

Background

- ❑ Head Start is the nation's largest federally-funded education program for preschoolers, serving over one million low-income children.
- ❑ While 26% of preschoolers nationally are overweight or obese (Ogden et al. 2012), just over 30% of low-income preschoolers are overweight or obese (CDC 2011).
- ❑ In Boston, where ABCD Head Start serves approximately 2,500 low-income preschoolers, rates of overweight and obesity have approached 40% (S. Carter, personal communication).
- ❑ Obesity is linked to adverse physical and psychological outcomes (e.g., type II diabetes, heart disease, depression).
- ❑ Head Start is federally mandated to conduct height and weight measurements twice a year, and to communicate results to caregivers. However, ABCD Head Start has found that caregivers rarely follow up with staff about results indicating that their child is overweight or obese.
- ❑ ABCD Head Start Nutrition Services identified a need to better communicate weight status results and the importance of healthy weight to caregivers.

Methods

- ❑ Starting in 2012, a Body Mass Index (BMI) Communication Working Group was formed to develop strategies to improve communication with caregivers about their child's weight status. The working group was convened by partners from ABCD Head Start, Northeastern University, and Boston Children's Hospital, who have worked together since 2009 through Healthy Kids, Healthy Futures (HKHF), an early childhood obesity prevention initiative.
- ❑ The working group consisted of over 20 members, including Head Start staff in a variety of roles as well as representatives from Northeastern University and Boston Children's Hospital.
- ❑ The working group met regularly from Feb-July 2012 to develop and prioritize recommendations to strengthen communication with caregivers about their child's weight status. Starting in Aug 2012 and continuing to present, HKHF and ABCD Head Start have collaborated to implement priority recommendations and evaluate impact.
- ❑ Evaluation took place across several components of the process:
 - *Impact of working group participation:* In April 2012, after the first five working group meetings, participants provided feedback about the working group via a structured group discussion and an anonymous questionnaire. A dependent samples *t*-test was conducted to evaluate if perceptions of the importance of childhood obesity changed after participation in the working group (a 5-point Likert scale was used; higher scores = higher importance).
 - *Impact of healthy weight training for ABCD Head Start staff:* One of the recommendations was to conduct a training for Head Start staff on healthy weight for preschoolers. Staff who participated in the Aug/Sept 2012 training completed an anonymous pre- and post-survey on their perceptions of the importance of childhood obesity

Methods (cont.)

as well as how prepared they felt to speak with caregivers about a child's weight (a 4-point Likert scale was used; higher scores = higher importance/preparation).

- *Caregiver perceptions of BMI letter:* After modifying the "BMI letter" sent to caregivers with the results of their child's height/weight measurements and weight status, four focus groups were conducted with caregivers in Oct/Nov 2012 to evaluate their satisfaction with and understanding of the new letter.

Results

Table 1. Priority Areas for Change Identified by the Working Group

1. Create Head Start program wide "buy-in" on the importance of healthy weight.
2. Improve communication between key stakeholders (i.e. nutritionists, teachers, case managers, health managers).
3. Provide healthy weight/nutrition training for Head Start staff.
4. Strengthen nutrition training for Head Start caregivers.
5. Modify language and format of the BMI letter sent to Head Start caregivers.

Table 2. Recommendations/Projects Selected for Priority Implementation

1. Develop a training for Head Start staff on the importance of healthy weight and their role in promoting healthy weight among their students.
2. Revise the letter sent home to Head Start caregivers with the results of their child's height/weight measurements and weight status so that the letter is easier to understand and more compelling.
3. Create a video for Head Start staff and caregivers on the importance of healthy weight for preschoolers and the work that ABCD Head Start does to promote healthy weight among students.

Photo 1. Working Group participants in a small group discussion



Results (cont.)

Working Group Participation

- ❑ As compared to baseline ($M = 3.81$, $SD = 1.40$), working group participants who completed the survey ($n = 11$) rated the issue of childhood obesity as significantly more important following participation in the working group ($M = 4.64$, $SD = 1.21$), $t(10) = 2.52$, $p < .05$, $d = .76$.
- ❑ As one working group participant commented, "I've become more aware of what BMI exactly is and its importance in regard to preschool children."

Healthy Weight Training

- ❑ The working group developed a 90 minute healthy weight training to offer during pre-service training for all ABCD Head Start staff. A total of 8 trainings were conducted, reaching 153 Head Start staff members (mainly teachers).
- ❑ Training participants rated the importance of obesity as a health issue for Head Start students similarly pre- and post- training.
 - Pre: ($n = 128$) $M = 3.91$, $SD = 0.38$; Post: ($n = 133$) $M = 3.95$, $SD = 0.24$.
- ❑ At post-training, training participants reported feeling slightly more prepared to speak with caregivers about a child's weight.
 - Pre: ($n = 129$) $M = 3.04$, $SD = 0.88$; Post: ($n = 133$) $M = 3.34$, $SD = 0.71$.

Caregiver Perceptions of BMI Letter

- ❑ A total of 27 Head Start caregivers participated in four focus groups to collect feedback on revisions made by the working group to the BMI letter.
- ❑ There were varied levels of comprehension of the BMI data and growth chart contained in the letter, and caregivers suggested cutting out the growth chart. They preferred a simpler visual representation of their child's weight status (a color coded scale that could be checked to indicate whether a child is underweight, healthy weight, or overweight).
- ❑ Overall responses to the letter were positive, and caregivers indicated that the information contained in the letter was valuable and could help provide motivation for change if needed.
- ❑ Using the feedback received in the focus groups, the working group made another round of revisions to the letter.

Discussion

- ❑ Given the many competing challenges faced by Head Start families, preventing childhood obesity may not be a priority. Head Start programs can serve an important role in supporting families to prioritize and maintain healthy weight for their children.
- ❑ This collaboration between ABCD Head Start and external partners has strengthened ABCD Head Start's ability to effectively communicate with and educate caregivers and staff about childhood obesity.
- ❑ The working group has generated valuable internal discussions at ABCD Head Start about the importance of healthy weight in preparing preschoolers for success. The implementation of working group recommendations continues to raise the profile of ABCD Head Start's health mission.

Acknowledgments

- ❑ We are grateful to all the Head Start staff that participated in the working group, as well as to the Head Start caregivers that provided feedback in focus groups.
- ❑ HKHF is funded by Northeastern University and Boston Children's Hospital. <http://www.northeastern.edu/healthykids>