Abstract

Longitudinal analysis of fittastic, a clinic-based healthy lifestyle program to address child obesity

Amy Williams, MD, MSPH¹, Natalie Miller², Sam Holt McNair¹, Jamie Smith, MA¹, Christy Turer, MD³, Laura McCulloch, MPH⁴, Nuha Wareg, MPH, MBBS¹, Megan Clary, MD⁵, Anuradha Rajagopalan, MD, FAAP⁵, Ross C. Brownson, PhD⁶, Sarah Hampl, MD⁷ and Richelle Koopman, MD, MS⁵

(1)University of Missouri, Columbia, MO, (2)University of Missouri School of Medicine, Columbia, MO, (3)University of Texas Southwestern, Dallas, TX, (4)Boone County Public Health and Human Services, Columbia, MO 65203, MO, (5)University of Missouri, Columbia, Columbia, MO, (6)Washington University in St. Louis, Saint Louis, MO, (7)Children's Mercy Hospital, Kansas City, MO

APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

<u>background</u>: Obesity affects 18.5% of children. Primary care providers need effective tools to address this publichealth challenge. Electronic-medical-record (EMR)-enabled decision support may help address childhood obesity; however, longitudinal studies evaluating effectiveness are needed.

<u>methods</u>: Patients from six primary-care clinics received EMR-enabled lifestyle counseling or usual care and were followed up to four years (2016-2020). At clinics with the decision support, nurses screened children for five lifestyle behaviors (physical activity, screen-time, calcium, water, and fruit/vegetable consumption) at well-child visits. Clinicians helped families choose a lifestyle goal for which children received a printout and goal-matched incentive. Control clinics received no support. Using descriptive statistics and body-mass-index (BMI) data from the EMRs of intervention and control clinics, we determined proportions of children with favorable weight patterns over time, defined as weight maintenance among healthy-weight children and BMI% improvement among children with overweight/obesity.

<u>results</u>: Of 303 children (190 intervention/113 control) at baseline, 67% had healthy (5-84th) BMI%s and 29% had overweight/obesity (BMI% \geq 85; excluded 4% with underweight). After up to 4 years of follow-up, the proportion of children with favorable weight patterns was 68% at intervention clinics, compared to 58% at control clinics (*P*=.06).

<u>conclusion</u>: Although not statistically significant, longitudinal data trends suggest that EMR clinic-based healthy lifestyle interventions can help reduce obesity and aid in healthy weight maintenance in children seen in primary care. Because of the chronic nature of obesity, more longitudinal studies are needed to help primary care providers and public health researchers develop and assess tools to curb this epidemic.

Administer health education strategies, interventions and programs Chronic disease management and prevention Clinical medicine applied in public health Public health or related research Social and behavioral sciences