

What Works in . . . Healthcare



Healthcare settings provide a unique opportunity to assist patients to improve physical activity and nutrition habits and achieve and maintain a healthy weight. *What Works in Healthcare* is meant to provide healthcare providers with strategies to prevent and screen for overweight and obesity. Here are some reasons why healthcare providers have a key role:

- Patients overwhelmingly would like their physician to talk to them about diet and physical activity. Each month an estimated 20% of the U.S. population visits a physician's office, placing the healthcare system in an ideal position to influence people.
- Nutrition and physical activity counseling is provided at less than 50% of ambulatory healthcare visits.
- Timely identification of overweight and obesity remains a crucial first step in proper weight management.
- Almost 50% of Wisconsin adults do not meet the guidelines for moderate physical activity
- Only 24% of Wisconsin adults ate 5 or more servings of fruit and vegetables per day. Only 18% of Wisconsin high school students ate 5 or more fruits and vegetables per day over the last week.
- In Wisconsin, 70% of mothers initiate breastfeeding and yet only 37% of those mothers continue to breastfeed at least 6 months and 20% continue to breastfeed at least 12 months.
- Today's most effective childhood obesity treatment programs combine a dietary component, behavioral modification, physical activity, and parental involvement.

Where to Start:

1. Adopt standards of practice and clinical guidelines from respected sources, such as:

Adults:

- *Clinical Guidelines for Identification, Evaluation, and Treatment of Overweight and Obese Adults from the National Heart, Lung, and Blood Institute.*

http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

- *U.S. Preventive Services Task Force Screening and Interventions to Prevent Obesity in Adults,*

<http://www.ahrq.gov/clinic/uspstf/uspsobes.htm>

Children & Adolescents:

- Appendix summary from the *Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity*

http://www.ama-assn.org/ama1/pub/upload/mm/433/ped_obesity_recs.pdf

- Implementation Guide: http://www.letsgo.org/For_You/documents/NICHQImplementationGuide.pdf

2. Many healthcare organizations are also employers who can promote nutrition and physical activity in their workplace (see *What Works in... Worksites* and the *Worksite Wellness Resource Kit* for more details) <http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksite.htm>
3. Keep in mind that most people spend a very small part of their time in the healthcare setting. In order to have an impact, healthcare providers need to maximize the time they have with patients and be able to refer them to existing programming in the healthcare setting as well as in the community.

Experts agree that the causes of overweight and obesity are multidimensional. To address this, the following pages outline strategies representing the existing evidence for change at the individual, environmental, and policy levels.

Evidence Level for Each Strategy:

Items with white backgrounds are proven strategies.

Items with **light gray** backgrounds are promising strategies.

Items with **dark gray** backgrounds are expert opinion strategies.

for more information: Department of Health and Family Services • Division of Public Health

Wisconsin Nutrition and Physical Activity Program • PO Box 2659 • Madison WI 53701-2659

<http://dhfs.wisconsin.gov/health/physicalactivity/index.htm> • 608.267.3694

Evidence-Based Strategies for the Healthcare Setting

Before the Office Exam

1) Waiting Room: Use the waiting room to share information about healthy eating and active living. Display information (posters, brochures, etc.) about programs and resources useful to families. Some examples include:

Healthy Habits for Healthy Kids - http://healthykids.wisconsin.gov/docs/Eng_BCBSWI_Foundation.pdf

MyPyramid.gov materials – http://teamnutrition.usda.gov/Resources/mpk_poster.pdf

Additional materials, such as brochures can be found on the last page.

2) Office Environment:

- Create an office environment that supports the delivery of obesity care (e.g. sturdy armless chairs, large arm & thigh blood pressure cuffs, large gowns, higher weight scales, sensitive & informed office staff, etc.)
- Adopt nutrition standards for food and beverages available on the hospital and clinic campus.
- Co-locate a farmers' market on the hospital and clinic campus for patients and staff.

3) Questionnaires: Have patients use their waiting time to complete a nutrition and activity self-assessment to bring into the exam. Examples can be found in the next section (item #2: *REAP* or *WAVE* tools).

In the Exam Room: Treatment Strategies / Resources and Information

1) Screen at least annually for overweight and obesity (using BMI for all patients). Screen and track for BMI changes as part of the routine medical exam procedure and medical record. Include BMI screening, physical activity and nutrition habits in your system's minimum preventive screening guidelines or as a common vital sign. *BMI information including the BMI-for- Age calculator for children and adolescents (ages 2-20) and the BMI calculator for adults:* <http://www.cdc.gov/nccdphp/dnpa/bmi/>. For children and adolescents (ages 2-20), use the Centers for Disease Control and Prevention's BMI-for-Age growth charts, which can be downloaded at: http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical_charts.htm#Clin%201.

Adults. Adults with BMI of 25-29 are overweight. Adults with BMI 30 and above are obese. Use *Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults* http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm

Children and adolescents. Children ages 2-18 with a BMI-for-Age from the 85th to less than the 95th percentile are considered overweight. Children with BMI-for-Age equal to or greater than the 95th percentile or BMI \geq 30 are considered obese.

2) Adults: Assess nutrition and activity patterns to guide patient counseling. Some tools include:

- ***REAP tool:*** Rapid Eating Assessment for Patients is a brief (about 10 minutes) patient-administered tool to provide a nutrition assessment. REAP tool, and REAP Physician Key are available at: <http://bms.brown.edu/nutrition/acrobat/REAP%206.pdf> <http://bms.brown.edu/nutrition/acrobat/reapmdkey.pdf>

- ***WAVE tool*** (Weight, Activity, Variety, Excess) is a brief tool to identify weight, nutrition, and physical activity issues in adult patients.

<http://bms.brown.edu/nutrition/acrobat/wave.pdf>

Specific patient considerations and materials can be found in the booklet ***Aim for a Healthy Weight Patient Booklet***. This booklet for adults contains practical, easy-to-use information for losing and maintaining weight - including tips on healthy eating and physical activity, other options such as weight loss medications and weight loss surgery, setting weight loss goals, and rewarding success. The booklet also includes portion and serving size information, sample reduced calorie menus, tips on dining out, a sample walking program, weekly food and activity diary, and more.

http://www.nhlbi.nih.gov/health/public/heart/obesity/aim_hwt.htm

2) Children and Adolescents: for all children and adolescents Healthcare providers should:

A. Take a focused family history

B. Assess Behaviors

Diet Behaviors

- Sweetened-beverage consumption
- Fruit and vegetable consumption
- Frequency of eating out and family meals
- Consumption of excessive portion sizes
- Daily breakfast consumption

Physical Activity Behaviors

- Amount of moderate physical activity
- Level of screen time and sedentary activity

C. Give consistent evidence-based messages to all children regardless of weight

- Limit sugar-sweetened beverages
- Eat the recommended amount of fruits and vegetables
- Be physically active at least 60 minutes/day
- Limit screen time to < 2 hours/day
- Remove TV from children's bedrooms
- Eat breakfast every day
- Limit eating out, especially at fast food
- Have regular family meals
- Limit portion sizes
- Limit consumption of energy-dense foods

D. Encourage and support breastfeeding

3) If overweight, assess the patient's readiness to make changes.

- Employ a variety of behavioral counseling strategies, such as stages of change assessment and motivational interviewing or negotiation techniques.
- Access readiness for change for children by asking family members how concerned they are about the child's weight, whether they believe weight loss is possible, and what practices need to be changed.

4) General Nutrition and Physical Activity Recommendations for Patients: Advise patients on the recommended level of physical activity, healthy eating guidelines and amount of screen time.

<http://www.cdc.gov/nccdphp/dnpa/physical/recommendations>

- Energy requirements vary by age, gender, weight, and physical activity level. Each patient needs to be considered as a unique individual when making recommendations.
- If the person is overweight or obese:
 - Consult with or refer the patient to an exercise science professional for a physical activity plan.
 - Consult with or refer the patient to a nutrition professional for a nutrition plan.

The *UW Department of Medicine Medical Nutrition Handbook* has suggestions for counseling patients and tools to address Metabolic Syndrome, Obesity, Lipid Disorders, Hypertension and Diabetes:

<http://www.medicine.wisc.edu/mainweb/DOMPAGES.php?section=naa&page=medicalnutritionhandbook>

Adult Physical Activity: Advise adults to accumulate a minimum of 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week. Work up to 60-90 minutes for weight control or weight loss and greater health improvement.

Children Physical Activity: Recommend that children and adolescents participate in at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily. Work up to 90 minutes for weight control and health improvement.

General Nutrition:

A healthy eating plan for children, adolescents, and adults is one that:

- Emphasizes consumption of fruits, vegetables, whole grains, and fat-free / low-fat milk and dairy products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, sodium/salt, and added sugars
- Includes the most nutritionally rich or nutrient dense foods from each food group; foods that are low in calories but have vitamins, minerals, fiber and other nutrients
- Limits intake of foods and beverages with added sugar, such as soft drinks
- Follows the *US Dietary Guidelines for Americans 2005* <http://www.healthierus.gov/dietaryguidelines/>

Adult Nutrition:

Promote a healthy eating plan individualized to the patient's needs by using one of the *My Pyramid* food intake patterns.

<http://www.mypyramid.gov/mypyramid/index.aspx>

(Note: Consider the full spectrum of the patient's dietary needs, e.g. food allergies, diabetes, etc.)

More detailed information on calorie needs can be found at: www.MyPyramid.gov

http://www.mypyramid.gov/downloads/MyPyramid_Food_Intake_Patterns.pdf or

U.S. Dietary Guidelines

<http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter2.htm>

Child and Adolescent Nutrition:

Calories per day depend on growth rate, body size, gender and physical activity level.

Recommendations are:

| Children | Sedentary | Active |
|----------------|-----------|--------|
| 2-3 years | 1,000 | 1,400 |
| Females | | |
| 4-8 years | 1,200 | 1,800 |
| 9-13 years | 1,600 | 2,200 |
| 14-18 years | 1,800 | 2,400 |
| Males | | |
| 4-8 years | 1,400 | 2,000 |
| 9-13 years | 1,800 | 2,600 |
| 14-18 years | 2,200 | 3,200 |

http://www.mypyramid.gov/downloads/MyPyramid_Food_Intake_Patterns.pdf

Screen Time: Advise patients to limit total screen time (TV, video games, computer, etc.) to < 2 hours/day and to follow American Academy of Pediatrics recommendations to:

- Allow no screen time for children under the age of 2
- Limit children over age 2 to less than 2 hours of screen time per day
- Keep TV sets, DVDs, video games and computers out of children's bedrooms

Do More, Watch Less Tool, <http://www.dhs.ca.gov/ps/cdic/copi/copiforms/tvtool.htm>

TV Turn Off Week, <http://www.tvturnoff.org/>

5) Provide a physical activity and nutrition prescription for patients to follow. A care plan written and agreed on collaboratively between medical staff and the patient will help patient adherence. Set small, achievable goals for the patient and family to start. Check on progress at the next office visit. A sample of a prescription can be found at: <http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Healthcare/prescription.pdf>

6) **Provide patients with tools for self-assessment and recording** of eating and physical activity habits (i.e. food diaries and fitness logs) <http://dhfs.wisconsin.gov/health/physicalactivity/ToolCalcs.htm> or *MyPyramid Tracker*, <http://www.mypyramidtracker.gov/>

After the Office Visit: Follow-up and Referral Strategies / Resources / Information

- 1) **Promote a team approach for effective follow-up.** Establish a multidisciplinary treatment “team” (MD, RN, Dietitian (RD), Exercise Physiologist, Behavioral Psychologist, etc.) for treatment of obesity/overweight.
- 2) **Promote wellness & prevention resources that are included in health insurance plans.**
Refer patients to outreach programs (e.g. health education classes, reduced cost fitness club memberships)
- 3) **Develop office-based systems to improve preventive and follow-up services, including nutrition and physical activity counseling.** Use technology and multiple means of follow-up to maintain patient contact
Examples: computer assisted guidance, weekly phone calls or emails for information and reinforcement, counseling algorithms, referral systems, tracking logs, skill building tools, etc.)
 - Agency for Healthcare Research and Quality (AHRQ). *Putting Prevention into Practice. A Step-by-Step Guide to Delivering Clinical Preventive Services: A Systems Approach.* (www.ahrq.gov/clinic/ppipix.htm)
 - U.S. Preventive Services Task Force. *Behavioral counseling in primary care to promote a healthy diet: Recommendations (for at-risk patients) and rationale.* <http://www.ahrq.gov/clinic/uspstf/uspstf/diet.htm>

In the Community: Prevention Strategies / Resources / Information

- 1) **Serve as a role model.** Healthcare providers who “walk the talk” by making changes themselves will feel more comfortable advocating for healthy behaviors with their patients.
Americans in Motion to Change Toolkit, <http://www.aafp.org/online/en/home/clinical/publichealth/aim.html>
- 2) **Make the connection with community activities to strengthen buy-in. Examples include:**
 - Join or form a local coalition to address nutrition & physical activity in a coordinated manner.
 - Integrate healthcare activities with community, school, worksite and family initiatives. Form partnerships with community organizations to support or develop programs or tie into existing campaigns.
 - Integrate the family into healthy living initiatives by connecting healthcare activities to the whole family.
- 3) **Be an advocate** - Physicians, nurses, dietitians, exercise physiologists, and other healthcare providers can also advocate for nutrition and physical activity policies in the community, in area schools and in worksites (see *What Works in...Schools* and *What Works in ... Worksites* for more details
<http://dhfs.wisconsin.gov/health/physicalactivity/>
 - Help parents, teachers, coaches, and others who influence youth to discuss health habits as part of their efforts to control overweight and obesity.
 - Enlist policy makers from local, state, and national organizations and schools to support a healthful lifestyle for all children, including proper diet and adequate opportunity for regular physical activity.
 - Encourage organizations that are responsible for health care and health care financing to provide coverage for effective obesity prevention and treatment strategies.
 - Encourage public and private sources to direct funding toward research into effective strategies to prevent overweight and obesity and to maximize limited family and community resources.

In Other Healthcare Settings

- 1) **Add insurance coverage for:**
 - Prevention services, including counseling from nutrition and exercise professionals
 - Weight loss drugs and surgical treatment when necessary
 - Reimbursement for preventive and management programs for children/adolescents who are overweight*Promoting Healthy Living in the Medicaid Program :*
<http://www.nga.org/Files/pdf/0608CREATINGHEALTHYSTATESMEDICAID.PDF>
- 2) **Advocate for incentives or rebates for plan members to participate in weight loss programs or programs to maintain a healthy weight.**
- 3) **Implement the Ten Steps to Successful Breastfeeding**
Support the *Baby Friendly Hospital Initiative* (BFHI). <http://www.babyfriendlyusa.org/>
- 4) **Provide ongoing professional support to mothers through in-person visits or telephone contact to increase the proportion of women who continue breast-feeding for up to 6 months.**
CDC Guide to Breastfeeding Interventions <http://www.cdc.gov/breastfeeding/resources/guide.htm>

Additional Resources: Google on WI Physical Activity or go to the Healthcare tab at the Wisconsin Nutrition and Physical Activity Website: <http://dhfs.wisconsin.gov/health/physicalactivity/sites/healthcare/index.htm> Resources include:

- Toolkits with materials
- Information for specific age groups (children through older adults)
- Physician guides and tools
- Waiting room and other display material