Healthy Active Living for Families (HALF): Right from the Start

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Dedicated to the Health of All Children

Objective
To describe the Healthy Active Living for Families (HALF) Project and highlight the findings from the initial focus groups with parents of young children (birth to five).

Background
Childhood obesity deeply impacts our youngest children. According to the Institute of Medicine Early Childhood Obesity Prevention Policies Report:
- Almost 10% of infants and toddlers have high weight for length
- Over 20% of children 2-5 are overweight or obese
- Approximately 1 in 5 children is carrying excess weight upon entering kindergarten

Early childhood has been identified as a critical period for obesity prevention. The way infants and young children eat, move, and sleep can impact their weight status at their current and future developmental stages. Early childhood provides opportunities to establish healthy eating practices, good physical activity habits, and optimal sleep durations. Unhealthy patterns are established. Pediatricians meet with families 15 times during this period, providing numerous opportunities for dialogue.

Policies Report

Approximately 1 in 5 children is carrying excess weight upon entering kindergarten. Over 20% of children 2-5 are overweight or obese. Almost 10% of infants and toddlers have high weight for length.

HALF Project Description
The HALF project is led by an editorial board comprised of experts in obesity prevention, clinical care, psychology, and community health. A parent team comprised of local Chicago parents serves as a "real life" touch point for the editorial board to advise and inform all phases of the project.

Six formative parent focus groups were conducted in three areas: San Diego, CA; Chicago [urban], IL; and Chicago [suburban], IL. Two sessions were held in each location based upon child age (Infant group: birth-1yr and Toddler/Preschooler group: 1-5 yr) and included a total of 53 parents. Participants were recruited via flyers distributed through local health clinic or pediatric practice as well as by word of mouth.

Prior to participation in the focus groups parents completed a background questionnaire which included a variety of lifestyle questions to identify risk factors for early onset of obesity. Focus groups were semi-structured interview protocol guided discussions which lasted approximately 90 minutes.

Party feedback was solicited through two rounds of focus groups. Parent feedback was solicited through two rounds of focus groups. Participant Demographics:
- Mean age=29 (range 19-46)
- Mean number of children=2.2 (Range 1-8)
- 44% African American, 38% White, 18% Other
- 27% Hispanic/Latino
- 50% single
- 47% high school diploma or less education
- 55% not employed, 29% employed part-time
- 61% child publicly insured

Methods
Survey Results:

Table 1: Parent-Reported Obesity-Related Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfed for any length of time</td>
<td>62%</td>
</tr>
<tr>
<td>Child eats ≥5 fruits/veg per day</td>
<td>46%</td>
</tr>
<tr>
<td>Child drinks 1&lt; sugary drinks/day</td>
<td>33%</td>
</tr>
<tr>
<td>Child has TV in bedroom</td>
<td>33%</td>
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</tbody>
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Key Findings

Parent Feedback
- Parent of Infant: "I feel like a lot of parents... really do... don’t really know... what the best ways are..."
- Parent of Toddler/Preschooler: "I really have to kind of gauge overeating and that kind of thing."

Survey Results:

Figure 1: Parent Perception of Child’s Weight

Parent Focus Groups Results:
- Early Obesity Prevention
  - Many parents may not consider birth a starting point for obesity prevention.
  - From what I recall... doctors' said they don’t really overeat... breast milk or bottle milk. It’s more when solid foods are introduced that you really have to kind of gauge overeating and that kind of thing. (Parent of Toddler/Preschooler)
  - Food and Feeding
    - Breastfeeding - unmet needs for education, support
    - Challenges in the transition to solids (Early introduction Portion sizes (Preference for fruits vs vegetables/Understanding satiety)
    - How can I honestly tell my baby is full without my baby has to spit up?
    - How do I know when to stop feeding? (Parent of Infant)
  - Disconnect between what’s healthy and what’s healthy especially snacks and fast food
    - You give your baby potato chips and juice because that’s what you want to give them... I give my daughter chips and juice because I eat it. (Parent of Toddler/Preschooler)
  - The appeal of sugar sweetened beverages
    - Juice doesn’t bother me as long as it’s the right kind (Parent of Infant)
  - Outside influences (eg, grandparents, friends) on food and feeding are pervasive and stressful for parents to manage
  - …whatever I take them somewhere like to a grandparent’s house or... they’ll go to a sitter and I’ll pick them up and they’ll be like ‘Oh, I gave her pizza and Smarties for lunch’ and I’m like ‘Smarties? For lunch?’ (Parent of Toddler/Preschooler)

Active and Sedentary Behavior
- Limiting TV is a challenge - TV provides educational benefits to young children and gives parents a break
  - …baby Einstein…that’s stuff that your kids need to watch... stuff like that develops your kids. (Parent of Infant)
- Engaging very young children in active play may not be something that parents are thinking about; parents sought low cost, easy-to-implement ideas for active play

Parent Perceptions of Pediatrician’s Role
- Desire for individualized education and guidance, not “parenting” advice
  - Information may be perceived as less believable if it does not fit with parents’ personal experience

Conclusions
The findings from these focus groups illustrate the critical importance of incorporating the parent perspective. Parent experiences and self-reported practices in many cases are discrepant with existing expert guidance. Understanding where parents are starting from helps inform the design of messages that will resonate and hopefully be acted upon by families for incremental behavior change.

Limitations
- Participants were self-selected and may represent parents more interested and involved in their children’s health than non-participants.

Next Steps
- There were several operational implications from this formative focus groups that informed our evaluative focus groups. Most importantly, healthy active living messages were designed based largely on the collective feedback of the formative focus groups which were then tested in the evaluative testing for the project.

Example: Parent Feedback

I’m trying to teach my daughters to eat healthy and I know that not even by telling... That’s not the only way. I have to show them so now I’m exercising and being more active with them. (Parent of Toddler/Preschooler)

Example: Corresponding Message

Being a parent is an important job!

When you set a good example, your young child learns healthy habits. He will want to copy what you eat and do to stay healthy.

Following testing of the messages the project editorial board will develop web-based resources for parents and providers. These materials are slated for launch in Spring of 2012.

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