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Introduction

Childhood obesity is one of the most important issues facing the United States, especially in Tennessee. According to the National Center for Health Statistics, one in five children in the United States are now considered overweight. Unless behavior and poor lifestyle choices are identified and corrected, many of these children will go on to develop serious medical problems.

BlueCross BlueShield of Tennessee is pleased to offer the *Childhood Obesity Tool Kit*, which provides health care professionals additional resources to better manage children with weight problems.

The provider tool kit is only a part of a collaborative effort by BlueCross BlueShield of Tennessee and numerous state organizations to address the problem of childhood obesity. The statements on the following page represent our commitment to this issue.
Mission
Providing peace of mind for the future of Tennessee’s children through partnership and collaboration with families, schools, health care professionals, organizations and communities to promote optimum body weight and healthy lifestyle choices for all of Tennessee’s children.

Vision
Promoting optimum body weight and healthy lifestyle choices for Tennessee’s children.

Strategies
Working together we can:

• Make a change
• Make a difference
• Make it happen
Section 1
Clinician Educational Materials

   http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/2/424

   http://aafp.org/afp/20040601/2591.html


4. Department of Health and Human Services Dietary Guidelines
   http://health.gov/dietaryguidelines/

5. Active Healthy Living: Prevention of Childhood Obesity through Increased Physical Activity Pediatrics - American Academy of Pediatrics
   http://aappolicy.aappublications.org/cgi/content/full/pediatrics;117/5/1834

   http://www.aafp.org/afp/20060101/us.html
Section 2
Clinician Resources for Management of Childhood Obesity

1. Body Mass Index Growth Charts (CDC)
   http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/clinical_charts.htm#Clin%201

2. Online Resources:
   Child's Online Body Mass Index (BMI) Calculator
   http://www.keepkidshealthy.com/welcome/bmicalculator.html

   Child's Online Weight/Height Percentile Calculator
   http://pediatrics.about.com/cs/usefultools/l/bl_bmi_calc.htm

   NIMH depression screening tool

   Order Forms for “Discovery Channel” DVD (for children)
   http://www.ahrq.gov/child/dvdobesity.htm

   National Institute of Diabetes & Digestive & Kidney Disease Web site – of the National Institutes of Health (contains research, statistics, order forms for publications and videos)
   http://www.niddk.nih.gov/health/nutrit/nutrit.htm

3. Weight Body Mass Index Wheel Calculator (Order Form)
4. **WalkingWorks –**
A school based program to improve children’s health.

BlueCross BlueShield of Tennessee WalkingWorks℠ for Schools is a voluntary in-school walking program for students, teachers, staff and administrators in Tennessee schools. The program was created to teach children in grades K-4 the benefits of proper exercise as part of a healthy lifestyle and to curb the growing trend of childhood obesity. Participants of BlueCross WalkingWorks℠ for Schools are asked to walk at least five minutes each school day for a period of 12 weeks.

**Statistically Speaking:**
- The fall 2005 pilot will include 35 schools, approximately 13,000 students and 1,045 teachers and administrators.
- Schools in the pilot were chosen because they have Coordinated Schools Health Program coordinators who are assigned to assist in implementing health and physical activity programs. These coordinators have data about each student’s body mass index, a tool that can be used to measure the program’s long-term success.
- BlueCross WalkingWorks℠ for Schools will roll out in all public K-4 Tennessee schools (approximately 1,279) in the fall of 2006, engaging an estimated 191,850 students.
- Eventually, the program will expand to include grades K-5, reaching another 161 schools and 28,980 students statewide.

**Program Highlights:**
- Value-added curriculum detailing the Tennessee Department of Education’s Healthful Living Curriculum standards will be available to teachers online.
- Classrooms that walk the recommended five minutes per day, five days per week will complete the 12-week program having walked 300 minutes (or about 15 miles) more than they would have without the program.
- Schools that have 90 percent participation from students, staff and administration and walk at least 450 total minutes per classroom (40 minutes per week or 7.5 minutes per day) during the semester will be designated as “Extra Mile Schools” and will earn a banner.
- Materials provided to participating schools include:
  - Tracking Posters to help teachers and students record their progress.
  - Wristbands to signify participation and to serve as a reminder for participants to be active and make healthy choices.
  - Pedometers to be used by teachers as an educational, motivational and tracking tool.
– Template Letters to customize and send to parents at the beginning and middle of the program to inform them about the classes’ participation and progress.

– Achievement Certificates (include signatures of Vicky Gregg, President & CEO, BlueCross BlueShield of Tennessee and Tennessee Governor Phil Bredesen) to recognize students’ participation and to thank teachers.

– Web site (www.walkingworksforschoolstn.com) to serve as a resource for teachers to obtain supplemental program materials, submit success stories and provide program feedback; Web site will also host a program survey.

– News release templates to customize based on each school’s involvement and to be distributed to local media.

BlueCross BlueShield of Tennessee and the Governor’s Council on Physical Fitness and Health developed the program in partnership with the Tennessee Department of Education, the Tennessee Department of Health, Belmont University and the Tennessee Association for Health, Physical Education, Recreation and Dance.
5. Clinical Practice Recommendations –
A quick guide developed by Kaiser Permanente of Northern California to assist primary care physicians in the care of children with weight problems.

Guidelines for:

- Overweight children (BMI ≥ 95th percentile for age) or;
- Children at risk for overweight (BMI 85-95th percentile for age) with complications.

Determine the weight goal

<table>
<thead>
<tr>
<th>Body Mass Indicator-</th>
<th>Complication</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-7 years 85-94th percentile</td>
<td>No</td>
<td>Maintenance</td>
</tr>
<tr>
<td>≥ 95th percentile</td>
<td>No</td>
<td>Maintenance</td>
</tr>
<tr>
<td>≥ 95th percentile</td>
<td>Yes</td>
<td>Slow wt. loss (1-2 lbs./month) goal: BMI &lt;85%tile</td>
</tr>
</tbody>
</table>

7 years old ≥ 95th percentile Yes or No Slow wt. loss (1-2 lbs./month) goal: BMI <85%tile

85-94th percentile Yes Slow wt. loss (1-2 lbs./month) goal: BMI <85%tile

85-94th percentile No Maintenance

- Under 7 years old: weight maintenance until BMI <85th percentile, unless complications are present.

- 7-16 years old: slow weight loss (1-2) lbs/month; more rapid weight loss may be initiated at the clinician’s discretion.

- 16 years old or post-pubertal: 10 percent weight loss from baseline over 6 months, then reassess.

Order Screening Lab Tests (age 10 years and older):

- Fasting lipid profile
- Fasting glucose
- HgbA1c
- ALT
Note – If fasting labs cannot be obtained, consider non-fasting LDL, glucose, HbgA1c, and ALT.

- Consider TSH, if there are diagnostic symptoms, signs, or family history of thyroid disease.

- If oligomenorrhea or primary or secondary amenorrhea:
  - Free testosterone
  - LH
  - FSH
  - TSH
  - Prolactin

Note – With hirsutism or severe acne, obtain 8 a.m. non-fasting labs:
  - Add 17-hydroxyprogesterone (R/O CAH) and DHEA-S to initial (remove extra space) evaluation.
  - Discuss lab results with Pediatric Endocrinologist.

- If labs are normal, retest in 12 months.

**Glucose**

- If HgbA1C is 5.8 - 7 or fasting glucose 101-124 mg/dl:
  - Recommend for weight loss.
  - Retest after three months.

- If HgbA1c or FG is still elevated after three months:
  - Refer to endocrinologist.

- If fasting glucose > 125 mg/dl, Random Glucose > 200 mg/dl, or A1c > 7.0:
  - Call endocrinologist (more urgent).

**TSH**

- If TSH > 4.5 < 10:
  - Repeat TSH with Free T4, and anti-TPO antibody in 4-6 weeks.

- If persistent TSH elevation:
  - Refer to endocrinologist.

- If TSH > 10:
  - Refer to endocrinologist.
**Prolactin**
- If prolactin is elevated and no psychiatric medications are taken:
  - Refer to endocrinologist.
- If prolactin is elevated and psychiatric medications are taken:
  - Contact physician managing psychiatric medication.

**ALT**
- If BMI > 95th percentile and ALT is twice normal range:
  - Recommend for weight loss.
  - Retest ALT after three months.
- If ALT decreases after three months:
  - Continue to support weight management efforts.
- If ALT is still elevated after three months:
  - AST, ALT, GGT, ALK Phos, T bili, HbsAg, Hep A IgM/IgG, liver ultrasound.
- Referral to pediatric gastroenterologist.

**PCO**
- If free testosterone is elevated or LH/FSH ratio > 3.0

**Lipids**
- If total cholesterol > 200 mg/dl:
  - Repeat test with lipoprotein profile (total cholesterol, LDL, HDL, and triglyceride).
- If LDL cholesterol > 130 mg/dl:
  - Recommendation for step 2 diet:
  - Repeat determination in 6-12 months.
- If LDL > 190 mg/dl:
  - Refer to local specialist.
Provide brief focused advice

- Engage the patient/parent.
  - “Can we take a few minutes to discuss your child’s weight and health?”
  - “How do you feel about your child’s weight and health?”

- Share Information. Show the BMI chart and recommended lab tests. Explain your concerns.
  - “According to these lab tests, your weight may increase your risk for developing diabetes and heart disease.”
  - “What do you make of this?”
  - “Some ideas for staying healthy include (offer educational materials)”
  - “Which one of these sounds like something you might be willing to try or “Do you have other ideas?”

- Make a key advice statement. (Remove italics)
  - “I would strongly advise you to” .................
  - “Get up and play hard, 30-60 minutes a day.”
  - “Cut back on TV and video games to 60 minutes per day.”
  - “Eat five servings of fruits or vegetables every day.”
  - “Cut back on sodas and juice drinks to no more than one can or small cup per day.”
  - “Use patient’s ideas.”
Other key messages for parents:
- “Reduce the amount of fast food your family eats.”
- “Give your child three nutritious meals and snacks daily. Serve a healthy breakfast every day.”
- “Keep chips, fast food, and sweets to a minimum.”
- “Switch to lowfat milk or non-fat milk, starting at age two.”
- “Create opportunities for your child to play actively.”
- “Walk, run, and play with your child whenever possible.”
- “Remove the TV from your child’s bedroom.”
- “Be a good role model: let your child see you eating fruits and vegetables and being active.”
- “Avoid telling your child to “clean their plate.”
- “Make meals a family time. Have a pleasant conversation with the TV off.”
- “Do not use food as a reward or bribe; instead, try using stickers, small toys or hugs.”

Follow-up visit or phone call
• Open the encounter: discuss thoughts or activities since the last visit.

• Share information: discuss lab results, further lab testing, and specialists’ referrals. If lab results are abnormal, the following testing and referral protocol is recommended:
  – Consider referral to endocrinologist.

Refer to endocrinologist if lab results are normal, but one of the following situations exists:
– patient ≥ 16 years with primary amenorrhea.
– patient < 16 years with primary amenorrhea who had pubertal changes beginning more than two years earlier.
– patient with secondary amenorrhea/oligomenorrhea who is having periods less frequently than every three months.
Section 3
Patient / Parent Educational Material

Information designed to assist parents in developing a healthier lifestyle for your family


2. Kids Health Web Site – America’s most popular site for kids health
   http://www.kidshealth.org

   Dietary Guidelines for Americans 2005

4. “Max’s Magical Delivery” (A free DVD for parent and children ages 5-9)
   http://www.ahrq.gov/child/dvdobesity.htm

5. Fast Food Guide – See how many calories are in the food at your favorite fast food restaurant

6. Family Fun Web sites
   a. BAM! Body and Mind - www.bam.gov/
      Synopsis – Presented by the CDC, BAM! was created to answer kids’ questions on health issues and recommended ways to make their bodies and minds healthier, stronger, and safer. This site also has information for teachers, providing them with interactive educational and fun activities to support their health and science curriculums.
   b. Shape Up America! - www.shapeup.org
      Synopsis – In addition to detail information on Shape Up America! this site contains interactive assessment tools; meal planning guides, recipes etc., (Requires free registration).
   c. Kidnetic - www.kidnetic.com/
      Synopsis – An advertisement-free, interactive Web site for 9-13 year olds and their families that communicates healthy eating and active living information in meaningful and relevant ways to help site visitors achieve a balance of health behaviors.
d. Nutrition Analysis Tools
   Synopsis – A free web-based program that allows anyone to determine the amount of physical activity needed to lose weight. Three energy calculators allow visitors to choose from a variety of activities, times, and desired calorie loss and suggest ways to reasonably accomplish height and weight goals.

e. Smart-Mouth.org - www.cspinet.org/smartmouth/
   Synopsis – An informational nutritional Web site for children developed as part of a comprehensive strategy by the nonprofit Center for Science in the Public Interest to help address childhood obesity and other diet-related health problems.

f. Verb - It’s what you do - www.verbnow.com/
   Synopsis – The U.S. Department of Health and Human Services Centers for Disease Control has created the VERB campaign to get 9-13 year olds, moving and having fun. The multi-media campaign uses audience-specific messages to encourage social and physical activity.

For information on how to obtain a DVD or to contact a Regional Nurse Liaison call:
   Chattanooga (423) 535-6458
   Jackson (731) 664-4136
   Johnson City/Knoxville (423) 854-6025
   Memphis (901) 544-2140
   Nashville (615) 386-8535
7. “Health Living – A Family Approach”

A major health challenge for the 21st century

Definitions
Overweight – Weighing more than recommended in relation to height and build

Obesity – Excessively high amount of fat in relation to height and build

Body Mass Index (BMI)
- Measures the relative percentages of fat and muscle
- Online calculator: http://www.keepkidshealthy.com/welcome/bmicalculator.html
- 18.5 to 24.9 = normal weight
- 25 to 29.9 = overweight
- 30 or higher = obese

How bad is the situation?
- Childhood obesity in the U.S. is an epidemic.
- 30 percent of children ages 6 - 11 are overweight.
- 15 percent are obese.

The Causes – Lifestyle Choices
- High-calorie diets
- Little or no exercise

How obesity affects children
- Health problems
- Social struggles
- Academic troubles

What is BlueCross BlueShield of Tennessee doing to fight obesity?
- WalkingWorks® Program
- Program sponsorships
- Information in newsletters, Web site, etc.
- BluePerks discounts for fitness centers
- And much more
What can parents do?

- Focus on healthy eating and increasing physical activity
- Be positive role models
  - Explain why things need to change.
  - Ask the entire family to make new habits – not just the child.
  - Avoid negative goals.
  - Focus on healthy living (good food and exercise).

- Take small steps.
  - Make subtle and incremental changes.
  - Each week substitute one unhealthy food for a healthy alternative.
  - (Example: Instead of chips, buy fruit cup.)

- Don’t be too restrictive
  - Allow some sweets and fast foods.
  - Don’t put a child on a diet unless it is recommended by a doctor.
  - Too few calories can interfere with growth.

- Get active!
  - Get the entire family involved.
  - Create lasting habits for everyone.
  - Exercise DOES NOT equal hard work.

- Reinvigorate your family meals
  - Introduce health foods.
  - Limit “fast food” to one meal per week.

- Limit video, TV and computer time
  - Clear link between watching TV and weight problems.
  - TV in a child’s room – bad idea.
  - Limit time to no more than 1 to 2 hours per day.

- Watch what your children drink
  - Average soda = 10 teaspoons of sugar.
  - Diet soda = no nutrients.
  - Juices = more sugar, calories.

Remember, children take their cues from their parents. So set a good example for them to follow.