



USING 5-4-3-2-1 GO!® TO SET HEALTHY FAMILY GOALS IN A CLINIC SETTING

Purpose: Help a family set one goal around improving healthy habits using the 5-4-3-2-1 Go!® daily habit recommendations. Set a process to help them monitor and report on their progress.

Process: Use the Healthy Habits “Prescription Pad” to document the goal with the family. The optional “script” below is an outline to support a focused conversation around setting a healthy goal. It was designed using elements of motivational interviewing (see 5 A’s on the right) to help guide a family in finding their motivation and to feel supported in setting healthy goals. We know it is key for a family to work together to set healthy habits rather than to focus on one individual, particularly a child.

Resources: Healthy Habits “Prescription Pad”, Parent Handouts, Coloring Book, Placemat, and Posters. Additional materials are available to support families in working on their new goal at GoNebraskaKids.org

HAVE A FOCUSED CONVERSATION:

1. **ASK:** “What are your family’s current habits regarding physical activity/ nutrition/ healthy behaviors?”
 - a. Optional – Walk through each of the 5-4-3-2-1 Go!® recommendations (use posters or placemats as visuals if useful):
 - i. How many servings of fruits and/or vegetables do you think your family usually eats each day?
---- A serving is roughly the size of your palm
 - ii. How many servings of water do you think your family usually drinks each day each day?
How many sodas, sports drinks or other sugary drinks do you think you each drink during the day?
---A serving is about 8 ounces or a small glass
 - iii. How many servings of low-fat dairy do you think your family usually eats each day?
---A single serving of yogurt or a two slices of cheese are considered a “serving”.
 - iv. How many hours of screen time (like computer, Television and video games) do you think your family spends each day?
---This does not count the time you use the computer for homework or work
 - v. How many minutes of physical activity (where your heart is beating faster and you are breathing harder) do you think your family typically has each day?

NOTE: Make sure to provide positive feedback and reinforcement where appropriate. For example: “You are doing well with sugary drinks.” Or “You have shown that you have been able to make a change and been successful.”

5 A’s of Communication

Ask: “What are your current habits regarding physical activity/ nutrition/ healthy behaviors?”

Advise: “Healthy eating and physical activity could significantly decrease your symptoms associated with... _____”

Assess: “Let’s make a goal together to improve one healthy behavior:” SMART (Specific, Measureable, Action-oriented, Realistic, Time Specific) Ex: Over the next 2 weeks, patient will reduce soda intake from 3 to 1 per day.

Assist: “Here are some resources that can help you.”

Arrange: “Let’s follow up on this in _____ weeks to determine progress and re-evaluate your efforts.”

Carroll, J.K., Fiscella, K., Epstein, R., Sanders, M.R., Williams, G.C. (2012). BMC Health Services Research

2. **ADVISE:** “Healthy eating and physical activity are particularly important for kids to help set the stage for a successful life. Not only will it help them grow up healthier but right now, activity and good nutrition are important for their brain and how they learn in school.”
 - a. Optional – If there is a health concern with a family member consider discussing that particular issue “Healthy eating and physical activity could significantly decrease your symptoms associated with... _____”
3. **ASSESS:**
 - a. Invite the family to work with you on a goal: “Do you think your family could work together on one of these healthy habit recommendations?” (Review the 5-4-3-2-1 Go!® recommendations)
 - b. Help the family select one goal using the “Prescription Pad”: “
 - i. “Let’s make a goal together to improve one healthy behavior”
 - ii. “Which one of these do you think your family might want to try?”
 1. Optional - Help the family think through the recommendations and compare to their answers from the first section. Maybe they are pretty good an eating fruits and vegetables and want to get up to 5 servings a day. Or maybe they really don’t drink water and they want to start having water at dinner each night. Work together to find an achievable goal that the family is motivated to try.

Rx

for Healthy Active Living



Name _____ Date _____

Recommendations for Living a Healthy, Active Life:

- 5 servings of fruits and vegetables a day
- 4 servings of water a day
- 3 servings of low-fat dairy a day
- 2 hours or less of screen time a day
- 1 or more hours of physical activity a day *See resources on reverse side

My Goal: I agree to _____
Do this action *This often*

and will follow up with _____ on _____
Provider Name *Date*

Provider Signature *Parent Signature* *Patient Signature*

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4. **ASSIST:** “Here are some resources that can help you.”
 - a. Provide additional resources like the parent handouts and monthly tracking tools. Direct them to GoNebraskaKids.org for more ideas.
5. **ARRANGE:** “Let’s follow up on this in ___ weeks/months to determine progress.”

Go Nebraska Kids is a partnership of community members, organizations, teachers, medical providers, and families working together to help kids be healthy in Nebraska. Visit www.GoNebraskaKids.org for additional information.