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National Association of School Nurse’s Obesity Toolkit Resources

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RMC Health

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The Regional School Nurse Specialists appreciate the excellent resources from:

Colorado HealthTeam Works

Alaska Department of Health and Social Services, Division of Public Health

Arkansas Center for Health Improvement

Maine Department of Education School Health Manual

Massachusetts Department of Public Health, Comprehensive School Health Manual

Contact information: Kathleen Patrick, RN - patrick_k@cde.state.co.us
COLORADO OBESITY TOOL-KIT
Introduction and Rationale

Colorado Department of Education, Regional School Nurse Specialist Team, has worked to compile useful obesity information, tools, and resources to assist school nurses in Colorado to be able to identify, communicate effectively to parents, and refer students that are at unhealthy weights to health care providers.

Obesity is a major health concern for Americans and Coloradans. The national overweight and obesity rates have tripled for our youth. Overweight and obese children are at risk for multiple health problems and early identification and referral is important.

This tool-kit is designed to give the Colorado School Nurse resources to assist him/her in managing these students in the school system.

Other resources utilized to assist in creating this tool-kit include the following: NASN Obesity Tool-kit, State of Alaska Measuring Height/Weight and Calculating BMI Guidelines for Schools, and Arkansas BMI Screening Guidelines. These guidelines are recognized as best practices and can be used to help enhance your school’s obesity policies and procedures.
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Screen for Obesity and Co-Morbidity

**Growth**
- Birth to 2 years: use CDC weight-for-length charts
- 2-18 years: use CDC BMI %ile charts
- Breast fed infants: use WHO breast feeding charts
- Excessive weight gain prior to 6 months of age is associated with later obesity
- Overweight = 85-94%ile, Obese ≥95%ile

**Blood Pressure**
- Systolic and Diastolic
- Begin routine screening at 3 years of age
- Pre-hypertension: BP 90-94%, Stage I: 95-99% + 5mm, Stage II: >99% + 5mm
- Obtain 3 measurements on separate days for diagnosis of HTN (except if stage II)

**History**
- Screen all patients, regardless of BMI status, for healthy behaviors using 5-2-1-0:
  - 5 fruits and vegetables daily, less than 2 hours of screen time daily, 1 hour or more of daily physical activity, 0 sweetened beverages
- Family history of obesity, gestational diabetes, type 2 diabetes, early cardiovascular event in parents or grandparents (prior to 55 years in males and 65 years in females) = increased risk

**Lab screening**
- If BMI >95%ile + 10 years or older: non-fasting lipids, HbA1C, ALT
- If family history of early cardiovascular event, obtain lipids beginning at 2 years of age to rule out genetic dyslipidemia

Counsel

1. Engage patient/parent
   - Have you heard of 5-2-1-0?
   - 5-2-1-0 are recommended daily behaviors which improve fitness, health, and weight (see definition of 5-2-1-0 below).

2. Advise
   - How is your family doing with 5-2-1-0? Do you have any ideas for improvement? If no: Are there one or two goals on this Action Plan that your family is ready to work on?

3. Elicit
   - On a scale of 1-10, how confident are you that you will be able to make this change?

4. Assist
   - May I (or someone from my office) follow up with you in 2 weeks to discuss your progress or difficulties with these goals?

Promote Healthy Fit Children and Reduce Obesity

Give consistent messages for all children regardless of BMI

- **Infant and Toddlers (0-2 yrs)**
  - Breast feeding offers protection against obesity (exclusivity and duration strengthen association)
  - To prevent overfeeding: increase parental awareness of hunger and satiety cues and teach comforting with attention rather than food
  - Introduction of solids prior to 4 months is associated with increased obesity risk
  - Diet quality decreases with the transition to table foods: encourage fruits and vegetables and discuss avoiding sweetened beverages

- **Older Children (3-18 yrs)**
  - Encourage plate method: ½ plate fruit and vegetables, ¼ lean protein, ¼ whole grain carbohydrate
  - Vegetables may be fresh, frozen or canned
  - Family meals are associated with higher dietary quality
  - Portion sizes are often excessive when eating out
  - Skipping breakfast is associated with a higher risk of obesity and decreased academic performance
  - Food insecurity is associated with higher obesity risk

- **Nutrition**
  - Television and videos are not recommended <2 years of age

- **Screen Time**
  - Physical activity is promoted by providing frequent opportunity for movement
  - Infant and toddlers should not be inactive for more than 60 minutes unless sleeping
  - Toddlers need several hours of unstructured movement every day

- **Physical Activity**
  - Serve nonfat milk beginning at 1 year of age unless weight-for-length <5%
  - No sweetened beverages; intake increases risk of obesity
  - Fruit is more nutritious than juice and does not have the potential risk for obesity and caries

- **Beverages**
  - Nonfat milk and water are preferred for nutrient value and hydration
  - No sweetened beverages: intake increases risk of obesity (soda, fruit drinks, and sport drinks)

- **Sleep**
  - Sleep duration is inversely associated with obesity
Treatment for Overweight and Obese Children

For the Age-Specific Weight Loss Targets table, see www.healthteamworks.org

**Basic Lifestyle Intervention**
- Use motivational interviewing techniques and action plan to set at least 1 nutrition and/or physical activity goal for the entire family. (This may be done by medical staff, registered dietitian or healthcare provider.)
- Track family goals and refer to community resources: www.healthteamworks.org
- Follow up in two weeks, then monthly via office visit, phone or email to assess progress and barriers to change
- After success with one behavior, begin work on another behavior
- Re-evaluate behaviors, BMI %ile and co-morbidities at 3-6 months

**Structured Lifestyle**
- If no success with basic lifestyle intervention, refer motivated families to a family-based program which incorporates nutrition, physical activity and behavioral components and involves >25 hours of contact over a 6 month period

**Physician/RD Specialty Consult**
- Consult/refer if co-morbidities persist or if no improvement after 6 months of structured lifestyle

### Obesity Co-Morbidities

<table>
<thead>
<tr>
<th>Disease</th>
<th>Evaluation</th>
<th>Diagnostic Criteria</th>
<th>Rule Outs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin Resistance</td>
<td>Fasting glucose</td>
<td>Fasting glucose 100-125 mg/dl or HbA1C 5.7-6.4%</td>
<td></td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
<td>HbA1C</td>
<td>HbA1C ≥ 6.5%</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Blood Pressure x3, UA, Creatinine, CBC, electrolytes, renal US</td>
<td>Age/gender/height tables</td>
<td></td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Non-fasting Lipid Panel</td>
<td>LDL &gt;100 mg/dl Non HDL-C &gt;120 Trig &gt;150 HDL &lt;40</td>
<td>If LDL &gt;130, TG &gt;250 or non HDL-C &gt;145 obtain R/O thyroid, liver, renal disease, or diabetes</td>
</tr>
<tr>
<td>Non Alcoholic Steatohepatitis (NASH)</td>
<td>ALT If ALT &gt;60 order liver profile</td>
<td>ALT &gt; AST, normal bilirubin &amp; albumin Exclude other liver diseases if ALT &gt;100 or ALT &gt;60 after 3 months</td>
<td>Hepatitis screen, ANA, Anti LKM antibody, Anti smooth muscle ab, Alpha 1 antitrypsin phenotype, ceruloplasmin, alcohol, drugs, toxins, liver ultrasound</td>
</tr>
<tr>
<td>Polycystic Ovary Syndrome (PCOS)</td>
<td>Testosterone: free and total DHEAS Prolactin Thyroid profile FSH</td>
<td>Requires 2 of: Oligo- or amenorrhea &lt;9 periods/year Hyperandrogenism clinical or biochemical Polycystic ovaries on US</td>
<td>Hyperprolactinemia Congenital adrenal hyperplasia Cushing’s syndrome Ovarian/Adrenal tumors (if testosterone &gt;150 ng/ dl or DHEAS &gt;700 mcg/dl)</td>
</tr>
<tr>
<td>Depression</td>
<td>PHQ-9 (11-18 years) PSC (6-16 years)</td>
<td>Score ≥11 or Q12 or 13 yes Score ≥30 or Q36 or 37 yes</td>
<td></td>
</tr>
<tr>
<td>Sleep Apnea</td>
<td>Pediatric sleep questionnaire</td>
<td>Sleep study</td>
<td></td>
</tr>
<tr>
<td>Genetic Syndrome</td>
<td>Developmental delay, short stature or dysmorphic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine causes</td>
<td>Decreased height velocity</td>
<td>Hypothyroidism, Cushing’s TSH, Free T4, Cortisol AM</td>
<td></td>
</tr>
<tr>
<td>Slipped Capital Femoral Epiphysis (SCFE)</td>
<td>Hip X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudotumor Cerebri</td>
<td>Papillidema/ headache</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Resources

**Food Access:** To access county social services websites/phones: [http://www.cdhs.state.co.us/servicebycounty.htm](http://www.cdhs.state.co.us/servicebycounty.htm). For online application and screening tools: [https://peak.state.co.us/selfservice](https://peak.state.co.us/selfservice), WIC, Share Colorado, Operation Frontline, School Meal Program

**Physical Activity:** City/County Recreational Centers, YMCA, Boys & Girls Clubs, School Programs, Safe Routes to School, [http://www.nwf.org/Get-Outside](http://www.nwf.org/Get-Outside)

**Nutrition:** Colorado Dietetic Association ([www.eatinrightcolorado.org](http://www.eatinrightcolorado.org) or 303-757-2060)

**Advocacy:** [www.letsmove.gov](http://www.letsmove.gov), [www.rwjf.org/childhoodobesity](http://www.rwjf.org/childhoodobesity), [www.livewellcolorado.org](http://www.livewellcolorado.org)

*For additional resources, visit www.healthteamworks.org*
## Healthy Lifestyle Screening

### Has anyone in your family ever been diagnosed with:

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Yes</th>
<th>Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes / Gestational diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease (heart attack, stroke, high cholesterol)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Questions

1. **How many servings (1 serving = 1/2 cup) per day of fruits and vegetables does your child eat?**
   - 0-1 servings
   - 2-3 servings
   - 4-5 servings
   - More than 5 servings

2. **In total, how many hours per day does your child watch TV or movies, play video or computer games?**
   - More than 4 hours
   - 3-4 hours
   - 1-2 hours
   - 1 hour or less

3. **How many days per week is your child physically active, outside of school time, for at least 60 minutes?**
   - 0-1 days
   - 2-3 days
   - 4-5 days
   - 6-7 days

4. **How many times per week does your family do something active together?**
   - 0-1 days
   - 2-3 days
   - 4-5 days
   - 6-7 days

5. **How many times per day does your child drink any of the following: juice, soda, sports drinks, energy drinks, flavored milk, lemonade, sweetened tea or coffee drinks?**
   - 4 or more times
   - 3 times
   - 1-2 times
   - 0 times

6. **How many times per week does your child eat breakfast?**
   - 0-1 times
   - 2-3 times
   - 4-5 times
   - 6-7 times

7. **How many times per week does your child eat food outside the home/school?**
   - 6-7 times
   - 4-5 times
   - 2-3 times
   - 0-1 times

8. **How many days per week does your family eat dinner together at the table?**
   - 0-1 times
   - 2-3 times
   - 4-5 times
   - 6-7 times

9. **Are you ever worried that food will run out before you get more money to buy more?**
   - Often
   - Sometimes
   - Rarely
   - Never

10. **Is your child having difficulty with sleeping or snoring?**
    - Often
    - Sometimes
    - Rarely
    - Never

11. **How worried are you about your child’s health?**
    - 8-10 (Very)
    - 5-7
    - 2-4
    - 0-1 (Low)

12. **How worried are you about your child’s weight?**
    - 8-10 (Very)
    - 5-7
    - 2-4
    - 0-1 (Low)

13. **Is now a good time to work on family eating and activity habits?**
    - 8-10 (Definitely)
    - 5-7 (Yes)
    - 2-4 (Maybe)
    - 0-1 (No)
Goals are most successful when all family members participate and support one another.

Choose one or two goals your family will work to achieve:

5 servings of fruits and vegetables daily
- Include at least one fruit or vegetable with every snack or meal
- Add color: make ½ your plate fruits or vegetables at most meals
- Add extra vegetables to tacos, stews, burritos, soups, etc.

2 or less hours of screen time daily
- Remove TV and screens from bedrooms
- Enjoy time outside: daily green hour without any screens
- Unplug the family for 1-2 weeks, plan activities without screens
- Join after school activities or community centers
- Turn off TV during meals

1 or more hours of physical activity daily
- Walk or bike to school (or at least the last 5 blocks)
- Join a sports team, dance group or outdoor club
- Play outside daily: invent games, jump in leaves, build snow forts, etc.
- Sign up for a recreation pass as a family or with friends
- Spend family time together hiking, playing a sport or other activities

0 sweetened beverages daily
- Drink nonfat milk, water, or water flavored with fruit
- Save money: do not buy soda, sports drinks, fruit drinks
- Reduce amount of soda, sports drinks, fruit drinks to____/week

Other
- Eat breakfast daily
- Eat dinner as a family____times/week
- Serve smaller portions (see mypyramid.gov)
- Eat out/take out less than____times/week
- Additional goal:_________________________________________________

Signatures

Patient __________________________________________________________  Date _____________
Parent or Caregiver ________________________________________________ Date _____________
Provider __________________________________________________________ Date _____________

For resources on how to achieve your family goals, please visit www.healthteamworks.org.
# Patient and Parenting Tips

**Obesity is preventable.**

This guideline is designed to assist the primary care provider in the prevention and treatment of childhood obesity. It is not intended to replace a clinician’s judgment or establish a protocol for all patients.

For national recommendations, references, and additional copies of the guideline go to [www.healthteamworks.org](http://www.healthteamworks.org) or call (720) 297-1681. This guideline was supported through funds from The Colorado Health Foundation.

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## Nutrition

### Feeding Practices
- Eat and buy foods you want your child to eat.
- Enjoy regular mealtimes together.
- Reward with activity and reading rather than food.
- Children eat different amounts from day to day. Let your child decide how much to eat.
- New foods need to be offered as many as 10 times or more before being accepted.
- Eating breakfast improves attention and grades, and decreases the risk of obesity.
- When eating out choose grilled, steamed, and baked foods instead of fried foods.

### Food Choices
- Use the plate method: fill ½ your plate with fruits and vegetables, ¼ whole grain, ¼ lean protein.
- Eat dark green and orange vegetables every day. Try fresh, frozen or canned vegetables.
- Encourage whole fruit instead of juice, and serve fresh fruit that is in season.
- Whole grain foods include: brown rice, oatmeal, bran cereal, whole grain breads, and whole grain pasta.
- Choose lean protein: beans, fish, poultry, eggs, pork, beef.
- Serve nonfat milk with meals and water between meals.

---

## Physical Activity

*(Minimum of 60 minutes throughout the day)*

- Play and have fun together as a family or with peers.
- Improve your health and the planet’s health: walk, bike or use public transit when possible.
- Find physical activities your child/teen enjoys, i.e. sports, dance, outdoor activities.
- Join a recreation center, YMCA or boys and girls club.
- Television and screens in bedrooms interfere with sleep and increase usage.
- Enjoy nature and activities as a family: get outside!
- Toddlers and preschool children need several hours of unstructured movement every day in addition to 30 minutes of structured daily activity. Avoid periods of inactivity more than 60 minutes at a time.

---

## Resources

### Nutrition
- [www.letsmove.gov](http://www.letsmove.gov)
- [www.mypyramid.gov](http://www.mypyramid.gov)
- [www.operationfrontline.org](http://www.operationfrontline.org)
- [www.eatrightcolorado.org](http://www.eatrightcolorado.org)

### Physical Activity
- [www.nwf.org/Get-Outside](http://www.nwf.org/Get-Outside)
- [www.bgca.org](http://www.bgca.org)
- [www.bam.gov](http://www.bam.gov)
- [www.naturefind.com](http://www.naturefind.com)
- [www.fitness.gov/funfit/kidsinaction.html](http://www.fitness.gov/funfit/kidsinaction.html)

*For additional resources, visit [www.healthteamworks.org](http://www.healthteamworks.org).*
Motivational Interviewing: Brief Overview

Spirit and Guiding Principles
* Express empathy *
1. Collaborate with the person.
2. Support autonomy and self-efficacy.
3. Evoke a person’s own reasons to change.

Goals:
Explore and resolve ambivalence about change.
Increase confidence about making a change.

Key Techniques
- Ask permission to give advice.
- Talk less, listen more.
- Use more open than closed questions.
- Affirm strengths, intentions, efforts, choice.
- Reflect back and summarize what you hear.

You are not listening to me when:
- You say you understand.
- You say you have an answer before I finish telling you my story.
- You cut me off before I have finished speaking.
- You finish my sentences for me.
- You tell me about yours or another person’s experiences, making mine seem unimportant.
- Your response is not consistent with what I said.

You are listening to me when:
- You really try to understand, even if I am not making much sense.
- You grasp my point of view, even when it’s against your own view.
- You allow me the dignity of making my own decisions, even when you feel they may be wrong.
- You do not take my problem from me but allow me to deal with it in my own way.
- You hold back the desire to give advice (or only offer it with permission).
- You give me room to discover what is really going on.

(Author unknown)

BE CURIOUS
Ask about:
- Goals and values
- Strengths and challenges
- Reasons to change or not change
- How they see and understand the situation

LISTEN FOR CHANGE TALK
Change Talk:
D esire
A bility
R easons
N eed

REMEMBER:
Commitment is necessary for change to happen.

www.healthteamworks.org
To get someone talking about change:

**Ask for it!**

- Why might you want to make this change?
- If you decided to change, how would you do it?
- What would be the best reasons to change?
- How will your life be better if you change?

**Explore pros and cons...of the behavior and of changing**

- What are the good things about smoking?
- ...and what are the not so good things about smoking?

**...and then reflect back**

- So, on the one hand...
- And on the other hand...

**Assess importance and confidence**

- On a scale from 0-10, how important is it to you to _________?
- On a scale from 0-10, how confident are you that you will be able to_______?

**0-10 Ruler to Assess Importance and Confidence:**

```
0         1         2         3         4         5         6         7         8         9         10
```

**Followed by:**

- “What makes you a 4?” (for importance)
- “What would help you feel more confident?” (for confidence)
COLORADO HEALTHY WEIGHT TOOLKIT

SCREENING
SAMPLE Parent/Guardian Opt-Out Form for Growth Screening

Dear Parent/Guardian,

Growth screening involves measuring height and weight to calculate Body Mass Index (BMI). The purpose of the Growth Screening Program is to give you information about your child’s growth status. This information also helps <insert name of school or school district> address a comprehensive approach to the health and wellness. [Insert list of initiatives such as providing healthier foods and encouraging students to be physically active].

In Colorado, schools are mandated by C.R.S. 22-1-116. to provide student hearing and vision screenings for possible identification of unknown or unrecognized diseases or health impairments that may affect a student’s education. While vision and hearing screenings are required, growth screenings are recommended by the Colorado Department of Public Health and Environment as another tool to evaluate the health of each child. Results are confidential. The growth screenings will take place in a private setting, supervised by the school nurse.

If you want your child to participate in the free growth screening offered by our school, you do not have to complete this form. If you do not want your child to receive growth screening services at school, please complete the form and return it to the school office.

To opt out of this screening, please complete and return this form to the school by Date: _____________

Student: 
Date of Birth: 
School: 
Grade: 
Parent/Guardian Signature: 
Date: 

If you have any questions, please contact

<name and contact information for school nurse, district nursing coordinator, and/or school principal>
BMI measurement programs should adhere to the following safeguards:

(1) Introduce the program to school staff and community members and obtain parental consent or opt out

(2) Train staff in administering the program (ideally, implementation will be led by a highly qualified staff member, such as the school nurse)

(3) Establish safeguards to protect student privacy

(4) Obtain and use accurate equipment

(5) Accurately calculate and interpret the data

(6) Develop efficient data collection procedures

(7) Regularly evaluate the program and its intended outcomes and unintended consequences.


Adapted from NASN The School Nurse Childhood Obesity Toolkit 2.3
Equipment Checklists

All equipment must be used for the purpose for which it was designed.

Child and Adolescent Scale Checklist - A scale for weighing children & adolescents should be stable, in a ‘private’ location and:

✓ High quality beam balance or electronic digital
✓ Weighs in 0.1 kg (100 gm) or 1/4 lb increments
✓ Weight can be ‘locked’ in
✓ Weight is read at ‘eye level’ of measurer
✓ Stable weighing platform
✓ Can be easily ‘zeroed’
✓ Can be calibrated
✓ No stature device attached
✓ No wheels on scale
✓ Weight is written not spoken

Child and Adolescent Stadiometer Checklist

Stadiometers for measuring children and adolescents - Stadiometers are available in two types. The first type is permanently fixed to the wall in a clinic area. The second type is portable. [http://depts.washington.edu/growth/module4/text/page5a.htm](http://depts.washington.edu/growth/module4/text/page5a.htm)

Stadiometers must be stable, calibrated and dedicated to the purpose. This requires:

✓ A vertical board with an attached metric rule
✓ An easily moveable horizontal headboard that can be brought into contact with the most superior part of the head
✓ A wide and stable platform or firm uncarpeted floor as the base
✓ Firmly mounted on a stable wall
✓ Easily read, stable tape or digital readout in 0.1 mm or 1/8 inch increments


Preparation of the child

1. Assure privacy and confidentiality for child
2. Remove outerwear – ie., shoes, sweaters, sweatshirts
3. Empty pockets, remove jewelry or other objects
4. Remove hair barrettes if necessary
5. Stand straight with hands at side
6. May have child face away from scale measurement

Instructions for Measuring Body Weight

1. Provide for privacy
2. Scale balanced at zero
3. Use a calibrated beam balance or electronic scale.
4. Shoes off, heavy outer clothing off, such as a sweater and jacket
5. Student stands straight in center of platform
6. Arms hang naturally at side
7. Student is looking forward
8. Read measurement to the nearest .01 kg or ¼ pound
9. Record measurement

BMI Percentile Calculator for Child and Teen English Version (CDC)
http://apps.nccd.cdc.gov/dnpabmi/

A Training Manual for Height and Weight Assessment Arkansas Center for Health Improvement

Child and Adolescent Scale Checklist -
A scale for weighing children & adolescents should be stable, in a ‘private’ location, and:

✓ High quality beam balance or electronic digital
✓ Weighs in 0.1 kg (100 gm) or 1/4 lb increments
✓ Weight can be ‘locked’ in
✓ Weight is read at ‘eye level’ of measurer
✓ Stable weighing platform
✓ Can be easily ‘zeroed’
✓ Can be calibrated
✓ No stature device attached
✓ No wheels on scale
✓ Hand post attached to base of scale

Adapted from NASN The School Nurse Childhood Obesity Toolkit 2.4
Instructions for Measuring Height
(Using a stadiometer – Instrument for measuring standing height)

1. Provide for privacy.
2. Shoes are taken off, hats removed, pigtails, headbands and barrettes, etc should not be in the way.
3. Student stands on flat surface; heels slightly apart and flat on the floor, back of foot touching the wall.
4. Back straight as possible; knees straight.
5. Heels, buttocks and shoulder blades touch wall or measuring surface.
6. Arms hang naturally to side; shoulders relaxed.
7. Looking forward – eyes straight ahead.
8. Lower headboard until it touches crown of head firmly.
9. If measuring bar is not available, place a flat object such as a clipboard/ruler on the child’s head in a horizontal position and read the height at the point at which the object touches the surface.
10. Read measurement to the nearest 0.1 cm or 1/8 inch.
11. Record measurement on the student health record.

Child and Adolescent Stadiometer Checklist

Stadiometers must be stable, calibrated & dedicated to the purpose requiring:

✓ A vertical board with an attached metric rule
✓ An easily moveable horizontal headboard that can be brought into contact with the most superior part of the head
✓ A wide and stable platform or firm uncarpeted floor as the base
✓ Firmly mounted on a stable wall
✓ Easily read, stable tape or digital readout in 0.1 mm or 1/8 inch increments


NASN The School Nurse Childhood Obesity Toolkit 2.5
Healthy Weight Intake Form

Student: ____________________________ DOB: ___________ Gender _______ School: __________ Grade_______

Parent: _______________________ Phone: ______________ Phone: _________________ Language: ___________

Screening Results:
- Ht: ________  Wt: __________
- BMI: __________%
- Blood Pressure: __________
- Percentile: __________
- Acanthosis Nigricans: __________
- Other: __________

Psychosocial History
- Bullying
- Low self-esteem
- School avoidance (missed more than 5 days in last 3 months)
- Depression
- Suicidal ideation
- Family Resources (homeless/poverty/crisis)

Medical History
- Asthma
- Has asthma health care plan ___ Y ___ N
- SOB with activity
- Thyroid Problem
- Heavy/irregular menstrual cycle
- Other: __________

Inappropriate sleep patterns
- Hours of sleep per night ________
- Nighttime awakening/restless/snoring
- Difficulty awaking in the morning
- Daytime somnolence, Napping

Academic concerns – (parent and teachers)
- Decreased concentration
- Poor school performance
- School avoidance/poor attendance
- Other: __________

Other:
- Odor complaints
- Bowel or bladder accidents
- Skin or wound problems

Orthopedic pain
- Pain in groin, hip, thigh, knee, leg, feet (circle areas of pain)
- Limping without known injury
- Describe current school PE/Sport participation____________________
  o If No activity, explain____________________
  o Teacher reports active participation? ___ yes ___ no
- Describe outside school physical activities____________________

Other
- Frequent headaches (describe)____________________
- Headache worse when lying down
- Blurry vision
- Frequency of complaints:____________

Decision re: Medical Referral and/or Individualized Plan of Care

Immediate Medical Referral and IHP (Individual Health Plan for school)
- Severe psychological issue
- Orthopedic Hip/Leg Pain
- Notify parent/guardian and refer to PCP for immediate medical evaluation
- ________

Medical Referral
- Elevated BP percentile Refer to Chart
- Elevated BMI percentile >95%
- Socio-Emotional impact of obesity
- Bowel or Bladder Incontinence
- Disturbed Sleeping Patterns

- Notify parent/guardian and refer to PCP for medical evaluation
- Assist with establishing medical home if needed
- Individual Health Plan (IHP) for school

Reassess in 6 months
- Acanthosis Nigricans
- Normal vital signs
- No emotional crisis

Universal Messages
- Provide positive 5-2-1-0 message
- Breakfast 7 days a week
- Sleep 10 hours a night
- Advocate for physical activity in the school environment and community
- Advocate for healthy school nutrition programs
- Provide healthy living community resource sheet

Type II DM is uncommon, even amongst obese children. If concerned for type II DM recommend PCP perform fasting blood sugar and hemoglobin A1C level.

For referral assistance call Renee Porter, RN, CPNP, Obesity Nurse Coordinator, Children’s Hospital Colorado 720.777.3352, fax 720.777.7282, renee.porter@childrenscolorado.org

CDE 2014
## Screening Tool Blood Pressure Values Requiring Further Evaluation According to Age and Gender

<table>
<thead>
<tr>
<th>Age</th>
<th>Systolic MALE</th>
<th>Diastolic MALE</th>
<th>Systolic FEMALE</th>
<th>Diastolic FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>100</td>
<td>59</td>
<td>100</td>
<td>61</td>
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<td>4</td>
<td>102</td>
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<td>6</td>
<td>105</td>
<td>68</td>
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<td>7</td>
<td>106</td>
<td>70</td>
<td>106</td>
<td>69</td>
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<td>107</td>
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<td>109</td>
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<td>74</td>
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<td>12</td>
<td>115</td>
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<td>13</td>
<td>117</td>
<td>75</td>
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<td>14</td>
<td>120</td>
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<tr>
<td>15</td>
<td>120</td>
<td>76</td>
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<td>78</td>
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<tr>
<td>16</td>
<td>120</td>
<td>78</td>
<td>120</td>
<td>78</td>
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<tr>
<td>17</td>
<td>120</td>
<td>80</td>
<td>120</td>
<td>78</td>
</tr>
<tr>
<td>18 or &gt;</td>
<td>120</td>
<td>80</td>
<td>120</td>
<td>80</td>
</tr>
</tbody>
</table>

These values represent the lower limits for abnormal blood pressure ranges, according to age and gender. Any blood pressure reading equal to or greater than these values represent blood pressures in the pre-hypertensive, stage 1 hypertension, or stage 2 hypertensive range and should be evaluated further.

If the student’s BP value indicates further evaluation:
- Follow policy and obtain at least two additional BP readings
- Refer to BP Limits Chart and target exact BP abnormalities related to student’s specific age and height percentile (Since this chart doesn’t factor in height it may produce false positive identification of abnormal pediatric BP values for taller children)
- Refer to health care provider if indicated

COLORADO HEALTHY WEIGHT TOOLKIT

REFERRAL

[Logos]
Dear Parent/Guardian,

Your child, _______________________, was measured at school for height and weight. This was done as part of the school’s _________ program. I sent a letter about that program on (_______date). The height and weight help us get a body mass index (BMI).

BMI is used by doctors and nurses to help identify underweight, normal weight, overweight, and obese in children. These are the percents used:

- **Underweight**: BMI less than 5%
- **Within normal range**: BMI 5% to 84%
- **Overweight**: BMI 85% to 94%
- **Obese**: BMI greater than or equal to 95%

Your child’s results showed:

- Height __________
- Weight __________
- BMI-for-age % (percent) __________

What this report says is that your child may be carrying more weight than is healthy for a girl/boy of his/her age and size. Things like amount of activity in a day or family history can affect height and weight in children and adolescents and their BMI. Increased muscle from sports or physical activities can increase BMI.

Your child’s health care provider/doctor is the best person to say whether his or her measurements are within a healthy range.

If your child is in the overweight/obese area by BMI result, I will be contacting you soon. I will ask questions that help us to know if your child is at risk for some health concerns. I will ask you to share the results with your child’s health care provider/doctor. The health care provider/doctor may recommend changes in eating, physical activity or other areas.

Please call me if you have any questions or concerns about the results of this BMI measurement.

Sincerely,

**[SCHOOL NURSE NAME HERE]**  School Nurse  
Phone__________________

Adapted from NASN The School Nurse Childhood Obesity Toolkit 2.3
Sample Growth Screening Referral to Health Care Provider

[School Letterhead]
[Date]

Dear Health Care Provider [or “Physician” or name of physician]:

This letter is to notify you that your patient, [insert student name], was assessed during [insert school name] School’s Growth Screening Program.

The results were: Ht____ Wt_____ BMI Percentile ____ Other Concerns ________________

We welcome your feedback and any recommendations you may have to assist in planning for this child’s school program. If you have any questions concerning the Growth Screening Program at [insert school name] School, please contact [insert principal name], the school principal at [insert principal’s phone] or [insert school nurse name], the school nurse at [insert nurse’s phone].

Thank you for your efforts to keep your patients and our students healthy.

Sincerely,

[Signature]

HEALTH CARE PROVIDER: Please complete and return to [insert School Nurse, School & Address]
I have checked (child’s name) ________________________________ on (date) ________________ with the following findings:

Ht:__________ Wt:__________ BMI: __________ Percentile: __________

School-based recommendations:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
_____________________________________________
Healthcare Provider Signature: ____________________________ Date: __________________

Parent authorization for release of information
I, the parent/guardian of the above named child, authorize the exchange of information between my child’s health care provider and my child’s school/school nurse. I understand this form will be faxed to the school nurse so she/he may assist with the above recommendations.

Parent/guardian signature__________________________________________________Date__________________

Return to School Nurse

<table>
<thead>
<tr>
<th>FAX Form to:</th>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Nurse</td>
<td>Health Care Provider</td>
</tr>
<tr>
<td>School Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
</tr>
<tr>
<td>FAX</td>
<td>FAX</td>
</tr>
</tbody>
</table>
Students with weight problems often have social/emotional and physical concerns. Be on alert of signs and symptoms you might see in the classroom or on the playground.

<table>
<thead>
<tr>
<th>Social/Emotional</th>
<th>Physical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying/unexplained injuries</td>
<td>Poor exercise tolerance</td>
</tr>
<tr>
<td>Depression/poor self-esteem</td>
<td>Symptoms of sleep deprivation</td>
</tr>
<tr>
<td>Poor school performance</td>
<td>Acanthosis Nigricans – this looks like a dirty neck but is caused by insulin resistance. It cannot be washed off.</td>
</tr>
<tr>
<td>Poor school attendance</td>
<td></td>
</tr>
</tbody>
</table>

**For physical concerns:** If student significantly overweight and is in need of nutritional counseling, please refer to Registered School Nurse for follow-up.

**For nutritional concerns:** Refer to nurse for guidance if significant concerns around nutrition.

**For mental health concerns:**
Consider the following interventions:
- Consult district Bully Proofing Policy, Bully Proofing expert and PBIS interventionist
- Referral to School Psychologist/Social Worker
- Referral to School Based Therapist
- Referral to Community Therapist
- Consider Community Resources (Big Brothers/ Big Sisters)
- Create classroom specific interventions with consultation with above specialists

*The student should never be singled out.* Health messages regarding nutrition and exercise should be taught to the class as a whole.

When a student is referred to a professional, allow that professional to address personal issues.

**UNIVERSAL MESSAGES – FOR ALL STUDENTS**

*5-2-1-0  [Link](http://healthteamworks-media.precis5.com/a4a042cf4fd6bf47701cbc8a1653ada)*

- 5 fruits and vegetables a day
- 2 hours maximum of screen time a day (TV, games, computer)
- 1 hour of physical activity a day
- 0 added sugar in drinks

**Classroom** – follow your school wellness policy for classroom snacks, parties, and activity breaks. Include wellness in your classroom curriculum. [Link](http://www.actionforhealthykids.org/)

**Encourage** good nutrition but do not take away unhealthy snacks as this could be viewed as punitive, especially if a child is singled out. [Link](http://www.district196.org/rp/pdfs/Health/Guide%20to%20HEALTHY%20Classroom%20Snacks%20(2).pdf)

**Role modeling – be a health champion.** Your students notice what you are eating, drinking and how you participate in an active lifestyle. [Link](http://www.letsmove.gov/)

*References: HealthTeamWorks, 2010  
CDE 2014*
**Individualized Health Care Plan for Healthy Weight**

*(To customize, visit http://www.cde.state.co.us/healthandwellness/snh_healthissues to download word document)*

<table>
<thead>
<tr>
<th>Student:</th>
<th>DOB:</th>
<th>School/Center:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Nurse:</th>
<th>Phone:</th>
<th>Cell:</th>
<th>Bus:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Name:</td>
<td>Phone:</td>
<td>Cell:</td>
<td></td>
</tr>
<tr>
<td>Home Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact and Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Care Provider:</th>
<th>Phone/ Fax:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist:</td>
<td>Phone/Fax:</td>
<td></td>
</tr>
</tbody>
</table>

**Current Health Issue:**

**Pertinent Health History:**

**Allergies:**

**Diet Restrictions:**

**Current Medication(s):**

**School Medication(s):**

**Equipment needs:** Water Bottle at Desk

**Activity Restrictions:** Allow Bathroom Privileges: _____ No Activity Restrictions _________

---

**HEALTH PROBLEMS:** At risk for dehydration

**GOAL:** Support student to maintain hydration

**ACTIONS:**

1. Allow water bottle at desk, allow 2-3 refills a day
2. Allow liberal bathroom privileges
3. ________________________________

**HEALTH PROBLEMS:** At risk for activity intolerance

**GOAL:** Increase physical activity and healthy eating at school for all children.

**ACTIONS/ RESOURCES:**

1. Encourage modified active participation in recess and PE.
2. Notify School Nurse if student reports inability to participate due to pain, shortness of breath, or any other physical complaints.

**PROBLEM:** At risk for the following problems related to weight issues

**GOAL:** School staff recognize and report concerns.
### Individualized Health Care Plan for Healthy Weight

**To customize, visit [http://www.cde.state.co.us/healthandwellness/snh_healthissues](http://www.cde.state.co.us/healthandwellness/snh_healthissues) to download word document**

<table>
<thead>
<tr>
<th>Student:</th>
<th>DOB:</th>
<th>School/Center:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

#### ACTION:

Please report to school nurse/parent the following issues:
- Excessive daytime sleepiness
- Inattention
- Poor school performance
- Poor school attendance
- Emotional health concerns
- Exercise intolerance (inability to walk down hall or participate in sports)
- Persistent headache, complaint of blurry vision
- Difficulty with mobility/limping/joint pain

#### HEALTH PROBLEMS:

If you want to cut and paste more health problems, please refer to the "Additional Sections to Individualize Healthy Weight, Health Care Plan for the Medically Complex Student"

#### GOALS:

#### ACTIONS:

**TO THE PARENT/GUARDIAN:** If Child's Name experiences a change in his/her health condition (such as a change in medication or a hospitalization) please contact the School Nurse so that this Health Care Plan can be revised, if needed. Parent/guardian signature indicates permission to contact the child’s health care provider(s) listed above, as needed. I understand that the School Nurse may delegate this health care plan to unlicensed school personnel. I give permission for school personnel to carry out this care plan for him/her. I also understand that this information may be shared with necessary school personnel on a need-to-know basis to help ensure this child’s safety and well being while at school or during school related activities.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature: (Required)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician/Health Care Provider Signature: (Preferred)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Nurse Signature: (Required)</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Administrator Signature: (Preferred)</th>
<th>Date</th>
</tr>
</thead>
</table>

Reviewed/revised School Nurse Consultant

Reviewed/revised Parent/Guardian

CDE 2014
Additional Sections to Individualize
Healthy Weight Health Care Plan
For the Medically Complex Student

To cut and paste as needed into the student’s Healthy Weight HCP visit
http://www.cde.state.co.us/healthandwellness/snh_healthissues to download word document.

<table>
<thead>
<tr>
<th>HEALTH PROBLEM</th>
<th>At risk for activity intolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS:</td>
<td>Increase physical activity and healthy eating at school</td>
</tr>
<tr>
<td>ACTIONS:</td>
<td>Consider the following interventions:</td>
</tr>
<tr>
<td></td>
<td>□ Attend daily P.E. class</td>
</tr>
<tr>
<td></td>
<td>□ Teacher encourages classroom activity breaks</td>
</tr>
<tr>
<td></td>
<td>□ Teacher/Nurse provide healthy treat sheet for parents/teachers</td>
</tr>
<tr>
<td></td>
<td>□ Teacher can encourage monthly birthday celebration or alternative activities to celebrate events</td>
</tr>
<tr>
<td></td>
<td>□ Join an afterschool activity__________________________</td>
</tr>
<tr>
<td></td>
<td>□ Identify Community Resources: Request information from RN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH PROBLEM</th>
<th>Joint pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS:</td>
<td>Recognize joint pain or limited mobility</td>
</tr>
<tr>
<td>ACTIONS:</td>
<td>Notify School Nurse and parent if the following is observed:</td>
</tr>
<tr>
<td></td>
<td>• Limping or uneven gait</td>
</tr>
<tr>
<td></td>
<td>• Pain with movement</td>
</tr>
<tr>
<td></td>
<td>Send to health office for further evaluation and first aid</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH PROBLEM</th>
<th>Frequent Headaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS:</td>
<td>Recognize and report to school nurse</td>
</tr>
<tr>
<td>ACTIONS:</td>
<td>• Notify school nurse/parent if having persistent daily headaches</td>
</tr>
<tr>
<td></td>
<td>• Obtain medication orders at school if needed</td>
</tr>
<tr>
<td>HEALTH PROBLEM:</td>
<td>Social Isolation, Bullying</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>GOALS:</td>
<td>Identify signs of depression, bullying and social/emotional problems. Refer and support appropriately:</td>
</tr>
</tbody>
</table>
| ACTIONS:       | **Recognize signs:** Isolation, sudden change in grades, school avoidance, unexplained injuries, difficulty sleeping, feelings of helplessness, self-esteem issues, self-destructive behaviors, thoughts of suicide  
**Refer** to counselor or qualified mental health provider.  
If being bullied – address using school bullying policy and tools. Refer to district bully-proofing trainer or coordinator.  
Consider the following interventions:  
• Consult with PBIS interventionist or Bully Proofing expert  
• Classroom specific interventions  
• School Psychologist/social worker referral  
• School Based Therapist referral  
• Community Therapist  
• Community Resources (Big Brothers/ Big Sisters) |

| HEALTH PROBLEM: | Hypertension: Elevated blood pressure  
(See NASN Obesity Toolkit page 2.12 under assessment) |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>GOALS:</td>
<td>Recognize the signs of hypertension</td>
</tr>
</tbody>
</table>
| ACTIONS:       | Allow student to go to the health office for BP monitoring as ordered.  
Nurse will coordinate with PCP re: specific plan of care  
• Is the student taking the medication as prescribed?  
• Is the student having side effects from the medication? |

<table>
<thead>
<tr>
<th>HEALTH PROBLEM:</th>
<th>Sleep deprivation as a result of obstructive sleep apnea</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS:</td>
<td>Recognize signs and implications of sleep deprivation</td>
</tr>
</tbody>
</table>
| ACTIONS:       | • Notify nurse/parent if:  
  o Student is falling asleep in class  
  o Inattention or memory problems  
  o Failing grades  
  o Morning headaches  
  o Irritable/Mood swings  
  o Child reports disturbed sleep  
Nurse evaluation - check for compliance – are you wearing CPAP?  
How many hours of sleep? TV/computer in room? Phone in room?  
Where do you sleep? Pets on bed? Others in room? |
COLORADO HEALTHY WEIGHT TOOLKIT

RESOURCES
Healthy Weight Resources
Local and Internet Resources for Healthy Weight 2014

Metro Denver Area
1. Children’s Hospital Colorado - 13123 East 16th Avenue • Aurora, CO 80045
   a. Shapedown Clinic – 10 week family/group approach – (720) 777-6820
   b. GoodLIFE Clinic : Ages 0-11 call 720-777-2691; Ages 12+ (720) 777-6669
      Multi-disciplinary team approach
   c. Dietician Consultation (720) 777-4499.
   d. For assistance in referrals call Renee Porter, RN, CPNP, Obesity Nurse Coordinator,
      Children’s Hospital Colorado (720) 777-3352, fax (720) 777-7282
      renee.porter@childrenscolorado.org

2. The Rocky Mountain Youth Clinic - 9197 Grant St., Suite #200, Thornton, CO 80229
   a. Get Fit Clinic- helps children and teens with medical, psychological, and nutritional
      issues related to living a healthy lifestyle. Phone: (303) 450-3690

3. Community Health Services – 4675 E. 69th Ave, Commerce City 80022
   a. Healthy Living Clinic
   b. Phone: (303) 289-1086; Fax: (303) 289-7378

Fort Collins Area:
1. CanDo
   a. Kim Barman, Obesity Prevention Supervisor
      kimberly.barman@uchealth.org
      (970) 495-7517
   b. Kelly Burwell, Obesity Prevention Coordinator - Loveland
      kelly.burwell@uchealth.org
      (970) 495-7513
   c. Stacey Clark, Obesity Prevention Specialist
      stacey.clark@uchealth.org
      (970) 495-7433
   d. Bobbie Kay, Community Health Educator
      bobbie.kay@uchealth.org
      (970) 495-7523
   e. Edgar Dominguez, Health Equity Coordinator
      eddie.dominguez@uchealth.org
      (970) 495-7519
   f. Katie Guthrie, Health Planner - Loveland
      katie.guthrie@uchealth.org
      (970) 667-2192
Healthy Weight Resources
Local and Internet Resources for Healthy Weight 2014

2. Poudre Valley Hospital – (by referral) Nutrition Education at (970) 495-8205

Garfield County:
1. LiveWell Garfield County
   a. Coordinator- Dana Wood dwood@garfield-county.com
   a. 195 w. 14th Street, Rifle, Colorado 81650
   b. Office (970) 625-5200 ext. 8121; Fax (970) 625-4804
   c. Cell (970) 625-4804

Grand Junction:
1. WeCan! Mesa County (970) 243-5437
   Medical Director Dr. Barb Zind bzind@pcpgj.com

San Luis Valley:
1. Pro-Fit - Located at the Physician Services Clinic- Alamosa (behind Subway).
   Contacts:
   a. Lee-(719) 589-8126
   b. Valerie-(719) 589-5768

Internet Resources:

4. NASN Obesity Toolkit - http://www.nasn.org/ContinuingEducation/LiveContinuingEducationPrograms/SchoolNurseChildhoodObesityToolkit
6. CDE Motivational Interviewing Resources- http://www.cde.state.co.us/healthandwellness/motivationainterviewingresourcesfromrnsnov2014
   https://www2.aap.org/sections/dbpeds/pdf/sleeptips.pdf