

Help Pediatric Patients Maintain a Healthy Weight

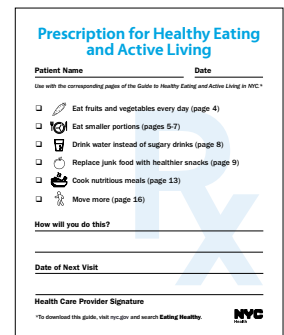
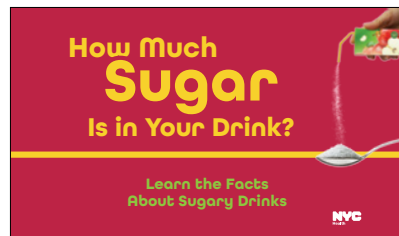
Maintaining a healthy weight and diet throughout childhood sets children on the path to a healthy future. While overweight or obesity may be a marker of poor nutrition, it is important to make sure all patients eat a nutritious diet, regardless of their weight. Screening for overweight, obesity and food insecurity at every visit can help identify patients in need of intervention at an early stage.

1. SCREEN FOR OVERWEIGHT AND OBESITY AT EVERY VISIT:

- Determine who in the practice will screen for overweight and obesity.
- Use the following tools to screen for age-specific overweight and obesity at every visit.

Age	Recommended Screening Tool
0 to 23 months	World Health Organization (WHO) growth charts Available at: cdc.gov/growthcharts/who_charts.htm
2 to 20 years	Centers for Disease Control (CDC) BMI-for-age charts (gender-specific) Available at: cdc.gov/growthcharts/charts.htm

- If your practice is not using an electronic health record (EHR) that automatically calculates and charts percentile or BMI, calculate either height, length or BMI and plot on the appropriate paper growth chart.
- Review results with patients and their families, as appropriate for their age, and use this opportunity to discuss healthy eating strategies. Use the My Plate Planner for Children and Teens, the How Much Sugar Is in Your Drink? flip chart, the Guide to Healthy Eating and Active Living in NYC and the Prescription for Healthy Eating and Active Living to offer healthy eating and active living strategies.



2. SCREEN FOR FOOD INSECURITY AT EVERY VISIT:

Food insecurity means a household isn't able to provide enough food for an active, healthy life. It is a serious issue that affects children and families in all communities. Pediatricians are in a unique position to identify families struggling with food insecurity and refer them to food assistance programs.

- Educate staff on the importance of screening everyone for food insecurity. Screening all patients minimizes stigma and normalizes the screening process.
- Determine who in the practice will screen for food insecurity and add it to the clinical workflow as well as the patient's chart or EHR. Since this is a sensitive topic, think of where you will administer the screening: in the examination room, during your interview or on a patient intake questionnaire. If using a questionnaire, think about how you will address this with patients during your interview.
- Use the Hunger Vital Sign, recommended by the American Academy of Pediatrics, to assess food insecurity at every visit.

THE HUNGER VITAL SIGN SCREENING TOOL

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

- Often true Sometimes true
 Never true Don't know or refused

Within the past 12 months, the food we bought didn't last and we didn't have money to get more.

- Often true Sometimes true
 Never true Don't know or refused

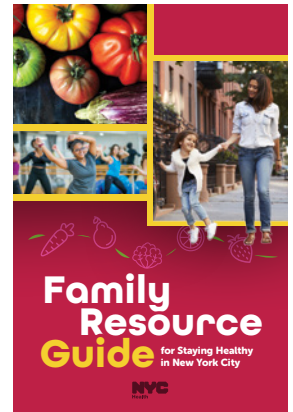
3. REVIEW THE RESULTS WITH PATIENTS AND THEIR FAMILIES

- Review the results. A patient screens positive for food insecurity if the response is "often true" or "sometimes true" to either or both of the Hunger Vital Sign questions.
- Document and code the food insecurity screening results in the patient's medical record or EHR.

The following diagnosis code can be used for positive screens:

ICD-10-CM diagnosis code Z59.4 (lack of adequate food and safe drinking water). Depending on the situation, some providers may choose to use ICD-10-CM diagnosis code Z59.5 (extreme poverty).

- Refer at-risk patients and families to Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); emergency food providers and other resources as appropriate.
- Refer to the Family Resource Guide for Staying Healthy in New York City for contact information.
- Document and track interventions in the patient's medical record.
- Create a list of federal nutrition programs and emergency food resources in the EHR, then check off the programs to which a patient is referred. Print out the referral list for the patient.



¹ Hager ER, Quigg AM, et al. Development and Validity of a 2-item Screening to Identify Children and Families at Risk for Food Insecurity. Pediatrics. 2010.