U.S. Pediatrician-Perceived Access and Financial Barriers for Families in Addressing Childhood Obesity

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Background

- Pediatricians are on the front lines of addressing childhood obesity and have insights that may help stakeholders understand provider attitudes towards screening, counseling, and current barriers that families face in managing obesity.

Objective

- Assess pediatricians':
  - Attitudes towards obesity screening and counseling during well child visits, and
  - Perceptions of access and financial barriers in obesity-related care.
- Examine the association of practice characteristics and pediatrician perceived access and financial barriers.

Data and Methods

Data

- Nationally representative survey in 2017 of non-retired, U.S.-based pediatricians from the American Academy of Pediatrics' Periodic Survey.
- Response rate=50%.
- Analytic sample included practicing pediatricians and residents who provide health supervision (n=704).

Sample Demographics

- Age: <40 yrs: 37%; 40-49 yrs: 23%; 50-59 yrs: 23%; 60 yrs and older: 17%
- Gender: Female: 69%; Male: 31%
- Practice area: Suburban: 40%; Urban, inner city: 24%; Urban, not inner city: 23%; Rural: 13%
- Practice setting: Solo/two-physician: 14%; Group practice/HMO: 55%; Medical school/hospital/health center: 31%
- Region: South: 30%; Northeast: 28%; Midwest: 23%; West: 19%

Key Variables

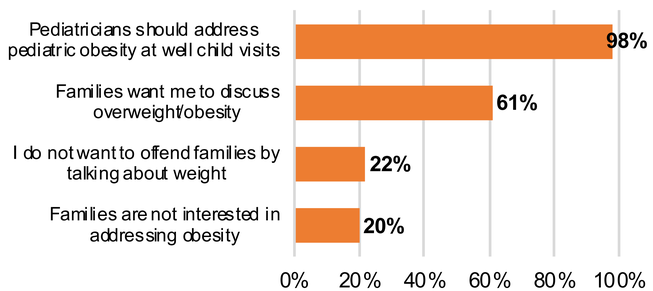
- Access and financial barriers to addressing overweight and obesity at pediatrician practices (5-point scale: strongly disagree to strongly agree).

Analysis

- Multivariable logistic regressions identified associations of perceived barriers with practice characteristics (area, setting, and region of country).

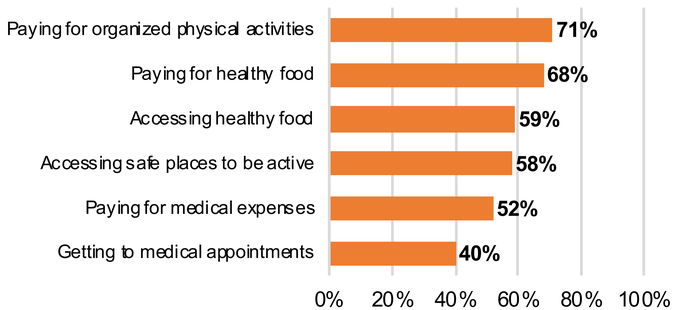
Results: Pediatrician Attitudes on Obesity Screening and Counseling

Fig. 1. Percent of pediatricians who strongly agree or agree (n=698)



Results: Pediatrician Perceptions of Access and Financial Barriers

Fig. 2. Percent of pediatricians who strongly agree or agree that families face barriers (n=696)



Results: Practice Characteristics Associated with Access and Financial Barriers

Table 1. Practice characteristics associated with pediatrician-perceived barriers (n=653)

	Pediatrician-perceived barrier: Strongly agree or agree Adjusted Odds Ratio, 95% Confidence Interval					
Practice characteristic	Paying for organized physical activities	Paying for healthy food	Accessing healthy food	Accessing safe places to be active	Paying for medical expenses	Getting to medical appointments
Practice area						
Suburban	Reference	Reference	Reference	Reference	Reference	Reference
Rural	**2.43 (1.33-4.43)***	**3.86 (2.04-7.32)***	**2.21 (1.28-3.84)***	**1.82 (1.06-3.14)***	1.51 (.90-2.55)	**1.85 (1.05-3.23)***
Urban, not inner city	**1.91 (1.21-3.02)***	**2.08 (1.33-3.25)***	**1.75 (1.14-2.69)***	**2.53 (1.63-3.91)***	.93 (0.62-1.41)	**1.66 (1.06-2.62)***
Urban, inner city	**2.64 (1.52-4.60)***	**3.48 (2.00-6.04)***	**2.91 (1.76-4.81)***	**3.35 (2.03-5.51)***	**1.85 (1.17-2.92)***	**2.48 (1.53-4.00)***
Practice setting						
Solo/2 MD practice	Reference	Reference	Reference	Reference	Reference	Reference
Group practice/HMO	1.57 (0.96-2.55)	**1.67 (1.02-2.75)***	**1.76 (1.08-2.87)***	**2.05 (1.25-3.38)***	1.32 (0.82-2.11)	1.05 (0.62-1.77)
Medical school, hospital, clinic, community health center	**4.83 (2.58-9.03)***	**5.17 (2.77-9.65)***	**5.63 (3.15-10.04)***	**4.67 (2.62-8.30)***	**1.85 (1.09-3.14)***	**3.63 (2.06-6.39)***
Region of country						
Northeast	Reference	Reference	Reference	Reference	Reference	Reference
Midwest	0.69 (0.42-1.13)	0.81 (0.50-1.33)	0.87 (0.54-1.41)	0.75 (0.47-1.22)	1.27 (0.81-1.98)	0.82 (0.50-1.34)
South	1.26 (0.79-2.03)	**1.88 (1.17-3.03)***	1.50 (0.96-2.35)	**1.82 (1.16-2.86)***	**1.54 (1.01-2.34)***	**1.60 (1.02-2.50)***
West	1.09 (0.64-1.87)	1.17 (0.70-1.98)	0.97 (0.59-1.60)	0.74 (0.45-1.23)	1.03 (0.64-1.65)	**0.55 (0.32-0.95)***

*Significant association in multivariable analysis between practice characteristic and family barrier at p<.05

Summary of Results

- Nearly all respondents (98%) agree that pediatricians should address obesity at well child visits (**Figure 1**).
- 61% agree that families want to discuss overweight and obesity, but 22% don't want to offend families by talking about weight and 20% think families aren't interested (**Figure 1**).
- Over half perceive that paying for organized physical activities, healthy food, medical expenses, and accessing healthy food or safe places to be active are barriers for their families **(Figure 2)**.
- In multivariable analysis, pediatricians practicing in medical schools, hospitals and clinics, in urban and rural areas, and in the south are significantly more likely to perceive access and financial barriers (Table 1). For example:
  - Pediatricians practicing in rural and urban, inner city areas have over 3 times the odds as those working in suburban areas to report that paying for healthy food is a perceived barrier for their families.

Conclusion

- Pediatricians universally self-report that obesity should be addressed at well child visits.
- 1 in 5 perceive that addressing obesity is not of interest to their families, or will be offensive.
- Many perceive significant access and financial barriers related to families' ability to address obesity, particularly those caring for families in the south and in urban and rural areas.
- Enhanced training on engaging with parents about child weight and more collaborations with community interventions to provide resources to address transit, food and activity may be needed.

Limitations

- This analysis is based on self-report survey data, and is generalizable to the pediatrician members of the AAP that meet the sample restrictions applied in this analysis.

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