MaineHealth
Accountable Care Organization

110 Free Street, First Floor
Portland, Maine 04101

(207) 771-2004
MaineHealthACO.org
contactMHACO@mmc.org

How this Framework can help you:

This framework is designed to provide a standard set of strategies and tools specific to help you improve care provided in the ambulatory environment. The framework has a three tiered approach that we believe provides a foundation for improvement work resulting in effective adoption and sustainability. These elements include:

1. Infrastructure: this first section focuses on the role of the care team and highlights how to prepare for upcoming appointments, optimize the role of team members, address equipment needs or medical record needs as well as how to regularly monitor your results;
2. Competencies: this section identifies what trainings are available to build clinical and content knowledge for all members of the care team and the patient population. Whenever possible hyperlinks to web based handouts, tools or webinars are included.
3. Additional Resources: We recognize that healthcare alone may not meet all of a patient's needs so this section includes medication and health care coverage as well as related community resources when applicable.

Need help implementing this Framework?

The MaineHealth ACO Improvement team can assist you with strategies and workflows in support of ACO initiatives. To learn more about what frameworks are available or for improvement support please contact

Michele Gilliam, Director, Performance Improvement, at

MGilliam@mmc.org

or (207) 661-3804.

MaineHealth
Accountable Care
Organization

1. Infrastructure: Peds BMI

- ❑ **Identify Equipment Needs and Standardize (Hardware/Testing)**

- ☑ **Pre-Visit Planning/Huddle**
  - p. ✓ Pre-visit check list
  - p. ✓ Example of huddle tool

- ☑ **Define Care Team Roles**
  - p. ✓ Documented workflow (5210 Office Workflow)
  - p. ✓ Patient education flyer (5210 Poster)
  - p. ✓ Talking points (5210 Questionnaire Talking Points)

- ❑ **EMR Capture**
  - ✓ p. ✓ Standardized process for capturing in EMR (CQM Guide)

- ❑ **Referral/Communication with Expanded Care Team**
  - p. ____ Referral form

- ☑ **Regularly Measure Results (Sustainability)**
  - p. ____ Gaps in care report
  - p. ____ Talking points for care team related to test/condition/reason for visit

Pre-Visit Planning Checklist

Patient: _____ **Reason for Appt:** _____ **Appt Time:** _____

Adult Prevention: *Gap(s) in Care or Due Soon:*

- ☐ BMI (ht & wt)
- ☐ Blood Pressure (if >140/90) pull last 3 BP
- ☐ Falls Risk (65+)
- ☐ Pneumococcal
- ☐ Flu Shot
- ☐ TDaP
- ☐ Tobacco Use/Counsel
- ☐ Depression Screen
- ☐ Pap Smear
- ☐ DEXA Scan
- ☐ Colon Cancer Screen (50-75)
- ☐ Breast Cancer Screen (50-75)
- ☐ Outside Reports / Tests
- ☐ Advance Directive
- ☐ Outstanding Testing

NOTES:

Diabetic: *Gap(s) in Care or Due Soon:*

- ☐ HgbA1c
- ☐ Tobacco Use/Counsel
- ☐ Microalbumin
- ☐ Outside Reports / Tests
- ☐ Eye Exam
- ☐ Foot Exam
- ☐ Depression Screen
- ☐ LDL

- ☐ Outstanding Testing

NOTES:

Cardiovascular Disease: *Gap(s) in Care or Due Soon:*

- ☐ Blood Pressure
- ☐ IVD / Aspirin
- ☐ HTN
- ☐ HF / Beta Blocker
- ☐ LDL
- ☐ Outside Reports / Tests
- ☐ Outstanding Testing

NOTES:

Controlled Substance: *Gap(s) in Care or Due Soon:*

- ☐ Controlled Substance Agreement
- ☐ UTOX
- ☐ PMP

- ☐ Outstanding Testing

NOTES:

Pediatric Prevention: *Gap(s) in Care or Due Soon:*

- ☐ BMI (ht & wt)
- ☐ 5-2-1-0
- ☐ Immunizations
- ☐ Tobacco Use/Exposure
- ☐ Blood Pressure
- ☐ Depression Screening
- ☐ MCHAT/ASQ
- ☐ Outside Reports / Tests
- ☐ Outstanding Testing

NOTES:

Pediatric Asthma: *Gap(s) in Care or Due Soon:*

- ☐ Severity
- ☐ Controller Med
- ☐ Action Plan
- ☐ Lung Function Test
- ☐ Tobacco Use/Counsel
- ☐ ACT
- ☐ Outside Reports / Tests
- ☐ BMI (ht & wt)
- ☐ Outstanding Testing

NOTES:

Room Set Up Needs/General Notes:

Huddle Sheet

- What can we proactively anticipate and plan for in our work day/week? At the beginning of the day, hold a review of the day, review of the coming week and review of the next week. Frequency of daily review is dependent on the situation, but a mid-day review is also helpful.
- This worksheet can be modified to add more detail to the content and purpose of the huddles.

Huddle Sheet

Practice: _____ Date: _____

Aim: Enable the practice to proactively anticipate and plan actions based on patient need and available resources, and contingency planning.

Follow-ups from Yesterday

"Heads up" for Today: (include review for orders, labs, etc.; special patient needs, sick calls, staff flexibility, contingency plans)

Meetings:

Review of Tomorrow and Proactive Planning

Meetings:

5-2-1-0 Let's Go! Office Workflow for Well Child Visits

Goals:

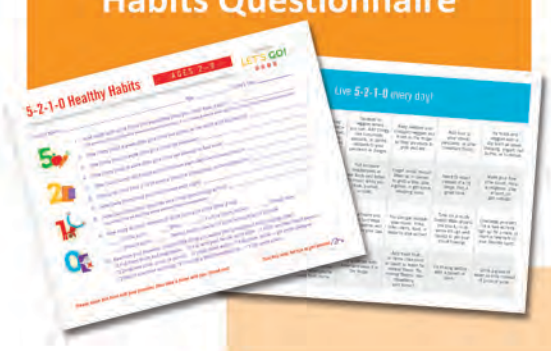
1. Introduce patients and families to the 5-2-1-0 Let's Go! healthy eating and active living message by hanging posters in the waiting room and all exam rooms
2. Measure height, weight, and BMI
3. Utilize the Healthy Habits Questionnaire to start a respectful conversation with patients and families about healthy eating and active living

Check In

Staff is familiar with 5-2-1-0 program

Patient arrives and sees poster hanging in the waiting room

Patient is given the Healthy Habits Questionnaire



Rooming

Take accurate height and weight using age appropriate protocol and patient friendly language

If height and weight seem out of range, recheck both measurements

Enter height and weight in EMR for BMI calculation

Take vitals and complete screening questions

Confirm that patient has completed Healthy Habits Questionnaire

If comfortable, it is helpful for staff to begin the healthy habits conversation

Provider

Review Healthy Habits Questionnaire with patient

Provide counseling utilizing Motivational Interviewing and 5-2-1-0 tips on the back of the questionnaire to support healthy behaviors

For BMI ≥85%, utilize the *Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 years and Older* located in the Healthcare Toolkit

Check Out

Print After Visit Summary

Patient takes Healthy Habits Questionnaire home with them

All Staff:

- Acknowledge that overweight and obesity are difficult issues to address for both staff and patients
- Agree to role model healthy habits by integrating them into the work environment
- Assess the practice to ensure a safe, accepting, and suitable environment for providing care to patients with overweight and obesity

Front Office | Medical Assistant | Provider

MaineHealth LET'S GO! 5-2-1-0

LETSGO.ORG

5

or more
FRUITS & VEGETABLES

2

hours or less of
RECREATIONAL SCREEN TIME

1

hour or more of
PHYSICAL ACTIVITY

0

sugary drinks,
MORE WATER

5-2-1-0 EVERY DAY!

MaineHealth
LET'S GO!
5-2-1-0

Healthy Habits

QUESTIONNAIRE TALKING POINTS

Here are some talking points for you to consider when addressing the questions included in the Healthy Habits Questionnaire.

let's **talk!**

Many offices have successfully used the Healthy Habits Questionnaire to gather basic healthy lifestyle information from their patients. Clinicians have found that simply using and reviewing the questionnaire is a powerful tool for starting the conversation around healthy lifestyles.

PLEASE NOTE: The questions below are from the questionnaire for ages 10–18; however, the same discussion points apply to ages 2–9 as well.

How many servings of fruits and/or vegetables do you have a day?

Five or more servings of fruits and/or vegetables per day contribute to a healthy diet. The palm of the child's hand is a good reference for a serving size of meat and most vegetables. A more accurate guide for each meal is:

- 3 ounces of protein, such as chicken, lean meat, fish, tofu, or 2 tablespoons of peanut butter
- ½ cup to 1 cup of a starch, such as pasta, potato, rice, or 2 slices of bread
- ½ cup to 1 cup of vegetables
- ½ cup or one small piece fresh fruit
- 1 cup milk or 1–2 ounces of cheese

How many times a week do you eat dinner at the table together with your family?

Family meals are associated with an increased intake of fruits and vegetables. Encourage families to eat meals together more often. Mealtime is a great opportunity for parents to connect with their kids.

How many times a week do you eat breakfast?

A daily breakfast is very important for a healthy diet. Eating breakfast every day provides the energy needed to start the day. It is fuel for the body!

continued

How many times a week do you eat takeout or fast food?

Eating takeout or fast food may be associated with poor nutrition. These foods have a tendency to be higher in salt, fat, and sugar so children should eat them less often. If children do eat takeout or fast food, they should look for healthy options.

How much recreational (outside of school work) screen time do you have daily?

AND

Is there a television set or Internet-connected device in your bedroom?

The American Academy of Pediatrics recommends the following: 2 hours or less of recreational screen time. They also recommend: no screens in the child's bedroom and no TV or computer under the age of 2.

How many hours do you sleep each night?

Research has found that chronic sleep curtailment has been associated with high overall obesity rates at age seven. Establishing healthy sleep habits may be a critical component of an obesity prevention intervention.

How much time a day do you spend being active (faster breathing/heart rate or sweating)?

1 hour or more; the time spent doing physical activity can be separated out throughout the day.

How many 8-ounce servings of the following do you drink a day?

Consider the following:

100% juice:

- 4–6 ounces for children 1–6 years old
- 8–12 ounces for children
- 7–18 years old
- Children 6 months and under should not be given juice

Water: Unlimited

Fruit or sports drinks: Limited—you can use this opportunity to have a conversation about when a sports drink is needed (after 60 minutes of continuous vigorous activity).

Soda or punch: Limited

Whole milk: Recommended for children 1 to 2 years old. After age 2, children should be drinking low fat or skim milk. Children under1 year should drink breast milk or formula.

Non-fat, low-fat, or reduced fat milk:

- Children ages 2–3: 2 cups a day
- Children ages 4–8: 3 cups a day
- Pre-teens and teens: 4 cups a day

5210 LET'S GO!

www.letsgo.org

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

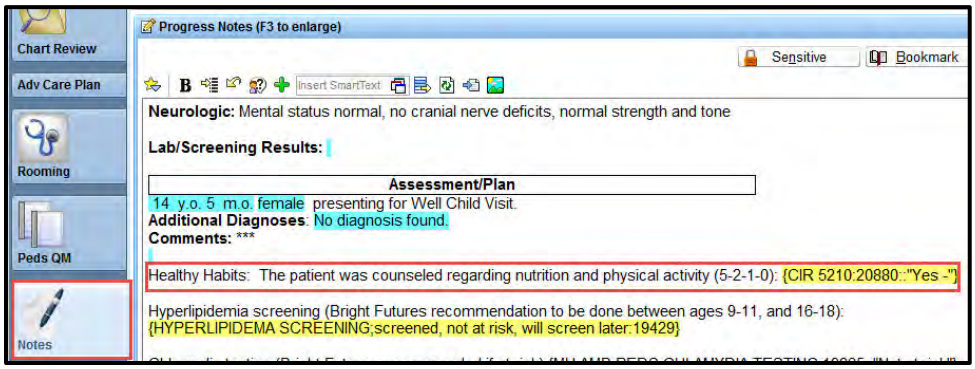
Document dietary and exercise counseling annually.

Meaningful Use *(MU eCQM155) – Patient from 3rd birthday to 18th birthday.*

P Option 1: Document 5-2-1-0 Survey and Counseling within a Well Child Visit - Provider

Step 1: Go to the **Notes** activity and open the age-appropriate **Well Child SmartText**.

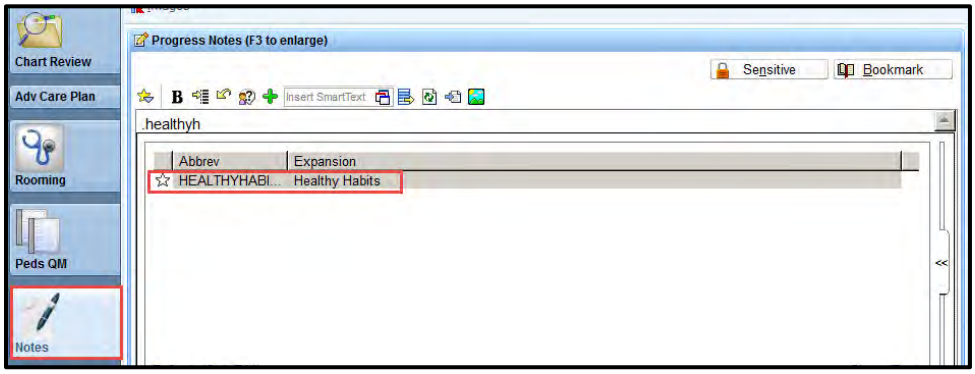
Step 2: Under **Assessment/Plan** in the **SmartText**, document **Healthy Habits** counseling for nutrition and physical activity.



P Option 2: Document 5-2-1-0 Survey and Counseling During a Non-Well Child Visit - Provider

Step 1: Go to the **Notes** activity to begin progress note.

Step 2: Insert and complete the **.HEALTHYHABITS SmartPhrase** to record dietary and exercise counseling. Alternatively, use **.5210** to pull in the same **SmartPhrase**.



P Document Reporting Exclusions - Provider

Patients who have pregnancy on the **Problem List** are excluded from this measure.

MaineHealth
Accountable Care
Organization

2. Clinical Competencies: Peds BMI

☑ MA/RN Training

- p. ✓ MaineHealth MA Training Program
- p. ____

☑ Provider CME's

- p. ✓ Online Let'sGo! Basic Training
  - http://www.mh-edu.org/letsgobasic
- p. ____

☑ Staff & Patient Comprehension

- p. ✓ Starting in your Practice Checklist
- p. ✓ Algorithm for Assessment and Management

☑ Shared Decision Making Tools

- p. ✓ Childhood Overweight & Obesity Referral Guide
- p. ____

❑ Build Staff Training Into Annual Competencies and New Staff Orientation

- p. ____
- p. ____

Getting

STARTED IN YOUR PRACTICE CHECKLIST

This checklist is designed to help your practice be successful in implementing the *Let's Go!* Health Care program. The following series of questions will help you to understand what your practice is currently doing and identify areas for improvement.

We are here to support you along the way!

Maine-based practices - If you need help thinking through the items on the checklist, please don't hesitate to reach out to us! (207) 662-3734!

Engage ALL staff in this effort:

- ☐ All team members have been informed of the practice involvement with *Let's Go!*?
- ☐ All team members have explored their own experiences working with patients and families around healthy behaviors and weight issues?

Think about your environment:

- ☐ The practice has reviewed *Let's Go!'s* Healthy Workplaces toolkit and has considered what strategies it can try. www.letsgo.org
- ☐ The practice has hung a *Let's Go!* poster in the waiting room and all exam rooms where pediatric patients are seen.
- ☐ The practice has reviewed the UConn Rudd Center for Food Policy and Obesity website and reviewed the *Preventing Weight Bias: Helping Without Harming in Clinical Practice Toolkit.* biastoolkit.uconnruddcenter.org/

Incorporate the 5-2-1-0 Healthy Habits Questionnaire into your office work flow. The team has addressed the following:

- ☐ When and where will the survey be handed out?
- ☐ Who will the patient/parent give the survey back to?
- ☐ Where will the survey be placed in the chart?

Screen and document body mass Index (BMI) percentile for age/gender. The team has addressed the following:

- ☐ How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?
- ☐ If you do NOT have an electronic medical record (EMR), can the person who does the measuring also calculate the BMI and determine BMI percentile and weight classification?
- ☐ Where will the BMI percentile and weight classification be documented?

Talk with patients and families:

- ☐ All team members who will be addressing healthy behaviors and weight issues with families have reviewed the Motivational Interviewing tools located in the *Talk with Patients and Families* tab of this toolkit.

Distribute patient and family tools. The team has addressed the following:

- ☐ Where will the handouts be stored/displayed?
- ☐ What handouts are you going to use?
- ☐ Who is responsible for ordering/ stocking handouts.

GOOD LUCK AND HAVE FUN!

5210 LET'S GO!

www.letsgo.org

Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations,[1] new evidence and promising practices.

Assess Behaviors

Assess healthy eating and active living behaviors

Provide Prevention Counseling

5 (fruits & vegetables) **2** (hours or less of screen time) **1** (hour or more of physical activity) **0** (sugary drinks) every day!

Determine Weight Classification

Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

Healthy Weight
(BMI 5-84%)

- Family History
- Review of Systems
- Physical Exam

Risk Factors Absent

Overweight
(BMI 85-94%)

Augmented (obesity-specific)[1]
- Family History
- Review of Systems
- Physical Exam

Obesity
(BMI ≥ 95%)

Augmented (obesity-specific)[1]
- Family History
- Review of Systems
- Physical Exam

Risk Factors Present

Determine Health Risk Factors*

Routine Care

- Provide ongoing positive reinforcement for healthy behaviors.
- For patients in the *healthy weight* category, screen for genetic dyslipidemia by obtaining a non-fasting lipid profile for all children between the ages of 9-11 and again between 18-21.[2]
- For patients in the *overweight* category, obtain a lipid profile.
- Maintain weight velocity:
  - Crossing 2 percentile lines is a risk for obesity[4]
  - Reassess annually
- Follow up at every well-child visit.

Lab Screening

- The 2007 Expert Committee Recommendations[1] state that a fasting glucose and fasting lipid profile along with ALT and AST should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using A1C, fasting glucose or oral glucose tolerance to test for diabetes or pre-diabetes. The ADA notes that there are presently limited data supporting A1C for diagnosing diabetes in children and adolescents; however, they are continuing to recommend A1C at this time.[3]
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences and availability of testing should be used to help determine the timing of follow up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for Vitamin D and fasting insulin. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient's health risk, some experts may start screening patients at 2 years of age.

Obesity-related conditions: The following conditions are associated with obesity and should be considered for further work-up. Additional lab tests may be warranted if indicted by the patient's clinical condition.[5] In 2014, consensus statements from The Children's Hospital Association described the management of a number of these conditions.[6,7]

Dermatologic:
- Acanthosis nigricans
- Hirsutism
- Intertrigo

Endocrine:
- Polycystic ovarian syndrome (PCOS)
- Precocious puberty
- Prediabetes: Impaired fasting glucose and/or impaired glucose tolerance as demonstrated during a GTT
- Premature adrenarche
- Type 2 Diabetes

Gastrointestinal:
- Cholelithiasis
- Constipation
- GERD
- Nonalcoholic fatty liver disease or steatohepatitis

Neurologic:
- Pseudotumor cerebri

Orthopedic:
- Blount's Disease
- Slipped capital femoral epiphysis (SCFE)

Psychological/Behavioral Health:
- Anxiety
- Binge eating disorder
- Depression
- Teasing/bullying

*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.[8,9]
- Children age 2 – 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider
What: Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.
Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.[4]
Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training
What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team
What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.
Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.
Follow-up: Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 4.

Stage 4 Tertiary Care Intervention

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity
What: Recommended for children with BMI $\geq$ 95% and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children > 99% who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.
Goals: Positive behavior change. Decrease in BMI.
Follow-up: Determine based upon patient's motivation and medical status.

References

1. Barlow S, Expert Committee. Expert committee recommendations regarding prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics.* 2007;120(4):S164-S192.
2. US Department of Health and Human Services. Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: Full report. 2012.
3. American Diabetes Association. Classification and diagnosis of diabetes. Sec.2. In Standards of Medical Care in Diabetes – 2015. Diabetes Care 2015;38(Suppl.1):S8-S16.
4. Taveras EM, Rifas-Shiman SL, Sherry B, et al. Crossing growth percentiles in infancy and risk of obesity in childhood. *Arch Pediatr Adolesc Med.* 2011;165(11):993-998.
5. Copeland K, Silverstein J, Moore K, et al. Management of newly diagnosed type 2 Diabetes Mellitus (T2DM) in children and adolescents. *Pediatrics.* 2013;131(2):364-382.
6. Estrada E, Eneli I, Hampl S, et al. Children's Hospital Association consensus statements for comorbidities of childhood obesity. *Child Obes.* 2014;10(4):304-317.
7. Haemer MA, Grow HM, Fernandez C, et al. Addressing prediabetes in childhood obesity treatment programs: Support from research and current practice. *Child Obes.* 2014;10(4):292-303.
8. Preventing weight bias: Helping without harming in clinical practice. Rudd Center for Food Policy and Obesity website. http://biastoolkit.uconnruddcenter.org/.
9. Resnicow K, McMaster F, Bocian A, et al. Motivational interviewing and dietary counseling for obesity in primary care: An RCT. Pediatrics. 2015;134(4): 649-657.

Institute for Healthy Childhood Weight

Updated 10/7/15

CHILDHOOD OVERWEIGHT & OBESITY REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF ENDO & DIABETES) • 887 CONGRESS ST, SUITE 100, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

‹ age 3 with concerns for severe obesity

OR

Any age with new onset obesity or rapidly increasing BMI over a few weeks or months

OR

Any child with poor linear growth (hints at severe underlying disease)

Red flags include hypertension, proximal muscle weakness, widespread violaceous striae, polyuria, polydipsia, abnormal neurologic findings

SUGGESTED PREVISIT WORKUP

Consider labs in green box

If growth failure consider TSH, free T4

If concerned for Cushing ask for endocrine guidance on labs

Endocrine visit in 2-4 weeks or sooner

Consider calling endocrine to discuss: (207) 662-5522

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

‹ age 3

OR

Any child not responding with stabilizing or lower BMI with primary care intervention

OR

Evolving concerns for obesity related comorbities

See green box for common exam findings and labs

SUGGESTED WORKUP

Counsel family on healthy eating and active living

Use Next Steps guide at Letsgo.org which outlines suggested follow-up visit plan for children with overweight or obesity

Consider referral to Countdown Clinic at MMP or other weight management clinic

If family not interested in weight management program consider specialty referral to address comorbidities

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

› age 3

AND

Longstanding elevation in BMI › 85th percentile

AND

Normal linear growth

Families commonly report that their children have the symptom of being “constantly hungry”

Common exam findings include pink striae, cervical spine adipose tissue, acanthosis, concerns for early puberty (see PUBERTY guideline)

Consider CMP, A1C, nonfasting lipids, 25 hydroxy vitamin D (See AAP algorithm below for more detail)

SUGGESTED MANAGEMENT

Counsel family on healthy eating and active living

Use Let’s Go!/5-2-1-0 resources to guide family in positive behavior change

Use Next Steps guide at Letsgo.org which outlines suggested follow-up visit plan for children with overweight or obesity

Consider recommendations on AAP obesity algorithm: click “tools” at: https://ihcw.aap.org

CLINICAL PEARLS

- Obesity reflects complex pathophysiology that is not all under an individual’s control. Obesity is not simply “Calories in, Calories out”.
- Good linear growth strongly points away from an underlying endocrine disorder.
- If concerned about a rare endocrine or genetic disorder (e.g. Cushing) often best to discuss with endocrinology or genetics to avoid unneeded testing.
- Usually best to NOT screen with TSH unless there is growth failure, see TSH guideline.
- Comorbid conditions to consider include: **DERM**: acanthosis, hirsutism, intertrigo **PULMONARY**: asthma, snoring, sleep apnea **ENDOCRINE**: PCOS, precocious puberty, premature adrenarche, prediabetes, type 2 diabetes GI: cholethiasis, constipation, GERD, NAFLD **NEUROLOGY**: intracranial hypertension ORTHO: SCFE, Blounts disease **PSYCHOSOCIAL**: Anxiety, depression, binge eating, teasing, bullying.

Maine Medical PARTNERS

2/17

MaineHealth
Accountable Care
Organization

3. Additional Resources: Peds BMI

- ❑ **Transportation**
  - p. _____
  - p. _____
- ❑ **Financial Support**
  - p. _____
  - p. _____
- ☑ **Home Support/Supplies (Community resources)**
  - p. ✓ Activities that involve communities
  - p. _____
- ❑ **Medication Subsidies**
  - p. _____
  - p. _____
- ☑ **Additional Patient Support/Education**
  - p. ✓ 5210 Healthy Habits Questionnaire (ages 2-9)
  - p. ✓ 5210 Healthy Habits Questionnaire (ages 10 +)
- ❑ **Explore Technology**
  - p. _____

Activities that

INVOLVE **COMMUNITY**

HOT TIPS:

- **Reach out to your local Healthy Maine Partnership representative! www.healthymainepartnerships.org**
- **Tap into local experts – don't forget, some of your students' parents may be dentists, healthcare providers, nutritionists, chefs, or fitness instructors!**
- **Use the MaineHealth Learning Resource Centers. www.mainehealthlearningcenter.org/**

5210 LET'S GO!

www.letsgo.org

Both out-of-school programs and communities can benefit from partnering together!

Try one of these ideas to begin involving your community in your *Let's Go!* work:

- Start a community garden.
- Sponsor a clean-up day in the neighborhood.
- Sponsor a distinguished speaker series.
- Host a healthy community breakfast or dinner.
- Host a family fitness night.
- Create a community cookbook.
- Hold a community healthy food drive.

Examples of successful collaborations between out-of-school programs and community partners:

LOCAL CHEFS AT MYPLACE TEEN CENTER IN WESTBROOK, MAINE

My Place Teen Center has teamed up with three local Maine businesses—IDEXX Laboratories, The Frog and Turtle Pub, and Bumbleroot Organic Farm—to educate teens on the importance of nutrition and to train them on how to cook healthy meals on a limited budget. Teens experience the fast-paced nature of an industrial kitchen, learning alongside executive chefs from IDEXX and The Frog and Turtle. They learn a range of food service skills including front and back of the house tasks. This dynamic program offers hands-on experience with a focus on building self-confidence, independence, and collaborative working skills.

COMMUNITY GUESTS VISIT CHILDREN IN ACTION AFTERSCHOOL PROGRAM IN RANGELEY, MAINE

Children in Action is an afterschool program provided by Rangeley Health and Wellness for kids in kindergarten through 5th grade held at the Rangeley Fitness Center. Rangeley is a small community, and program director Lindsay Richards makes sure the program provides opportunities for just about everyone to be involved. The program has hosted local farmers, fitness instructors, law enforcement officers, and chefs leading kids in activities related to healthy eating and physical activity. Rangeley Family Medicine across the street is a *Let's Go!* Health Care practice and has also invested in the kids at the afterschool program. Medical providers from the health center have visited the program to talk about 5-2-1-0 health habits and the connection between food, physical activity, weight, and health. *Children in Action* is all about helping families reinforce healthy habits in kids!

STRATEGY 7: Engage Community Partners to Help Support Healthy Eating and Active Living

how to implement

Community partners can add expertise and extra hands to your *Let's Go!* efforts. Think about how you might include one of these community partners in your plan for the year.

Bolded items mean there is a supporting handout in this section!

Engage community partners:

- Connect with community partners that can safely provide yoga, dance, tai chi, or other types of fitness instruction to introduce kids to different forms of physical activity.
- Use the **Sample Language for Engaging Contracted Instructors in Your *Let's Go!* Efforts**.
- Ask SNAP Educators to provide nutrition education.
- Ask health professionals such as your school physician, local pediatrician, or nutritionist to come share their expertise.
- Ask Cooperative Extension Master Gardeners to help with your garden.
- Invite local college students to lead a healthy activity.
- Take a tour of a local farm to learn how fruits and vegetables are grown.
- Follow the steps to **Build a Partnership with Your Local Grocery Store.**
- Seek funding using the **Sample Letter for Requesting Support from Local Businesses**.
- Involve kids in **Activities that Involve the Community** in healthy eating and active living.

5210 LET'S GO!

www.letsgo.org