

KEY STEPS: To Prevent Child Overweight

Background

Child obesity has reached epidemic proportions in the US. Today, more than 20% of children between two and five years old are overweight or obese. Racial and ethnic minorities, as well as children from low-income families, are at increased risk.

While many factors contribute to childhood obesity, the role of parents is key to developing a home environment that supports obesity prevention. A review of interventions targeting low-income populations suggests that key behaviors in the home (e.g., breastfeeding, physical activity, TV viewing, parental feeding practices) which contribute to weight gain/obesity, may also be amenable to change through targeted intervention. In May of 2011 the Institute of Medicine published a report highlighting the urgent need for early prevention and detailing the importance of making changes to support healthy environments in the first five years of life.

Key Steps Program

The Center for Healthier Communities collaborated with San Diego County Health and Human Services Agency (HHS) and its regional public social services centers (RPSSCs) to conduct *Key Steps*. Funded by the First 5 Commission of San Diego and HHS, *Key Steps* tested the feasibility of providing low-income pregnant women and parents with children 0-4 years (while visiting RPSSCs) with brief education and resources to initiate “key” behaviors in their home environment aimed at preventing overweight.

Bilingual health educators asked parents to complete an assessment that would identify their behaviors that could increase their child’s risk for obesity. Each participant received a 15-20 minute one-on-one session to review their assessment, discuss the problem of childhood obesity and learn about six “Key Steps” (via education handouts) they can take to help prevent their child from being overweight. Together, the health educator and parent developed a tailored plan outlining one or two KEY behavioral goals that the parent chose from a list and agreed to work on.

Participant Goal Categories	% Of Total Chosen
Decrease Juice/Soda	33%
Parent will increase exercise	14%
Decrease Fast Food Meals	13%
Decrease screen time for CHILD	12%
Offer small portions of healthy foods, let child decide how much to eat	6%
Give water only	6%
Include \geq one vegetable/ fruit each meal	4%
Turn off TV during every meal	4%
Take TV out of child's room	3%
Breastfeed exclusively	2%
Decrease MY screen time	2%
Toddler at least 30 min. active play	1%
Join breastfeeding support group	1%
Breastfeed when baby seems hungry	0%

This table summarizes the participant goal categories offered to 1,206 program participants and percentage chosen of total for each goal

Results

A total of 1,206 parents/caregivers participated. Four weeks post intervention, a randomly selected 20% of participants received an evaluation phone call from a research assistant. At follow-up, 100% of respondents reported satisfaction with the program. Of all goals set, 85% were reported as met during the two weeks prior to follow up. Of 1,763 goals chosen, the most frequently selected were: 1) decreasing daily juice/soda intake (33%) and increasing exercise for the parent (14%) (see chart above for breakdown of goal selection). Statistical analysis showed a significant increase post intervention in agreement with the statements: “Obesity is a major health problem for children in the US” and “Choices that I make *now* as a parent of a child 0-4 years of age can prevent my child from becoming overweight or obese in the future.”

Conclusion

It is feasible to implement a program aimed at increasing behaviors to prevent child obesity with low-income parents visiting welfare offices. Parents are most likely to choose child reduction of juice/soda intake as a behavioral goal.

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