

Our Vision

An Ontario childhood healthy weights surveillance system which includes risk and protective factors for childhood healthy weights. This system will be capable of producing local-level estimates that will inform program planning and evaluation within Public Health Units, and support the care and management of children and their families in primary care practices.

Background

- Rates of childhood obesity are on the rise in Ontario.
- Currently no central data source for heights and weights of young children in Ontario exists.
- EMR use in primary care is expanding across Ontario.
- Addressing childhood healthy weights requires an ecological approach.
- NutriSTEP® is a valid and reliable screening tool to assess nutritional risk and protective factors for healthy eating and childhood healthy weights.



Beyond BMI Research Team (2016)

- Public Health Units
 - Primary Care
 - BORN Ontario
 - University of Guelph
 - EMR Vendors
 - Social Research Consulting Inc.
 - Public Health Ontario
 - Nutrition Resource Centre (NRC)
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Contact Us

If you are interested in learning more or joining our team, contact:

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Beyond BMI:
Envisioning an EMR-
based surveillance
system for Ontario
measuring childhood
healthy weights—
including risk and
protective factors.

An overview of phases 1 and 2 plus an update on phase 3.



August 2016

Phase 1: Data quality assessment of childhood healthy weights from Electronic Medical Records (EMRs) (2015)

Objectives

- 1) To develop a process and test the feasibility of acquiring EMR data from Better Outcomes Registry Network (BORN) Ontario.
- 2) To examine the quality of childhood heights and weights data collected through EMRs, from BORN Ontario.
- 3) To estimate the prevalence of healthy childhood heights and weights.

Methods

- Data completeness was analyzed by determining the percentages of missing data for each variable.
- Prevalence of healthy weights was calculated using the World Health Organization (WHO) Child Growth Standards.

Results

- Data on childhood heights and weights collected were of high quality.
- Twenty-two per cent (22%) of 17 to 22 month old toddlers were affected by overweight or obesity.

Phase 2: Nutritional risk and protective factors for childhood healthy weights assessed using NutriSTEP® in primary care practices (2015)

Objectives

- 1) To examine how primary care practices use NutriSTEP®, interpret results and provide feedback to parents.
- 2) To understand barriers and facilitators to NutriSTEP® screening use by primary care providers.
- 3) To determine receptivity of primary care practices to collect NutriSTEP® data electronically through the integration in EMRs.

Methods

- Interview guide developed using a framework by Durlak and DuPre.
- Ten interviews conducted with “knowledgeable users” of NutriSTEP®.
- Analysis performed using NVivo.

Results

- Primary care practices were using NutriSTEP® as an effective screening tool to identify nutritional risk and protective factors for childhood healthy weights.
- Primary care practices were enthusiastic about the potential integration of NutriSTEP® into EMRs.
- Key partnerships are important to assist in collaboration between public health and primary care practices, as well as with BORN Ontario to collect data province-wide from EMRs.

Phase 3: Expanding an EMR-based childhood healthy weights surveillance system to include NutriSTEP® data (2016-2017)

Results from phase 1 and 2 demonstrated that the use of NutriSTEP® in primary care practices was feasible and acceptable, and there was receptivity to explore its integration into EMRs. Phase 3 aims to explore the implementation of NutriSTEP® electronically through its integration into the EMRs of participating primary care practices.

Objectives

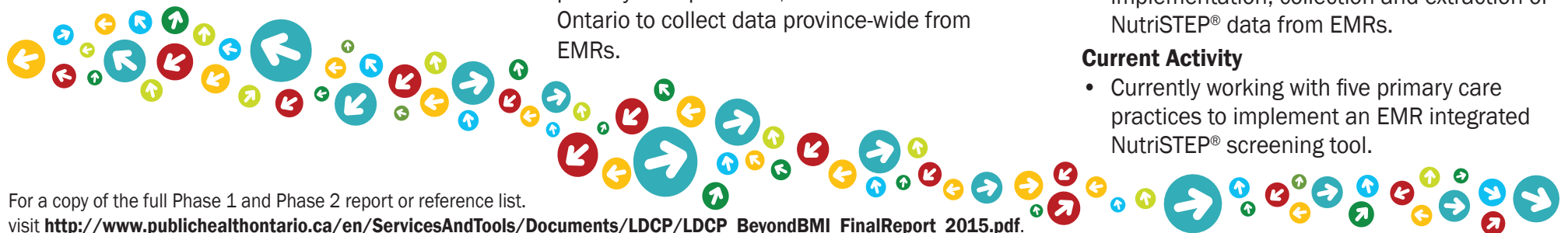
- 1) To explore and assess processes to support successful implementation of NutriSTEP® screening in primary care practices, and extraction of NutriSTEP® data from EMRs.
- 2) To assess the quality of NutriSTEP® and childhood heights and weights data from EMRs of children aged 18 months up to 6 years in participating primary care practices.

Methods

- Integrate NutriSTEP® into EMR platform of primary care practices.
- Provide training and support for successful implementation.
- Extract and analyze quality of NutriSTEP® data in addition to childhood heights and weights from EMRs.
- Assess important factors for successful implementation, collection and extraction of NutriSTEP® data from EMRs.

Current Activity

- Currently working with five primary care practices to implement an EMR integrated NutriSTEP® screening tool.



For a copy of the full Phase 1 and Phase 2 report or reference list,

visit http://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_BeyondBMI_FinalReport_2015.pdf.