



The Wait for the Weight: Pediatricians' Communication about Weight to Overweight and Obese Latino Children and their Parents



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BACKGROUND

- Latinos among most overweight racial/ethnic groups of US children
- One in four primary-care physicians Spanish proficient
- Three in four Latino patients identify Spanish as primary language spoken at home
- Unclear whether language barriers impact communication of childhood overweight

STUDY AIMS

- Determine whether and how language incongruence associated with communication about childhood overweight
- Identify differences in communication themes/subthemes between language-congruent and language-incongruent groups

METHODS

- Cross-sectional analysis of video- or audio-recorded primary-care visits

Recruitment and Eligibility

- Pediatricians and participants/parents recruited from two primary-care clinics at academic and community-based locations
- Recruited equal numbers of pediatrician-patient encounters conducted in English and Spanish
- Pediatrician eligibility: at academic center, resident/attending dyads recruited; at community-based clinic, only attendings recruited
- Parent/child eligibility criteria: child Latino, 6-12 years old, and overweight (directly measured body mass index ≥85th percentile)

Pre- and Post-Visit Surveys

- Demographic information (pediatricians, parents, and children)
- Language proficiency, assessed using US Census Bureau questions
 - Language incongruence defined as pediatrician limited Spanish proficiency combined with parent limited English proficiency
- Post-visit parental perception that pediatrician communicated regarding weight
- Post-visit parental perception that pediatrician specifically communicated child’s overweight
- Video- and audio-recorders placed in discrete locations by research staff prior to start of visit (no staff present in room during recording)
- \$10 participant honorarium

Analysis

- Recorded visits viewed and transcribed
- Specific communication content coded by three independent reviewers
 - Disagreements resolved through consensus
- Bivariate analysis used to determine association of language congruence with specific communication content, including:
 - Direct communication child overweight
 - Who broached topic of overweight
 - Use of growth charts
 - Culturally-relevant dietary recommendations
 - Weight-related health risks
 - Weight-status improvement plan communicated (for example, maintain weight, lose “X” amount of weight)
 - MD follow-up recommended
 - Referral recommended (for example, to nutritionist)
 - Laboratory studies recommended

RESULTS

Participant Characteristics by Language Congruence				
Characteristic		Mean (95% CI) or Proportion (%)		P
		Language Congruent	Language Incongruent	
Child		N=20	N=6	
Female		50%	17%	NS
Age, years		9.6 (7-12)	9.3(8-12)	NS
Child weight status	Overweight	20%	17%	NS
	Obese	80%	83%	
Parent				
English proficient	Very well/well (vs. not well/not at all)	50%	0%	.03
Parental BMI, kg/m²	Mother overweight or obese	75%	100%	.04
	Father overweight or obese	60%	33%	NS
	Both parents overweight/obese	55%	33%	NS
Parental age, years		35 (28-42)	36 (32-41)	NS
Household				
Highest educational level	Less than high-school degree	55%	67%	NS
	High-school degree	10%	33%	
	Vocational or technical school	5%	0%	
	Some college	30%	0%	
	College graduate or higher	0%	0%	
Annual household income, mean		\$24,400 (4.5-60K)	\$23,700 (14.4-50K)	NS
Pediatricians		N=12	N=3	
Weight status	Overweight	30%	17%	.01
	Obese	10%	67%	
Spanish proficient	Very well/well (vs. not well/not at all)	60%	0%	.02
Race/ethnicity	Latino	30%	0%	.03
	African-American	10%	67%	
	Asian	30%	17%	
	Non-Latino white	30%	17%	
Female		50%	100%	.03

Communication Characteristics by Language Congruence				
Characteristic		Mean (95% CI) or Proportion (%)		P
		Language Congruent	Language Incongruent	
Characteristic		N=20	N=6	
Interpreter used		0%	33%	<.01
Primary care-clinic site	Community Clinic	55%	33%	NS
	Resident Continuity	45%	67%	
Parent broached topic of weight		10%	50%	.03
MD directly communicated child overweight		90%	50%	.03
Use of growth charts		80%	0%	<.01
Weight-status improvement plan communicated		55%	33%	NS
Weight-related health risks communicated		55%	50%	NS
Culturally-relevant dietary recommendation made		20%	17%	NS
MD interval follow-up visit recommended		70%	50%	NS
Referral to nutrition		45%	67%	NS
Laboratory studies done		60%	67%	NS
Parent reported MD	Did not communicate child overweight	0%	33%	.02
	Communicated child healthy-weight	15%	0%	
	Communicated child overweight	85%	67%	
Parent concerned/very concerned/extremely concerned that child is overweight		65%	33%	NS

RESULTS

Illustrative Quotes

Direct Communication Child Overweight

- MD: “*Looking at her growth chart, I’m worried about the weight...her BMI is off the charts. We start worrying about that even as early as this age because it can lead to diabetes, heart problems, cholesterol problems, a lot of the problems we see in people like you and me—in adults.*”

No Direct Communication Child Overweight

- MD: “*What does he eat? How many portions of vegetables does he eat every day?*”
Parent: “*Vegetables, hardly ever.*”
MD: “*We’re going to have to change that.*”
MD: “*He has some darkening here [pointing to child’s neck]. That indicates an issue with controlling the level of sugar and insulin more than normal. It is a sign of diabetes or prediabetes, so we need to change the diet.*”

Use of Growth Charts

- MD: “*Look, he was kind of going along—dot, dot, dot, and then, bam, he just jumped right up. That is a big concern...He is obese.*”

Who Broached Topic of Overweight

- Parent: “*How is her weight?*”
- Parent: “*He is a little chubby.*”
- MD: “*We’ve got to talk about her weight.*”
- MD: “*And the weight is good. It’s better this year. Did you know that?*”

Communication of Weight-Management Plan

- MD: “*I don’t want him to lose. I just want him to maintain the same [weight].*”
- MD: “*Best thing he can do is not gain any more weight and continue to lose weight slowly.*”
- MD: “*Our goal [is that] we’ll try to lose five pounds in three months.*”

Culturally-Relevant Dietary Communication

- MD: “*No tacos. You need to buy fruit.*”
- MD: “*Eat less fat, less manteca, less sugar.*”

CONCLUSIONS

- Pediatrician-parent language incongruence associated with
 - Lower likelihood of:
 - Direct communication of child overweight
 - Use of growth charts
 - Higher likelihood of parents, instead of doctors, first to broach topic of overweight
- Many overweight Latino children, regardless of language congruence, do not receive:
 - Weight-management plans
 - Culturally relevant dietary recommendations

IMPLICATIONS

- During primary-care visits between pediatricians with limited Spanish proficiency and overweight Latino children and LEP parents, vigilance needed in directly communicating child overweight, including use of growth charts
- During all primary-care visits with overweight Latino children:
 - Special attention needed to providing weight-management plans
 - Counseling Latino overweight children and families about culturally relevant dietary habits and recommendations