

June 29, 2020

Welcome and Housekeeping

Your microphones are muted and video is turned off during the webinar

If you have questions or comments, please type them in the chat and we will respond at the end of the webinar

This webinar will be recorded and the slides will be made available after the webinar at the following link <u>https://www.iowamedical.org/5-2-1-0-Home-Page</u>

• They will also be posted and shared on the WIC and MCAH websites

If you need technical support contact James Olson, IDPH staff, by email at james.olson@idph.iowa.gov, or phone at 515-298-2003

Introductions



Jennifer Groos, MD- Pediatrician Primary Health Care Clinic 5-2-1-0 Health Care



Stephanie Trusty, RN, BSN Nurse Clinician IDPH



Nicole Newman, RD, LD, CLC State WIC Breastfeeding Coordinator, IDPH

Objectives

- 1. Utilize key anticipatory guidance to support early healthy habit formation that aligns with 5-2-1-0 framework.
- 2. Identify key resources to support families in understanding responsive feeding practices.
- 3. Name two motivational interviewing techniques to utilize when using brief action planning to partner with families on goal setting for healthy habits.
- 4. Describe the goals of the Special Supplemental Program for Women, Infants, and Children.
- 5. Identify three pregnancy outcomes that are impacted by healthy eating habits and exercise.

Toolkit Overview Use in the Clinical Setting



Jennifer Groos, MD, FAAP 5-2-1-0 Health Care Program Pediatrician, Primary Health Care-BEC Clinic @jengroosmd/ jagiowa@gmail.com

Foundation of Health

- Foundation of a person's lifelong health is set long before adulthood
- Pregnancy- maternal health and habits influence the prenatal environment of the developing fetus
- Early Infancy-Early Childhood- development of healthy habits is influenced by the family environment
- Important window of time to influence children's predisposition to obesity and other chronic diseases

Growth Trends

- 1 of 3 children have obesity or excess weight before their 5th birthday
- Rate of obesity in children is increasing in 2-5 years old
 - o **4.8% 1971**
 - 0 12.4% 2010
 - 13.9 % 2015
- Children who are diagnosed as having overweight or obesity as preschoolers are 5 times as likely as children with normal weight to have overweight or obesity as adults
- Declining rates in WIC Participants
- Due to revised WIC package 2007-2009 and increase in breastfeeding rates in this population



Complications-Adult



Growth Charts

- Research indicates few parents understand growth charts and the concept of percentiles
- Growth Curves
 - Birth to < 2 years old use the WHO growth charts-weight for length
 - 2-18 years old use the CDC-BMI percentile
 - \circ $\;$ Watch for acceleration of growth across percentiles
- Shift the focus from the chart to the health risks

Growth Charts



Food For Thought: 1st Five Nutrition Series - No One W...

https://www.youtube.com/watch?v=G_Gza9y9IDU&t=36s

Weight Stigma

Negative bias that individuals may hold in relation to people with overweight or obesity, including viewing these people as lazy, lacking in self control, unpleasant, non-compliant or less desirable to care for contributes to weight stigma.

Negative Health Consequences

Evaluate implicit bias and complete an environmental assessment

Weighing and measuring youth best practices

Ask permission to have a conversation about health

Choose words wisely. Consider height, weight, BMI, growth. Avoid fat, obese, overweight, and chubby.

Pont SJ, Puhl R, Cook SR, et al, AAP SECTION ON OBESITY, THE OBESITY SOCIETY. Stigma Experienced by Children and Adolescents With Obesity. Pediatrics. 2017;140(6): e20173034

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Questionnaires

Healthy Habits During Pregnancy
Early Healthy Lifestyle (Ages 0-2)
5-2-1-0 Healthy Habits Questionnaire (ages 2-9)
5-2-1-0 Healthy Habits Questionnaire (ages 10+)
Family Nutrition and Physical Activity Screening (FNPA) Tool

Healthy Habits during Pregnancy

Physical Activity

Nutrition/Mindful eating

Sleep

Stress Management

Mental Health

Patient Goals

HEALTHY HABITS	S DURING PREGNANCY
We are interested in your health and well-being answer these questions.	during your pregnancy. Please take a moment to
NAME:	TODAY'S DATE:
1. How many days each week are you physically	active?
2. On those days, how many minutes are you us	ually active?
3. How often do you eat while doing other thing: Never Some of the time Most of the	5? (Example: Using phone or tablet, watching TV, reading, etc.) time Always
4. How many fruits and vegetables do you eat ea	ach day?
5. How many times a week do you eat takeout a	nd fast food?
6. How many of these drinks do you usually hav WaterCoffee Soda Sports drink	e each day? cs Juice Energy drinks Alcohol Other
7. How many hours of sleep do you usually get e	each night?
8. How often do you feel rested when you get up	
9. How often do you feel that you manage your s	
10. Over the past two weeks, how often have you Little interest or pleasure in doing things. Not at all Several days More than h	
11. Over the past two weeks, how often have you Feeling down, depressed, or hopeless.	u been bothered by any of the following problems: alf of the days. Nearly every day
12. Is there one thing you would like to do to be Move more Eat more real foods Drini Get help with feelings of sadness Get he Other:	k more water 🔲 Get better rest
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Early Healthy Lifestyle Assessment

QUESTIONN EARLY HEALTHY LIFESTYL	E (AGES 0-2)	EARLY HEALTHY	IONNAIRE Lifestyle (ages 0-2) VTINUED	QUESTIONNAIF EARLY HEALTHY LIFESTYLE (AGE — CONTINUED —		
PALENT INAME: Inversion to the patient being seen for an I live with this child and care for him/her regularly I do not live with this child but care for him/her regularl I do not live with this child and I do not care for him/her	e appointment today?	Think about the <u>past week</u> when answering the n 4. When preparing a bottle, how many ounces did you put in the bottle at each feeding?	ext set of questions;	Think about the <u>past_week</u> when answering the next set of question 9. When at home, how often does your child have turmry time or active play time on the floor (Daving, Witting, cranity, waking) each day?	 How often do you t on your cell phone TV while playing w 	or watching
	t foods that your child the <u>past_week;</u>	□ 1-2 ounces □ 3-4 ounces □ 5-6 ounces		None Crice per day 2-4 times per day	Rarely Sometimes Usually	
Breast mik Formula Formula	e, cookies, pudding	7-8 ources More than 8 ources S. Now sleepy is your child when you put Nimiher to bed? Wide awake	6. What time do you usually put your child to sleep?	S or more times per day When it comes to eating, my child: (chock di Jhdra apply) Company tast much Casts the much data the much Gata the might amount Status out heating tood	Often	
		Awake but drowsy/sleepy		Is picky Is sometimes nurse, give a bottle, or something to eat as a way 	YES	NO
E Fren	ch fries, potato chips			keep my child quiet or to calm my child when he/she is upset,	to 🗆	
Water 1		Already asleep		 I try to get my child to finish his/her bottle, snacks or meals. Do you usually use a cellphone, laotop or computer, or have 		
	dog, breaded chicken patty or nuggets, aroni and cheeje	7. How many times does your child typically wake per night?	Ship.#8.if.response.to.#7.is."Does.not.wake.at. signt."	the beyou busing but a company, which is company with your child	ld?	
Fruit punch, fruit drink, lemonade, soda Non	e of the foods listed	1 time per night 2 times per night 3 times per night	 Do you usually feed your child when he'she wakes at night? Yes 	 Is the television usually on in the room where your child goes t sleep at night? 	•	
The party can use when so, sea	e ve une ruxus roxeu	S inters per night d or more times per night More than 8 ounces	No No	The Early Healthy Lifestyle Assessment was drivelaged by Usa Basiry Davis. DLS 48. Associate Pro- Director. Obesity Intelline, Description (First Handwedge-Worg Descriptionates and Benefic Sarage Sciences and Director, Conter Intelline Coldword Obesity Research, Pressayawa and Earlie Directorit, User the Table Management and Descriptionates and Earlier Management Table and Description and Press Advances American Associated Research Description was supported. In part, by the Hardh Researce and Denvies Advances Table Sciences Research Davids grant Namber REGIOCELID, Valencia and Chall Revent Research Davids Research Davids	Witiams, PhD, Associate Profes ity Park, PK, p5195/00psa.edu. Tr artment of Health and Human So	sar, Nutritional he EH, development
521	,	5	ì <mark>.</mark>	5210		

Healthy Habits

Ages 2-9 and Ages 10+

Nutrition/Beverage choice

Physical Activity

Sleep

ScreenTime

Goals

	5210 Healthy Ha	abits Questionnaire ages 2-9	
			2
	Child's Name:		
	Age: Today's Date:		
e interested health and	 How many servings of truts or vegetabl One serving it most easily identified by 	ies do you have a day? the size of the paim of your hand.	
eing of all dents.	2. How many times a week does your child	d eat dinner at the table together with the family?	
itake a nt to answer	3. How many times a week does your chil	d eat breakfast?	
questions.	4. How many times a week does your chil	d eat takeout or tast food?	
	 How much recreational jourside of school 	or work) screen time does your child have daily?	e - 1
10	6. Is there a television set or internet-corre	ected device in your child's bedroom?	
hy Datase Count Neutocom Astro 5210	7. How many hours does your child sleep	each night?	
	 How much time a day does your child t (faster breathing heart rate or sweating) 		
	9. How many 8-ounce servings of the follo	wing 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	
	Based on your answers, is there ONE there one box. East more truts and vegetables. East less fast tood takeout.	ning you would like to help your child change now?	
	 Drink less sods, julie, or punch. Drink more water. Spend less time watching TV/movie 		
	Take the TV out of the bedroom.		
	 Be more active – get more exercise Get more steep. 	h.	
	Please give the completed form	thank you!	
			10

ike to happen. NAME:	for your famil		what yo	
FAMILY MEALS	Never/ Almost Never	Sometimes	Often	Very Often Always
1. How often does your child eat breakfast, either at home or at school?	1	2	3	4
2. How often does your child eat at least one meal a day with at least one other family member?	1	2	3	4
FAMILY EATING PRACTICES	Never/ Almost Never	Sometimes	Often	Very Often Always
How often does your child eat while watching TV? [Includes meals or snacks]	4	3	2	1
4. How often does your family eat "fast food?"	4	3	2	1
FOOD CHOICES	Never/ Almost Never	Sometimes	Often	Very Often/ Always
 How often does your family use packaged "ready-to-eat" foods? [Includes purchased frozen or on-the-shelf entrees, often designed to be microwaved] 	4	3	2	1
How often does your child eat fruits and vegetables at meals or snacks? [Not including juice]	1	2	3	4
BEVERAGE CHOICES	Never/ Almost Never	Sometimes	Often	Very Often Always
 How often does your child drink soda pop or sweetened beverages? (Includes regular or diet soda pop, Kool-Aid, Sunny-D, Capri Sun, fruit or vegetable juice, caffeinated energy drinks (Monster/Red Bull), Powerade/ Gatorade.) 	4	3	2	1
 How often does your child drink low-fat milk for meals or snacks? [Includes 1% or skim dairy, flavored, soy, almond, etc.] 	1	2	3	4
RESTRICTION/REWARD	Never/ Almost Never	Sometimes	Often	Very Often Always
9. How often does your family monitor the amount of candy, chips, and cookies your child eats?	1	2	3	4
10. How often does your family use candy, ice cream or other foods as a reward for good behavior?	4	3	2	1

	_			
SCREEN TIME	Never/ Almost Never	Sometimes	Often	Very Often/ Always
 How often does your child have less than 2 hours of "screen time" in a day? [Includes TV, computer, game system, or any mobile device with visual screens] 	1	2	3	4
12. How often does your family monitor the amount of "screen time" your child has?	1	2	3	4
HEALTHY ENVIRONMENT	Never/ Almost Never	Sometimes	Often	Very Otten/ Always
13. How often does your child engage in screen time in his/her bedroom?	4	3	2	1
14. How often does your family provide opportunities for physical activity?	1	2	3	4
FAMILY ACTIVITY	Never/ Almost Never	Sometimes	Often	Very Often/ Always
15. How often does your family encourage your child to be physically active?	1	2	3	4
16. How often does your child do physical activities with at least one other family member?	1	2	3	4
CHILD ACTIVITY	Never/ Almost Never	Sometimes	Often	Very Often/ Always
17. How often does your child do something physically active when he/she has free time?	1	2	3	4
18. How often does your child participate in organized sports or physical activities with a coach or leader?	1	2	3	4
FAMILY SCHEDULE/SLEEP ROUTINE	Never/ Almost Never	Sometimes	Often	Very Otten/ Always
19. How often does your child follow a regular routine for your child's bedtime?	1	2	3	4
20. How often does your child get enough sleep at night?	1	2	3	4

www.myfnpa.org

Partnering for Behavior Change

Help patients improve their health or well-being by assisting them in setting goals around their desired health behavior outcomes.

- •Brief Action Planning is patient-centered goal setting
- •Based on the principles and practice of Motivational Interviewing

Reims et al, Brief Action Planning White Paper, 2014 Gutnick et al, JCOM, 2014 Available at <u>www.centreCMl.ca</u> Information adapted from the Centre for Collaboration, Motivation, and Innovation



Motivational Interviewing

Elicit-Provide-Elicit

Readiness Ruler

Change Talk

Reflections

- MOTIVATIONAL INTERVIEWING -

WHAT IS MOTIVATIONAL INTERVIEWING?

vational interviewing (MI) is a collaborative, goal oriented method of communication with attention to the language hange. It is a way to build motivation to change behavior without using cerection or pressure. At the core of MI is the signific of the patient being incharge of its a her behavior and but consequences, be they positive or registrie, of that wave. When using MI, you are assisting the patient in exploring their antivateres to change and using specific skills of them more busined change that is installed by the patient. This is done by goiding the plaint to nogleo behavior age is a safe sching that allows them to build their own installors to change. Molanatorial interviewing is more than a wave and swort the states's advectores. This is often referred to a the "Smirt of MI."

WHY TRY MOTIVATIONAL INTERVIEWING?

 Studies show that allowing patients the opportunity to advocate for their own change is predictive of their future behavior change.

Behavior change. Conversely, if we force or pressure people to make a decision about change, or if we full them they must change, they will often argue for the status quo. Once a patient variabilism an argument for change for an argument for status quo), we can predict that their behavior will follow that argument. Therefore, allowing rathers the opportunity to talk about why they want to change has proven benefits.

Therefore, allowing patients the opportunity to talk about why they want to change has proven benefits.

MOTIVATIONAL INTERVIEWING TOOLS:

it-Provide-Elicit

This technique is helpful in learning more about what the patient is thinking and helpful galaxis particular subject non-threatening way. When providing information, always permission from the patient before sharing. This allows the patient to have a choice in whether or not for on which hears information and will not have a patient term and the information. After providing the information, check in with roor patient again to see what his or in the flagstage patient is at with that information and move them in the direction of change talk.

Change talk

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 skill a goal and meet it. them to provide pros and cons for both the new behavior and the existing behavior. The patient is generating thin is and therefore fields more ownership of it than if the provide giving it to them. They start to develop their own is at of Readings Super Section 2. Super Section 2. Section 2.

$\alpha = \alpha$

A reflection is a way to re-phrase what the patient has sa and say it back to them. The allows the provider to clari what the patient is saying as well as allows the patient hear back what they are saying and flatter applier the to Reflections can be content-related or the fingerelated. This are several types of reflections that can be used depend on the information that patient is giving you and the fet the patient is expressing. Reflections help more the pati based change table hy helping them "get clarif" about the sufficient is expressing. Reflections help more the patient based change table hy helping them "get clarif" about



0	_	GOALS	WORK HY HABITS T		т —		-		- 1		IDEN ALTHY HA			R —		
NAME:					"S DATE: W-UP:			On a sca	le of 1 to 1	O, how con	fident or su	re do you fe	el about ca	rrying out y	ur plan?	
RECORD Y							1	2	3	4	5	6	7	8	9	10
								-	-	-	-	-	-	-	-	1
GOAL #3:		:				-	No Confi		<i>.</i>			ewhat ident		2		ery fident
		MONTH:														
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY										
		MONTH:														
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY										
-																
		-	_	-							—					

Patient Education and Provider Guides

New Content

- Healthy Pregnancy
- Breastfeeding
- Responsive Feeding
- Starting Solids
- Feeding Toddlers

Previous Content

- Family Meals
- Fruits & Vegetables
- Healthy Drink Choices
- Screen Time
- Physical Activity
- Sleep
- Healthy Eating Styles
- Portion Sizes
- Breakfast and Regular Meals.

Healthy Pregnancy

Pregnancy Specific Guidance	HEALTHY PREGNANCY HEALTHY HABITS TOOLURI (FMARY) WHY ARE HEALTHY HABITS TOOLURI (FMARY) WHY ARE HEALTHY HABITS TOOLURI (FMORUMER) STEP 1. ASK ABOUT CURRENT HABITS STEP 1. ASK ABOUT CURRENT HABITS
	BUT VELL
Eat Well	ar all grad house. are all grad house. are all grad house. are all grad house. all are anne and hys by
Move More	shin de greger, Shi you ye menter de traditiones de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per termo la sense de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la constructiones de la sense per de la constructiones de la constructiones de la sense per de la constructiones de la sense per de la constructiones de la sense persona de la sense per de la sense persona de la sense persona de la sense persona
Feel Better	 Here CHE CHE LINE AND AND AND AND AND AND AND AND AND AND
	Weathy Delete Court 22 Nating Delete Court 22

2 week visit

5	2	1	V	
Family Nutrition	Limit parent screen time during infant feedings	Start tummy time	Encourage water intake for nursing moms RESPONSIVE FEEDING Support Breastfeeding- Critical Transitions 1) 2-4 weeks 2) 2 months	-Screen for maternal depression -Screen for food insecurity/connect to resources -Growth Charts

Breastfeeding

Benefits of breastfeeding

Recommendations

Tips for success

Resources for support

BREASTFEEDING

WHY IS BREASTFEEDING IMPORTANT?

WHT IS DREASTREEDING IMPURTANY? Breast mik is the best food for your baby, the bas all the nutrients your baby needs for proper growth and improved brain development reduces the risk of a reinfections and colds reduces the risk of obsity, diabetes, and other disease is assaire for your baby to digest is always the right temperature, never too hot and never too cold

It's healthier for YOU too. Breastfeeding: • can help you recover more quickly from childbirth • reduces your risk for breast and ovarian cancer, type 2 diabetes and high blood

pressure
may help you lose weight after childbirth

Additional benefits of breastfeeding include: • the convenience of not having to prepare bottles and formula • it's better for the environment as less waste is produced • more economical to not have to buy formula • mothers misk less work as babies are healthier

RECOMMENDATIONS:

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RECOMMERCIAL TORS: Breastfeed your baby within the first hour after your baby is born Give only breast milk to your baby for the first 6 months Continue breastfeeding while introducing foods up until one year of age Breastfeed your baby as long as both mom and baby (or child) wish

TIPS FOR BREASTFEEDING SUCCESS:

What should I do if I need to be away from my baby for a long period of time? Mores should express breast milk regularly while away from their baby. In general, removing milk as often as the baby would eat is best.

How do I know if my baby is getting enough breast

How do i know it my baay is getting enough nitesst milk? Babies that are getting enough milk are satisfied after feedings, have regular wet and dirty diapers and gain weight adequately. Breastfed babies and oftent They should nutse every 1-3 hours in the early days, up to 8-12 times each day. As babies get doften, the number of feedings decrease as they are able to drink more during each feeding and start to eat baby foods.

What should I do if I have questions or problems? If you are having trouble with breastfeeding, reach out for help! Contact a breastfeeding support person, such as a lactation consultant, doctor, dietitian, nurse, WIC peer counselor, etc.

QUICK TIP:

Breastfeeding your baby often will help your body keep up with your baby's growing stomach. The more breast milk your baby removes, the more milk you will produce.

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Responsive Feeding

Parent provides, child decides

Minimize distractions

Positive feeding times

Hunger and Fullness Cues

RESPONSIVE FEEDING

WHY IS RESPONSIVE FEEDING IMPORTANT?

Children need a positive environment to explore and learn to eat a variety of healthy foods while listening to their own hunger and fullness cues. Practicing "parents provide, children decide" teaches children to self-equida end deelogh healthy eating habits to avoid health problems in the future. It also makes mealtime easier, allowing you to bond with your child!

TIPS FOR SUCCESS:

- INPS FOR SUCCESS: Make sure your child is comfortable and minimize distractions (turn off TV, don't use phone, etc.). Feed your child on demand when they are small. Children know how to regulate how much they need to eat and will give you signs of hunger or fulleness. Respond promptly to cues and focus on being warm, nutruing and affectionate during feeding. Offer regular meals and snake's to snaure your child is hungy at meatime. Be patient while feeding your child and watch for clues that your child is telling you when they are hungy and fur reasons why babies cry. Often times babies cyb because they need a change, or want to be near you. Early cues will tell you when your baby is hungyy.

SIGNS OF Hunger in Younger Babies:	SIGNS OF Fullness in Younger Babies:	SIGNS OF HUNGER IN OLDER BABIES:	SIGNS OF FULLNESS IN Younger Babies:
 Suching on hands Reciring that many here in the second second anything that touches their face Opening their mouth mouth mouth second increasing body movements, like flexing their arms flexing their ar	 Stoping or swing der unitable Späting out bottle or brauet Sealing lips Sealing lips Realing lips Realing lips Realing their body Fälling axietp Fälling axietp	Showing interest holds body Country Country Country The source of the sourc	Spitting out food Turing their head Turing their head Poshing the spoon away Sealing their lips closed Praying with or throwing food
	52 Healthy	10 Choices Count!	26

AAP Responsive Feeding Video



https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Is-Your-Baby-Hungry-or-Full-Responsive-Feeding-Explained.aspx

2 month visit

5	2	1	O	
-Discuss introduction	-Limit parent screen	-Encourage tummy	-RESPONSIVE	-Screen for Maternal
of solids at 6 months	time during infant	time/unrestricted	FEEDING	Depression
	feedings	movement	-Support	-Growth Charts
-Screen for food	-No screen media	-Discuss confining	Breastfeeding-	-Sleep hygiene-
insecurity/connect	except video	equipment- car	Critical Transition	infants should get
to resources	chatting until 18 mo	seats, swings,	Periods	between 9-12 hours
		bouncy seats,	2) 2 months	of sleep at night and
-Family Nutrition		exersaucers, strollers	3) 3-4 months	1-4 naps a day that
		-Family routines		last between 30
				minutes and 2 hours

4 month	visit			
5	2	1	Ú	
-Family Nutrition -Discuss introduction of solids at 6 months	-No screen media except video chatting until 18 mo -Limit parent screen time during infant feedings -Introduce Screen Free Zones-bedtime, mealtimes, child-	-Encourage tummy time/unrestricted movement -Discuss confining equipment- car seats, swings, bouncy seats, exersaucers, strollers	-Juice Avoidance Responsive Feeding -Support Breastfeeding- Critical Transition Periods 3) 3-4 months	-Sleep hygiene -Family as Role Models-mealtimes and parent self-care

Starting Solids

Readiness for solids

Tips for starting-pace/type/amount

Transition to table foods

May need to offer 15-20 times

Hunger and fullness cues

Healthy drink choices

STARTING SOLIDS

WHY IS IT IMPORTANT TO INTRODUCE SOLID FOODS TO BABIES?

Babies bould start the process of learning to set when they are developmentally ranky, which is amund 6 months from chabies. Teaching your baby to like healthy foots of offering a variety of fruits, vegetables, grains, protein and dairy will establish healthy habits for a lifetime. Babies should be provided the opportunity to learn to ear, make a mess and have fun tool introducing solid foods to early will make it more likely that your child will have a hard time staying at a healthy weight.

W DO YOU KNOW WHEN BABIES ARE READY FOR SOLID FOODS?

Not be the there is a second of the term of term of term of the term of term o

TIPS FOR STARTING SOLID FOODS-

- FUND STARLINES SULUE FUDUES: at with single-ingredient foods (grains, finits, vegetables) and offer a new food every 3 to 5 days order to watch for allergic neactions: et abaly toods from a spoon to facath your baby how to swallow. Putting baby food or cereal in a title may cause your baby to choke and adds unneeded calories to your baby's diet. ur baby will continue to take breast milk or formula as their primary source of nutrition as they are to east from a spoon. This will make sure they are getting the nutrients they need. As more of are introduced, the amount of breast milk or formula as they take small decrease. 9 months, many children are ready to transition to table foods. Make sure they continue to keep ting funits and vegets at every med. al. ng high allergy foods, such as nut but
- with your baby and giving them time ily when possible to encourage family time as the rest of the fa



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AAP Tips for Starting Solid Foods Video



https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Tips-for-Introducing-Solid-Foods.aspx

6 month visit

5	2	1	Í O	
-Meal Time -Introduction of solids -Importance of Variety -Responsive feedings Serving Sizes -Family as role models	-No screen media except video chatting until 18 mo -Introduce Screen Free Zones-bedtime, mealtimes, child- parent play times	-Encourage unrestricted movement -Discuss confining equipment- car seats, swings, bouncy seats, exersaucers, strollers -Family as Role Models	-No Juice -Introduce water -Support Breastfeeding- Critical Transition Periods 4)Self-weaning &/or maternal cessation	-Sleep hygiene

9 month visit				
5	2	1	0	
F&V at every meal and snack -Transition to Table foods -Avoid non-nutritive finger/snack food -Importance of Variety and responsive feedings -Serving Sizes	-No screen media except video chatting until 18 mo -Introduce Screen Free Zones-bedtime, mealtimes, child- parent play times	-Encourage unrestricted movement -Discuss confining equipment- car seats, swings, bouncy seats, exersaucers, strollers	-No Juice/Soda/Fruit Drinks -No milk until 1 year -Introduce water -Support Breastfeeding- Critical Transition Periods 4)Self-weaning &/or maternal cessation	-Sleep hygiene -Family as role models -Do Not reward with food -Feeding -Division of responsibility

12/15 month visit

5	2	1	Ú	
F&V at every meal and snack -All Table Foods -Avoid non-nutritive finger/snack food -Importance of Variety -Serving Sizes -Feeding -Division of responsibility	-No screen media except video chatting until 18 mo -Limit background TV -Introduce Screen Free Zones-bedtime, mealtimes, child- parent play times	-30 min of structured activity -At least 60 minutes of unstructured play -Decreasing stroller use and increased walking on outing.	-No Juice/Fruit Drinks/Soda -Milk with meals- unflavored whole -Continued breast feeding	-Sleep hygiene: Toddlers between 12-36 months should sleep 12-14 hours in a 24 hour period. -Family as role models -Do Not reward with food

	ı visit			
Š	2	1	0	
F&V at every meal and snack -All Table Foods -Avoid non-nutritive finger/snack food -Importance of Variety/Picky Eaters -Serving Sizes -Feeding -Division of responsibility	-If choose to introduce media use it together /high quality programming -Limit background TV/market exposure -Continue Screen Free Zones and 1 hour prior to bedtime screen free	-30 min of structured activity -At least 60 minutes of unstructured play -Decreasing stroller use and increased walking on outing.	-No Juice/Fruit Drinks/Soda -Milk with meals- unflavored whole -Transition to low fat milk at 2 years	-Sleep hygiene: Toddlers between 12-36 months should sleep 12-14 hours in a 24 hour period. -Family as role models -Do Not reward with food

FEEDING TODDLERS Feeding Toddlers WHY IS THIS IMPORTANT? Eating a variety of healthy food ensures children are getting all the nutrients needed to keep their development and growth on track. It is normal for toddlers to go through phases when it comes to food. It's not always easy to get kids to try new and different food but here are some tips. Get off to a good start. Try a wide variety of baby foods and continue to offer a variety of flavors and textures when you start to offer table food when your baby is around 9 months old. Balanced meals are important for babies tool. Remember to offer vegetables, fruits and meats at every meal. Recommendations TIPS FOR FEEDING TODDLERS: Wait unfil your child is hungry to give them new foods. They may be more adventurous, and willing to try it. Give a choice between two healthy options. Lincluid cene healthy food you know they like at each meal. Snacks should contain a vegetable and fruit. Role model Offer choices CAREGIVER PROVIDES, CHILD DECIDES This is a great saying to keep in mind; It is the caregiver's job to provide healthy meals and snacks on a routine schedule and the child's decision about flow much or if they will eat. If your child refuess to eat, you're not alone. It is wry common and so many caregivers what this same experiment Here are some tog to be hip: Snacks Stay calm: The best reaction is no reaction at all. Don't draw attention to the behavior by talking about what your child is or isn't eating. Talk about you day instead. Never use food a a reward or punishment. Pressuring your child may make them less likely to ext. Try a doe Maal Folcy, Tell your child this is the meal Tath has been make for the family. You should not lead pressure the make a sceed mat. Try and child is they hungs, they will lead. Young children's appetites way a lot. It is OK to let them listen to their humans rate. Caregiver provides, child decides Tips for tantrums 30

AAP Tips for Feeding Picky Eaters Video



https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Picky-Eaters.aspx

Toddler Tips



Food For Thought: 1st Five Nutrition Series - The 4Ws o...

Food for Thought: 1st Five Nutrition Series One Bite at a Time: Steps to Raising a Confident Eater 4:31

Food For Thought: 1st Five Nutrition Series - Steps to...

https://www.youtube.com/watch?v=h7Oah6x2PCI&t=7s https://www.youtube.com/watch?v=

Additional Topics **FRUITS & VEGETABLES HEALTHY DRINK CHOICES** FAMILY MEALS WHAT SHOULD OUR FAMILY BE DRINKING? WHY ARE FRUITS AND VEGGIES IMPORTANT? WHY ARE FAMILY MEALS IMPORTANT? Wate and minimum the back down do boken for handhy Medaylew. Water is moreotent for fasts of things to bolind at 1984 where any source therepresents are of branking within the bole water with the bole of an own it. Water at the boly is made up of water – 60-75% Wilk has calcium that is important for healthy greath and making strong bones. Eating meals together as a family is important for your child's overall health. Childen who eat with their families are more likely to ast inclus, veggles, and whole guars. Family meals give parents time to be role models for healthy eating. Sharing meals as a family also gives families a time to talk with each other. at we eat matters for our bodies. Fruits and vegges have lots of nutrition and different colors of its and veggies have different vitamins and minerals. Healthy eating styles that include fruits and gies can help event disease. Bick type 2 diabets, cancer, and heart disease. HOW MANY FRUITS AND VEGGIES SHOULD WE EAT? Sugar-sweetened drinks include any drinks that have sugar. The most common are juice, soda pop, sports drinks, energy drinks, flavored milks, and sweet teas. It is recommended that children have 0 sugar-sweetened drinks each day. Meals eaten at home are often healthier than meals eaten while dining out. Meals eaten while dining out often have more sodium and unhealthy fats, as well as larger portion sizes, than what we need to eat. WHAT IS ONE SERVING? T 5 OR MORE HTS AND VEGGIES EVERY DAY! Kids: Size of the palm of their hand WHAT ABOUT JUICE? TIPS FOR EATING HEALTHIER TOGETHER Aduits: Whole fruit: Size of a tennis ball Chopped fruit: or vegses: 16 cup Dried fruit: 14 cup Leafy greens: 1 cup Even floagh, 100%: Full juice has some nuclends, if also has more suggest han your child needs. Choose whole finits instead because they have floar. To much under to for dear share the floar have there it you limit to 6-dear any for 1-6 your cits and 8-12ba a dear have other daily choices. Eat More Meals Together at Home Set a goal to cat family meals each week. Making meals as a family helps your child learn about the food they eat and how to make healthy choices. QUICK TIPS: and Make Meals Ahead of Time ave time, pick one day a week to make main dishes ahead of time, the day of the meal, add sides like veggies, fruits, and whole grains. TIPS FOR EATING MORE FRUITS AND VEGGIES PIC FOR MAKING HEALTHER DRINK CHOICES Crif diven on sugary drivis in steps. Make daily and weekly gails. Other profiles freed and other that the steps of the main steps of the steps of the steps of the steps of the Children en less likely to drive data poor of the steps of the steps of the steps of the steps of the Children en less likely to drive that by choosing and children ent are about the steps of the steps TIPS FOR MAKING HEALTHIER DRINK CHOICES QUICK TIP: Keep a bowl of whole fruit on the table, counter, or in the fridge. Buy fresh fruits and veggies in season when they may cost less and have fresh fruits and veggies in season when they may cost less and have best flavor. fruits that are dried, frozen, and canned (in water or 100% juice) as as fresh. ange as a Family I family passer when the whole family takes par rents to act as role models and teach h ds you want your child to eat and be w ld might try them, too. Making half your plate fruits and veggies can help you eat 5 or more servings of fruits and veggies a day! is tresh. up on frozen veggies for quick and easy cooking in the microwave. ackages of veggies such as baby carrots or celery sticks for quick snacks. Try herbs or seasonings on veggies to add flavor, and try different ways of cooking like roasting, boiling, or just eating them raw. Try pre-cut packages of fruit (such as mellon or pineapple chunks) for a healthy snack in seconds. Let children docide on the veggies at meaks or what goes into salads. Children can help shop for and prepare fruits and veggies – they are more likely to this something. They have nake. eal re a great time to talk and grow as a family. Help your the meal by having a no cell phone and no TV rule at the over again – it can take many times like them. 5210 521 34

Additional Topics

hours a day. Avoid eating food while watching TV, or while playing on a computer or cell

phone. Have screen-free

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SCREEN TIME

Screen time includes time spent using the TV, computers, video games, tablets, and cell phones. Recreational screen time is any time spent with screens that is not for education or schoolwork.

Screen time often replaces physical activity and can lead to more snacking. Too much TV can lower reading scores and cause attention problems. Limiting screen time can improve a child's health,

In a scena immediate activitient subscription (Subscription) (Subs

HOW MUCH SCREEN TIME SHOULD MY CHILD HAVE EVERY DAY? 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 the age of 2.

TIPS FOR MAKING HEALTHIER SCREEN TIME CHOICES

Pay Attention to the Content Choose age-appropriate programs. Avoid commercials by watching recorded shows, using DVDs, or streaming shows online commercial-free.

went intx IV and Food Avoid eating while watching TV, which can lead to eating too much. To promote healthy eating habits, eat meals together as a family and turn off the TV and cell phones.

Keep the Bedroom Screen-Free Don't allow screens in your child's bedroom. Getting enough sleep is very important for your child's health. Kids with a TV in their bedroom get less sleep every right, which can lead to unhealthy weight gain.

ching TV, play together as a family. Whether you are playing te, do your favorite family activity together. Play a board puzzle, go on a family bike ride, or play at a local park.

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WHY IS IT IMPORTANT TO LIMIT SCREEN TIME?

WHAT IS SCREEN TIME?

PHYSICAL ACTIVITY

WHY IS PHYSICAL ACTIVITY IMPORTANT?

Physical activity helps children keep their heart and lungs healthy, and makes their bones and muscle stronger. Children that are active tend to be healthier, which can also make them better learners. Activity can help reduce stress and help children help good about themselves. Being active also helps prevent diseases like type 2 diabetes, heart disease, and cancer.

For 2 to 5 Year Olds At least 1 hour of play and physical activity every day. Keep activity fun!

For 6 to 17 Year Olds At least 1 hour of physical activity every day. Most of the hour should be moderate to vigorous activity. These are activities that make your child sweat or breathe hard, like fast walking, running, swimming, bicycling, dancing or plaving basketball.

Also by activities that help build muscles and bones 3 days per week. To strengthen muscles, by moniey bars, push-ups, big of war, and climbing threes. To strengthen bones, try jumping rope, running, and playing volleyball and basketball.

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If your child doesn't like sports Help your child to try other activities like dancing, bicycling, swimming and walking. Do volunteer work or find a friend to be an "activity buddy." In a window of the outside Stay inside and dance to music or make games with active toys like balls, hola hoops, and jump ropes. Go to a rec center or fit in activity at school.

baily Activities Affect Sleep Betting more physical activity during the day can sleep your child go to sleep on time. If your child is having a hand time falling asleep, try playing utside more during the day.

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Use Naps to Your Advantage, but Don't Overdo It While naps can be important for getting enough sleep, too long of a nap can spoil bedtime. If your child is harving a hard time falling asleep at night, cut back on naptime during the day.

WHY IS SLEEP IMPORTANT?

Gip an extended. Services Servi

Sleep Needed in 24 Hours

Around 10 hours Around 9 hours

SLEEP

INTELES ALLS. LINE OF LEASE AT INSTALLS.
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Keep a Regular Steep Schedule Decide on a bottime for your child and stick to it every night. Keeping a routime will help your child all aleep and stay asteep. Have your child walk up at the same time every morning, even on the 612 months 1-3 years

Watch for these signs of sleep apnea:

Nighttime signs - snoring, restless sleep,
mouth breathing, difficulty waking up in
the morning even with the right amount
of sleep.
Deptine signs-hyperactivity, inattention,
behavior problems, sleepiness,
headaches.

If your child has any of these symptoms, talk to your pediatrician.

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Additional Topics



Coding and Billing Tips

- Provider can bill based on time spent 99213 / 99214
- Billable diagnoses: Obesity, Abnormal Weight Gain, Comorbidities
- "During this visit, greater than 50% of the 15/25 minutes for this appointment was spent counseling and or coordinating care utilizing motivational interviewing and brief action planning to guide the family through goal setting for this patient."



Title V MCAH Program

Stephanie Trusty, RN, BSN Iowa Dept. of Public Health-Bureau of Family Health-Nurse Clinician



What is Title V Block Grant program?

Title V programs in Iowa are statewide, community based health promotion and preventive health service programs for medicaid eligible and Iow income women and children one of the goals of the program is to improving birth outcomes and reducing infant mortality.

Federally funded by Health Resources & Services Administration (HRSA) and in place since 1935

There are 23 Title V Maternal Health agencies that serve Iowa's 99 counties.



Association of Maternal and Child Health Programs: http://www.amchp.org/AboutTitleV/Pages/ default.aspx

IDPH Title V Maternal Health: https://idph.iowa.gov/familyhealth/maternal-health



Title V Maternal Health Services

Helping women get insurance (Presumptive Medicaid Eligibility)

Care coordination - finding a doctor, dentist, mental health professional, other community resources, appointment reminders.

Health Screening (depression, domestic violence, alcohol, tobacco, other drugs)

Health Education by an RN

Assistance with transportation to medical/dental/mental health providers

Home visit by an RN

Title V Maternal Health Services

Nutrition counseling by a licensed dietitian

Psychosocial Services by an RN or social worker

Home visit by a social worker

Oral Health services including dental screening, dental treatment through referral to a Dentist, oral health education, application of fluoride varnish.

Title V Child Health Services

Informing families of newly Medicaid enrolled children about regular preventive health care

Assist families to establish Medical and Dental Homes

Outreach for enrollment in Medicaid and Hawk-i

Access to preventive health care

Developmental Testing and referral

Oral health screening and prevention

Does eating well improve birth outcomes?

Diet quality in pregnancy is a strong determinant of maternal and infant health. Poor diet quality may result in micronutrient deficiencies that cause and increase risk for neural tube defects, preterm birth and infants born small for gestational age.

Reduced fruit and vegetable intake, along with increased consumption of fried food and food with a high calorie content, have been linked to excessive gestational weight gain, increased risk of diabetes in pregnancy, hypertension and complications at delivery.

Zero sugar sweetened beverages reduces tooth decay, gestational diabetes

Does moving more improve birth outcomes?

Helps to ease side effects of pregnancy such as constipation, tiredness, back pain and leg swelling

Reduces the risk of gestational diabetes and blood clots

Improves weight control

Implementing tool kit into Title V MCAH programs

Include as health education provided by RN - CPT code H1003 During an antepartum home visit by an RN - CPT code S9123 Provide as Nutrition education must be done by a dietitian - CPT code S9470



What is WIC?

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children

A Federal program administered by the United States Department of Agriculture (USDA) Food and Nutrition Services (FNS)



Iowa WIC

20 local WIC agencies

Serving ~60,000 • participants

Nationally:

- More than 50% of infants receive WIC
- 40% of women who give birth received WIC



- 41 North Iowa Community Action 42 Visiting Nurse Association Dubuque
- 43 Operation Threshold
- 52 Pottawattamie County 53 Marion County Public Health 54 Community Health Care, Inc.

What is WIC's mission?

WIC's mission:

To safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk.



Who does WIC serve?

- Pregnant women
- Postpartum women up until 6 months postpartum
- Breastfeeding women up until 1 year postpartum
- Infants up until their 1st birthday
- Children up until their 5th birthday



WIC Eligibility Criteria



Residence in Iowa

At or below 185% of the Federal poverty level

Nutrition risk

WIC Benefits



Supplemental food package

Nutrition education, including breastfeeding promotion and support

Referrals to health care and other services

Breastfeeding Promotion and Support

WIC provides support via International Board Certified Lactation Consultants (IBCLC), Certified Lactation Counselors (CLC), Certified Lactation Specialists (CLS), dietitians, nurses, and Breastfeeding Peer Counselors

https://wicbreastfeeding.fns.usda.gov/



WIC Assessment and Education



During the certification process:

- Height/length and weight measured
- Blood test to screen for anemia
- Health and diet assessment
- Nutrition education
- Food package tailored for all
- Referrals as needed

Implementing the Toolkit in the WIC Clinic

- Nutrition education resources for dietitians and nurses
- Resource handouts for families
- Motivational interviewing tips and education
- Goal setting with clients



Questions?

Thank you!

A post-test and evaluation will be emailed following the webinar for certificates of attendance and continuing education for nurses and dietitians.

Post-Test: <u>https://forms.gle/DccNJEmsuoLQMTY9A</u>

Evaluation: https://forms.gle/EUdvL49n37XbpA1m7