

## **EXAMPLE STANDING ORDERS FOR Community Health Workers to Provide Pediatric Obesity Services**

**Purpose:** To support overweight and obese youth participants in services that build their capacity to nurture lifelong healthy behaviors to achieve a healthy weight, and prevent the development of Type 2 diabetes and other health conditions. Community Health Worker's (CHW) provide health education services and assist in building client's capacity to self-manage chronic conditions. Services are delivered using culturally and linguistically appropriate health education in a location that is familiar to the community that is being served.

**Policy:** Under these standing orders, Minnesota certificate-holding Community Health Workers will follow best practices related to pediatric obesity including curriculums such as Smart Moves and/or MEND (Mind, Exercise, Nutrition, Do It!). CHW services will be delivered to youth ages 7 to 16 who meet the criteria below. In addition, services can be delivered to children ages 2 to 5 years using the MEND curriculum.

**CHW Eligibility:** For the purposes of this standing order, Community Health Workers must have a valid certificate of completion from a Minnesota Community Health Worker certificate program demonstrating that the CHW has completed an approved community health worker curriculum. CHWs must also demonstrate successful completion of leader training from MEND, SmartMoves, or another appropriate pediatric obesity curriculum utilizing research-based best practices.

### **Provide CHW services to participants meeting the following criteria:**

1. Participant is enrolled by meeting criteria A and B:
  - A. Participant is between the ages of 7 and 16 (or 2 to 5 years old if using MEND curriculum for this age group)
  - B. Participant has a BMI at or above the 85th percentile

### **Required Documentation:**

1. Document each client encounter in the appropriate EHR, client database or other designated program
2. Periodic (at least monthly) assessment of the recipient's progress and need for ongoing CHW services
3. The following information must be documented for each encounter:
  - a. Date of service
  - b. Start and end time for the service
  - c. Number of participants present in the group and a brief summary of the session's content.

### **CHW service delivery activities may include:**

1. Delivering nutrition and physical activity best practices programming
2. Assisting individuals in understanding and adopting healthy behaviors
3. Providing information, resources, and ongoing nutrition education for families
4. Providing social support, informal counseling, and health education

### **Provide all clients with a copy of the following documents:**

1. Release of Information
2. Notice of Privacy Practices
3. Culturally and linguistically appropriate health education materials

**Patient Education Plan:** The content of the patient education plan or training program must be consistent with established or recognized health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patients. Disease/diagnosis-specific education best practices attached to this standing order must be included as part of the patient education or training plan.

**Service Delivery:** Pediatric obesity services are provided face-to-face. Activities using Smart Moves and/or MEND will be delivered in a group setting. Other research-based curriculums serving participants one-on-one can be used if participants meet the above criteria.

**Time Requirements:** Deliver CHW services in 30-minute units: limit 4 units per 24 hours; no more than 24 units per calendar month per recipient. For the purposes of Smart Moves and MEND, services will be delivered in group setting.

**Medical Emergency:** In the event of a medical emergency, staff will follow each site's emergency action plan. Staff is responsible to be familiar with and follow each site's policy and procedure and to notify his or her supervisor should an emergency occur.

## Standing Orders Authorization

This policy and procedure shall go into effect on \_\_\_\_\_ and remain in effect for all clients of the [INSERT ORGANIZATION NAME HERE] until rescinded or until \_\_\_\_\_ (date).

Ordering Provider's signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_  
[INSERT ORDERING PROVIDER'S NAME]

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