Parent Recommendations to Enhance Enrollment in Multidisciplinary Clinical Care for Pediatric Weight Management

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Objective To explore parents' recommendations to enhance enrollment in multidisciplinary clinical care for managing pediatric obesity.

Study design Data for this interpretative description study were collected through individual, semistructured interviews that were audiorecorded, transcribed verbatim, and analyzed thematically. Parents (n = 79) were recruited from 4 multidisciplinary weight management clinics in Canada located in Edmonton, Hamilton, Montreal, and Vancouver.

Results Most interviewed parents had children with obesity (body mass index ≥95th percentile; 84.2%), were female (87.3%), had postsecondary education (69.6%), and were white (75.9%). Parents' recommendations referred to enrollment opportunities, information about obesity services, motivation for treatment, and accessibility to obesity services. Specifically, parents recommended to increase referral options and follow-up contacts with families during the enrollment process, inform referring physicians and families about the availability and characteristics of obesity services, enhance families' motivation for treatment, prevent families from getting discouraged, make services more appealing to families, and address accessibility issues (eg, offering multiple options for appointment times, providing support for transportation).

Conclusions Parents' recommendations support the need for family-centered approaches to enhance enrollment; however, their feasibility, acceptability, and effectiveness remain to be tested empirically. *(J Pediatr 2018;192:122-9).*

To address the high prevalence of childhood obesity, recommendations have been published in recent years related to assessing, preventing, and managing excess weight.[1,2] For instance, experts have endorsed assessing children's weight status, health risks, and lifestyle habits; encouraging specific healthy eating and physical activity behaviors; and tailoring interventions to patients' responses to treatment, degree of obesity, and readiness to change.[2] In contrast, few reports have been published regarding recommendations to address patients' engagement in pediatric weight management interventions. This represents a substantial shortcoming because approximately one-half of physician-referred children do not enroll in treatment,[3] up to 70% of children discontinue care prematurely,[4] and less than one-half of children adhere to treatment recommendations following the completion of an intervention.[5] Treatment initiation, continuation, and adherence are key elements to successfully managing obesity in children.[6,7] Indeed, length of clinic involvement[8] and adherence to treatment[9] have been associated with better weight outcomes. Poor patient engagement may lead to further weight gain, increase costs of health services, lower patients' confidence in managing obesity in the future, and hamper the actual effectiveness of interventions.[10-12]

Research on engagement has focused primarily on families who withdraw from interventions.[13] Consequently, most recommendations to improve engagement focus on enhancing retention by increasing treatment motivation and improving accessibility, content, and delivery of care. Unlike studies of retention, few reports have documented issues related to enrollment in pediatric weight management and strategies for facilitating enrollment.[3,10] These reports have documented that parents play an important role in the decision to enroll their children in pediatric weight management, which is often based on several subjective assessments, including the assessments of the need for weight management and further actions, suitability of the recommended care, and enrollment barriers.[14] Particularly, enrollment in multidisciplinary clinical care is critical because children with the greatest need for weight management because of a high degree of obesity are most likely to be referred to this level of care,[3] which tends to be the most effective treatment option.[1]

Recommendations to enhance enrollment have been derived mainly from research on methods of recruitment,[15] factors associated with and reasons for (non)enrollment,[16] barriers to and facilitators of enrollment,[14] and strategies that clinics have used to enhance enrollment and retention.[17] Little is currently known

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about families' perspectives on improving enrollment, even though strategies to enhance enrollment have the potential to be successful if they reflect families' needs, preferences, and circumstances.[16] Given that parents play a key role in seeking care for pediatric weight management and supporting initial and continued attendance to obesity interventions, the purpose of our study was to explore parents' recommendations to enhance enrollment of children referred to multidisciplinary clinics for managing pediatric obesity.

Methods

This report is part of a larger study that was designed to understand families' reasons for initiating, continuing, and terminating health services for managing pediatric obesity.[7] Interpretative description guided the current report, a method suitable to describe themes and patterns of contextually constructed patient experiences to inform clinical understandings and decisions.[18] Ethics approval was obtained from the Human Research Ethics Boards of 4 Canadian universities (University of Alberta, Edmonton, Alberta; Hamilton Health Sciences/McMaster University, Hamilton, Ontario; McGill University, Montreal, Quebec); and University of British Columbia, Vancouver, British Columbia) prior to recruitment and data collection.

Participants were parents of children (10-17 years of age) referred by local physicians and nurse practitioners to multidisciplinary clinics for pediatric weight management from 2011 to 2014. Children could be referred to and receive treatment from participating clinics if they had a body mass index ≥85th percentile.[19] Before treatment, referred families were invited to an orientation session about services offered at each clinic. Some referred children did not attend the orientation session and others attended, but did not initiate treatment (noninitiators). Children who initiated treatment either discontinued care prematurely (initiators) or completed care (continuers). Parents received reminder phone calls in relation to orientation sessions and first clinical appointments; these 2 scheduled visits were rebooked when necessary. Our sample was chosen purposely[20] whereby families had to have first-hand experience of (at least) being referred, which included parents of children who declined, initiated, or continued care and be able to provide insight on how to improve the enrollment process from the time of referral to attendance of the first clinical appointment. Parents with little insight on improving enrollment were not included in the study. The number of parents we interviewed allowed for data saturation and was similar in sample size to previous reports published by our team members.[14,21] We recruited parents from 4 clinics representing diverse geographical areas (urban, semiurban, and rural), and with different levels of engagement to increase the variability of our sample (maximum variation sampling).[20] This strategy allowed us to capture diverse perspectives and experiences regarding parents' recommendations and identify themes across participant and organizational differences. Contact information of parents was obtained from referral forms. Parents were contacted by phone or approached in-person by a research assistant who invited them to take part in the study. As a token of appreciation, parents who participated in the study were eligible to receive a CaD$100 gift card to a local business (eg, grocery store) after interviews were completed.

Children were referred to 4 multidisciplinary clinics including the Pediatric Center for Weight and Health (Edmonton, Alberta), Center for Healthy Weights: Shapedown British Columbia (Vancouver, British Columbia), Growing Healthy Weight Management Program (Hamilton, Ontario), and Healthy Weight Clinic (Montreal, Quebec). These 4 clinics are located at children's hospitals in urban areas in Canada and include multidisciplinary teams composed of pediatricians, dietitians, exercise specialists, nurses, and mental health professionals. Interventions tend to be long-term, patient-centered, family-based, and multicomponent including dietary, physical activity, and behavioral modifications. Clinics offer care through different modes of contact including in-person (one-on-one or group sessions) and distance-supported (eg, videoconference, e-mail, telephone), especially if families face barriers to attendance. In addition, some clinics have established partnerships with community-based lifestyle programs to support families during and after treatment. Details of each clinic have been reported elsewhere.[22]

Data were collected using individual, semistructured interviews conducted in a private office located at the clinic to which families were referred. Prior to study initiation, all interviewers attended a 2-day, in-person team meeting along with study investigators, which included pre-meeting readings as well as hands-on training and skill development in conducting qualitative interviews. This training helped to ensure that all interviewers had a similar foundation of knowledge and competence for conducting the qualitative interviews, which lasted 30-45 minutes in duration and were audiorecorded. The interview guide (**Table I**) was informed by team members' expertise in qualitative research, pediatric obesity, and health ser-

Table I. Interview guide to explore parents' recommendations about enrollment in pediatric weight management

1. Who referred you?
2. Can you describe what they said and did?
3. Did you know about the clinic beforehand? Where did you learn about it?
4. Did your physician know about the clinic?
5. What information did you receive about the program? How was it shared with you?
6. What information did you receive about the referral process and next steps?
7. What kind of information from the physician would be most helpful for you and your family?
8. Was there anything positive or negative about the referral process that stood out to you?
9. Was there anything that your physician could have done better?
10. Did you come to the orientation session? Did you find it helpful?
11. What were your feelings after the orientation session?
12. Did your child come to the orientation session? What did he/she think?
13. Did what you hear and see during the orientation session influence your decision to initiate the suggested care? How?
14. What are the things that healthcare professionals could do to make it easier to initiate care?
15. In your opinion, what do you think would help other families attend the program?