

**Alternative IHEBA
(Individual Health Education Behavioral Assessment)
REQUEST TO USE THE WHOLE CHILD ASSESSMENT**

1. Name of Alternative IHEBA:

Whole Child Assessment

2. Organization that developed the alternative IHEBA:

Loma Linda University/PI- Dr. Ariane Marie-Mitchell

3. Purpose or intent of the development of the alternative IHEBA:

- 1) To incorporate screening for Adverse Childhood Experiences
- 2) To streamline workflow and improve visit efficiency

4. Crosswalk comparing the SHA questions/risk factors with the alternative IHEBA:

See attached crosswalk for the Whole Child Assessment

5. Age groups that will use the alternative IHEBA:

0-6 months, 7-12 months, 13-23 months, 2-3 years, 4-5 years, 6-8 years, 9-11 years, 12-17 years, 18-20 years

Specific assessments available at this website:

<https://luch.org/health-professionals/whole-child-assessment-wca>

6. Languages available:

- English
- Spanish
- Other _____

7. Administration, annual review and follow-up process and documentation: *(check one)*

- Member will self-complete a paper-based assessment to be included the member's medical record. Providers will review and sign the IHEBA. Providers will document any anticipatory guidance, handouts, referrals, and follow up in the well child plan which is part of the well-child note in the medical record.
- Member will self-complete an electronic assessment to be included the member's medical record. Providers will review and electronically sign the IHEBA. Providers will document any anticipatory guidance, handouts, referrals, and follow up in the well child plan which is part of the well-child note in the medical record.

8. Providers/Provider groups who will use the alternative IHEBA: *(insert names and addresses)*

SHA proposed updates (green), WCA proposed revisions (red)		Reasoning/Comments	Pediatric Age Groups							Responses in Right Column
NUTRITION			0-6m	7-12m	1-2y	3-4y	5-8y	9-11y	12-17y	Requiring Follow-up
Do you breastfeed your baby?		Edit to child	X	X						
Do you breastfeed your child? Do you have any questions about breastfeeding? What do you feed your child? (Breastmilk, Formula, Milk) (circle all that apply)		Edit to child and specify breastfeeding, formula or milk to facilitate nutrition history	X	X	X					No
Do you take a multi-vitamin, prenatal vitamin or folic acid?		Reducing number of questions- lower priority	X	X	X	X				No
Does your child eat breakfast every day? How many times a week does your child eat breakfast? (6-7, 3-5, 0-2)		Current question low response rates (2-4%) whereas literature suggests 8-12% school age skip breakfast (AAP)			X	X	X	X		No
Do you eat breakfast every day? How many times a week do you eat breakfast? (6-7, 3-5, 0-2)		Current question low response rates (about 10%) whereas literature suggests 20-30% adolescents skip breakfast (AAP expert)							X	No
Does your baby drink or eat 3 servings of calcium-rich foods daily- such as formula, breast milk, cheese, yogurt, soy milk, or tofu?		Edit to child		X						No
Does your child drink or eat 3 servings of calcium-rich foods daily- such as milk, cheese, yogurt, soy milk, or tofu? How many times a day does your child drink or eat calcium-rich foods, such as milk, cheese, yogurt, soy milk, OR tofu? (0-1, 2, 3+)		Current question low response rate (6-8%) whereas literature suggests 40% age 3-5 and 60% age 6-11 are not getting sufficient calcium (AAP expert)		X	X	X	X	X		No
Do you drink or eat 3 servings of calcium-rich foods daily- such as milk, cheese, yogurt, soy milk, or tofu? How many times a day do you drink or eat calcium-rich foods, such as milk, cheese, yogurt, soy milk, OR tofu? (0-1, 2, 3+)		Current question low response rate (15%) whereas literature suggests 70-90% adolescents are not getting sufficient calcium (AAP expert)							X	No
Does your child eat fruits and vegetables at least two times per day? How many servings of fruit OR vegetables (about the size of your child's fist) does your child eat each day? (5+, 2-4, 0-1)		See below. Kept fruits and vegetable intake question combined for younger age groups but divided for older age groups to improve screening and counseling			X	X				No
How many servings of fruit (about the size of your child's fist) does your child eat each day? (3+, 2, 0-1)		Current question low response rate (2-19%) whereas literature suggests 60% children don't eat at least 1-2 cups fruit/day (CDC)					X	X		
How many servings of vegetables (about the size of your child's fist) does your child eat each day? (4+, 2-3, 0-1)		Current question low response rate (2-19%) whereas literature suggests 93% children don't eat at least 1-3 cups vegetables/day (CDC)					X	X		
Do you eat fruits and vegetables at least two times per day? How many servings of fruit (about the size of your fist) do you eat each day? (3+, 2, 0-1) How many servings of vegetables (about the size of your fist) do you eat each day? (4+, 2-3, 0-1)		Separate questions because fruit and vegetable intake different								
Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?		Separate to improve reporting rates and related counseling about calorie intake (Serdula et al, 1992; Obesity Prevention Source)			X	X	X	X		No
					X	X	X	X		Yes

PHYSICAL ACTIVITY									
Does your child play actively most days of the week? for at least 1 hour (79% children are not physically active for 60+ minutes/day)									No
Does your child exercise or play sports most days of the week?	See reasoning above	Single question replaced by the 2							No
How many times a week does your child play actively, such									
On those days that your child plays actively, how many									
Do you exercise or play sports most days of the week?	See reasoning above	Single question replaced by the 2						X	No
How many times a week do you engage in moderate to strenuous exercise or physical activity (causes you to breathe hard or sweat)?									
On those days that you engage in moderate to strenuous exercise or physical activity, how many minutes to you exercise?									
Are you concerned about your baby's weight?	Weight assessment and counseling routine part of well-child care. Cut this question in favor of asking more specific nutrition and physical activity questions.		X	X	X	X	X	X	Yes
Are you concerned about your child's weight?	See above		X	X	X	X	X	X	Yes
Are you concerned about your weight?	See above		X	X				X	Yes
Does your baby watch any TV?	Edit to child/reduce number of questions		X	X					Yes
Does your child watch anything on a TV, phone, computer, or tablet?			X	X					Yes
Does your child watch TV or play video games less than 2 hours per day? How many hours a day does your child spend on screen time (TV, phone, computer, tablet, video games, etc.)?	Revised question more specific								No
Outside of schoolwork, how many hours a day does your child spend on screen time (TV, phone, computer, tablet, video	See above								No
Do you watch TV or play video games less than 2 hours per day? Outside of schoolwork, how many hours a day do you spend on screen time (TV, phone, computer, tablet, video games, etc.)?	See above					X	X		No
SLEEP									
Do you always put your baby to sleep on her/his back?			X	X					No
Does your child have trouble falling asleep or staying asleep?					X	X	X	X	Often
Do you have trouble falling asleep or staying asleep?								X	Often
SAFETY									
Does your home have a working smoke detector and carbon monoxide detector?			X	X	X	X	X	X	No
Have you turned your water temperature down to low-warm (less than 120 degrees)?	Cut in SHA update		X	X	X	X	X		No

Do you drive a car after drinking, or ride in a car driven by someone who has been drinking or using drugs?	Cut in SHA update								X	Yes
Do you spend time with anyone who uses drugs or drinks too much alcohol? Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?	from Etoh Screening and Brief Interventions for youth guide								X	Yes
Do you drink any alcohol, such as beer, wine, wine coolers, or liquor one a week or more? How about you- in the past year have you had more than a few sips of beer, wine, or any drinking containing alcohol?	from Etoh Screening and Brief Interventions for youth guide									
Did your baby ever live with anyone who had a problem with drugs or alcohol?	Edit to child	X	X							Yes
Did your child ever live with anyone who had a parent or household member ever have a problem with drugs or alcohol?	Revision asks about parent who the child may not have lived with	X	X	X	X	X	X			Yes
Did your ever live with anyone who had a problem with drugs or alcohol?	See above								X	Yes
SEXUAL ISSUES										
Do you think your child might be sexually active?	Cut in SHA update								X	Yes
Do you think your child might be sexually active?	Cut in SHA update								X	Yes
Do you know or are you concerned that your child was ever touched, or asked to touch, an adult or someone at least 5 years older sexually? anyone touched your child, or forced your child to touch that person, in a sexual way?	Feedback from providers requested wording without the indication of "5 years older"			X	X	X	X			Yes
Have you ever been touched, or asked to touch, an adult or someone at least 5 years older sexually? Has anyone ever touched you in a way that was unwanted, or forced you to touch that person in a sexual way?	See above									
Have you ever been forced or pressured to have sex?									X	Yes
Do you have any questions about sex, preventing pregnancy, or preventing infections from oral, vaginal, or anal sex? Have you ever had sex (oral, vaginal, or anal)?	SHA update replaces specific sexual risk questions with this open-ended question								X	Yes
Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?									X	Yes
Have you or your partner(s) had sex with other people in the past year?									X	Yes
Have you or your partner(s) had sex without using birth control in the past year?									X	Yes
The last time you had sex, did you use birth control?									X	No
Have you or your partner(s) had sex without a condom in the past year?									X	Yes
Did you or your partner use a condom the last time you had sex?									X	No
Do you have any questions about your sexual orientation (who you are attracted to) or gender identity (how you feel as a boy, girl, or other)?									X	Yes
TUBERCULOSIS										

