Healthy Beginnings

An ACHIA Obesity Prevention Collaborative

Childhood obesity is a recognized public health emergency because if its alarming rise and long- term health consequences. Preventing obesity in the first two years of life is a recommended intervention. As a trusted partner with frequent interactions with families, pediatricians are well positioned to support adoption of healthful modalities in the infant and toddler. The American Academy of Pediatrics recommends providers assess and address multiple interlocking components over the first two years of life to support a healthier lifestyle. Encouraging healthy nutrition and physical activity while limiting screen time are important and apparent guidance topics; however the quality of parent-child interactions and social determinants of health, such as food security, also figure predominately in bending the obesity curve.

December 2020 - August 2021

Global Aim

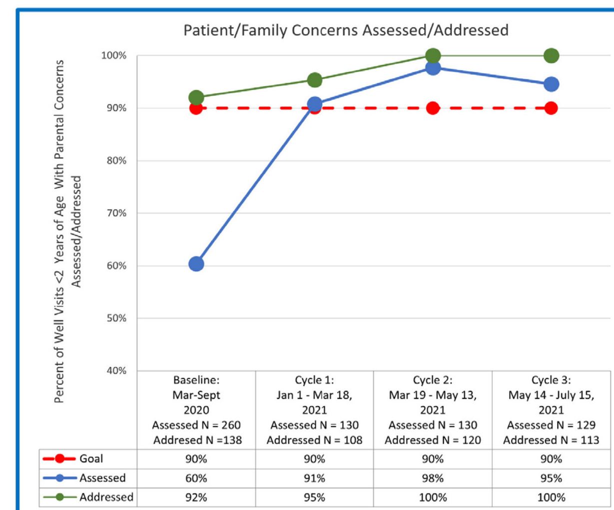
To improve primary care practice related to fostering healthy behaviors and healthy weight in children from birth to age two, in the service of fostering a lifelong trajectory of optimal health.

Specific Aim

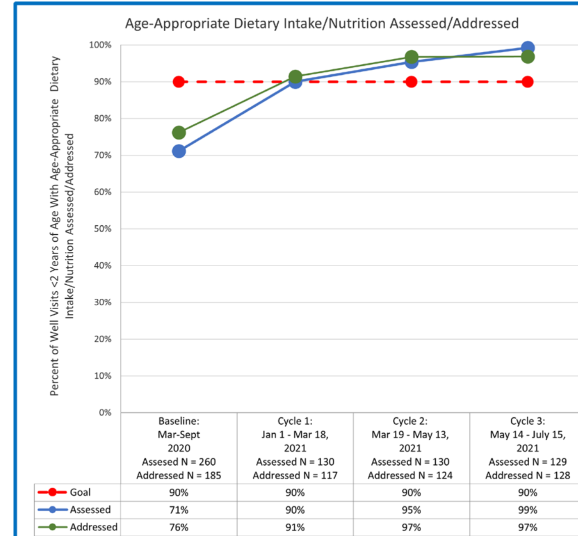
By the end of the collaborative period, during well child visits for children under age two, practices will assess and address the following:

- patient/family concerns 90% of the time.
- dietary intake and nutrition 90% of the time.
- caregiver lifestyle behaviors or environmental strategies to support a healthy lifestyle 70% of the time.
- key social determinants of health 50% of the time.

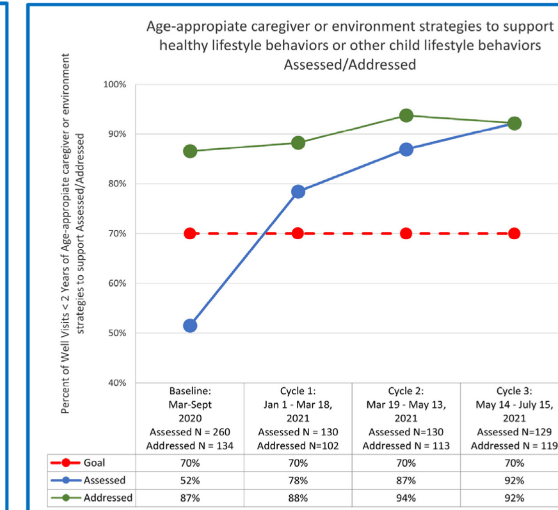
Additionally, practices will assess weight for length percentile 95% of the time.



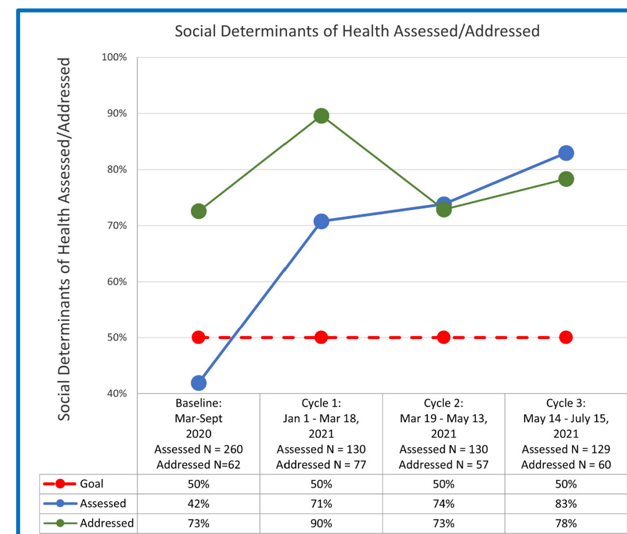
Practices were easily able to address parental concerns once they captured them with an assessment.



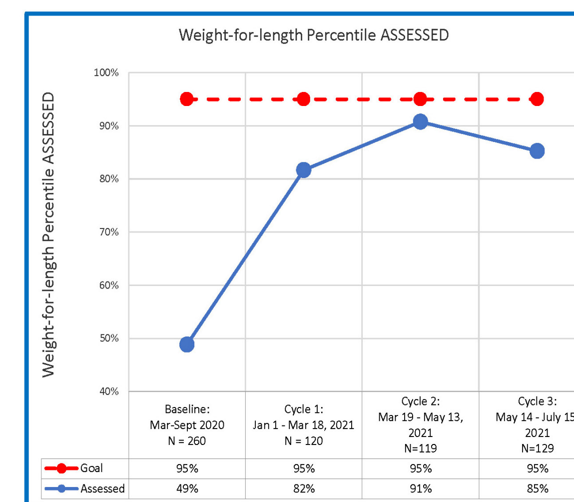
Most practices prioritized this nutritional key driver.



Practices prioritized other key drivers and began supporting lifestyle behaviors later in the collaborative.



Practices reported screening for SDH and locating community resources to address needs as the largest barriers to improvement.



The biggest barrier noted was documentation as many electronic records do not plot weight for length.

Lessons Learned

- Addressing all key drivers within the 9-month timeframe, especially during the pandemic, was challenging.
- Peer-to-peer learning inspired new workflows and creative communication with families.
- Practices valued the resources provided on the website, during webinars, and shared by colleagues.
- Fewer data collection cycles were appreciated by busy practices but also led to fewer learning opportunities.
- Healthy Beginnings obesity prevention resources and QI tools are being utilized for patients and other QI work beyond the scope of the collaborative.

Participating Practices

Alabama Multi-Specialty Group, P.C.; Bama Pediatrics; Charles Henderson Child Health Center; Crimson Pediatrics; Mobile Pediatrics; Purohit Pediatric Clinic – Anniston; Purohit Pediatric Clinic – Birmingham; Purohit Pediatric Clinic - Moody; Purohit Pediatric Clinic – Roanoke; Southeastern Pediatrics; UAB Primary Care Clinic; University Medical Center Pediatric Clinic; University of South Alabama Pediatric Clinic

Participants

13 practices from across Alabama enrolled with 73 total staff:
• 22 physicians • 20 CRNP • 16 nursing/clinical
• 15 administrative/ support

Practice:
• 9,215 well visits 0 – 18 months.
• 52,237 total visits ages 19 months – 18 years
• 62% of patients have Medicaid.

Project Partners

Alabama Chapter-American Academy of Pediatrics

Project Support

Children's of Alabama
University of Alabama at Birmingham Department of Pediatrics
University of South Alabama
The Caring Foundation
Alabama Medicaid Agency
ALLKids
Alabama Department of Early Childhood Education
American Academy of Pediatrics

Content Experts: **Obesity**: Sandra Hassink, MD, MSFAAP Past President American Academy of Pediatrics; Director AAP Institute for Healthy Weight
Nutrition: Rainie Robinson, MS, RD, LC, CDCES- Children's of Alabama

ACHIA
Alabama Child Health Improvement Alliance