Parental Perceptions on Pediatric Obesity

Stephanie Phan, MPH
Jackson-Hinds Comprehensive Health Center
Jackson, MS
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 95th 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.

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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