The purpose of this toolkit is to provide a system and structure to facilitate quick and quality conversations around healthy habits and goal-setting with parents and children using brief action planning and motivational interviewing. This toolkit contains provider guides and education materials for 9 healthy habits, including the habits referenced in the Healthy Habits Survey. Materials have been developed to include current recommendations and messages from MyPlate, 5-2-1-0, and the American Academy of Pediatrics (AAP).

**TO GET STARTED**

- Review the brief action planning flowchart
- Each provider guide is structured to follow this same format
- Review the spirit of motivational interviewing and OARS

**TO USE WITH A FAMILY**

- Have family complete Healthy Habits Questionnaire.
- Follow Brief Action Planning flowchart to initiate conversation.
- Based on family response, find provider guide for associated healthy habit and follow the outlined discussion guide.
- Use confidence ruler to assess level of confidence for achieving goals.
- Document family goal in EHR to include in after-visit summary.
- Schedule follow-up: Use brief action planning flow-chart for follow-up to review progress on goals set.

**ACKNOWLEDGMENTS**

The 5210 Health Habits toolkit is the product of a collaboration between the State Chapters of Iowa and Oklahoma American Academy of Pediatrics Committees on Obesity with support from the Iowa Medical Society and the Healthiest State Initiative. Funding for this project is provided by the Iowa Department of Public Health. Thank you to all of our partners on this project for guidance and editing of the Toolkit. We would also like to thank Maren Wolff, MS, RDN, LD and Lorraine Lanningham-Foster, Ph.D. at the Iowa State University Department of Food Science and Human Nutrition for content and editing assistance.

Some materials in this tool kit have been adapted from MyPlate, Let's Go!, and the Oklahoma Chapter of the AAP.
Patient and/or parent/caregiver complete Healthy Habits Questionnaire (HHQ)

Which of these, if any, might be something you’d like to talk more about today?

- Not sure? Would it be OK if I offered some ideas? (Review HHS)
- Habit Chosen – See Provider Guide
- None at this time

If prepared for change, offer to engage in goal setting.

- Setting a SMART goal has been shown to help us be more successful in making a change. Would you like to set a goal today? Do any of these ideas work for you, or is there an idea of your own you’d like to try?

- Many people find it helpful to make a specific plan – would that work for you? What, when, where, how long/often/much, when to start?

- Just to make sure we both understand your plan, would you mind repeating it for me?

Assess confidence

- How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?

Confidence \( \geq 7 \) That’s great!

- Schedule follow-up. Would it be helpful to set up a time to check in on how things are going with your plan? When?

Confidence \(< 7\)

- A ___ is higher than zero, that’s good! We know people are more likely to complete a plan if it’s higher than 7

- Sometimes people cut back on their plan, change their plan, or make a new plan. What might work best for you?

Yes

- (Restate plan, rating as needed)

No

Healthy Choices Count!
ACTION PLANNING FLOWCHART
HEALTHY HABITS TOOLKIT

Follow-Up - Check on Plan

How did it go with your plan?

Completion
- Recognize success

Partial completion
- Recognize partial completion

Did not carry out plan
- Assure that this is a common occurrence

What would you like to do next?
WHAT IS MOTIVATIONAL INTERVIEWING?

Motivational interviewing is a collaborative, goal-oriented method of communication with attention to the language of change. It is a way to build motivation to change behavior without using coercion or pressure. At the core of MI is the recognition of the patient being in charge of his or her behavior and the consequences, be they positive or negative, of that behavior. When using MI, you are assisting the patient in exploring their ambivalence to change and using specific skills to help them move toward change that is initiated by the patient. This is done by guiding the patient to explore behavior change in a safe setting that allows them to build their own motivation to change. Motivational Interviewing is more than a set of counseling skills; it is also a way of being with the patient in a way that allows you to experience and express empathy and support the patient's autonomy. This is often referred to as the “Spirit of MI.”

WHY TRY MI?

- Studies show that allowing patients the opportunity to advocate for their own change is predictive of their future behavior change.
- Conversely, if we force or pressure people to make a decision about change, or if we tell them they must change, they will often argue for the status quo.
- Once a patient verbalizes an argument for change (or an argument for status quo), we can predict that their behavior will follow that argument.
- Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.

MI TOOLS

Elicit-Provide-Elicit
This technique is helpful in learning more about what the patient is thinking and feeling about a particular subject while providing some education or information about it in a non-threatening way. When providing information, always ask permission from the patient before sharing. This allows the patient to have a choice in whether or not he or she hears the information. Some patients may not be ready to hear information and will not have a positive reaction to the information. After providing the information, check in with your patient again to see what his or her thoughts and feelings are about it. This allows you to gauge where the patient is at with that information and move them in the direction of change talk.

Change talk
Change talk is what we hear from patients who are starting to move toward setting a goal for changing a particular behavior. By using a few tools and skills, we can help patients move in the direction of change and become more confident in their ability to set a goal and meet it. One way to help patients along the path of change is to ask them to provide pros and cons for both the new behavior and the existing behavior. The patient is generating this list and therefore feels more ownership of it than if the provider is giving it to them. They start to develop their own list of reasons to change.

Readiness Ruler
Another tool you can use is a ruler to gauge where the patient is at with their commitment to the change. You may ask a patient how important making a change is as well as their confidence in making the change using a ruler. Research has shown that the higher a patient rates his or her confidence, the more likely he or she is to meet their behavior change goal. Along with asking about where they are on the ruler, you can also ask about why they chose that number and not one that is high or lower as well as what it would take to move that number higher. Instead of using the word “why,” you might say “What made you choose a 7 instead of a 6?” or “What would it take to make this an 8 instead of a 7?”

Reflections
A reflection is a way to re-phrase what the patient has said and say it back to them. This allows the provider to clarify what the patient is saying as well as allows the patient to hear back what they are saying and further explore the topic. Reflections can be content-related or feeling-related. There are several types of reflections that can be used depending on the information that patient is giving you and the feelings the patient is expressing. Reflections help move the patient toward change talk by helping them “get clear” about what they really want.
THE SPIRIT OF MOTIVATIONAL INTERVIEWING

These guiding principles or ways of being are the foundation of motivational interviewing (MI).

Collaboration  Working together and viewing one another as equals.
Acceptance    Respecting the individual and his/her interest in changing or not changing.
Evocation      Bringing out the strengths that already exist in the individual and the knowledge he/she has of himself/herself.
Compassion    Caring about the individual and his/her values.

OARS

OARS are guiding skills that facilitate engaging an individual in communication and sharing.

O  (Asking) Open-ended questions
A  Affirming
R  Reflecting and
S  Summarizing
Plus Giving advice and information with permission

The spirit of MI and OARS can be used in all conversations with patients and parents/caregivers, but can be particularly helpful in having conversations when individuals are unsure about changing behaviors.
**Healthy Habits Questionnaire** ages 2-9

Child’s Name: ____________________________________________

Age: _______   Today’s Date: _____________

1. How many servings of fruits or vegetables do you have a day? _______
   *One serving is most easily identified by the size of your fist.*

2. How many times a week does your child eat dinner at the table together with the family? ______

3. How many times a week does your child eat breakfast? _______

4. How many times a week does your child eat fast food or takeout? _______

5. How much recreational (*outside of school work*) screen time does your child have daily? _______

6. Is there a television set or Internet-connected device in your child’s bedroom? _______

7. How many hours does your child sleep each night? _______

8. How much time a day does your child spend being active? _______
   *(faster breathing/heart rate or sweating)?*

9. How many 8-ounce servings of the following does your child drink a day?
   
   100% juice _______   Whole milk _______
   
   Water _______   Soda or punch _______
   
   Fruit or sports drinks _______   Nonfat (skim), low-fat (1%),
   
   or reduced-fat (2%) milk ______

10. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
   
   - [ ] Eat more fruits and vegetables.
   - [ ] Eat less fast food/takeout.
   - [ ] Drink less soda, juice, or punch.
   - [ ] Drink more water.
   - [ ] Spend less time watching TV/movies and playing video/computer games.
   - [ ] Take the TV out of the bedroom.
   - [ ] Be more active – get more exercise.
   - [ ] Get more sleep.

Please give the completed form to your clinician. **thank you!**
5210 Healthy Habits Questionnaire ages 10+

Your Name: __________________________________________________________________________
Age: _______  Today’s Date: ______________

1. How many servings of fruits or vegetables do you have a day? _______
   One serving is most easily identified by the size of your fist

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

3. How many times a week do you eat breakfast? _______

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

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

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

7. How many hours do you sleep each night? _______

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

9. How many 8-ounce servings of the following do you drink a day?
   
   100% juice _______  Whole milk _______
   Water _______  Soda or punch _______
   Fruit or sports drinks _______  Nonfat (skim), low-fat (1%),
   or reduced-fat (2%) milk _______

10. Based on your answers, is there ONE thing you would be interested in changing now?
    Please check one box.
    □ Eat more fruits and vegetables.
    □ Eat less fast food/takeout.
    □ Drink less soda, juice, or punch.
    □ Drink more water.
    □ Spend less time watching TV/movies and playing video/computer games.
    □ Take the TV out of the bedroom.
    □ Be more active – get more exercise.
    □ Get more sleep.

Please give the completed form to your clinician. thank you!
Nombre del Niño (a): ______________________________________________________________________

Edad: ___________________ Fecha de hoy: ____________________

1. ¿Cuántas porciones de frutas o vegetales consume al día? ________ Una porción se identifica más fácilmente por el tamaño de la palma de tu mano.

2. ¿Cuántas veces a la semana su niño(a) come su cena en la mesa en conjunto con el resto de la familia? ______

3. ¿Cuántas veces a la semana su niño(a) come desayuno? ______

4. ¿Cuántas veces a la semana su niño(a) come comida rápida o comidas preparadas fuera del hogar? ______

5. ¿Cuánto tiempo recreacional (fuera del trabajo escolar) su niño(a) pasa al frente de una pantalla diariamente? ______

6. ¿Hay una televisión o aparatos electrónicos conectados al Internet en la recámara de su niño(a)? ______

7. ¿Cuántas horas su niño(a) duerme cada noche? ______

8. ¿Cuánto tiempo al día se mantiene físicamente activo su niño(a)? ______ (Respiración/Ritmo Cardiaco Rápido o Sudar)?

9. ¿Cuántas porciones de 8 onzas su niño(a) consume diariamente de las siguientes categorías?
   - 100% Jugo ________
   - Leche Entera ________
   - Agua ________
   - Soda o ponche ________
   - Bebidas de Deportes o Frutas ________
   - Leche sin grasa (descremada), baja en grasa (1%) o leche reducida en grasa (2%) ________

10. Basándose en sus respuestas, ¿hay UNA cosa que a usted le gustaría ayudar a su niño(a) a cambiar? Por favor seleccione una de las siguientes:
    - □ Comer frutas y vegetales.
    - □ Comer menos comida rápida/preparada fuera del hogar.
    - □ Tomar menos soda, jugo, o ponche.
    - □ Tomar más agua.
    - □ Pasar menos tiempo viendo la tele/películas y jugando juegos de video/computadora.
    - □ Remover la tele de la recámara.
    - □ Ser más activo – hacer más ejercicio.
    - □ Dormir más.

Por favor entregue el formulario completado a su médico. Gracias!
Formulario de Hábitos Saludables edades 10+

Tu nombre: __________________________________________________________
Edad: _______ Fecha de hoy:__________

1. ¿Cuántas porciones de frutas y vegetales tu consumes al día?________
   Una porción se identifica más fácilmente por el tamaño de la palma de tu mano.

2. ¿Cuántas veces a la semana tú comes tu cena en la mesa en conjunto con el resto de la
   familia? _______

3. ¿Cuántas veces a la semana tú comes desayuno? ______

4. ¿Cuántas veces a la semana tú comes comida rápida o comidas preparadas
   fuera del hogar? ______

5. ¿Cuánto tiempo recreacional (fuera del trabajo escolar) tú pasas al frente de la
   pantalla diariamente? ______

6. ¿Hay una televisión o aparatos electrónicos conectados al Internet
   en tu recámara? ______

7. ¿Cuántas horas tú duermes cada noche? ________

8. ¿Cuánto tiempo al día te mantienes físicamente activo(a)? _______
   (Respiración/Ritmo Cardiaco Rápido o Sudar)

9. ¿Cuántas porciones de 8 onzas consumes diariamente de las siguientes categorías?
   100% jugo ______
   Leche Entera ______
   Agua ______
   Soda o Ponche ______
   Bebidas de Deportes o Frutas ______
   Leche sin grasa (descremada), baja en grasa (1%),
   o leche reducida en grasa (2%) ______

10. Basándote en tus respuestas, ¿hay UNA cosa que te interesaría cambiar ahora?
    Por favor selecciona una de las siguientes:
    □ Comer más frutas y vegetales.
    □ Comer menos comida rápida/preparada fuera del hogar.
    □ Tomar menos soda, jugo, o ponche.
    □ Tomar más agua.
    □ Pasar menos tiempo viendo la tele/películas y jugando juegos de video/computadora.
    □ Remover la tele de la recámara.
    □ Ser más activo – hacer más ejercicio.
    □ Dormir más

Por favor entregue el formulario completado a su médico. Gracias!
On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?

1  2  3  4  5  6  7  8  9  10

Not Confident  Somewhat Confident  Very Confident
# GOALS SHEET

## HEALTHY HABITS TOOLKIT

### RECORD YOUR GOALS

My Name: 

Date: 

**GOAL 1:**  

**GOAL 2:**  

**GOAL 3:**  

Follow Up:  

### TRACK YOUR GOALS

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5210

Healthy Choices Count!
FRUITS & VEGETABLES
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about eating more fruits and vegetables.
• What would you like to be different?
• Tell me about fruits and vegetables your child likes to eat.
• Tell me about a typical dinner meal for your family.

STEP 2: OFFER EDUCATION
"Would you like me to share more information about eating more fruits and vegetables?"
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• "What we eat matters for our bodies. Eating 5 or more fruits and vegetables every day is important because they have lots of nutrition, and different colors of fruits and vegetables have different vitamins and minerals."
• "Healthy eating styles, especially including fruits and vegetables, can help prevent diseases like type 2 diabetes, cancer, and heart disease."

What is recommended:
• "It is recommended that children eat 5 or more servings of fruits and vegetables every day. This handout has some examples of what 1 serving of fruit or vegetables looks like."

How to implement:
• "The tips on this sheet are just a few ideas of how to eat more fruits and vegetables."
• "What are your thoughts about this?"

STEP 3: ENGAGE IN GOAL-SETTING
• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP
• “On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?”
• Confidence >7 : “That’s great!”
• Confidence <7: “A ___ is higher than a zero, that’s good! We know people are more likely to complete a plan if it’s higher than 7. Any ideas about what might raise your confidence?”
• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”

REFERENCES
• For obesity management: Long term changes in diet quality in overweight or obese children are inversely associated with BMI scores.
• Processed foods, fast foods, and other foods that are high in fats and sugar while providing no nutritional benefits should be substituted with whole and unprocessed foods.
• Fruits and vegetables have not been correlated directly to BMI, but they do provide many important nutrients. An increase of intake in these food groups is beneficial for the patient.
• Dietary fiber is shown to have a protective effect against obesity, diabetes, hypertension and cardiovascular disease.\(^1\)
FAMILY MEALS
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about family meals.
• What would you like to be different?
• Tell me about a typical family meal at your house.
• Tell me about how you decide what meals your family eats.

STEP 2: OFFER EDUCATION
“Would you like me to share more information about family meals?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “Children who regularly eat with their families are more likely to eat fruits, vegetables, and whole grains. Overall, meals eaten at home tend to be healthier than meals eaten while dining out because of sodium, unhealthy fats, and portion sizes. Sharing meals as a family is also important because it allows a time for healthy communication. Overall, your child’s health can benefit from family meals.”

What is recommended:
• “Eat as many meals together as your family can, and when you can, choose to eat at home.”

How to implement:
• “The tips on this sheet are just a few ideas of how to have positive family meal experiences.”
• “What are your thoughts about this?”

REFERENCES
• Family meals reduce odds for becoming overweight, eating unhealthy foods, and disordered eating, along with increasing healthy food intake.2
• Away-from-home dinner sources are linked with increased weight status and body composition. When families reported at least one away from home dinner purchase in the past week, mean body fat percent, metabolic risk, and insulin levels were significantly greater than those with less fast-food purchases.3
• Studies recommend that stressing the relative importance of family meal time and teaching how to plan ahead encourages the best health outcomes.4
• The amount of food parents serve themselves is significantly tied to the amount of food they serve their children. When children are served more, they eat more. Encourage healthy portions for the whole family to reduce the risk of the child overeating.5
• TV watching during mealtime can negate the positive influences of mealtime. Children who watched TV while eating dinner had decreased intake of fruits and veggies and increased intake of fast food and sugar-sweetened beverages than those who do not watch TV.6

STEP 3: ENGAGE IN GOAL-SETTING
• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP
• “On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?”
  • Confidence >7: “That’s great!”
  • Confidence <7: “A ___ is higher than a zero, that’s good! We know people are more likely to complete a plan if it’s higher than 7. Any ideas about what might raise your confidence?”
• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”
HEALTHY DRINK CHOICES
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS

• Tell me what interests you about healthy drink choices.
• What would you like to be different?
• Tell me about what your child usually drinks.
• Tell me about any water or milk that your child drinks.

STEP 2: OFFER EDUCATION

“Would you like me to share more information about healthy drink choices?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “Water and milk are the best drink choices because they both have important things our bodies need. Water is important for lots of things our bodies do, like keeping a normal temperature and breaking down the food we eat so the body can use it. Most of the body is made up of water – 60-75%! Milk has calcium that is important for healthy growth and making strong bones.”
• “It is important to avoid sugar-sweetened drinks like soda pop, juice, sports drinks, and energy drinks because they can lead to excess weight and be harmful for our teeth.”

What is recommended:
• “Water is recommended to be the main drink that children have with meals and during the day. Children need 2-3 cups of dairy per day, such as low-fat or fat-free milk.”
• “It is recommended to aim for 0 sugary drinks per day.”

How to implement:
• “The tips on this sheet can be helpful for making healthier drink choices.”
• “What are your thoughts about this?”

STEP 3: ENGAGE IN GOAL-SETTING

• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP

• “On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?”
  • Confidence >7: “That’s great!”
  • Confidence <7: “A ___ is higher than a zero, that's good! We know people are more likely to complete a plan if it's higher than 7. Any ideas about what might raise your confidence?”
• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”

REFERENCES

• SSBs contribute more calories to the diet and excess weight gain than any other single food or beverage.7
• Studies consistently show an association between SSB consumption and metabolic disease, including hypertension, non-alcoholic fatty liver disease, visceral adiposity, insulin resistance and the development of Type 2 Diabetes Mellitus.7
• For each additional SSB consumed by a pediatric patient per day, odds of becoming obese are increased by 60%.7
• Individuals who are aware of recommended caloric needs and nutritional content of their beverages drank nine fewer SSBs per month on average than those who were not as well informed.8
• Reducing SSB consumption by only 25% has been estimated to reduce weight by 4.5lb/year in children. This change would decrease the prevalence of pediatric overweight and obesity from 32% to 27% and 17% to 14% respectively.9
SCREEN TIME
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS

• Tell me what interests you about screen time.
• What would you like to be different?
• Tell me about your child’s screen time habits.
• Tell me about where your child has screen time at home.

STEP 2: OFFER EDUCATION

“Would you like me to share more information about screen time?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “Limiting screen time is important for our health. Screen time often replaces physical activity because we’re more likely to sit while having screen time. Too much TV can also lower reading scores and cause attention problems. Screen time can cause us to eat more because we get distracted and we’re exposed to food advertising. Also, having screens in the bedroom can make it hard to get a good night’s sleep because we might stay up later having screen time.”

What is recommended:
• “It is recommended to limit recreational screen time to no more than 2 hours per day for children 2 years of age and older, and no screen time for children under 2. It is also recommended to keep screens out of the bedrooms and turn off screens during meal time and snack time.”

How to implement:
• “The tips on this sheet are just a few ideas of how to have healthier screen time habits.”
• “What are your thoughts about this?”

STEP 3: ENGAGE IN GOAL-SETTING

• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP

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• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”

REFERENCES

• Increased parental screen monitoring is shown to decrease sedentary behavior.10
• Screen-based activities promote overeating. Mechanisms include interrupting physiologic food regulation, acting as a conditioned cue to eat, and effecting the stress-induced reward system.11
• Children consume more food when exposed to food advertising. Studies suggest that food advertising primes automatic eating behaviors and influences children in more ways than just brand preference.12
• Children with a TV in their bedroom are more likely to be overweight and watch more TV than children without a TV in their bedroom.13
• Children who replace TV time with other sedentary activities may still decrease their risk of obesity.14,15
• When families kept track of outside play and rewarded their children with a specific amount of screen time in exchange for physical activity, they were more successful at reducing weight than those who kept track of outside play but allow unlimited screen time.14
PHYSICAL ACTIVITY
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about physical activity.
• What would you like to be different?
• Tell me about your favorite activities to do together.
• Tell me about any sports or activities your child participates in.

STEP 2: OFFER EDUCATION
“Would you like me to share more information about physical activity?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “Physical activity helps children keep their heart and lungs healthy, and makes their bones and muscles stronger. Children that are active tend to be healthier, which can also make them better learners. It can also help reduce stress, and help children feel good about themselves.”
• “Regular physical activity can help prevent diseases like type 2 diabetes, heart disease, and cancer. Children are more likely to do physical activity if it’s fun and when parents are supportive or participate, too.”

What is recommended:
• “It is recommended that children have at least 1 hour of physical activity every day.”
• “For younger children, ages 2-5, the 1 hour can be from play and other physical activities. For older children, ages 6-17, physical activity should include different types like aerobic, muscle-strengthening, and bone-strengthening.”

How to implement:
• “The tips on this sheet are just a few ideas for getting physical activity.”
• “What are your thoughts about this?”

REFERENCES
• The American Academy of Pediatrics recommends that children ages 2 to 18 years old should participate in at least 60 minutes of planned, supervised, physical activity or active play per day.16
• Abnormal triglyceride levels, defined as >110mg/dL for adolescents and abnormal high-density lipoprotein levels, defined as <40 mg/dL, respond to increased physical activity.16
• Studies found that parental support for the child’s physical activity is the most important factor for increased physical activity.17
• Physical activity has been shown to alleviate symptoms of mild to moderate depression and anxiety. It is also associated with promoting mental health and well-being in children and adolescents in ways such as improving self-concept and confidence.18
• Sixth graders that participated in more vigorous physical activity on a regular basis were correlated to higher grades than those who did not.19
• Studies show that higher rates of physical activity are correlated with better motor control and physical functioning in school-aged children.20
• An overall decline in physical activity in children is associated with an increased incidence of Type 2 Diabetes Mellitus; higher levels of moderate to vigorous physical activity and lower screen time have been found to be beneficial to insulin sensitivity through their effect on adiposity levels.21
STEP 1: ASK ABOUT CURRENT HABITS

- Tell me what interests you about sleep.
- What would you like to be different?
- Tell me about your child’s bedtime routine.
- Tell me about what your child does in the evening before getting ready for bed.

STEP 2: OFFER EDUCATION

“Would you like me to share more information about sleep?”
- If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
- “The amount of rest we give our bodies at night is very important for our health. Sleep is needed to maintain our body’s everyday activities.”
- “Sleep can also influence our eating habits. Not getting enough sleep can lead to eating more during the day and other health concerns.”
- “Having a consistent bedtime routine, going to bed earlier, and keeping screens like TVs and cell phones out of the bedroom have all been shown to help children sleep better and maintain a healthy weight.”

What is recommended:
- “The amount of sleep recommended for a child depends on their age. Your child should be getting ____ hours of sleep.” (Reference handout for sleep recommendations.)

How to implement:
- “The tips on this sheet can be helpful for making sure your child gets a good night’s sleep, like keeping the same sleep schedule and creating a good sleep environment in your child’s bedroom.”
- “What are your thoughts about this?”

REFERENCES

- Children with shorter sleep cycles and later bedtimes are more likely to be obese and gain weight over time.22
- Short sleep duration is associated with increased appetite and increased food take. Therefore, less sleep could result in diminished self-regulation of appetite in children, thus increasing the risk for overeating.23
- Bedtime routines are important. Studies have found a correlation between consistent sleep schedules and a lower rate of increase in BMI.25
- Children who go to bed later and have a TV in their room are more likely to have a greater BMI than those who go to bed at a normal time or do not have a TV in their room.24
- Childhood sleep habits may have a long-term effect on weight, even into adulthood. When children were followed from ages 5 to 32, studies found that each hour of reduction in sleep during childhood was associated with a 50% higher risk of obesity at age 32.26
HEALTHY EATING STYLES
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about healthy eating styles.
• What would you like to be different?
• Tell me about fruits and vegetables your child likes to eat.
• Tell me about a typical dinner meal for your family.

STEP 2: OFFER EDUCATION
“Would you like me to share more information about choosing a healthy eating style?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “What we eat and drink matters for our bodies. A healthy eating style is important for helping children grow and for having energy to do well in school and be physically active.”
• “Healthy eating styles, especially including fruits and vegetables, can also help prevent diseases like type 2 diabetes, cancer, and heart disease.”

What is recommended:
• “Eating a variety of foods helps make sure we get all the nutrition we need and using our plate can help us to do that. It’s recommended to make half of our plate fruits and vegetables, about a quarter of our plate lean protein, and about a quarter of our plate grains, especially whole grains. It’s also important to have 2-3 servings of low-fat or fat-free dairy every day.”
• “The Nutrition Facts Label is also helpful to use. We want to limit foods high in saturated fat, sodium, and added sugar, and eat foods that help us get enough vitamins, minerals, and fiber.”

How to implement:
• “The tips on this sheet are just a few ideas of how to have a healthy eating style.”
• “What are your thoughts about this?”

REFERENCES
• For obesity management: Long term changes in diet quality in overweight or obese children are inversely associated with BMI scores.
• Processed foods, fast foods, and other foods that are high in fats and sugar provide no nutritional benefits and should be substituted with whole and unprocessed foods.
• Fruits and vegetables have not been correlated directly to BMI, but provide many important nutrients, and increase of intake in these food groups is beneficial for the patient.
• If the child does not consume <2 servings of meat or meat alternatives (beans, eggs, nuts, seeds) per day, the child is missing out on B vitamins, iron and zinc that come in these foods. Low intake of protein rich foods may impair growth, and cause delayed growth and sexual maturation.
• If the child does not consume the proper amount of calcium, they are missing out on an important source of proteins, vitamins, and other minerals. Low intake of milk and calcium may reduce bone mass and increase risk of osteoporosis.
PORTION SIZES
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about portion sizes.
• What would you like to be different?
• Tell me about typical portions of foods your child has for dinner.
• Tell me about your child’s typical eating schedule and level of hunger throughout the day.

STEP 2: OFFER EDUCATION
“Would you like me to share more information about healthy portion sizes?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “Portion sizes, especially when dining out, are often larger than what we really need. Starting with smaller portion sizes and paying attention to hunger and fullness signals can help us eat the amount of food we need.”

What is recommended:
• “Using your child’s hand as a guide for serving sizes is a good starting point. Provide one serving of each food at a meal on their plate. If they are still hungry after finishing that, they can have more fruits and vegetables only”

How to implement:
• “The tips on this sheet are just a few ideas of how to serve healthy portions and how to help your child listen to their body to know when they are hungry or full.”
• “What are your thoughts about this?”

STEP 3: ENGAGE IN GOAL-SETTING
• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP
• “On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?”
  • Confidence >7 : “That’s great!”
  • Confidence <7: “A ___ is higher than a zero, that’s good! We know people are more likely to complete a plan if it’s higher than 7. Any ideas about what might raise your confidence?”
• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”
BREAKFAST & REGULAR MEALS
HEALTHY HABITS TOOLKIT

STEP 1: ASK ABOUT CURRENT HABITS
• Tell me what interests you about breakfast and regular meals.
• What would you like to be different?
• Tell me about your child’s typical breakfast.
• Tell me about your child’s typical day of eating and meals

STEP 2: OFFER EDUCATION
“Would you like me to share more information about breakfast and regular meals?”
• If yes, discuss education handout. (If no, skip to goal setting)

Why is this important:
• “A healthy breakfast gives your child the nutrition their body needs to start the day. Children who eat breakfast are more likely to do well in school, have an overall better mood, eat healthier during the day, and have a healthy weight. They’re also more likely to have better problem-solving skills, be more physically active, and miss fewer days of school.”
• “Also, eating breakfast, lunch, and dinner gives the body the energy and nutrition it needs throughout the day. Skipping meals can actually cause your child to eat more than needed during the day.”

What is recommended:
• “It’s recommended that children eat 3 regular meals per day, including eating a well-balanced breakfast every day. Try to include at least 2 different food groups in your child’s breakfast.”

How to implement:
• “The tips on this sheet can be helpful for eating breakfast and regular meals.”
• “What are your thoughts about this?”

STEP 3: ENGAGE IN GOAL-SETTING
• “Do any of these ideas work for you, or is there an idea of your own you’d like to try?”
• “Many people find it helpful to make a specific plan – would that work for you?” Discuss what, when, where, how long/often/much, and when to start.
• “Just to make sure we both understand your plan, would you mind repeating it for me?”

STEP 4: ASSESS CONFIDENCE & SCHEDULE FOLLOW-UP
• “On a scale of 1 to 10, how confident or sure do you feel about carrying out your plan?”
  • Confidence >7: “That’s great!”
  • Confidence <7: “A ___ is higher than a zero, that’s good! We know people are more likely to complete a plan if it’s higher than 7. Any ideas about what might raise your confidence?”
• “Would it be helpful to set up a time to check in on how things are going with your plan? When works best?”

REFERENCES
• Eating breakfast before school is associated with lower BMI, lower probability of overweight and lower probability of obesity.27
• The American Dietetic Association states that children who eat a healthy, well-balanced breakfast are more likely to meet daily nutrient requirements, concentrate better, have better problem-solving skills, have better hand-eye coordination, be more alert, be more creative, miss fewer days of school and be more physically active.28
• Children who skip breakfast tend to have poorer nutrient intake than those who eat breakfast. Eating breakfast regularly has been linked with greater intake of fiber, calcium, iron, vitamin C and lower intake of fat, cholesterol, and sodium.29
REFERENCES

HEALTHY HABITS TOOLKIT

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