INTRODUCTION AND OBJECTIVE

• Obesity affects 12.7 million children and adolescents in the United States and is associated with various comorbidities.
• Little is known about how weight-related information from pediatricians translates to conversations in the home.
• **Objective:** assess how family members of overweight children communicate weight and weight management information from their pediatrician to other family members.

METHODS

• Eighty-eight parent-child dyads were surveyed from four Wake Forest Baptist Health associated clinics.
• Parent and child each completed a survey that included:
  1. McMaster’s Family Assessment Device – Communication Subscale
  2. Questions to describe communication of weight and weight-management with family members
• Ten percent of subjects completed a semi-structured interview to qualitatively characterize this communication
• Descriptive statistics were used to assess communication measures; t-tests and chi-squared tests compared FAD with measures of weight-related communication.

Inclusion Criteria:
• Parent is present at the visit, ≥18 years old, and can read and write in English.
• Child is 9-18 years old, ≥85th percentile of BMI for age and sex, can read and write in English, and has height & weight measured on the day of their visit.

Exclusion Criteria:
• Child has a significant developmental delay or a complex medical condition that affects weight gain.
• Child has not had a Well Child Check in the past 12 months.

RESULTS

**Subject Demographics**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Race</th>
<th>Education</th>
<th>Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.8(2.9)</td>
<td>White 49.4%</td>
<td>High School Graduate 12.8%</td>
<td>&lt; $20K 23.7%</td>
</tr>
<tr>
<td></td>
<td>Black 32.1%</td>
<td>High School Graduate Associate Degree 25.6%</td>
<td>$20K-$40K 23.7%</td>
</tr>
<tr>
<td></td>
<td>Hispanic 12.4%</td>
<td>Some College Bachelor’s Degree or Higher 21.8%</td>
<td>$40K-$60K 18.4%</td>
</tr>
<tr>
<td>Child BMI</td>
<td>Other 6.2%</td>
<td></td>
<td>$60K-$100K 14.5%</td>
</tr>
<tr>
<td>28.1(5.0)</td>
<td></td>
<td></td>
<td>&gt; $100K 19.7%</td>
</tr>
<tr>
<td>Parent BMI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.9(9.8)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A Majority of Families Discuss Weight and Weight Management**

<table>
<thead>
<tr>
<th>Percentage of Respondents</th>
<th>Discuss Weight with Partner</th>
<th>Discusses Weight Management info with Pediatrician</th>
<th>Discusses child’s weight with partner</th>
<th>Discusses health-related topics with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0%</td>
<td>100%</td>
<td>86%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**Communication Quality Influences Willingness to Discuss Child’s Weight And Weight Management**

**Parents’ Top Facilitators and Barriers to Family Conversations About Weight**

• **Facilitators:** Understanding what the pediatrician said (91.1%) and willingness of family members to make changes (86.9%).
• **Barriers:** Disagreeing with what the pediatrician said (35.7%), cost of making lifestyle changes (23.8%), and lack of time (27.4%).

CONCLUSIONS AND FUTURE DIRECTIONS

• A small majority of parents discuss what their pediatrician said regarding their child’s weight and weight management.
• Communication quality and style impact a parent’s ability to effectively communicate what a pediatrician said about their child’s weight and weight management to other members of the family.
• The descriptive data from this study will fuel a larger study that assesses the correlation between communication quality and improved weight status in children and adolescents.

ACKNOWLEDGEMENTS

This work was funded by the National Institutes of Health (NIH) T35 training grant and an Ignition Grant of the Wake Forest CTSI, which is supported by the National Center for Advancing Translational Sciences, NIH, through Grant Award Number UL1TR001420