

Pediatric Obesity Prevention in Primary Care: Using Brief Action Planning & Family Nutrition Physical Activity Questionnaire

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Purpose: Recommended screening and counseling about weight status is challenging in primary care due to time constraints, perceived family resistance, and lack of provider efficacy. We implemented a practice-based intervention including a brief screen for obesigenic behaviors, the Family Nutrition Physical Activity (FNPA), and Brief Action Planning (BAP), a motivational interviewing informed support technique, delivered during well child visits (WCVs) of patients 4- to 17-years old.

Objectives: 1)to measure provider documentation of health behavior action plans and their perceived efficacy in obesity prevention 2)to evaluate patient acceptance of this intervention and change of health behaviors.

Methods: Pediatric and family medicine practices paired by specialty and payor demographics were randomized. Intervention practices received 4.5 hours of training in BAP and the FNPA followed by 3 months of implementation. Control practices provided usual care. Provider outcomes included documentation of goal and weight status discussion, reported self-efficacy, and intervention satisfaction. Patient outcomes included goal achievement, perceived patient-centeredness of WCV, and growth trajectory. Chart abstraction, provider surveys, and patient surveys at 1-month and 6-month post-WCV were done.

Results: 12 practices were split to intervention and control groups (19 and 18 providers; 210 and 220 patients). Intervention providers documented more health behavior goals (72% vs. 3.6%, $p < 0.001$) and weight status discussions (52% vs. 38%, $p < 0.05$), and reported more efficacy in assessing readiness for change and lifestyle counseling, $p < 0.05$. More intervention patients reported setting lifestyle goals and meeting them at 6 months (60.7% vs. 20.6% $p < 0.05$), and perceived their visit as patient-centered, $p < 0.05$. BMI z-score change was lower for intervention patients 5 to 12 years old (0.02 vs. 0.13, $p < 0.05$) at 6 months.

Conclusion: This intervention improved provider self-efficacy in lifestyle counseling, resulting in improved adherence to documentation of weight status discussions and related patient action plans. Patient reported health behaviors were improved and 5-12 year old weight trajectories were lower 6-months post-WCVs. Further study of sustainability and impact on growth trajectories in primary care is warranted.