PARENT TESTED...PARENT APPROVED? LESSONS LEARNED FROM THE HEALTHY ACTIVE LIVING FOR FAMILIES FOCUS GROUPS

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ABSTRACT

Background: Early childhood is recognized as a critical period for obesity prevention. Literature identifies several key strategies for establishing and maintaining healthy weight in young children including decreased consumption of unhealthy beverages, increased activity, and decreased screen time. Little is known about the most effective approaches to convey such information in ways that are meaningful and actionable for families. The Healthy Active Living for Families (HALF) project was created to develop, test and disseminate messages for families with young children.

Objectives: Test a series of messages incorporating elements of the 5,2,1,0 health promotion model plus breastfeeding and general obesity prevention and examine what contributes to or detracts from message endorsement.

Methods: 18 focus groups at 3 locations across the U.S. with diverse parent backgrounds. At each site, we conducted 2/2 groups based on child age (Parents of Infants: birth-11 mos; Parents of Toddlers/Preschoolers: 12-59 mos). Participants completed questionnaires and reviewed draft messages.

Results: 113 parents, 51 mothers, 37 African-American, 24 Hispanic, 72% of parents correctly identified their child's weight as "just right." Messages were not uniformly supported by parents. Parent perceptions and actions may often be incongruent with expert guidelines and standard anticipatory guidance. Obtaining the parent perspective is critical in developing messages and materials that resonate with families of young children.

BACKGROUND

• Childhood obesity is a health concern that touches even the youngest children. According to the Institute of Medicine's report, Early Childhood Obesity Prevention Policies, almost 10% of infants and toddlers have weight for height values that are overweight or at risk of being overweight; 20% of children age 2-5 years are overweight or at risk for being overweight.

• Early childhood obesity prevention provides opportunities to establish healthy eating practices, good physical activity habits and optimal sleep routines before unhealthy patterns are engrained.

• Pediatricians are positioned to provide guidance on early obesity prevention during well child visits as outlined in the Bright Futures Guidelines but a 2009 AAP needs assessment of pediatricians identified gaps in preparedness to address such issues.

• In response, in 2010 the AAP initiated the Healthy Active Living for Families…Right from the Start (HALF) project to: 1) develop, test, and implement a series of positive, family focused obesity prevention messages for families with infants, toddlers, and preschoolers and 2) provide supporting materials for parent distribution and use at pediatric well visits to foster dialogue between families and health professionals.

• A hallmark of the HALF project is the commitment to a parent driven approach, with messaging and materials designed to “meet parents where they are.”

• To assess parent perspective, a series of focus groups were conducted - first to inform content and then to provide critical review of the messages created.

• Test a series of messages with parents incorporating elements of the 5,2,1,0 health promotion model plus breastfeeding and general obesity prevention.

• Examine what contributes to or detracts from message endorsement.

RESULTS

1) 113 parents in 18 groups
• 92% mothers
• <15% first-time parents
• African-American = 37%
• Hispanic = 24%
• White = 45%
• 75% of children were publicly insured

• 98% of parents described childhood obesity as a serious or somewhat serious problem; 90% assessed their own child's weight as "just right"

• Test a series of messages incorporating elements of the 5,2,1,0 health promotion model plus breastfeeding and general obesity prevention and examine what contributes to or detracts from message endorsement.

RESULTS (cont'd)

- All messages did not resonate with parents!

What detracted from message endorsement?

1) Use of "obesity language" – especially related to infants

How do you teach a baby to be active? That’s very hard

2) Guidance focused on future outcomes

My kid is just all the time…that’s how he gets fit so that he doesn’t get overweight in the future

3) Limited knowledge of recommendations

My son has a TV in his room and he’s not obese

4) Disconnect between guidance and personal experience

This information is good because it’s telling you that when your baby cries, it’s not always because he’s hungry…so I can’t always just give my baby food. I have to figure out something else.

What contributed to message endorsement?

1) Respect for parents’ expertise

The message ‘Being a parent is an important job!’ When you set a good example, your baby learns healthy habits. She watches what you eat and do to stay healthy” was ranked as the MOST IMPORTANT message by parents in EVERY GROUP

2) Explanation of the “why” behind recommendations

I’m a big proponent of making it fun…we make smiley faces with the vegetables and they are happy

RESULTS (cont’d)

3) Action strategies to promote/sustain behavioral change

They don’t really teach you how to teach your kid to stay healthy or make good food choices

CONCLUSIONS

- Parent perceptions and actions may often be incongruent with expert guidelines and guidance.

- Additional action strategies – positive, tried and true suggestions – to foster implementation of new behaviors are needed. Parents valued “how to” and “what works” ideas from other parents.

- Rethinking traditional methods of information delivery may be necessary to reach young families in ways that are meaningful and support change.

- Parents valued information that can be individualized to meet their unique needs.

LIMITATIONS

• Focus group participants were self-selected and may not be representative of all parents with young children

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- HALF Project Editorial Board: Co-Chairs Sandra G. Hassink, MD, FAAP and Paula Duncan, MD, FAAP; members Nwando Anyakor, MD, MPH, FAAP; Kim Avila Edwards, MD, FAAP; Jon Kofton, PhD, Ms. Tamela Milan, and Elise Tavera, MD, MPH, FAAP

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