Factors (HTN, tobacco use, DM, FHx: Elevated lipid levels or premature CV disease):
Fasting serum lipid panel
Fasting glucose (If 100-126 mg/dL=prediabetic. If >126 mg/dL=diabetic)
AST/ALT

Recommended for patients with BMI ≥95th %tile with or without risk factors
Fasting serum lipid panel
Fasting glucose
AST/ALT
Hemoglobin A1C

Optional:

1. Fasting serum insulin (nl < 17)
2. 2-hour glucose tolerance test
3. TSH (if palpable thyroid or height abnormality)
4. Screen for renal disease if BMI ≥ 95th %tile and hypertensive

ASSESSMENT

1. ☐ Overweight (BMI 85th-94th percentile) ☐ Obese (BMI ≥ 95th %tile)

2. Associated comorbidities:

PLAN

Dietary Modification

Lifestyle modification

Exercise Plan

Encourage decreased sedentary time

Behavior Modification

Referrals: Consider (Cardiology, Dietitian, Endocrinology, ENT, GI, Genetics, Mental Health, Nephrology, Orthopedics, Pulmonary, Weight management program

Follow up:

REMEMBER: Weight loss is important in the treatment of all obesity associated comorbidities!

Patient Name:
DOB:
Date of Visit:
Provider:

Follow-Up Visit Nutrition & Activity Review

New Physical Findings

Current ht _____ wt _____ BMI %_____

Additional Medical History

New Laboratory Findings

Review of Initial Visit Nutrition Intake

How many meals and snacks did you eat on a normal day since we met? _____

We ate _____
We ate _____
We ate _____

What did you drink throughout your day?

We drink _____
We drink _____
We drink _____

Did you consume fruits and vegetables daily since we met initially? _____

We had _____
We had _____
We had _____

Describe a typical meal.

_____

_____

_____

Review of Nutrition Goals

(Fruits & Veg., Sweet drinks, Fast Food, Family meals # meals)

1. We did _____
2. We did _____
3. We did _____
4. We did _____
5. We did _____

Review Activity Goals

(screen time, organized sports,unorganized goals)

1. We did _____
2. We did _____
3. We did _____
4. We did _____
5. We did _____

Educational Handouts

1. _____
2. _____

Community Resource list

Referrals

1. _____
2. _____

Follow-Up

1. _____ Phone
2. _____ Visit

Signature _____ Provider
Signature:_____ Parent/Patient

Anticipatory Guidance to Prevent Childhood Obesity

ANTICIPATORY GUIDANCE

Well Visit	Screen	Advice
Prenatal	Family History: Would you say that obesity or being overweight is a problem that runs in either parent's family?* (this question should be asked at the first WCC visit whenever this occurs) If "yes" enter on problem list: ("FH + for obesity")	1) Advise exclusive breast feeding for 6 months: if not planning to breast feed see advice for the 2 week visit 2) Encourage mother (and father) to plan on setting good examples for their Baby--- Infant a. 60 minutes of activity per day after baby is born b. avoid TV while eating c. Breakfast; d. Fruits and Vegetables
3-5 days	As above if not already asked	Same as prenatal
2 weeks	..	1) If formula feeding, advise on demand, no minimum amount per feeding, let infant determine amount and frequency; avoid recommending specific minimums unless **FTT** 2) Advise no solids before 6 months; *"starting cereal now will not help your baby sleep through the night."* 3) Strategies for being active with your baby ("wear" your baby; stroller)
2 months		1) Review no solids before 6 months; 2) Do *something active with your baby every day for an hour (take a walk, etc.) make this a habit for you and for him/her* 3) No TV or screen time
4 months	Weight gain: Is current weight significantly more than double birth weight?	1) Review no solids before 6 months; *"When you do start solids, remember that we no longer recommend cereal as an initial solid food. It is preferable to begin with either vegetables or fruits. "* 2) Juice is not recommended at any age. *"We no longer recommend juice, because it has too much sugar; your baby does not need juice now or ever"* 3) Do something active with your baby every day for an hour (take a walk, etc.) make this a habit for you and for him/her No TV or screen time
6 months	Assess Weight/Height (wt/ht): if 90th percentile: label "at risk" on Problem List	Same as 4 months; suggest introducing water by cup in next few months Remind about activity and no screen time

ANTICIPATORY GUIDANCE

9 months	Same as 6 months	Encourage fruits and vegetables Introduce cup if haven't done so yet Plan to be off bottle by one year
12 months	Assess wt/ht:	1) If at risk by Family History, or wt/ht; provide stronger advice RE: cup, amount of milk (16 ounces max) otherwise encourage fruits and vegetables- remind no juice 2) Review growth chart for "ideal" weight gain over the next year; does this fit with parents' expectations?
15 months	Assess wt/ht:	Same as 12 months 1) Reminder about activity and screen time 2) Review advice for parents' (mom's) activity 3) Offering small portions of healthy snacks preferable to fish crackers or fruit snacks
18 months	Assess wt/ht	Same as 15 months
24 months	BMI Review FH	1) Advise: Low fat milk & 5-2-1-0 2) Discuss options for the 1 hour of activity: Spontaneous play if safe and practical; Is there a park near? 3) If child is watching TV; limit Screen time: ("there is strong evidence that more screen time (TV, videos, etc) is associated with a higher risk of obesity in children. We don't completely understand why or how, but we strongly advise you to set limits on screen time") 4) Review BMI and chart for anticipated decrease over next few years ("looking skinny is normal") 5) What is ideal weight gain in the next year?
3 to 5 years	1) BMI and activity report card 2) Assess child's activity: "how many days a week do you think your child is physically active for at least an hour a day?" 3) Assess mom's activity	Same as 2 years 5-2-1-0 What can you do as a family that increases your child's activity?
6 years and up	BMI and activity report card	Review sports or athletics as options rather than necessity for activity

NUTRITION INTAKE - PATIENT COUNSELING

Nutrition Intake Talking Points

1. How many meals and snacks do you eat on a normal day?
2. What do you drink throughout your day?
3. Do you consume fruits and vegetables daily?
4. Describe a typical meal.

Initial Visit Nutrition Intake with Education Talking Points

1. How many meals and snacks do you eat on a normal day?

Intervention Strategies:

- Encourage breakfast within one hour of waking up. Including a low-fat calcium source (skim or 1% milk or low-fat yogurt), a whole grain (cereal, oatmeal, etc) and a fruit is preferred.
- Encourage 3 meals at consistent meal times. Meals should be the size of the child's two hands, smaller than that of parents and older siblings.
- May offer 1-2 snacks/day for young children, one for older children. Snacks should fit into one of their hands and be the type of foods they would normally get with a meal.

2. What do you drink throughout your day?

Intervention Strategies:

- Encourage drinking water and milk (skim or 1% milk if >2yrs) as primary beverages. Fruit juice should be limited to 6oz/day. Sugary beverages (regular soda, sweet tea, sports drinks, and even juice) can be a major cause of obesity.
- Encourage sugar-free beverages that are 10 calories/serving or less (water, Crystal Light, Fruit20, Fuze, Powerade Zero, Vitamin Water Zero, Life Water Zero, etc).

3. Do you consume fruits and vegetables daily?

Intervention Strategies: (*)

- Encourage at least 5 total servings of fruits and vegetables daily, one serving equaling the size of the child's palm.
- Encourage a fruit and/or vegetable at each meal and for fruits and vegetables to make up most snacks.

4. Describe a typical meal.

Intervention Strategies:

- Encourage fruits and vegetables to make up ½ of the meal.
- Encourage portion sizes of each food to not exceed the size of the child's palm.
- Encourage meals to look like a smiley face: meat=one eye, grain=one eye, fruits and vegetables=mouth. Fruits and vegetables should take up about ½ of the plate. Just like the mouth is the most important part of a smiley face, fruits and vegetables are the most important part of a meal and should be eaten first.

(*)ChooseMyPlate.gov is a great site for more info

Created by Angie Hasemann, RD, CSP, UVA Children's Fitness Clinic, 2012

Physical Activity and Screentime

NAME_____

Initial Follow-up

Previous WC:_____ Current WC: _____

Current Activities:

_____

_____

_____

_____

Screen time Weekdays: _____ Screen time weekends: _____

Pt Motivation: 1 2 3 4 5 6 7 8 9 10 Parent Motivation: 1 2 3 4 5 6 7 8 9 10

Previous Goals set:

-Record steps and all physical activity
-Record all physical activity
-Walk _____x/week for _____ minutes
-Play outside daily for _____min.
-Exercise equipment ____x/week for _____ min.
-Walk home from school

- Take _____,000 steps everyday.
- Not have any screen time until _____pm.
- Dance/DDR(*)/Wii _____x/week for _____min.
- Look into PA classes/gym membership/camp
- Other: _____
- Other: _____

_____

New Goals set:

-Record steps and all physical activity
-Record all physical activity
-Walk _____x/week for _____ minutes
-Play outside daily for _____min.
-Exercise equipment _____x/week for ____ min.
-Walk home from school

- Take _____,000 steps everyday.
- Not have any screen time until _____pm.
- Dance/DDR/Wii _____x/week for _____min.
- Look into PA classes/gym membership/camp.
- Other: _____
- Other: _____

Exercise Assessment and Identification of Barriers:

_____

_____

Readiness Stage: Pre-Contemplation Contemplation Decision Action Maintenance

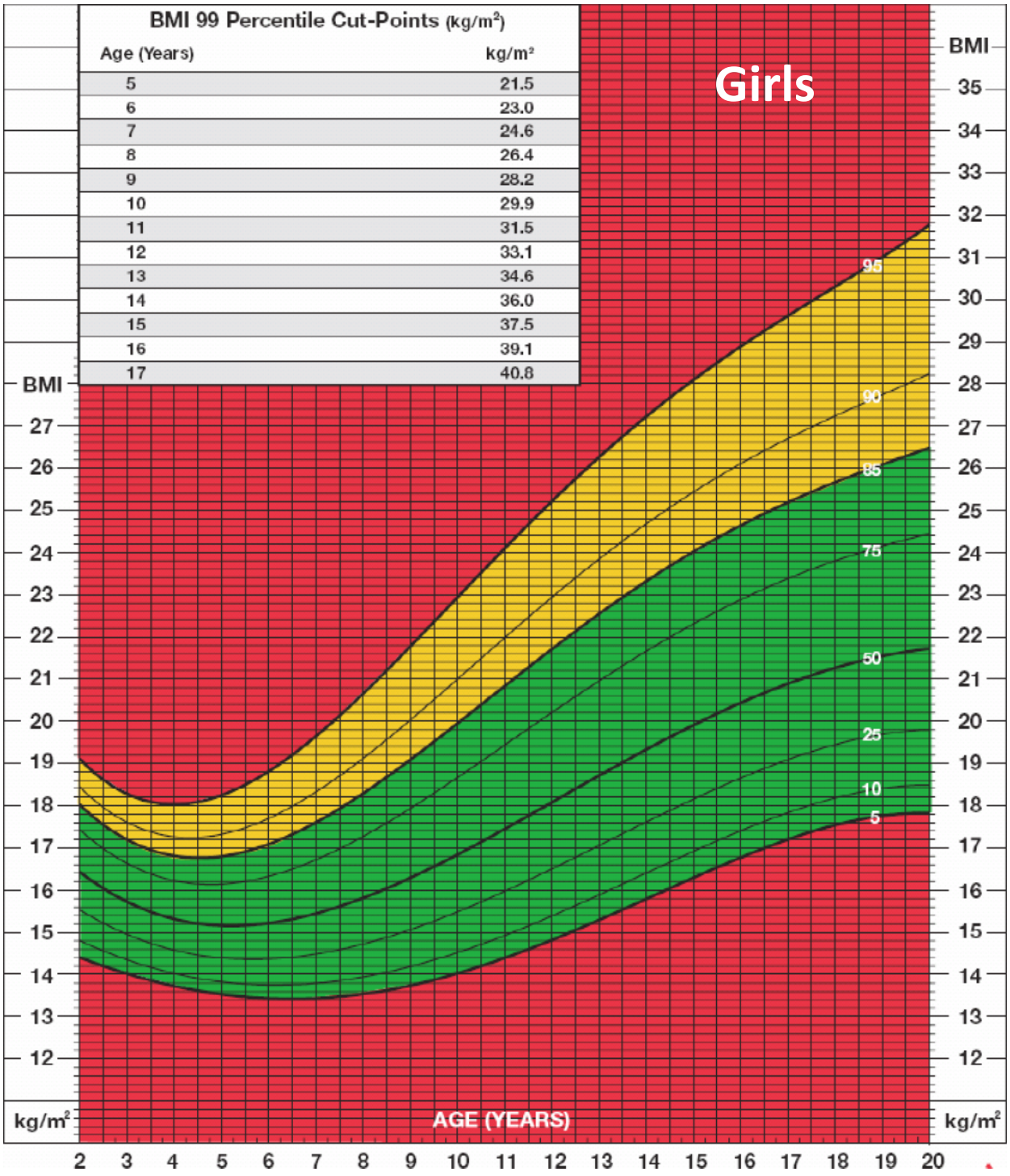
Physical Activity assessment performed by: _____

Date: _____

(*)Dance, Dance Revolution

BODY MASS INDEX FOR AGE-PERCENTILES

BMI 99 Percentile Cut-Points (kg/m²)	
Age (Years)	kg/m²
5	21.5
6	23.0
7	24.6
8	26.4
9	28.2
10	29.9
11	31.5
12	33.1
13	34.6
14	36.0
15	37.5
16	39.1
17	40.8



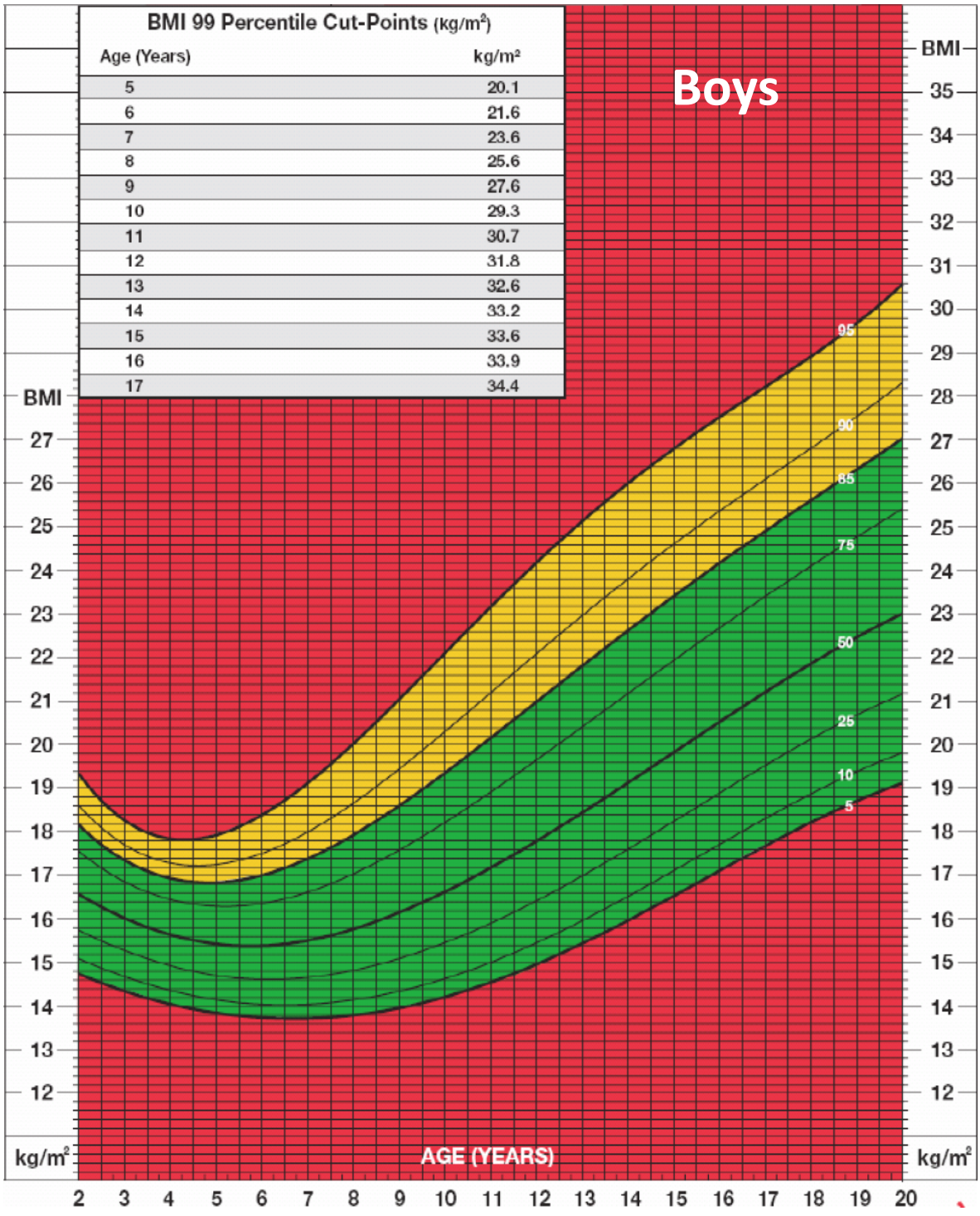
GENERIC:

While many EMR's provide calculators that automatically calculate BMI, some may not. Listed are additional means to access BMI:

For a generic BMI percentile calculator from the CDC go to the following website:
http://apps.nccd.cdc.gov/dnpabmi/
Once calculated, BMI can be plotted on a color growth chart found on this website for patients to view.

Children's Healthy Eating Calculator - http://www.bcm.edu/cnrc/healthyeatingcalculator/eatingCal.html
Find out how much you should eat depending on your size and activity

BODY MASS INDEX FOR AGE-PERCENTILES



Users with Android phones, I Phones, and I Pads can inexpensively purchase apps which perform calculations that provide both BMI and BMI percentiles. *These include:*

For Android:

Pediatripedia- Produced by mariobialos.com. Also, gives percentiles for blood pressures.

For I-Phone & I-Pad:

Growth chart percentile by appluent.com

StatCoder by Austin Physician Productivity, LLC at statcoder.com

Patient Name:
DOB:
Date of Visit:
Provider:

CARE PLAN FOR A HEALTHY WEIGHT

Nutrition Goals

(Fruits & Veg., Sweet drinks, Fast Food, Family meals # meals)

1. I will_____
2. I will_____
3. I will_____
4. I will_____
5. I will_____

Activity Goals

(screen time, organized sports,unorganized goals)

1. I will_____
2. I will_____
3. I will_____
4. I will_____
5. I will_____

Educational Handouts

1. _____
2. _____

Community Resource list

Referrals

1. _____
2. _____

Follow-Up

1. _____ Phone
2. _____ Visit

Signature _____ Provider
Signature:_____ Parent/Patient

Virginia Drs. ♥ 5-2-1-0

CODING TOOL

Prevention:

During well child care visits: assess weight for length percentile for ages 1 to 2 years, plot BMI percentile for ages 2 years and up, assess for risk factors, discuss 5-2-1-0, and assist in providing resources to maintain a healthy weight

- For new patient use 99381-99385 plus appropriate V code
- For established patient use 99391-99395 plus appropriate V code

V codes ***(Use these if you participate in the Anthem pilot)***

- V85.51 - BMI <5th percentile (underweight)
- V85.52- BMI 5th- 85th percentile (healthy weight)
- V85.53 - BMI 85th - 95th percentile (overweight)
- V85.54 - BMI >95th percentile (obese)

Stage 1: Prevention Plus children identified as overweight or obese):

Initial Visit

During the well visit: assess weight for length percentile for ages 1 to 2 years, assess for risk factors, plot BMI percentile for ages 2 years and up , establish goals for weight maintenance or loss, engage family and develop a working plan.

- For new patient use code 99381-99385 plus appropriate V code
- For established patient use code 99391-99395 plus appropriate V code
- *If a significant and separately identifiable service is performed, an EIM code 99201-99215 can be used with an attached* 25 *modifier*

During a sick visit or problem focused visit, if time allows and a concern arises about overweight or obesity: assess weight for length percentile for ages 1 to 2 years, plot BMI percentile for ages 2 years and up, assess for risk factors, establish goals for weight maintenance or loss, engage family and develop a working plan. The physician should make sure they code appropriately based on time, counseling and education.

- 99212 - Outpatient visit (typically 10 minutes)
- 99213 - Outpatient visit (typically 15 minutes)
- 99214 - Outpatient visit (typically 25 minutes)
- 99215 - Outpatient visit (typically 40 minutes)

Follow Up Visits (or problem focused visits)

After the initial well visit or during a problem focused visit in which a child is identified as overweight, schedule follow up visits every 1-3 months to assess progress over the next 3-6 months. These follow up visits should be separate from well visits.

- Physicians providing behavioral assessment and intervention should use EIM codes 99212- 99215. The physician should make sure they code appropriately based on time, counseling and education.

- 99212 -Outpatient visit (typically 10 minutes)
- 99213 - Outpatient visit (typically 15 minutes)
- 99214 - Outpatient visit (typically 25 minutes)
- 99215 - Outpatient visit (typically 40 minutes)

- Health and Behavioral Assessment/Intervention and Medical Nutrition Therapy Codes (96150- 96155 and 97802-97804) see allied health professional codes below) may be used ONLY if these service providers are available within the primary care office.

Recommendations are in accordance with Assessment of Children and Adolescent Overweight and Obesity. Pediatrics. December 2007 Supplement 4. Vol. 120 Page 1

CODING TOOL

Stage 2: Structured Weight Management (Primary care plus support)

This stage is for a patient who needs services beyond those that could be provided by a primary care clinician's office. Additional services may include an assessment by a registered dietician and/or behavioral health provider, as well as utilization of exercise programs appropriate for youth.
Primary care clinicians continue to use E/M codes 99212-99215 for follow up visits as above and initiate additional services as appropriate. Check with insurance companies regarding coverage of and prior authorization requirements for nutrition and behavioral health services.

Stages 3 and 4:

These stages are for patients who need more intensive weight management interventions than what can be provided in the primary care office with support. However, primary care clinicians should still follow these patients in addition to the specialized care providers. Stage 3 includes comprehensive, multidisciplinary intervention (ie. gastroenterologist, endocrinologist, cardiologist, bariatric). Stage 4 includes tertiary care center intervention for more intensive management.

ICD-9 Codes clinicians should document when applicable

783.1 - Abnormal weight gain
701.2 – Acanthosis Nigricans
V18.0 - Family history Diabetes Mellitus
V17.49 - Family history heart disease
272.0 - Hyperlipidemia
272.4 - Other Hyperlipidemia
401.9 - Hypertension
277.7 - Insulin Resistance

Other ICD-9 codes that may apply to office visits:

Congenital Anomalies
758.0 Down syndrome
759.81 Prader-Willi syndrome
759.83 Fragile X syndrome
759.89 Other specified anomalies (Laurence-Moon syndrome)

Digestive system
530.81 Esophageal reflux
564.0 Constipation, unspecificed
571.8 Other chronic nonalcoholic liver disease

Endocrine, metabolic, nutritional
244.8 Other specified acquired hypothyroidism
244.9 Unspecified hypothyroidism
250.00 Diabetes mellitus-type 2 without complication
250.02 Diabetes mellitus-type 2 without complication & uncontrolled
256.4 Polycystic ovaries
272.0 Pure hypercholesterolemia
272.1 Pure hyperglyceridemia
272.2 Mixed hyperlipidemia
277.7 Dysmetabolic syndrome X/metabolic syndrome
278.00 Obesity unspecified (often not covered)
278.02 Morbid obesity
278.02 Overweight

Musculoskeletal System and Connective Tissue
732.4 Juvenile osteochondrosis of lower extremity excluding foot (Blount's disease)

Women's Health
611.1 Hypertrophy of the breast

Mental disorder
300.0 Anxiety state, unspecified
300.02 Generalized anxiety disorder
307.59 Other and unspecified disorders of eating
308.3 Other acute reactions to stress
311 Depressive disorder, not elsewhere classified

Nervous system and sense organs
327.23 Obstructive sleep apnea
348.2 Benign intracranial hypertension

CODING TOOL

Symptoms, signs and ill-defined conditions

783.3 Feeding difficulties and mismanagement
783.5 Polydipsia
783.6 Polyphagia
783.9 Other symptoms concerning nutrition, metabolism & health
786.05 Shortness of breath
789.1 Hepatomegaly
790.22 Impaired glucose tolerance test
790.29 Other abnormal glucose, unspecified
790.4 Non specific elevation of transaminase or LDH
790.6 Other abnormal blood chemistry (hyperglycemia)

Codes for use by allied health professionals, behavioral providers and dieticians/nutritionists

Behavioral Intervention

96150 - Health & behavioral assessment (each 15 minutes face to face with patient)
96151 - Health & behavioral re-assessment (each 15 minutes face to face with patient)
96152 - Health & behavioral intervention (each 15 minutes face to face, individual)
96153 - Health & behavioral intervention (each 15 minutes face to face, group 2 or more patients)
96154 - Health & behavioral intervention (each 15 minutes face to face, family-with patient present)
96155 - Health & behavioral intervention (each15 minutes face to face, family-without patient present)

Nutrition

97802 - Medical Nutrition Therapy, initial (each 15 minutes face to face with patient)
97803 - Medical Nutrition Therapy, re-assessment (each 15 minutes face to face with patient)
97804 - Medical Nutrition Therapy, group (each 30 minutes, 2 or more patients)

Note: Please check with individual insurance companies on coverage for specific codes. This document is for general guidance only

Recommendations are in accordance with Assessment of Children and Adolescent Overweight and Obesity. Pediatrics. December 2007 Supplement 4. Vol. 120 Page 2

Adapted from Arizona Chapter of AAP

Obesity calculators

While many EMR's provide calculators that automatically calculate BMI those with other types of systems or those who are not on top of a connected computer may desire other methods.

For a generic calculator from the CDC in Excel format: DOWNLOAD HERE (link to 109 Obesity Calculator)

Users with Android phones, I Phones, and I Pads can inexpensively purchase apps which perform calculations that provide both BMI and BMI percentiles. These include:

For Android:

Pediatripedia- Produced by mariobialos.com. Also, gives percentiles for blood pressures.

For I- Phone & I Pad: **Growth chart percentile** by appluent.com

StatCoder by Austin Physician Productivity, LLC at statcoder.com

Members of the Committee

Robert Shayne, M.D.
Pediatrician, Chester, Va.
Chairman

Susan Cluett, PNP
Chairman, Obesity Program
UVA

Edmond Wickham III, M.D.
Chairman, Obesity Program
Virginia Commonwealth University
Dominique Williams, M.D>
Chairman, Obesity Program
Children's Hospital at King's Daughters
Maggie Jeffries-Honeycutt, M.D.
Pediatrician, Woodbridge, Va.

Sandy Chung, M.D.
Pediatrician, Fairfax, Va.

Nimali Fernando, M.D.
Pediatrician, Fredericksburg, Va.

Percita Ellis, M.D.
Pediatrician, Rockbridge Pediatrics

Colleen Kraft, M.D.
Chairman, Pediatric Department
Virginia Tech School of Medicine
Roanoke, Va.

Robert Gunther, M.D.
Pediatrician, UVa General Pediatric Program
Fishersville, Virginia

William "Biff" Rees, M.D.
Pediatrician, Fairfax, Va.
President, Virginia Academy of Pediatrics

William Moskowitz, M.D.
Cardiology Department
Virginia Commonwealth University
Past Chairman, Virginia Chapter of the AAP

Uyen Le-Jenkins, CPNP-AC
Pediatric Nurse Practitioner
Admiral Joel T. Boone Branch Health Clinic

Angela Hassemann, RD
Clinical Dietitian, Obesity Program
UVA

Heidi Hertz, RD
Virginia Foundation for Healthy Youth

Kevin Barger
Special Alliances Chairman
Anthem-Wellcome

Jane Davis
Administrative Assistant
Virginia Chapter of AAP

Helpful Links

Overview of the Obesity Crisis

http://iom.edu/Reports/2004/Preventing-Childhood-Obesity-Health-in-the-Balance.aspx
Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity in Children and Adolescents

http://www.cdc.gov/obesity/childhood/solutions.html
Centers for Disease Control and Prevention: Strategies and Solutions - Childhood Overweight and Obesity. Tons of facts, charts, projects, games for providers, schools, patients and organizations

http://www.health.gov/dietaryguidelines/2010.asp

http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html

General Information about obesity from national organizations

http://www.aap.org/obesity
Information for providers and families

http://www.letsmove.gov/
Mrs. Obama's award winning program to promote obesity prevention

http://www.ChooseMyPlate.gov
Tools, information, and games on healthy eating and exercise

http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/
We Can is a comprehensive program for providers, families and communities from the National Institute of Health.

http://www.healthiergeneration.org
You can help your children make healthier choices. Learn how to influence what they eat, where they eat, and encourage them to play and exercise from the folks at the Alliance for a Healthier Generation

http://www.healthiergeneration.org/kids
A special site, created by the Alliance, that's just for kids. It features games, videos, and fun ways for kids to get involved in creating a healthier generation

http://www.eatright.org
Find a dietitian in your area and access nutrition tips from theAmerican Dietetic Association.

http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Childhood-Obesity_UCM_304347_Article.jsp
The American Heart Association tackles obesity in children to prevent heart disease in adults

http://www.healthfinder.gov
Access reliable health information from the U.S. Department of Health and Human Services.

http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1
The food and nutrition information center of the Department of Agriculture

Information to help providers

http://www.letsgo.org/?page_id=3264
A comprehensive site for reading about motivational interviewing. You Tube links are provided.

http://www.nichq.org/NICHQ/Programs/ConferencesAndTraining/ChildhoodObesityActionNetwork.htm
National Initiative for Children's Healthcare Quality—Childhood Obesity Action Network

Provider Toolkits from Other States

http://txpeds.org/texas-pediatric-society-obesity-toolkit

http://www.westernhealth.com/providers/downloads/CMA_Child_and_Adolescent_Toolkit.pdf
From the California Medical Association

http://www.mcph.org/major_activities/keepmehealthy/Ped-Obesity-flip-chart_Maine_FINAL.pdf
Downloadable copy of the Maine pediatric society toolkit which can also be purchased online from the AAP

Healthy eating and activities for kids & parents

http://www.doctoryum.com
Our own Fredericksburg pediatrician Nimali Fernando, M.D. offers kid-tested recipes, nutrition and parenting advice.

http://www.kidnetic.com
Games and tools to make healthy eating fun.

http://www.kidshealth.org
From Nemours foundation in Delaware.

http://www.healthydiningfinder.com
Where can you go to eat in your neighborhood and what nutrition choices do you have? Chains mostly.

http://www.webmd.com/diet/healthtool-portion-size-plate
Visuals for size of portions for adults.

http://www.womenshealth.gov/bodyworks/current-trainers/bodyworks-toolkit/recipebook.pdf
130 pages of recipes and explanations about categories of foods that are good for nutrition.

http://www.dole.com/DoleHTMLEatRight/tabid/1167/Default.aspx
Make eating fruits and vegetables fun with tips from the Dole Food Company.

Children's Healthy Eating Calculator

http://www.bcm.edu/cnrc/healthyeatingcalculator/eatingCal.html
Find out how much you should eat depending on your size and activity.

Information for Communities

http://www.ChooseMyPlate.gov
Tools, information, and games on healthy eating and exercise

http://www.walkfriendly.org/WalkFriendlyCommunitiesAssessmentTool.pdf
This tool serves to both recognize existing walkable communities and to provide a framework for communities seeking to improve their walkability.

http://clocc.net
CLOCC is a nationally recognized leader for community-based obesity prevention and who support, coordinate, and unite partners to promote healthy and active lifestyles for children and families.

http://www.fns.usda.gov/tn/
Team Nutrition is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity.

Books

Hassink, Sandra, et al. Childhood Obesity (available from the AAP) One version for providers another for patients and families----very good charts and questionnaires to get physicians started with obesity counseling

Hassink, Sandra, et al. A Parent's Guide to Childhood Obesity: A Road Map to Health. Parent book with good general approaches and information to get them going. www.aap.org Publications.

Sothern, Melinda, Schumacher, Heidi Vand von Almen, and T. Kristian. Trim Kids recipes, exercise routines, shopping lists and other tools in this 12 week program for improved health and nutrition

Rollnick, Stephen, Miller, William and Butler, Christopher. Motivational Interviewing in Health Care.

Partners

http://www.inova.org/inova-in-the-community/nvhkc/lets-move-the-needle

http://www.cinchcoalition.org/

http://www.vcu.edu/teens/program/index.html

http://www.medicine.virginia.edu/clinical/departments/pediatrics/clinical-services/fitness-page

Search Engine

Find a:
Dietitian
Child Fitness Facility
Child oriented weight loss program
Community obesity prevention organization

PROVIDER TALKING POINTS FOR WELL VISITS

2 months

Age-specific challenges: Families may feel like starting solids earlier than 4 months in order to "keep the baby full" or because they feel pressure from family members.

Talking points: Remind parents that introduction of solids for most babies should be from 4-6 months, and that there is some evidence that early introduction to solid foods may be associated with the development of obesity.

4 months

Age-specific challenges: Parents may be misled by store bought packaging of baby food that babies need to eat larger quantities of solid food than necessary.

Talking points: Counsel on appropriate quantities of baby foods when starting solid foods, and remind them that their primary source of calories, protein, fat, vitamins and minerals should be breast milk and/or formula. Those families that wish to prepare their own baby food should be encouraged. Homemade baby food is a great start to getting families invested in preparing nutritious food, and can be a way for parents to try different textures and combinations of foods that may not be available in the grocery store.

9-12 months

Age-specific challenges: At this age parents may notice babies getting disinterested in bland strained food, and may want to eat independently. Parents may be starting to rely on sweet drinks like fruit juice.

Talking points: Encourage families to start building adventurous eaters by introducing more textures and flavors including seasonings and mild spices. Families can be given resources for ideas on finger foods and early toddler foods that are wholesome and unprocessed. They should be encouraged to limit juice intake and make sure that babies are still getting adequate calories from breast milk and/or formula.

15-36 months

Age-specific challenges: Toddlers may show pickiness and this age and may also have an overall decreased or unpredictable appetite. They may tend to like sweet bland foods if offered and may show a preference for juice.

Talking points: Show families how the growth chart flattens in this year and that the rate of growth is much slower than the first year of life. Reassure parents that most toddlers can self regulate their caloric intake, if wholesome nutritious food is available. They

should try to avoid offering overly processed food just for the sake of "filling them up." Juice and other sweetened beverages should be limited.

4-6 years

Age-specific challenges: Pickiness can be a problem in this age group and it can be easy to offer processed food. Advertisements on television that target this age group can entice children into wanting fast food and processed food.

Talking points: Families should be reminded that overcoming pickiness can sometimes take a dozen attempts at a particular food before a child accepts it. Persistence, creativity and a positive attitude should be used in these years. Mealtime rules about trying foods can be established, but parents should not force children to finish food that they do not like. Families may discuss with children how food that is advertised on television is often unhealthy.

7-12 years

Age-specific challenges: Kids may still exhibit pickiness and show a preference for advertised fast foods and processed foods. They may be getting excessive calories from sugar-sweetened beverages.

Talking points: Teaching children about cooking, nutrition, reading labels at the grocery store. Encourage adventurous eating. Limit sugar sweetened beverages and fruit juices, which provide excess calories.

13-18 years

Age-specific challenges: Teens may skip important meals like breakfast. They may have a busy lifestyle, which leads to less family meals and more fast foods and processed foods. They may ingest excessive calories from sugar-sweetened beverages.

Talking points: Discussing why family meals are important, why skipping breakfast may lead to being overweight, and that sugary beverages can contribute to obesity,. Discuss ways to eat healthy on-the-go.