Purpose

- Implementing recommendations for lifestyle screening and counseling about weight status and obesogenic behaviors are challenging for primary care providers. 
- A practice-based intervention designed to increase patient health behavior action planning was implemented to facilitate adoption of these recommendations.
- Family Nutrition Physical Activity (FNPA) 
  a brief screen for obesogenic behaviors, paired with Brief Action Planning (BAP) 
  a quick motivational interviewing-informed (MI) support technique, were employed during well-child check-ups (WCCs).
- Primary objectives: to evaluate health behavior goal setting documented during HBVs.
- Secondary objectives: to measure the identification of obesity and adherence to recommended follow-up visits, practitioner acceptability of the intervention, parent satisfaction with the counseling process and tools, and degree of patient and family goals achievement.

Methods

- Pediatric and family medicine practices paired by specialty and socioeconomic demographics were randomized to intervention and control practices.
- Intervention practices received 5 hours of training in BAP and the FNPA for 3 months followed by 3 months of implementation targeting children ages 4-17 years during WCCs.
- Control group practices provided usual care.
- Provider level outcomes: 1) action plan documentation, 2) weight status discussion, 3) self-efficacy of health behavior discussions pre/post-intervention, 4) satisfaction with the intervention.
- Patient level outcomes: 1) success with action plans at 1 month, 2) perceived patient-centeredness of encounter, 3) satisfaction with the intervention.
- Outcomes were measured by chart abstraction, provider surveys and confidence ratings on self-efficacy and patient surveys 1-month post visit.

Results

Table 1: Provider Demographics

<table>
<thead>
<tr>
<th>Lifestyle Goal(s)</th>
<th>Intervention (N=210)</th>
<th>Control (N=220)</th>
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<tbody>
<tr>
<td>Activity Goals</td>
<td>12.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Growth Goals</td>
<td>10.0%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Weight Status</td>
<td>23.9%</td>
<td>21.6%</td>
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</table>

Twelve practices were randomized to intervention and control groups (19 and 18 providers). No differences in demographics or prior exposure to MI/BAP existed between groups. No significant differences in demographics or weight status existed between the participating 210 intervention and 220 control group patients. (Tables 1&2)

More intervention encounters had action plans (72% vs. 3.6%, p<0.05) and weight status discussions documented in the chart (52% vs. 38%, p<0.05) compared to control encounters. (Fig.1)

- Intervention patients set more lifestyle related goals (77.6% vs. 62.2%, p<0.05); met their goals most of the time (56.2% vs. 17.1%, p<0.05); all lifestyle goals significantly met except growth goals. (Fig. 3)
- They perceived the visit as patient-centered (3.67 vs. 3.41 of 4-point rating, p<0.05), and rated ease of intervention as high (3.6 to 3.92 of 4-point rating).

Fig. 2: Provider Satisfaction for Pediatric and Medicine Providers

Conclusion

Use of the FNPA tool paired with BAP improved documentation of health behavior action plans and weight status discussions during WCCs. More intervention patients were successful in meeting their plans at 1 month. This practice-based approach can effectively increase provider confidence in effectiveness in influencing patient health behaviors. Further study of this intervention’s sustainability and impact on growth trajectories of pediatric patients is warranted.

References

5. Gutnick ML, Ryan Robin, BS, MD, Kimberly Haddock, RN, and Adolfo J. Ariza, MD. Employing Brief Action Planning Obesogenic Behavior Screening:

Pediatric Obesity Prevention in Primary Care: Employing Brief Action Planning With the Family Nutrition Physical Activity for Obesogenic Behavior Screening

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