

Salud America!

The Robert Wood Johnson Foundation Research Network to Prevent Obesity Among Latino Children

RESEARCH BRIEF

December 2011

Paying Attention to Children's Weight in Pediatric Primary Care

Introduction

Doctors and patients rarely identify or discuss obesity in the pediatric primary care setting. According to the National Health and Nutrition Examination Survey, only 36.7 percent of obese children and teens ages 2 -19 had been told by a doctor or other health-care professional that they were overweight, and parents of teens ages 16 -19 were more likely to be told than were parents of children ages 2 -11.¹ To help insure that appropriate medical attention is given to weight issues, the American Academy of Pediatrics' Committee on Nutrition² in 2003 began recommending the use of body mass index (BMI) surveys as an early way to identify unhealthy weight gain. BMI has both diagnostic and counseling benefits during office visits.³ Diagnostically, BMI makes scientific and objective identification of obesity easier—particularly compared to relying on visual assessment or ambiguous growth charts. Given that BMI is generally underused to assess obesity in children, and that weight is not often discussed during pediatric office visits, it is important to determine how often doctors counsel children about achieving a healthful weight. This is particularly true for Latino children, because they are among those at greatest risk for obesity and its related health problems.⁴

PRELIMINARY RESEARCH RESULTS

Our *Salud America!* pilot research project, "A Measurement of Obesity: BMI Screenings Across Two Settings," assesses how much weight-related medical attention children receive during well-child checkups at a pediatric community health center in a rural, predominantly Latino, migrant farm-worker community. Using

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PEER REVIEW

Peer review for this research brief was conducted by *Salud America!* National Advisory Committee Member Robin Hamre, M.P.H., R.D., director of the Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases at the U.S. Centers for Disease Control and Prevention.

For more information about *Salud America!*, visit

www.salud-america.org

¹ Center for Disease Control and Prevention. *Children and teens told by doctors that they were overweight—United States, 1999-2002*. MMWR morbidity and mortality weekly report. No. 54, (34): 848-849, 2005.

² American Academy of Pediatrics. "Prevention of pediatric overweight and obesity." *Pediatrics*, 112(2): 424-430, 2003.

³ Flower KB, Perrin EM, Viadro CI, et al. A. S. "Using body mass index to identify overweight children: Barriers and facilitators in primary care." *Ambulatory Pediatrics*, 7(1): 38-44, 2007.

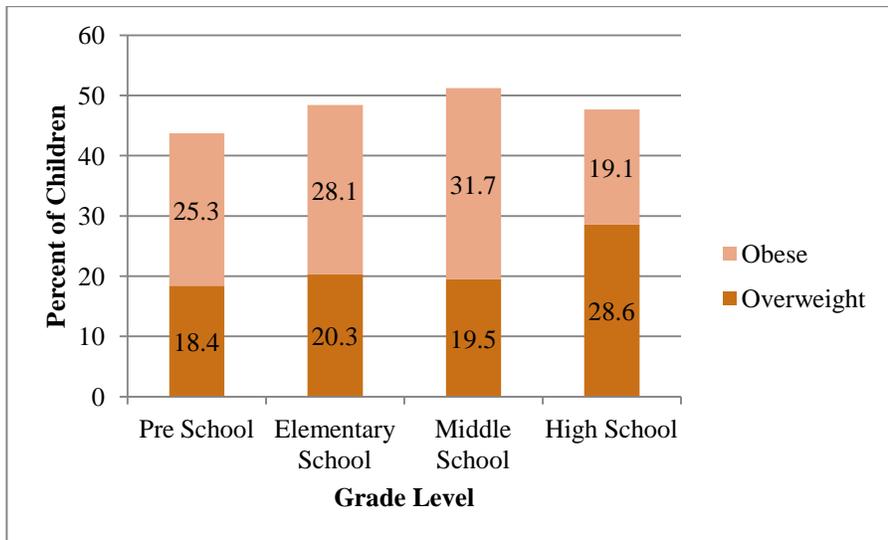
⁴ Caprio S, Daniels SR, Drewnowski A, et al. "Influence of race, ethnicity, and culture on childhood obesity: Implications for prevention and treatment." *Diabetes Care*, 31(11): 2211, 2008.

structured interviews, parents were asked immediately after the well-child visit to assess: 1) if their child's weight was discussed by the physician; 2) parents' awareness of and agreement with weight-related information, when provided; 3) family perceptions of what is considered overweight and any gender-based differences in those perceptions; and 4) family interest in influencing their child's weight, and what they would need to do so. Parents of children ages 3-16 were invited to participate. As of this brief's writing, 279 parents have been interviewed. All of the children covered by the interviews are Latino; more than three-fourths are of Mexican descent. Preliminary findings include:

- **Childhood overweight and obesity are common among Latino children, especially girls and youth entering middle school.** Overall, 47.3 percent of Latino children were overweight or obese (20.2% overweight, 27.1% obese). Although we found similar percentages of obese girls (26.1%) and boys (28%), far more girls than boys were overweight (25.4% as compared with 15.4%). As shown in Figure 1, the obesity rate was highest—31.7 percent—among children entering middle school. Among those entering preschool, elementary school and high school, 25.3 percent, 28.1 percent and 19.1 percent were obese, respectively.
- **Some parents are not concerned about their child's weight.** Fewer than 42 percent of parents with overweight or obese children said they were concerned about their child's weight. This percentage was similar for parents of overweight or obese boys, 40 percent of whom said they were not concerned, and overweight or obese girls, for whom the figure was 43.1 percent.
- **Obesity among girls raised the highest concern.** While parents were similarly concerned about overweight boys (18.2%) and girls (18.8%), they were more concerned about obese girls than they were about obese boys: 66.7 percent of parents of obese girls said they were concerned, compared with 52.6 percent of parents of obese boys. Parents reported being more concerned about the weight of healthy boys (23.6%) than healthy girls (9.8%).
- **The child's gender also influences physician action.** For both healthy-weight and overweight children, physicians documented information about boys' weights more frequently (healthy: 29.5%; overweight: 25%) than they did for girls weights (healthy: 13%; overweight: 15.2%). The opposite was true for the obese group, in which physicians talked about a boy's weight 50 percent of the time, compared with 58.8 percent for girls.
- **Physicians give little attention to children who are overweight but not obese.** Physicians documented a child's weight most frequently when the child was obese, doing so 53.3 percent of the time. Physicians only noted the weight of children

who were overweight 20.4 percent of the time and that of children who were a healthy weight 21.7 percent of the time

Figure 1: Percent of Obese and Overweight Children by Grade Level



Conclusion and Policy Implications

Our preliminary results support previous research findings that identify obesity as a serious, common and untreated problem among Latino children. They also highlight the need for programs that facilitate parental interest, concern and confidence in influencing their child's health and weight—particularly as parents in our study were frequently unaware of their child's weight status. Given that parents were much more concerned about obesity among their girls than among their boys, parental education must include gender-specific recommendations that address influences on their child's weight. Physicians need to be equipped with guidelines and tools that facilitate accurate diagnosis and treatment of childhood obesity, and any such guidelines must address parent and child motivation to engage in treatment. Future results with a larger sample could evaluate whether Latino parents' perceptions of ideal weight differ from those recommended for their children and how this differs by gender. We also will describe family interest and perceived needs in addressing childhood obesity, and gather data on blood pressure, cholesterol and other health issues among children who are obese.

Both our preliminary and forthcoming results have the potential to increase awareness of childhood obesity, and mobilize the community to improve how obesity is addressed locally. For example, our research team is sharing our preliminary results with leaders of the community health center where the study took place, to

inform them about the rise in Latino childhood obesity rates locally and provide insight about likely consequences. We also will use results to apply for funding to develop an integrated “Primary-Care and Behavior Health” intervention program to support children who are obese or overweight. Through that program, we will embed tools in clinics’ electronic health records that will help providers and physicians identify overweight and obesity among children and aid in communication to parents.