

FAMILY HEALTHY WEIGHT PROGRAM



IMPLEMENTATION GUIDE

IMPLEMENTATION GUIDE OVERVIEW: 7 Steps to Provide a Successful FHWP

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INTRODUCTION

Pediatric obesity: our current understanding and a proven solution

Since 1998, untreated obesity has been recognized as a chronic disease by the National Institutes of Health, leading to serious conditions like Diabetes, liver inflammation, high blood pressure, breathing problems during sleep, asthma, high cholesterol, and other medical problems—at any age. In children, obesity is diagnosed when age and gender-adjusted Body Mass Index (BMI) is compared to a historical range for growth and is 95% higher. In the last 30 years, obesity has roughly tripled in children—prompting national attention to this issue.

Roughly 14 million children in the United States are currently diagnosed with obesity.

Obesity treatment, especially for children, is more nuanced than “eat less, move more”. Just the word “obesity” can trigger the problem of weight stigma. Genetics, physiology, environment, and social factors play important roles that must be incorporated into a long-term treatment focus. This approach, with an emphasis on long-lasting change for better health, is different than hitting a specific number on the scale.

Many people are motivated to make changes for long-lasting wellness.

Evidence-based Family Health Weight Programs (FHWP) and Intensive Health Behavior Lifestyle Treatment (IHBLT) can positively impact children diagnosed with obesity. These tested programs go beyond diagnosis and short-term counseling to provide tailored and sustainable support for entire families.

The purpose of this FHWP Action Guide is to highlight seven strategies to start a successful FHWP within a primary care setting based on learnings from a group of Community Health Centers implementing FHWPs over five years in Florida, Mississippi, Colorado, and Arizona and updated [Clinical Practice Guidelines](#). This group, collectively called the COMMIT (Child Obesity Management Models in Teams) group, chose and adapted one proven FHWP called MEND (Mind, Exercise, Nutrition—Do It!) for their distinct patient groups.

This Implementation Guide provides the foundation for success when a health center or clinical practice decides to begin a FHWP.

FAMILY HEALTHY WEIGHT PROGRAM TIMELINE

6

6 MONTHS BEFORE YOUR FHWP:

- Identify ways to cover costs, cut costs, and get reimbursed
- Identify and train staff
- Identify space and technology
- Research CDC or AAP's proven FHWP curricula—pick one for priority families
- Establish partnerships to expand FHWP services

3

3 MONTHS BEFORE

- Configure workflow
- Recruit participants
- Set up space, supplies, and technology

1

1 MONTH BEFORE

- Recruit and/or confirm participants
- Enroll participants
- Inform participants: goals, schedule, resources, expectations



PROGRAM LAUNCH!

Celebrate and begin!

1-3

1-3 MONTH AFTER

- Evaluate the FHWP with participants
- Plan for quality improvement
- Develop FHWP sustainability plan

STEP 1

Assess Personnel and Resource Capacity

FHWP staffing models

Most Family Healthy Weight Programs rely on a team to implement these intensive programs. One **Nutrition Leader** and one **Exercise Leader** is best for a multigenerational group of 6-10 participants. The COMMIT groups engaged one or two of each type of leader (depending on the size of the group) for their groups of children and adults.

Leaders may hold a variety of positions in the health center. What matters most is recruiting interested and motivated staff for the program. Engaged staff appreciate the professional growth and satisfaction they feel when they diversify their day with the meaningful work of a FHWP.



One or two Nutrition Leaders

Medical Assistant
Receptionist
Navigator
Community Health Worker
Nurse
Provider
Registered Dietitian/ Nutritionist
WIC staff
Patient Educator/ Health Coach
Student
Volunteer

One or more Exercise Leaders

Medical Assistant
Receptionist
Navigator
Community Health Worker
Nurse
Exercise Scientist/ Exercise Physiologist
Exercise Instructor
Physical Therapist
Physical Therapy student
Volunteer

Many COMMIT groups added an additional layer of programming to support 1-on-1 visits with a billable provider. Consider a medical provider, behavioral health provider, or Registered Dietitian, depending on availability, interest, and specific reimbursement opportunities. (To learn more, see [STEP 3—DETERMINE BILLING AND SUSTAINABILITY](#).)

Health centers can also partner with Community Based Organizations (CBOs). This includes local YMCAs and recreation centers, Boys and Girls Clubs, etc. where CBO staff can assist with class set-up, help run the program, and contribute exercise equipment or space (like a YMCA pool!).

Additional roles: champion, project manager/coordinator, students

Beyond leading the FHWP, it is important to identify someone as:

- **Project Manager or Coordinator** to initiate and coordinate the important “behind the scenes” work. This individual should expect to spend a significant amount of time up-front to start the program, but as a health center gets more experience with program delivery, the time commitment decreases. The Coordinator may or may not be the same as the Project Champion.
- **Project Champion** to serve as a passionate advocate for program success. This person should be connected to others within the organization, be willing to speak often and compellingly about this program’s importance, and serve as a resource. They may even have their own lived experience with the benefits of these programs to strengthen their advocacy position.
- **Volunteers or learners** to support the program for several months. These individuals are often already involved within the health center. Seek helpful students who can commit time, have an interest in FHWPs, and may satisfy their needs for experience. The Project Manager or Coordinator would provide oversight to ensure a volunteer is truly useful.

On average, each team member should expect to spend 1-4 hours per week for preparation, recruitment, program coordination, and follow-up over several months. Different programs require different time requirements but expect to offer 26 hours of class time with the group.

Recommended skillsets

Sample skillsets for consideration:

- Experience working with kids and families.
- Experience with or interest in fitness or nutrition.
- Teaching experience, particularly with facilitation techniques.
- Experience with or comfort/willingness to present in front of a group.
- Someone who can “read a room” and adapt.
- Someone who can be creative and adapt.
- Tech-savvy—for communicating via text, WhatsApp, social media, etc. to connect with participants.
- Language—to speak the preferred language of participants.
- Culturally adept—to understand the population you are serving.

Time considerations

Implementing a FHWP does take some dedicated staff time. Below are some estimated time considerations based on the experiences of our COMMIT group:

| WHAT | HOW MUCH TIME REQUIRED | DETAILS |
|--|---|---|
| Implementation time | 2-4 hours, 1-2x/week for each member of FHWP team | Consider time required to: set up space and equipment, clean up after class, conduct a team debrief after each session |
| Administrative time: Initial training | 2 to 3, 8-hour days for each member of FHWP team | Highly dependent on curriculum chosen |
| Administrative time: Preparation before implementation starts | 1-4 hours/week for each member of FHWP team | The ideal timeline is ~4 weeks after training and before implementation begins. This includes time for recruitment to the FHWP. (avoid a long gap between training and starting the program) |
| Administrative time: Ongoing | 4+ hours/week for Coordinator(s) | Meetings, communications, data, evaluation, QI, troubleshooting, etc. |

Space and setting

Think early about the ideal location to offer family-based group visits. Start by asking clinic leaders where you can reserve a safe space for the program, and time for planning. Some health centers have dedicated group spaces that can be used for group activities. If not, consider options like staff lounges or break rooms, waiting rooms (if a program is offered after regular clinic hours), and outdoor areas such as parking lots, grassy areas near the health center, or shared community spaces. Some COMMIT groups partnered with local organizations—such as churches, schools, and rec centers—to utilize their space.

It is not essential to have a large gymnasium to ensure meaningful activities, including physical exercise. (For more information, see [STEP 4—PLAN SPACE AND TECHNOLOGY](#).)

Data Infrastructure

Handling the data you will need to implement and evaluate your FHWP is important to consider up-front. Your aim should be to create data infrastructure for your FHWP, which is a system to track desired measures of success. To create the infrastructure, you'll need to capture and use data from your FHWP participants and from your Electronic Medical Record (EMR).

Ensure your Program Champion can meet with a member of the Information Technology (IT) team to discuss the best ways to capture and use data. Make sure you can capture data that illustrates success, areas for improvement and gaps (i.e. gaps in patient engagement in an activity). The goal is to talk about and advertise successes so you can strengthen your program and gain long-term support from your leadership, partners, and the broader community.

What is a FHWP?

- CDC defines a FHWP as a comprehensive, family-based lifestyle and behavior change program that helps children with excess weight or obesity make progress toward health. This type of program is also called: intensive health behavior and lifestyle treatment (IHBLT).
- The US Preventive Services Task Force (USPSTF), the American Academy of Pediatrics (AAP), and the American Psychological Association (APA) recommend FHWPs to treat childhood obesity.
- AAP's Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity recommends that clinicians engage families in multicomponent behavioral interventions for at least 26 contact hours when children aged 2 to 18 are diagnosed with obesity or overweight conditions.



WHEN **NOT** TO INITIATE A FHWP IN YOUR HEALTH CENTER:

- **Lack of personnel (both in #s or in interest).** Particularly after COVID, workforce disruptions have become common throughout. If staff are feeling overwhelmed just to get through day-to-day needs, it is best to wait.
- **Health center culture challenges:** If health center leadership has other priorities that make child health or disease prevention resources unavailable, or if they are not interested in innovations to address complex problems, then you can focus on promoting a cultural shift at this time and develop a business case for this work in the future.
- **Health center major budget cuts:** While most FQHCs must always pay close attention to the financial bottom line, if your organization is facing severe budget challenges, it is better to prepare for a future time when the situation is better (improved finances, grant opportunities, etc).
- **If a health center doesn't have non-billable ancillary services already:** The main work of an FQHC is direct billable primary care. Innovation care programs are part of the work that many health centers do every day, but it helps to establish a new program where similar un-reimbursed programs already exist or have been piloted (such as, diabetes prevention program, Centering Pregnancy groups, etc.)

As you can see, this is a short list! That is because we believe that—while implementing a FHWP in an FQHC is challenging—most health centers can find mission-driven success if they believe in the importance of this work and are COMMITted to implementation.

STEP 2

Select a Curriculum and Delivery Approach

Choose a packaged FHWP/IHBLT for the patients you'd like to serve

Choose a curriculum that fits your staffing, workflow, resources, and space—and that you believe your patients will appreciate. Remember: these programs work best when they're adapted for your specific families.

With the new Clinical Practice Guidelines for the Evaluation and Treatment of Children and Adolescents with Obesity, both the CDC and the AAP have created resources to help health center staff review and select a successful FHWP that is best suited for your setting and population:

- [CDC recognized Family Healthy Weight Programs](#) (with links to learn more about different curriculums)
- AAP [Intensive Health Behavior and Lifestyle Treatment Programs](#) (answer a couple of questions to get tailored recommendations)

Each program can make a difference in the lives of children and families (vetted in Randomized Controlled Trials). They can all provide long-term support to families instead of quick education-only interventions.

There is usually a fee affiliated with a formal FHWP program and the tested educational materials and/or training tools it comes with. Consider ways to offset or reduce costs with train-the-trainer models, grants, and the use of billable providers (See Step 3).

Embrace cultural adaptations for packaged models

Health center staff are uniquely positioned to adapt and implement packaged FHWPs for the specific patients and communities they wish to serve. They are intimately familiar with innovative models of care and are trusted medical homes for 31.5 million people.

As you adapt and target your FHWP, be aware of “weight stigma”. Many patients targeted for programs like FHWPs feel guilt and shame and may experience disordered eating, social isolation, weight cycling, or have avoided health services. Health centers must position their programs in ways that avoid “weight stigma” traps.

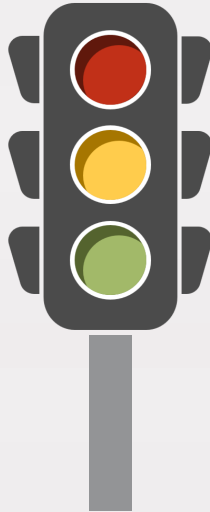
The [American Academy of Pediatrics issued a policy statement in 2017](#) with concrete recommendations to approach the concern of weight stigma in children. Examples include: diagnose the disease, not the person (say “child with obesity or excess weight” rather than “obese child”), or use terms like “Your health can greatly improve with these changes”. [Effective Strategies for Ending Weight Stigma in Healthcare](#) also provides helpful examples.



Recommendations from NACHC and the COMMIT group

Regardless of which FHWP you use, research shows that effective programs have several core components. Still, innovation and adaptation are encouraged. Consider this stoplight approach:

TRAFFIC LIGHT: Keeping Evidence-Based Integrity in Family Healthy Weight Programs



STOP AND...

- Measure BMI Change
- Track sessions and train staff
- Make sure the program includes nutrition, physical activity, skill building, behavior change
- Remember to include evidence—26 hours of intervention is key

CAUTION...

- With limiting dose intensity; with changing outcome measures or adding new ones
- With adding new activities—make sure central focus is preserved

Go!

- Modify for local culture, vary time, place and activity, offer childcare
- Consider incentives; integrate into EMR; Train others in Pediatric Weight Management Initiative provide virtually; expand to household

| RECOMMENDATIONS FROM EXPERIENCED HEALTH CENTERS | DETAILS |
|--|---|
| <p>Think of the FHWP as disease prevention, NOT a weight loss program.</p> | <p>Quote from Denver Health:</p> <p><i>“Children are supposed to grow and often that means continuing to gain weight, perhaps just at a reduced rate over time. We know that strict diets and restrictive habits are difficult to sustain and tend to cause weight gain over time or weight stigma. In our program, we’ve shifted our definitions of success away from specific weight or BMI changes. Instead, we teach basic skills that kids need for a healthy lifestyle. This includes feeling more confident about making healthy choices, enjoying fruits and vegetables, increasing fitness (recovery heart rate metrics) and changing the mindset that physical activity is fun. Mental health is also extremely important. We look at their health and risk over time and are here to support the families as they learn and try new things.”</i></p> |
| <p>Use the fact that you are implementing a FHWP in a health center as an ASSET.</p> | <p>Health centers have skilled, passionate teams to provide these services. Offering a FHWP in a patient’s medical home reinforces that healthy lifestyle and disease prevention is critical to long term health. Access to these services in a trusted location and in a culturally competent way empowers us to track health metrics in the EHR over time (such as blood pressure, labs for prediabetes and fatty liver, BMI, etc) to document health benefits.</p> |

| RECOMMENDATIONS FROM EXPERIENCED HEALTH CENTERS | DETAILS |
|---|---|
| <p>FHWPs must be intensive (26+ hrs) to be effective. This is a significant time commitment for patients and families, so it is important to be flexible, accommodating, and creative about how to make it work for people.</p> | <ul style="list-style-type: none"> ● Ask families about days of the week and times of day that would be easiest for their participation. ● Consider transportation and childcare. ● Avoid punishing families or removing them from the program if they miss a class. ● Be creative about “touches with asynchronous learning, virtual options, etc.” |
| <p>Cultural competency is essential! A program may be in multiple languages, but does it use familiar words of where your patient population is from? Are the nutrition and food examples available and accepted? Are recommendations relevant and feasible?</p> | <p>Each COMMIT health center began with a packaged curriculum. Teams took deliberate steps to adapt the content to ensure it worked for their patients. Seek feedback from participants about how the program works for them. Build in time to make ongoing adaptations and innovations, utilizing the principles of Quality Improvement and Implementation Science.</p> <p>Institute for Healthcare Improvement</p> <p>RE-AIM: Improving Public Health Relevance and Population Impact</p> |
| <p>Many of the packaged FHWP have an initial (and occasionally ongoing) cost to prepare and implement. Health centers by virtue of their mission may find these costs to be a barrier. It’s important to find creative ways to pay for these curriculum, while also limiting unnecessary financial expense to your organization.</p> | <p>It can be helpful to identify some early “seed” funding (grants, donations, etc) to get a FHWP off the ground. Look for opportunities to reduce costs for supplies and consider train-the-trainer models. In addition, research opportunities to build billable services into your program from the outset (see STEP 3—DETERMINE BILLING AND SUSTAINABILITY).</p> |
| <p>Consider what each packaged FHWP defines as success and adapt as needed. A program does NOT need to be weight-focused, but you do want to track goals (behavior change, knowledge, self-efficacy, mental health, etc.)</p> | <p>Design an evaluation plan, including the metrics to track and how the data will be collected. You want to ensure success—or be alerted if things aren’t working as planned. Do not feel like you must measure everything. If data entry becomes a burden for families or for staff, it may be necessary to scale back. Find data you can report positively on so you can share successes with funders, partners, participants, leadership, and future enrollees.</p> |
| <p>Consider creative options for program delivery, such as in-person vs virtual (or hybrid), or alternate community space, etc.</p> | <p>COMMIT groups worked throughout the pandemic on this project. Each health center adapted in-person sessions for virtual use. Over time, this became a way to reach more families and remove barriers to frequent in-person visits. Over time, hybrid versions of each program were found to ensure maximum flexibility, impact, and reach.</p> |

STEP 3

DETERMINE BILLING AND SUSTAINABILITY

Grant “seed” funding

“Seed” funding with start-up grants helps fund initial implementation work and reduces the barriers to trying something new. While the biggest cost for FHWP is staff time, seed funding for equipment and participant incentives can be found from a variety of sources. Examples include:

- Local, state, or national foundations
- Small businesses or private donations to support feel-good projects such as FHWP
- Public health agencies at the local or state level
- Small grants from professional organizations to support health care workers doing passion projects (American Academy of Pediatrics, Physician Assistant Foundation, etc.)

It can be helpful to leverage pictures with patient and staff stories to show potential funders and the community how meaningful a FHWP program can be, beyond any quantitative data. Build these stories into grant requests.

Billable visits for sustainability

Prepare options for Medicare/Medicaid and insurance billing as an important way to sustain your FHWP. COMMIT groups found qualified staff that can bill for their services enhance the value of a FHWP for participants. It is important to involve your billing and coding expert in these conversations early.

Medical billable visits

Many health centers have built-in group visit models that provide intensive education and support in a group setting. They layer medical visits for individual assessment and treatment over that. One popular example of these programs is the Centering Pregnancy model via the [Centering Healthcare Institute](#). Organizations such as American Academy of Pediatrics have collated sample codes that can be used for documentation purposes:



SAMPLE ICD-10 CODES (not an exhaustive list):

| | |
|---|-------------------------|
| Dietary surveillance and counseling | (Z71.3) |
| Nutritional assessment | (Z71.3) |
| Nutrition and exercise counseling | (Z71.3, Z71.82) |
| Pediatric nutrition exercise and screen time counseling | (Z71.3, Z71.82, Z71.89) |
| High Triglycerides | E78.1 |
| Low Serum HDL | R74.8 |
| Hypercholesterolemia | E78.00 |
| Prediabetes | R73.03 |
| Blood Glucose Abnormal | R73.09 |
| Nutrition disorder | E63.9 |
| Obstructive sleep apnea | G47.33 |
| Pediatric hypertension | I10 |
| BMI >95%ile | Z68.54 |

When combining FHWP activities with a layer of medical visits, it is important to get support from administrative and clinical leadership. They often like to see a financial analysis (including productivity for provider). Consider that the focused and often brief visits within a FHWP, makes it possible to see more patients in less time.

Data you collect as part of your FHWP can show the need for this type of program and the outcomes over time. One health center, Denver Health, published [Body Mass Index and Blood Pressure Improvements With a Pediatric Weight Management Intervention at Federally Qualified Health Centers](#), that shows participants had improved their BMI trajectory and decreased their blood pressure over time.

When you add a medical layer to your FHWP, you must also create a documentation plan and workflow. This can include building (at least) standardized note templates to facilitate accurate documentation. Support staff can assist with scheduling patients, completing reminder calls, and even advertising the program. If support staff such as **Medical Assistants** are involved in implementing the FHWP, they can also assist with checking-in patients, getting vital signs, and conducting other important tasks.

Other billable providers

Medical providers are not the only successful or appropriate staff to be involved in your FHWP. Some COMMIT groups have had success utilizing **behavioral health providers** and **Registered Dietitians (RDs)**. Behavioral health providers can help reinforce healthy relationships and family dynamics, encourage body positivity and self-esteem, and fight against internalized weight bias and stigma. RDs can help augment the nutrition education provided in your FHWP and provide tailored nutrition recommendations based on individual needs.

There are many examples of group visit programs that integrate billable providers for sustainability. Researching these options and best practices early can allow sufficient time for success. The billing and coding as well as finance staff can help determine the best path forward.

Other considerations for long-term sustainability

COMMIT groups found that identifying grants—even for small dollars—can provide additional security and foster ongoing innovation. Sometimes grant opportunities can be matched with larger public health efforts to reduce Social Drivers of Health, particularly around food insecurity. In these cases, it can be helpful to track program impact beyond quantitative data, leveraging pictures and patient stories to show how meaningful the program is.

These external grant opportunities and partnerships can be inspiring for your leadership, including health center boards. Documenting and sharing images of the ways your FHWP is a stable and valuable part of the care provided by your health center demonstrates the added value boards want to see. Some COMMIT groups collected data on staff satisfaction as an additional documented reason to continue these programs long-term.

Given that health care financing is constantly evolving, be on the lookout for new opportunities such as additional staff for reimbursable visits, trained Health Educators or Community Health Workers, or added population health activities for value-based care. There are many adaptive approaches to ensure financial stability.

STEP 4

PLAN SPACE AND TECHNOLOGY

Space!

When considering space, it is important to:

1. Ensure safety: Is there adequate lighting? Can the area be hazardous in any way?
2. Assess security. Is there anyone else who can or should be present to ensure security?
3. Reservations. Do you need to reserve space in advance?
4. Storage. Do you have a small closet or some shelves to store program equipment?

Examples of space used for FHWP by COMMIT Groups include:

- Staff conference rooms or break rooms
- Waiting rooms or lobby (after regular clinic hours)
- Several small spaces, including hallways—break a large group into smaller groups or adjust group size
- Outdoor space like parking lots, grassy areas close to clinics, etc.—Walk together to a park or rec center
- Sharing space with a supportive CBO

Flexible OPTIONS for program delivery

Provide many opportunities—in person and virtually—for participants to connect with you and with each other. The aim is to build a trusted, cohesive group.

For in-person meetings, consider extras such as snacks or meals and incentives for parents or caregivers to help recognize the commitment it takes to participate in this type of program.

For virtual options, consider a set day/time or an asynchronous format (with recordings that families can watch when convenient or share special programming like exercise videos, etc. that can be completed for credit). Virtual elements can be helpful for inevitable disruptions such as bad weather or other challenges for an in-person meeting.

Our COMMIT groups have learned that engagement is inevitably lower in the self-study format. Still, families who may not be able to or don't want to participate fully in-person may find the self-study option to be an easy alternative.



Technology

As always, planning before the program’s start date helps you avoid pitfalls.

| TECHNOLOGY CONSIDERATION | QUESTIONS TO ASK YOUR TEAM |
|--|--|
| Program recruitment | Do you want to use Electronic Medical Records (EMR) to identify good candidates for referral? Can participant-activities be tracked in the EMR or do you need to build a separate tracking system (spreadsheets, etc.)? |
| Program participation—how will you outreach to families | Are your participants able to use phone apps or do they prefer email? Will phone calls or text messages be useful to remind participants about activities and tracking their activity and progress? (consider WhatsApp group messages) |
| Program implementation for <i>in-person</i> delivery | Do you plan to show a presentation that requires AV equipment or a computer? Do you need a microphone? |
| Program implementation for <i>virtual</i> delivery | What platform is best (Zoom, Google Meet, etc.)? It can be helpful to have one person who can host, manage logistics, and be a contact to troubleshoot or help people gain access, and another person to facilitate. |
| Program connection | Some COMMIT groups have requested ongoing connection—such as Facebook groups, text chats, YouTube pages, etc. Do we anticipate our participants may like similar connection opportunities? |
| Program evaluation | A Program Coordinator can help you choose and oversee an evaluation process. Can the EMR support this step? Can you run reports to track outcomes? Partner with your IT/Data Analytics team to help you build what you need. |

STEP 5

CONFIGURE WORKFLOW

It saves time and hassle if you can create an easy process to run your FHWP. Think through each step.

Resources

Start gathering the materials you'll need. Ideally you will want supplies for exercise, nutrition, evaluation, and relaxation activities. They should be stored somewhere easy to access before and during class. Make sure supplies are secure, so items don't unintentionally disappear.

Possible resources:

Evaluation Equipment

- Scale to measure weight
- Stadiometer (or tape measure against the wall) to measure height
- Computer or laptop for team or providers who may need to take notes for billing
- Stairs or another stable step (for exercise recovery testing), stopwatch/timer (maybe your phone)

Program incentives

- The COMMIT group found small incentives for participation or for prizes were appreciated by kids and families. See [Tips to Help Families Stay Engaged](#).

Space needs

- Do you have enough chairs and/or tables? How will the space be arranged?

Technical and non-technical tools for teaching

- Computer and projector (if needed)
- Poster paper (The COMMIT group loves large post-it poster pads)
- Pens, markers

Program equipment

- Items included in your chosen packaged FHWP for each class—handouts, teaching tools, etc.

Food supplies

- If you are providing snacks or doing cooking demonstrations, do you have the cooking or preparation tools you need? Do you have sufficient plates, napkins, utensils?



Pre-Launch Checklist

Last-minute preparation can be daunting. It’s helpful to create a full list of activities (including clinical and administrative tasks) as a checklist to help you feel prepared and organized.

The list below (and in [Appendix 2](#)) is a guide. Feel free to adapt this list to fit your specific situation.

| TASK | | DETAILS |
|--|--|---|
| Review curriculum | <input type="checkbox"/> <input type="checkbox"/> | Are all team members familiar with and comfortable with the formal curriculum? Have you built in time to learn the curriculum—and train all involved staff to present the FHWP curriculum chosen? |
| Finalize schedule | <input type="checkbox"/> | What days of the week, times of day, start dates are scheduled? Make sure leaders, stakeholders, and participants are aware and confirm their availability. Consider external forces such as holidays, school schedules, etc. and schedule around these dates when appropriate. |
| Confirm space | <input type="checkbox"/> <input type="checkbox"/> | Are rooms reserved? Does everyone know where to go and when? |
| Confirm staff | <input type="checkbox"/> | Are all engaged staff available at scheduled meeting times? Make schedule adjustments as needed and communicate changes to everyone involved. |
| Prepare recruitment & Program documents | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Do you have flyers ready for placement in key locations? Have you designed marketing materials for social media or email recruitment? Are marketing materials and program documents presented in the languages of the participants you’d like to reach? Champions at your site, as well as other health center staff and/or community members can assist with getting the word out. See STEP 6: RECRUITMENT STRATEGY for more details. |
| Registration, Referral and Follow-up | <input type="checkbox"/> | Do you have a system in place to collect, review, and reach out to referred and interested patients? Finalize a plan for making reminder calls. |

Workflow for each session

It's finally here! It's time to start your first sessions. You've worked hard to get to this point! The steps listed below (and as checklist in [Appendix 3](#)) can help ensure you are fully prepared:

| DONE? | ACTIVITY |
|---|---|
| <input type="checkbox"/> | Last minute reminder calls to registered participants (consider: week before, day before, day of) |
| <input type="checkbox"/> | Print any handouts |
| <input type="checkbox"/> | Gather materials |
| <input type="checkbox"/> | Prepare group space |
| <input type="checkbox"/> | Order/pick up any food—prep snacks, etc. |
| <input type="checkbox"/> | Team huddle: overall plan for the session |
| FIRST SESSION (some COMMIT groups called this session "0") | |
| <input type="checkbox"/> | Conduct any initial surveys and evaluation |
| <input type="checkbox"/> | Orientation to the program, answer questions |
| <input type="checkbox"/> | If included: provider review of medical history, individual needs |
| EACH ADD'L SESSION | |
| <input type="checkbox"/> | Curriculum modifications as needed |
| <input type="checkbox"/> | Shopping and supply list |
| <input type="checkbox"/> | Set up |
| AFTER EACH SESSION | |
| <input type="checkbox"/> | Clean, put away supplies |
| <input type="checkbox"/> | Team debrief |

STEP 6

RECRUITMENT

Who should participate?

The goal is to recruit families with children or adults who've been diagnosed as overweight or obese. Children who have type 2 Diabetes are also prime candidates. To reduce barriers for many families, it helps to expand the age range of active participants by providing childcare or other appropriate activities. Allow younger or older siblings to join you. Anticipate flexibility for participation if you have space. For example: what if a family is very interested but the child has a normal BMI?

Another major issue that affects recruitment is the preferred language of the family vs. the language(s) your team is comfortable with. Most of our COMMIT groups have offered programming in 1-3 of the most common languages of their patient population because they have staff who reflect the communities they are serving.

When reviewing the different FHWP options, consider if material is available in the languages you'd like to use. You may need to create what you need. Note: even if materials are available in Spanish, most COMMIT staff ended up adapting the materials to reflect Spanish vocabulary and phrases relevant to the regions where their patients are from and adjust for literacy and common/comfortable ways of speaking.

If you offer multiple programs in different languages, depending on the group you'd like to reach (e.g. spring in English, summer in Haitian Creole, etc.), consider those needs as well. Some COMMIT groups implemented the program in two languages concurrently (such as an English/Spanish bilingual group). This takes extra time to go through material and translate conversations, but it ensures inclusiveness and understanding. Staff report that bilingual programs help build cross-cultural bonds and make scheduling easier as well.

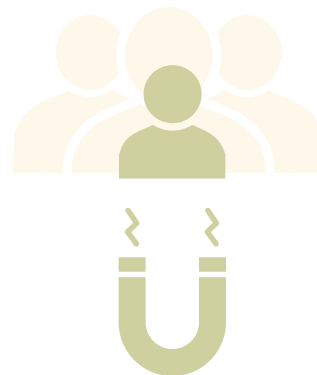
Find ways to engage a **wider population of people within a more inclusive atmosphere!**

Recruitment & retention

It's very common to struggle with recruiting enough people for your program. COMMIT groups report that families want to participate if you work hard to ensure the program is FUN, positive, and supportive. It's important to also emphasize that these programs build community and create a circle of friends.

There are no shortcuts to recruitment. Just try lots of things to engage participants. Consider partnering with other CBOs for recruitment, including through your state Primary Care Association or a local YMCA. Share in efforts and successes. **Stay positive!** The longer you are implementing your FHWP, the more integrated the program becomes into the daily work of the clinic, and you WILL develop systems that work for you and your health center to engage participants.

The following chart includes a few marketing and recruitment ideas. Think about what your target patients are most likely to respond well to ("know your audience"). A FHWP is only as good as its participants!



| RECRUITMENT IDEAS | PROS | CONS/IMPORTANT CONSIDERATIONS |
|--|--|--|
| <p>EMR referrals</p> <p>Review health and SDOH data in the medical records. Ask for medical providers or other staff to reach out to kids and families you've identified.</p> | <p>Tied to a patient's medical record, trackable</p> | <p>Can take time to build initially; team needs to be trained to access referrals, document workflows, etc.</p> |
| <p>Word of mouth and provider referrals</p> | <p>Ask your providers which families or kids they think would benefit most. Use meetings, huddles or email to remind providers to send you referrals. Some health centers created sticker sign-up sheets or add ticklers to workflows to email names of patients that can be tracked in a spreadsheet.</p> | <p>Providers are so busy! Think about how to make it EASY for them to remember and send patients your way!</p> <p>Sometimes a sticker sheet creates duplicative work so only use this if it's helpful for your team.</p> |
| <p>Hang flyers (examples in Appendix 6)</p> | <p>Place flyers in high-traffic areas: waiting rooms, registration areas, exam rooms, bathrooms...</p> | <p>Make sure you have good contact info/next steps for what you want patients to do after they see the flyer.</p> |
| <p>Social media advertising</p> | <p>A great way to reach wider community and generate "buzz" is to create short video testimonials or "teaser" videos or graphics for Facebook, Instagram, TikTok, etc.</p> | <p>Can be helpful to know in advance how frequently your patient population is using these types of media before you spend too much time creating content.</p> |
| <p>Run EHR reports to identify eligible patients (by age range, BMI category, diabetes, other?)</p> | <p>Comprehensive, doesn't rely on waiting for a referral</p> | <p>Most COMMIT groups found that a lower percentage of eligible families participate, compared to a more personalized recommendation from their provider or other known staff.</p> |
| <p>Mail personal letters or invitations</p> | <p>Don't need to wait for patient to be in the clinic for a busy medical visit.</p> | <p>Can send to large numbers of people for reach—but make sure your notes can be personalized in some way (handwritten?).</p> |

| RECRUITMENT IDEAS | PROS | CONS/IMPORTANT CONSIDERATIONS |
|--|--|--|
| <p>Other media—TV, radio, interviews, newspaper</p> | <p>Content can be created and used multiple ways. Again, great to reach community more widely—but only use free media resources.</p> | <p>Ensure that you have sufficient availability to meet the demand (a great problem to have!). Also make sure you have a plan if someone is interested but is not (yet) a patient.</p> |
| <p>Warm hand-off—Integrated primary care— Someone in the FHWP team must be available to meet briefly with an interested family at time of visit to enroll them.</p> | <p>Can answer questions in real time and provide a “face” to the program. Can also schedule before patients leave the clinic, and reduces time to call people later.</p> | <p>This is easiest if FHWP team has other daily in-person clinical roles, but also some flexibility to drop into another visit (briefly) if needed.</p> |

Patient/family outreach

Like regular primary care visits, FHWPs benefit from a robust reminder call system. When you are reaching out to families, here are some tips:

- Prepare general scripts for callers.
 - Encourage organic conversations too, so the person on the other end of the phone knows a real person who cares is calling and hopes to see them in the clinic soon.
- If possible, have someone who is currently implementing or participating in the program call families (or someone who’s been active in the past). They can speak from personal experience about what to expect, answer questions, and convey enthusiasm.
- Create a solid workflow for scheduling. If your FHWP has a schedule in the EMR, then families can be scheduled at the time of the phone call. EMR appointments can then send automated reminders as well.
- If families sign up, consider following-up with a welcome package (mail information home, or send something in patient portal).
- Learn the barriers your population will face (transportation, childcare, technology?). That way, specific concerns or issues can be addressed and even overcome.
- Not all patients will be ready, able, or willing to sign up. That is ok! Let them know that you are there for them, and they can choose to enroll in the future if they change their mind. Consider other ways to offer support. Perhaps they can come for other visits or resources to work on health goals. They will feel cared for by their health center.

What about retention?

Retention is a typical challenge for an intensive and long-term program. Again, if you focus on a fun, positive, flexible, and supportive atmosphere, both kids and adults are happy to continue participating. Stress the positive benefits that leads to a longer, healthier life.

FUN is the #1 priority!

TIPS TO HELP FAMILIES STAY ENGAGED

Reminders: Call to remind families to attend 1 week before, 1 day before, and even day of class every time. That personal touch matters.

First-class comradery: Engage in an open discussion about expectations and group concerns. Play games, spark laughter, break the ice and begin friendships over this shared experience.

Incentives: Big prizes, like cooking or exercise equipment, gift cards to a local grocery store or farmer's market, or small prizes like stickers and cheap toys encourage participation according to COMMIT groups. ([Appendix 7](#))

Stress the family model: Avoid setting rigid limits on missing classes if possible, but several family members should be encouraged to join at least the first few classes. Offer make-up classes or allow families to enroll in the next cohort if too many classes have been missed.

Take advantage of the flexible curriculum model: Adapt programs so families may start and stop on their own time. While this reduces the positive benefits of group camaraderie when they move through the program (and graduate) together, it does provide flexibility. Try a "passport" to help track participation over time. Conduct "rolling" graduations for each family that completes their sessions.

Celebrate successes!

STEP 7

PROGRAM EVALUATION AND REFLECTION

An important part of every intervention or program is evaluation. To ensure all the efforts you are putting into this program are achieving desired results, consider what metrics are most valuable to measure. Data collection systems should be reasonable and achievable. With input from funders, leaders, your Quality Assurance team and patients, determine what you hope to achieve and track your progress accordingly.



How do we define success?

A lot of data was gathered to rigorously evaluate FHWPs in formal clinical trials. The end goal was often to change weight. With kids, whose job it is to grow, a change in BMI, BMI z-scores, or percentiles are measured.

With our growing understanding of the risks and harms of weight stigma, as well as a practical understanding that even short-term intensive interventions can provide long-term health benefits, health centers have tried to embrace a more comprehensive approach to success.

Aim to set goals WITH patients and families based on the long-term benefits they'd like to achieve. One resource that many COMMIT groups have found helpful is the [Health at Every Size](#) movement. These programs focus on long-range lifestyle benefits that significantly improve heart health, muscle health, emotional health, and enjoyment.

Evaluating health

Several sample surveys from our COMMIT groups—adapted from longer, validated questionnaires—are included in [Appendix 1, 4A, 4B, and 5](#). These surveys can be printed and completed by families on paper, and then entered into databases (like Excel, Qualtrics, SurveyMonkey, and Redcap). Questions from these surveys can also be asked orally by staff and recorded in real time. Some health centers eventually built their surveys into their EMR and used it for documentation and tracking.

The best evaluation involves several elements to assess health. Here are some ideas, feel free to choose what is most meaningful and feasible for your program:

| OUTCOME | HOW TO EVALUATE |
|--|--|
| Changes in health behaviors (nutrition, physical activity) | Self-report (e.g. surveys or interviews) |
| Changes in health behaviors, other tools | Activity trackers (some can upload into EMR or an online database), photo-documentation of meals, activities, etc. |
| Change in weight (lbs, BMI, BMI %ile, BMI z-scores) | Weight and height, often in EMR |
| Change in chronic disease/ risk factors | Labs as appropriate: A1C, lipids, liver tests; blood pressure |
| Change in physical fitness | Exercise recovery heart rate (a relatively easy test to do in clinic, provides objective insights into improved fitness) |
| Changes in self-esteem, body positivity, self-efficacy; reduced weight-related anxiety or stress | Qualitative: several good Quality of Life surveys have been created |
| Satisfaction with program | Qualitative: meaningful to share patient stories and overall experience with the program |

Some COMMIT groups also integrate their FHWP tracking with other screening priorities, including social determinants of health (food insecurity and [PRAPARE](#)). Aim to do what you can to reduce survey burdens on patients so they do not need to answer the same questions multiple times.

Other stakeholders: how do they define success?

Health center leadership

Take time early to determine what kinds of information your leaders would like to know about the program. Communicate what you learn about progress on a regular basis. Most leaders must juggle many priorities, including quality care, patient satisfaction, and financial benchmarks such as billable visits or productivity. Include those elements in your evaluation if you can to demonstrate collaboration and build trust.

Patients and community

When you build-in the “voice of the community” in your evaluation planning, and co-design the program with them, it will ensure your efforts pinpoint what patients are really looking to learn or achieve. Gaining participant feedback can be a formal effort before you start the program, such as a focus group to ask questions about how and why potential participants would want to engage in a program like this. Or, it can be done informally, by asking people, “what would YOU consider success by participating in this program?”

Health center staff

Consider the experience of health center staff participating in your FHWP as you evaluate your program. Staff at health centers are inherent care givers. They enjoy diversifying their clinic roles, learning new skills,

and engaging in what is a fun, positive, and rewarding program. Evaluating staff experience before, during, and after the program provides unique insight into the value of the program to the health center, overall, and can provide valuable insight into quality improvement for your project moving forward. COMMIT groups learned staff enjoy the true team-based nature of this work. It provided different access points for patients and often more-frequent “touches”, which builds community and strengthens relationships.

Additional reflection

You can improve processes and identify ways to boast about your success when you commit time to reflect on your program. To be reflective, schedule a short (5-15 minute) debrief at the end of each class. This allows the team to connect with participants and share what they believe works or doesn't work with the program. This can be a time to discuss unique or challenging family situations or group dynamics. A period of structured time at the end of a complete FHWP cohort (when families have graduated) is an excellent time to consider changes before the next program, while everything is fresh in mind.

Reflect on fidelity, quality improvement, and equity.

Fidelity

Reflecting on exactness to the original program curriculum can ensure the program is as impactful as possible for your families, and reminds staff to stay focused on key messages. Reflection can be done with:

1. Observations: A senior implementer can watch certain segments of the program delivery, and then provide feedback.
2. Refresher training: Take a smaller chunk of time (vs a full new training period) to review key topic. Questions or difficult scenarios can be used to spark discussion and ensure key topics are covered.
3. Review the evidence: Sometimes it's helpful to re-orient teams to the things that work best in FHWP. This allows staff to build off their own expertise and group observations. It also reinforces non-negotiable items (for example, ensuring families can participate in ways THEY can build into their schedules).

Quality improvement

By utilizing Quality Improvement tools (see resources in the Appendix), changes can be made in a systematic way, when needed. Tracking and measuring changes can also be helpful so you can report the things that makes your program uniquely effective to leadership and/or funders. Implementation Science tools (like [RE-AIM](#) - Reach, Effectiveness, Adoption, Implementation, Maintenance) provide similar benefits by allowing your team and your leadership to have a robust understanding of the work it takes to implement these programs in a health center setting.

Equity

Implementing a FHWP in the health center setting is a powerful way to ensure these effective programs reach more people who need them. Finding ways to tell that story can help with fundraising efforts and sustainability. Team reflection can also help ensure your program is inclusive and when—as can easily happen—a disparity in participation or experience is discovered. The team can be intentional about adjustments to ensure equity.

CONCLUSION

With a little planning and a lot of heart, we believe any Health center can implement their own—very successful—Family Healthy Weight Program and continue to innovate to meet our patients' and communities' needs.

You've got this!

This Toolkit is based on the experiences, best practices, and lessons learned of our early adopting and pioneering community health centers. We thank them for sharing their innovations and lessons learned with us so that others can advance their own social determinants of health journey.

PRAPARE requires a licensing agreement in order to use.

APPENDIX 1

What is PRAPARE?

The PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experience) Implementation and Action Toolkit is designed to provide interested users with the resources, best practices, and lessons learned to guide implementation, data collection, and responses to social determinant needs.



PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|--|------|-----|-----------------------|----------|-----|----|-----------|-----|----|------------|-----|----|--|-----|----|-----------------------|-----|----|-------|-----|----|-----------------------|---|------------|--------------|----------|-------------|-----------|--------------------------------------|
| <p>14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply.</p> <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Food</td> <td>Yes</td> <td>No</td> <td>Clothing</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Utilities</td> <td>Yes</td> <td>No</td> <td>Child Care</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> <td>Yes</td> <td>No</td> <td>Other (please write):</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Phone</td> <td>Yes</td> <td>No</td> <td>Other (please write):</td> </tr> </table> <p>I choose not to answer this question</p> | Yes | No | Food | Yes | No | Clothing | Yes | No | Utilities | Yes | No | Child Care | Yes | No | Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | Yes | No | Other (please write): | Yes | No | Phone | Yes | No | Other (please write): | <p>17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you?</p> <table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> </tr> <tr> <td>Somewhat</td> <td>Quite a bit</td> </tr> <tr> <td>Very much</td> <td>I choose not to answer this question</td> </tr> </table> <p>Optional Additional Questions</p> <p>18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility?</p> <p>Yes No I choose not to answer this</p> <p>19. Are you a refugee?</p> <p>Yes No I choose not to answer this</p> <p>20. Do you feel physically and emotionally safe where you currently live?</p> <p>Yes No Unsure I choose not to answer this question</p> <p>21. In the past year, have you been afraid of your partner or ex-partner?</p> <p>Yes No Unsure I have not had a partner in the past year I choose not to answer this question</p> | Not at all | A little bit | Somewhat | Quite a bit | Very much | I choose not to answer this question |
| Yes | No | Food | Yes | No | Clothing | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Utilities | Yes | No | Child Care | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Medicine or Any Health Care (Medical, Dental, Mental Health, Vision) | Yes | No | Other (please write): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | Phone | Yes | No | Other (please write): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not at all | A little bit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Somewhat | Quite a bit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Very much | I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
Paper Version of PRAPARE® for Implementation as of September 2, 2016

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------------|-----------------|------------------|------------------------|-------|--------------------------------|-----------------------|--|---|------------------------------|----------------------------|-----------------------|--------------------------------------|------------|----------------------------|----------------|----------------|----------|---------------|----------|-----------------------------------|-------------------------------|-------------------|--|
| <p>Personal Characteristics</p> <p>1. Are you Hispanic or Latino?</p> <p>Yes No I choose not to answer this question</p> <p>2. Which race(s) are you? Check all that apply</p> <table border="1"> <tr> <td>Asian</td> <td>Native Hawaiian</td> </tr> <tr> <td>Pacific Islander</td> <td>Black/African American</td> </tr> <tr> <td>White</td> <td>American Indian/Alaskan Native</td> </tr> <tr> <td>Other (please write):</td> <td></td> </tr> </table> <p>I choose not to answer this question</p> <p>3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?</p> <p>Yes No I choose not to answer this question</p> <p>4. Have you been discharged from the armed forces of the United States?</p> <p>Yes No I choose not to answer this question</p> <p>5. What language are you most comfortable speaking?</p> <p>Family & Home</p> <p>6. How many family members, including yourself, do you currently live with?</p> <p>I choose not to answer this question</p> <p>7. What is your housing situation today?</p> <p>I have housing I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) I choose not to answer this question</p> | Asian | Native Hawaiian | Pacific Islander | Black/African American | White | American Indian/Alaskan Native | Other (please write): | | <p>8. Are you worried about losing your housing?</p> <p>Yes No I choose not to answer this question</p> <p>9. What address do you live at? Street: _____ City, State, Zip code: _____</p> <p>Money & Resources</p> <p>10. What is the highest level of school that you have finished?</p> <table border="1"> <tr> <td>Less than high school degree</td> <td>High school diploma or GED</td> </tr> <tr> <td>More than high school</td> <td>I choose not to answer this question</td> </tr> </table> <p>11. What is your current work situation?</p> <table border="1"> <tr> <td>Unemployed</td> <td>Parttime or temporary work</td> <td>Full-time work</td> </tr> </table> <p>Other: (also unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver). Please write: _____</p> <p>I choose not to answer this question</p> <p>12. What is your main insurance?</p> <table border="1"> <tr> <td>None/uninsured</td> <td>Medicaid</td> </tr> <tr> <td>CHIP/Medicaid</td> <td>Medicare</td> </tr> <tr> <td>Other public insurance (not CHIP)</td> <td>Other Public Insurance (CHIP)</td> </tr> <tr> <td>Private Insurance</td> <td></td> </tr> </table> <p>13. During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits.</p> <p>I choose not to answer this question</p> | Less than high school degree | High school diploma or GED | More than high school | I choose not to answer this question | Unemployed | Parttime or temporary work | Full-time work | None/uninsured | Medicaid | CHIP/Medicaid | Medicare | Other public insurance (not CHIP) | Other Public Insurance (CHIP) | Private Insurance | |
| Asian | Native Hawaiian | | | | | | | | | | | | | | | | | | | | | | | |
| Pacific Islander | Black/African American | | | | | | | | | | | | | | | | | | | | | | | |
| White | American Indian/Alaskan Native | | | | | | | | | | | | | | | | | | | | | | | |
| Other (please write): | | | | | | | | | | | | | | | | | | | | | | | | |
| Less than high school degree | High school diploma or GED | | | | | | | | | | | | | | | | | | | | | | | |
| More than high school | I choose not to answer this question | | | | | | | | | | | | | | | | | | | | | | | |
| Unemployed | Parttime or temporary work | Full-time work | | | | | | | | | | | | | | | | | | | | | | |
| None/uninsured | Medicaid | | | | | | | | | | | | | | | | | | | | | | | |
| CHIP/Medicaid | Medicare | | | | | | | | | | | | | | | | | | | | | | | |
| Other public insurance (not CHIP) | Other Public Insurance (CHIP) | | | | | | | | | | | | | | | | | | | | | | | |
| Private Insurance | | | | | | | | | | | | | | | | | | | | | | | | |

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APPENDIX 2

■ Check List—Before Your First Session

| TASK | | DETAILS |
|--|--------------------------|---|
| Review curriculum | <input type="checkbox"/> | Are all team members familiar with and comfortable with the formal curriculum? |
| | <input type="checkbox"/> | Have you built in time to learn the curriculum—and train all involved staff to present the FHWP curriculum chosen? |
| Finalize schedule | <input type="checkbox"/> | What days of the week, times of day, start dates are scheduled? Make sure leaders, stakeholders, and participants are aware and confirm their availability. Consider external forces such as holidays, school schedules, etc. and schedule around these dates when appropriate. |
| | | |
| Confirm space | <input type="checkbox"/> | Are rooms reserved? |
| | <input type="checkbox"/> | Does everyone know where to go and when? |
| Confirm staff | <input type="checkbox"/> | Are all engaged staff available at scheduled meeting times? Make schedule adjustments as needed and communicate changes to everyone involved. |
| | | |
| Prepare recruitment & Program documents | <input type="checkbox"/> | Do you have flyers ready for placement in key locations? |
| | <input type="checkbox"/> | Have you designed marketing materials for social media or email recruitment? |
| | <input type="checkbox"/> | Are marketing materials and program documents presented in the languages of the participants you'd like to reach? Champions at your site, as well as other health center staff and/or community members can assist with getting the word out. See STEP 6: RECRUITMENT STRATEGY for more details. |
| REGISTRATION, REFERRALS AND Follow-up | <input type="checkbox"/> | Do you have a system in place to collect, review, and reach out to referred and interested patients? Finalize a plan for making reminder calls. |
| | | |

APPENDIX 3

■ Workflow for Each Session

| DONE? | ACTIVITY |
|---|---|
| <input type="checkbox"/> | Last minute reminder calls to registered participants (consider: week before, day before, day of) |
| <input type="checkbox"/> | Print any handouts |
| <input type="checkbox"/> | Gather materials |
| <input type="checkbox"/> | Prepare group space |
| <input type="checkbox"/> | Order/pick up any food—prep snacks, etc. |
| <input type="checkbox"/> | Team huddle: overall plan for the session |
| FIRST SESSION (some COMMIT groups called this session “0”) | |
| <input type="checkbox"/> | Conduct any initial surveys and evaluation |
| <input type="checkbox"/> | Orientation to the program, answer questions |
| <input type="checkbox"/> | If included: provider review of medical history, individual needs |
| EACH ADD’L SESSION | |
| <input type="checkbox"/> | Curriculum modifications as needed |
| <input type="checkbox"/> | Shopping and supply list |
| <input type="checkbox"/> | Set up |
| AFTER EACH SESSION | |
| <input type="checkbox"/> | Clean, put away supplies |
| <input type="checkbox"/> | Team debrief |

APPENDIX 4A

■ Sample Questionnaire



**Healthy Habits.
Healthy Life.**

Ages 2-9

CHILD'S NAME: _____ AGE: _____ TODAY'S DATE: _____



1. How many servings of fruits or vegetables does your child eat a day? (One serving is about the size of the palm of your child's hand.)
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 takeout or fast food?
5. How many hours of recreational (outside of school work) screen time does your child have in a day?
6. Is there a television set or internet-connected device in your child's bedroom?
7. How many hours does your child sleep at night?
8. How many minutes a day does your child spend in active play? (faster breathing or sweating)
9. How many 8-ounce servings of the following does your child drink a day?

| | | |
|---|--|---|
| Water <input type="radio"/> | Nonfat (skim), low-fat (1%) milk <input type="radio"/> | Reduced-fat (2%) milk <input type="radio"/> |
| Whole or chocolate milk <input type="radio"/> | 100% juice <input type="radio"/> | Fruit or sports drink <input type="radio"/> |
| Soda or punch <input type="radio"/> | | |

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 <input type="radio"/> | Be more active - get more exercise <input type="radio"/> |
| Eat less fast food / takeout <input type="radio"/> | Get more sleep <input type="radio"/> |
| Drink less soda, juice, or punch <input type="radio"/> | Eat breakfast <input type="radio"/> |
| Drink more water <input type="radio"/> | Not ready to make a change now <input type="radio"/> |
| Spend less time watching TV / movies and playing video / computer games <input type="radio"/> | |
| Take the TV out of the bedroom <input type="radio"/> | |



11. Within the past 12 months we worried whether our food would run out before we had money to buy more.

| | | |
|--|--|--|
| Often True <input type="radio"/> | Sometimes True <input type="radio"/> | Never True <input type="radio"/> |
|--|--|--|
12. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

| | | |
|--|--|--|
| Often True <input type="radio"/> | Sometimes True <input type="radio"/> | Never True <input type="radio"/> |
|--|--|--|



Please give the completed form to your clinician. Thank you!



This resource is adapted from Let's Go materials. www.lets-go.org

APPENDIX 4B

■ Sample Questionnaire



Hábitos Saludables. Vida Saludable.

De 2 a 9 años de edad

NOMBRE DEL NIÑO/A: _____ EDAD: _____ FECHA DE HOY: _____



1. ¿Cuántas porciones de frutas y verduras come su hijo/a al día? (Una porción es aproximadamente del tamaño de la palma de la mano de su hijo.)
2. ¿Cuántas veces a la semana se sienta su hijo/a a la mesa para cenar junto a la familia?
3. ¿Cuántas veces a la semana desayuna su hijo/a?
4. ¿Cuántas veces a la semana come su hijo/a comida para llevar o comida rápida?
5. ¿Cuántas horas al día pasa su hijo/a frente a una pantalla por ocio (aparte de la tarea escolar)?
6. ¿Hay una televisión o un aparato conectado al internet en la habitación de su hijo/a?
7. ¿Cuántas horas duerme su hijo/a por la noche?
8. ¿Cuántos minutos al día participa su hijo/a en juego activo? (su respiración es más rápida o suda)
9. ¿Cuántas porciones de 8 onzas de lo siguiente bebe su hijo/a al día?
Agua Leche sin grasa (desnatada), baja en grasa (1%)
Leche con grasa reducida (2%) Leche entera o de chocolate Jugo 100%
Bebida de frutas o deportiva Soda o ponche

10. Basado en sus respuestas, ¿hay UN cambio específico con el que quiera ayudar a su hijo/a ahora?
Por favor, marque una casilla:

- | | |
|--|---|
| Comer más frutas y verduras <input type="radio"/> | Ser más activo/a - hacer más ejercicio <input type="radio"/> |
| Comer menos comida rápida/para llevar <input type="radio"/> | Dormir más <input type="radio"/> |
| Beber menos soda, jugo, o ponche <input type="radio"/> | Comer el desayuno <input type="radio"/> |
| Beber más agua <input type="radio"/> | No estoy listo/a para hacer cambios ahora <input type="radio"/> |
| Pasar menos tiempo viendo la televisión/películas y jugando a los videojuegos/con la computadora <input type="radio"/> | |
| Sacar la televisión de su habitación <input type="radio"/> | |

11. En los últimos 12 meses nos preocupaba quedarnos sin comida antes de tener dinero para comprar más.
Pasa con frecuencia Pasa a veces Nunca pasa

12. En los últimos 12 meses la comida que compramos simplemente no fue suficiente y no teníamos dinero para comprar más.
Pasa con frecuencia Pasa a veces Nunca pasa



Por favor, entregue el formulario completado a su médico clínico. ¡Gracias!



Este mensaje fue
recibido por y adaptado de
www.letsgo.org

APPENDIX 5

■ MEND shortened questionnaire



SIZING ME UP
SCHOOL-AGE CHILD VERSION (5-13 years)
INTERVIEWER ADMINSTERED



SUBJECT ID: _____

DATE: _____

INTERVIEWER: _____

INSTRUCTIONS: This questionnaire is formatted to be used by an interviewer and should only be administered to a child in interview format. Directions that are to be read **ALoud** by the interviewer will be in *italics*. Children *11-13 years of age* may complete the measure on their own after the practice items.

Interviewer: *Now you are going to answer some questions, but first I want to go over the different answer choices with you. (Take out Answer Choice Card). If I asked you to pick **ALL** of the circle, which would you pick? If I asked you to pick **A lot** of the circle, which would you pick? If I asked you to pick **A little** of the circle, which would you pick? If I asked you to pick **None** of the circle, which would you pick? Make sure child understands these concepts.*

Interviewer: *We are going to be asking you some questions about some of the things that you think and feel. There are no right or wrong answers. For each question I ask you, you are going to look at this card (give child Answer Choice Card) and choose an answer. If you are not sure about your answer, just pick the one that you think is best for you.*

Let's try a practice one:

EXAMPLE: ***A library has books.***

Is that "none of the time," "a little," "a lot," or "all the time"?

Let's try another one.

EXAMPLE: ***Dogs can fly.***

Is that "none of the time," "a little," "a lot," or "all the time"?

APPENDIX 6

■ Flyers

BORINQUEN 
MEDICAL CENTERS

the  **Y**

FIT FAMILY CLUB

ACTIVITIES
TUESDAYS:
EXERCISE & WELLNESS

THURSDAYS:
NUTRITION

STARTS
10/10/2023
4:00 PM- 5:30 PM

WE WILL RAFFLE PRIZES!

**FOR MORE INFORMATION
CALL (305) 576-6611**

Illustration of three children (two girls and one boy) jumping rope on a grassy hill under a smiling sun and clouds. There are also illustrations of colorful kites flying in the sky.

MEND at Denver Health

LET US HELP YOU!

MIND

We help you think about your family's daily habits and find easy ways to make them healthier.

EXERCISE

Kids play fun active games and we show you how to fit more activity into everyday life.

NUTRITION

Discover things you never knew about food- it's amazing how small changes can make a big difference.

DO IT!

Even when you know what's good for you, doing it is the hard part. We'll support you to make healthy changes that last a lifetime.



JOIN **MEND** THE HEALTHY LIFESTYLE PROGRAM
WHERE **CHILDREN** AND THEIR **FAMILIES** GET **FITTER,**
HEALTHIER AND **HAPPIER!**

- Nutrition Lessons
- Grocery Store Tour
- Fun & Exciting Games
- Free Prizes!

Children and their families can attend MEND at these
Denver Health Clinics:

| Eastside Family Health Center | Montbello Family Health Center | Westside Family Health Center | Kids Care Clinic |
|-------------------------------|--------------------------------|-------------------------------|---------------------------------|
| Mondays 5:00 pm – 7:00 pm | Tuesdays 4:30 pm – 6:30 pm | Tuesdays 5:00 pm – 7:00 pm | Wednesdays 5:00 pm – 7:00 pm |



TO FIND OUT MORE
CALL or
ask your primary care provider

POWERFULL FAMILIAS

FAMILY WELLNESS CAMP

WINTER
2024



January 22 - March 27

Mondays @ Mulcahy YMCA



5085 S Nogales Hwy

Wednesdays via Zoom



5:30 pm - 7:30 pm

Sessions are led by El Rio Wellness Staff, a Fitness Specialist, and Registered Dieticians. Kids earn rewards for active participation and families receive weekly grocery incentives as they join in our weekly cooking class!

Children must be El Rio patients & between the ages of 7 and 12 years old.

Parents/guardians will attend with their eligible child(ren). As part of the program, children will visit with a provider, check vitals, complete a step test, and receive a lab visit.

LEARN HOW TO:

- Destress
- Develop healthy habits
- Set goals
- Eat well as a family
- Enjoy life together!

Want to join? Reach out to Jayelle Harrison at:

☎ 520-309-2087

✉ jayelle.harrison@elrio.org



A NEW YEAR, **NEW** **ATTITUDE** FOR FAMILIES

New Mt. Zion M.B. Church



Pastor Willie Tobias, Jr.



A 4-part, family-centered healthy lifestyle change program focused on nutrition, physical activity, and mental well-being for parent/caregiver and children. The goal is to provide early education for ages 7-13 but siblings a couple of years older or younger are welcome. NOTE: children are NOT allowed to come by themselves. A parent or caregiver's presence/participation is mandatory.

Registration REQUIRED!



Dates and times

NEW MT ZION MISSIONARY BAPTIST CHURCH
140 W. MAPLE ST., JACKSON 39203

Dress for exercise and LUNCH will be provided.

For information and to register, call Dr. Sonja R. Fuqua at **601.376.9255**

EDUCATION • EXERCISE • INCENTIVES • GIVEAWAYS

APPENDIX 7

■ Possible incentives for your FHWP

Here are some ideas that COMMIT sites have used as prizes.

Seek donations and be creative!



\$10 Gift cards

Grocery stores, Target, VISA etc.—can be for a parent or child



\$1 Gift prizes

Pick from the Dollar Store or Target: pencils, erasers, small toys, etc.



Donations from local businesses

Cooking supplies: kid knives, cutting board, measuring cups, spices

Fitness supplies: soccer ball, yoga mat, jump rope, hula hoops, helmet

Healthy snacks: offer extra to take home if you can



Promotional Items (seek a donation to get some made with your logo)

T-shirts

Water bottles

Graduation certificates (free!)



Other great gifts

Sneakers

Fitness tracking app (i.e.: MyFitnessPal—free)