Lessons Learned: Models of Integration Across New Hampshire

Moderator: Dr. Rick Pollak, Foundation for Healthy Communities
Sharon Beaty

CEO of Mid-State Health Center in Plymouth and Bristol
Community Prevention & Treatment Initiative
Childhood Obesity Prevention Project
Linking Community Health Efforts with the Health Care

NH Public Health Association
Annual Fall Forum
October 20, 2009

Beth Gustafson Wheeler, MS

Foundation for Healthy Communities
Foundation for Healthy Communities

- **Mission**: improve health and health care delivery in New Hampshire
  - Provider performance improvement
  - Health care system enhancement
  - Access to health care

- Partnerships include hospitals, clinicians, health plans, home care agencies, and public policy leaders.
The CPTI Model

Community
- Schools
- Health Care
- Businesses
- Municipalities
- Recreation
- Community centers

Clinical
- Hospitals
- Health Centers
- Primary Care

Community-Clinical Partnerships

Optimal prevention and treatment
History of CPTI

- 2002-2004: **Phase 1**: Build and implement the CPTI model with CHD
- 2004-2006: **Phase 2**: CHD
- 2006-2008: **Phase 3**: CPTI Childhood Obesity Project
Phase I Results

Intervention Communities:

- LDL testing increased significantly in patients with and without a diagnosis of CHD or equivalent
  - Observed increases in control as well- QI reports new cholesterol initiative!
- LDL treatment to goal increased significantly in patients with a diagnosis of CHD or equivalent
- Physical activity levels increased more in intervention vs. non-intervention communities.
Community Prevention and Treatment Initiative

Childhood Obesity Project 2006-2008

- Aims to bring communities together to collaborate on implementing coordinated strategies for the prevention of childhood obesity.
  - Clinical practice interventions
  - Community strategies
Funders

- Alexander Eastman Foundation
- Anthem Blue Cross and Blue Shield Foundation
- Endowment for Health
- Harvard Pilgrim Health Care Foundation
- NH Charitable Foundation
- Northeast Cholesterol Foundation
CPTI: Childhood Obesity Project

2 pilot communities:

- Mount Washington Valley Region
  (Conway, N. Conway, Freedom, Madison, Tamworth, and Ossipee)
- Derry/Londonderry
Community Partners

- Hospitals
- Pediatric primary care providers
- Schools
- After school programs
- Recreation and Community Centers
- Boys and Girls Club
- Family Resource Center
- Child Care Centers
- UNH Cooperative Extension
Cut screen time to 2 hours or less a day.

Restrict soda and sugar-sweetened sports and fruit drinks. Instead, drink water and 3-4 servings/day of fat-free/skim or 1% milk.

Participate in at least one hour of moderate to vigorous physical activity every day.

More matters! Eat fruits and vegetables at least 5 times a day. Limit 100% fruit juice.

Healthy NH
Practice Goals

Increase:

- BMI documentation and classification
- Physical activity and nutrition assessment and education/counseling
- Appropriate labs
- Follow up visits as needed
Community Interventions

Goals

- Increase opportunities for physical activity in organizations who serve children
  - Positive PA environments
  - Focus on “play”

- Provide more supportive environments for healthy eating
Community Interventions

School
- 5-2-1-0 campaigns
- Healthy Snack Project
- Food Svc changes
- Non-food rewards
- Garden projects
- Take 10!- SAU 9 & 13
- Before school physical activity (CATCH, walking)
- Recess activities
- “Caught Being Active”

After School
- 5-2-1-0 promotion
- CATCH Kids Club
- Healthier vending (Boys & Girls Club of Greater Derry)

Recreation
- 5-2-1-0 promotion
- CATCH Kids Club
- Winter Passport Program

Other partners
- 5210 promotion
Linking Community Health & Clinical Initiatives

- Communicated one message
  - **5-2-1-0** was evidenced based, catchy, fun

- Providers are passionate- we looked for their advocacy interest!

- Take advantages of opportunities to make connections: wellness committees, community and staff education, media

- Key informant interviews helped us find connections between partners

- Recruited partners from where kids live, learn, work and play- supportive environments.
Examples

- **Community organizations**
  - Provide 5-2-1-0 message
  - Provide resources to clinicians-increasing awareness
  - Engaging clinicians to support their efforts- what are their advocacy interests?

- **Clinicians**
  - provide 5-2-1-0 message
  - lead community walks
  - sit on school wellness committees
  - give presentations to child care providers
  - give interviews for the media
Physical activity assessment:
- MWV Region: 56% to 60%
- Derry/Londonderry: 69% to 97%

Diet assessment:
- MWV Region: 80% to 91%
- Derry/Londonderry: 72% to 99%
Healthy Eating and Physical Activity Education

Chart Review 2007-2009

Physical activity education:

- MWV Region: 45% to 47% (ow/ob: 69% - 92%)
- Derry/Londonderry: 35% to 43% (ow/ob: 34% - 49%)

Diet education:

- MWV Region: 70% to 75% (ow/ob: 51% - 76%)
- Derry/Londonderry: 66% to 60% (ow/ob: 74% - 63%)
Weight Discusses?
Mount Washington Valley Region
Childhood Obesity Prevention and Treatment Initiative
Chart Review Results: 2007-2009

Weight Discusses?
Derry-Londonderry Community
Childhood Obesity Prevention and Treatment Initiative
Chart Review Results: 2007-2009
Follow-up Visits and Labs

Chart Review 2007-2009

- **Follow-up visits**: No significant difference
  - Patient readiness
  - Discrepancy between action and documentation

- **Labs**: Slight increase in both communities
  - Treatment protocols similar with or without labs
  - Discrepancy between action and documentation
Results

(Key informant interviews, observational data, policy reviews, etc.)

- Food Services in MWV made positive, healthy changes in lunch menus
  - Elimination of whole milk
  - Whole grain foods
  - Fruit and vegetable offerings
  - Communication with parents/community
  - Piloting use of foods from local farms
- Demand for healthy snacks.
- Physical activity opportunities
- Number of after school programs offering a positive physical activity environment for all children.
  - 18 new CKC sites and 71 staff trained!
  - 3 new after school programs started with CKC
Results: CATCH Kids Club

Site observations, key informant interviews, and child surveys show:

- Increases in time spent in physical activity
- Most sites conducted MVPA for at least 20 minutes per activity period.
- Children who did not normally participate in physical activity participated in CKC.

Lakes Region Boys & Girls Club
Lessons Learned

Linking Community Health Efforts with Health Care

- Clinicians and community organizations alike, participated because it was a community wide effort!
  - Increases sense of importance, belonging, empowerment
  - “One man shows” are fleeting, ineffective
- A simple, evidence based message bridged the gap between clinical and community efforts. They want to communicate the same message.
  - Felt supported by each other - no mixed messages
  - Education and counseling was more productive, welcome
- Key informant interviews are vital to creating links between partners.
- Capitalize on advocacy interests! Use it for media, community forums, school open houses or family nights, events.
Lessons Learned

- Strong message: Short, simple, catchy, evidence-based
- Build initial relationships through key informant interviews
- Commitment from all levels
- Make it easier to do better
  - Practical, evidenced based/promising practices
  - Tools/resources were important for strategy implementation
- Training is vital to proper implementation…and effectiveness.
  - Empowerment and belonging
- People and organizations need to know they are important to the mission…and why
- Change takes TIME
  - Resource dependent, organization readiness
Questions?

For more information contact:
Beth Gustafson Wheeler at bwheeler@healthyNH.com

For a full report on the
CPTI Childhood Obesity Prevention Project visit:
www.healthyNH.com

Foundation for
Healthy Communities
New Hampshire Local Government Center's Slice of Life Initiative
A Multi-Year Case Study

Health Promotion
Disease Management
Program
Travis Horne
New Hampshire Local Government Center

- LGC is a non-profit organization that offers medical coverage, workers’ compensation, short-term disability, property liability, FSA, dental, and member assistance program benefits.
Program Goals

- Improve health education and awareness
- Detect illness/disease early
- Reduce healthcare costs
- Provide programs on a voluntary/non-discriminatory basis
- Create better healthcare consumers
Program Eligibility

Enrollees in one of LGC’s medical plans:

• Members
• Spouses
• Retirees
Steps to Participate

- Complete PHA
  - Online or Paper
- Review Individual Wellness Report
- Contact a Health Coach (if applicable per health status)
- Enroll in a Health Coaching program
  - Lifestyle
  - Chronic Condition
## PHA & Wellness Report

### PHA

<table>
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<td>#questions</td>
<td>62</td>
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<tr>
<td>Stratifications</td>
<td>Based on PHA answers</td>
</tr>
<tr>
<td>Comparison</td>
<td>Y1 &amp; Y2 Wellness Reports</td>
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</tbody>
</table>
Program Offerings

Health Awareness
- Call center access
- On-line programs
- Health education
- Client tailored

Lifestyle Coaching
- Stress
- Fitness
- Weight management
- Cholesterol
- Smoking cessation
- Blood pressure
- Pre-diabetes
- Menopause
- Osteopenia

Chronic Condition Coaching
- Diabetes
- Heart disease
- Obesity
- Asthma
- High blood pressure
- GERD
- Migraine
- Cholesterol
- Osteoporosis
- Low back pain
NHLGC provided on-site, customized training to Gordian’s health coaches

- Nurses
- Dietitians
- Exercise specialists
- Wellness coaching
- Diabetes education
- Smoking cessation facilitators
- Personal fitness instructors
# Program Participation: Incentives

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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<tr>
<td>$50 for completing paper PHA</td>
<td>$50 for completing paper PHA</td>
<td>$50 for completing paper PHA</td>
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<tr>
<td>$75 for completing online PHA</td>
<td>$75 for completing online PHA</td>
<td>$75 for completing online PHA</td>
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<tr>
<td>Once PHA completed, gain access to $300 in annual Health Awareness Reimbursement</td>
<td>Once PHA completed, gain access to $300 in annual Health Awareness Reimbursement</td>
<td>Once PHA completed, gain access to $300 in annual Health Awareness Reimbursement</td>
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</table>
Participation

Year 1 Year 2 Year 3

- Eligible Members
- PHA Participation
- Stratified Members
- Enrolled Members (as of 5/5/09)
Behavior Change

Goal-directed Changes of Coaching Participants

- Goal Achieved: 63%
- Progress Made: 26%
- No Progress Made: 11%
Health Management Individual Programs

Slice of Life – Steps to Get Healthy

- **Get Healthy™ Personal Health Analysis (PHA)**
- **Health Awareness Program**
  - Reimbursement of $300/person/calendar year for health and safety education courses:
    - Subscriber, Spouse, Retiree, Insured dependents (age 5 and up)
  - Examples of eligible programs:
    - Gym Memberships (Adults only)
    - Tobacco Cessation
    - Karate
    - CPR
    - Weight Watchers®
- **Health at Home™ Handbook**
- **Taking Care of Your Child™ Handbook**
- **LifeResources-Member Assistance Program**
- **Worksite Health and Safety Programs**
### ROI Results

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<tr>
<th>Claims Savings Estimates:</th>
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<tbody>
<tr>
<td>Y1 PMPM estimate (Per Member, Per Month)</td>
<td>$8.61</td>
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<tr>
<td>Y2 PMPM estimate</td>
<td>$20.06</td>
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</table>

<table>
<thead>
<tr>
<th>Productivity Savings Estimates:</th>
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<tbody>
<tr>
<td>Y1 PEPY estimate = 0.379% (Per Employee, Per Year)</td>
<td>$240.85</td>
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<tr>
<td>Y2 PEPY estimate = 0.363%</td>
<td>$230.69</td>
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<thead>
<tr>
<th>Pgm Costs: Participation Incentives &amp; Vendor Fees</th>
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</thead>
<tbody>
<tr>
<td>Y1 % Incentives to Total Cost</td>
<td>61%</td>
</tr>
<tr>
<td>Y2 % Incentives to Total Cost</td>
<td>76%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROI Estimates:</th>
<th></th>
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<tbody>
<tr>
<td>Y1</td>
<td>1.43-to-1</td>
</tr>
<tr>
<td>Y2</td>
<td>2.40-to-1</td>
</tr>
</tbody>
</table>

| Two-year Net Benefit Estimate | $5,863,509 |
| Two-year ROI Estimate         | 1.92-to-1  |
NHLGC’s Bottom Line

- 14 years running NHLGC observed:
  - Rate increases 12-23%
- For both July 2007 and Jan 2008 pools:
  - NO OVERALL RATE INCREASES!
New Hampshire

Quality Improvement Learning Teams

Reducing Preventable Risk Factors that Predispose to Chronic Disease

*Focus on reducing childhood obesity*

Multi-State Learning Collaborative: Lead States in Public Health Quality Improvement

This work was funded by the Robert Wood Johnson Foundation Multistate Learning Collaborative -3 Grant # 64188
Selection process: Mini-Collaboratives (QuILTs)

- RFP
- Ranked target area:
  - Reducing Preventable Risk Factors that Predispose to Chronic Disease
    - Focus on reducing childhood obesity
- Formal proposal review process
- Aligned with state health priorities and strategic plan
QuILTs

• Currently: 1st of 2 cohorts, 3 each, 15 months
  – Caring Community Network of the Twin Rivers
  – Lakes Region Partnership for Public Health
  – Mascoma Valley Health Initiative

• Content experts
  – Regina Flynn, Health Promotion Advisor - KidPower! Program, NH DHHS - Nutrition & Health Promotion
  – Mindy Fitterman, M.Ed., R.D., Nutrition Consultant, NH Fruit and Vegetable Program DHHS, Division of Public Health Services

• Timeline
  – Kickoff 9/08
  – Monthly meetings – conference call, LiveMeeting, in person
  – Mid session: 4/09
  – Completion 11/09
  – Mentors to Cohort 2 through 4/2011
Childhood Weight Management and Obesity Prevention
Quality Improvement

Serving a Population of over 34,000

Michael Loomis, MPH
Community Program Specialist
Team Members

• Rick Silverberg, LICSW (CCNTR)
• Michael Loomis, MPH (CCNTR)
• Sally Minkow, BSN, CHES (LRGH)
• Rick Wilson, MD (LRGH)
• Melissa Rizzo, M.Ed (LRGH)
• Wendy Pavnick, PA-C (Health First Family Care Center, FQHC)
Assessment of Need

2007-2008 Age/Gender Specific Body-Mass-Index (BMI) Percentile for Franklin School District Kindergarten-4th Grade

Students (n=496)

BMI Percentile Risk Rating

Healthy Weight

Overweight

Obese

HEAL Goal*

[Bar chart showing BMI distribution with healthy weight, overweight, and obese categories and HEAL goal标注]
• Upon notice to parent from school nurse of overweight or obese status and health risks related, parents respond with negative feedback with noted reflection to absence of discussion during primary care visit

• Run report at 3 local primary care practices of children ages 2-19 with a well-child visit in 2007 fiscal year with a documented BMI or BMI percentile

• Focus on Primary Care Setting and how weight related risk and behavioral assessment is being delivered to youth
PLAN

• Documentation Rates Baseline:
  – BMI documentation rates in 2-19 year olds with a well-child visit between 7/1/07-6/30/08 among 3 local primary care practices vary (12.6-90%)

• EMR well-child vital sign template with BMI risk rating calculator identified and uploaded

• PCP “Wellness Champion” to test QI in clinic
CHRONIC CARE MODEL!
PLAN

• To begin process, educate providers on BMI measures, community profile, available referral resources
• Update Medical staff on research identifying weight-related health as an indicator for chronic disease risk
• Motivational Interview training
• BMI behavioral risk screening tool
• EMR technology that auto-calculates BMI risk rating at well-child office visit
Improvement Theory

- The team will improve health care provider access to timely BMI risk rating analysis through redesign of clinical flow to assess behavior, provide effective communication strategies and referrals, and interpret weight related health into diagnosis and treatment

- Goal of all 3 Primary Care Practices documenting at least 65% of children’s BMI seen in the following year
DO

- Review evidence and recommendations for increasing assessment, prevention, treatment and clinical guidelines
- Identify EMR BMI risk rating tool and upload for prompt evaluation at time of visit
- Designate a “Wellness Champion” in clinic
- Create and educate medical staff on clinical office flow for weight-related health risk factor assessment
• Document SM goal in pt’s chart as a measurable health indicator
• Educate providers on referral resources to community HEAL interventions
• Identify locations suitable for outreach activities to distribute printed materials to community members
CCNTR Weight-Related Health Risk Assessment
Well Child Visit Clinical Office Flow (Ages 2-19)

Patient Check-In: Front Desk

Well Child Vitals Taken: Medical Staff
- Height/Weight/BMI Risk Rating calculated in EMR "Ped Vital Signs"
- Medical Staff documents BMI risk rating in patient's chart
- Patient and/or parent is roomed and given 5-2-1-0 survey to complete for provider assessment

Provider reviews vital signs via desktop EMR just before office encounter, plans approach based on patient's BMI risk rating

- 5-84% Healthy Weight
  - Good Work! Provider reviews 5-2-1-0 Assessment
  - Survey results reinforce healthy habits and 5-2-1-0 message
  - Set a personal health goal related to Healthy Eating Active Living in EMR chart, parent or patient leaves with paper copy of survey signed by provider with goal written down

- 85-94% Overweight
  - 1. Review 5-2-1-0 assessment
  - 2. Assess patient/family readiness for behavioral change
  - 3. Discuss concept of action steps and goal setting
  - 4. Set personal health goal if appropriate or wait for follow-up
  - 5. Schedule follow-up contact
  - 6. Refer to specialist (nutritionist, behavioral health, health education) or community program as necessary/available
  - 7. Document personal health goal in patient's EMR for future review, youth/parent leaves with paper copy of survey signed by provider with goal written down

- ≥95% Obese
### Ped Vital Signs: Sam J Test 1

**Measurements**

<table>
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<th>Measurement</th>
<th>Value</th>
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<tbody>
<tr>
<td>Weight</td>
<td>190 lbs 86.36 kg</td>
</tr>
<tr>
<td>Height</td>
<td>58 in 147.32 cm</td>
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<tr>
<td>Head Circ</td>
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**BMI Classification:** Overweight

<table>
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<th>Value</th>
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<tr>
<td>Weight (99.9%)</td>
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<tr>
<td>Height (%)</td>
<td></td>
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<tr>
<td>Head Circ (%)</td>
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<tr>
<td>Body Mass Index</td>
<td>39.85</td>
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<tr>
<td>Body Surface Area (m²)</td>
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**Vitals**

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<td>Pulse Rate</td>
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<td>Peak Flow</td>
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<tr>
<td>Comments</td>
<td></td>
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<tr>
<td>Respiration</td>
<td></td>
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<tr>
<td>BP (mm Hg)</td>
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**Sign Your Vitals**

- HPI
- Ped Vital Signs
- In-house Labs
- Histories
- ROS
- Ped PE 6-11 yrs
- Impression & Plan
- Prescriptions
- M Documentation
- E&M Advisor

**Taken by:**

- [Sign Here]

**Sign Here**

**For Help, press F1**
Survey for All Patients at Well-Child Visits

In our office, we are interested in discussing the aspects of a healthy lifestyle with all our patients. While you are waiting to see the doctor, it would be helpful if you would please take a moment with your child to answer the following questions and we will review the answers during your visit. We realize how difficult it is to do all the right things all the time and recognize the questions below only reflect a small portion of the challenges that face us every day.

Patient name: ___________________________ Age: _______ Date: _______

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5. My child eats 5 or more servings of fruits and vegetables most days.
4. My child eats breakfast every day.
3. My child eats dinner at the table with the family at least 2 times per week.
2. My child watches TV, videos or plays computer games less than 2 hours per day.
1. My child does not have a TV in the bedroom.
0. My child participates in some type of physical activity in or outside of school for at least 1 hour every day.
0. My child does not regularly drink juice, soda or punch.
0. My child drinks skim/nonfat milk or 1% rather than 2% or whole milk.

On a scale of 0 (not ready) to 10 (very ready), how ready are you to consider making a change in one of the areas below? (please circle the number that best represents how ready you are.)

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**Eating at least 5 servings of fruits and vegetables on most days. Limit 100% fruit juice.**

- Try one new vegetable or fruit each week.
- Choose a vegetable with dip for a snack.
- Add fruit to my cereal.
- Switch sweets to fruit.
- Eat 2 or more family meals together each week.
- Eat breakfast.
- Limit snacks after dinner.

**Reducing screen time to 2 hours or less every day.**

- Plan my TV time.
- Take the TV out of the bedroom.
- Don’t eat in front of the TV.

**Participating in at least 1 hour or more of moderate to vigorous physical activity every day.**

- Take a family walk after dinner.
- Wear a pedometer and set a goal for the number of steps I take each day.
- Play my favorite sport or physical activity.

**Restricting soda and sugar sweetened sports and fruit drinks. Drink water and 3-4 servings of fat-free/skim or low-fat milk instead.**

- Drink no soda.
- Limit fruit and sports drinks.
- Switch to low-fat or skim milk.
- Drink more water instead of sports drinks or fruit drinks.

My/child's personal health goal is to:

When I/my child reach the goal, I/my child will be rewarded by:

Parent/Guardian signature: ___________________________ Clinician signature: ___________________________

Adapted from the Maine Center for Public Health Keep ME Healthy project: Survey for All Patients at Well-Child Visits and Healthy Lifestyle Goal Setting Worksheet.
### Weight Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI %tile</th>
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<tbody>
<tr>
<td>Underweight</td>
<td>&lt;5th percentile</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>5 - 84th percentile</td>
</tr>
<tr>
<td>Overweight</td>
<td>85 - 94th percentile (NO risk factors)</td>
</tr>
<tr>
<td>Obese</td>
<td>&gt; 95th percentile</td>
</tr>
</tbody>
</table>

### Weight Loss Recommendations:
- Eat at least 5 servings of fruits/veggies a day.
- Cut screen time to 2hrs a day.
- Participate in one hr of physical activity a day.
- Restrict soda and sugar-sweetened sports drinks.
- Stop rewarding homework with soda. Do not allow soda at dinner time.

### 6.2.4.0 Survey - Handout

#### English
- CCA-PLPeds
- Ped Vital Signs
- Ped HM 6-11yrs
- Impression & Plan
- Prescriptions

#### Spanish
- Ped HM 6-11yrs
- In-house Labs

#### Additional Handouts
- Ped PI Ed
- Histories

### 6.2.4.0 Survey - Spanish

#### Additional Handouts
- Ped PI Ed
- Histories

### Behavioral Goals
- Stop rewarding homework with soda. Do not allow soda at dinner time.
patient 2 d Test1

6 Year Old Female (DOB: 01/23/2003)

MRN/ID: Home: 0035244556 Work: 0035244556
PCP: JPC Insurance Group: Copay

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By: Mike Loomis

For Help: press F1
Rx: Physical Activity Prescription

Commit to improving your health by:

Make the Move, Three Rivers!

At least ______ minutes per day ______ times a week

Provider Signature: ________________________________

Make the Move, Three Rivers!

Physical Activity Guide

for the Three Rivers Area

Walking Guide

for the Three Rivers Area

Healthy Heart for Life
Make the Move!
Get Active!

Spring 2009 Edition
STUDY

GOAL REACHED!

• After 1 year of new EMR applications and provider education, all three Primary Care Clinics were documenting at least 65% of children’s BMI and using EMR 5210 tab to discuss weight related health by focusing on preventing the risk factors (72%, 75%, 89%, 92%)

• Promote routine calculation of BMI risk rating at each clinical encounter as a VITAL SIGN to encourage weight-related health and its impact on the patient’s overall health and well being as well as its impact on public health
ACT

• Continue to educate and promote the importance of daily behaviors related to 5210 Healthy NH

• Continue to foster collaboration between CCNTR and local PCP about referral for local nutritional and physical activity resources

• Continue to utilize QI tools in day-to-day activities

• Continue broad community outreach to target population
Establish Future Plans:

• Continue familiarizing CCNTR staff with QI concepts, tools and methods with particular evidence on evidence-based interventions

• Relay obesity statistics, trends and health indicators to health care partners to further develop QI echoing community efforts

• QI will be expanded to other Healthy Eating Active Living (HEAL) sectors in the region (worksites & workplaces, schools, food & recreation industries, communities & municipalities)