

# Healthy Active Living for Families (HALF): Right from the Start

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## Objective

To describe the Healthy Active Living for Families (HALF) Project and highlight the findings from the initial focus groups with parents of young children (birth to five).

## Background

Childhood obesity deeply impacts our youngest children. According to the *Institute of Medicine Early Childhood Obesity Prevention Policies Report*:

- Almost 10% of infants and toddlers have high weight for length
- Over 20% of children 2-5 are overweight or obese
- Approximately 1 in 5 children is carrying excess weight upon entering kindergarten

Early childhood has been identified as a critical period for obesity prevention. The way infants and young children eat, move, and sleep can impact their weight status at their current and future developmental stages. Early childhood provides opportunities to establish healthy eating practices, good physical activity habits, and optimal sleep durations before unhealthy patterns are established. Pediatricians meet with families 15 times during this period providing numerous opportunities for dialogue.

In an AAP 2009 needs assessment, focused on obesity resources for pediatricians, the need for more parent-friendly, plain language, and developmentally appropriate obesity prevention resources and tools for families with young children was identified. To that end, the Academy developed the HALF project.

## HALF Project Description

**Purpose:** To develop and test a series of positive, developmentally appropriate, and family-focused messages specific to obesity prevention for young children and their families.

**Process:** The HALF project is led by an editorial board comprised of experts in obesity prevention, clinical care, psychology, and community health. A parent team comprised of local Chicago parents serves as a "real life" touch point for the editorial board to advise and inform all phases of the project.

Parent feedback was solicited through two rounds of focus groups. The aim was to obtain input directly from parents on their experiences, concerns, and challenges related to food, feeding, activity, and obesity prevention. The purpose of the first round of focus groups, the **formative focus groups**, was to gather initial information and inform the development of positive and strength-based healthy active living messages. The formative focus groups occurred in the fall 2010. The second round of focus groups, the **evaluative focus groups**, explored the messages and distribution preferences. These occurred over the spring/summer of 2011.

**Goal:** The resulting messages and related focus group data will inform the development of web-based resources for families and clinicians to support early obesity prevention. These messages and materials will be unique from those already in existence because they will be parent-tested and crafted using plain language, a strength-based framework and a developmental approach.

## Methods

Six formative parent focus groups were conducted in three areas: San Diego, CA; Chicago [urban], IL; and Chicago [suburban], IL. Two sessions were held in each location based upon on child age (Infant group: birth-1 yr and Toddler/Preschool group: 1yr-5 yrs) and included a total of 53 parents. Participants were recruited via flyers distributed through local health clinic or pediatric practice as well as by word of mouth.

Prior to participation in the focus groups parents completed a background questionnaire which included a variety of lifestyle questions to identify risk factors for early onset of obesity. Focus groups were semi-structured interview protocol guided discussions which lasted approximately 90 minutes. Participants received \$40 for their participation. All focus groups were recorded and transcribed.

### Participant Demographics:

- Mean age=29 (range 19-46)
- Mean number of children=2.2 (Range 1-8)
- 44% African American, 38% White, 18% Other
- 27% Hispanic/Latino
- 50% single
- 47% high school diploma or less education
- 55% not employed, 29% employed part-time
- 61% child publicly insured

## Key Findings

### Survey Results:

Figure 1: Parent Perception of Child's Weight

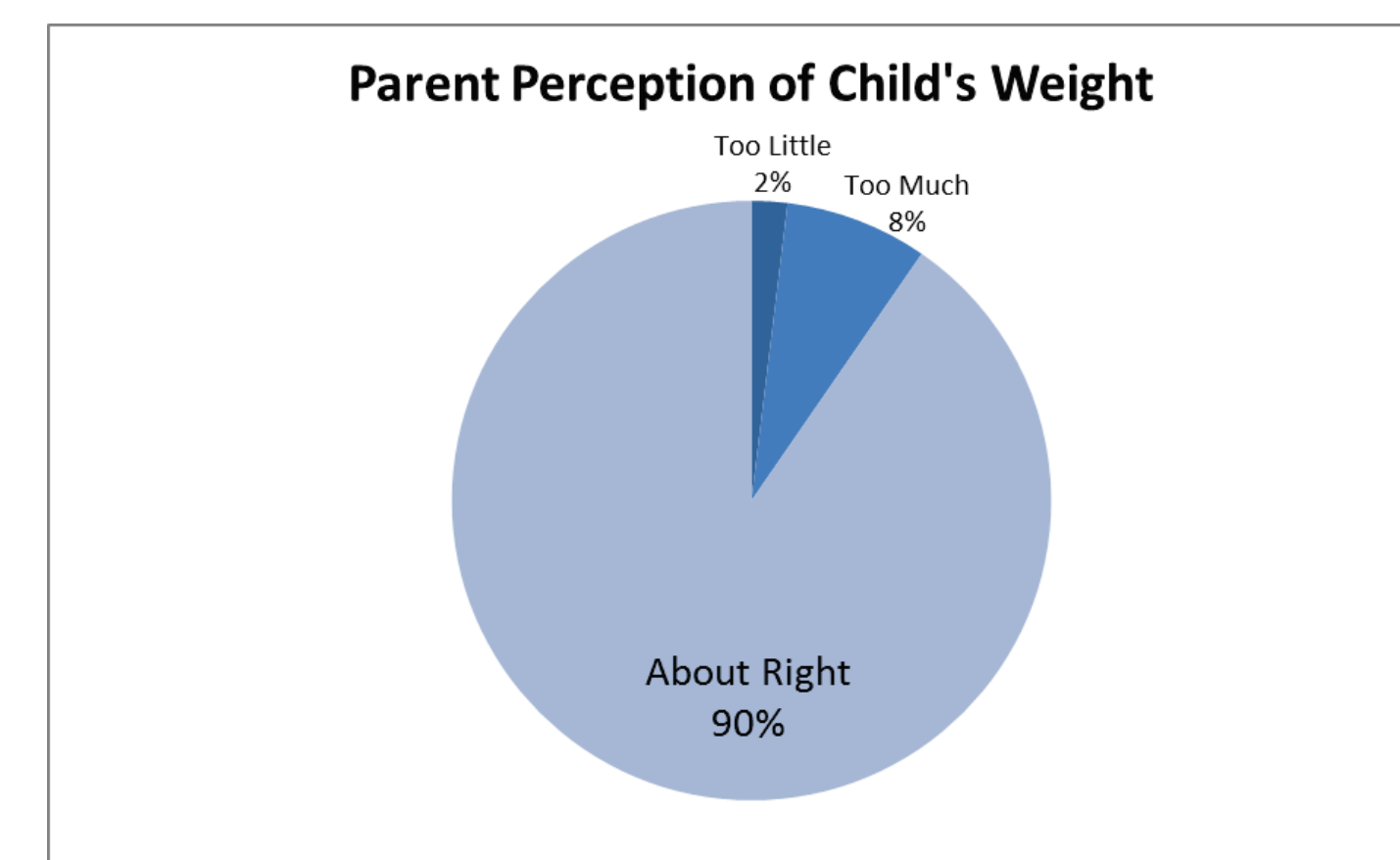


Table 1: Parent-Reported Obesity-Related Behaviors

Behavior	Percentage
Breastfed for any length of time	62%
Child eats ≥5 fruits/veg per day	46%
Child drinks ≥1 sugary drinks/day	33%
Child has TV in bedroom	33%

## Key Findings (cont)

### Parent Focus Groups Results:

#### Early Obesity Prevention:

- Many parents may not consider birth a starting point for obesity prevention

*...from what I recall... doctors' said they don't really overeat...breast milk or bottle milk. It's more when solid foods are introduced that you really have to kind of gauge overeating and that kind of thing [Parent of toddler/preschooler]*

#### Food and Feeding:

- Breastfeeding - unmet needs for education, support

*I'm a mom...I can do this. I should know how to breastfeed. It should come naturally and it doesn't. [Parent of Infant]*

- Challenges in the transition to solids (Early introduction/Portion sizes (Preference for fruits vs vegetables/**Understanding satiety**))

*How can I honestly tell if my baby is full without my baby has to spit up? How do I know when to stop feeding? [Parent of infant]*

- Disconnect between knowing what's healthy and feeding what's healthy especially snacks and fast food.

*You give your baby potato chips and juice because that's what you want to give 'em...I give my daughter chips and juice because I eat it [Parent of Toddler/Preschooler]*

- The appeal of sugar sweetened beverages

*Juice doesn't bother me as long as it's the right kind [Parent of Infant]*

- Outside influences (eg, grandparents, friends) on food and feeding are pervasive and stressful for parents to manage

*...whenever I take them somewhere like to a grandparent's house or... they'll go to a sitter and I'll pick them up and they'll be like 'Oh, I gave her pizza and Smarties for lunch' and I'm like 'Smarties? For lunch?' [Parent of Toddler/Preschooler]*

#### Active and Sedentary Behavior

- Limiting TV is a challenge - TV provides educational benefits to young children and gives parents a break

*...Baby Einstein...that's stuff that your kids need to watch...stuff like that develops your kids. [Parent of Infant]*

- Engaging very young children in active play may not be something that parents are thinking about; parents sought low cost, easy-to-implement ideas for active play

#### Parent Perceptions of Pediatrician's Role

- Desire for individualized education and guidance, not "parenting" advice
- Information may be perceived as less believable if it does not fit with parents' personal experience

## Conclusions

The findings from these focus groups illustrate the critical importance of incorporating the parent perspective. Parent experiences and self-reported practices in many cases are discrepant with existing expert guidance. Understanding where parents are starting from helps inform the design of messages that will resonate and hopefully be acted upon by families for incremental behavior change.

## Limitations

Participants were self-selected and may represent parents more interested and involved in their children's health than non-participants.

## Next Steps

There were several operational implications from that formative focus groups that informed our evaluative focus groups. Most importantly, healthy active living messages were designed based largely on the collective feedback of the formative focus groups which were then slated for testing in the evaluative focus groups.

Example: Parent Feedback

*I'm trying to teach my daughters to eat healthy and I know that not even by telling...that's not the only way. I have to show them so now I'm exercising and being more active with them. [Parent of Toddler/Preschooler]*

Example: Corresponding Message

### Being a parent is an important job!

When you set a good example, your young child learns healthy habits. He will want to copy what you eat and do to stay healthy.

Following testing of the messages the project editorial board will develop web-based resources for parents and providers. These materials are slated for launch in Spring of 2012.

## Acknowledgements

The HALF Project Team is grateful for the parents who shared their opinions and experiences through the formative focus groups as well as site support staff who provided recruitment assistance and meeting space. We also appreciate the insights of our HALF parent team and leadership of our HALF Editorial Board members, Sandra Hassink, MD, FAAP, Paula Duncan, MD, FAAP, Nwando Anyaoku, MD, MPH, FAAP, Kim Avila-Edwards, MD, FAAP, Jon Korfmacher, PhD, Tamela Milan, and Elsie Tavaras, MD, MPH, FAAP.



Funding for the HALF Project is generously provided by a grant from the Nestlé Nutrition Institute