

# IMPLEMENTATION GUIDE

## High Five for Kids

*Using an Evidence-Based Program to develop  
a process model for program delivery in the practice setting*

**Note:** Refer to “Using What Works: Adapting Evidence-based Programs to Fit Your Needs”. Review the appropriate Modules and the handouts provided in each, in order to modify and evaluate this program to meet the needs of your organization and audience.

“Using What Works” is available online at:  
[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm).

### I. Program Administration (Type of Staffing and Functions Needed)

#### Physician and/or Support Staff

- Measures child height and weight and calculates body mass index (BMI) and BMI percentile
- Refers child for participation in High Five for Kids using the eligibility criteria

#### Advanced Practice Clinician (APC; e.g., Nurse Practitioner)

- Trained in motivational interviewing and behavior change counseling
- Delivers the intervention through face-to-face visits and supportive phone calls
- Communicates with the participant’s primary care provider on progress made

### II. Program Delivery

**For additional information on modifying program materials, refer to the appropriate Module(s) for program adaptation from “Using What Works”.**

#### **A. Program Materials** (*All listed materials can be viewed and/or downloaded from the Products Page*):

- **High Five for Kids Toolkit:** This online toolkit includes all materials required for implementation of this intervention, including but not limited to:
  - **Initial Visit Guide:** This seven-page document explains the initial visit protocol, including information on structure and detailed scripts to facilitate implementation.
  - **Follow-up Call Guide:** This five-page document explains the follow-up phone call protocol, including information on structure and detailed scripts to facilitate implementation.

- **Follow-up Visit Guide:** This six-page document explains the follow-up visit protocol, including information on structure and detailed scripts to facilitate implementation.
- **Visit cue cards for clinician:** These templates are made into 6"x3.5" laminated cards, hole-punched, and held together on a metal ring. The cards give an overview of counseling techniques, such as an interest and confidence scale, assessing core values and readiness to change, a roadmap for MI, and others. Cue cards are provided for initial and follow-up visits.
- **Menu of High Five Behaviors:** This one-page document is used during visits to help children and their parents visually identify improvements and areas for work.
- **Other assorted materials:** Posters, stage-matched educational materials, and other handouts and tools are also available to support implementation.

## **B. Program Implementation:**

The steps used to implement this program are as follows:

Step 1: APC attends a 2-day training in motivational interviewing and behavior change counseling. A sample training agenda and training materials are included in the Toolkit.

Step 2: At the child's routine well-child care visit, the physician and/or support staff measures height and weight, calculates BMI, and plots BMI percentile on a growth chart.

Step 3: Children with BMI greater than recommendations for the child's age and sex are referred to the APC for this intervention, and the APC schedules the initial visit.

Step 4: At the initial visit, the APC meets with the child and parent and completes all tasks described on the Initial Visit Guide. The Menu of High Five Behaviors and other assorted materials are also used during this visit.

Step 5: Six weeks after the initial visit, the APC conducts a phone call with the child's parent using the Follow-up Call Guide.

Step 6: Three months after the initial visit, the APC meets with the child and parent for a follow-up visit. During this visit, the APC completes all tasks described in the Follow-up Visit Guide, including reviewing the last session and reassessing motivation and readiness for change. The Menu of High Five Behaviors and other assorted materials are also used during this visit.

Step 7: Six weeks after the follow-up visit, the APC conducts a second phone call with the child's parent using the Follow-up Call Guide.

Step 8: Six months after the initial visit, the APC meets with the child and parent for another follow-up visit. During this visit, the APC completes all tasks described in the Follow-up Visit

Guide, including reviewing the last session and reassessing motivation and readiness for change. The Menu of High Five Behaviors and other assorted materials are also used during this visit.

Step 9: Nine months after the initial visit, the APC meets with the child and parent for the final booster visit. During this visit, the APC completes all tasks described in the Follow-up Visit Guide, reinforcing the program messages and behavior recommendations while offering encouragement for future behavior change. The Menu of High Five Behaviors and other assorted materials are also used during this visit.

Step 10: At the child's next routine well-child care visit, the physician and/or support staff measures height and weight, calculates BMI, and plots BMI percentile on a growth chart. Any changes since the last well-child care visit are noted.

### **III. Program Evaluation**

**For additional information on planning and adapting an evaluation, review the appropriate Modules for program implementation and evaluation from “Using What Works”.**

[http://cancercontrol.cancer.gov/use\\_what\\_works/start.htm](http://cancercontrol.cancer.gov/use_what_works/start.htm)

For further assistance in designing and conducting an evaluation, consider communicating with members from NCI's Research to Reality (R2R) community of practice who may be able to help you with your research efforts. Following is a link to start an online discussion with the R2R community of practice, after completing registration on the R2R site:

<https://researchtoReality.cancer.gov/discussions>.