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

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Results

Correctly identifies standards (or stricter targets)

• Also, because the risk of excessive weight gain for school-aged children

• Various models of behavior change suggest that the process needed

• Pediatricians are trusted sources of health information with the opportunity

• Living behaviors.

• Attitudes, and perceptions concerning their child’s healthy, active

• Excessive weight gain included constructs to capture parent’s knowledge,

• 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

• Change also requires sufficient levels of ability to choose

• Create new environmental triggers and supports for healthy routines.

• The least prevalent barrier was still selected by nearly 1/3 of parents.

• Time, a general barrier to change, was endorsed by 45% of parents.

• However, only a minority can correctly identify standards for both healthy eating and physical activity, and a majority

• However, they rate limiting screen time as significantly less important

• Some public health messages appear to have gotten through (e.g., importance of water and physical activity). However, parents of school-aged children are still confused about guiding their children’s healthy behaviors.

• Also, the type of guidance likely to be most useful for moving parents to action may depend on the specific health behaviors.

• Parents highly value healthy eating and physical activity for their children.

• Parents may also wish to link screen time to other health behaviors of potential 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.

Conclusions & Implications

Limitations

• Considerable effort was made during sampling and analysis to correct for limitations due to the non-randomized nature of the sample; however, generalization is still 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.

• Banners to healthy lifestyles in children include parent gaps in knowledge and motivation, as well as barriers to implementing healthy choices.

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References

• See accompanying handout.