

Weight Management

Maintaining a healthy weight is an extremely important aspect of overall health and wellness. Having a healthy weight not only benefits each employee individually, but benefits Veteran patients and the entire VA as well. Healthy employees are more productive, feel better, and give patients greater confidence in their healthcare providers. Medical providers, nurses, clinical, and other staff who practice healthy lifestyles become role models for patients and each other, are more credible to patients, and are; therefore, more effective in delivering health care to their patients.

The Overweight/Obesity Problem

Preventing and treating obesity has become a major public health focus in the United States. The World Health Organization estimates approximately one billion people throughout the world are overweight and that over 300 million of these are obese. If current trends continue, the number of overweight persons will increase to 1.5 billion by 2015 (Asia Pacific Journal of Clinical Nutrition, 2007). Obesity has numerous adverse health consequences (NAASO, 2006) and is a leading cause of early disability or death (Figure 1). In addition to health effects, obesity is often associated with stigmatization, discrimination, and lower health-related quality of life. Further, there may be indirect costs related to absenteeism, lower productivity, or inability to work. In a multi-worksites analysis of the relationships among body mass index (BMI), medical utilization, and worker productivity compared to normal weight employees, obese and overweight workers were estimated to cost employers \$644 and \$201 more per employee per year, respectively. This study provided evidence that employers face a financial burden imposed by obesity; hence, implementation of effective workplace programs for the prevention and management of excess weight will benefit employers and their workers (Journal of Occupational and Environmental Medicine, 2010).

BMI is a measure of weight for a given height. Individuals whose BMI is between 25 and 29.9 are considered overweight, and those with a BMI of 30 or over are considered obese. Adverse health consequences rise as the BMI increases. Based on information available from the 2003-2004 National Health and Nutrition Examination Survey (NHANES) Survey, the prevalence of overweight or obesity in the general U.S. population has risen to 66.3 percent. Those between the ages of 40-59 have the highest rate at 73.1 percent (Ogden et al., 2006). Data on overweight and obesity among Veteran patients, other Veterans, and non-Veterans from the 2003 Behavioral Risk Factor Surveillance System survey are presented in Figure 2 (Nelson, 2006). More recent unpublished data on measured patient height and weight at VA Medical Centers (VAMCs) during 2005 indicated an overall prevalence of overweight of 39.6 percent, and obesity at 36 percent (VHA Support Service Center, 2005). Results from the recent Voice of the VA Health Promotion survey in 2010 indicated an overall prevalence of overweight of 32 percent and 33 percent for obesity in VHA employees. Our valuable employees deserve assistance in addressing their weight concerns, and the following resources can be readily utilized for that purpose.

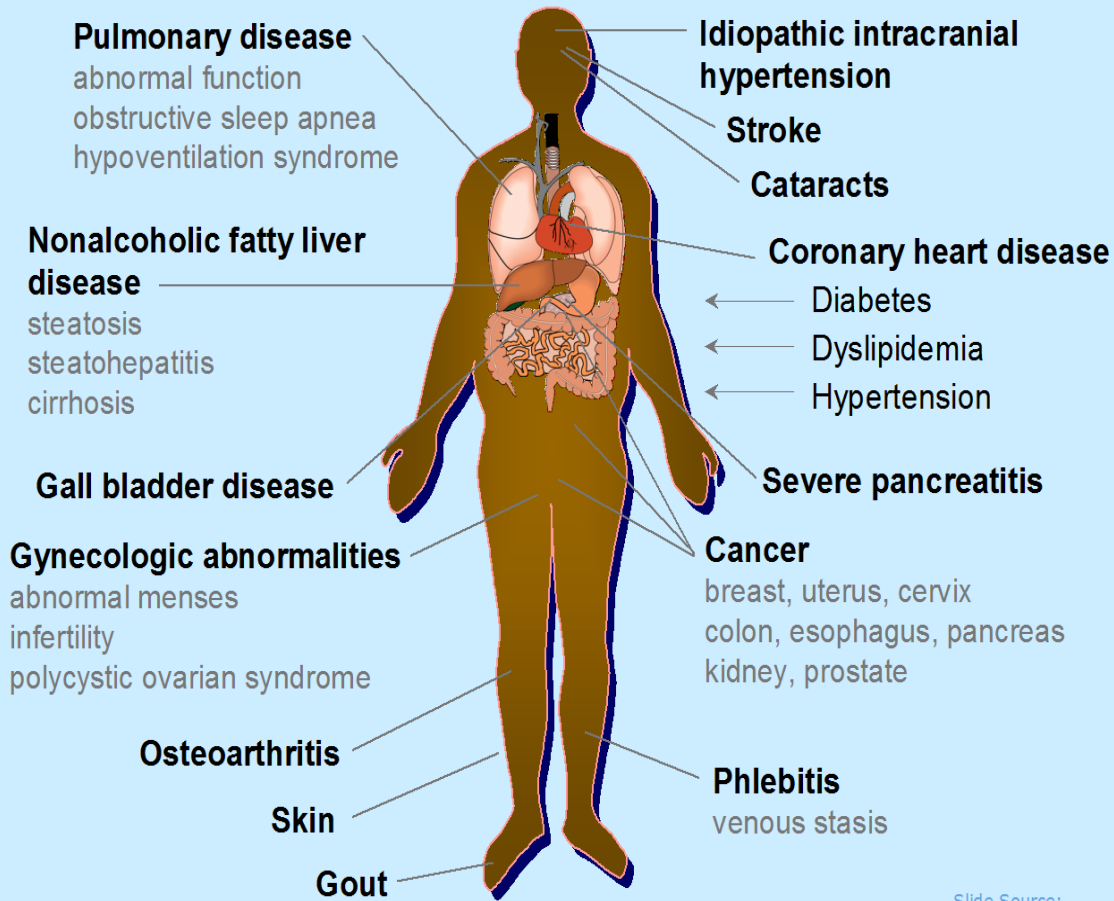
Etiology of overweight/obesity

Genetic, environmental, and behavioral factors all contribute to an individual's tendency to gain excess weight either in childhood or as an adult. The rapid increase within the last decade of overweight and obesity at the population level suggests that environmental and/or behavioral influences have played a larger role than genetics. Clinical providers are an important part of obesity prevention and treatment at the level of the individual patient, but because of the multiple influences, prevention and treatment at the population level require a public-health approach. This reference manual discusses the basics of clinical weight management, providing a fundamental knowledge base to guide clinical decisions and interactions with individual patients. In most cases, no single factor is responsible for obesity in an individual. Overweight/obesity is usually the result of a net energy surplus over a long period of time (months or years). This surplus results from a mismatch between energy intake (dietary calories) and energy expenditure (physical activity). Successful weight loss programs have one feature in common; they are designed to create a net energy deficit that results in weight loss.

Environmental influences on overweight and obesity are primarily mediated through influences on food intake and physical activity. Environments with easily accessed, calorie-dense food and aggressive marketing contribute to the problem. Furthermore, current work and leisure lifestyles necessitate eating many meals outside of the home, which relinquishes control over food choices and portion sizes.

On the physical activity side of the equation, mechanization of everyday tasks and activities limits opportunities to be more active. With the move from a primarily agriculturally based economy to an industrial and service industry, many people are entrenched in sedentary daily routines.

Medical Complications of Obesity



Slide Source:
www.obesityonline.org

Figure 1: Medical Complications of Obesity

With the present obesity epidemic, each employee health promotion program should offer an employee weight management/healthy lifestyle program. The following are outlines from moderate to high intensity programs. Offering a moderate or high intensity program would be most beneficial. This program could be beneficial to both the obese employee and individuals on weight maintenance. Using a title like Healthy Lifestyle reflects the ultimate goal of weight loss/weight maintenance. It should be offered weekly, in addition to other employee health promotion programs dealing with nutrition, exercise, stress management, smoking cessation, etc.

Moderate Intensity Options

Enhanced group sessions:

The program is actively supported and promoted by medical center leadership.

- Group sessions meet once or more weekly. Format of sessions can be formal or informal depending on the needs of the group. Time should be allotted for discussion;
- A Program Coordinator schedules the sessions and oversees the program;
- Sessions are led by clinical staff (e.g., dietitian, psychologist, physical activity specialist, nurse, nurse practitioner, physician assistant, or physician). Rotation of several clinical staff is desirable to spread workload, preventing one clinician from carrying the total work load;
- Healthy lifestyle materials are used. Areas of concentration are nutrition, exercise, and behavior modification. Materials can be taken from the Employee Wellness shared drive, MOVEmployee!, or other accredited sources listed in nutrition references of the guidebook;
- There is an official registration process. The Program Coordinator will determine this process. It may be a group or individual meeting to discuss program and individual goals. Weight and measurement may be taken. A survey of behavioral factors could be developed;
- Confidential records of participants, including weight data, are kept. Confidentiality is maintained as described in VA Handbook 5019, Occupational Health Services; and
- Periodic aggregate de-identified reports regarding weight loss results are provided to parties with a need to know.

Higher Intensity Options

Individual treatment and follow-up:

- Participants are treated and followed individually on an ongoing basis by an assigned clinician;
- There is an Employee Wellness Coordinator or designee Coordinator and a formal registration process; and
- Official confidential records are recommended.

Enhanced individual treatment and follow-up:

- Employees register for and participate in the individual treatment version of the program per the option above;
- Participants are actively assisted in setting short-term goals;
- Follow-up is accomplished on a regularly scheduled basis per facility guidelines;
- Referral to a dietitian, behavioral health expert, or physical activity or medical specialist for brief individual consultation regarding specific areas of concern may be made as indicated. Note: If referral to a VA specialist is not possible due to medical center policy or restrictions, a protocol for referral to a community-based specialist may be established, with expenses to be borne by the employee; and
- Official confidential records are kept confidential as described in VA Handbook 5019, Occupational Health Services.

Combined individual and group treatment:

- Employees register for and participate in the individual treatment program; and
- Employees also participate in ongoing weight management/healthy lifestyle group sessions.

For all weight management/healthy lifestyle participants, it is important to encourage them to have short-term goals. Long-term goals are nice to have, but they don't drive behavior very well. A weekly goal may be the maximum length of time that a goal provides much motivation. Even with a weekly goal, it is best to break it down into daily sub-goals because people find it easier to complete something that is immediate than something in the future. Goals should also be SMART goals. SMART goals are:

S - Specific

M - Measurable

A - Achievable

R - Realistic

T - Time-based

In general, interventions that have a built-in method of providing accountability help people stay on track. Recording everything one eats is one such method. Although doing that is a form of self report with its attendant problems of falsification, if used in an honest manner it is known to help people curtail their food intake, particularly the mindless eating that is often done without much awareness. Recording weight at least weekly is another accountability strategy. Recording physical activity is helpful as well. To be most helpful the weekly weights should be recorded in such a way that they are easily visible at points of decision, such as having them posted on the refrigerator.

For sites unable to offer moderate to high intensity employee weight management/healthy lifestyle programs, a low intensity option may be a consideration.

Very Low Intensity Options

Self-management use of Wellness is Now (WIN) Web site healthy lifestyle or MOVEmployee! materials:

- An email notice could be sent periodically to all employees encouraging use of materials from the employee wellness or MOVEmployee! VA Intranet or Internet Web sites;
- There is no formal enrollment, follow-up, or accountability;
- An opportunity for a regularly scheduled weigh-in could be made available; and
- This option represents a strictly self-management effort.

Self-management plus records:

Employees may choose to engage in self-management weight control or other healthy lifestyle goal per the above format.

- Confidential records of beginning and on-going weight loss for all self-proclaimed participants are kept by a designated Employee Weight Management Coordinator. *Note: Care must be taken to assure the strict confidentiality of participant records per approved security protocol.*

Enhanced self-management:

Employees may participate on a self-management basis per one of the options described above.

- An Employee Wellness Coordinator sends out periodic generic motivational or informational email messages related to weight control such as low calorie recipes, lists of community resources for physical activity, and so on. A mail group may be utilized for this purpose.

Low Intensity Options

Informal group sessions:

Employees may choose to meet weekly as a group on an informal basis.

- Weight management/healthy lifestyle materials developed by the Employee Health Promotion Program or MOVEmployee! materials are used for discussion in the group sessions, which may also function as a support group for participants;
- No official records of participants are kept and there is no formal registration process to join; and
- Sessions may be led by a rotation of group participants in the absence of a permanent group leader.

Suggested Steps for Program Implementation

- Establish support and approval from facility leadership, Employee Health, Employee Wellness Committee, and other relevant departments;
- Form a multidisciplinary steering/planning group;
- Appoint a Weight Management Coordinator;
- Establish program components;
- Plan marketing strategies;
- Establish participant tracking mechanisms and data collection where appropriate; and
- Establish and carry out a program evaluation plan.

Leadership and Departmental Support

Support for offering an employee weight management/healthy lifestyle program for employees must be sought from top medical center leadership and from potentially

involved departments within the facility. Such support ensures that resources will be reliably available to conduct the program and gives the program credibility.

Discuss the establishment of an employee weight management/healthy lifestyle program with the following:

- Employee Health;
- Employee Wellness Committee;
- Employee Assistance Program;
- Relevant Medical Center departments;
- MOVEmployee! Coordinator;
- Prevention Coordinator; and
- Union representatives.

Once interest has been established:

- Make an appointment with the Medical Center Director, Chief of Staff, and/or others in top management and ask several of the staff members who have expressed the most interest to participate.
- Prepare a well written, specific, and reasonable proposal to be presented at the meeting. An accompanying PowerPoint presentation is recommended as well. The proposal should include:
 - o Justification for the program in terms of obesity-related problems;
 - o Suggested options for ways to implement the program;
 - o Anticipated benefits to the medical center and its employees;
 - o Advantages and disadvantages of each option, projected costs, and employee time necessary for each option; and
 - o Specific ways to arrange for employee time to conduct the program.

If approval is obtained at that point, it may be helpful to survey all employees to assess interest in establishing an employee weight management/healthy lifestyle program and preferred format.

Multidisciplinary Weight Management/Healthy Lifestyle Steering/Planning Group

Interested staff members should be solicited to join a multidisciplinary planning group to include Medical, Nursing, Dietetics, Physical Activity, and Behavioral Health. Employee Health, Employee Wellness, Employee Assistance, the MOVEmployee! Coordinator, Prevention Coordinator, and representatives from the Unions and medical center management may also be included. The tasks of the Steering/Planning group will be carried out in accordance with local circumstances and policies and include:

- Deciding how the Employee Weight Management/Healthy Lifestyle Program will work, including the maintenance component;
- Determining enrollment procedures, if applicable;
- Identifying classroom space, meeting times, private areas for weigh-in, equipment needs, etc.;
- Determining training requirements for group session leaders/facilitators, individual counselors, or others as applicable;
- Developing a schedule for group sessions if offered, selecting topics for discussion, and identifying facilitators for groups or staff for individual treatment and follow-up options;
- Identifying and planning marketing strategies;
- Developing tracking methods for program participants;
- Determining methods for data collection/evaluation of the program; and
- Carrying out the planned functions.

Employee Weight Management/Healthy Lifestyle Program Coordinator

A Program Coordinator should be designated to oversee the activities of the Employee Weight Management/Healthy Lifestyle Program.

- The Program Coordinator should be officially designated by the medical center leadership;
- The Program Coordinator chairs the Steering/Planning Committee and oversees the program;
- Coordination of schedules and space, availability of group facilitators or individual counselors, tracking of participants and their weights, program evaluation, reporting results to medical center management, completing the annual report to

the Employee Health Promotion Disease Prevention (EHPDP) Program Office, and other miscellaneous tasks are accorded to this position; and

- Persons from Employee Health, Employee Wellness, various health disciplines, administrative specialties, or other areas could fulfill this position. Members of the Steering/Planning Committee could be rotated through the coordinator role.

Suggested Program Components

The multidisciplinary Steering/Planning Committee will design what the Employee Weight Management/Healthy Lifestyle Program will include and how it will operate. Recommended components are described below.

Use of Weight Management Materials

- All materials developed by the Employee Health Promotion Program, MOVEmployee! Program, and other accredited materials may be used for the Employee Weight Management/Healthy Lifestyle Program;
- MOVEmployee! group session instructions (Modules), and the educational handouts may be used or materials developed for the Employee Health Promotion Program;
- As desired, other materials dealing with healthy lifestyle may be used in conjunction with weight management materials provided; and
- All MOVEmployee! program tools and materials can be accessed at the MOVEmployee! VA Intranet Web site for VA employees, and most at the MOVEmployee! Internet site for others.

Patient Centered Communication Strategies

- Staff involved in conducting the Employee Weight Management/Healthy Lifestyle Program should utilize patient-centered and motivational interviewing communication strategies with program participants and each other;
- These strategies allow the patient to be in charge, and the relationship between patient and clinician is one of partnership and mutual respect;
- Using these communication skills, clinicians assist patients with careful consideration of relevant information, weighing the pros and cons of a potential change in behavior or treatment alternative, resolving ambivalence, and coming to their own conclusions; and

- Information about patient-centered and motivational communication strategies is available in Chapter 11, Motivational Interviewing, the MOVEmployee! Clinical Reference Manual, the Pocket Guides, the online MOVEmployee! training modules, the VA/DoD Clinical Practice Guidelines on Screening and Management of Overweight and Obesity, and the book “Motivational Interviewing: Preparing People for Change” by Miller and Rollnick.

Pedometers

Pedometers help motivate individuals to be physically active through walking and allow quantifiable measurement of progress.

- Employee weight management/healthy lifestyle program participants should be encouraged to purchase a pedometer for themselves;
- The Canteen in each medical center may be willing to carry a quality pedometer at a reasonable price. Sporting goods stores also carry pedometers;
- Funds designated for employee health promotion may be used to purchase pedometers that can be given out as incentives; and
- Non-appropriated funds available through the Employee Association or other appropriate venues could be used to buy pedometers for employee weight management/healthy lifestyle program participants. Alternatively, the medical center could purchase pedometers and sign them out on loan to program participants.

Screening for Overweight/Obesity

Screening for overweight/obesity in employees provides an opportunity to publicize the program.

- Opportunities to screen employees for overweight/obesity may be available at employee wellness fairs or events, Employee Weight Management booths set up at lunchtime, the Employee Health clinic, and so on;
- We recommend that employees complete a health risk appraisal (HRA) as a screening for healthy lifestyles;
- Helpful materials at such occasions include color copies of the MOVEmployee! BMI chart (Appendix A, and Handout M06 on the MOVEmployee! Web site), a prominently displayed large poster version of the BMI chart, as well as selected MOVEmployee! handouts and other appropriate materials;

- Employees' height and weight must be measured in private, and feedback must be extremely tactful. For example, reference should be made to excess weight rather than obesity, and the conversation should be focused upon the benefits of weight reduction rather than the risks of excess weight; and
- Opportunity to participate in the program should be made available at the time of screening.

Voluntary Participation

Participation in the Employee Weight Management/Healthy Lifestyle Program must be entirely voluntary.

- Employees must not feel coerced to join or to remain a participant; and
- An open enrollment and/or participation policy in which employees may begin at any time is the best one.

Ongoing Group Sessions and/or Individual Treatment

Overweight or obesity is a long-term condition in which people may experience multiple relapses, so it is important to offer an ongoing employee weight management program to provide employees with a continuous source of support.

- Having a source of periodic accountability is a very helpful maintenance strategy so opportunities for ongoing periodic treatment contact during maintenance must be available;
- If group sessions are offered, a weekly schedule of meetings is preferable;
- Individual treatment and follow-up, if offered, should occur approximately bi-weekly or more frequently if needed; and
- Group sessions should follow the format best suited to meet the needs of formal or informal groups.

Marketing the Program

Some marketing strategies for the Employee Health Promotion Committee to consider are described below. Employee Wellness Committee will prepare marketing materials and post them on the Web site as they become available.

Email Notices

- Repeated email messages can be effective in raising awareness of the program. Colorful and attention-getting messages sent on Outlook are particularly effective;
- An introductory email message should be followed by periodic reminders; and
- Messages should be short, positive, to the point, and include instructions for joining the Employee Weight Management Program.

Posters and Flyers

- Display posters in high traffic employee areas throughout the facility;
- Place flyers in employee lounges or send one to each employee through internal mail;
- Attach flyers to employees' pay stubs;
- Posters and flyers should be simple with "short and sweet" content that is colorful and attention-getting. Liberal use of graphics and/or photographs will draw attention. Positive images are best; and
- After some time a poster will lose its effectiveness to draw attention. Periodic rotation is recommended.

Newsletter Articles

- Periodic newsletter articles describing the Employee Weight Management/Healthy Lifestyle Program will remind employees about its existence;
- Brief follow-up newsletter reports on average weight loss might remind those employees who are ambivalent about participating that the opportunity is still available, and provide some hope; and
- Patients who see the newsletter will understand that employees are also dealing with these issues, and this may motivate more patients to look into the program.

BMI Screening Opportunities

- Health or wellness fairs provide a good opportunity to conduct employee screening for overweight or obesity;

- Other opportunities to screen employees for overweight or obesity might be in routine employee health services, in booths set up adjacent to eating areas at lunchtime, or at various outdoor events at the medical center;
- Weighing employees must be done discreetly;
- The BMI is a good index to use for screening. Although waist circumference may also be used for screening, it may require employees to partially disrobe and in general should only be used as a back-up measure for assessing risk;
- A color BMI chart makes a good handout for these events, and a large poster-size color BMI chart makes an attention-getting backdrop display; and
- Overweight or obese employees may benefit from brief counseling describing the health advantages of weight loss, thus keeping the focus positive.

Employee Weight Management/Healthy Lifestyle Program Display

- A display featuring the Employee Weight Management/Healthy Lifestyle Program could be set up periodically in a busy hallway or as part of medical center events that employees attend;
- The display table should be staffed if possible by someone who could provide accurate information, or at least have an informative handout available;
- A BMI chart and some of the MOVEmployee! and employee health promotion handouts could be made available as part of the display; and
- The capability of signing employees up for the program at the time they are visiting the display is critical.

Lunch and Learn Sessions

- Brief lunch and learn sessions featuring a specific weight management topic may attract participants;
- Information and pamphlets about the Employee Weight Management/Healthy Lifestyle Program may be added to these sessions;
- An opportunity to join the program at that point would be highly desirable; and
- In order to attract a crowd, sufficient advance advertising and email reminders are critical.

Weight Loss/Physical Activity Competitions

- Employees often respond to opportunities to participate in a competition, contest, or game. With sufficient advance publicity, employees or teams of employees may choose to participate in a time limited “Win by Losing” weight loss contest, in walking journeys (e.g., who walked to New Orleans first?), periodic “Walk and Roll” events, healthy cooking cook-off competitions, or similar events; and
- Events such as these could provide an opportunity for transition into ongoing weight management programs.

Recognitions and Awards

- Recognition and awards for losing weight are motivating for many people;
- Care should be exercised to preserve confidentiality for individuals who may not wish to be publicly recognized for their weight management efforts; and
- Recognition and awards may include certificates, custom button pins, imprinted T-shirts, or opportunities to speak publicly about their weight loss experiences or to lead one or more of the group sessions.

Record Keeping and Data Collection

- Medical centers may wish to consider establishing a sustained mechanism to track and follow-up with program participants;
- Doing so allows data on program participation, aggregate average weight loss per unit time, and other parameters to be reported to management as desired;
- The Program Coordinator may choose to keep a confidential master list of participants, their weights, and their participation records; and
- Records regarding participants should be strictly confidential and must be protected as such. A password-protected file is critical, along with other assurances of confidentiality in accordance with local security policies.

Program Evaluation

Periodic or ongoing evaluation of the program provides informed opportunities to make changes and improvements. Evaluation also provides information of interest to facility leadership. An evaluation should be designed to fit the local situation and needs. Some areas to consider may include:

- Average weight loss per participant over a given interval;

- Average retention of weight loss per participant at 6 and 12 months following maximum weight loss achieved;
- Number of employees participating across a given interval;
- Effectiveness of marketing efforts in terms of staff awareness and/or employees enrolling in the program;
- Participant satisfaction for various components of the program;
- Participation rates for various program components; and
- Changes in relevant measures following program modifications.

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Appendix A – BMI Chart

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: Health (10P3)
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employeehealth

HEIGHT (ft/in)

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4'9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4'10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4'11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5'2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35	36
6'8"	13	14	15	17	18	19	20	21	22	23	24	25	26	28	29	30	31	32	33	34	35	36

MOVE! Body Mass Index
WEIGHT (LBS)