

## RESEARCH-TO-PRACTICE

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### Unhealthy Weight Status in Head Start Preschoolers: The Role of Hispanic Culture

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Obesity rates among low-income Hispanic preschoolers are higher than those of low-income whites, highlighting the need for understanding the culturally factors that may contribute to obesity. Utilizing a community-based approach, a survey was distributed to Hispanic Head Start families; preschooler body mass index (BMI) was calculated. Two discussion groups examined caregiver perceptions about weight status and meal practices. Caregivers perceived “thinness” as a disadvantage, favored home-cooked meals, and expressed a desire for children to assimilate to mainstream foods, but these practices could contribute to unhealthy weight status. Obesity prevention within Head Start must account for caregiver perceptions of healthy weight and incongruities between cultural values, meal practices and weight guidelines. Findings provide considerations for Head Start programs when designing culturally-relevant obesity prevention programs that are responsive to Hispanic families’ cultural needs and perceptions.

*Keywords:* obesity prevention, Head Start, preschoolers, Hispanic, culture

Hispanics are the fastest growing minority group in the US, with an estimated one in three US children identifying as Hispanic by 2030 (Colby & Ortman, 2015). The Hispanic community is at a higher risk for developing a variety of health conditions (Centers for Disease Control and Prevention [CDC], 2015) and low-income Hispanics in particular are at an increased risk of developing obesity. The prevalence of childhood and adolescent obesity is higher among Hispanics (22.4%) than among non-Hispanic whites (14.1%) (Skinner & Skelton, 2014). According to the Ohio 2014 Pediatric Nutrition Surveillance System (PedNSS) data, the prevalence of obesity in low-income Hispanic children age 2 to <5 was 17.9% compared to 13.5% in low-income non-Hispanic whites (Hornbeck, 2016). Obesity during childhood places a child at higher risk for additional health risks such as diabetes, hypertension, and cardiovascular disease (Dietz, 1998), highlighting the need for identifying and intervening early within the Hispanic community, particularly among preschoolers. The reasons for this disparity in Hispanic preschooler childhood obesity rates are multifactorial, however it is critical to understand the

specific influences of culture that may contribute to higher obesity rates among this population in order for culturally relevant interventions to be designed and delivered (Laws et al, 2014).

## PROJECT BACKGROUND

The authors of this study partnered with an Ohio county Head Start program who had identified obesity as a health concern based on a 26.7% obesity rate among their Hispanic preschoolers. Researchers, together with key stakeholders and community members developed a survey and conducted discussion groups to better understand barriers that Hispanic families face in raising healthy weight preschoolers.

## METHODS

### Quantitative

A 65-item survey was developed and included questions about weight status, food intake, meal- and food-related practices, and food insecurity, as well as specific questions about cultural foods and practices. Survey data was collected during the monthly parent meetings in October 2015 in all of the Head Start locations in the county. During the meeting, child height and weight were measured using standardized equipment, and body mass index (BMI) percentiles were calculated. After the survey data was collected and analyzed, two forty five-minute discussion group sessions were held with Hispanic parents to gain a deeper understanding of survey results.

## RESULTS

Sixty-three Hispanic caregivers completed the survey and twenty nine caregivers participated in the discussion groups.

Three major topics were identified from the discussion group: a) Belief that “being skinny is not healthy” b) Value of home cooked meals and eating together, and c) Hispanic community network as a source of health and nutrition information.

**Belief that “being skinny is not healthy”.** The survey results indicated that Hispanic parents’ perceptions of their child’s weight were not in line with the actual body mass index (BMI). Seventy-nine percent of parents perceived their child’s weight as normal. Only 4.8% perceived their child to be overweight, when in fact 44% of the children were overweight or obese. Conversations in the discussion group surrounding meal preparation highlighted parent concern regarding “thinness”. This concern was specifically related to how others perceived their child’s weight status, with a perception of “thinness” being viewed negatively within the Hispanic community.

**Providing new culture foods.** Participants reported attempts to maintain their traditional ways of cooking. 71.4% always prepare meals from their culture, and 36.5% perceive meals from their culture to be more nutritious. Despite attempts to maintain traditional meal practices, participants felt it was important to integrate American foods into their children’s diet

in order to support the child's assimilation with American culture. Hispanic families perceived their cooking as a healthier option than the food provided by American families yet still felt it was important to offer American foods to their children.

*Value of home-cooked meals and eating together.* In terms of meals preparation, 85.7% of Hispanic families reported cooking meals at home every day and 76.6% reported eating meals at the table (as opposed to doing it in front of the TV or in the car). Discussion groups revealed that cooking meals at home and eating together were valued practices in their country of origin and were traditions they wanted to instill in their offspring,

*Challenges with parenting at meal times.* The majority of participants identified challenges faced during family mealtimes. These challenges focused on children's attempts to use electronic devices (such as tablets and iPads) or to watch television while eating. Another mealtime challenge discussed was parent perceptions of their children as "picky eaters".

*Influence of Head Start on child eating practices.* According to participant comments, Head Start plays a significant role on the eating practices of the children enrolled in the program. Child food preferences are often sculpted by the school environment, where meals and snacks are offered on a daily basis for children in the program. Changes in the type of milk offered at the school (transition from 2% to 1% milk) have created additional challenges for parents as they attempt to balance the practices they have within their own home environment with those being implemented at school.

*Hispanic Community Network for Health Information.* Networks of support are strongly embedded within this Hispanic community. Health and nutrition information, while not necessarily verified as accurate or factual information, is shared among Head Start parents and caregivers. Results indicated that 81% of Hispanics get their health information from the doctor or nurse, 33% selected internet, and another 33% selected family or friends. Participants revealed that they received information from health clinics, but may not necessarily follow the suggestions given as they tend to more heavily rely on information received by members within their own community.

## SUMMARY & RECOMMENDATIONS

Findings from this study supported results of previous research in which Hispanic parents perceive their child's overweight status to be "healthy" due to a cultural norm related to undesirability for thinness, which is similar to what other researchers have found (Baker & Altman, 2015; Vanhala, Keinanen-Kiukaanniemi, Kaikkonen, Laitinen, & Korpelainen, 2011). This belief may prevent parents from engaging in health promotion and obesity prevention behavior change.

The findings also revealed that the Hispanic culture influenced meals practices such as home-cooked family meals, cooking to please children's food preferences, and incorporating American foods to bridge food cultures, but more research needs to be conducted to better understand how these meal practices may contribute to an unhealthy weight status for the child. Additionally, while maintaining cultural meal and cooking practices was found to important to

Hispanic families, adopting practices and foods of the new culture was also important. In light of that, families need guidance in choosing which American food practices to adopt that will support a healthy weight and help children integrate with the mainstream culture.

Data from discussion groups confirm that Hispanic families seek information related to parenting and health from friends and family members within their social network, similar to other research findings that indicated that informal health communication strategies are common among US Hispanics (Katz, Ang, & Suro, 2012). As such, Head Start may need to identify and include networks of support in the education of Hispanic families.

Obesity reduction interventions may not be effective unless caregivers understand and agree to the importance of maintaining a healthy weight. As such, Head Start programs need to educate caregivers about the relationship of the child's weight status to chronic health risks and consider parental perceptions of weight when designing obesity prevention programs. Both the findings and implications from this study provide considerations for Head Start programs when designing effective, culturally relevant obesity prevention programs that are responsive to Hispanic families' cultural needs.

Other recommendations include:

1. Ensure that Head Start policy council/advisory boards include families from the Hispanic community in order to examine if policies and communications are culturally relevant and sensitive to the needs of families in the program.
2. Head Start programs need to explore the most effective way for educating and reaching Hispanic families. Current methods of family education include written messaging sent home in the child's backpack and monthly parent meetings held at the Head Start locations. Including the Hispanic social network in Head Start programs, such as recipe adaptation, meal/cooking strategies and selection of healthy American foods, may result in increased participation and more successful outcomes.
3. Head Start may consider providing outreach education and support to the broader Hispanic social network to effectively permeate the community and impact health behaviors. In addition, given the perceptions of weight status, Head Start may consider reviewing communication methods for delivering child weight status information to parents as well as collaborating with local primary care physicians to ensure consistent, culturally-relevant health education. The health education should communicate the importance and relevance of the child's weight status to his/her overall health.

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