Analysis of Barriers to Successful Prevention and Management of Pediatric Obesity and their Relationship to Care at Community Health Centers

Rebecca Beesley MPH, Nicole Craker MPH, Sabrina Neeley PhD, MPH and Ashley Fernandes MD, PhD
Wright State University, Boonshoft School of Medicine, Dayton, OH

INTRODUCTION

- Prevalence of childhood obesity in the United States is 16.9% (Ogden, Carroll, Kit, & Flegal, 2014).
- The epidemic of overweight and obesity adds economic burden to our society.
- Only a systematic review of cross-sectional research has been conducted assessing the knowledge, attitudes, beliefs, and practices of healthcare providers in regards to pediatric overweight and obesity (van Gerwen, Franc, Rosman, Le Vaillant, & Peletier-Fleury, 2009).
- Qualitative methods allow researchers to get a better understanding of the perspectives held by participants (Stanford, Breckon, Copeland, & Hutchinson, 2011).
- It is estimated by the end of 2014, an additional 32 million people will seek care at a Community Health Center (CHC) as a result of the Affordable Care Act (Amico, Chilingerian, & van Hasselt, 2014).
- It is important to evaluate how CHCs will be targeted and utilized in efforts to reduce pediatric obesity in the United States.

METHODS

- A qualitative evidence synthesis was conducted (Figure 1, Table 1) for this project.
- Databases used: PubMed, PsycINFO, CINAHL, ERIC, and SociIndex
- All chosen studies were deemed valid and appropriate for use in this qualitative evidence synthesis.
- Two readers independently selected articles to include in the final synthesis. The inter-rater reliability for article selection was Kappa = 0.811 (p<0.0001).
- A SWOT Analysis (Table 2) was performed to assess the potential strengths, weaknesses, opportunities, and threats a CHC model may have in the prevention and management of pediatric obesity.

RESULTS CONTINUED

- External Factors (Figure 2) - Time and provider education are major barriers
  - Those studies mentioning lack of education were almost identical to those mentioning lack of time
  - Little mention of reimbursement
  - Although less mention of need for multidisciplinary care, much focus on role confusion
  - Role confusion not limited to one sector of the healthcare workforce

- Table 1. Themes Extracted from Literature Review

- Category 1: External Factors (Figure 2) - Time and provider education are major barriers
  - Thirteen of nineteen studies identified a lack of time and provider education

- Category 2: Interpersonal Factors (Figure 3) - Much concern about sensitivity of topic and overweight/obese caregivers
  - Providers concerned about jeopardizing relationship and losing patient
  - Conflicting cultural norms seen as a major barrier

- Category 3: Perceptions about Caregiver (Figure 4) - Many caregivers perceived as in denial of the child’s weight problems

REFERENCES


Figure 1. Article selection methodology and results.

Figure 2. Comparison of external factors.

Figure 3. Comparison of interpersonal factors.

Figure 4. Comparison of perceptions of caregivers.

Figure 5. Comparison of barriers.

CONCLUSIONS

- Barriers fell across different regions and cultures and various fields of the healthcare workforce.
- Healthcare providers face difficulties before, during, and after the discussion.
- Underlying issue of role confusion amongst healthcare professionals.
- Key stakeholders need to have a clear understanding of the issue at hand and the barriers to its successful resolution.
- Desire for primary healthcare providers to learn more and effectively counsel their patients about diet and nutrition vs. their limiting time constraints and desire to refer patients to other disciplines for care.
- FQHCs provide a multidisciplinary atmosphere providers desire.
- Uniformed Data System gives FQHC ability to monitor yearly outcomes.
- FQHCs focused on grant funding rather than efficient business model.
- Overextended in staff, money, and time - must prioritize what to address.
- FQHC status requires quality assurance plans that assess the utilization of services provided to the communities who can identify if an FQHC is meeting the needs to prevent and manage pediatric obesity.
- FQHCs must be explored further for their potential role in prevention and management of pediatric obesity due to their increased relevance.

ACKNOWLEDGEMENTS

We would like to thank Bette Sydsko for her expertise and guidance in performing literature searches and Sylvia Ektron for her help with the statistical analysis for this project.