STRONG CHILDREN'S RESEARCH CENTER

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Michelle Prong
School: Virginia Tech
Mentor: Stephen Cook, MD MPH

ABSTRACT

and its related comorbidities, with pediatric patients now here near immune from its malignant effects. Obesity rates have more than doubled among children and adolescents within the last decade. According to the CDC, efforts to combat this epidemic in our nation's youth have largely been focused on child and parental behaviors to help children lose weight. Pediatric primary care providers, however, may be underutilized resources in providing essential preventive counseling on nutrition, physical activity, screen time, and weight status. Focusing obesity prevention efforts on provider behaviors is a viable research frontier and may result in measurable decreases in the rate of childhood obesity in the decades to come.

Objective: To describe factors associated with pediatric provider performance and documentation of obesity screening and lifestyle counseling during well child visits in Monroe County pediatric practices.

Methods: 1589 randomly selected medical records from eight of the pediatric and family medicine practices participating in the Greater Rochester Health Foundation's 2012 Obesity Report Card were used. These records were stratified by the following characteristics: patient age group, patient sex, provider-identified patient weight status, actual patient BMI category, patient racial/ethnic group, practice geographic location, and practice participation in the Greater Rochester Obesity Collaborative. These characteristics were used to predict nutrition, physical activity, and screen time counseling outcomes from bivariate and multivariable models run by SAS 9.3 software.

Results: In bivariate analyses, the rates of any counseling were different ($p < 0.05$) for 2-5 year olds vs. 6-11 year olds vs. 12-18 year olds (85.6% vs. 78.3% vs. 77.3%), patients identified by providers as obese vs. overweight vs. normal weight (96.3% vs. 93.3% vs. 78.4%), suburban vs. urban practices (74.4% vs. 84.9%), and intervention practices vs. control practices (76.6% vs. 83.7%). In addition, patient race/ethnicity and practice identity predicted counseling of any kind in a bivariate analysis. Practice group, practice location, patient sex, provider-identified patient weight status, patient age group, and patient race/ethnicity were then included in a logistic regression multivariable analysis. The only significant predictors of any counseling in the multivariable model were obese vs. normal weight