

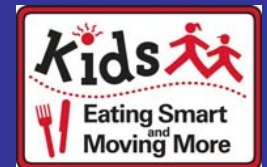
Parents' prescription for providers: What fathers are saying about preventing childhood overweight

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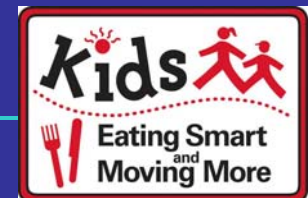
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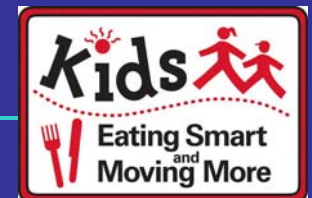
Purpose

- Kids Eating Smart and Moving More
 - 5 year study
 - 24 clinics across North Carolina
 - Medicaid population
 - Funded by NICHD
- Three Phases
 - Formative phase
 - 1 Year randomized control trial
 - Policy

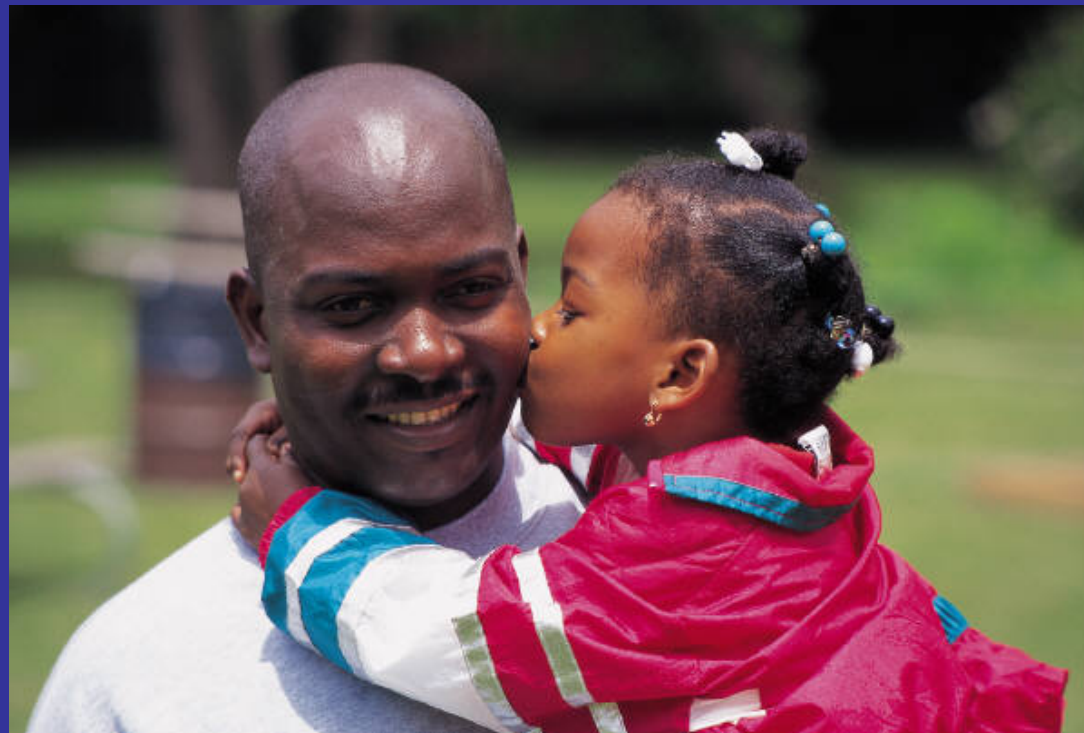


Focus Group Discussions Purpose

- Discussions focused the child's
 - Weight
 - Nutrition and physical activity behaviors
- We wanted to learn about
 - Where parents seek health information
 - Experiences with providers
 - How to improve patient-provider communications



Background



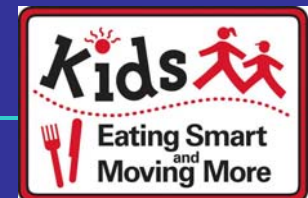
Childhood Overweight and Obesity

NHANES Data (2003-2004)

BMI Category	2-5 year olds	6-11 year olds
<i>Overweight</i>	26%	37%
<i>Obese</i>	14%	19%

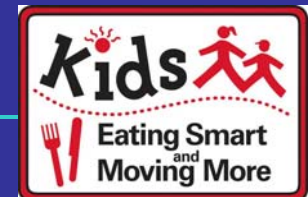
NC-NPASS (2006)

BMI Category	2-4 year olds	5-11 year olds
<i>Overweight</i>	16%	17%
<i>Obese</i>	15%	25%



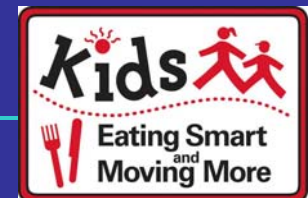
Consequences

- Economic
 - Increased \$\$
 - Longer hospital stays
- Physical
 - Asthma
 - Sleep Apnea
- Psychosocial
 - Low self-esteem
 - Decreased quality of life

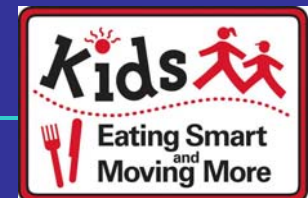


Doctors and fathers

- Doctors are a source of health information
- Very little research focused on fathers
- Father involvement in other areas
 - Improved weight gain in preterm infants
 - Improved breastfeeding rates
 - Higher receptive language skills

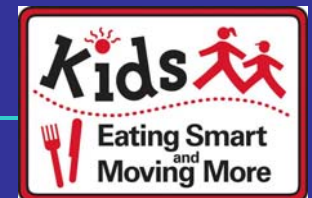


Methods



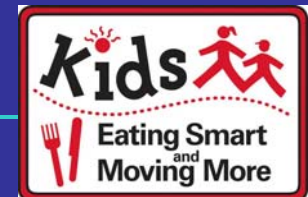
Participants

- “Father” with 3 – 8 year old children
- Participant recruitment – multiple strategies
 - Personal contacts
 - Phone calls
 - Flyers in the community
- 4 focus groups
 - 2 African American groups (n=2; n=6)
 - 1 Hispanic group (n=12)
 - 1 Caucasian group (n=4)



Focus Group Discussions

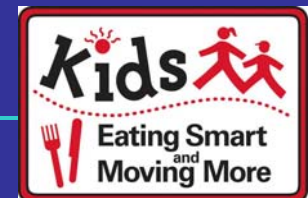
- Focus Group Guide
- 3 Main Topics
 - Who makes health decisions
 - Sources of Information
 - Assessing boundaries



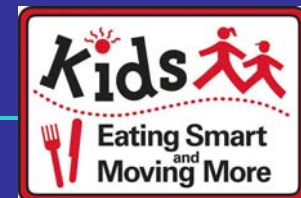
Analysis

- Codebook development
 - Initial reading
 - 5 main themes
- Analysis
 - 2 researchers* independently coded
 - Met to reconcile the codes
 - All transcripts were coded using Atlas Ti

*Acknowledgement: Janice Tzeng

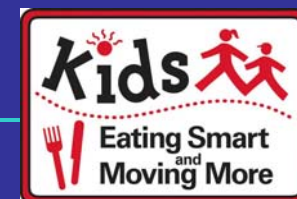


Results



Study Sample Characteristics

Race	African American	Caucasian	Hispanic
Sample Size	8	4	12
Marital Status			
<i>Married/Living with a Partner</i>	8 (100)	4 (100)	12 (100)



Study Sample Characteristics

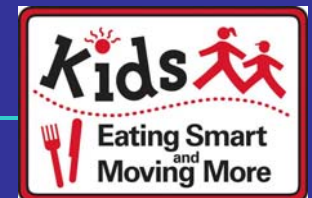
Education

Race	African American	Caucasian	Hispanic
< HS	--	--	3 (25)
Some HS	--	--	3 (25)
HS graduate	1 (12)	--	5 (42)
Some college/tech school	4 (50)	--	1 (8)
College graduate	3 (37)	4 (100)	--

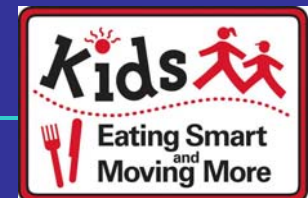
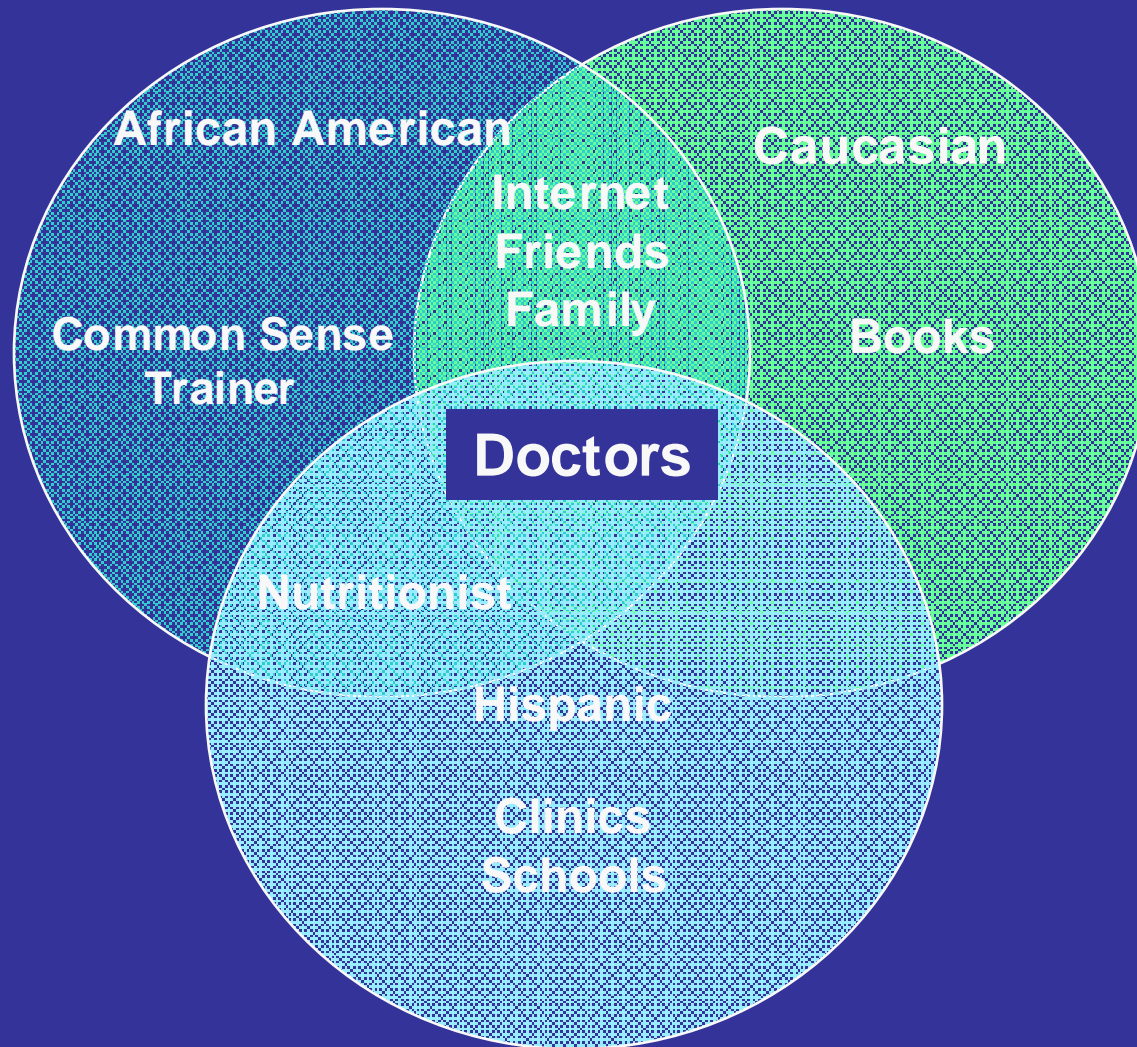


Main Themes

- Multiple sources of health information
- Most fathers involved in health decisions
- Receptivity to doctor's advice
- Approaches to improve communication



Theme 1: Sources of Information

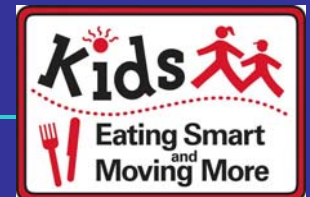


Theme 2: Levels of Involvement

- Both parents make health decisions for their children

“We make the decisions together, my wife and I. Not just one person, but the two of us.”

- Hispanic respondent

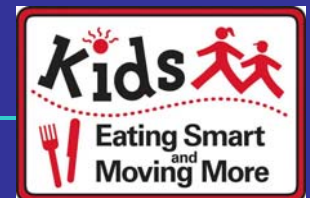


Theme 2: Levels of Involvement

- Most health decisions are decided by the female

“If I had to pick it would be my wife. It’s close-no, no, it’s my wife.”

- Caucasian respondent

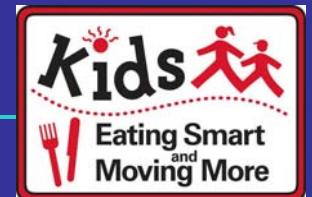


Theme 2: Levels of Involvement

- The male makes most of the health decisions for his children

“I guess the final decision if that needs to be stated, would probably be me. Me, or the dad, or the husband.”

- African American respondent

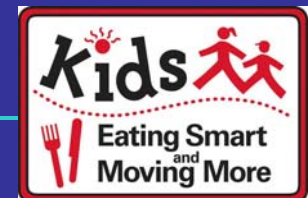


Theme 3: Assessing Boundaries

- Various levels of receptivity to talk about their child's weight, nutrition, and physical activity behaviors

Not Receptive

Receptive



Theme 3: Assessing Boundaries

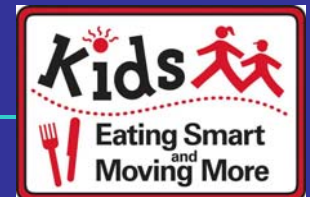
- Not open to discuss their child's weight, nutrition and physical activity behaviors

“...makes you sound like a bad parent if they start to talk about something along those lines.

Something about it's a judgment now versus a health issue. ...Barriers would go up and I

would not be interested in discussing that with them....”

- Caucasian respondent

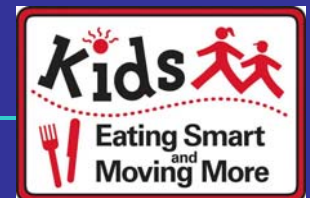


Theme 3: Assessing Boundaries

- Parents would listen but may not follow their doctors advice

“I’ll still listen. And I’ll pick and choose what I hear. And if my child is not at the stage yet, where the doctor needs to be talking about it, I’ll put it on the back burner.”

- African American respondent

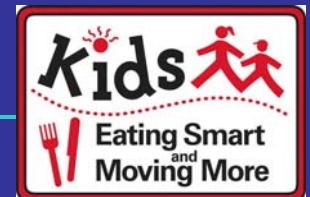


Theme 3: Assessing Boundaries

- Very open to discussing child's weight, nutrition, and physical activity behaviors

“...Knowing that it is your child you are talking about, you have to pay more attention to the diet of your children.”

- Hispanic respondent

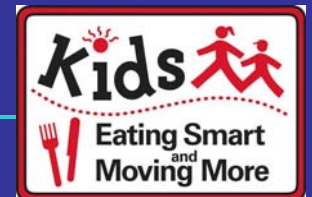


Theme 4: Improving Communications

- Respondents wanted providers to discuss issues from the very first encounter

“That would make us more comfortable and more accustomed to that being a doctor thing, that doctors talk about. That’s definitely it...talk about it from the very start.”

- Caucasian respondent

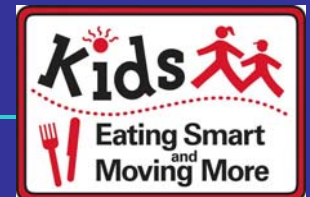


Theme 4: Improving Communications

- Ask questions and personalize the discussion

“You just come in and talk about healthy eating and dieting, and wouldn’t have heard half of what you said. So, asking questions is really the key point as far as finding out what you really want to know...”

- African American respondent

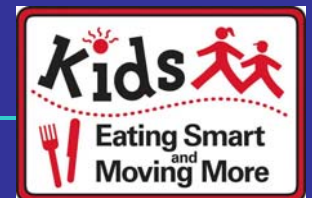


Theme 4: Improving Communications

- Respondents felt that they were not being addressed by the provider

“But in my case, I accompany my wife to every appointment that we have with my daughters, and they do not address me.”

- African American respondent

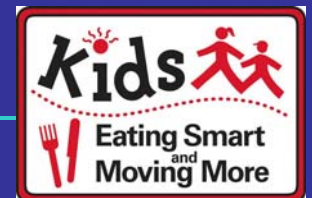


Theme 4: Improving Communications

- Want providers to offer ideas on how to make changes

“I know that I would be receptive to a doctor advising some statistics or some numbers on you on whatever is going with kids and video games and watching TV and offering some ideas on what could be done differently.”

- African American respondent

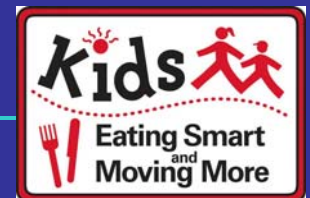


Theme 4: Improving Communications

- When making suggestions, respondents want concrete examples

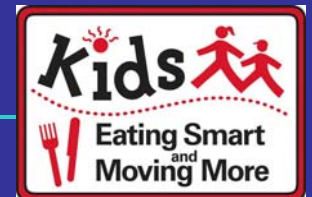
“Actually what we do, he advised us that as we eat, ... feed him off of our plate. You know within reason, like chopped up or mashed up potatoes you know carrots or broccoli, chopped up grown stuff...”

- Caucasian respondent



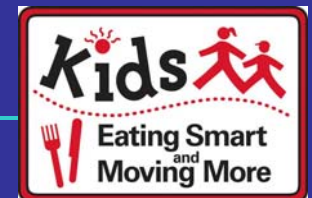
Theme 4: Improving Communications

- How information is shared is very important
 - Tone
 - Respect
 - Speak the language of the people
- Additional approaches to establish rapport
 - Relevant pamphlets
 - Follow-up



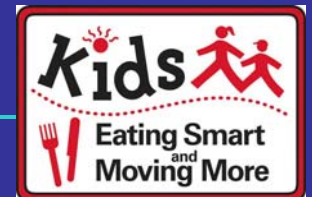
Discussion

- Multiple sources of health information
- Fathers have a role
- Establish rapport
 - Personalize it
 - Ask questions
 - Listen
 - Offer suggestions
 - Tone
 - Respect



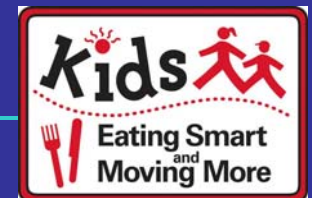
Applications to KESMM

- Provider and case-manager trainings
- Study tools
- Interactions with families
- Planned enrollment activities



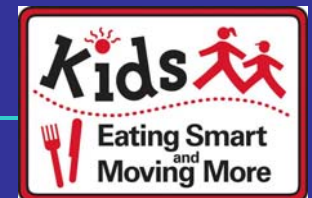
Limitations

- Participant educational background
- Number of Caucasian fathers
- Unknown health insurance status



Future Research

- More research with Fathers is needed
- Test to see if findings are generalizable
- Help improve communications with Doctors



Questions



Funded by NICHD

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