



# Primary Care Interventions to Reduce Childhood Obesity in Latino Families

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## ABSTRACT

**Introduction:** Increasing rates of obesity in Latino children call for culturally sensitive primary care interventions. Despite recent efforts to address this growing disparity, little is known about cultural variables that influence obesity management programs in Latino children.

**Methods:** A literature search was conducted using CINAHL, Scopus, PubMed, and PsycINFO to review the state of the science regarding primary care interventions to decrease obesity in Latino children. The author analyzed the effects of several cultural practices on obesity and made recommendations based on their clinical implications for weight reduction management programs.

**Results:** Obesity in Latino children is a multifactorial problem influenced by family behaviors, cultural perceptions of weight and health, traditional dietary norms, and socioeconomic status. Current practice lags behind national obesity management recommendations and is further hindered by a lack of consideration of the roles of key cultural differences in Latino families.

**Discussion:** It is imperative to recognize the importance of family preferences and culture when developing weight reduction programs so as to foster long-term behavior changes. More research assessing the efficacy of culturally competent interventions is necessary to guide national efforts to address this increasing disparity. *J Pediatr Health Care.* (2016) 30, 471-479.

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Conflicts of interest: None to report.

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0891-5245/\$36.00

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Published online December 8, 2015.

<http://dx.doi.org/10.1016/j.pedhc.2015.11.002>

## KEY WORDS

Childhood obesity, primary care, Hispanic, Latino

Childhood obesity is a public health crisis. According to the Centers for Disease Control and Prevention (CDC), despite increased knowledge regarding the negative health consequences of obesity, in the past three decades we have seen a twofold increase in childhood obesity (Ogden, Carroll, Kit, & Flegal, 2014). Overweight is defined as a body mass index (BMI) at or above the 85th percentile according to the CDC's BMI-for-age growth charts. Obesity is equal to or greater than the 95th percentile BMI-for-age. In 2012, 8.4% of 2- to 5-year-olds were considered obese. In addition, children ages 6 to 11 years nearly doubled this statistic, with 17.7% meeting criteria for obesity within the same year. Despite the creation of national government-funded programs attempting to address this issue, the overall burden of obesity on American's youth has remained unchanged since 2003 (Ogden et al., 2014).

Hispanic or Latino children constitute the greatest percentage (22.4%) of obese children (Ogden et al., 2014). The ethnic term *Hispanic* or *Latino* applies to a variety of people from Spanish-speaking countries in Central and South America, as well as the Caribbean (Cartagena et al., 2014). In response to the rising prevalence of obesity in Latino children, treatment programs have emerged throughout the United States; however, current programs show modest outcomes at best. There remains a great lack of conscientiousness regarding the importance of providing culturally competent care (Robinson et al., 2013). The disproportionate amount of overweight minority children highlights the importance of identifying feasible, effective, and culturally sensitive interventions. It is essential to understand the unique cultural nuances of feeding styles, physical activity, and perception of

weight status to best suit the needs of this population. This article aims to explore current literature and make recommendations for primary care interventions to reduce obesity in Latino children. I hypothesize that understanding the role and impact of culture on obesity in Latino children will optimize clinician time and lead to improved patient care.

**The disproportionate amount of overweight minority children highlights the importance of identifying feasible, effective, and culturally sensitive interventions.**

## METHODOLOGY

An electronic review of the literature was conducted in June 2015 using four databases: CINAHL, PsycINFO, Scopus, and PubMed. These search engines encompass articles from different health care disciplines and provide a variety of perspectives on the topic. The key words used were “primary care,” “childhood obesity,” and “Latino” or “Hispanic.” Additional search limits included English language, age group 0 to 12 years old, and published within the past 5 years (2010–2015). The initial search yielded 81 results. Preliminary abstract review led to the exclusion of articles that focused on adolescents, were not primary care–based, or lacked a discussion on findings as they relate to Latinos. Duplicate articles were also eliminated. A total of 17 studies were selected for secondary review. Five articles discussing study designs with pending results were excluded. The remaining 12 studies are summarized in the [Table](#). A review of the methodology can be found in the [Figure](#).

## LITERATURE FINDINGS

### Current Recommendations

The U.S. Preventative Services Task Force (USPSTF) recommends that all children older than 6 years be screened for obesity. Comprehensive weight reduction services, starting with periodic BMI screenings and obesity risk factor assessments, should be offered to all obese children. The USPSTF suggests the incorporation of the American Academy of Pediatrics’ (AAP) staged approach to weight reduction. The first step, namely Prevention Plus, focuses on recommending healthier eating behaviors and increased physical activity. Providers are encouraged to schedule frequent follow-up visits to reinforce teaching and monitor progress. Children who require a more intensive approach to weight management should proceed to step 2—Structured Weight Management. This step recognizes the importance of parental involvement and the impact of parental behaviors on children’s perspectives of diet and exercise. Thus the AAP suggests more

purposeful parental-provider communication and increased monitoring of specific desired behaviors (Turer, Mehta, Durante, Wazni, & Flores, 2014).

### Primary Care Interventions: Role and Perceptions

Numerous studies have assessed the impact of community-based interventions targeting obesity in Latino children, but few studies have assessed the efficacy of efforts led by primary care providers. Turer, Mehta, and colleagues (2014), Turer, Montano, Lin, Hoang, and Flores (2014), and Woo Baidal and colleagues (2013) suggest that effective weight-loss interventions require constant communication and rapport. Thus, as a constant point of contact and trusted caregiver, the primary care provider has a responsibility to address the needs of this vulnerable population. According to Turer, Mehta, and colleagues (2014), parents believe it is their primary care provider’s duty to communicate with them about their child’s weight status. Parents rely on providers to make weight reduction recommendations. Furthermore, they wish to establish a partnership to identify potential barriers to change. Continued attendance to Step 2 weight loss programs is influenced by parental perceptions of providers’ engagement in monitoring their child’s progress and the sensitivity with which the provider addresses the child’s weight.

Despite current recommendations and parental expectations, Turer, Mehta, and colleagues (2014) and Turer, Montano, and colleagues (2014) found that many providers still fail to communicate with Latino families regarding their child’s weight status. Furthermore, these study investigators also found that providers have expressed a lack of confidence in their abilities to manage obesity reduction programs. As previously mentioned, Step 2 interventions require more intensive behavior counseling and necessitate provider knowledge regarding parental preferences and habits. Turer, Mehta, and colleagues (2014) and Turer, Montano, and associates (2014) have explored multiple barriers to providing effective Step 2 management.

### Barriers to Prevention and Treatment

A number of known shortcomings of the American health care system impede adequate access to care. Uninsured and underinsured patients have no access to a provider who can ensure adequate follow-up. A 2010 study by Branscum and Sharma found that when compared with their White counterparts, Latino children are twice as likely to lack adequate health insurance. According to Resnicow and colleagues (2011), providers commonly cite time constraints as a barrier to adequately address obesity management. Additionally, although primary care providers believe they should manage weight loss in children, many are discouraged by their lack of confidence in delivering

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