

Things to think about BEFORE a practice starts measuring BMI.

- 1. The focus is on healthy behaviors.** It's important to remember the focus should be on healthy behaviors and NOT on the weight. Healthy behaviors include 5-2-1-0, plus setting structured mealtimes, eating less fast food, and getting enough sleep.
- 2. The 5-2-1-0 Survey.** The first thing to institute in your practice is the 5-2-1-0 Survey at all well-child checks for children 2 years and older. Questions to consider:
 - *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?*
- 3. Goal setting with patients and families.** It's important to have patients and families work on one area at a time. Simple, easily attainable goals are the key to success. An example is reducing intake of sugar-sweetened beverages.
- 4. Parent information.** It's important to have information for parents on how they can make simple changes in their lives to be healthier. The Let's Go! Toolkit has many handouts available for your patients. These handouts will also be available on the Let's Go! web site in the coming months at www.letsgo.org. Questions to consider:
 - *What handouts are you going to use?*
 - *Where will the handouts be stored/displayed?*
 - *Who is responsible for ordering/stocking handouts?*
- 5. Measuring BMI can be complicated.** Here are some things to consider:
 - *How does your office currently measure patients' height and weight? Who does the measuring? Is it standardized throughout the office?*
 - *Can the person who does the measuring also calculate the BMI and determine the BMI percentile and weight classification? (Usually one person does all of this.)*
 - *Where will the BMI percentile and weight classification be documented?*
 - *Are the appropriate staff trained in BMI calculations and documentation?*

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6. The language we use is very important when working with patients and families on healthy behaviors. Focus on positive, healthy behaviors, not on the weight.

- **A BMI of 5-84%** is medically termed “healthy weight”. It is still important to talk about healthy behaviors with this group.
- **A BMI of 85-94%** is medically termed “overweight”.
 - Instead of using the term “overweight”, try reviewing the BMI growth chart with the child/parent. Use wording such as “Your child might be carrying a little extra weight. It might not mean he/she has extra fat.”
 - Quickly steer the conversation to the 5-2-1-0 behaviors.
 - Ask the child/parent if there is one behavior they would like to work on.
 - Use the survey to help elicit interest.
 - If they are not interested in making a change now, stay positive and encourage them to pick a behavior to start thinking about.
- **A BMI of 95-98%** is medically termed “obese”.
 - Instead of using the term “obese”, try “Your child has put on more weight than they have grown tall,” or “Your child is carrying around extra weight and this can put them at risk for health conditions such as heart disease and diabetes.”
 - Once again, quickly move the discussion to healthy behaviors.
 - Refer to the clinical algorithm in the Toolkit to determine the recommended evaluation, intervention and follow-up.
- **A BMI of 99% or greater** has no specific medical term.
 - Try using some of the wording reviewed above.
 - Additional discussion of the health risks such as heart disease, diabetes, and liver problems is warranted.
 - Once again, focus the visit on making healthy behavior choices.
 - Refer to the clinical algorithm.

7. It’s important to set a good example. Practices can set a good example by having healthy snacks available for office staff and avoiding junk food and soda.

8. Potential limitations on the use of the BMI. BMI does not directly measure fat, it measures weight. That said, there have been numerous studies determining BMI to be a good screening tool to identify children who have an increased percentage of body fat and are at risk for medical conditions, such as heart disease and diabetes.