

An Obesity Management Intervention for Hispanic Children in a Pediatric Clinic

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ABSTRACT

Purpose: This study describes implementation of a pediatric obesity management intervention in a rural Hispanic clinic population. **Methods:** Hispanic children aged 5-14 (goal N=200) who are overweight (body mass index [BMI] 85th-94th percentile for age and gender) or obese (BMI \geq 95th percentile) and a parent (goal N=200) are being recruited from a pediatric clinic. Participants are randomized to standard care or an educational intervention. Standard care consists of brief, behavioral physician counseling and goal-setting using a Healthy Lifestyle Prescription (HLP), referral for blood draws, and follow-up visits at two weeks, six weeks, and 18 weeks after the initial visit. The intervention includes standard care plus one face-to-face, family-centered counseling session with a health educator, and monthly telephone counseling calls and educational newsletters. Both groups receive baseline and follow-up surveys assessing readiness for change, dietary and physical activity (PA) habits, and parenting style. **Results:** To date we have enrolled 42 child-parent pairs, with 20 children (13 females and 7 males; M= 10 years) in the educational intervention group. Among those that have completed the intervention (n=13), 23% received all four follow-up counseling calls, and 15% received three follow-up calls. Follow-up calls lasted on average 11 minutes and face to face interviews lasted on average 29 minutes. Of the 11 nutrition and PA-related goals in the HLP, the following goals were most frequently prescribed: limiting sugary drinks, drinking 6-8 glasses of water daily, and being active outside for one hour daily. Fifty-three percent of prescribed goals matched the child's behavioral profile at baseline. Compared to older children (ages 10-14 years), younger children (aged 5-9 years) were more frequently prescribed limiting sugary drinks (30.7% vs 71.4%, respectively) and increasing daily water consumption less frequently (69.2% vs 42.8%, respectively). **Conclusions:** Offering an obesity management intervention in a pediatric clinic setting is a feasible approach, which is well received by patients and has

been moderately successful to date. Better systems need to be developed to assist health care providers prescribe goals tailored to child's behavioral profile.

KEY WORDS: Obesity Prevention, Physical Activity, Patient Education, Hispanic, Clinic Intervention, Children