Parenting at Mealtime and Playtime: A Pediatric Obesity Prevention & Management System in Primary Care

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INTRODUCTION

The critical window for achieving a healthy weight is younger than previously thought and a child's kindergarten weight is predictive of their adult weight. Interventions and counseling should target the pre-kindergarten population and their caregivers. The Parenting at Mealtime and Playtime Learning Collaborative (PMPLC) is an innovative, sustainable approach to building healthy habits among birth-5 year olds. The PMPLC capitalizes on enhancing the clinician and parent relationship at well child visits (WCV) by nurturing the parent-child interaction during meal and playtime.

OBJECTIVES

I. To create a series of handouts that shape parental awareness of meal and playtime milestones and the importance of fostering a positive meal and playtime environment for birth-5 year old WCVs.
II. To improve clinician evaluation and documentation of obesity-related health risk at WCVs.
III. To promote developmentally appropriate healthy activity and diet behaviors in families attending WCVs.

METHODS

Handouts
- Developed collaboratively by multi-disciplinary faculty team comprised of MDs, RDs, QI specialists, Play Therapists, and Public Health experts.
- 6 focus groups (42 parents, 9 pediatricians and 10 RD and recreational therapists) reviewed the materials and design of the program.
- Focus group feedback was used to revise the parent handouts (Figure 1).

COLLECTIVE IMPACT approach:
- Common agenda for solving pediatric obesity in Ohio:
  - Ohio Chapter, American Academy of Pediatrics
  - Ohio Department of Health
  - The Ohio State University
- Shared measurement – chart review risk assessment measures and family diet/activity hx collection
- Mutually reinforcing activities – learning session, action period calls, site visits
- Continuous Communication – monthly faculty calls
- Backbone Support – OAAP staff and PMPLC project team

METHODS (continued)

Learning Collaborative (adapted IHI Breakthrough Series Model)
- Primary care practices were recruited through the Ohio Chapter, AAP and self-selected to participate (March to October 2014).
- Learning session was comprised of evidenced-based training on age-appropriate & developmentally appropriate diet and activity anticipatory guidance, risk assessment, and management of overweight for birth-5 years old; QI methods; and data collection.
- Teams participated in 6 monthly action period calls & a site visit
- Providers received CME for attending the learning session, family incentives, and MOC Part IV along with a practice stipend for meeting collaborative requirements.

Data:
- 24 randomly selected charts were submitted for each MOC seeking provider/month on risk assessment measures
- Tablets collected child’s nutrition and activity history and an after visit summary of goals selected
- Chart review and tablet data were entered into the Ohio AAP, QI database
- Practices submitted 2 PDSA cycles & monthly practice level narratives
- Run charts were constructed for monthly action period calls
- Rates were calculated for documentation of risk assessment measures
- Statistical variance determined through chi-squared analysis.

RESULTS

PMP Handouts
- 7 handouts were created
- WCVs clustered by developmental milestones
- Review feeding, activity and sleep recommendations for each age group
- Emphasis on novel ways to apply physician’s advice to enhance baby’s playing with all 5 senses

Practice Demographics
- 12 practices (15 physicians, 9 nurses, 1 RD, 11 office staff) recruited across the state (Figure 2) participated in the 6-month PMPLC improvement period.
- 50,752 children, of which 39.5% were Medicaid insured

PMPLC made great strides in advancing pediatric obesity prevention and management by building a supportive environment and office systems for both physicians and patients. This:
- Significantly improved vital measurement & documentation to May multi practices (15 physicians, 9 Allowed practices to establish weight management follow
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RESULTS (continued)

Chart Reviews
- All measures for risk assessment (Figure 3), reached statistical significance (p<0.00)
- Documentation of weight status and family history, fell short of the 90% goal

Tablet Data - Preliminary Parent Data
- Collected 1362 unique pre-visit history & after visit summary surveys
- 93% of total surveys were gathered at the first visit within the PMPLC
- 6% of total surveys were gathered at the second visit within the PMPLC

CONCLUSIONS

PMPLC was funded by the Ohio Departments of Health and CHIPRA funds to which the “views stated in the report are those of the researchers only and are not to be attributed to the study sponsors.” Thanks to the OSU HOPES for conducting statistical analyses.

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