

Evaluation of Maine 5210 Education in a Nutrition Study

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Abstract

Background

Childhood obesity is a public health issue with an increasing prevalence over the past few years. Associated with many health illnesses, childhood obesity is difficult to address despite various approaches to treatment. Primary care is an ideal setting to address this issue and interventions such as providing the Maine 5210 education have been found to be helpful.

Objective

This project evaluated the efficacy of the Maine 5210 healthy habits message in improving health behaviors of adolescents in a primary care clinic after 4 weeks of participation in a nutrition program.

Methods

The project involved three obese adolescents. The project consisted of conducting a pre and post-intervention survey to evaluate the efficacy of the Maine 5210 healthy habits message in a nutrition program. The nutrition program occurred in a group setting once a week for 6 weeks. The pre and post-intervention surveys to evaluate the program's effectiveness was given to participants that completed a minimum of 4 sessions of the program. Pre and post-intervention scores on healthy behaviors were compared utilizing a paired-t test.

Results

The paired-t test results demonstrated no statistical significance between the pre and post-intervention scores, although a large effect size was noted.

Conclusions

The Maine 5210 healthy habits message could potentially be effective at improving health behaviors in adolescents. The results suggest that a larger sample size and longer duration of the program may yield significant improvements in health behaviors.

Introduction

Childhood obesity is a trending public health issue with a rising prevalence worldwide over the past three decades. Notably, higher rates of obesity have been observed in high-income countries including the U.S. Despite this trend, childhood obesity rates have “leveled off” in the U.S. in recent years, yet prevalence remains high (Polacsek et al., 2014). According to the Centers for Disease Control and Prevention (2018), childhood obesity, defined as a body mass index (BMI) greater than or equal to the 95th percentile for age and sex, occurs in 13.9% of children ages 2-5, 18.4% in children ages 6-11, and 20.6% in youth ages 12-19. The highest incidence is found among Hispanics (25%), and non-Hispanic Blacks (22%), and lastly non-Hispanic whites (14.1%) (CDC, 2018). Childhood obesity is a health issue that affects minority and socially disadvantaged children and needs to be addressed to prevent early onset of illnesses that will have detrimental health consequences extending into adulthood (Polacsek et al., 2014).

A few of the illnesses associated with childhood obesity are chronic conditions like coronary heart disease, stroke, and diabetes (Polacsek et al., 2014). This public health issue calls for intervention strategies that target populations most affected by childhood obesity. One of the most influential settings for implementing an intervention targeting childhood obesity is a primary healthcare clinic. Providers in primary care settings see many children and adolescents and are ideal individuals to help raise awareness and motivate change in behavior to reduce childhood obesity (Polacsek, 2014). Providers can achieve this goal by implementing successful patient education strategies in the primary care setting.

One primary care-based intervention is the Maine 5210 healthy habits message, a health behavioral tool developed by the Maine Health *Let's Go* initiative. Maine Health *Let's Go* is an obesity prevention initiative that works with communities to create environments that support

healthy choices (Maine Health, 2019). The initiative brings evidence-based strategies for healthy living into schools, childcare and out-of-school programs, health care practices, and workplaces (Maine Health, 2019). One of the initiative's key components is the Maine 5210 healthy habits message, which consists of five servings or more of fruits, two hours or less of screen time, one hour or more of physical activity, and zero sugar-sweetened beverages (Polacsek et al., 2014). This educational tool could prove to be a successful patient education strategy in reducing childhood obesity.

This project evaluated the efficacy of the Maine 5210 healthy habits message in improving health behaviors of adolescents in a primary care clinic after 4 weeks of participation in a nutrition program.

Literature Review

Search Strategy

A literature review was conducted to review the most current data on childhood obesity and healthy weight promoting interventions. The literature search was conducted July and August of 2018. The following databases were used: PubMed and EBSCO. The search terms "childhood obesity", "adolescent obesity", "Hispanic", "Maine 5210" AND/OR "primary care-based interventions" were used. The following filters were used: full-text, humans, ages 13 through 18, and relevant data from 2000-2018. PubMed yielded 348 articles and EBSCO yielded 93 articles. A total of ten articles were reviewed. Articles were chosen based on those that focused on incidence and prevalence of childhood obesity, and primary care-based interventions. The following themes were present in the articles: obesity prevalence, health impact of childhood obesity, primary care-based interventions and Maine 5210.

Childhood Obesity Prevalence

Obesity prevalence by demographics was addressed by three studies. Their findings illustrated childhood obesity prevalence was associated with age, race, Hispanic origin, education of household head, and socioeconomic status (Chung et al., 2014; Kelsey, Zaepfel, Bjornstad, & Nadeau, 2014; Ogden et al., 2018). The study conducted by Ogden et al. (2018) illustrated that obesity prevalence was highest in Hispanic youth (23.6%) compared to non-Hispanic white youth (14.7%). Additionally, an association was noted between obesity incidence and household education levels. Obesity prevalence in households headed by individuals with a high school diploma or less (22.3%), and some college education (18.1%), were notably higher than in households headed by college graduates (11.6%) (Ogden et al., 2018).

Health Impact of Childhood Obesity

The review yielded three studies that focused on health issues associated with childhood obesity. A common theme within these studies was that childhood obesity has long-term effects extending into the adult life (Kattelman et al., 2014; Kelsey, Zaepfel, Bjornstad, & Nadeau, 2014; O'Malley et al., 2014). Chronic illnesses such as dyslipidemia, hypertension, Type 2 Diabetes, fatty liver, and obstructive sleep apnea have been emerging among adolescents; illnesses that in the past were associated with adults and the elderly (Kelsey, Zaepfel, Bjornstad, & Nadeau, 2014). The emergence of these illnesses in adolescence continues to raise concern for short-term health outcomes and chronic health implications over time (Kelsey, Zaepfel, Bjornstad, & Nadeau, 2014).

Primary Care-Based Interventions

Primary care-based interventions were discussed by one study. Polacsek et al. (2014) discussed the role primary care has in addressing childhood obesity prevention and treatment. The researchers determined that primary care was the ideal setting to address obesity as it is the

place where providers see the most children and youth in the U.S. (Polacsek et al., 2014). The focus of the study was the Maine Youth Overweight Collaborative (MYOC), a primary care-based intervention. MYOC was implemented to youth ages 2-18 and their families. The MYOC intervention consisted of having primary care providers of participating sites, deliver the Maine 5210 healthy habits message to their patients during well child checks and adolescent well child checks (Polacsek et al., 2014).

The findings of the study concluded that the MYOC improvements were sustained through the three years post-intervention. One of these improvements was the post-intervention surveys continued to indicate the 5210 healthy habits message was still being heard by patients (Polacsek et al., 2014).

An additional study that focused on Maine 5210 education was the *Impact of Let's Go! 5-2-1-0: A Community-Based, Multisetting Childhood Obesity Prevention Program*, by Rogers et al. (2013). The purpose of this study was to document the impact of the *Let's Go!* childhood obesity program on participants in 12 communities in Maine (Rogers et al., 2013). The primary intervention of the study was to utilize repeated random telephone surveys with 800 parents of children to measure awareness of the Maine 5210 healthy habits message and child behaviors (Rogers et al., 2013). The surveys were conducted in schools, childcare programs and after school programs. The results of the study showed improvements in fruit and vegetable consumption, sugary drink intake, and parent awareness of the *Let's Go* program and the 5210 message (Rogers et al., 2013).

Both studies demonstrated the benefits of the Maine 5210 healthy habits message. Participants of the studies showed evidence of retaining the 5210 message and improvements in health behaviors. These results indicate the potential efficacy of the Maine 5210 education in

reducing or preventing childhood obesity.

Gaps

A primary gap found in the literature review was the location of the studies. Both study samples were taken from within Maine. This can lead to sampling bias as the study population does not represent the greater U.S. population. Therefore, results may not be generalizable to other populations of obese or overweight children and adolescents.

Additionally, the studies by Polacsek et al. (2014) and Rogers et al. (2013) used surveys without evidence of validity or reliability. This could have impacted the results as participants may not have felt encouraged to provide accurate, honest answers and/or may not have felt comfortable providing answers that presented themselves in an unfavorable manner.

Therefore, the aim of this project was to evaluate the efficacy of the Maine 5210 healthy habits message in improving health behaviors of adolescents in a primary care clinic after 4 weeks of participation in a nutrition program.

Background

Virginia Garcia Memorial Health Centers provide medical services to communities in Washington and Yamhill county (Virginia Garcia Memorial Health Center [VGMHC], 2016). There are five clinics that provide general medical care: Cornelius, Beaverton, Hillsboro, Newberg, and McMinnville (VGMHC, 2016). Out of these clinics, only two are considered wellness centers: Cornelius and Beaverton. As wellness centers, these clinics have a teaching kitchen, a nutritious community garden, and a gym (VGMHC, 2016). These wellness centers are designed to provide activities that promote a healthy lifestyle.

As part of encouraging a healthy lifestyle and addressing the current childhood obesity needs, a 6-week program called #ILoveMyBody was implemented February 2019 through March

2019 at the Cornelius wellness center. The program, based on the “Maine 5210 Healthy Habits message,” was adapted and implemented by a Registered Nurse (RN) at the Cornelius clinic. The #ILoveMyBody sessions took place every Tuesday starting in early February and ended in mid-March 2019. The sessions consisted of 30-minutes in which the RN led an open discussion on body image, weight, and the Maine 5210 healthy habits message. The goal of the program was to increase body positivity and body awareness while promoting healthy nutrition and exercise in obese adolescents.

Setting

This DNP project took place at the Cornelius wellness center. Currently there are 562 patients ages 13 through 18 who are overweight or obese in VGMHC. The program was promoted through provider referral, and flyers posted within VGMHC. The intervention consisted of evaluating the efficacy of the #ILoveMyBody program in improving healthy habits in obese adolescents after 4 weeks of Maine 5210 education.

Methods

Participants/Populations

Study population

A study population of three (N=3) was selected from patients ages 13 through 18 who were overweight or obese in VGMHC. The study was conducted from February 2019 and March 2019, and during that time a total of five participants enrolled, two declined to participate. The study excluded participants ages less than 13 and greater than 18, BMI less than 25, and those that did not complete a minimum of 4 sessions. This researcher consulted with the Institutional Review Board and received exemption status. Participants signed an informed consent of participation and a confidentiality agreement. Parental consent was obtained.

Eligibility Criteria

Participants in the #ILoveMyBody program included female and male patients ages 13 through 18 with BMI greater than or equal to 25.

Collection of Data

Beginning on the first Tuesday session in February, participants were asked if they would be willing to fill out a pre and post-intervention survey (see appendix D). Those that responded yes were given a parental consent form and the informed consent of participation and confidentiality (see appendix B and C) at the time of their enrollment in the program. The pre intervention survey was given to participants prior to their first session. The post-intervention survey was completed after a participant completed 4 sessions. The pre and post-intervention surveys were given from February 2019 through March 2019. The protocol included having one person administer the surveys to all participants in order to ensure consistency and limit differential bias.

Surveys

The pre and post-intervention surveys were based on Maine 5210 healthy habits questionnaire. The questions were modified in order to be answered using a five-point Likert scale. The pre and post-intervention surveys included the same 13 questions which consisted of overall health habits, including nutrition, physical activity, and other health practices (e.g., eating meals at the table with family, sleeping eight hours per night, and screen time). Surveys can be viewed under appendix D.

Statistical Analysis

The pre and post-intervention surveys utilized a five-point Likert scale to assess nutrition and exercise habits. An overall mean score of all 13 questions were calculated for pre and post-

intervention surveys for each participant. A paired t-test was used to analyze differences between pre and post-intervention survey scores. P-value was considered statistically significant if $p < 0.05$. T-test effect size was calculated in terms of Cohen's d using the standard deviations of the pre and post-intervention surveys. According to the literature, Ranucci et al. (2017), effect size $d = 0.2$ is small, $d = 0.5$ is medium, and $d = 0.8$ is large.

Results

A total of three pre-intervention surveys and three post-intervention surveys were obtained between February 2019 and March 2019.

Outcomes Measured

All participants were assessed at baseline (pre-intervention) and post intervention (4 weeks from baseline). Analysis was done on the six completed survey forms. Results are shown in the following graph:

Table 1				
<i>Healthy Habits Pre and Post-Intervention Surveys. Mean, CI, p, Cohen's D</i>				
<u>Outcome</u>	<u>Pre-Intervention Mean (95%CI)</u>	<u>Post-Intervention Mean (95%CI)</u>	<u>p</u>	<u>Cohen's d</u>
Overall	2.51 (2.21-2.80)	2.69 (2.43-2.95)	0.55	0.73
<i>Note. Statistical significance measured at $p < .05$, Cohen's $d > 0.2$; CI=Confidence Interval; p=p-value.</i>				

In a small sample (N=3), the pre and post-intervention survey means were calculated so as to be comparable to a Likert scale and allow for missing data points. There was a total of one missing data point in the pre-intervention surveys and two missing data points in the post-intervention

surveys. The Likert scale utilized five points beginning with 0 (never), 1 (rarely), 2 (sometimes), 3 (frequently), and 4 (always). A high score implied healthier habits. The pre-intervention survey demonstrated $M=2.51$ ($SD=0.26$) to the post-test survey $M=2.69$ ($SD=0.23$). The test did not show statistical significance, as the mean difference of 0.18 and p -value of 0.55 were not meaningfully significant. Cohen's D of 0.733 was near a large (0.8) effect size, suggesting that if the sample size were larger, a larger effect size would be observed.

Discussion

The aim of the project was to evaluate the efficacy of the Maine 5210 healthy habits message in improving health behaviors of adolescents in a primary care clinic after 4 weeks of participation in the #ILoveMyBody program. The results demonstrate there was not a significant improvement of healthy habits in participants after 4 weeks of the program. However, the evidence suggests that a larger sample size and a longer program time (>6weeks) may show greater improvement of healthy habits in this population.

Additional strategies to initiate and maintain healthy behaviors could include analyzing specific aspects of the Maine 5210 healthy habits message to determine efficacy. This could be done by analyzing the scores to specific questions of the pre and post-intervention survey. Additionally, literature suggests a multidisciplinary approach is an effective strategy to promoting long-lasting lifestyle changes. If the 5210 message was disseminated by not only primary healthcare providers, but by the dentist, nutritionist, behavioral health therapist, family, etc., it may be possible to see a greater impact on its efficacy in reducing obesity.

Limitations

One of the limitations of this project was the small sample size. The RN in charge of implementing the #ILoveMyBody program initially began the sessions in the fall of 2018. This

study was approved by the Institutional Review Board in February 2019, at which point the 6-week program was advertised. During the 6 weeks of this study, five participants enrolled and only three completed the minimum 4 weeks necessary to complete the post-intervention survey. Due to this small sample the statistical power is reduced and makes the results less generalizable.

In addition, despite the large number of patients meeting criteria, it was difficult to recruit them for this study. A primary method of recruitment was through provider referrals. However, many of the patients meeting criteria had not been seen in the clinic and had no future appointments with their providers. This significantly affected participation.

The sample for this project was obtained from one of VGMHC's and did not necessarily represent all obese adolescents within VGMHC or within the greater population. This could indicate a selection bias impacting validity and generalizability.

Ethical Considerations

Ethical considerations included the use of underage subjects, which were addressed by obtaining parental consent. Additionally, the intervention was subjected to an Institutional Review Board.

Conclusions

This project evaluated the efficacy of the Maine 5210 healthy habits message in improving health behaviors of adolescents in a primary care clinic after 4 weeks of participation in a nutrition program. Although there were no significant changes between pre and post-intervention surveys, the effect size has the potential of being significant in a larger sample size and with longer duration of the program. This was further supported by the MYOC study, which tested a larger sample over several years and demonstrated health benefits of the Maine 5210 healthy habits message. Overall, the intervention of this project showed potential in supporting

positive change in behaviors that may mediate weight gain. Additional strategies to initiate and maintain healthy behaviors and evaluation measures need to be explored in order to reduce childhood obesity.

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Appendix A

Table 1				
<i>Healthy Habits Pre and Post-Intervention Surveys. Mean, CI, p, Cohen's D</i>				
<u>Outcome</u>	<u>Pre-Intervention Mean (95%CI)</u>	<u>Post-Intervention Mean (95%CI)</u>	<u>p</u>	<u>Cohen's d</u>
Overall	2.51 (2.21-2.80)	2.69 (2.43-2.95)	0.55	0.73
<i>Note.</i> Statistical significance measured at $p < .05$, Cohen's $d > 0.2$; CI=Confidence Interval; p =p-value.				

Appendix B

Participant and Parental Consent (English)

Evaluation of Maine 5210 Education in a Nutrition Study

Research Consent Form

You are being asked to take part in a research study that will evaluate the Maine 5210 education. We are asking you to take part because you signed up for the Virginia Garcia Cornelius Wellness Center #ILoveMyBody 6-week program. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What the study is about: The purpose of this study is to learn if the Maine 5210 education has any impact on a person's healthy habits. You must be able to attend at least 4 sessions of the #ILoveMyBody program to take part in this study.

What we will ask you to do: If you agree to be in this study, we will ask you to fill out a survey upon sign up for #ILoveMybody program and at your 4th session. The survey will include questions about your diet, physical activity, time spent on electronic devices, and sleep habits. The survey will take about 5 minutes to complete.

Risks and benefits:

There is the risk that you may find some of the questions about your health habits to be sensitive. In addition to this I do not anticipate any risks to you participating in this study other than those encountered in day-to-day life.

There are no benefits to you. The researcher hopes to learn more about the healthy habits in adolescents.

Compensation: The researchers of this study will not provide compensation. However, #ILoveMyBody program will provide a fitness-oriented prize to participants who attend at least 4 sessions.

Your answers will be anonymous and confidential. The records of this study will be kept private. In any sort of report we make public we will not include any information that will make it possible to identify you. Research records will be kept in a locked file; only the researchers will have access to the records.

Taking part is voluntary: Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide not to take part or to skip some of the questions, it will not affect your current or future relationship with Virginia Garcia Cornelius Wellness Center. If you decide to take part, you are free to withdraw at any time.

Appendix B (Continued)

If you have questions: The researchers conducting this study are Rebecca Carrasco. Please ask any questions you have now. If you have questions later, you may contact Rebecca Carrasco at fernanre@ohsu.edu.

You will be given a copy of this form to keep for your records.

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

If you are under *18 years of age Parental Consent* is required:

Signature of Parent Consent _____ Date _____

Printed name of Parent providing consent _____ Date _____

This consent form will be kept by the researcher for at least three years beyond the end of the study.

Appendix C

Parental Consent Form (Spanish)

Evaluación de la Educación de Maine 5210 en un Estudio de Nutrición.

Su hijo(a) esta invitado(a) a participar en un estudio donde se va a evaluar la educación de Maine 5210. Extendemos esta invitación por que su hijo(a) a decido participar en el programa de 6 semanas, #ILoveMyBody, de La Clínica de Virginia García. Por favor lea la información en esta forma antes de dar su consentimiento de participación a su hijo(a).

Resumen del Estudio: El propósito del estudio es aprender si la educación de Maine 5210 resulta en un cambio de hábitos de salud en una persona. Su hijo(a) necesita poder asistir a 4 sesiones mínimo del programa #ILoveMyBody para participar en el estudio.

Lo Que Pediremos de su Hijo(a): Si usted presta consentimiento a su hijo(a) para que participe en el estudio, pediremos a su hijo(a) que llene una encuesta en su primera sesión y cuando completé la cuarta sesión. La encuesta incluye preguntas sobre dieta, ejercicio físico, tiempo pasado en aparatos electrónicos, y hábitos de sueño. La encuesta tomara 5 minutos.

Riesgos y beneficios: Hay riesgo que su hijo(a) encontré las preguntas de sus hábitos de salud información delicada. Excepto esto, no anticipo ningún riesgo en la participación de su hijo(a) en el estudio.

Compensación: La investigadora de este estudio no proveerá ninguna compensación por participación. Sin embargo, el programa de #ILoveMyBody proveerá un premio relacionado con aptitud física a todos los participantes que completan 4 sesiones.

Las respuestas a las preguntas en la encuesta serán anónimas y confidenciales. La información obtenida por este estudio se mantendrá privada. En cualquier reporte publico no será incluido ninguna información que pueda identificar a su hijo(a). Toda información será archivada con candado; solo la investigadora tendrá acceso.

Participación es voluntaria: Participación en el estudio es voluntario. Su hijo(a) podrá dejar preguntas sin contestar si es su deseo. Dejar preguntas en blanco no afectara su relación con La Clínica de Virginia García. Si su hijo(a) decide participar podrá dejar de participar en cualquier tiempo.

Si tiene preguntas: La investigadora llevando a cabo el estudio es Rebecca Carrasco. Si tiene preguntas por favor contacte a Rebecca Carrasco a su correo electrónico: fernanre@ohsu.edu.

Se le dará una copia de esta forma para su records.

Declaración de Consentimiento: He leído la información dada y autorizo la participación de mi hijo(a) en este estudio.

Appendix C (Continued)

Firma del Padre o Tutor Legal _____ Fecha: _____

Nombre del Padre o Tutor Legal _____ Fecha: _____

Appendix D

Maine 5210 Healthy Habits Survey

Question	Never	Rarely	Sometimes	Frequently	Always
Do you eat at least one serving of fruits or vegetables per day?					
Do you eat dinner at the table with your family at least once per week?					
Do you eat breakfast at least once per week?					
Do you eat takeout or fast food once per week?					
Do you get recreational (<i>outside of school work</i>) screen time once per day?					
How often have you had a television or internet-connected device in your room?					
Do you get a minimum of 8 hours of sleep per night?					
Do you do at least one physical activity per day?					
Do you drink soda at least once per day?					
Do you drink milk at least once per day?					
Do you drink 100% Juice at least once per day?					
Do you drink water at least once per day?					
Are you interested in making at least one change to your health habits?					

