

# High Five Kids

## Improving Primary Care to Prevent Childhood Obesity

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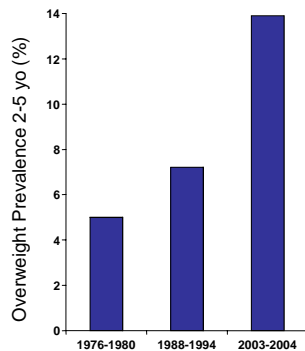


### Objective

- To determine the extent to which a pediatric primary care based obesity prevention intervention results in a smaller age-associated increase in BMI compared to a control group

### Background

- Overweight prevalence has dramatically increased, even in preschoolers



- Preschool age children ripe for clinically-based obesity prevention interventions:
  - Visit primary care clinicians often
  - Parents still have control over health-related behaviors
  - Obesity-related health consequences typically not yet manifest

### Methods

#### Design, Setting, Participants

- Cluster-randomized controlled trial
- 10 primary care pediatric offices of multi-site group practice
  - 5 intervention, 5 usual care
  - Goal 250 in each group
- Demographically diverse population
- Eastern MA
- Age 2-6 years
- BMI > 95th %ile or 85th-95th %ile if at least one parent overweight (~24% of age-eligible children)

#### Measurements

- Telephone surveys: 0, 12, 30 mo
- BMI measurement: 0, 6, 12, 24, 30 mo
- Secondary outcomes:
  - diet
  - physical activity
  - TV
  - provider and participant acceptability
  - cost-effectiveness

### Intervention

- Change primary care team structure
- Key intervening clinician is nurse practitioner (NP)
- NPs trained in Motivational Interviewing techniques
- MDs endorse
- Electronic medical record (EMR) for BMI pre-eligibility, decision support
- Change parents to change child's behaviors
- Stage based materials



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### Target Behaviors

- Sugary Drinks**  
No more than 4 ounces per day
- Fruits and Vegetables**  
At least 5 servings per day
- Fast Food**  
No more than 1 time per week
- TV**  
No TV in the room where your child sleeps  
No more than 1 hour per day
- Active Play**  
At least 1 hour per day

### Baseline Results (n=186 to date)

	Mean (SD) or n (%)
Age, y	4.5 (1.0)
Non-white	74 (40%)
BMI	
85-95 <sup>th</sup> %ile	79 (42%)
>95 <sup>th</sup> %ile	107 (58%)
Sugary drinks, servings/day	1.6 (1.4)
Fruits and Vegetables, servings/day	2.3 (1.5)
Fast food, per week	1.1 (1.0)
Total TV, hours/day	2.0 (1.3)
Total screen time, hours/day	3.0 (1.6)
TV in room where child sleeps	66 (36%)
Outdoor active playtime, hours/day	1.8 (1.3)

### Conclusion

- High Five for Kids may provide a new and sustainable paradigm for childhood obesity prevention in primary care.

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