

Salud America!

The Robert Wood Johnson Foundation Research Network to Prevent Obesity Among Latino Children

RESEARCH BRIEF

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Using Spanish Parenting Newsletters to Reduce Young Latino Children's Weight

Introduction

Nearly 39 percent of Latino children ages 2 to 19 are overweight or obese, compared with almost 32 percent of all children those ages, putting them at greater risk for health complications.¹ In New York City, among children at Bellevue Hospital Center² and those attending Head Start programs,³ the obesity rate among Latinos is 30 percent, reflecting an alarming trend evident across the U.S.: the high obesity rates already manifest among preschoolers.^{4,5,6,7} This high rate of obesity evident by age 2 among lower-income Latino children underscores the importance of developing obesity prevention strategies that begin at birth and address early parenting and feeding practices at home. To date, few studies have examined obesity prevention efforts beginning in infancy, either in Latino or non-Latino families.

PRELIMINARY RESEARCH RESULTS

Our Our *Salud America!* pilot research project, “*Primeros Pasos Parenting Newsletters: A Low-Intensity Approach to Prevent Obesity in Latino Children,*” is a

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PEER REVIEW

Peer review for this research brief was conducted by *Salud America!* National Advisory Committee Member Nancy Butte, Ph.D., professor of pediatrics at Baylor College of Medicine.

For more information about *Salud America!*, visit

www.salud-america.org

¹ Ogden CL, Carroll MD, Curtin LR, Lamb MM and Flegal KM. Prevalence of High Body Mass Index in US Children and Adolescents, 2007–2008. *Journal of the American Medical Association*, 303(3): 242–249, 2010.

² Corrigan C, Mendelsohn AL, Tomopoulos S, et al. Predictors of obesity in Latino infants. *Pediatric Research*, 53(4,part2): 208A. Poster presentation, annual Ambulatory Pediatric Association meeting, May 2003, Seattle, WA, 2003.

³ NYC DOHMH. Obesity in Early Childhood *NYC Vital Signs*, 5(2): 1-2, 2006.

⁴ Ogden CL, Troiano RP, Briefel RR, et al. Prevalence of overweight among preschool children in the United States, 1971 - 1974. *Pediatrics*, 99(4):e1 <http://www.pediatrics.org/cgi/content/full/99/4/e1>, 1997.

⁵ Mei Z, Scanlon, KS, Grummer-Strawn LM, et al. Increasing prevalence of overweight among US low-income preschool children: the Centers for Disease Control and Prevention Pediatric Nutrition Surveillance, 1983 to 1995. *Pediatrics*, 101(1)<http://www.pediatrics.org/cgi/content/full/101/1/e12>, 1998.

⁶ Nelson JA, Chiasson MA, & Ford V. Childhood obesity in a New York City WIC population. *AJPH*. 94:458-62, 2004.

⁷ Kim J, Peterson KE et al. Trends in overweight from 1980 through 2001 among preschool-aged children enrolled in an HMO. *Obesity*, 14(7), 1107-12, 2006.



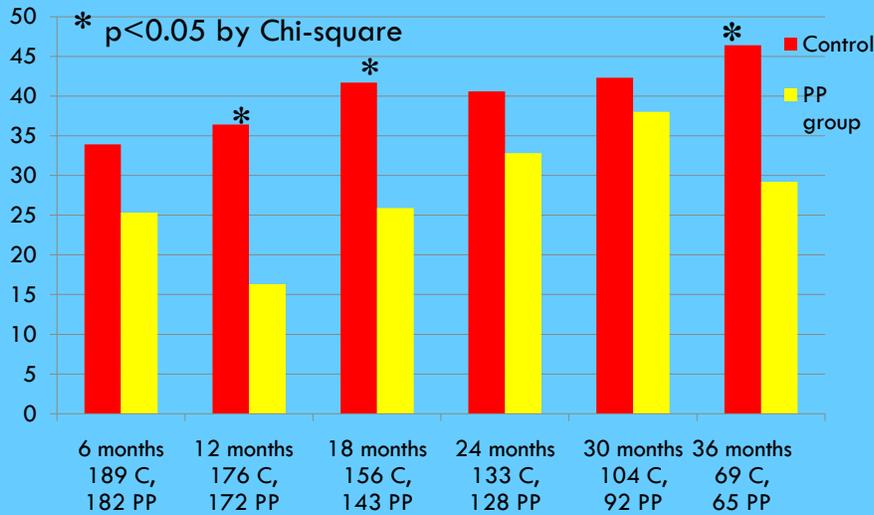
low-cost parenting intervention to reduce rates of overweight and obesity in Latino children during the first three years of life. The intervention is built around a series of age-paced parenting newsletters called *Primeros Pasos* in Spanish or *Building Blocks* in English (PP/BB), which are mailed monthly to families beginning at the birth of a child through age 3. The front page of each newsletter features an activity for the parent to try out with the child to encourage positive interactions around play and communication (toys, books, balls and other materials corresponding to the suggested activity accompany newsletters by mail). Newsletters also address obesity prevention with explicit messages about parent-child feeding interactions, general guidance on nutrition including breastfeeding, supplemental feedings, parenting, safety and discipline. The language and cultural content of newsletters, which are written at a 4th grade reading level, are tailored to the cultural origin of the Latino families served by the program.

Parents also receive periodic developmental surveys with added parenting questions based on the PP/BB newsletter messages, and quarterly telephone follow-up calls by a program staffer. The PP/BB approach is relationship-based—the family is made to feel that there is an individual who, as part of a public health or healthcare system, not only can help them access resources (e.g., make clinic appointments or arrange services), but knows them personally and cares about their child’s progress. The operational cost of PP/BB is approximately \$150 per child per year.

In our randomized controlled trial, we compared rates of overweight and obesity among children who had either received the PP/BB intervention (225 children) or were in a control group (225 children). The children’s growth was measured during pediatric primary care clinic visits at Bellevue Hospital Center. Term newborns were eligible and offered enrollment if they did not have significant medical complications or developmental risk factors, and were scheduled to receive primary care at the hospital’s clinic. The control group received only routine primary care. Most families were Latino (90%) and primarily spoke Spanish (77%). The sample sizes of children who reached each age group and for whom clinic growth data were available are listed under each age group in the figure. Preliminary project results include:

- **The PP/BB intervention reduced overweight during the first years of life.** Children who received the PP/BB intervention had significantly lower rates of overweight at 12 and 18 months of age (see figure below).
- **The PP/BB intervention was also associated with reduced rate of overweight through 3 years of age.** Although only a small sample size has reached age 36 months (69 controls, 65 PP/BB), preliminary results show a significantly lower rate of overweight among PP/BB children (29%) than among control children (46%). Obesity rates also were lower (15% vs. 22%), although the difference was not significant.

Findings: PP vs. control group percentage overweight (>85% Weight for Height Percentile)



Conclusion and Policy Implications

A PP/BB intervention beginning in a child’s infancy, that utilizes culturally tailored parenting newsletters to influence parents’ feeding attitudes and practices, can have a beneficial impact in reducing overweight in Latino children as they reach preschool age. This study suggests that preventive parenting approaches beginning in very early childhood—especially among Latinos—should be an element of broader obesity prevention strategies together with programs and policy initiatives addressing the built environment, food marketing and school practices. For example, the low-cost PP/BB model could be integrated into and become a vital, sustainable part of existing public health and Women, Infant, and Children (WIC) infrastructures. We are sharing our preliminary results with the New York City Department of Health and Mental Hygiene and local WIC leadership with the goal of mounting a community-level demonstration project to evaluate the preventive impact of a PP/BB approach.