

# IMPLEMENTATION GUIDE

## Keep ME Healthy

*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)

**Practice Receptionist:** (Staffed by the first person who sees the patient)

- Attends intervention training
- Distributes 5-2-1-0 Healthy Habits Survey to patients and parents in the waiting room and shares completed surveys with Practice team

**Practice Team:** (Staffed by Physician champion, another clinician, the practice manager, and other staff)

- Attends intervention training
- Initiates discussion of 5-2-1-0 Healthy Habits Survey and applies algorithm and guidelines in Pediatric Obesity Clinical Decision Support Chart
- Uses other Office Visit Tools as needed
- Performs outreach to schools and other community organizations to support healthy lifestyles

### 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 RTIPs Products Page*):

- **Pediatric Obesity Clinical Decision Support Chart:** This 24-page flip chart includes an algorithm and guidelines for overweight prevention and management based on the 5-2-1-0 framework, including: (1) guidelines for medical evaluation of overweight patients (e.g., checking fasting lipid profiles and conducting a liver function panel for overweight patients aged 10 years or older, and checking fasting blood sugar if the patient has more than one risk factor for diabetes), (2) guidelines for hypertension management, (3) reference values for lab

tests, blood pressure, and BMI percentile charts, and (4) guidelines for effective communication with families.

- **5-2-1-0 Healthy Habits Survey:** This 1-page survey is completed by either parents or children (depending on age of child) on daily diet, beverage consumption, television viewing time, and physical activity. The provider uses the survey as a guide for motivational interviewing, goal setting, behavioral modification, and general discussions with patients and their parents.
- **Office Visit Tools:** An assortment of tools, including the poster for waiting rooms and offices, goal-setting worksheets, goal trackers, and parent/child flip charts with healthy lifestyle tips, are available to frame and reinforce counseling interventions and other self-management supports to reinforce the intervention message. The content of these tools focus on appropriate fruit and vegetable intake, television and other screen time, physical activity, and consumption of sugary drinks, milk, and fast food.

## **B. Program Implementation:**

The steps used to implement this program are as follows:

Step 1: All frontline staff attend training on skills (including motivational interviewing), content, and tool use related to intervention delivery.

Step 2: Practice Receptionist distributes the 5-2-1-0 Health Habits Survey to patients or their parents when they arrive for primary care visits.

Step 3: Practice Team collects patient's height and weight to calculate BMI. This BMI is recorded and trends are tracked over time. The BMI is discussed with the patient and his or her parent.

Step 4: Practice Team uses the completed 5-2-1-0 Health Habits Survey as a guide for motivational interviewing, goal setting, behavior modification, and general discussions with the patient.

Step 5: Practice Team consults the Pediatric Obesity Clinical Decision Support Chart and applies the algorithm and guidelines for overweight prevention and management.

Step 6: Practice Team collects and records key indicators for each patient.

Step 7: As needed, Practice Team uses other Office Visit Tools to remind and reinforce the 5-2-1-0 framework.

Step 8: Practice Team collaborates with schools and other community organizations to support healthy lifestyles, however possible.

### **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>.