

Weight Assessment and Counseling – Children & Adolescents

Impact of Obesity in Rural Northern California

- Over the last decade, childhood obesity has increased in the US by 20%.¹ In 2015-16, 18.5% of children and adolescents aged 2-19 years were considered obese.²
- Studies have shown that children living in rural areas are significantly more likely to be overweight or obese compared to children in urban areas. Low-income children in rural areas are at greater risk for overweight and obesity.³
- Individuals who are overweight or obese are at greater risk for health problems, such as heart disease, type 2 diabetes, stroke and several types of cancer.⁴
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases. Obesity can become a lifelong health issue; therefore, it is important to monitor weight problems in children and adolescents and provide guidance for maintaining a healthy weight and lifestyle.⁵

How Health Centers Provide the Necessary Care

Clinical Interventions

- Document BMI percentile, preferably on a plotted graph, for all children and adolescents - annually and incorporate counseling on nutrition and physical activity into all health center visits.
- Write prescriptions for physical activity for patients with a BMI that is out of the healthy range.
- Collaborate with patients and families to develop wellness plans that support healthy eating and exercise. Equip patients with pedometers and assist them in setting and achieving activity goals.
- Convene nutrition counseling and/or exercise support groups to promote healthy behaviors.

Community Interventions

- Set up walking groups or other programs to support positive behavior change.
- Assist patients and community members in using apps through their mobile phone to track calorie consumption and/or physical activity.
- Support development of local, community gardens, farmers markets, or community food co-ops that increase access to fresh foods and encourage healthy diets.
- Conduct community cooking classes to promote healthy eating.
- Explore opportunities to develop joint use agreements with local schools to provide access to community facilities for physical activity.

¹ NCHS, National Health and Nutrition Examination Survey, 1999-2016. Accessed in NCHS Data Brief No. 228 (October 2017). [Available online.](#)

² NCHS, [National Health and Nutrition Examination Survey \(NHANES\), 2015-16](#)

³ Health Resources and Services Administration, Maternal and Child Health Bureau, [The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation, 2011-2012.](#)

⁴ National Institute of Diabetes and Digestive and Kidney Diseases. Fact Sheet on Health Risks of Being Overweight. [Accessed online.](#)

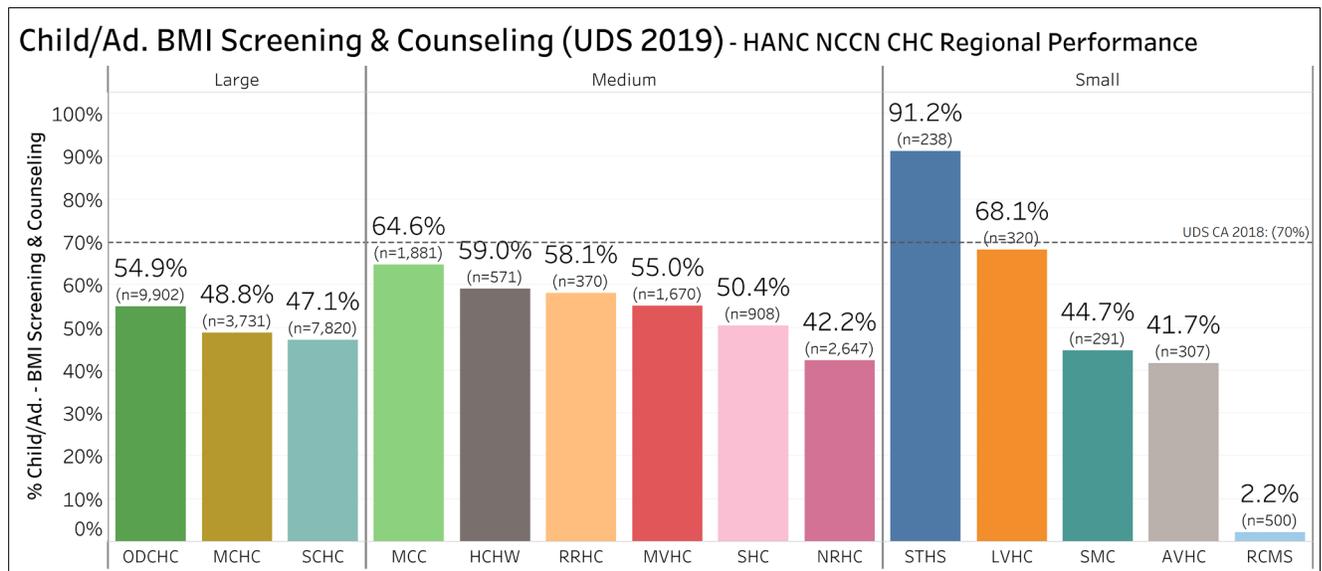
⁵ CDC. 2014. NCHS Data Brief No. 141: Physical Activity in U.S. Youth Aged 12–15 Years, 2014. [Available online.](#)

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Northern California Health Center Data

Key Points

- Weight assessments and counseling are commonly included in well child check-ups.
- Any patient aged 3 to 17 seen for a medical visit, including those only seen for an acute care visit (e.g. earache) are included in this measure. Health centers are challenged to integrate nutrition and physical activity counseling into all encounters with patients.
- Health centers showed improvement in providing weight assessments and counseling for children and adolescents. Automated reminders and documentation enhancements in electronic health record systems may have contributed to the improved performance.



Quality Measure Definition (UDS)

Children and Adolescents: Percentage of patients aged 3-17 who had: (1) evidence of BMI percentile documentation, (2) documentation of counseling for nutrition, and (3) documentation of counseling for physical activity during the measurement year.

- The U.S. Preventive Task Force recommends that clinicians screen all patients for obesity and offer counseling and behavioral interventions. BMI provides weight ranges correlated to height by gender. Higher BMI correlates to being overweight or obese.

National and State Quality Benchmarks

UDS 2018 U.S. Average: The average performance among health centers in the U.S. was 69.2%.

UDS 2018 CA Average: The average performance among health centers in California was 69.9%.