Strengthening Communication with Head Start Families About Early Childhood Obesity

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Background

- Head Start is the nation’s largest federally-funded education program for preschoolers, serving over one million low-income children.
- While 26% of preschoolers nationally are overweight or obese (Ogden et al, 2012), just over 50% of low-income preschoolers are overweight or obese (CDC 2011).
- In Boston, where ABCD Head Start serves approximately 2,500 low-income preschoolers, rates of overweight and obesity have approached 40% (S. Carter, personal communication).
- Obesity is linked to adverse physical and psychological outcomes (e.g. type II diabetes, heart disease, depression).
- Head Start is federally mandated to conduct height and weight measurements twice a year, and to communicate results to caregivers. However, ABCD Head Start has found that caregivers rarely follow up with staff about results indicating that their child is overweight or obese.
- ABCD Head Start Nutrition Services identified a need to better communicate weight status results and the importance of healthy weight to caregivers.

Methods

- Starting in 2012, a Body Mass Index (BMI) Communication Working Group was formed to develop strategies to improve communication with caregivers about their child’s weight status. The working group was convened by partners from ABCD Head Start, Northeastern University, and Boston Children’s Hospital, who have worked together since 2009 through Healthy Kids, Healthy Futures (HKHF), an early childhood obesity prevention initiative.
- The working group consisted of over 20 members, including Head Start staff in a variety of roles as well as representatives from Northeastern University and Boston Children’s Hospital.
- The working group met regularly from Feb-July 2012 to develop and prioritize recommendations to strengthen communication with caregivers about their child’s weight status. Starting in Aug 2012 and continuing to present, HKHF and ABCD Head Start have collaborated to implement priority recommendations and evaluate impact.
- Evaluation took place across several components of the process:
  - Impact of working group participation: In April 2012, after the first five working group meetings, participants provided feedback about the working group via a structured group discussion and an anonymous questionnaire. A dependent samples t-test was conducted to evaluate if perceptions of the importance of childhood obesity changed after participation in the working group (a 5-point Likert scale was used; higher scores = higher importance).
  - Impact of healthy weight training for ABCD Head Start staff: One of the recommendations was to conduct a training for Head Start staff on healthy weight for preschoolers. Staff who participated in the Aug/Sept 2012 training completed an anonymous pre- and post-survey on their perceptions of the importance of childhood obesity

Results (cont.)

- Working Group Participation
  - As compared to baseline (M = 3.81, SD = 1.40), working group participants who completed the survey (n = 11) rated the issue of childhood obesity as significantly more important following participation in the working group (M = 4.64, SD = 1.21), t(10) = 2.92, p < .05, d = .75.
  - As one working group participant commented, “I’ve become more aware of what BMI exactly is and its importance in regard to preschool children.”

- Healthy Weight Training
  - The working group developed a 90 minute healthy weight training to offer during pre-service training for all ABCD Head Start staff. A total of 8 trainings were conducted, reaching 153 Head Start staff members (mainly teachers).
  - Training participants rated the importance of obesity as a health issue for Head Start students similarly pre- and post-training.
    - Pre: (n = 128) M = 3.91, SD = 0.38; Post: (n = 133) M = 3.95, SD = 0.24.
  - At post-training, training participants reported feeling slightly more prepared to speak with caregivers about a child’s weight.
    - Pre: (n = 129) M = 3.04, SD = 0.88; Post: (n = 133) M = 3.34, SD = 0.71.
  - Caregiver Perceptions of BMI Letter
    - A total of 27 Head Start caregivers participated in four focus groups to collect feedback on revisions made by the working group to the BMI letter.
    - There were varied levels of comprehension of the BMI data and growth chart contained in the letter, and caregivers suggested cutting out the growth chart. They preferred a simpler visual representation of their child’s weight status (a color coded scale that could be checked to indicate whether a child is underweight, healthy weight, or overweight).
    - Overall responses to the letter were positive, and caregivers indicated that the information contained in the letter was valuable and could help provide motivation for change if needed.
    - Using the feedback received in the focus groups, the working group made another round of revisions to the letter.

Discussion

- Given the many competing challenges faced by Head Start families, preventing childhood obesity may not be a priority. Head Start programs can serve an important role in supporting families to prioritize and maintain healthy weight for their children.
- This collaboration between ABCD Head Start and external partners has strengthened ABCD Head Start’s ability to effectively communicate with and educate caregivers and staff about childhood obesity.
- The working group has generated valuable internal discussions at ABCD Head Start about the importance of healthy weight in preparing preschoolers for success. The implementation of working group recommendations continues to raise the profile of ABCD Head Start’s health mission.

Acknowledgments

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http://www.northeastern.edu/healthykids

Photo 1. Working Group participants in a small group discussion