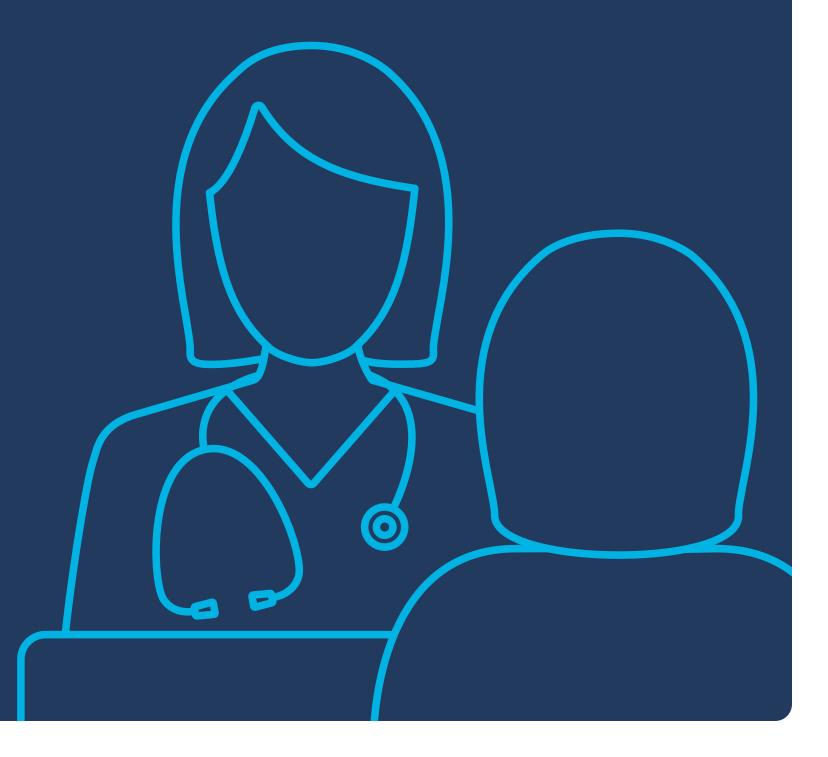
MaineHealth

LET'S GO!

Obesity Follow Up Visit Conversation Guide



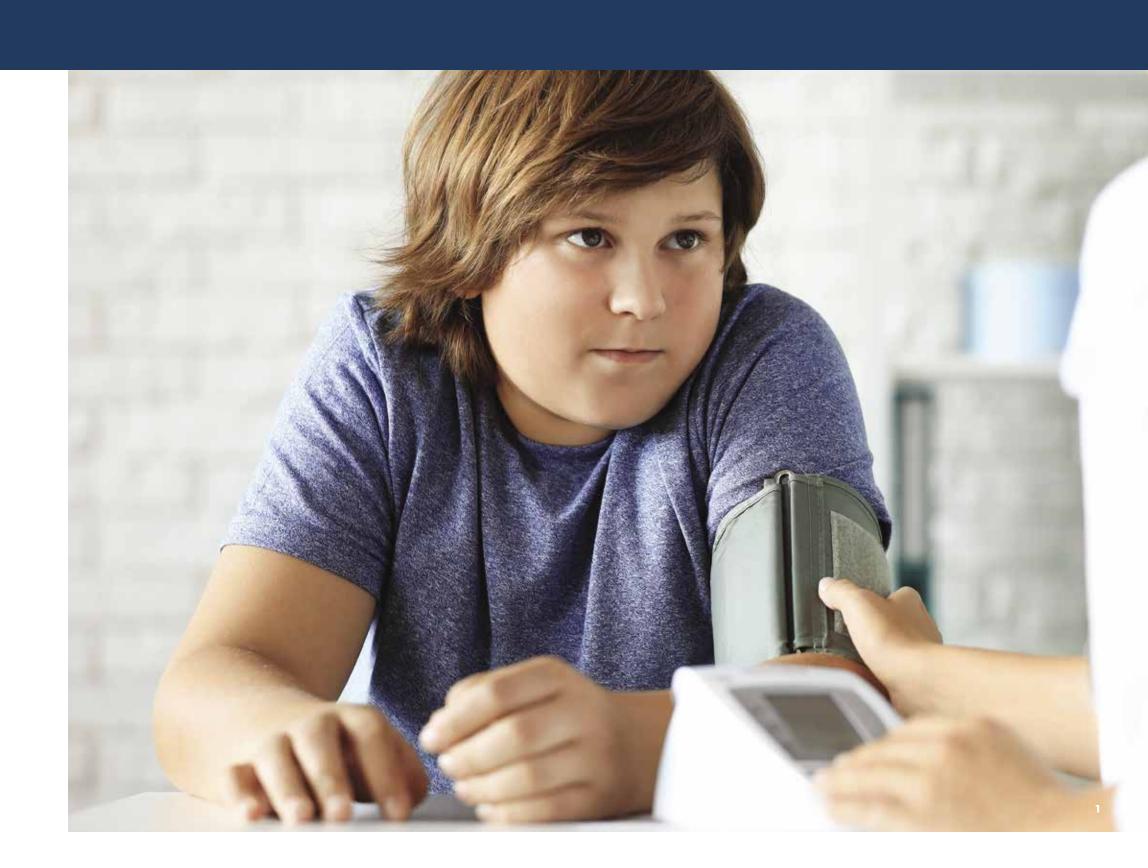


Obesity Follow Up Visits

The Obesity Follow up Visit Conversation Guide is intended for use when caring for a child that is carrying extra weight, once medical, psychosocial, and mental health screening has been completed.

Assessment and management of obesity is complex. A patient and family's path towards health may be non-linear. It is recommended that patients and families have frequent visits to allow for exploration into the patient's motivation for change and to discover opportunities for increasing healthy habits.

To help guide your conversation during planned follow up visits for obesity, Let's Go! developed these tools to build upon the Next Step themes. These are designed to be built into your EMR. They provide you with information and questions developed using the Motivational Interviewing approach to facilitate conversation and engagement during planned follow up visits.



The Obesity Follow up Visit Conversation Guide

This guide describes available tools and how to use them. The tools consist of a set of 16 Theme Cards with corresponding Conversation Guides that outline facts and questions to share with families.

Theme Cards

Theme cards enable children and family members to select a topic for discussion that is of interest to them. They are intended to help families move through indecision and barriers around changing their behaviors. Keeping the patient and family/caretaker's needs in mind not only helps guide the visit, but also helps in picking the theme to be discussed. Some families may need more than one visit for certain themes. For example, some children with obesity have high levels of physical activity, but struggle with sugary drinks and may need multiple visits to focus on the latter. Another example is children with acute social stressors like bullying that may require multiple discussions during follow up visits.

The themes included are:

- · Feeling Good about Yourself
- Bullying and Teasing
- · Eating: Where and When
- · What You are Drinking
- · Choosing Healthy Foods
- · Vacations and Celebrations
- Hunger
- · Reading Food Labels
- · Planning Your Meals
- · Talking with Your Child
- Physical Activity
- · Screen Time
- · Sleep
- · Getting Healthier as a Family
- · Medicines and Surgery for Weight Loss
- Family Choice (this means the patient or family/caregiver chooses a different topic for discussion)

For access to the Visit Guide and Theme Cards, please contact us at info@letsgo.org. Download additional tools and resources at letsgo.org/pedclinicaltools.

THEME CARD SAMPLES

















Theme Conversation Guides

Unlike a standard well visit, the Theme Conservation Guides are not expected to be used in their entirety. The questions are designed to get the conversation going. It isn't necessary to ask all of the questions or share all of the information. The point of the visit is to have a conversation and allow the patient to do most of the talking. You can continue the same topic at a follow up visit, or move on to different topics. After a family answers a question, it is important to reflect/validate their response. The Theme Conversation Guides are meant to be shared as a conversation, versus a lecture. Remember to ask permission before you begin by asking "would it be okay if I shared some information with you"? Avoid the tendency to spend more than 1-2 minutes sharing information. After delivering the information, ask what the family thinks about what you said.

You'll find all 16 Conversation Guides starting on page 10.

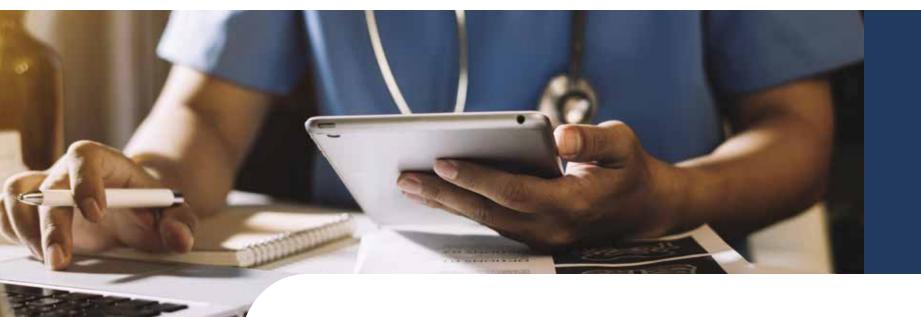
THEME CONVERSATION GUIDE FOR USE WITHIN EMR

The Theme Conversation Guides can be built into your EMR. For PDFs, email us at info@letsgo.org.





Primary care providers play an important role in obesity prevention.



Obesity Follow up Visit Office Flow

Before the Visit

Start with getting training in Motivational Interviewing (MI). The MI approach is complex and requires more than just asking open ended questions. You want to be comfortable with ambivalence and make sure that your patient is not feeling judged. The patient will be more likely to make changes and to come back regularly if they are not feeling pressure from you to make a change. For information about training, go to motivationalinterviewing.org.

Obesity Specific Screening

Before you engage in conversation around lifestyle change, ensure that any active health concerns that would be a barrier to success have been addressed. For specific concerns, see the Obesity Specific Screening and Physical Exam template on the following pages.

Weight Checks

If you are seeing a patient regularly, you do not need to weigh them at every visit. You can decide what feels good for you and the family. Monthly weight checks may make sense, weekly may feel burdensome to the child.

Billing

Start with

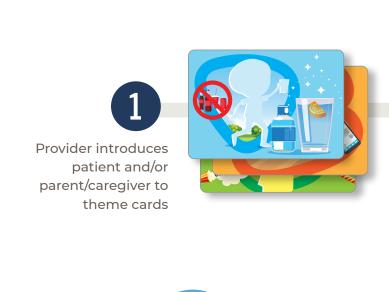
Motivational

Interviewing

getting

training.

The most straightforward way that a provider can bill for follow up obesity visits is to use a time-based billing system. Billing codes for 15, 25 or 40 minutes spent on the visits are 99213, 99214 and 99215 respectively. The billing time includes same-day work on the visit, so you can include the time spent on the day of the visit on chart preparation, note documentation and coordination of care, in addition to the total visit time with the patient. It is also possible to use these codes for a parent-only visit if there is no examination done. It can be helpful to add a prompt in your notes to remind you to add the time spent if this is the way you choose to bill. A parent-only visit can be helpful for certain topics and psychosocial challenges, just as a childonly visit can also be beneficial.



Family chooses topic to discuss during the visit





Follow up scheduled



Provider inserts corresponding template into the EMR



Goals are chosen for the topic discussed and confidence intervals are reviewed



Provider chooses from the questions in the visit template to get the conversation going

Obesity Specific Screening and Physical Exam Template

An overview of topics to guide future visits and demonstrate scope of care

Current Family/ Who is at home, where and at how many places does the patient live and Living Situation		
Weight History	With the growth chart displayed if data points are available, how has the child grown from infancy until now and what factors may have influenced this including medications, family changes, and social/academic stressors?	
Appetite	 How would you currently describe the child's feelings of hunger and ability to feel satiated? 	
	· Does the child's eating ever seem out of control?	
	 How does the child respond when an adult suggests that food should not be consumed because they have already had enough or need to wait for a meal/snack time? 	
Sleep	Trouble falling and/or staying asleep, daytime somnolence, snoring.	
Bullying/Teasing	 Does anyone at home or school talk to you about your body in a way that hurts your feelings even if their intention is to be helpful? 	
	 Assessing for low self-esteem and intrinsic weight bias: Does the patient feel comfortable and happy with their own body? 	
Nutrition	· Frequency of eating take out/eating at restaurants	
	· Openness to eating fruits/veggies	
	Openness to eating new foods	
	What is the child drinking?	
Mealtime Habits	· Where is food being eaten?	
	· Are individuals eating together?	
	· Are there electronics being used during mealtime?	
Activity History	· Activity patient is doing currently, has enjoyed in the past, does as a family	
	· Any pain or physical limitations?	
School, Friendships	 Do you have any concerns about the child's ability to make and keep healthy friendships? 	
and Mood	· Do you have any concerns about learning/academic performance?	
	 Do you have any concerns about mood with regard to temperament including: sadness, attention and focus, and/or worried thoughts? 	

Talk with the parents/caregivers if time permits about the following:

- 1. Are there any things we should know about your family's approach to food/meals? Are there any selective eaters in your family? Do any of your family members have a special diet? Does anyone try "fad" diets?
- Our goal is to work with your family in a way that promotes health for the long term and that avoids the "diet" culture and short-term changes to activity or eating. Are there things about the way your family eats that we should know about, including any allergies, selective eaters, and religious, cultural or ethical considerations?
- 2. What changes in lifestyle/habits would be most meaningful/important to your family and could make the work we do together worthwhile?
- Some individuals who want to work on lifestyle change have specific goals in mind. For example, some people want to meet an activity milestone, others want to improve the diversity of foods they are eating, some have a specific weight goal in mind that they want to reach. Do you have ones that you would like to share with me?
- 3. Tell me what you know about how family history can affect your weight.
- Weight and hunger are influenced by many factors including very strong genetic links. There are over 100 genes that can influence hunger, satiety, and metabolism. Some children, even in the same family, have a different risk of obesity than their siblings do. Regardless of the variable weight and sizes of different family members, eating healthy, well balanced meals and promoting activity is great for everyone. Lifestyle change is most successful when your family can approach things as a team, and when a child with obesity doesn't feel singled out.
- 4. What are the most effective ways to speak to children who carry extra weight so as not to impact them negatively?
- The reason we are taking the extra time to talk about your weight and BMI is that 80% of patients who have a BMI >95% have health complications. A healthy weight is NOT a number, it is a wide range. When a person with an elevated BMI makes healthy lifestyle changes, they will sometime notice that their weight levels off, some notice that their weight falls, but most importantly they may notice other changes, including having better energy, more enjoyment doing activities, better sleep, and/or improved school performance. Studies show that keeping conversations with children focused on their health and wellness, instead of weight and size talk, promotes healthier relationships with food and their bodies.
- 5. Would it be OK for me to talk to you about some of the ways that being at an unhealthy weight may affect your health?
- There are a number of health consequences from obesity that make it a condition worth evaluating and treating. Obesity is a chronic disease and can affect many parts of your body. Some examples of conditions we are trying to prevent include diabetes, high blood pressure, sleep apnea, fatty infiltrates and inflammation in the liver, and extra stress on the musculoskeletal system that can increase the risk for conditions like Blount's disease (leg bowing) and slipped capital femoral epiphysis. There are some other, rarer complications of obesity like increased pressure in the brain. At least 12 forms of cancer are seen at increased rates in the setting of obesity.

Obesity Specific Screening and Physical Exam Template

An overview of topics to guide future visits and demonstrate scope of care

Review of Systems

General	Age appropriate energy level, appetite and sleep.		
Neurologic	Negative, no chronic headaches.		
HEENT	Negative, no visual changes.		
Cardiovascular	Negative, no palpitations, history of hypertension.		
Respiratory	Breathing problems or snoring.		
GI	Negative, no nausea, vomiting, heartburn, abdominal pain, diarrhea or constipation.		
GU	Negative, no polyuria, polydipsia or nocturia.		
Skin	No skin rashes or changes in skin pigmentation.		
Musculoskeletal	No muscle, bone or joint problems.		
Development	Age appropriate physical, cognitive and motor development.		
Mental Health	Mood and behavior at baseline. There were no reports of binge eating, induced vomiting or issues with sneaking or stealing food.		
Past Medical, Family and Social History Update Family History for weight related disease risk.			
Medications and Allergies			
Vitals and Measurements			

Physical Examination

General	Awake, alert, no distress. Adiposity present in a generalized distribution.	
Head	Normocephalic, symmetric, nondysmorphic features. No frontal bossing, facial plethora or redundant cervical adiposity.	
Eyes	Pupils equal, reactive to light, normal sclerae.	
Ears	Ears normal in position and architecture.	
Nose/Throat/Mouth	Oropharynx clear without mucosal lesions.	
Neck	No adenopathy or neck masses. No thyromegaly.	
Lungs	No bony deformity of chest. Normal respiratory effort, clear lungs.	
Heart	Regular heart rhythm without murmurs or extra heart sounds.	
Abdomen	Soft, not tender or distended, no hepatomegaly, no splenomegaly.	
Striae	Present/absent	
Musculoskeletal	Normal muscle strength and range of motion. Normal gait.	
Neuro	Grossly normal coordination.	
Skin	Normal in temperature and texture, no rashes, significant bruising or birthmarks.	
Acanthosis	Present/absent	
Extremities	No peripheral edema or cyanosis.	
Psych	Mood/engagement during the visit.	

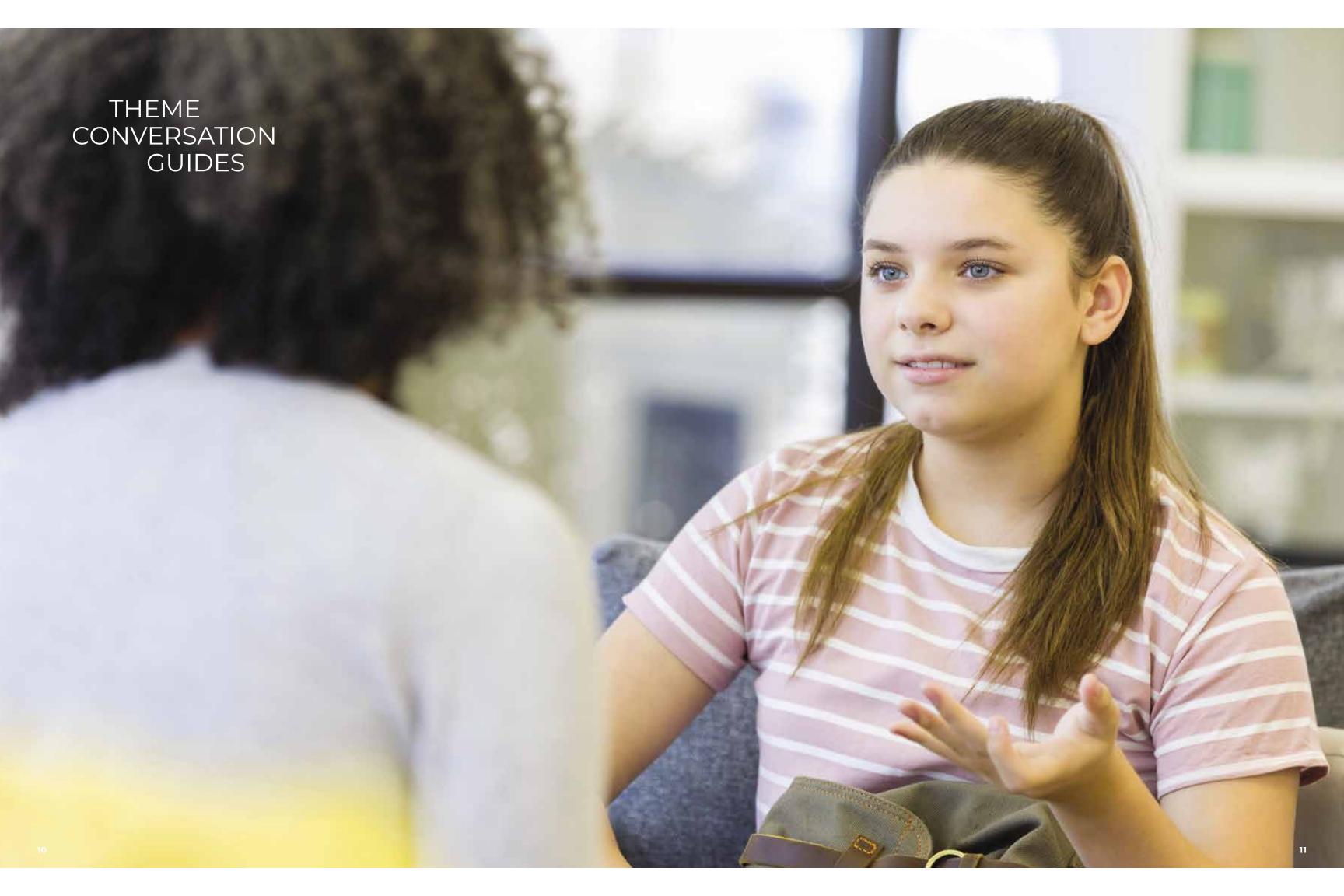
Laboratory Studies

Confirm laboratory studies recommended by AAP have been done.

Goal(s) for next visit

We spent _____ minutes on this visit today including chart review, time spent with the patient and for documentation and coordination of care.

documentation and coordination of care.



Bullying and Teasing

This module is focused on assessing the patient's bullying history, making sure that the family knows if this is happening to their child, and if they understand anti-bullying laws.

Facts to Share with Families

Bullying (including cyber bullying) and teasing is common in children with obesity and can lead to poor self-esteem, depression, suicidal ideation, social isolation, poor school attendance, lower likelihood of exercise/activity, and binge eating.

Unsolicited attention about someone's body is not just hurtful, but also causes harm. Bullying has been shown to negatively impact learning and/or school attendance, creates anxiety and depression and increased risk for suicide, and can have other long-term harmful effects into adulthood.

Obesity is one of the most common reasons that someone is bullied. One study showed that 86% of high school students had witnessed a classmate being teased or bullied because of obesity.

Bullying comes in many different forms and can come from peers, classroom or gym teachers, and from parents.

The higher the BMI, the greater the risk of bullying.

Children may not report bullying, but signs that they are being bullied are lost items, damaged belongings, "self-inflicted" injuries, avoiding locations, sadness, fear of school (or school bathroom or bus), loss of friends, bullying behavior from the person who has been bullied toward siblings and others.

It is against school rules to bully. It is never OK, but if it occurs this is what the child could do. If it is safe, the child who is getting bullied would say "please stop" or "this is not OK". But, if the behavior continues, it's important for the child to share it with an adult who they feel safe with.

Resources: stopbullying.gov, stopbullying.gov/resources/laws, maine.gov/doe/bullying

Questions

Consider trying to cover these key concepts using motivational interviewing. You may want to start by having the patient share any interval successes or concerns.

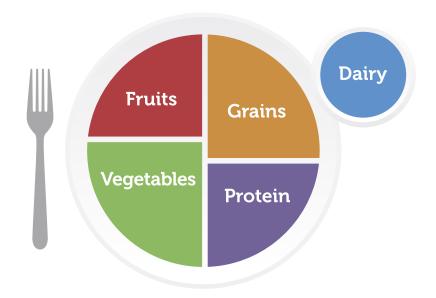
- 1. Often, people who are carrying extra weight get treated differently at home or at school. Can you tell me about times, if any, that this has happened to you?
- · How did you respond?
- · Was the issue talked about?
- · Do you feel safe now?
- 2. What could you do to protect yourself from teasing/bullying?
- 3. Who, if anyone, is a safe person that you could tell if someone threatened you or was saying mean things to you?
- 4. Would you like me to share some information about anti-bullying laws?

Choosing Healthy Foods

This module is focused on balancing foods in a way that supports health and satiety.

You will need an image of MyPlate for this exercise.

A sample is provided in the pocket of this guide or go to: myplate.gov.



Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Have you ever heard of MyPlate? If yes, tell me what you know about it. If no, can I tell you about it?
- 2. How often, if at all, do your meals look like the healthy eating plate? How do they sometimes look different?
- 3. Can you tell me what you know about "starchy" vegetables, and where they would land on the plate?
- Examples of starchy vegetables include, potatoes, corn, winter squash, peas, plantains, and parsnips. They fit into the "whole grain" portion of the plate.
- 4. Can you tell me what you know about whole grains and the difference between them and processed starches? How can you tell if a bread/cracker or premade food is made with all or mostly whole grains?
- Whole grains have 3 parts, the bran, germ and endosperm. Bran provides vitamins, minerals and antioxidants. The germ has healthy fats and fat soluble vitamins. The endosperm has all the carbs, protein. When whole grains are milled, the bran and the germ are stripped away, and we are left with the endosperm. This helps to prevent spoilage and makes lighter products with baking, but it removes much of the vitamins and all of the fiber. All of these things are "whole grains". When something is made with a whole grain, the first ingredient will be "whole wheat flour" or "whole corn flour". If a labels says whole wheat bread, and the first ingredient is not whole wheat flour, this bread may have whole wheat flour, but it has MORE white/ refined flour (listed on the label as wheat flour) than whole wheat.
- 5. Do you know that some "fats" are really healthy for our bodies? Which kinds are healthy?
- Trans (mostly gone from our food stream) and saturated fats are unhealthy. These are highest in fats that are solid at room temperature (shortening, butter, coconut oil). Coconut oil is great for your skin, but not for cooking!
- · Unsaturated and poly unsaturated fats are healthy.
- Plant and lean meat sources of protein have healthier fat content (lower saturated fat than red meats, cheeses, bacon and cold cuts like bologna/processed meats).
- 6. Describe a meal (breakfast, lunch or dinner) you may eat and how it could fit into MyPlate.

Eating: Where and When

This module is focused on the timing of how, when, and where we eat can affect our health.

Facts to Share with Families

A simple, healthy approach for the whole household is 3 meals and 2 snacks every day.

Children should have permission from their parents/adults to eat. If there are many battles around expectations, visual schedules of when/what can be eaten can help prevent constant questions from kids about getting more food.

Limiting our eating "window" to 8-10 hours/day may help us maintain a healthy weight. We are also learning that eating carbohydrates later at night keeps our blood sugar level higher than if we eat the same carbs earlier in the day.

We eat more healthfully when we are eating at the table, not eating alone, not eating in front of distractions, and not eating when doing other activities.

Meal planning can be more cost effective and result in healthier eating.

Food cooked in restaurants commonly come in larger portions with more saturated fat and sugar.

Eating out (both fast food and at sit down restaurants) is associated with increased BMI.

The Maine public schools typically provide well-balanced and healthy options at mealtime.

Encouraging parents and caregivers to have open minded, non-judgmental conversations about all the places the child eats can help facilitate change.

For adolescents who want to discuss intermittent fasting, some evidence exists for using 2 days/week of VLCD (600 calories/day max 2 days/week) and for trying to limit the window of eating during the day to only 6 or 8 hours of time.

Ouestions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Tell me about your eating patterns on a typical day (when you are eating a meal and snacking). If you skip breakfast, what do you think about eating breakfast or can you help me understand why you are not eating breakfast?
- 2. Tell me about snacking.
- 3. Tell me about all the places you are eating.
- 4. How, if at all, does the cost of food effect what you buy?
- 5. Tell me about eating out. What are the challenges with eating out?

Feeling Good About Yourself

This module is focused on how positive self-feelings and resiliency can support healthy changes.

Facts to Share with Families

Teasing even from a parent or sibling is associated with body dissatisfaction.

Some studies show weight biases in children as young as 3-4 years old.

Negative weight talk and dieting among family members (especially mothers) have been shown to lead to an increased risk for body dissatisfaction and eating disorders in children.

Parents/caregivers who put their children on a diet are putting their children at greater risk for developing an eating disorder.

Friends and peers are strong influences on adolescents' body satisfaction.

Watching media that is focused on appearance can be associated with body dissatisfaction.

We can be more successful with healthy changes when we set goals around health and well-being, not weight. For example, set a goal of running 1 mile, instead of fitting into a smaller clothes size, because the latter can focus our minds on negative thoughts about our bodies.

Low self-esteem can be improved by counseling that changes the focus on ourselves to our accomplishments or positive attributes instead of a focus on our negative self-thoughts.

The process of taking on negative societal weight bias and feeling bad about oneself is called Weight Bias Internalization. Weight Bias Internalization is associated with poor health outcomes and less success in adopting healthy lifestyle changes. This can be successfully treated with Acceptance and Commitment Therapy or Cognitive Behavioral therapy (ACT or CBT).

Questions

Consider trying to cover these key concepts using motivational interviewing.

Self-image questions:

- 1. How do your parents/caregivers, family members and friends talk about their bodies?
- 2. Have you ever heard about body shaming or seen anyone (including yourself) do this? If yes, can you tell me more about it?
- 3. Do you and your friends talk about your bodies?
- 4. Do you have more concerns about your body than other people do? Would you like some help to stop those negative or worrying thoughts?

Self-esteem building questions:

- 1. What do others say they like about you?
- 2. What do you like about who you are? Tell me some of your good qualities.
- 3. What are some of achievements you have had or challenges you have overcome? What qualities do you have that made those things possible?

Getting Healthier as a Family

This module is intended to help the family adapt a teamwork approach to healthy changes.

Facts to Share with Families

When we are living in a stressful place, it is hard to make healthy choices.

Different family members may handle communication and change in different ways. Thinking about how to work together as a team can help make new ideas successful.

Children learn from watching. When a parent/caregiver won't eat any veggies or makes disparaging remarks about a healthy food, a child is much less likely to enjoy it.

It can lead to resentment when rules are different for different family members. For example, the child who is not carrying extra weight gets different snacks than the child who has obesity.

Getting active together is good for the entire family. Children and young adults who exercise regularly are more likely to seek physical activity and fitness throughout their lifespan.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Tell me about qualities that make a family or a team healthy.
- 2. Tell me about which, if any, of those strengths your family has.
- 3. Tell me about a challenge your family has had that you have worked through together.
- 4. Tell me about a time, if ever, your family has had to make a big change together.
- · How have you communicated?
- · How do different family members handle change?
- 5. Tell me about how your family prepares, eats and cleans up meals.
- 6. If you could give me a picture of what your family is doing at mealtime, what would it look like?
- 7. Tell me about a healthy change, if there is one, that your family may be willing to work on together.
- $\boldsymbol{\cdot}$ How confident are you that you could make this change happen?
- Why not higher/lower?
- 8. Tell me about some activities that your family enjoys doing together.

Hunger

This module is focused on a discussion around how hunger is triggered. Some triggers include abnormal hormone responses from our brain, pancreas and fat cells; the types of foods we are eating; a physical need for energy; emotions of sadness or worry; and habit.

Facts to Share with Families

Hunger and satiety are very complex biological processes that we are just only beginning to understand. A healthy cycle of hormone release to help us feel satiety can be dysregulated in the setting of obesity. This abnormal pattern is particularly disrupted when we consume simple carbohydrates.

We do not need to eat until we are "full". That happens about 20 minutes after our bodies stop feeling hungry. Not all cultures support eating until you feel full including some of the healthiest cultures, like Okinawa, Japan and France.

It is OK to say no to your child when they have had a healthy portion of food and are asking for more.

Excessive appetite can be triggered by patterns/habits such as always eating an unhealthy snack when you get home from school, seeing unhealthy foods, boredom, sadness, and worry.

To break an unhealthy pattern, it can be helpful to disrupt a regular routine by scheduling a different activity or getting a food that you frequently overeat out of the house, UNTIL you form a new pattern.

If you cannot seem to form new patterns on your own, seeing a therapist for techniques like Cognitive Behavioral Therapy (CBT) can be very helpful. CBT is a type of therapy that helps break unhealthy patterns and form new, healthier habits. Additionally, there are medications that can help to support improving lifestyle patterns, especially when it is associated with depression and anxiety.

When excessive hunger results in inability to tolerate food limits, it can prevent success with lifestyle change. When changing the diet quality (more fiber and protein, less simple carbohydrates) and using behavioral supports like visual eating schedules and healthy routines, it is important to consider work up of etiologies, like insulin resistance, Binge Eating Disorder, untreated anxiety and/or ADHD as part of your management strategy.

Interval successes or concerns

Make sure screening has been done for the following: depression, anxiety, ACES, food insecurity and quality of life.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Can I talk to you about how carrying extra weight can change your body's ability to stop feeling hungry when you have eaten a healthy amount of food?
- 2. When you eat a meal, how do you decide when you have had enough (when to stop eating)?
- 3. How does it feel for you when your child is hungry? Is it important for you to always provide them with food when they ask for it? What would some other options be?
- 4. Many people, of normal weight and overweight, can have periods of eating that feel out of control and make their bodies uncomfortable. How often, if at all, does this happen to you (your child)? If YES: Can you say more about this?
- Tell me about what happens when you feel hungry. Do you always eat when you feel hungry? What would some other options be?

Medications and Surgery for Hunger and Weight Loss

This module is focused on bariatric surgery which is the best proven treatment for severe obesity for long term weight loss.

Facts to Share with Families

Recommended selection criteria for adolescents being considered for a bariatric procedure include:

BMI 35 kg/m2 or higher with major comorbidities such as type 2 diabetes, moderate or severe sleep apnea, pseudotumor cerebri, or severe fatty liver disease.

BMI 40 kg/m2 or higher with other less severe comorbidities such as high blood pressure, high cholesterol, mild or moderate sleep apnea.

Medications to treat obesity can be very effective in select patients. Medications can treat the cause of excessive hunger and/or metabolic adaptation, like insulin resistance, impulsivity/food cravings, set point and anxiety, or can improve mood and energy to help facilitate lifestyle changes.

It can be difficult to lose weight when you have carried extra weight for an extended period of time because the body learns to consider that elevated weight as the right weight for you, even if the weight is unhealthy. Medications and surgery can lower that set-point.

If a medication is going to be helpful for weight loss, we typically know after trying it for one month at the treatment level dosage.

If a patient is taking a medication that may have resulted in weight gain, consider changing the therapy and treat the condition with a medication that could support weight loss. For example, exchange guanfacine for Vyvanse in the treatment of ADHD.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Can you tell me what you have heard/know about bariatric surgery or use of medications for weight loss? Would you like me to explain more about how these things can work for you?
- 2. How would your parents/you feel about taking medications or having surgery for weight loss?
- 3. Would you like to hear more about the medications we could consider trying for weight loss and some of their side effects?

Physical Activity

This module is focused on promoting activity and making sure that the family understands the benefits of getting their bodies moving more.

Facts to Share with Families

Physical activity is one of the most important strategies for health risk reduction in someone with obesity.

Muscle cells produce anti-inflammatory compounds and can decrease the risk of essentially every comorbidity of obesity.

One strong predictor of physical literacy in a child is how often they engage in physical activities with their parents or are supported by their parents to engage in physical activity.

Physical literacy is an evolving concept that includes the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life.

Questions

Consider trying to cover these key concepts using a screening tool to assess for physical literacy. A sample is included in the pocket of this guide or go to www.capl-eclp.ca/wp-content/uploads/2018/02/CAPL-2-questionnaire.pdf.

- 1. Tell me about how much activity your body gets during a typical week.
- 2. Can you tell me about physical activities that you enjoy?
- 3. How often do you get to do those activities? Some people want to be active more often than they are, but things can get in the way. When, if ever, does that happen to you/your family?
- 4. When, if ever, have you noticed a change in your mood after you have done physical activity? What was that like for you? Would it be OK for me to tell you about some of the ways that physical activity can make your body healthier?
- · Physical activity helps improve your blood pressure and heart health
- · Physical activity can help acanthosis to resolve (improves insulin resistance)
- · Physical activity improves mood disorders like depression and anxiety
- · Children who are physically active have been shown to perform better in school and to have less behavioral problems at school
- Physical activity improves sleep
- · Physical activity can decrease just about all the medical risks associated with obesity even if no weight is lost
- · Physical activity has been shown to decrease your risk for some types of cancer
- 5. Could you tell me about some of the activities your family does?
- 6. Would you like me to tell you about some activities that I know near where you live?
- · Discuss activities that are available in your community

Planning Your Meals

Using motivational interviewing, consider trying to cover some of these key concepts. A sample meal planning sheet is in the pocket of this guide.

Facts to Share with Families

Planning meals ahead can help keep food choices healthy, be cost effective and can reduce stress by saving time.

Home cooking gives you more control over food quality and portion sizes.

Taking the time to gather a list of meals that the family enjoys can give everyone a chance to participate in the planning process.

Spending time looking for new recipes can be fun and inspire creativity in the kitchen.

Choosing a few main dishes for the week is a good place to start.

Making a double batch of your favorite healthy meals and using half/freezing half can help on busier nights.

Taking stock of what you have at home and making a list of what you need to complete meals for the week can help to prevent waste.

Theme nights are great ways to get kids involved (soup night, taco night, breakfast for dinner, meatless Monday).

Meal plan as a family and give everyone a task to do including planning, shopping, cooking and cleaning up.

Questions

20

Consider trying to cover these key concepts using motivational interviewing.

- 1. How, if at all, do you think meal planning would benefit your family?
- 2. What kind of meals does your family like to prepare and how do you use the leftovers when you have some?
- 3. Tell me about how your family grocery shops and decides what to make for meals.
- 4. Tell me about the foods that you would like to cook or learn how to cook.
- 5. Tell me about how you find/choose new recipes for the family.
- 6. On a scale of 1-10 how interested/able would you be in:
- · Planning some meals for your family for the week?
- $\cdot\,$ Getting the kids to cook a meal for their family (or help to cook)?

Reading Food Labels

For this activity you will need a food nutrition label. Consider having on had an empty yogurt container, cracker or, cereal box.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Before we jump into label reading, it's important to know that all the information on the label is based upon an amount of that food a serving size. Have you heard of this or seen this before?
- 2. Do you read food labels? What things do you look at when you read a food label? How do you approach the amount of calories on a label:
- We are not "calorie counters," but it is important to know when a snack has enough energy to be a whole meal. It is more important to know if the food you are having is healthy, than to count calories. For example, 100 calories of strawberries is completely different than eating 100 calories of potato chips. It can be helpful to know how many calories make a meal as opposed to a snack. 400 Calories or more would be high for a snack, that amount is more appropriate for a meal.
- 3. What do you want to reduce?
- Fats: trans and saturated are the unhealthy fats. These are the ones that are more likely to be solid at room temperature (butter, marbling in meat, vegetable shortening, coconut oil).
- Carbohydrates
- Be a label "detective" for added sugar by knowing all the ways "sugar" can be added to foods: corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, invert sugar, lactose, maltose, malt syrup, raw sugar, sucrose, sugar syrup, cane crystals, cane sugar, crystalline fructose, evaporated cane juice, corn syrup solids, malt syrup.
- Foods that are higher in fiber are more likely to be whole grains and healthier carbohydrates.
- 40-60 grams of carbohydrate for a meal, 20 grams of carbohydrate for a snack are reasonable limits.
- Sugar every 4 grams is a teaspoon. Try to keep snacks at or below 10 grams (2½ teaspoons).
- Cholesterol comes from foods from animals: butter, lard, cheese, fatty meat-sausages, steak, (other meat products also have cholesterol: pork, chicken, whole milk/yogurt, eggs.) Some plant foods that increase cholesterol (because of their saturated fat content) are coconut and palm oils and coconut cream.
- · Sodium there are high amounts in processed foods. This is most important if you have high blood pressure or kidney stones.
- 4. What nutrients do you want to get enough of?
- Protein especially lean proteins beans, peas, chick peas, lentils, quinoa and lean meats. This helps to build muscle and helps us stay full and balance our intake of sugar.
- 60-80 grams of protein a day. About 20g a meal and 10g a snack.
- Fiber-helps the glycemic load (how our body processes/receives the sugar in our food), helps to prevent constipation and helps our gut health and to lower cholesterol. Fiber also helps you feel full.
- · Recommended daily total fiber intake: age in years +5 to a maximum of 25-35 grams.
- · Vitamins/minerals-needed for healthy skin, bones, metabolism.
- · Calcium-1200-1500 mg a day. Make sure non-dairy milks are supplemented.
- 5. How do you know what the top ingredient in a food is? The first ingredient on the list is the highest amount.

21

- 6. What is a whole grain is and where do you find it?
- 7. How sugar can be divided (corn syrup, fruit juice, honey, maple syrup, etc.) to make it lower on the ingredients list?

ingredients list?

Screen Time

This module is focused on assessing the "why" and "how" screens are being used in order to facilitate the challenging conversation around setting healthier screen limits.

Facts to Share with Families

Screens are a necessary part of our lives, for school, work, communication, but some amounts of and forms of screen time can be unhealthy for us.

Determining the reason for excessive screen time can help us find effective replacements. Is it for socialization, entertainment, stress relief, boredom?

Excessive screen time is linked to obesity, irregular sleep schedules, short duration of sleep, behavioral problems, anxiety, depression, challenges with attention and focus, loss of social skills, and violence.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. What types of media/electronics do your family members use at home?
- 2. What types of media do you enjoy the most? Tell me more about that.
- 3. When, if ever, have you restricted family members from using electronics? How has it gone or how would you imagine it would go?
- 4. What are some of the benefits from your screen time? What are some of the downsides?
- 5. What would be some activities you could do if you tried to cut back on screen time?
- 6. What would be a goal your family could set around screen time? Ask permission to share ideas from the AAP guidelines if the family isn't sure what to set.
- 7. On a scale of 1 to 10, how confident are you that you could reach that goal? Why not higher or lower?

Sleep

This module is focused on helping the patient understand how sleep can influence weight.

Facts to Share with Families

Having a routine for 30-60 minutes before sleep, to wind down from the day, will help people to get better sleep. This routine should not be stimulating (NO electronics). Some helpful things people do to relax include listening to music/nature sounds, reading, doing yoga, taking a bath.

Lack of sleep leads to stronger hunger cues.

Lack of sleep can slow down our metabolic rate.

Most children need between 8-12 hours of sleep to be well rested.

Even if the device is off, children and adults do not sleep as well when there are screens (TV, tablets, phones) in their room.

If a person is having trouble with getting enough sleep, there are things we can do to improve sleep, including: not napping, not varying sleep weekdays/weekends, avoiding stimulating activities, caffeinated foods and beverages before sleep, creating sleep routines, weighted blankets, and ear plugs.

Taking a medication to help go to sleep can negatively impact sleep quality.

Questions

If you have not done this already, include ROS questions to ensure that the patient doesn't have sleep apnea. Sleep apnea symptoms include frequent snoring, labored breathing during sleep, gasps/snorting or observed periods of apnea when sleeping, nocturnal enuresis, cyanosis, daytime sleepiness (learning and attention problems), sleeping in a seated position or with the neck hyperextended.

- 1. Tell me about your bedtime routine: What time you go to bed? What time do you fall asleep? Do you sleep through the night? Does your schedule vary?
- 2. If you are not getting a good night's sleep, tell me about the things that might be getting in the way of that
- 3. If you are awake in the middle of the night or cannot fall asleep, what are you doing? Do you stay in bed, go to another room, use electronics, eat or drink?
- 4. How do you know if your body has gotten enough sleep? For example, how do you feel in the morning when you wake up if you haven't slept well?
- 5. Tell me how much sleep you think children (toddler-teenager) need.
- 6. When we are not getting enough sleep, it is harder for our bodies to be at a healthy weight. What do you think about that?
- 7. What different things have you tried or would you be willing to try to get more sleep?
- · Removing electronics
- · Adding essential oils
- · Playing nature sounds/music
- Using fans
- · Changing room temperature
- Journaling
- · Developing a routine 30-60 minutes before sleep
- · Removing weighted blankets

· Stopping medications/supplements

· Using ear plugs or sleep masks

· Changing the space to reduce clutter

Talking with Your Child About Their Body and Health

Consider doing this module with the parent/caregiver alone. It gives parents/caregivers a chance to reflect on how their relationship with food can influence their ability to set healthy limits with children.

Facts to Share with Families

Learning to set limits around food for children can be especially difficult if you had bad experiences in your childhood with how you were treated around food.

Learning to tolerate children's emotions, coping with their hunger, frustration, outbursts and unmet needs is important for facilitating family limits.

Discuss alternatives to food rewards.

It is confusing for children when different caregivers are not consistent with expectation. Trying to provide consistency is worth the effort.

When your child is a selective eater (when they refuse to eat/try foods that you may want them to eat), it may be because they are worried about it.

When a parent/caregiver makes positive comments about their body shape/size, it helps children feel better about their own bodies.

Try to role model healthy lifestyle behaviors for your children and have age-appropriate, but consistent expectations regardless of your family member's size. It is no healthier for a normal weight child to eat "junk food" than for a child with obesity.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Tell me about your relationship with your child. What are some of the strengths, some of the challenges?
- 2. Tell me about your parenting style, for example, the rules and expectations.
- 3. How do you reinforce and/or reward desirable behavior with your children?
- 4. How do you address undesirable behavior with your children? What consequences do you use?
- 5. Tell me about a time when you have said no to your child and it has gone well. When it has not gone well?
- 6. Tell me about your family's culture with regard to their relationship with food.
- 7. If you introduce new foods at home to the family, tell me about how that goes.

Vacations and Celebrations

This module is focused on helping a family plan for healthy celebrations and finding balance with healthy behaviors around vacation and holidays.

Facts to Share with Families

Holiday meals can be full of expectations with lots of calorie dense and unhealthy foods.

When you are making a holiday meal, consider MyPlate proportions and the number of people you are cooking for to avoid too many unhealthy food leftovers.

When you are going elsewhere for a holiday, consider bringing a healthy food to contribute to the meal.

Make sure your kids know that it is OK to say no when they have had enough food.

When you are eating at a place with very large amounts of food, consider looking through all the options before choosing anything. Choose only one or two of the less healthy options – the ones that you really don't want to miss out on, and pass on the others. Fill the rest of your plate with the healthier choices.

Find ways to celebrate that are not food related such as family activities for a birthday instead of food splurging during meals that day.

Studies show that children with obesity put on extra weight over summer vacation.

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. What special occasions do you celebrate as a family?
- 2. What are your favorite holidays/special occasions and what things do you enjoy most about them?
- 3. What are the most challenging things about special occasions?
- 4. How does your eating change around vacations? Holidays? Birthday parties or other celebrations?
- 5. What are some changes you could make around special occasions/celebrations to make them more healthy? How confident are you that your family could make that change? (Scale of 1-10)
- · Why not higher? (unless they chose 10)
- Why not lower? (unless they chose 1)
- 6. When, if ever, have you been able to say no to foods that are unhealthy and how has it gone?
- 7. Would you like to discuss ways to make any of your regular celebrations foods more healthy?

What You Are Drinking

The intent of this module is to make sure participants understand how to pick the healthiest beverages for their family.

Facts to Share with Families

Recommended servings of calcium containing foods by age with dairy recommendations:

Ages	Total	Servings of Dairy or Alternative with Calcium per day
1-3 year(s)	700 mg	2-8 ounces
4-8 years	1,000 mg	2½ 8 ounces
9-18 years	1,300 mg	3-8 ounces

Non-dairy sources of calcium include:

- Fortified nut milks, fortified grains (some breads, tortillas and crackers are high in calcium), tofu prepared with calcium, salmon, and sardines.
- Leafy greens like kale, bok choy, turnip greens, collard greens (one cup cooked collards has 25% of your daily calcium needs), amaranth leaves and spinach, seaweed, and unhulled sesame seeds.
- Other sources include black eyed peas, white beans and edamame (about 10% of the RDA in one cup), almonds (3 servings has about 8% of the RDA).

Our bodies don't need sports drinks to recover from sporting activities. Sweat contains mostly water.

Share the story about the Florida Gators and how the company changed Gatorade to make it sweeter so people would drink it.

• Gatorade started being sold commercially after 1969 when the Florida Gators won the Orange Bowl because it was a drink they used that people felt gave them an edge to win. When it went to market, it was too salty for people to drink, so they added fructose to make it taste good. The salt in it hides some of the sweet flavor, and makes you thirsty and want to drink more. We should not think of Gatorade as the same drink that the Gators used back in those days to win. It has been altered for commercial use and contains a lot more sugar.

Juice has NO fiber and is not as healthy for our body as the whole fruit. It can take 3-4 pieces of fruit to make a glass of juice, and all that sugar without fiber will not fill us up.

Ways to flavor water include: lemons, limes, mint leaves, orange slices, cucumber slices. You can also use herbal teas to flavor water (hibiscus, raspberry, orange, lemon). Make them warm, in a pitcher size amount and cool them down to make a cold drink with some color and flavor with no sugar.

Consumption of drinks with non-nutritive sweeteners (even something natural like stevia) will likely also increase the risk for diabetes, even though there are no calories in it.

Review non-dairy milks for calcium content and for protein content to understand if there are differences.

Facts to Share with Families

Reasonable targets for water intake (USDA recommendations) include:

Ages	Liters of Water per Day
Newborns & Infants	0.7 to 0.8 from breast milk or formula
1-3 year(s)	1.3
4-8 years	1.7
Boys 9-13 years	2.4
Teenage Boys & Adult Men	3.7
Girls 9-13 years	2.1
Teenage Girls	2.3
Adult Women	2.7
Pregnant Adult Women	3
Lactating Adult Women	3.8

Questions

Consider trying to cover these key concepts using motivational interviewing.

- 1. Could you tell me about everything you drink in a typical day. What are you drinking and how much of it?
- 2. Would it be OK to use some labels to learn how much sugar is in beverages?
- Take a beverage label, multiply the number of servings, times the amount of sugar and divide by 4. This tells you how many teaspoons are in the entire bottle of the beverage.
- 3. Do you know how much calcium your body needs each day?
- 4. Why do you think people drink sports drinks like Gatorade?
- 5. Tell me about ways you could give water more flavor that would also be healthy for your body? How does your family feel about non-nutritive sweeteners, like stevia or sucralose?
- 6. Have you ever made a smoothie? If yes, did you have it as a meal, a drink or a snack? What ingredients did you put into it?



MaineHealth

LET'S GO!

letsgo.org info@letsgo.org 207.662.5210