

# CASE Study

## Obesity Epidemic: Prevent and Reduce Obesity in a Community

**Kristin Erickson, RN, PHN**

SHIP Health Care Initiative Coordinator  
Becker, Clay, Otter Tail, and Wilkin Counties  
Fergus Falls, Minnesota

**Diane Thorson, MS, RN, PHN, Director/Administrator**

Otter Tail County Public Health  
Fergus Falls, MN

**Karen Monsen, PhD, RN, PHN, Project Consultant**

Assistant Professor  
University of MN School of Nursing  
Minneapolis, MN

Minnesota Omaha System Users Group

### ***Information obtained during the initiative:***

As of the census of 2000, there were 57,159 people, 22,671 households, and 15,779 families residing in Otter Tail County. The racial makeup of the county was 97.11% White, 0.29% African American, 0.51% Native American, 0.44% Asian, 0.05% Pacific Islander, 0.84% from other races, and 0.78% from two or more races. Hispanic or Latino of any race was 1.67% of the population. 35.5% were of German and 31.2% Norwegian ancestry. About 6.7% of families and 10.1% of the population were below the poverty line, including 12.1% of those under age 18 and 11.1% of those ages 65 or over.

According to the 2009 Minnesota County Health Tables, Otter Tail County Adults are not immune from the nationwide obesity epidemic; a total of 64% are either overweight or obese\*, with 38.9% overweight, and 25.1% obese (<http://www.health.state.mn.us/divs/chs/countyttables/profiles2010/dmorb09.pdf>). Furthermore, the Behavioral Risk Factor Surveillance System from 2000-2006 reported that 23.9% of adults reported no participation in any leisure-time physical activities or exercises in the past month and 85.9% of adults reported an average fruit and vegetable consumption of less than 5 servings per day (Source: Community Health Status Indicators).

Otter Tail County Public Health became the client of this case study when they agreed to become a health care partner with the Minnesota Statewide Health Improvement Program (SHIP). A SHIP Grant was awarded to Becker, Clay, Otter Tail, and Wilkin Counties in July of 2009. Shortly thereafter health care, school, community, and worksite entities were sought to partner with SHIP to prevent and reduce obesity and tobacco use in the population. Health care partners were asked to implement the *Institute for Clinical Systems Improvement (ICSI)* evidence-based Obesity Guideline to prevent and reduce obesity among their client population.

Baseline assessments including an organizational assessment, clinical team member survey, and a chart audit were completed to understand what the public health department was already doing as well as what they were not doing to address obesity. The clinical team member survey asked about Knowledge, Status, and Behavior regarding the ICSI Obesity Guideline and obesity intervention.

A multidisciplinary team was formed to participate in the SHIP health care collaborative to learn about the guidelines and implementation methods. Interventions were developed and added to the Omaha System to address weight management issues. An Omaha System Staff Nurse Champion was identified and trained. A pilot program was launched with four nurses agreeing to implement the ICSI Guideline using the Omaha System as a guide and documentation system.

Nurses involved in the pilot program began to express some concern; they already had busy schedules and full client loads and could not understand how they would have time to address the obesity epidemic among the population. Pilot program nurses provided input for the implementation and tools, and plan to be the mentors for others as the implementation expands to other units and staff. Training was held regarding the obesity issue, the ICSI Guideline, and the Omaha System. Support was offered by administration regarding this change. Nurses were

soon able to put their training into practice and began to address the obesity issue with consistency and confidence, and with a documentation system that allowed for tracking and outcome assessment.

\*(body mass index [BMI] of 30.0 or greater is considered obese; BMI between 25 and 29.9 is considered overweight).

## **Application of the Omaha System**

### **DOMAIN: HEALTH RELATED BEHAVIORS**

#### ***Problem: Health Care Supervision*** (high priority)

- **Definition:** Management of the health care treatment by health care providers.
- **Health care Setting as Client Interpretation:** Management of the health care treatment by health care providers via implementation of evidence-based guidelines.

#### **Problem Classification Scheme**

##### **Modifiers: Health Promotion**

Example: Health care setting requests assistance regarding implementation of evidence-based health care guidelines.

##### **Modifiers: Potential**

Example: Health care setting audit reveals inadequate use of evidence-based health care guidelines.

##### **Modifiers: Actual**

##### **SIGNS/SYMPTOMS OF ACTUAL:**

- inadequate treatment plan
- other: lack of evidence-based guideline
- other: lack of or inadequate evidence-based guideline implementation
- other: inconsistent evidence-based guideline implementation

#### **Intervention Scheme**

##### **Category: Teaching, Guidance, and Counseling**

##### **TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (information regarding screening for evidence-based guideline use)
- wellness (information/resources/tools regarding the evidence-based guideline and provided face-to-face, or via webinar, conference call, or consult )
- behavior modification (information regarding the culture of change, change process, action plan, progress reports, supports, and barriers)
- other community resources (information regarding community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

##### **Category: Treatments and Procedures**

##### **TARGETS AND CLIENT-SPECIFIC INFORMATION:**

##### **Category: Case Management**

##### **TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- other community resources (connect to community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

**Category: Surveillance**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (surveillance of evidence-based guideline knowledge and practices via organizational/clinician survey, chart audit, patient survey, progress reports)
- behavior modification (surveillance of evidence-based guideline organizational readiness to change)

**Problem Rating Scale for Outcomes at Admission**

- **Knowledge:** 1-no knowledge (of health issue as a health problem; of evidence-based guidelines that address the health issue)
- **Behavior:** 1-not appropriate behavior (never implements evidence-based guidelines to address the health issue; Precontemplation: not seriously intending to implement evidence-based guideline within the next six months)
- **Status:** 1-severe signs/symptoms (no adoption of evidence-based guidelines, evidence-based guidelines adopted by one clinical team member)

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**DOMAIN: HEALTH RELATED BEHAVIORS**

***Problem: Nutrition*** (high priority)

- **Definition:** Select, consume and use food and fluids for energy, maintenance, growth and health.
- **Community as Client Interpretation:** Development and effectiveness of a community-based policy, system, and/or environmental approach to support healthy nutrition practices.

**Problem Classification Scheme**

**Modifiers: Health Promotion**

Example: Community requests information regarding evidence-based policy, system, and/or environmental approaches to support healthy nutrition practices.

**Modifiers: Potential**

Example: Community audit reveals inadequate use of evidence-based policy, system, and/or environmental approaches to support healthy nutrition practices.

**Modifiers: Actual**

**SIGNS/SYMPTOMS OF ACTUAL:**

- adult BMI 25.0 or more; child BMI 95<sup>th</sup> percentile or more
- exceed established standards for daily caloric/fluid intake
- other: lack of or inadequate policies/systems/environments that support healthy nutrition practices
- other: lack of behaviors that support healthy nutrition practices
- other: inconsistent behaviors that support healthy nutrition practices

**Intervention Scheme**

**Category: Teaching, Guidance, and Counseling**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (information regarding screening for policy, system, environmental strategies)
- wellness (information/resources/tools regarding the policy, system, environmental strategies and provided face-to-face, or via webinar, conference call, or consult )

- behavior modification (information regarding the culture of change, change process, action plan, progress reports, supports, and barriers)
- other community resources (information regarding community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

**Category: Treatments and Procedures**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

**Category: Case Management**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- other community resources (connect to community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

**Category: Surveillance**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (surveillance of policy, system, and environmental strategies' knowledge and practices via organizational/clinician survey, chart audit, patient survey, progress reports)
- behavior modification (surveillance of policy, system, and environmental strategies' organizational readiness to change)

**Problem Rating Scale for Outcomes at Admission**

- **Knowledge:** 1- no knowledge (of need to address nutrition; of evidence-based policies, systems, and/or environmental strategies that address nutrition; of local resources that support healthy nutrition practices)
- **Behavior:** 1-not appropriate behavior (never implements evidence-based policies, systems, and/or environmental strategies to address nutrition; rarely coordinates efforts to address the issue; rarely uses nutrition resources)
- **Status:** 2-severe signs/symptoms (rare adoption of evidence-based policies, systems, and/or environmental strategies to address nutrition; limited resources)

**DOMAIN: HEALTH RELATED BEHAVIORS**

***Problem: Physical Activity*** (high priority)

- **Definition:** State or quality of body movements during daily living.
- **Community as Client Interpretation:** Development and effectiveness of a community-based policy, system, and/or environmental approach to support healthy physical activity practices.

**Problem Classification Scheme**

**Modifiers: Health Promotion**

Example: Community requests information regarding evidence-based policy, system, and/or environmental approaches to support healthy physical activity practices.

**Modifiers: Potential**

Example: Community audit reveals inadequate use of evidence-based policy, system, and/or environmental approaches to support healthy physical activity practices.

**Modifiers: Actual**

**SIGNS/SYMPTOMS OF ACTUAL:**

- adult BMI 25.0 or more; child BMI 95th percentile or more
- sedentary lifestyle
- inadequate/inconsistent exercise routines
- inappropriate type/amount of exercise for age/physical condition
- other: lack of or inadequate policy/system/environment that supports healthy physical activity practices
- other: lack of behaviors that support healthy physical activity practices
- other: inconsistent behaviors that support healthy physical activity practices

**Intervention Scheme**

**Category: Teaching, Guidance, and Counseling**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (information regarding screening for policy, system, environmental strategies)
- wellness (information/resources/tools regarding the policy, system, environmental strategies and provided face-to-face, or via webinar, conference call, or consult )
- behavior modification (information regarding the culture of change, change process, action plan, progress reports, supports, and barriers)
- other community resources (information regarding community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

**Category: Treatments and Procedures**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

**Category: Case Management**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- other community resources (connect to community resource opportunities such as collaboratives, mini-grants, motivational interviewing training, self-management programs, and resource directories)

**Category: Surveillance**

**TARGETS AND CLIENT-SPECIFIC INFORMATION:**

- screening procedures (surveillance of policy, system, and environmental strategies' knowledge and practices via organizational/clinician survey, chart audit, patient survey, progress reports)
- behavior modification (surveillance of policy, system, and environmental strategies' organizational readiness to change)

**Problem Rating Scale for Outcomes at Admission**

- **Knowledge:** 2- minimal knowledge (of need to address physical activity; of evidence-based policies, systems, or environments that address physical activity; of local resources that support healthy physical activity practices)
- **Behavior:** 2-rarely appropriate behavior (rarely implements evidence-based policies, systems, and/or environments to address physical activity; rarely coordinates efforts to address the issue; rarely uses physical activity resources)
- **Status:** 2-severe signs/symptoms (rare adoption of evidence-based policies, systems, and/or environments to address physical activity; limited physical activity resources)

## Obesity Epidemic Case Study: Omaha System Pathways

### OMAHA SYSTEM PROBLEM: HEALTH CARE SUPERVISION

- **Individual as Client Interpretation Definition:**  
Management of the health care treatment by health care providers.
- **Health Care Setting as Client Interpretation Definition:** Management of the health care treatment by health care providers via implementation of evidence-based guidelines.

Problem	Category	Target	Care Description Note followed by PHDoc Answer Group
Health Care Supervision	Surv	Screening Procedures	<b>Evidence-based guideline (EBG) knowledge and practice:</b> organizational/clinician surveys, chart audits, action plan, progress reports, patient surveys, other <sup>1,5</sup>
Health Care Supervision	TGC	Screening Procedures	<b>EBG knowledge and practice:</b> organizational/clinician surveys, chart audits, action plan, progress reports, patient surveys, other <sup>1,5</sup>
Health Care Supervision	TGC	Wellness	<b>EBG information/resources/tools:</b> face-to-face, webinar, conference call, consult, resources, tools, other <sup>2,4</sup>
Health Care Supervision	Surv	Behavior Modification	<b>EBG readiness to change:</b> organizational readiness to change, other <sup>3</sup>
Health Care Supervision	TGC	Behavior Modification	<b>EBG organizational change:</b> culture of change, action plan, progress reports, explore supports, address barriers, other <sup>4</sup>
Health Care Supervision	TGC	Other Community Resources	<b>EBG community resources:</b> collaborative, mini-grant, motivational interviewing, CDSMP, I CAN Prevent Diabetes, MNHelp.info, other <sup>4</sup>
Health Care Supervision	CM	Other Community Resources	<b>EBG community resources:</b> collaborative, mini-grant, motivational interviewing, CDSMP, I CAN Prevent Diabetes, MNHelp.info, other <sup>4</sup>

### OMAHA SYSTEM PROBLEM: NUTRITION

- **Individual as Client Interpretation Definition:**  
Select, consume and use food and fluids for energy, maintenance, growth and health.
- **Community, School, or Worksite as Client Interpretation:** Development and implementation of evidence-based policy, system, and/or environmental strategies to support healthy nutrition practices.

Problem	Category	Target	Care Description followed by PHDoc Answer Group
Nutrition	Surv	Screening Procedures	<b>Policy, system, environmental (PSE) strategies - knowledge and practices:</b> community/school/worksite surveys, audits, progress reports, other <sup>1,5</sup>
Nutrition	TGC	Screening Procedures	<b>PSE strategies:</b> community/school/worksite surveys, audits, progress reports, other <sup>1,5</sup>
Nutrition	TGC	Wellness	<b>PSE strategies information/resources/tools::</b> face-to-face, webinar, conference call, consult, resources, tools, other <sup>2,4</sup>
Nutrition	Surv	Behavior Modification	<b>PSE strategies readiness to change:</b> community/school/worksite readiness to change, other <sup>3</sup>
Nutrition	TGC	Behavior Modification	<b>PSE strategies community/school/worksite change:</b> culture of change, action plan, progress reports, explore supports, address barriers, other <sup>4</sup>
Nutrition	TGC	Other Community Resources	<b>PSE strategies community resources:</b> collaborative, mini-grant, motivational interviewing, MNHelp.info, other <sup>4</sup>
Nutrition	CM	Other Community Resources	<b>PSE strategies community resources:</b> collaborative, mini-grant, motivational interviewing, MNHelp.info, other <sup>4</sup>

### OMAHA SYSTEM PROBLEM: PHYSICAL ACTIVITY

- **Individual as Client Interpretation Definition:**  
State or quality of body movements during daily living.
- **Community, School, or Worksite as Client Interpretation:** Development and implementation of evidence-based policy, system, and/or environmental strategies to support healthy physical activity practices.

Problem	Category	Target	Care Description followed by PHDoc Answer Group
Physical Activity	Surv	Screening Procedures	<b>Policy, system, environmental (PSE) strategies - knowledge and practices:</b> community/school/worksite surveys, audits, progress reports, other <sup>1,5</sup>
Physical Activity	TGC	Screening Procedures	<b>PSE strategies:</b> community/school/worksite surveys, audits, progress reports, other <sup>1,5</sup>
Physical Activity	TGC	Wellness	<b>PSE strategies information/resources/tools::</b> face-to-face, webinar, conference call, consult, resources, tools, other <sup>2,4</sup>
Physical Activity	Surv	Behavior Modification	<b>PSE strategies readiness to change:</b> community/school/worksite readiness to change, other <sup>3</sup>
Physical Activity	TGC	Behavior Modification	<b>PSE strategies community/school/worksite change:</b> culture of change, action plan, progress reports, explore supports, address barriers, other <sup>4</sup>
Physical Activity	TGC	Other Community Resources	<b>PSE strategies community resources:</b> collaborative, mini-grant, motivational interviewing, MNHelp.info, other <sup>4</sup>
Physical Activity	CM	Other Community Resources	<b>PSE strategies community resources:</b> collaborative, mini-grant, motivational interviewing, MNHelp.info, other <sup>4</sup>

**Targets:**

- **Screening Procedures:** Evaluation strategies used to identify risk for conditions, diagnose disease early, and monitor change/progression over time.
- **Wellness:** Practices that promote physical and mental health such as exercise, nutrition, and immunizations.
- **Behavior Modification:** Activities that change habits, conduct, or patterns of action. For community level work this is to track changes made to consider and implement evidence-based guidelines, policy, system, and environmental practice.
- **Other Community Resources:** Organizations or groups that offer goods or services not specifically identified in other targets such as exercise facilities, food pantries/distribution centers, or faith communities. For community level work this would include resources related to evidence-based guidelines, policy, system, and environmental practice.

**5As and rationale for use of the 5As:**

➤ 5As:

ICSI Obesity Guideline 5As	WHO 5As
Ask <sup>1</sup>	Assess
Advise <sup>2</sup>	Advise
Assess <sup>3</sup>	Agree
Assist <sup>4</sup>	Assist
Arrange <sup>5</sup>	Arrange

**5As for individual as client interpretation (from ICSI Obesity Guideline, p.18):**

- **ASK** about, and measure height and weight. Implement an office wide system to ensure that for every patient, preferably on an annual basis, weight is measured, body mass index is calculated, and that patients are educated about their body mass index and risk status.
- **ADVISE** to lose weight. In a clear, strong but sensitive and personalized manner, urge every overweight or obese patient to lose weight.
- **ASSESS** readiness to lose weight. Ask every overweight or obese patient if he or she is ready to make a weight loss attempt at the time, e.g., within the next 30 days.
- **ASSIST** in weight-loss attempt. Help the patient with a weight-loss plan. Refer to appropriate resources.
- **ARRANGE** follow-up. Schedule follow-up contact, either in person or via telephone.

**5As for healthcare setting/community/school/worksite as client interpretation:**

- **ASK** about, and screen for current use of guideline/policy/system/environmental strategies. Implement an office wide system to educate staff about proposed guideline/policy/system/environmental strategy.
- **ADVISE** to adopt guideline/policy/system/environmental strategy, and of risks of non-adoption.
- **ASSESS** readiness to adopt guideline/policy/system/environmental strategy.
- **ASSIST** in implementation of guideline/policy/system/environmental strategy. Refer to appropriate resources.
- **ARRANGE** follow-up. Schedule follow-up contact, either in person or via telephone.

➤ Rationale:

ICSI (2010). Obesity, Prevention and management of (mature adolescents and adults) (guideline). Retrieved from [http://www.icsi.org/obesity/obesity\\_3398.html](http://www.icsi.org/obesity/obesity_3398.html) (p.18)

WHO (2004). Self-management support for chronic conditions using 5As. Retrieved from <http://www.who.int/diabetesactiononline/about/WHO%205A%20ppt.pdf>

Glasgow RE, Davis CL, Funnell MM, Beck A (2003). Implementing Practical Interventions to Support Chronic Illness Self-Management in Health Care Settings: Lessons Learned and Recommendations. Joint Commission Journal on Quality and Safety, 29(11):563-574.

## Health Care Supervision (pg. 346):

- **Definition:** Management of the health care treatment by health care providers.
- **Health Care Setting as Client Interpretation:** Management of the health care treatment by health care providers via implementation of evidence-based guidelines.

### Signs/Symptoms:

- inadequate treatment plan
- other: lack of knowledge of evidence-based guideline
- other: lack of or inconsistent evidence-based guideline adoption or implementation
- other: no evidence-based guideline use

<b><u>KBS rating considerations:</u></b>		
<b>Knowledge (What Health Care Setting Knows)</b>	<b>Behavior (What Health Care Setting Does)</b>	<b>Status (What Health Care Setting Is)</b>
Consider health care setting knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• evidence-based guidelines that address the health issue</li> </ul>	Consider if health care setting: <ul style="list-style-type: none"> <li>• implements evidence-based guidelines</li> </ul>	Consider if healthcare setting: <ul style="list-style-type: none"> <li>• adopts evidence-based guidelines</li> </ul>

### **Guidelines & Notes:**

- Consider the *Communication with Community Resources* problem found in the Psychosocial Domain.

Health Care Supervision: Health Care Setting as Client Interpretation					
	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Health Care Setting Knowledge	No knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• EBG* that addresses the health issue</li> </ul>	Minimal knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• EBG that addresses the health issue</li> </ul>	Basic knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• EBG that addresses the health issue</li> </ul>	Adequate knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• EBG that addresses the health issue</li> </ul>	Superior knowledge of: <ul style="list-style-type: none"> <li>• health issue as a health problem</li> <li>• EBG that addresses the health issue</li> </ul>
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Health Care Setting Behavior	<ul style="list-style-type: none"> <li>• Never implements EBG</li> <li>• Precontemplation**: not seriously intending to implement EBG within the next six months</li> </ul>	<ul style="list-style-type: none"> <li>• Rarely implements EBG</li> <li>• Contemplation: seriously considering implementation of EBG in the next six months</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistently implements EBG</li> <li>• Preparation: intending to implement EBG in the next month</li> </ul>	<ul style="list-style-type: none"> <li>• Usually implements EBG</li> <li>• Action: has implemented EBG for a period of 1 day to 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently implements EBG</li> <li>• Maintenance: has consistently implemented EBG for more than 6 months</li> </ul>
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Health Care Setting Status	<ul style="list-style-type: none"> <li>• No adoption of EBG</li> <li>• EBG adopted by one clinical team member</li> </ul>	<ul style="list-style-type: none"> <li>• Rare adoption of EBG</li> <li>• EBG adopted by multiple clinical team members or teams</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal adoption of EBG</li> <li>• EBG adopted by one department</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate adoption of EBG</li> <li>• EBG adopted by multiple departments</li> </ul>	<ul style="list-style-type: none"> <li>• Generalized adoption of EBG</li> <li>• EBG adopted organization-wide</li> </ul>

\*EBG = evidence-based guideline

\*\*Prochaska's Stages of Change

## Nutrition (pg. 323):

- **Definition:** Select, consume and use food and fluids for energy, maintenance, growth and health.
- **Community<sup>o</sup> as Client Interpretation:** Development and implementation of evidence-based policy, system, and/or environmental strategies to support healthy nutrition practices.

### Signs/Symptoms:

- adult BMI 25.0 or more; child BMI 95th percentile or more
- exceed established standards for daily caloric/fluid intake
- other: lack of or inadequate policies/systems/environments that support healthy nutrition practices
- other: lack of or inconsistent behaviors that that support healthy nutrition practices
- other: lack of resources that support healthy nutrition practices

<b><u>KBS rating considerations:</u></b>		
<b>Knowledge (What Community Knows)</b>	<b>Behavior (What Community Does)</b>	<b>Status (What Community Is)</b>
Consider community knowledge of: <ul style="list-style-type: none"> <li>• need to address nutrition</li> <li>• evidence-based policies, systems, or environments that support nutrition</li> <li>• local resources that support healthy nutrition practices</li> </ul>	Consider if community: <ul style="list-style-type: none"> <li>• implements evidence-based policies, systems, or environments that support nutrition</li> <li>• uses nutrition resources</li> </ul>	Consider if community: <ul style="list-style-type: none"> <li>• adopts evidence-based policies, systems, or environments that support nutrition</li> <li>• has nutrition resources</li> </ul>

<sup>o</sup>May replace Community with School or Worksite or Coalition

### **Guidelines & Notes:**

- Consider the use of other appropriate underlying problems in the Health-Related Behaviors Domain such as *Health Care Supervision*, *Physical Activity*, and *Sleep and Rest Patterns*.
- Consider the *Communication with Community Resources* problem found in the Psychosocial Domain.

## Physical Activity (pg. 331):

- **Definition:** State or quality of body movements during daily living.
- **Community<sup>o</sup>as Client Interpretation:** Development and implementation of evidence-based policy, system, and/or environmental strategies to support healthy physical activity practices.

### Signs/Symptoms:

- adult BMI 25.0 or more; child BMI 95th percentile or more
- sedentary lifestyle
- inadequate/inconsistent exercise routines
- inappropriate type/amount of exercise for age/physical condition
- other: lack of or inadequate policies/systems/environments that support healthy physical activity practices
- other: lack of or inconsistent behaviors that support healthy physical activity practices
- other: lack of resources that support healthy physical activity practices

<b><u>KBS rating considerations:</u></b>		
<b>Knowledge (What Community Knows)</b>	<b>Behavior (What Community Does)</b>	<b>Status (What Community Is)</b>
Consider community knowledge of: <ul style="list-style-type: none"> <li>• need to address physical activity</li> <li>• evidence-based policies, systems, or environments that support physical activity</li> <li>• local resources that support healthy physical activity practices</li> </ul>	Consider if community: <ul style="list-style-type: none"> <li>• implements evidence-based policies, systems, or environments that support physical activity</li> <li>• uses physical activity resources</li> </ul>	Consider if community: <ul style="list-style-type: none"> <li>• adopts evidence-based policies, systems, or environments that support physical activity</li> <li>• has physical activity resources</li> </ul>

<sup>o</sup>May replace Community with School or Worksite or Coalition

### **Guidelines & Notes:**

- Consider the use of other appropriate problems in the Health-Related Behaviors Domain such as *Health Care Supervision*, *Nutrition*, and *Sleep and Rest Patterns*.
- Consider the *Communication with Community Resources* problem found in the Psychosocial Domain.

<b>Problem: Nutrition or Physical Activity: Community<sup>1</sup> as Client Interpretation</b>					
	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Community Knowledge	No knowledge of: <ul style="list-style-type: none"> <li>• need to address problem</li> <li>• evidence-based PSE<sup>2</sup> that address problem</li> <li>• local resources that support healthy practices</li> </ul>	Minimal knowledge of: <ul style="list-style-type: none"> <li>• need to address problem</li> <li>• evidence-based PSE that address problem</li> <li>• local resources that support healthy practices</li> </ul>	Basic knowledge of: <ul style="list-style-type: none"> <li>• need to address problem</li> <li>• evidence-based PSE that address problem</li> <li>• local resources that support healthy practices</li> </ul>	Adequate knowledge of: <ul style="list-style-type: none"> <li>• need to address problem</li> <li>• evidence-based PSE that address problem</li> <li>• local resources that support healthy practices</li> </ul>	Superior knowledge of: <ul style="list-style-type: none"> <li>• need to address problem</li> <li>• evidence-based PSE that address problem</li> <li>• local resources that support healthy practices; resources as valuable entities</li> </ul>
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Community Behavior	<ul style="list-style-type: none"> <li>• Never implements PSE strategies</li> <li>• Precontemplation*: not seriously intending to implement evidence-based PSE strategies within the next six months</li> <li>• Does not use and/or develop resources</li> </ul>	<ul style="list-style-type: none"> <li>• Rarely implements PSE strategies</li> <li>• Contemplation: seriously considering implementation of evidence-based PSE strategies in the next six months</li> <li>• Rarely uses and/or develops resources</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistently implements PSE strategies</li> <li>• Preparation: intending to implement evidence-based PSE strategies in the next month</li> <li>• Inconsistently uses and/or develops resources</li> </ul>	<ul style="list-style-type: none"> <li>• Usually implements PSE strategies</li> <li>• Action: has implemented evidence-based PSE strategies for a period of 1 day to 6 months</li> <li>• Usually uses and/or develops resources</li> </ul>	<ul style="list-style-type: none"> <li>• Consistently implements PSE strategies</li> <li>• Maintenance: has consistently implemented evidence-based PSE strategies for more than 6 months</li> <li>• Consistently uses and/or develops resources</li> </ul>
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Community Status	<ul style="list-style-type: none"> <li>• No adoption of PSE strategies</li> <li>• Inadequate resources</li> </ul>	<ul style="list-style-type: none"> <li>• Rare adoption of PSE strategies</li> <li>• Limited resources</li> </ul>	<ul style="list-style-type: none"> <li>• Minimal adoption of PSE strategies</li> <li>• Semi-adequate resources</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate adoption of PSE strategies</li> <li>• Adequate resources</li> </ul>	<ul style="list-style-type: none"> <li>• Generalized adoption of PSE strategies</li> <li>• Very adequate resources</li> </ul>

<sup>1</sup> May replace Community with School or Worksite or Coalition

<sup>2</sup> Policy, systems, and/or environment

\*Prochaska's Stages of Change

Table Based Upon:

ICSI (2010). Healthcare guidelines. Obesity, Prevention and management of (mature adolescents and adults) (guideline). Retrieved from [http://www.icsi.org/guidelines\\_and\\_more/gl\\_os\\_prot/preventive\\_health\\_maintenance/obesity/obesity\\_\\_prevention\\_and\\_management\\_of\\_\\_mature\\_adolescents\\_and\\_adults\\_\\_.html](http://www.icsi.org/guidelines_and_more/gl_os_prot/preventive_health_maintenance/obesity/obesity__prevention_and_management_of__mature_adolescents_and_adults__.html)