



Adolescent and Parent Attitudes about Obesity and Behavior Change

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Presenter Disclosures

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- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

“No relationships to disclose”



Roadmap

- Who are we?
- What is Starting Right?
- Qualitative Research
 - Why qualitative research?
 - Methodology
 - Analysis
 - Findings
- Implications



Community Pediatric Programs

The Children's Hospital at Montefiore

- A program of The Children's Health Fund
 - Partner with academic medical centers to provide comprehensive health care to underserved children
- New York Children's Health Project: 1987
 - Mobile medical program for homeless families
- South Bronx Health Center for Children and Families: 1993
 - Comprehensive pediatric and adult primary care

South Bronx Health Center for Children and Families

- Located in Hunts Point/Mott Haven section of Bronx
- SBHCCF patient population (2006)
 - 68% Latino, 28% African American, 1% Caucasian
 - 67% at or below poverty level
 - 59% Medicaid, 5% CHP, 17% uninsured
 - 65% public housing residents
 - 54% age 6 –19 y overweight or obese (BMI \geq 85th %tile)
- South Bronx has among the highest rates of obesity and adult diabetes in New York City (NYC)
 - 25% of adults are obese compared to 20% in NYC
 - 17% of adults have diabetes compared to 9% in NYC



Starting Right

- Pediatric obesity program
- Elements of Starting Right
 - Clinical
 - Obesity and associated risk factor screening
 - Education/intervention
 - Community
 - Professional
 - Advocacy
 - Local level via health center
 - National level via Children's Health Fund
- Founded in 2001
 - Supported by Picower and Robin Hood Foundations



Starting Right

- Clinical screening protocol
 - BMI screening at primary care visit
 - Risk factor screening for overweight children
 - Appropriate referrals
- Individual nutrition counseling
- Group intervention
 - Pregnancy
 - Parenting
 - Young children and parents (5–9 y)
 - Young adolescents and parents (10–14 y)
- Health education materials development



Why Qualitative Research?

- Explore community attitudes about weight, eating and physical activity
- Better understand patient barriers and motivators to change
- Enhance provider-patient communication
- Inform intervention design and delivery



Research Questions

1. What is the importance of weight among overweight pediatric patients and their families?
2. What are their attitudes and habits related to nutrition and physical activity?
3. What factors influence children's health behavior?
4. What is the role of providers in promoting behavior change among their overweight pediatric patients?



Methodology

- Four English-language focus groups (N = 24)
 - 12 overweight/obese adolescents
 - 12 parents of overweight/obese children/adolescents
- Recruitment by phone; monetary incentives provided
- Experienced facilitators used semi-structured discussion guide
- Informed consent and assent obtained
- Protocol approved by the Institutional Review Board of Montefiore Medical Center



Analysis

- Panel of reviewers read transcripts and developed preliminary code list
- Transcripts coded by four coders using Atlast.ti qualitative analysis software, version 5.2
- Differences resolved by independent reviewers
- Codes broken down into key concepts
- Grouped using a social ecologic framework
 - Factors influencing children's health behavior
 - Personal, family, providers, environment



Findings: Major Themes

- Personal factors
 - Kids' preferences, emotional/self-esteem issues, health and nutrition knowledge
- Family dynamic
 - Family pressures, lack of control/supervision, guilt
- Environment
 - School and community
- Patient/provider dynamic
 - Concept of risk, communication of risk, intensive support
- Motivators to change
 - Parental/provider support, role models, past success

Personal Factors

- Aware of basic nutrition knowledge, but need more concrete information/skills

Oh mommy, that has too much sugar in it.

Apple sauce was good. But I was so devastated when I seen on the news that eating apple sauce is just like drinking a cup of sugar. You have to buy organic apple sauce.

- Kids' preferences drive family food choices

They say French fries are not good for you. French fries are her life.

She said mommy I'm gonna eat carrots. And two days later, mommy, I don't think I want this no more.

Personal Factors

- Powerful emotional impact for children and parents

You're ashamed of yourself being overweight. You become shy, distant, quiet and you eat more.

Not only can it attack you physically, the feeling of the impact emotionally... that's double drama.

Dealing with obesity is one of the things that affects our self-esteem.

- Conflict between parent modeling and pleasing child

*Let me try to please her some of the time and hope for the best.
But it is an issue... if they eat healthy it works better for them.*

I put little bit on my mouth and I said, look this is tasty and yummy.

You want them to lose the weight. But then I look at myself... what do I tell her to do when I can't even really do it?

Family Dynamic

- Family pressures: time, finances, busy schedules

We all try to manage our life in this 12-hour span.

- Little control/supervision over what children eat

My kids are in school from 8 to 6. When I come home it's like 7, 8 o'clock. So the things they've ate or done, the day is finished already... what are you gonna do about it afterwards?

- Parents feel guilty and use food as reward

You feel guilty. I work late. So I'll pacify them... I'll get you this and you'll be happy. He calls me, what are you gonna bring me? And I'm like, okay, because it's a guilt factor.



Environment

- School food environment does not foster healthy habits

Facilitator: What are the choices like at school?

There's pizza and some fries.

- Community resources are limited, but there is also a lack of knowledge

The prices of everything are going up, even the fresh vegetables we used to get in the area we don't get them anymore. It's hard to find things on sale that's healthy.

One thing I notice about the community is that they make it very easy to eat unhealthy.

Patient/Provider Dynamic

- Concept of risk: aware of consequences of obesity, but not a strong motivator unless faced with disease

My grandmother was put in the hospital because of her weight... So I think it became a little more of a reality with us... I can say they kind of paid attention to that somewhat.

One of my friends was just diagnosed with diabetes... it made everything clear in my mind that this is real.

I don't believe that. Because some people are slim. They have high blood pressure, high cholesterol, heart disease, diabetes.

There's a difference between fat and sick.



Patient/Provider Dynamic

- BMI charts not effective tool

I don't like people telling me about how much I should weigh... that's an insult to me... you all are just looking at a certain chart from somewhere else in the world that's based on different type of people.

- Parents and children requesting intensive support, hands-on education, and follow-up

Give me more concrete ideas of what actually to do with my child.... Tell me what I need to do or what I need to have somebody do in the school to manage that period of time.

They should show me how to really do it.



Motivators to Change

- Parental support

We do it together. I make her feel good together. I make her smile and laugh... that's the way to keep control over losing your child to obesity.

- Health provider support

Yeah, I do need a push. If I'm motivated I can do it, but if I do it alone, I won't do it.

- Role models

- Testimonials of others who have been successful

- Past successes

- Improved self-esteem; feeling better

- Engaging kids in activities they find enjoyable



Limitations

- Small cohort
- Convenience sample of overweight pediatric patients and their parents
- Self-selected group of motivated families
- May have limited external validity



Implications

- Patient-centered visit
- Family-centered approach to interventions
- Billable nutrition visits for obesity
- Advocacy to improve school food options and physical activity opportunities
- Environmental interventions to improve access to healthy food and physical activity
- Poverty is underlying issue



Thank You!

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