



Healthy Beginnings an ACHIA Childhood Obesity Prevention Collaborative Overview

Collaborative Purpose

Alabama Child Health Improvement Alliance (ACHIA) Collaborative participants improve outcomes in a specific content area – in this case obesity prevention for children under 2 years of age – as well as develop quality improvement (QI) skills to sustain gains long after the collaborative concludes. ACHIA collaboratives emphasize the “Local” nature of improvement by connecting with local content experts, local community resources – and importantly – by providing a platform for practices to learn from parents and patients as well as Alabama-based practice peers.

The Healthy Beginnings Challenge

Pediatric obesity guidelines for primary care providers (PCPs) focus on children ages two and above; however, more than a quarter of children ages 2-5 already have overweight or obesity. Studies recognize the importance of the early nutrition environment to obesity prevention and lifelong health during the first 1000 days of development, beginning at conception. *Bright Futures*, the national health promotion and prevention initiative led by the American Academy of Pediatrics and supported, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) and Maternal and Child Health Bureau (MCHB) prioritizes addressing early nutrition/obesity prevention during well visits birth to 2 years of age. *Bright Futures* guidance, AAP policy statements and recent evidence inform practice in relevant areas such as,

- breastfeeding,
- complementary food introduction,
- juice and sugar-sweetened beverage consumption,
- sleep hygiene,
- media use,
- active play/physical activity,
- caregiving strategies to support healthy lifestyle behaviors, and
- assessing and addressing social determinants of health, such as food/economic security, living conditions, family health and well-being, and family supports/strengths.

National studies note that the feeding and nutritional status of US children under the age of do not meet recommended goals. For example, only 25% and 36% of US infants, respectively, presently meet recommendations for breastfeeding exclusivity and duration. Also, 55% of infants are introduced to complementary foods prior to the recommended time of about 6 months of age, and 40% are introduced prior to 5 months of age. Furthermore, while the diets of older infants and toddlers often lack basic dietary and nutritional requirements, consumption of fruit juice and sugar-sweetened beverages in this age group

is common. Recent results from the AAP Periodic Survey of Fellows suggest pediatric practice improvements. For example, only about $\frac{3}{4}$ of pediatricians presently recommend exclusive breastfeeding and nearly half recommend introducing complementary foods prior to six months of age. Additionally, only a minority of pediatricians report frequently counseling families on caregiver or environmental strategies to support healthy behaviors and behavioral regulation.

A recent data metanalysis found efficacy in lowering BMI for preschoolers when three components are deployed:

- caregivers praised/encouraged for positive health-related behavior;
- caregivers provided education about the importance of screen time reduction; and
- pediatricians/health care providers are engaged around obesity prevention.

The large number of recommended well visits for children under the age of two offer opportunities for primary care providers to engage caregivers longitudinally on optimal nutrition and early obesity prevention. Healthy Beginnings is modeled the American Academy of Pediatrics [Optimize Infant & Toddler Feeding for Obesity Prevention collaborative](#) to support primary care practice teams in improving care relevant to early nutrition and obesity prevention during well child visits for children under two years, in a manner that supports the overall health and well-being of the child and family.

Starting with the End in Mind

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*

Over the 9 months, participants will increase knowledge of best practices for addressing the prevention of children birth to 18 months of age at well visit by reviewing online educational modules and engaging with faculty experts on monthly webinars. Practices will conduct assessments of current practices through surveys and will implement change ideas by applying QI tools such as plan-do-study-act cycles under the guidance of the ACHIA QI coach.

Specific Aims: By the end of the collaborative period, during well child visits for children under age two, practices will assess and counsel on:

- A. patient/family concerns 90% of the time;
- B. dietary intake and nutrition 90% of the time;
- C. Caregiver lifestyle behaviors or environmental strategies to support a healthy lifestyle 70% of the time; and,
- D. key social determinants of health 50% of the time.

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