

# Parent Perceived Importance and Knowledge of Targets for Children's Healthy Active Living Behaviors: Implications for Pediatric Practice

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## Background & Rationale

**Summary: Results are presented from a secondary analysis of a large marketing survey of parents, regarding their knowledge, attitudes, and perceptions concerning their child's healthy, active living behaviors.**

- Preventing childhood obesity is a complex, multi-sector problem, and primary care pediatricians are thought to play a critical role in the solution.
- Considerable improvement is still needed in the rates of childhood overweight/obesity and the rates of meeting guidelines for well publicized "healthy active living behaviors" (also known as "healthy eating and physical activity behaviors") associated with obesity prevention.
- Basic guidelines, include eating  $\geq 5$  servings of fruits or vegetables/day (or  $\frac{1}{2}$  of one's plate at meals), limiting entertainment screen time to  $\leq 2$  hours/day, obtaining  $\geq 1$  hour of physical activity/day, and consuming sugar-sweetened beverages rarely, if at all. Guidelines also promote consuming healthy beverages, such as water and low-fat milk.
- Pediatricians are trusted sources of health information with the opportunity and available communication techniques to help parents and children engage in healthier behaviors. However, barriers to optimal care can arise due to limitations on pediatricians' time and the complexity of the issue.
- Also, various models of behavior change suggest that the process needed for families to develop healthy routines is challenging and requires the co-occurrence of multiple factors. (See conceptual model.) These include **reducing triggers** in the **social and physical environment** that cue unhealthy routines. Change also requires sufficient levels of **motivation** (e.g., perceived importance of and attention to desired behaviors) and **ability to choose** (e.g., knowledge about key behaviors, sufficient time to avoid operating on auto-pilot), as well as the **ability to implement** healthy behaviors (e.g., skills, lack of significant cost, or other barriers), ideally to create new environmental triggers and supports for healthy routines.
- Pediatrician guidance for families may be streamlined by having a current snapshot of typical parent levels of knowledge and motivation concerning healthy lifestyle behaviors in their children, as well as by understanding parent's perceptions of the degree of their child's engagement in healthy behaviors and significant barriers to ensuring a healthy lifestyle.
- Also, because the risk of excessive weight gain for school-aged children tends to be highest during the summer, parent attitudes and perceptions relevant to this age group and time period are particularly germane.
- To inform pediatric practice, a secondary analysis was conducted of a large marketing survey, fielded with parents of elementary- and middle-school-aged children that included constructs to capture parent's knowledge, attitudes, and perceived barriers related to promoting and achieving a healthy lifestyle for their children, as well as perceptions of their child's behaviors during the school year and summer.

## Methods

### Survey Procedures and Sample

- A secondary analysis was conducted on data from the YMCA's 35-question Family Health Snapshot survey, designed in partnership with the American Academy of Pediatrics Institute for Healthy Childhood Weight and collected in conjunction with YMCA's 2015 Healthy Kids Day@
- Toluna, a survey research provider, hosted the survey on-line from March 9-15, 2015. Participants were recruited from its proprietary on-line panel of more than 5,000,000 U.S. adults, aged 18 or older. Toluna employed industry-wide data quality standards to ensure that participants were real, valid, and representative.
- Parents or guardians of one or more children between ages 5-12 years old were eligible to complete the survey. The survey was completed by 1,252 parents/guardians.

### Instrument

- Multiple choice knowledge and behavior questions included options based on well publicized guidelines for children (i.e., MyPlate, 5-2-1-0, and Healthy Eating Physical Activity (HEPA) standards).
- Motivation was assessed through ratings of perceived importance that their child routinely eats healthy foods, gets regular exercise, and limits his/her screen time for entertainment, in terms of a 5-point Likert scale, from "not at all" to "extremely."
- Barriers were assessed by rating common indicators, based on a 5-point Likert scale from "not at all" to "very much" a barrier.

### Analysis

- Results were weighted to conform to 2014 U.S. Census parameters for gender, income, region, race, and ethnicity.
- Data was analyzed using PASW Statistics 18. Cases with missing variables were excluded from analyses.
- Proportions and means were compared ( $p < .05$ ) using McNemar's and paired t-tests, respectively.
- Error bars included on graphs represent confidence intervals for estimates.

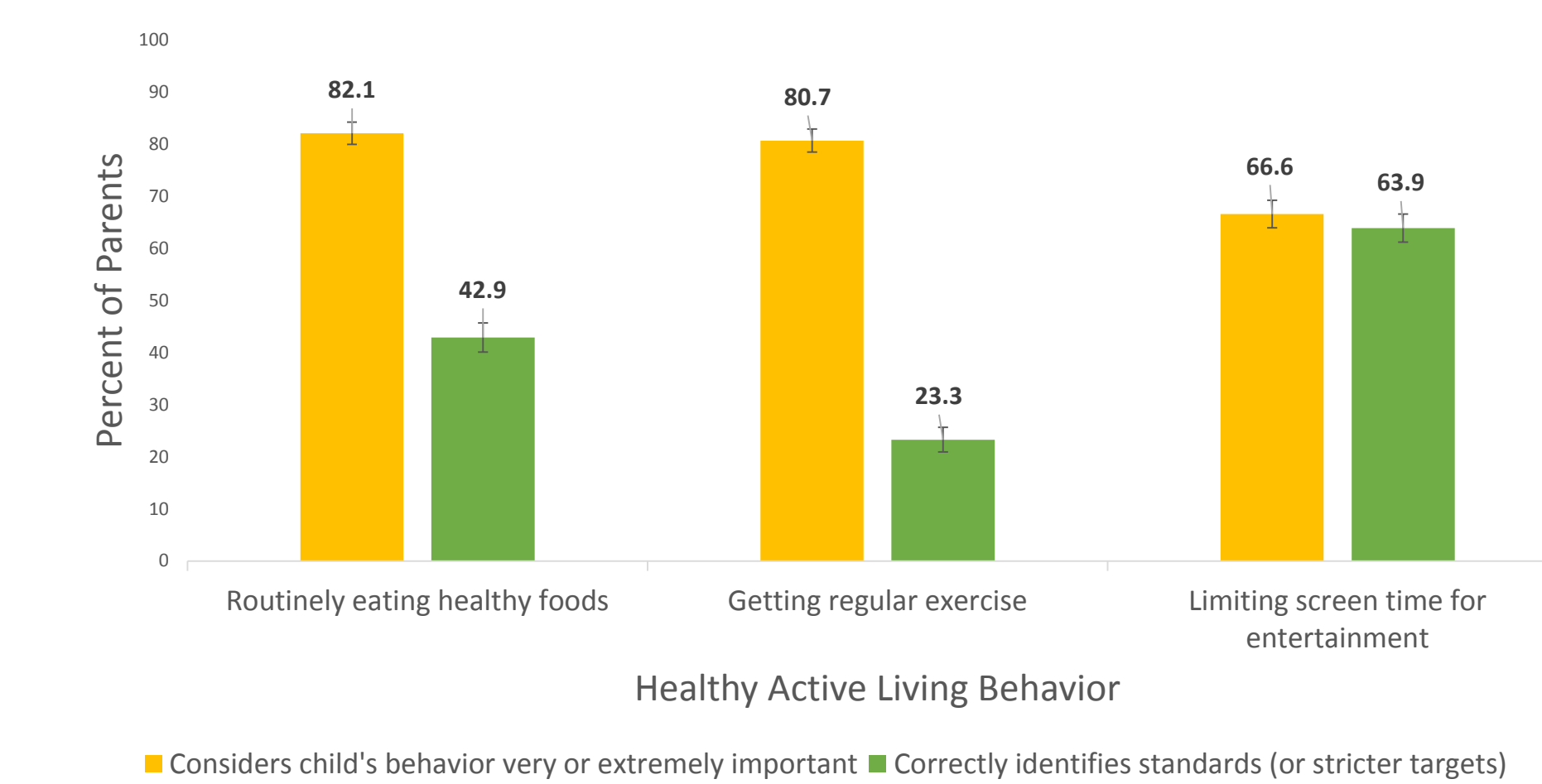
## Sample Characteristics

Table 1. Weighted Respondent demographics (unweighted n=1252)

<b>Parental Age in years; Mean (SD)</b>	39.1 (9.7)
<b>Number of children under 18; Mean (SD)</b>	2.1 (1.0)
<b>Female (%)</b>	54.6
<b>Hispanic, Latino ethnicity (%)</b>	
Yes	17.4
<b>Racial background (%)</b>	
Caucasian/White	77.4
African-American/Black	13.2
Asian	5.4
Other	4.0
<b>Highest level of education (%)</b>	
Less than high school	1.2
High school	28.1
2-year community college/technical	26.1
4-year college/university	32.3
Post graduate	12.2
<b>Annual household income (%)</b>	
Less than \$20,000	17.4
\$20,000 to \$34,999	16.1
\$35,000 to \$49,999	13.0
\$50,000 to \$74,999	16.9
\$75,000 to \$99,999	11.5
\$100,000 to \$149,999	13.5
\$150,000 or more	11.6

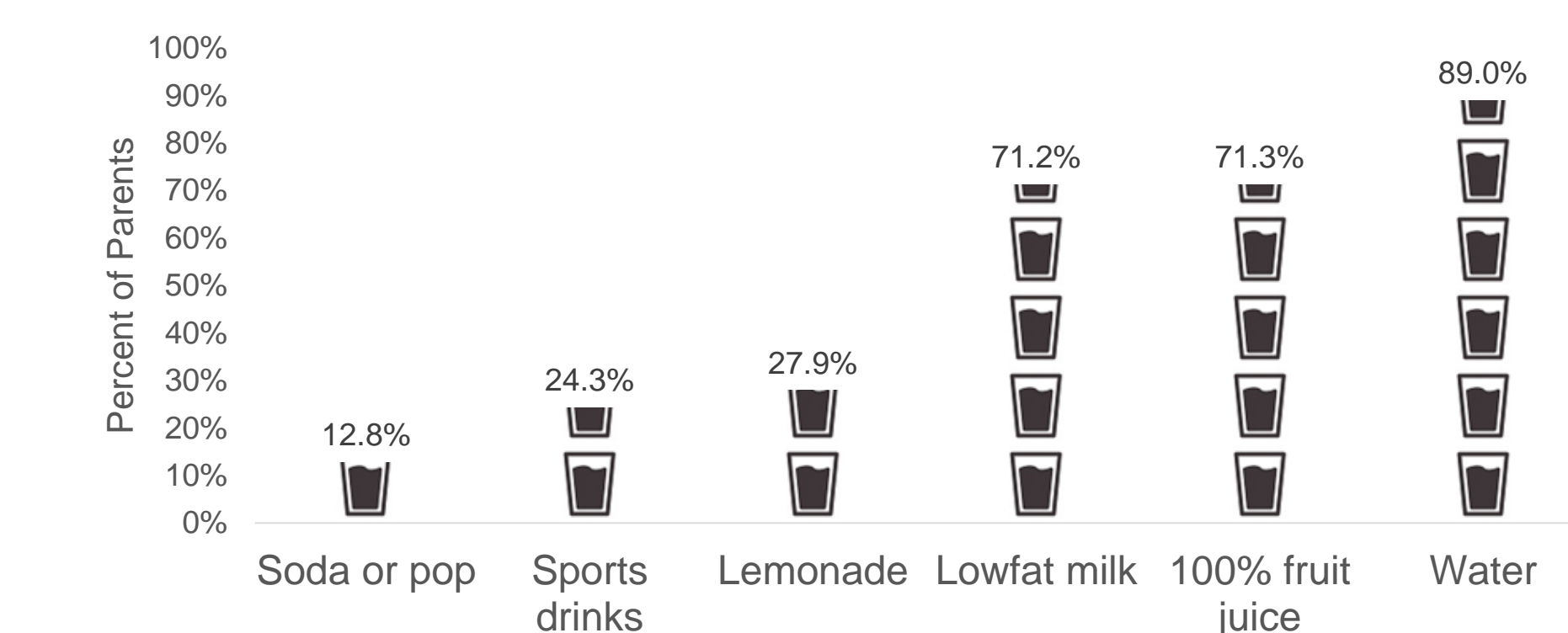
## Results

Parent Perceptions of Importance vs. Knowledge of Standards for Children's Healthy Active Living Behaviors



- In general, parents report greatly valuing behaviors by their children relevant to a healthy lifestyle.
- However, they rate limiting screen time as significantly less important than eating healthy foods or getting regular exercise.
- Only a minority of parents correctly identified (or exceeded) the recommended proportion of a child's plate that should be fruits and vegetables or amount of daily physical activity for children.
- A significantly higher proportion identified an accurate or stricter recommended maximum amount of screen time.

Parent Knowledge of which Beverages are Considered a Healthy Choice for their Child



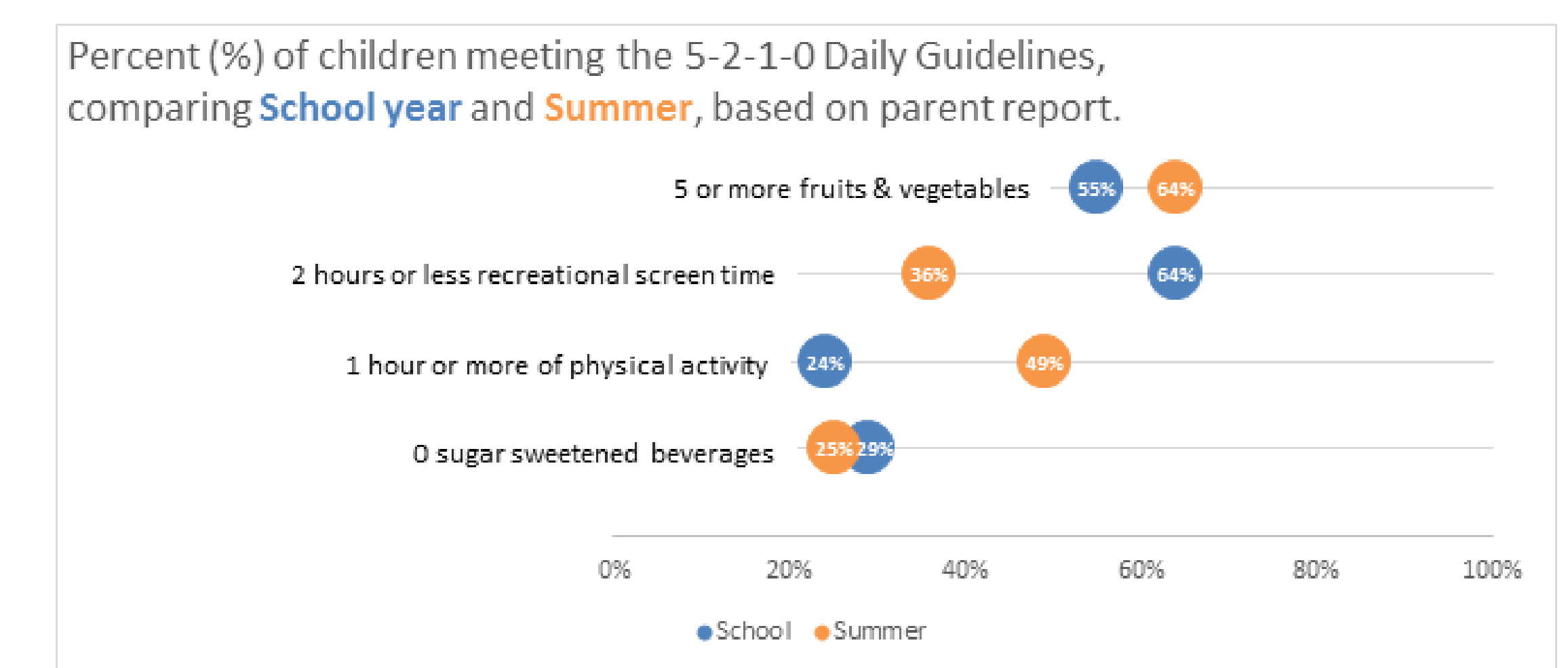
- Most parents correctly identified water and low-fat milk as healthy choices for children at all meals or snacks.
- However, the majority also identified fruit juice, and nearly a quarter identified lemonade and sports drinks as unlimited healthy options.

Perceived Parent **Healthy Eating, Physical Activity & General Barriers** to Ensuring Child's Healthy Lifestyle



- The most commonly reported barrier for both healthy eating and physical activity was related to costs, an implementation barrier.
- A majority of parents also identified their child's exposure to ads for unhealthy foods (a trigger) as a significant barrier.
- Time, a general barrier to change, was endorsed by 45% of parents.
- The least prevalent barrier was still selected by nearly 1/3 of parents.

## Results (Continued)



- Parent reports of children's health behaviors generally appear more favorable than those reported by national studies.
- Compared with rates during the school year, reported rates of meeting guidelines appear similar or much improved during the summer for all behaviors, except for screen time.

## Conclusions & Implications

### Limitations

- Considerable effort was made during sampling and analysis to correct for limitations due to the non-probabilistic nature of the sample; however, generalization is still likely limited somewhat by this and the relatively high education level of the sample.
- Interpretation is also limited by potential biases inherent to self-report data.

### Conclusions

- Barriers to healthy lifestyles in children include parent gaps in knowledge and motivation, as well as barriers to implementing healthy choices.
- Some public health messages appear to have gotten through (e.g., importance of water and low-fat milk). However, parents of school-aged children are still in need of guidance regarding healthy behaviors.
- Also, the type of guidance likely to be most useful for moving parents to action may depend upon the specific health behaviors.
- Parents highly value healthy eating and physical activity for their children. However, only a minority can correctly identify standards for children's fruit and vegetable consumption and physical activity, and a majority consider unlimited 100% fruit juice as appropriate.
- Most parents were able to accurately identify present guidelines for the maximum amount of recreational screen time for their child. However, relative to healthy eating and physical activity, a significantly lower percentage may be motivated to limit their child's screen time.
- Also, whereas more parents perceive their children to be active and to eat healthy foods during the summer, more acknowledge that their child is exposed to higher than recommended levels of screen time.

### Implications

- Pediatricians should continue to use patient-centered approaches to share basic information with parents and families about standards for key healthy lifestyle behaviors, particularly with respect to fruit and vegetable consumption, healthy beverages, and physical activity requirements. They may also wish to share relevant resources to overcome cost barriers.
- For screen time, pediatricians might instead use patient-centered interview techniques to help parents explore and resolve any apparent motivational ambivalence, particularly with regard to children's behavior during the summer. They may also wish to link screen time to other health behaviors of potentially greater concern, such as exposure to unhealthy food marketing.
- Additional analyses appear warranted, to identify predictors of perceived barriers and behavioral differences between the school year and summer.

## References

- See accompanying handout.

## Conceptual Model

