

● ● ● | The Healthy GrandFamilies Initiative:
Engaging Grandparent Caregivers in
Child Obesity Prevention

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● ● ● | Presenter Disclosures

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No relationships to disclose

● ● ● | Acknowledgments

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Workshop - 11/10/09
MetLife Foundation

● ● ● Grandparent Caregivers

- Nearly 6 million US households include co-resident grandparents
 - Half of them are primary caregivers
 - Millions more non-resident grandparents also provide care
- Grandparents = stakeholders who could be engaged in child obesity prevention
 - So far they have been excluded

● ● ● Healthy GrandFamilies Initiative

- Developed to engage this under-served population
- Grandparent focus groups were conducted in 4 cities – grandparents said they...
 - ...wanted help with healthy eating & activity guidelines
 - ...wanted help with caregiving skills for eating and screen time issues
 - ...identified pediatricians as trusted sources of health information concerning grandchildren

● ● ● HGI Program

- Community based, pediatrician led workshop series
- Piloted 3 workshops in 2007
- Refined & expanded to 6 in 2008



Participants & Materials

Pediatricians

- Recruited through AAP: IL, NY, & TX chapters
- "Train-the-trainer" teleconference for lead pediatrician in each city
- Each pediatrician received training & *Facilitator Guide*

Grandparents

- Recruited through CBOs
- Received *Grandparents' Guide*



Evaluation Design

Grandparent Surveys

- Matched pre-post data for 51 pairs in 2008
- Close-ended questions
 - GPs' own behaviors & barriers
 - Grandparenting food & activity practices
 - Home food inventories
- BRFSS & existing scales used when available

Pediatrician Surveys

- Post-only surveys of 27 pediatricians in 2008
- Close- and open-ended questions
 - Satisfaction with training and workshops
 - Lessons learned & feedback for future workshops

Grandparent Characteristics

- 49 Females, 1 Male
- 40 Black/African American, 9 Hispanic/Latino
- 27 live with 1+ grandchild (part or full time)
 - 23 don't live with but do caregiving
- Mean (sd)
 - Grandparent Age (in years): 65.1 yrs (11.3)
 - Age range: 36-86 years
 - Grandparent BMI: 32.5 (9.15)
 - Number of Grandchildren: 5.0 (4.59)

Grandparent Behaviors

		Mean	N	Mean difference (Post-Pre)	P-value
% GPs doing any past-month leisure PA	Pre	70.8%	49	25%	<0.01
-BRFSS	Post	95.8%			
GPs' servings of fruits & vegetables/day	Pre	4.45	47	0.64	0.16
-BRFSS - adapted	Post	5.09			
GPs' hours/week watching TV	Pre	12.2	42	4.36	0.13
-Cheng et al 2004 - adapted	Post	16.5			
GPs' eating practices	Pre	17.46	41	0.832	0.27
-7 original items based on HGI content	Post	18.20			

Grandparenting Practices

		Mean	N	Mean difference (Post-Pre)	P-value
Healthy feeding practices for GCs	Pre	11.7	39	1.46	<0.01
-5 original items based on HGI content	Post	13.2			
Limiting GCs' screen time	Pre	8.02	42	0.57	0.19
-3 original items based on HGI content	Post	8.60			
Communicating with GC on food & PA	Pre	9.55	40	-0.08	0.86
-3 original items based on HGI content	Post	9.48			

Additional Grandparent Findings

- Barriers to buying/serving FV[¶]
 - Family barriers – borderline significant reduction
 - Cost/spoilage & canned/frozen barriers – n.s.
- Menu planning & food shopping[¶]
 - No significant changes
- Household FV inventories[§]
 - No significant changes

[¶] Source: Cullen et al 2000 adapted for GFs
[§] Source: Baranowski et al 2003 adapted for GFs

Pediatricians

- 27 completed surveys
 - Chicago (n=3) Dallas (n=6) Houston (n=9) NYC (n=9)
- Number of workshops facilitated
 - Mean (SD)=2.1 (1.5)
 - Range=0-6
 - Bi-modal distribution
 - 10 respondents facilitated one, 10 facilitated two
- All 27 would participate again as a facilitator

Pediatrician Satisfaction

Aspect	Number of pediatricians endorsing "Very Satisfied" or "Satisfied"
Structure (# sessions, length, group size)	24.5
Participant interest & interactions	26
Materials content	24.8
Pediatrician training/preparation	24
Overall program concept & framework	27

Pediatrician Suggestions: Workshop Content

- More on economical healthy shopping
- Provide local information & resources on:
 - where to get fresh, affordable food
 - safe places to do physical activity
- Add hands-on food preparation & tasting
- More in-depth label reading

“...give them information about good places nearby to purchase fresh/reasonably priced produce; good places to take children to play outside on hot days.”

“...deepen the content re: reading food labels and making good grocery store selections. Those are the most confusing areas for families in my experience”

“One of the grandparents suggested teaching them how to cook vegetables that they are not familiar with, and they want to try but they don't know how to prepare it.”

Pediatrician Suggestions: Training & Tailoring

- o Pediatrician training & resources
 - More resources for nutrition education
 - More expert nutrition advice/materials
 - Portion size props
- o Tailoring workshops
 - Evaluate and enhance readability (literacy issues)
 - More cultural competence/adaptation of materials, especially re: food practices

"More training sessions with how to approach dieting and food choices for older children."

"I probably need more background on nutritional information of specific foods."

"...more focus on culturally appropriate ways to address nutrition ..."

"...training on cultural/ethnic customs that influence the participants' practice... would help us to guide better."

Additional Findings

- o Great variability in GPs' reasons for participating
 - Some actively interested in the topics
 - Some interested in overall caregiving techniques
 - Some cited personal invitation from CBO staff as the primary reason for attending
- o GPs became resource and support for one another
 - GPs and MDs both reported high levels of group interaction and support
- o Pediatricians reported high satisfaction & engagement
 - Many cited personal & practice benefits "above & beyond" program goals
 - Despite busy schedules, pediatricians wanted more training

Conclusions

- o Pediatrician-facilitated, community-based GP workshops are feasible and acceptable
 - Both constituencies were highly interested, saw clear relevance of, and enjoyed workshops
- o Substantial unmet need remains for nutrition education
 - Grandparents had detailed questions
 - Providers wanted more training & information
 - Both cited major role of culture/customs in eating practices
- o Caregiver GPs can be recruited into obesity prevention efforts
