

# A Lifestyle Medicine Approach to Pediatric Obesity in the Medical Home



QTIP Summer Learning Collaborative: August 7, 2021

Erin Brackbill, MD, FAAP, dipABLM

Blakely Amati, MD, FAAP, dipABLM



# Objectives

- Describe commonly-identified clinical practice challenges with pediatric obesity
- Outline the guiding, evidence-based principles for this approach
- Define Lifestyle Medicine
- Introduce the application of this innovative approach in primary care



# Big Challenges = Big Opportunity for Innovation

- Pediatric obesity is our top chronic disease and increased with COVID
- We lack a consistent approach among providers
- Provider burnout - time constraints, complexity, barriers to care, patients not following through with plan





**“Don’t tell me to improve my diet. I ate a carrot once and nothing happened!”**

We need different tools and a fresh approach



# Our Approach Centers Around 3 Main Ideas

Recognizing Stage of Change 

Provider as a coach mostly and expert sometimes, using motivational interviewing techniques

Lifestyle Medicine: Treating the root causes of chronic disease through a holistic view of the patient and their disease.



# “The Drawing Board” : Principles Behind the Innovation

- Obesity must be viewed as a complex, chronic disease “*a marathon, not a sprint*”
- The medical home is demonstrated to be the most effective setting to manage chronic disease
- AAP IHCW created an excellent framework for approaching overweight/obesity
- Motivational Interviewing is evidence-based and shown to be effective in children and families with obesity
- Lifestyle Medicine provides a comprehensive, evidence-based model for prevention and treatment of chronic disease



# What IS Lifestyle Medicine?



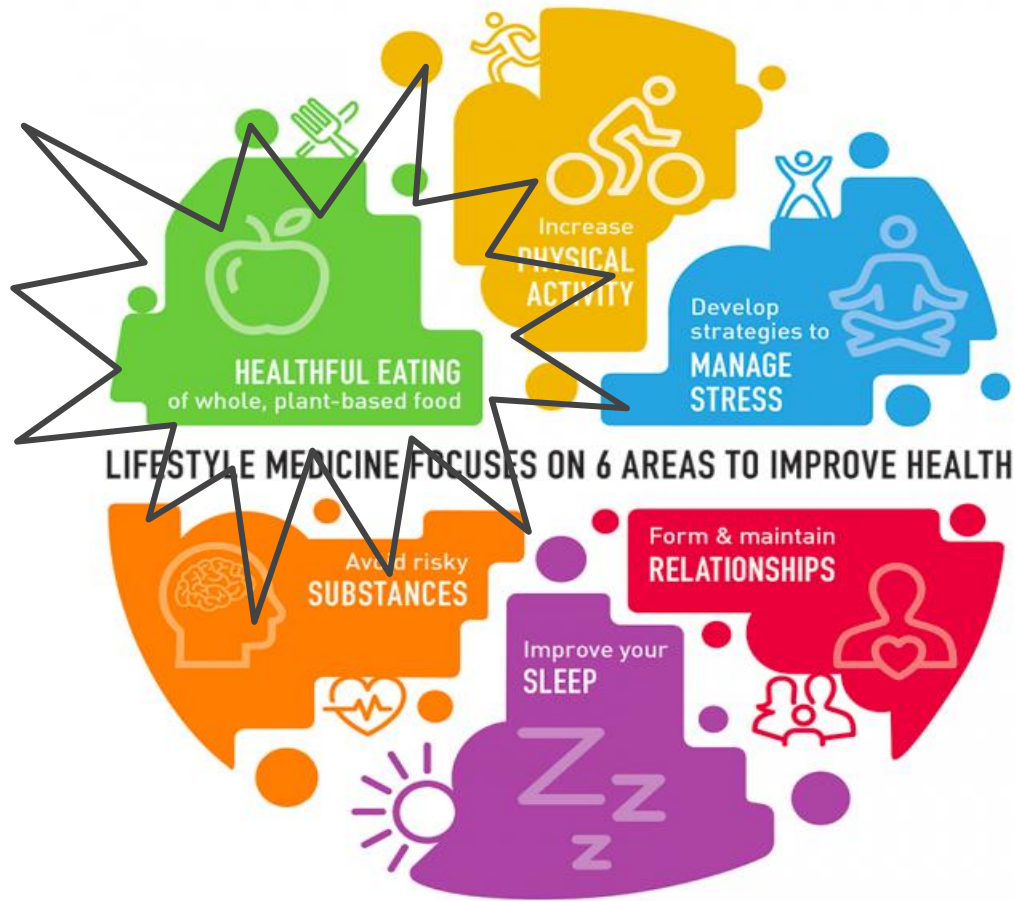
Lifestyle Medicine involves the use of evidence-based therapeutic approaches to prevent, treat, and often reverse chronic disease by replacing unhealthy behaviors with positive ones.

Almost all clinical practice guidelines for the top chronic diseases support lifestyle as the first line of treatment.

Lifestyle Medicine addresses the **ROOT CAUSES** of chronic disease through these 6 pillars.

[www.lifestylemedicine.org](http://www.lifestylemedicine.org)





Lifestyle factors account for 80% of disease and 50% of premature death.

The most impactful lifestyle factor is moving away from the S.A.D (standard american diet) toward **whole food, plant-based nutrition**

A message of abundance, nourishment, longevity.

Lifestyle Medicine is a holistic approach that can incorporate and enhance existing efforts/resources



# Where Do We Start?

When it comes to BEHAVIOR CHANGE → Re-Define our Role as Providers

Do we meet our patients right “where they are”? → stage of change

Do we know both how and when to help our patients set goals?

Do we feel comfortable serving more as a coach than an expert? (positive psychology, MI)



# Where do We Start?

When it comes to Behavior Change → **Re-Define Success**

Measure success in health behavior change from any of the 6 pillars of Lifestyle Medicine and in any order that works best for the patient/family.

Remember that positive health behavior change can lead to significant improvements in health and well being *even with little to no change in body weight.*



# Create a Management Flow

1. Elevated BMI is noticed at a WCC or Sick Visit
2. Mention this with sensitivity and genuine concern (+/- note comorbidities and FH)
3. Get an early sense of patient/family readiness or interest
4. Agree on a separate follow-up appointment to discuss in more detail, if there is interest. If not, briefly express your concern and willingness to support when they are ready. Ask permission to “check back in” about this at a WCC. Build an alliance.
5. Order standard labs if possible (which creates another opportunity to discuss)





# A Brief Look at Our Flow/Approach

Determine BMI classification

Screen for Comorbidities

Assess FH

Determine Stage of Change

Determine Need for Labs

Determine Follow up Plan

## Approach to Patients with Obesity at CPM

Approach to Patients with Obesity	
<ol style="list-style-type: none"> <li>Determine weight classification</li> <li>Screen for co-morbidities</li> <li>Assess family history</li> <li>Determine <b>stage of change</b></li> <li>Determine need for labs</li> <li>Determine follow up plan</li> <li><b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>	
Determine Weight Classification	
Healthy Weight	BMI 5-84%ile
Overweight	BMI 85-94%ile
Obese	BMI $\geq$ 95%ile or BMI $\geq$ 30
Severe Obesity	BMI > 120% of 95%ile Or BMI $\geq$ 35
Determine Stage of Change	
Precontemplation	Not yet considering or unwilling/unable to change
Contemplation	Sees possibility of change but is ambivalent and uncertain
Preparation	Committed to changing, still considering what to do
Action	Taking steps toward change but hasn't stabilized in the process
Maintenance	Has achieved the goals and is working to maintain change
Determine Need for Labs (Fasting Ideal)	
$\geq$ 6 years old and BMI $\geq$ 95th	Lipid profile and CMP at least annually until BMI <95th
If $\geq$ 10 years old or onset of puberty (if earlier)	Add annual A1C
Follow Up Determined by Abnormal BMI Identified and Stage of Change. Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need. Template .CPMOBESITY	
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).
>95% and Preparation/Action (Ready)	<ol style="list-style-type: none"> <li>Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC</li> <li>Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</li> </ol>
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year
Interpretation of Lab Results	
Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If $\geq$ 6.0 -> refer to peds endo



# Our Flow/Approach

## Approach to Patients with Obesity at CPM



<u>Approach to Patients with Obesity</u>		<u>Follow Up</u> Determined by Abnormal BMI Identified and Stage of Change. <i>Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need.</i> Template .CPMOBESITY											
<ol style="list-style-type: none"> <li>Determine weight classification</li> <li>Screen for co-morbidities</li> <li>Assess family history</li> <li>Determine <b>stage of change</b></li> <li>Determine need for labs</li> <li>Determine follow up plan</li> <li><b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>		<table border="1"> <tr> <td>BMI 85-94% and Precontemplative/Contemplative</td> <td>Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change</td> </tr> <tr> <td>BMI 85-94% and Preparation/Action (Ready)</td> <td>Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.</td> </tr> <tr> <td>BMI &gt;95% and Precontemplative/Contemplative</td> <td>ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).</td> </tr> <tr> <td>&gt;95% and Preparation/Action (Ready)</td> <td>1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</td> </tr> <tr> <td>Rica Salud Grad Maintenance</td> <td>Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year</td> </tr> </table>		BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change	BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.	BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).	>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.	Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change												
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.												
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).												
>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.												
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year												
<u>Determine Weight Classification</u>		<u>Interpretation of Lab Results</u>											
Healthy Weight	BMI 5-84%ile	Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)										
Overweight	BMI 85-94%ile	LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI										
Obese	BMI ≥ 95%ile or BMI ≥ 30	Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If ≥/ = 6.0 -> refer to peds endo										
Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35												
<u>Determine Stage of Change</u>													
Precontemplation	Not yet considering or unwilling/unable to change												
Contemplation	Sees possibility of change but is ambivalent and uncertain												
Preparation	Committed to changing, still considering what to do												
Action	Taking steps toward change but hasn't stabilized in the process												
Maintenance	Has achieved the goals and is working to maintain change												
<u>Determine Need for Labs (Fasting Ideal)</u>													
≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th												
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C												

# Our Flow/Approach

## Approach to Patients with Obesity at CPM

<p><u>Approach to Patients with Obesity</u></p> <ol style="list-style-type: none"> <li>1- Determine weight classification</li> <li>2- Screen for co-morbidities</li> <li>3- Assess family history</li> <li>4- Determine <b>stage of change</b></li> <li>5- Determine need for labs</li> <li>6- Determine follow up plan</li> <li>7- <b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>	<p><u>Follow Up</u> Determined by Abnormal BMI Identified and Stage of Change.  <i>Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need.</i>            Template .CPMOBESITY</p> <table border="1"> <tr> <td data-bbox="892 212 1058 278">BMI 85-94% and Precontemplative/Contemplative</td> <td data-bbox="1058 212 1647 278">Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change</td> </tr> <tr> <td data-bbox="892 278 1058 343">BMI 85-94% and Preparation/Action (Ready)</td> <td data-bbox="1058 278 1647 343">Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.</td> </tr> <tr> <td data-bbox="892 343 1058 453">BMI &gt;95% and Precontemplative/Contemplative</td> <td data-bbox="1058 343 1647 453">ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).</td> </tr> <tr> <td data-bbox="892 453 1058 562">&gt;95% and Preparation/Action (Ready)</td> <td data-bbox="1058 453 1647 562">1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC            2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</td> </tr> <tr> <td data-bbox="892 562 1058 653">Rica Salud Grad Maintenance</td> <td data-bbox="1058 562 1647 653">Maintenance = goals met maintained for at least 6 months            See every 3 months x 4, then twice a year</td> </tr> </table>	BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change	BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.	BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).	>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.	Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change										
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.										
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).										
>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.										
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year										
<p><u>Determine Weight Classification</u></p> <table border="1"> <tr> <td>Healthy Weight</td> <td>BMI 5-84%ile</td> </tr> <tr> <td>Overweight</td> <td>BMI 85-94%ile</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 95%ile or BMI ≥ 30</td> </tr> <tr> <td>Severe Obesity</td> <td>BMI &gt; 120% of 95%ile Or BMI ≥ 35</td> </tr> </table>	Healthy Weight	BMI 5-84%ile	Overweight	BMI 85-94%ile	Obese	BMI ≥ 95%ile or BMI ≥ 30	Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35			
Healthy Weight	BMI 5-84%ile										
Overweight	BMI 85-94%ile										
Obese	BMI ≥ 95%ile or BMI ≥ 30										
Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35										
<p><u>Determine Stage of Change</u></p> <table border="1"> <tr> <td>Precontemplation</td> <td>Not yet considering or unwilling/unable to change</td> </tr> <tr> <td>Contemplation</td> <td>Sees possibility of change but is ambivalent and uncertain</td> </tr> <tr> <td>Preparation</td> <td>Committed to changing, still considering what to do</td> </tr> <tr> <td>Action</td> <td>Taking steps toward change but hasn't stabilized in the process</td> </tr> <tr> <td>Maintenance</td> <td>Has achieved the goals and is working to maintain change</td> </tr> </table>	Precontemplation	Not yet considering or unwilling/unable to change	Contemplation	Sees possibility of change but is ambivalent and uncertain	Preparation	Committed to changing, still considering what to do	Action	Taking steps toward change but hasn't stabilized in the process	Maintenance	Has achieved the goals and is working to maintain change	
Precontemplation	Not yet considering or unwilling/unable to change										
Contemplation	Sees possibility of change but is ambivalent and uncertain										
Preparation	Committed to changing, still considering what to do										
Action	Taking steps toward change but hasn't stabilized in the process										
Maintenance	Has achieved the goals and is working to maintain change										
<p><u>Determine Need for Labs (Fasting Ideal)</u></p> <table border="1"> <tr> <td>≥6 years old and BMI ≥95th</td> <td>Lipid profile and CMP at least annually until BMI &lt;95th</td> </tr> <tr> <td>If ≥ 10 years old or onset of puberty (if earlier)</td> <td>Add annual A1C</td> </tr> </table>	≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th	If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C	<p><u>Interpretation of Lab Results</u></p> <table border="1"> <tr> <td>Lipids</td> <td>If abnormal then repeat fasting and subsequent lab draws should be done fasting            If &lt;10yo -&gt; lifestyle intervention            If &gt;10yo + one of the below -&gt; refer to cards            LDL &gt;250mg/dL or &gt;190 after 1 year trial of lifestyle interventions            TG &gt;500 mg/dL (fasting, any age)</td> </tr> <tr> <td>LFTS</td> <td>If AST and ALT &lt;2x normal or &lt;100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal.            If AST and ALT &gt;2x normal or &gt;100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI</td> </tr> <tr> <td>Hgb A1c</td> <td>If 5.7 – 5.9% -&gt; repeat q3-6 months until normal            If &gt;= 6.0 -&gt; refer to peds endo</td> </tr> </table>	Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)	LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI	Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo
≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th										
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C										
Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)										
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI										
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo										

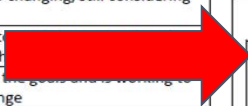




# Our Flow/Approach

## Approach to Patients with Obesity at CPM

<p align="center"><u>Approach to Patients with Obesity</u></p> <ol style="list-style-type: none"> <li>Determine weight classification</li> <li>Screen for co-morbidities</li> <li>Assess family history</li> <li>Determine <b>stage of change</b></li> <li>Determine need for labs</li> <li>Determine follow up plan</li> <li><b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>	<p align="center"><u>Follow Up</u> Determined by Abnormal BMI Identified and Stage of Change. <i>Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need.</i></p> <p align="center">Template .CPMOBESITY</p> <table border="1"> <tr> <td data-bbox="884 205 1052 270">BMI 85-94% and Precontemplative/Contemplative</td> <td data-bbox="1052 205 1638 270">Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change</td> </tr> <tr> <td data-bbox="884 270 1052 336">BMI 85-94% and Preparation/Action (Ready)</td> <td data-bbox="1052 270 1638 336">Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.</td> </tr> <tr> <td data-bbox="884 336 1052 445">BMI &gt;95% and Precontemplative/Contemplative</td> <td data-bbox="1052 336 1638 445">ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).</td> </tr> <tr> <td data-bbox="884 445 1052 554">&gt;95% and Preparation/Action (Ready)</td> <td data-bbox="1052 445 1638 554">1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</td> </tr> <tr> <td data-bbox="884 554 1052 646">Rica Salud Grad Maintenance</td> <td data-bbox="1052 554 1638 646">Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year</td> </tr> </table>	BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change	BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.	BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).	>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.	Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change										
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.										
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).										
>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.										
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year										
<p align="center"><u>Determine Weight Classification</u></p> <table border="1"> <tr> <td>Healthy Weight</td> <td>BMI 5-84<sup>th</sup>ile</td> </tr> <tr> <td>Overweight</td> <td>BMI 85-94<sup>th</sup>ile</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 95<sup>th</sup>ile or BMI ≥ 30</td> </tr> <tr> <td>Severe Obesity</td> <td>BMI &gt; 120% of 95<sup>th</sup>ile Or BMI ≥ 35</td> </tr> </table>	Healthy Weight	BMI 5-84 <sup>th</sup> ile	Overweight	BMI 85-94 <sup>th</sup> ile	Obese	BMI ≥ 95 <sup>th</sup> ile or BMI ≥ 30	Severe Obesity	BMI > 120% of 95 <sup>th</sup> ile Or BMI ≥ 35			
Healthy Weight	BMI 5-84 <sup>th</sup> ile										
Overweight	BMI 85-94 <sup>th</sup> ile										
Obese	BMI ≥ 95 <sup>th</sup> ile or BMI ≥ 30										
Severe Obesity	BMI > 120% of 95 <sup>th</sup> ile Or BMI ≥ 35										
<p align="center"><u>Determine Stage of Change</u></p> <table border="1"> <tr> <td>Precontemplation</td> <td>Not yet considering or unwilling/unable to change</td> </tr> <tr> <td>Contemplation</td> <td>Sees possibility of change but is ambivalent and uncertain</td> </tr> <tr> <td>Preparation</td> <td>Committed to changing, still considering what to do</td> </tr> <tr> <td>Action</td> <td>Taking steps to stabilize in the goal and willing to maintain change</td> </tr> <tr> <td>Maintenance</td> <td>Has achieved the goal and is willing to maintain change</td> </tr> </table>	Precontemplation	Not yet considering or unwilling/unable to change	Contemplation	Sees possibility of change but is ambivalent and uncertain	Preparation	Committed to changing, still considering what to do	Action	Taking steps to stabilize in the goal and willing to maintain change	Maintenance	Has achieved the goal and is willing to maintain change	
Precontemplation	Not yet considering or unwilling/unable to change										
Contemplation	Sees possibility of change but is ambivalent and uncertain										
Preparation	Committed to changing, still considering what to do										
Action	Taking steps to stabilize in the goal and willing to maintain change										
Maintenance	Has achieved the goal and is willing to maintain change										
<p align="center"><u>Determine Need for Labs (Fasting Ideal)</u></p> <table border="1"> <tr> <td>≥6 years old and BMI ≥95<sup>th</sup></td> <td>Lipid profile and CMP at least annually until BMI &lt;95<sup>th</sup></td> </tr> <tr> <td>If ≥ 10 years old or onset of puberty (if earlier)</td> <td>Add annual A1C</td> </tr> </table>	≥6 years old and BMI ≥95 <sup>th</sup>	Lipid profile and CMP at least annually until BMI <95 <sup>th</sup>	If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C	<p align="center"><u>Interpretation of Lab Results</u></p> <table border="1"> <tr> <td data-bbox="884 701 956 722">Lipids</td> <td data-bbox="956 701 1638 810">If abnormal then repeat fasting and subsequent lab draws should be done fasting If &lt;10yo -&gt; lifestyle intervention If &gt;10yo + one of the below -&gt; refer to cards LDL &gt;250mg/dL or &gt;190 after 1 year trial of lifestyle interventions TG &gt;500 mg/dL (fasting, any age)</td> </tr> <tr> <td data-bbox="884 810 956 919">LFTS</td> <td data-bbox="956 810 1638 919">If AST and ALT &lt;2x normal or &lt;100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT &gt;2x normal or &gt;100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI</td> </tr> <tr> <td data-bbox="884 919 956 974">Hgb A1c</td> <td data-bbox="956 919 1638 974">If 5.7 – 5.9% -&gt; repeat q3-6 months until normal If &gt;= 6.0 -&gt; refer to peds endo</td> </tr> </table>	Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)	LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI	Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo
≥6 years old and BMI ≥95 <sup>th</sup>	Lipid profile and CMP at least annually until BMI <95 <sup>th</sup>										
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C										
Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)										
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI										
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo										



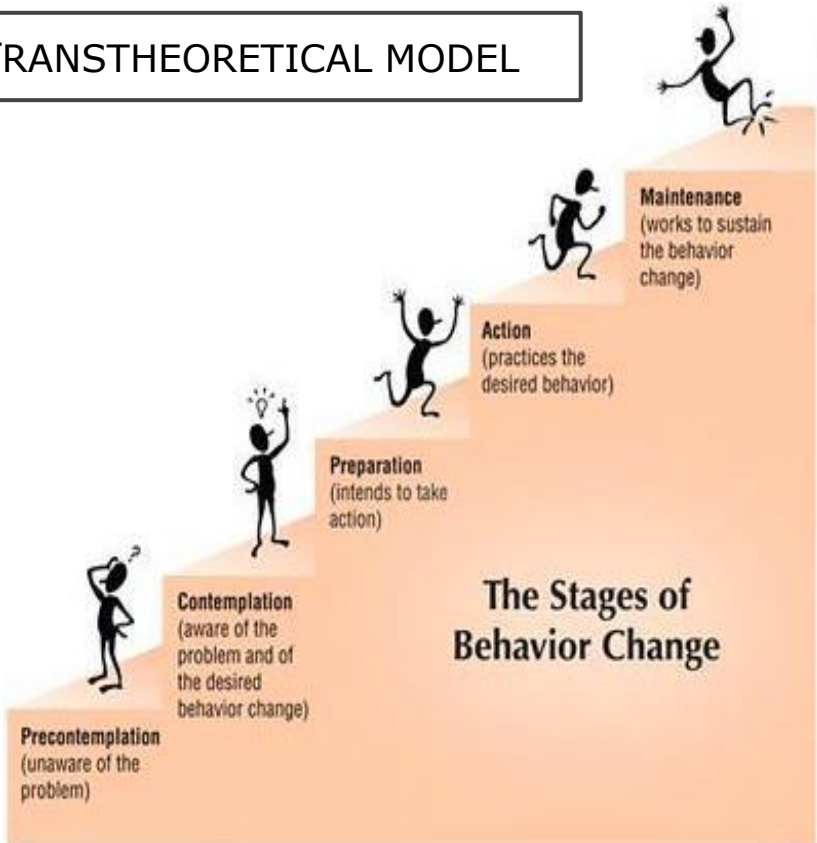
# Our Flow/Approach

## Approach to Patients with Obesity at CPM

Approach to Patients with Obesity		Follow Up Determined by Abnormal BMI Identified and Stage of Change. <i>Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need.</i> Template .CPMOBESITY																			
<ol style="list-style-type: none"> <li>Determine weight classification</li> <li>Screen for co-morbidities</li> <li>Assess family history</li> <li>Determine <b>stage of change</b></li> <li>Determine need for labs</li> <li>Determine follow up plan</li> <li><b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>		<table border="1"> <tr> <td>BMI 85-94% and Precontemplative/Contemplative</td> <td>Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change</td> </tr> <tr> <td>BMI 85-94% and Preparation/Action (Ready)</td> <td>Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.</td> </tr> <tr> <td>BMI &gt;95% and Precontemplative/Contemplative</td> <td>ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).</td> </tr> <tr> <td>&gt;95% and Preparation/Action (Ready)</td> <td>1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</td> </tr> <tr> <td>Rica Salud Grad Maintenance</td> <td>Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year</td> </tr> </table>		BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change	BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.	BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).	>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.	Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year								
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change																				
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.																				
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).																				
>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.																				
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year																				
<p><b>Determine Weight</b></p> <table border="1"> <tr> <td>Healthy Weight</td> <td>BMI 5-84%ile</td> </tr> <tr> <td>Overweight</td> <td>BMI 85-94%ile</td> </tr> <tr> <td>Obese</td> <td>BMI ≥ 95%ile or BMI ≥ 30</td> </tr> <tr> <td>Severe Obesity</td> <td>BMI &gt; 120% of 95%ile Or BMI ≥ 35</td> </tr> </table>		Healthy Weight	BMI 5-84%ile	Overweight	BMI 85-94%ile	Obese	BMI ≥ 95%ile or BMI ≥ 30	Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35	<p><b>Determine Stage of Change</b></p> <table border="1"> <tr> <td>Precontemplation</td> <td>Not yet considering or unwilling/unable to change</td> </tr> <tr> <td>Contemplation</td> <td>Sees possibility of change but is ambivalent and uncertain</td> </tr> <tr> <td>Preparation</td> <td>Committed to changing, still considering what to do</td> </tr> <tr> <td>Action</td> <td>Taking steps toward change but hasn't stabilized in the process</td> </tr> <tr> <td>Maintenance</td> <td>Has achieved the goals and is working to maintain change</td> </tr> </table>		Precontemplation	Not yet considering or unwilling/unable to change	Contemplation	Sees possibility of change but is ambivalent and uncertain	Preparation	Committed to changing, still considering what to do	Action	Taking steps toward change but hasn't stabilized in the process	Maintenance	Has achieved the goals and is working to maintain change
Healthy Weight	BMI 5-84%ile																				
Overweight	BMI 85-94%ile																				
Obese	BMI ≥ 95%ile or BMI ≥ 30																				
Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35																				
Precontemplation	Not yet considering or unwilling/unable to change																				
Contemplation	Sees possibility of change but is ambivalent and uncertain																				
Preparation	Committed to changing, still considering what to do																				
Action	Taking steps toward change but hasn't stabilized in the process																				
Maintenance	Has achieved the goals and is working to maintain change																				
<p><b>Determine Need for Labs (Fasting Ideal)</b></p> <table border="1"> <tr> <td>≥6 years old and BMI ≥95th</td> <td>Lipid profile and CMP at least annually until BMI &lt;95th</td> </tr> <tr> <td>If ≥ 10 years old or onset of puberty (if earlier)</td> <td>Add annual A1C</td> </tr> </table>		≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th	If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C	<p><b>Interpretation of Lab Results</b></p> <table border="1"> <tr> <td>Lipids</td> <td>If abnormal then repeat fasting and subsequent lab draws should be done fasting If &lt;10yo -&gt; lifestyle intervention If &gt;10yo + one of the below -&gt; refer to cards LDL &gt;250mg/dL or &gt;190 after 1 year trial of lifestyle interventions TG &gt;500 mg/dL (fasting, any age)</td> </tr> <tr> <td>LFTS</td> <td>If AST and ALT &lt;2x normal or &lt;100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT &gt;2x normal or &gt;100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI</td> </tr> <tr> <td>Hgb A1c</td> <td>If 5.7 – 5.9% -&gt; repeat q3-6 months until normal If &gt;= 6.0 -&gt; refer to peds endo</td> </tr> </table>		Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)	LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI	Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo								
≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th																				
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C																				
Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)																				
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI																				
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo																				

# Everything Hinges on Stage of Change

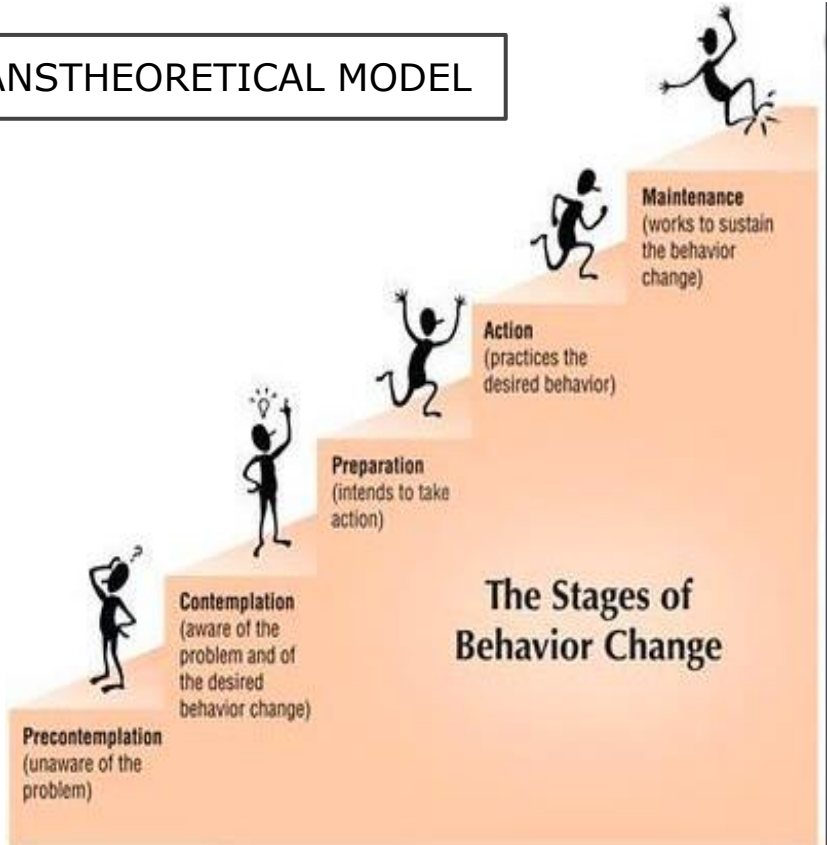
TRANSTHEORETICAL MODEL



STAGE	PATIENT
<b>PRECONTEMPLATION</b>	"I am <b>not</b> thinking about making a change at all (now, or within 6 months)"
<b>CONTEMPLATION</b> Starting readiness	"I am thinking about making a change <b>within the next 6 months</b> "
<b>PREPARATION</b> readiness	"I am thinking about making a change <b>within the next month</b> , and/or preparing to make a change"
<b>ACTION</b> *High risk of relapse, high support often needed	"I have <b>started a change in the last 6 months</b> . I have not hit target change goals or haven't hit it consistently for 6 months."
MAINTENANCE	"I have been successfully making the target change for more than 6 months."
RELAPSE	"I made a change for more than 6m but I am not now doing so."

# “Meet Patients Where They Are”

## TRANSTHEORETICAL MODEL



This model the ENTIRE visit including A/P and Follow-Up.

Frees providers to “meet the patient where they are.” Notes should clearly reflect the stage of change.

More effective, more efficient

More satisfying for patient and provider

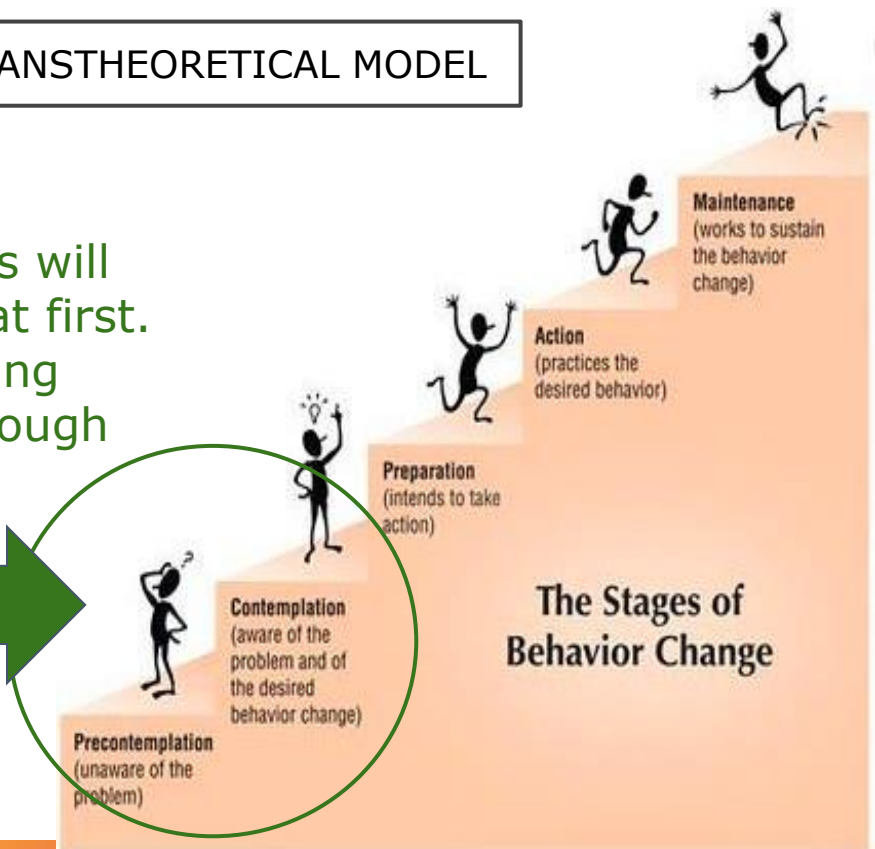


# “Meet Patients Where They Are”

## TRANSTHEORETICAL MODEL

80% of patients will NOT be ready at first. Our job is helping them move through the stages.

Motivational Interviewing



# “Change Talk” (Motivational Interviewing)

Evidence-based supportive counseling style that is empathetic, supportive, flexible and affirming

- >7 y/o (operational thinking) with small adjustments
- Teens and Parents of younger patients

Designed to strengthen motivation for change, to help patients resolve their own ambivalence, and help them find their own reasons for change

Supports self-efficacy and self-determination

Gives providers tools to “Roll with Resistance” in a supportive style when patients are not ready or even clearly resistant

Open-Ended Questions

Affirmations

Reflections

Summaries



# Motivational Interviewing: Keep Learning!

AAP Change Talk App: Get started with an excellent series of 3, 12 minute interactive case studies

AAP IHCW Webinar: Telehealth and Obesity  
Free under professional resources, 30 mins



Motivational Interviewing for Overweight Children: A Systematic Review

*"MI, compared to usual care, revealed positive effects for parent influence on young child anthropometric measures when applied."* Pediatrics Volume 146, no 5, Nov 2020



*“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the minds of others”* Blaise Pascal (1600s)





## Approach to Patients with Obesity at CPM

<p style="text-align: center;"><u>Approach to Patients with Obesity</u></p> <ol style="list-style-type: none"> <li>1- Determine weight classification</li> <li>2- Screen for co-morbidities</li> <li>3- Assess family history</li> <li>4- Determine <b>stage of change</b></li> <li>5- Determine need for labs</li> <li>6- Determine follow up plan</li> <li>7- <b>Consider Connect for Health Referral if age 2-12 yr and Food</b></li> </ol>	<p style="text-align: center;"><u>Follow Up</u> Determined by Abnormal BMI Identified and Stage of Change. <i>Intakes/follow-ups CAN be by telehealth. RD best utilized for Rica Salud unless specific need.</i></p> <p style="text-align: center;">Template .CPMOBESITY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">BMI 85-94% and Precontemplative/Contemplative</td> <td style="padding: 5px;">Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change</td> </tr> <tr> <td style="padding: 5px;">BMI 85-94% and Preparation/Action (Ready)</td> <td style="padding: 5px;">Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.</td> </tr> <tr> <td style="padding: 5px;">BMI &gt;95% and Precontemplative/Contemplative</td> <td style="padding: 5px;">ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).</td> </tr> <tr> <td style="padding: 5px;">&gt;95% and Preparation/Action (Ready)</td> <td style="padding: 5px;">1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.</td> </tr> <tr> <td style="padding: 5px;">Rica Salud Grad Maintenance</td> <td style="padding: 5px;">Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year</td> </tr> </table>	BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change	BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.	BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).	>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.	Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year								
BMI 85-94% and Precontemplative/Contemplative	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change																		
BMI 85-94% and Preparation/Action (Ready)	Schedule BMI Intake visit in 1 m using template. After intake, f/u every 2-3m with provider for support, accountability, goals.																		
BMI >95% and Precontemplative/Contemplative	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities. When ready, recommend Rica Salud (below).																		
>95% and Preparation/Action (Ready)	1) Schedule separate <b>BMI Intake visit within 1 month</b> if not done at WCC 2) Complete intake visit with family survey and template 3) If ready and able to attend five monthly visits, schedule Rica Salud with front desk. Give flyer and appts. If not interested in Rica Salud, but ready for change, agree on f/u as frequently as possible and consult RD as needed.																		
Rica Salud Grad Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year																		
<p style="text-align: center;"><u>Determine Weight Classification</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Healthy Weight</td> <td style="padding: 5px;">BMI 5-84%ile</td> </tr> <tr> <td style="padding: 5px;">Overweight</td> <td style="padding: 5px;">BMI 85-94%ile</td> </tr> <tr> <td style="padding: 5px;">Obese</td> <td style="padding: 5px;">BMI ≥ 95%ile or BMI ≥ 30</td> </tr> <tr> <td style="padding: 5px;">Severe Obesity</td> <td style="padding: 5px;">BMI &gt; 120% of 95%ile Or BMI ≥ 35</td> </tr> </table>	Healthy Weight	BMI 5-84%ile	Overweight	BMI 85-94%ile	Obese	BMI ≥ 95%ile or BMI ≥ 30	Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35	<p style="text-align: center;"><u>Determine Stage of Change</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Precontemplation</td> <td style="padding: 5px;">Not yet considering or unwilling/unable to change</td> </tr> <tr> <td style="padding: 5px;">Contemplation</td> <td style="padding: 5px;">Sees possibility of change but is ambivalent and uncertain</td> </tr> <tr> <td style="padding: 5px;">Preparation</td> <td style="padding: 5px;">Committed to changing, still considering what to do</td> </tr> <tr> <td style="padding: 5px;">Action</td> <td style="padding: 5px;">Taking steps toward change but hasn't stabilized in the process</td> </tr> <tr> <td style="padding: 5px;">Maintenance</td> <td style="padding: 5px;">Has achieved the goals and is working to maintain change</td> </tr> </table>	Precontemplation	Not yet considering or unwilling/unable to change	Contemplation	Sees possibility of change but is ambivalent and uncertain	Preparation	Committed to changing, still considering what to do	Action	Taking steps toward change but hasn't stabilized in the process	Maintenance	Has achieved the goals and is working to maintain change
Healthy Weight	BMI 5-84%ile																		
Overweight	BMI 85-94%ile																		
Obese	BMI ≥ 95%ile or BMI ≥ 30																		
Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35																		
Precontemplation	Not yet considering or unwilling/unable to change																		
Contemplation	Sees possibility of change but is ambivalent and uncertain																		
Preparation	Committed to changing, still considering what to do																		
Action	Taking steps toward change but hasn't stabilized in the process																		
Maintenance	Has achieved the goals and is working to maintain change																		
<p style="text-align: center;"><u>Determine Need for Labs (Fasting Ideal)</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">≥6 years old and BMI ≥95th</td> <td style="padding: 5px;">Lipid profile and CMP at least annually until BMI &lt;95th</td> </tr> <tr> <td style="padding: 5px;">If ≥ 10 years old or onset of puberty (if earlier)</td> <td style="padding: 5px;">Add annual A1C</td> </tr> </table>	≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th	If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C	<p style="text-align: center;"><u>Interpretation of Lab Results</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Lipids</td> <td style="padding: 5px;">If abnormal then repeat fasting and subsequent lab draws should be done fasting If &lt;10yo -&gt; lifestyle intervention If &gt;10yo + one of the below -&gt; refer to cards LDL &gt;250mg/dL or &gt;190 after 1 year trial of lifestyle interventions TG &gt;500 mg/dL (fasting, any age)</td> </tr> <tr> <td style="padding: 5px;">LFTS</td> <td style="padding: 5px;">If AST and ALT &lt;2x normal or &lt;100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT &gt;2x normal or &gt;100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI</td> </tr> <tr> <td style="padding: 5px;">Hgb A1c</td> <td style="padding: 5px;">If 5.7 – 5.9% -&gt; repeat q3-6 months until normal If &gt;= 6.0 -&gt; refer to peds endo</td> </tr> </table>	Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)	LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI	Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo								
≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th																		
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C																		
Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> lifestyle intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)																		
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing refer to peds GI																		
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >= 6.0 -> refer to peds endo																		

Algorithm correlates with a family intake survey and EHR visit template.



## Welcome to the Rica Salud "Rich Health" Club!

*"It is health that is real wealth and not pieces of gold and silver." Mahatma Gandhi*

We want to support your healthiest life! Join us for 7 months of coaching and support at the Center for Pediatric Medicine.

Sample Schedule (Combination of in-person and telehealth appointments)

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Physician Intake	Registered Dietician	Registered Dietician	Physician	Registered Dietician	Registered Dietician	Maintenance Planning With Physician

- + Eat foods that treat and prevent illness
- + Learn to read labels and plan healthy meals
- + Move more for your brain and body
- + Reduce Stress
- + Sleep Well
- + Connect with your community



### Eat Abundantly

- Choose "full plate" foods high in nutrients, low in fat and calories, filling with fiber
- Aim for 5 fruits and veggies per day. Track this for a week
- Learn what the healthiest communities in the world eat
- Understand a food label

### Plan Ahead for Success

- Avoid "environmental triggers" by keeping your available choices at home healthy
- Plan ahead for healthy meals with "meal prepping" each week
- Create lists of your go-to healthy snacks and keep them available
- Keep a food/drink log for a week to notice patterns and consider changes
- Learn healthy tips for eating at a restaurant

### Eat on a Budget

- Learn healthy swaps
- Consider what to eliminate from your food budget
- Learn community resources to save money
- Look at your grocery bill with the RD for individualized help with savings

### Learn the Psychology of Healthy Eating

- Discover your WHY for eating. Keep a diary for a week to notice patterns.
- Set SMART goals and rewards
- Discuss ways to find support
- Learn positive parenting and modeling with nutrition changes
- Discover Ellyn Satter's "Division of Responsibility"
- Learn to look for success in many places *other than* the scale

### Learn Healthy Cooking

- Prepare quick and healthy meals at home
- Adjust your family's favorite dishes to increase health benefit
- Cooking with your child

# Family Intake Survey



Center for Pediatric Medicine  
**RICA SALUD** Program Family Intake Form

**Child's Past Medical History** (check or circle)

ADHD	Fatty Liver Disease	Polycystic Ovarian Syndrome
Anxiety	Gallbladder disease	Kidney Disease
Asthma	GERD (reflux)	Muscle or Joint Aches/Pains
Constipation	Heart Disease	Obstructive Sleep Apnea
Depression	High Blood Pressure	Poor exercise tolerance
Diabetes/Prediabetes	High Cholesterol	Other: _____

**Does your child have any of these sleep issues?** (circle any)

Screen use in bedroom	Difficulty waking in the morning
Snores or Pauses	Daytime sleepiness
Screen time 1 hour before bedtime	< 8 hours of sleep a night
Frequent night awakenings	Difficulty falling asleep
Regular bedtime	

**Family History: Child's Parents, Grandparents, Siblings** (check or circle)

ADHD	Heart Disease	Other: _____
Anxiety	High Blood Pressure	
Asthma	High Cholesterol	
Constipation	Polycystic Ovarian Syndrome	
Depression	Kidney Disease	
Diabetes/Prediabetes	Muscle or Joint Aches/Pains	
Fatty Liver Disease	Obstructive Sleep Apnea (had sleep study)	
Gallbladder disease	Overweight/Obesity	
GERD (reflux)	Poor exercise tolerance	



Rica Salud Intake Form page 2

**Major Life Changes or Stressors** (circle any)

Foster care placement	Parent or caregiver with mental disorder	Neglect
Loss/grief	School stress	Bullying
Stress within family at home	Parent or caregiver incarceration	Recent move
Parental separation	Abuse	Worry about not having enough food
Parental divorce		Other: _____

**Activity**

1) *How would you describe your child's activity level?* (circle one)  
 not active (but interested)    not active (currently not interested)    rarely active  
 moderately active    very active    comments: \_\_\_\_\_

2) *What kinds of activities does your child take part in currently?* (circle any)  
 run    dancing    exercise classes    walking    playing outside  
 Organized sport    Casual sport (ex: basketball or soccer at house/park)  
 NONE    other: \_\_\_\_\_

3) *How many minutes per day does your child have moderate or vigorous activity?*  
 \_\_\_\_\_ minutes

4) *Do YOU (as a parent/guardian) have any regular exercise habits?* (circle one)

Yes    No





**Healthy Lifestyle visit for Elevated BMI**

@NAME@ is a @AGE@ @SEX@ who presents for elevated BMI. Visit # {visit:38641}.

History provided by {hx:25857}.  
{Histories reviewed :19316}

**What are your primary health concerns today? \*\*\***

**PATIENT HISTORY**

Significant Past Medical History/Comorbid Conditions:

- {obesity comorbid:38152}
- {obesity comorbid MH:38153}

**SLEEP**

Sleep Issues? Yes to the following:

- {sleep:38372}
- Counseled on recommended sleep per day {sleep by age:38373}

**FAMILY HISTORY**

Significant Family History:

- {obesity FH:38152}

**STRESSORS**

Major life changes or stressors? Yes to the following, suggests exacerbating factors:  
{stressors:38374}

Substance and Social Determinants of Health Screening: Yes to the following:  
{social determinants health:38375}

**Determine Readiness to Change:** drives the visit discussion/education/plan

- Are you considering making some healthy lifestyle changes? {no/yes:19197::"no","yes"}
- {readiness to change:38385}

**Brief Focused Diet History** (24 hour AND/OR "usual")

Breakfast (note School/Home): \*\*\*

Lunch (note School/Home): \*\*\*

Dinner: \*\*\*

Snack: \*\*\*

How many servings of fruits and vegetables do you eat in a day? \*\*\*

How many drinks per day of ANYTHING except plain water? (list others) \*\*\*

How many times a week do you eat out or get take-out at a restaurant or quickie mart? \*\*\*

How many times a week to do sit down together and eat a home cooked meal? \*\*\*

**Activity**

- How would you describe your child's activity level? {activity level:38381}
- What kinds of activities does your child prefer to keep his/her body moving? {activity preference:38382}
- How many days per week is your child moderately or vigorously active? {days per week active:38635}
- How many minutes per day does your child have moderate or vigorous activity? {minutes activity:38383}
- Do you (as a parent/guardian) have any regular exercise habits? {parent activity:38384}

**Review of Systems**

@ROSBYAGE@

{Blank single:19197::"As above","There were no other complaints and all systems were reviewed and negative except as mentioned."}

**Objective**

Weight	@LASTENCWT@	@WFA@
Height	@LASTENCHT@	@SFA@
BMI	@BMI@	@BMIFA@

If >99th% BMI: {BMI>95:38636}

**ASSESSMENT**

@NAME@ is a @AGE@ @SEX@ with @BMI@ {w/w:19197::"with","without"} related comorbidity. Currently in {phase:38640} phase of readiness to make healthy changes.

**PLAN**

- Use Obesity Smart Set as needed for labs, Connect 4 Health, referrals, handouts

Goals:

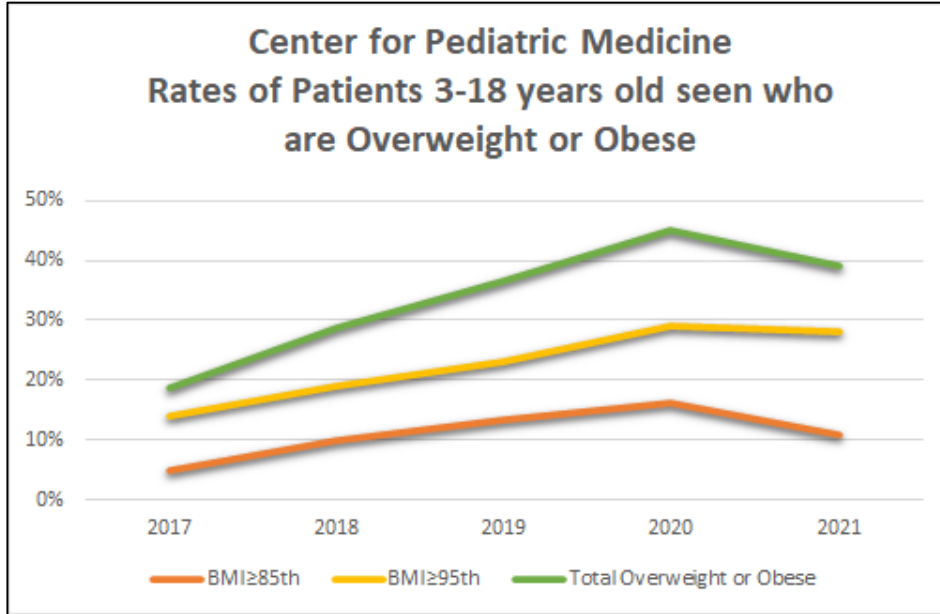
- Provided printed copy to patient
- {Goals according to readiness:38639}

Today's Educational Topic(s): (matched to readiness, handouts should match)

**Schedule Follow Up:**

{followup:38386}

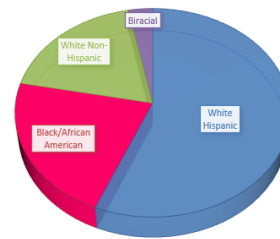
# Where We Stand



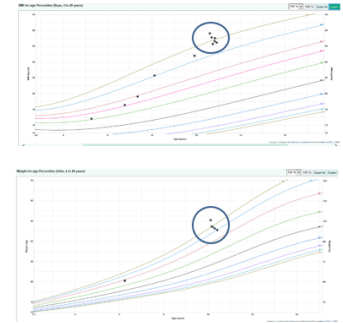
Brief overview of recruitment since January 2021

By June, we had enrolled 34 children ages 3-16 years old in the program so far. Median age of 12. 56% of recruited patients identify as Latinx; this is in comparison to our general population where about 35% overall identify as Latinx.

Patient Demographics  
(n=34)



BMI Charts  
(for the 2 patients who have completed 5 Rica Salud visits so far)



Data from Submitted Abstract to 2021 LM Conference  
"Rica Salud, a Bilingual Lifestyle Medicine Program  
in a Federally-Funded Pediatric Medical Home"  
Prisma Health IRB Pro00108260

# Summary

- Recognize BMI and comorbidities
- Determine Readiness to Change
- Be the Coach (MI early, positive psychology) - keep the “expert” to a minimum and put the patient in the driver seat
- Aim for a plan that defines above and FITS the stage of change



---

## BIG TAKE-HOME POINTS

- ★ Identify Readiness to Change - It informs the whole visit
- ★ Try Motivational Interviewing - Your patients will thank you!
  - ★ Set SMART/TAF Goals in “Action” Phase
- ★ Remember HABITS are the best predictor of long-term outcomes
  - ★ Always end on a positive note!

