

# Parental Perceptions on Pediatric Obesity

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# Introduction

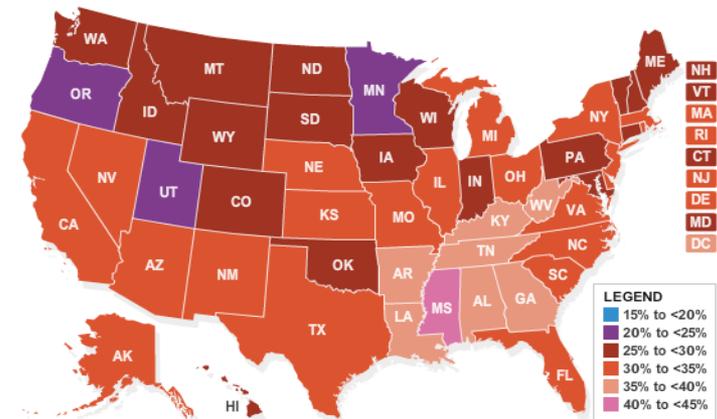
- Rates of pediatric obesity has increased significantly over the past 30 years and remains high in the United States and other developing countries.

- Obesity Defined:

In children and adolescents aged 2-19, obesity is defined as having a BMI (Body Mass Index) at or above the 95<sup>th</sup> percentile on the CDC BMI-for-age growth chart

- Prevalence

- The state of **Mississippi** consistently has one of the **highest** rates of overweight and obese children in the nation.
- In 2011, Mississippi continued to rank #1 for highest rates of overweight and obese children ages 10-17.



Source: "How Obesity Policies are Failing in America." Trust for American's Health. 2014.  
<http://healthyamericans.org/reports/obesity2009/>



# Background

## According to literature...

- Parents, particularly mothers, play a large role in the development of food and exercise behaviors during childhood.
- Research indicates there is a significant mismatch between parental perceptions of their child's weight and their child's actual weight.
  - Parents with children in the overweight or obese category more commonly underestimate their child's weight.
- Parental misperceptions of their child's weight affect their likelihood of adopting healthier eating habits and exercise behaviors for their children.
- Understanding how a parent defines healthy body weight for their child is important in successfully preventing and treating childhood obesity.

## Objectives of the Project

- Assess parental perceptions of their child's current weight status vs. their child's actual weight status.
- Identify factors that influence parental motivation to make healthy choices for their children.
- Based on the data collected, make recommendations for appropriate interventions to providers and staff at Jackson-Hinds CHC.
- *Long term:* Improve childhood obesity within the local community of Jackson, MS.



# Methodology

- Surveyed 50 parents of children ages 2-18 that visited the Pediatric Department at Jackson-Hinds Comprehensive Health Center (Main) from June 27, 2014 – July 10, 2014.
- Surveys were completed with the parent in the patient rooms prior to being seen by the provider
- Created an educational handout based on CDC guidelines and counseled parents on:
  - BMI
  - Child's current weight status
  - Child's position on a BMI-for-age growth chart
  - Short and long term health risks of childhood obesity
  - Dietary and physical activity recommendations
- Descriptive data analysis

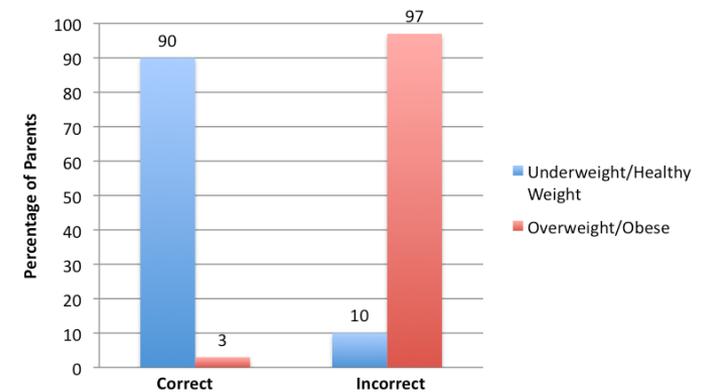


# Results

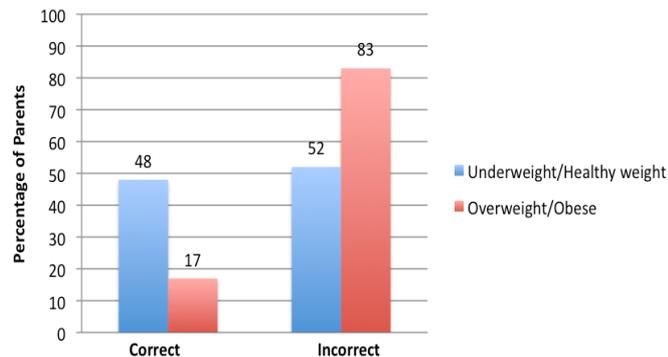
## Demographics

- Sample size= 50 parents
- Children age range = 2 to 16
- Gender = 23 males; 27 females
- Race/Ethnicity = 92% African American Non-Hispanic
- Family income = 74% below the federal poverty line
- Actual Weight Status of Children =
  - 2% Underweight
  - 40% Healthy weight
  - 16% Overweight
  - 42% Obese

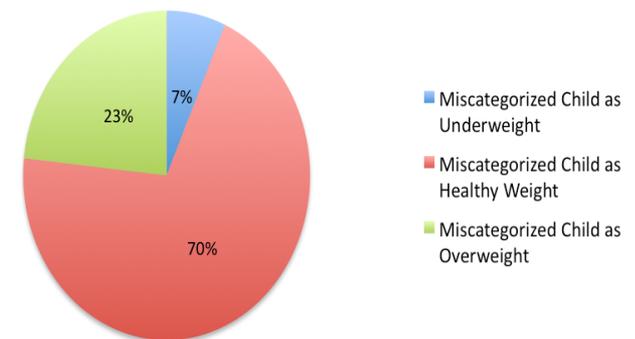
**Parental Perceptions of their Child's Current Weight Category**



**Parental Knowledge of their Child's Current Weight**



**Parental Misperception of their Child's Current Weight Category**



# Discussion

## ■ Key findings

- The majority of parents misperceived their child's current weight status.
  - Children who are overweight/obese are more commonly categorized as "healthy weight" by parents. .
- Parents who misperceive their children's weight as "healthy" are:
  - Less concerned about their child's weight
  - Less aware of the functional, social, and health implications associated with childhood obesity
  - Less likely to make changes to their child's food and physical activity environment
- There is a lack of knowledge regarding BMI and growth charts

# Discussion

## ■ Questions Raised

- Does the weight status of mothers (primary care giver) affect their likelihood to misperceive their child's weight status?
- How often do the pediatric health providers address weight issues with parents at Jackson-Hinds CHC?

## ■ Further Research

- Focus groups with parents of overweight/obese children
- Pilot a healthy weight program for children with individualized nutrition and exercise regimen from health experts (nutritionist, personal trainer)

## ■ Possible Tangible Results of Findings

- Parents were counseled on adopting healthier eating habits and physical activity levels for their children
- Providers were more aware of weight issues and addressed it during the patient visit

# Recommendations

- Health providers and staff:
  - Continue to educate parents at every clinic visit
    - Verbal education
    - Give written materials (educational handout)
  - Show them where their child plots on the growth chart and where they plotted during the last visit
  - Give advice about how to make healthier choices
    - Small changes are key
  - Hold parents accountable
  
- Community health center efforts:
  - Health fairs
  - Community events to promote healthy choices and encourage physical activity for the children
  - Healthy cooking classes (collaborate with local churches and schools)
  - Nutrition counseling (WIC)

# Conclusion

- Limitations of the Project
  - Time constraints
  - Sample size
  - Language barriers
  - Generalizability
  
- Childhood obesity leads to adverse health risks and increases healthcare cost
  
- Prevention is key
  
- Health providers, parents, community, and the education system must work together to improve healthy outcomes
  
- Progress is Possible!
  - According to a new report released by the CDC in August 2013:
    - Rates of childhood obesity for children aged 2-4 from low-income families declined for 18 states between 2008-2011.
    - **Mississippi's rate decreased from 14.6% to 13.9%.**



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