



Childhood Obesity Through *the* Eyes of Hispanic Families
The Impact of Feeding Practices

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 2-3 PM ET

PRESENTED BY
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Learning Objectives


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1	2	3	4
<p>Identify the environmental, socioeconomic, and cultural factors affecting childhood/teen obesity in the Hispanic community.</p>	<p>Learn and understand how parents' perceptions and beliefs regarding obesity influences their readiness to change the eating habits of children and families.</p>	<p>Identify barriers to effective communication in order to provide dietary interventions and nutrition education to Hispanic families.</p>	<p>Assess Hispanic children and teens' preferred foods and nutrient intake in order to provide culturally-appropriate medical nutrition therapy.</p>

Definitions

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- **Hispanic** - refers to persons of Spanish-speaking origin or ancestry from Latin Americans, but excludes Brazilians.
- **Latino** - refers to persons of Latin American origin or ancestry, including Brazilians, but excludes persons from Spain.
- **Which term should you use?**
 Use language as your guide:
 - *Hispanic* refers to language
 - *Latino* refers to geography
- **For example:**
 - Mexican Americans are Hispanics AND Latinos
 - Brazilian Americans are Latinos, NOT Hispanics
 - Spanish Americans are Hispanics, NOT Latinos (since they come from Spain)



Assimilation and Acculturation

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What's the difference?

Assimilation refers to the process where some of the majority of the community's cultural aspects are absorbed in such a manner that the home cultural aspects get mitigated or lost.

- Immigrants are expected to become like other Americans, a process metaphorically described as a "melting pot."

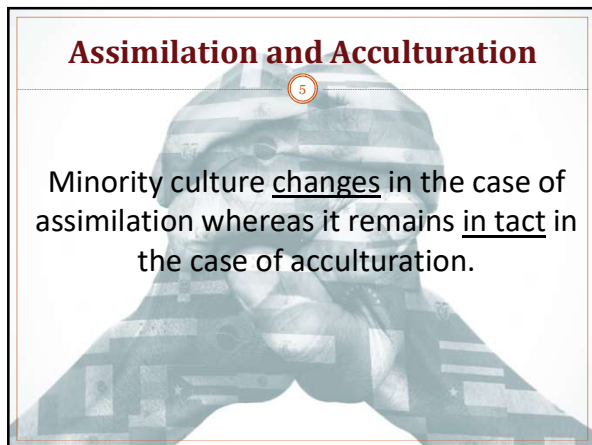
Acculturation is a process where the cultural aspects of the majority community are adapted without losing the traditions and customs of the minority community.

- Typical measures used include the number of years in the country, the age in which they entered the country, English language proficiency, Spanish media consumption, and other variables that are sometimes described as a "tossed salad."

Assimilation and Acculturation

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Minority culture changes in the case of assimilation whereas it remains in tact in the case of acculturation.



Defining Childhood/Teen Obesity

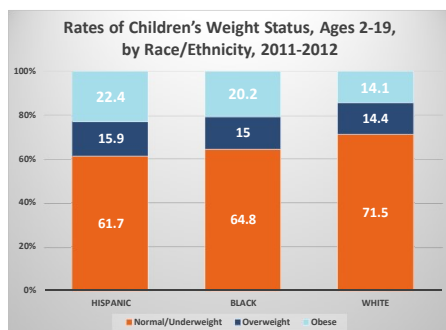
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Centers for Disease Control and Prevention
Growth Charts and BMI Percentile Range

Weight Status Category	Percentile Range
Underweight	Less than the 5 th percentile
Normal or Healthy Weight	5 th percentile to less than the 85 th percentile
Overweight	85 th to less than the 95 th percentile
Obese	95 th percentile or greater

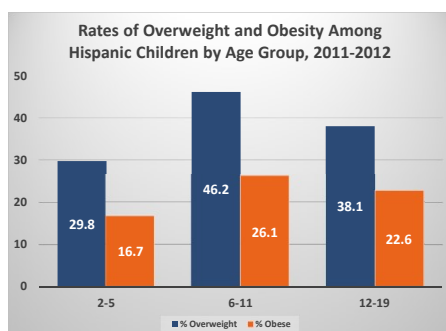
<https://www.cdc.gov/obesity/childhood/defining.html>

FIGURE 1



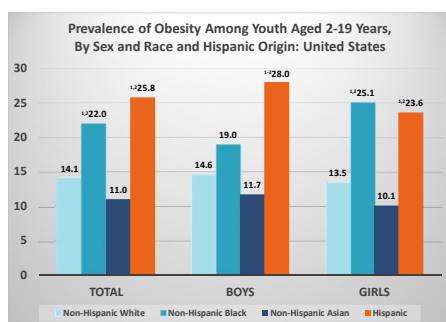
NCLR calculations from Cynthia L. Ogden, et al., Prevalence of Childhood and Adult Obesity in the United States, 2011-2012, JAMA 311, no. 8(2014):806-814.

FIGURE 2



NCLR calculations from Cynthia L. Ogden, et al., Prevalence of Childhood and Adult Obesity in the United States, 2011-2012, JAMA 311, no. 8(2014):806-814.

FIGURE 4



1. Significantly different from non-Hispanic Asian persons.
2. Significantly different from non-Hispanic White persons.
3. Significantly different from non-Hispanic Black persons.

NCHS, National Health and Nutrition Examination Survey, 2015-2016.

Parents Underestimate Their Children's Weight Status

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The majority of parents of overweight children **did not believe** that their child was overweight:

Parents' Ratings of Their Child's Weight Status by Child's Overweight Status

	Parents of overweight (n=72) n, (% age)	Parents of nonoverweight (n=280) (% age)
Much too underweight	1, (1)	3, (1)
A little underweight	1, (1)	49, (18)
About the right weight	47, (65)	221, (79)
A little overweight	21, (29)	7, (3)
Much too overweight	2, (3)	0, (0)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC383943>

Then and Now

1970s



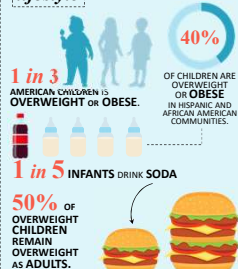
2000s



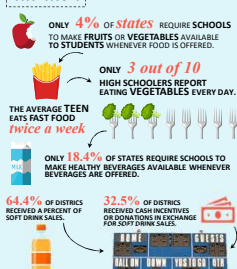
Are These the Reasons for an Obesity Epidemic?

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lifestyle



nutrition



<http://banningguide.com/43/soda>

Are These the Reasons for an Obesity Epidemic?

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Vending Machines can be found in



32.7%
OF ELEMENTARY SCHOOLS

71.3%
OF MIDDLE SCHOOLS

89.4%
OF HIGH SCHOOLS

FOOD SOLD IN SCHOOL VENDING MACHINES IS NOT REQUIRED TO MEET FEDERAL NUTRITION STANDARDS

activity



1 in 4

CHILDREN DOES NOT PARTICIPATE IN ANY FREE-TIME PHYSICAL ACTIVITY.

CHILDREN SPEND AN AVERAGE OF **7.5 hours** A DAY USING ENTERTAINMENT MEDIA



LESS THAN **25%** OF HIGH SCHOOLERS TAKE DAILY GYM CLASSES

Food Advertising Targets Minority Youth

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- Compared with other food and beverage categories, candy, sugary drinks, and snack food brands **disproportionately** targeted their TV advertising to black and Hispanic consumers
- A total of 48 brands (18% of total) targeted their TV advertising to **black and Hispanic children and teens** compared with adults
- Fast food and other chain restaurants spent the most money on advertising in targeted media: **\$224 million** in Spanish-language TV and **\$61 million** in black-targeted TV.

<https://today.uconn.edu/2015/08/unhealthy-food-advertising-targets-black-and-hispanic-youth/#>

What Type of Foods Do Supplemental Nutrition Programs Provide?

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- WIC (Women, Infant and Children)** is a program to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk, by providing **nutritious foods to supplement diets**, information on healthy eating, and referrals to health care.
- The National School Lunch Program (NSLP)** is a federally-assisted meal program operating in public and nonprofit private schools, along with residential child care institutions. It provides **nutritionally-balanced, low-cost or free** lunches to children each school day.
- School Breakfast Program (SBP)** provides **reimbursement to states** to operate nonprofit breakfast programs in schools and residential childcare institutions. The Food and Nutrition Service administers the SBP at the federal level. State education agencies administer the SBP at the state level and local school food authorities operate the program in schools.

School Breakfast Menu

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Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Entree Bagel and cream cheese Blueberry bagel and cream cheese Cheesecake raisin bagel and cream cheese Cranberry bagel and cream cheese Sausage, egg and cheese breakfast sandwich Yogurt parfait with bananas Mini pizza bagels PB&J sandwich Banana bread slice Fruit Fresh apples Pineapple tidbits Apple juice Fruit punch juice Orange juice Wild berry juice Milk 1% milk Non-fat chocolate milk Lactaid Soy milk Non-fat milk	Breakfast Entree Croissant, chocolate filled Overnight oats Grilled cheese sandwich Pizza sticks Breakfast sandwich Cheesecake Toast Crunch and yogurt Honey Nut Cheerios and yogurt Rice Chex an yogurt Multigrain Cheerios and yogurt Fruit Fresh banana Canned peaches Apple juice Fruit punch juice Orange juice Wild berry juice Milk 1% milk Non-fat chocolate milk Lactaid Soy milk Non-fat milk	Breakfast Entree Breakfast burrito Bagel and cream cheese Blueberry bagel and cream cheese Cheesecake raisin bagel and cream cheese Cranberry bagel and cream cheese Sausage, egg and cheese breakfast sandwich Yogurt parfait with bananas Mini pizza bagels PB&J sandwich Banana bread slice Fruit Fresh apples Pineapple tidbits Apple juice Fruit punch juice Orange juice Wild berry juice Milk 1% milk Non-fat chocolate milk Lactaid Soy milk Non-fat milk	Breakfast Entree French toast balls Overnight oats Pizza sticks PB&J sandwich Yummy yogurt parfait Grilled cheese sandwich Sausage, egg and cheese breakfast sandwich Fruit Fresh banana Pineapple tidbits Apple juice Fruit punch juice Orange juice Wild berry juice Milk 1% milk Non-fat chocolate milk Lactaid Soy milk Non-fat milk	Breakfast Entree Breakfast burrito Coffee cake, cinnamon Ham and cheese on a bun Orange smoothie with muffin Cheesecake Toast Crunch and yogurt Honey Nut Cheerios and yogurt Rice Chex an yogurt Multigrain Cheerios and yogurt Fruit Fresh apples Fruit cocktail Apple juice Fruit punch juice Orange juice Wild berry juice Milk 1% milk Non-fat chocolate milk Lactaid Soy milk Non-fat milk



Meals That Meet Federal Guidelines

The Afterschool Meal Program fills the hunger gap that may exist after school for millions of low-income children. The program, offered through the Child and Adult Care Food Program (CACFP), provides federal funding to afterschool programs operating in a low-income area to serve meals and snacks to children 18 and under after school, on weekends, and during school holidays.



FRAC led the campaign to expand the Afterschool Meal Program so that every state — and their low-income children — could benefit from it. This program provides valuable help to low-income children and their families, especially for parents who struggle to hold onto jobs, work long or nontraditional hours, commute long distances, or are trying to get back into the workforce and need afterschool care for their children. Examples of simple, appealing, and nutritious meals that meet the federal guidelines:

Hot Meals

- Baked chicken, whole wheat roll, cucumber sticks, sliced peaches, low-fat milk.
- Vegetable pizza, fresh green beans, grapes, low-fat milk. Bean quesadilla, corn, watermelon, low fat milk.
- Rotini with meat sauce, diced pears, baby carrots, low-fat milk.

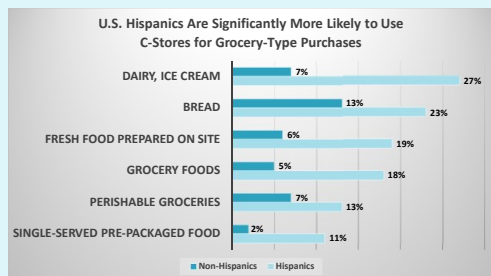
Cold Meals

- Turkey sandwich on whole wheat bread with sliced tomatoes and lettuce, fresh pear, low-fat milk.
- Chicken in a whole wheat wrap with baby carrots, apple slices and low-fat milk.
- Tuna salad in a pita pocket with sliced tomatoes and lettuce, orange slices, low-fat milk.
- Ham and cheese sandwich on whole wheat bread, snow peas, sliced melon, low-fat milk.

http://www.frac.org/wp-content/uploads/afterschool_meals_facts_sheet.pdf

Where Do Hispanics Buy Groceries?

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NPD Group/The C-Store Hispanic Shopper Report. Base sizes: Non-Hispanics: 2165, Hispanics: 1761.

What Do Hispanics Drink?

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Sugar-sweetened beverages are the largest source of **added sugars** and are being consumed **multiple times daily**. Reducing intake of these beverages could **improve** a patient's overall health.



Atole: masa, corn flour, milk, and sugar



Horchata: white long grain rice with cinnamon, sugar, and water

What Do They Eat Between Meals?

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"El paletero," or ice cream truck



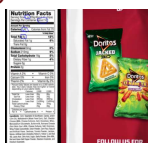
Portion Sizes and Energy Intake



Calories: 1,310
Fat: 85g
Sodium: 3,180 mg

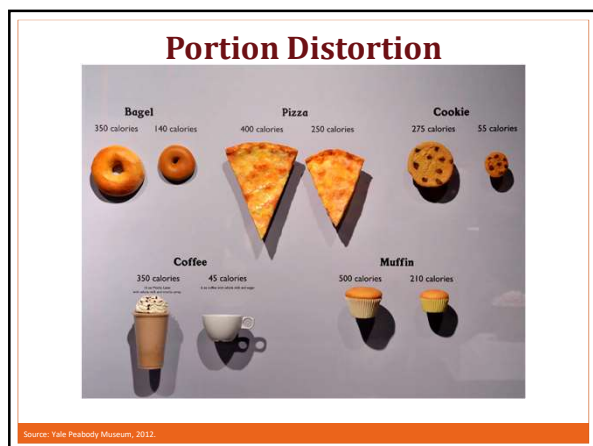


Large Bag – 16 servings
Total Calories: 140 x 16 = 2,240
Fat: 8g x 16 = 128g
Carbs: 16g x 16 = 256g







Small Bag – 1 serving
Calories = 160
Fat = 10 g
Carbs = 14 g






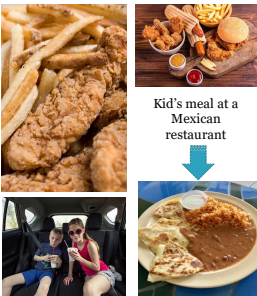


Nutrition Fact Labels

Flour Tortilla	Arepas	Bagel	Pita
Serving Size: 1 (49g) Tortilla	Serving Size: 1 (80g) Arepa	Serving Size: 1 (85g) Bagel	Serving Size: 1 (57g) Pita
Calories: 140 Total Fat: 3.5g Sodium: 420mg Carbs: 24g	Calories: 170 Total Fat: 1.5g Sodium: 220mg Carbs: 36g	Calories: 220 Total Fat: 1g Sodium: 270mg Carbs: 45g	Calories: 140 Total Fat: 0g Sodium: 230mg Carbs: 28g
			

Whole Wheat Bread vs. Tortillas

Whole Wheat Bread	Corn Tortillas
Serving Size: 2 Calories: 110 Total Fat: 1.5g Carbohydrates: 20g Sugar: 2g Dietary Fiber: 3g Protein: 5g Sodium: 230mg	Serving Size: 2 Calories: 100 Total Fat: 1.5g Carbohydrates: 20g Sugar: 2g Dietary Fiber: 3g Protein: 2g Sodium: 10mg
	

What We Recommend:	What They Actually Eat:
 <p>EL PLATO DEL BUEN COMER PARA NIÑOS "Sabras porque es importante una buena alimentación"</p>	 <p>Kid's meal at a Mexican restaurant</p>

Hispanic Diets

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Challenges:

- Food preparation methods tend to **add animal fats** in the form of lards, cheeses, and creams
- High preference for **high-fat meats**, such as pork and organ meats

Strengths:

- Diet contains complex carbohydrate **staples**
- Includes **vegetable** protein (such as beans)
- Great reliance on **stews** and mixed dishes

Targeting Hispanics for Better Nutrition Education

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Things to Consider:

- Language** - parents speak Spanish, teens speak English
- Socioeconomic **status**
- Religious **faith**
- Educational** attainment and acculturation
- Beliefs** and perceptions about healthcare
- Legal documentation **status**
- Access to **health insurance**

Feeding Practices

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Behaviors That Influence Children's Eating Habits:

- A very important component of parenting within the Latino culture involves **feeding** their children
- **Pressuring** a child to eat – “finish your plate” – is very common
- **Indulgent** feeding, such as the “nice parent” giving the child the foods s/he likes as they wish with no limits
- **Grandmothers** (abuelitas) who act as a childcare provider give the children sweets that they are not allowed to eat at home
- Parents **rewarding behaviors** with food, such as “If you eat your vegetables then you can have ice cream.”

Parents' Perceptions

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- “My child is fine. I do not see him/her as overweight or unhealthy. S/he is happy and very active.”
- “I do not think s/he is fat. They're just a ‘big kid.’ S/he has always been that way.”
- “My kid is chubby and healthy. S/he never gets sick.”
Larger body size in children is associated with greater health
- “He is a big boy and is hungry all the time. S/he gets upset if they don't get what they want to eat.”

Patient-Centered Nutrition Counseling

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Things to Consider:

- Sensitive health issues should be discussed through a professional interpreter – **DO NOT** use family members to translate
- Educating parents about **BMI** using the growth chart for weight, age and height. Children grow!
- **Be aware** of the words that are used to describe body weight in front of the children/teens
- Encourage parents to make healthy lifestyle changes **as a family**, rather than imposing a health plan **only** on the child. Family-centered approaches may be particularly relevant to Latino communities
- Focusing on child's **behavior changes** instead of how much s/he weighs

Patient-Centered Nutrition Counseling

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Things to Consider:

- It is not only about changing behaviors, but also **understanding Hispanics' beliefs**
- Instilling our views of what healthy eating looks like, including unfamiliar foods to the patient, is often **not necessary** and not true, due to the fact that their food is healthy as well
- People's food problems are **NOT** often about food
- Nodding affirmatively does not necessarily mean agreement. Silence may indicate that a patient **lacks understanding** and is too embarrassed to ask for clarification or disagree.

Patient-Centered Nutrition Counseling

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Things to Consider:

- **Be sensitive** when suggesting to incorporate "healthier foods" in the diet, as it can be perceived as if what they eat is not healthy. They feel they may have to **choose between** their heritage and their health
- Try to recommend **economically available** foods from familiar market places such as Target, Wal-Mart, and Vallarta vs Whole Foods, Sprouts, or Trader Joe's
- Remember that the **best diet** is the one they and their family are able to enjoy, work with the best that the Hispanic culture offers
- Promote consumption of **traditional foods**, such as corn tortillas, boiled beans, nopales, and fresh fruits

Healthier Hispanic Food Choices

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Patient-Centered Nutrition Counseling

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Things to Avoid:

- **Confrontation and criticism:** if a parent or child feels intimidated they may become passive and not ask questions
- Providing recipes and meals that do not include **Hispanic foods**
- Swapping a specific food **does not mean** that you are providing a culturally appropriate nutrition education plan: when using **My Plate for Hispanics**, substituting breads for tortillas or rice for potatoes
- DO NOT advise patients to **stop cooking** and eating the way they did in their country of origin
- Don't compare foods: stating that their food is **bad** and American style food is **good**
- Don't assume every family member eats the same foods: younger children tend to **exclusively prefer** Hispanic foods, while older children and teens tend to prefer American foods or a mixture of both

Healthcare Providers and Childhood Obesity

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Typical Chart Note:

Assessment: Severe obesity due to excess calories with BMI greater than 99th percentile for age in pediatric patient

Patient Plan: Diet and exercise discussed.

- No juice, soda, Gatorade
- Try to **limit** simple carbohydrates and sugars
- **No fast food**, fried foods, or processed foods
- **Increase** fruits and vegetables
- 1 hour of **daily activity** recommended
- No more than **2 hours** daily screen time
- Follow up visit : 6 months – 1 year

Case Study 1

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3 year-old male, weight = 70#

Mother stated "He cries if we do not give him food and stops crying when we give him what he wants. He has always been chubby." ("*Siempre fue gordito.*")

Diet Recall:

- Feeding 32 oz. milk with bottle
- Breakfast: whole peanut butter sandwich
- Snacks: chips, cookies, apple juice

Assessment:

- Perception
- Frequency of meals
- "Nice parent"

Plan:

- Remove bottle; use cup with milk 16 oz./day
- Add fresh fruits and vegetables
- Limit sweets and juices
- Focus on smaller portions
- Do not reward with food



Case Study 2

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14 year-old female, weight = 220#

Weight History:

- 2015: 183.5#
- 2017: 198#
- 2018: 215#

Weight gained 36.5#

- Patient teary-eyed during visit and does not want to talk about her weight because it makes her sad
- Complains of not feeling full and always being hungry. Mother stated that she offers fruits, vegetables and water
- Argues with father and blames him for bringing cookies, chips, and sodas home. He does not see a problem with patient's weight.

Assessment:

- Issues between parents and patient in the middle
- Mother is supportive and gives patient responsibility to make changes of her food intake

Plan:

- Patient will start to read food labels and look at portions using MyFitnessPal app on phone



Case Study 3

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10 year-old male, weight = 170#

- Mother states child eats very well. He likes yogurt, cheese, and milk. ("Mi niño come muy bien. Le gusta yogurt, queso y leche.")
- He looks good and never gets sick. ("Yo lo miro bien y nunca se enferma.")
- At home nobody is small. All the men are big and strong. ("En casa ninguno es chiquito los hombres son todos grandes y Fuertes.")
- She also reported child is not eating "junk food," eating out, or drinking sodas. Drinks homemade "agua frescas."

Assessment:

- Perception and family history
- Likes all kinds of food therefore there is no need to change his diet

Plan:

- Educate parents on BMI per age using growth chart
- Eating on a schedule, spacing meals
- Portion control of healthy foods
- Plan snacks between meals
- Limit sweetened drinks



Case Study 4

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6 year-old female, weight = 96#

- Mother prepares healthy school lunch (fruit, carrots, quesadilla, or ham and cheese sandwich)
- Child does not eat lunch because she **does not like** packed lunch or school lunch; she does not eat anything
- Sitter picks up child from school at 3 p.m. At sitter's house she eats what other kids eat (chips, cookies, lemonade, and paletas (ice cream/ice pop))
- Goes home with mom at 5 p.m. and while mother prepares a meal, child drinks juice and plays with tablet
- At 6 p.m. she eats rice, beans, and tortillas with lemonade; before bedtime (8 p.m.) she asks for a snack. Mom offers cereal and milk, however child wants sweets
- Mother states child "often cries when she does not get the food she wants, so I give her the sweets I have."

Assessment: Child constantly eating after school consuming mostly empty calories after 3 p.m.

- Not active
- Mother trying to give her healthy choices, child refuses
- More than one person feeding child

Plan:

- Parents improving communication with sitter to track daily food intake
- Putting limits on food consumption
- Not buying high calorie snacks to avoid confrontation with child



Summary

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- Educate parents about BMI and explain the associated health risks that occur at different BMI levels
- Communicate to parents that they are an important part of the solution to **improve their child's health**
- Encourage parents to make **healthy lifestyle changes** that include diet and physical activity **as a family** rather than imposing a certain health plan only on the child
- Explain the importance of **setting realistic short term goals** and monitoring progress
- Discuss the importance of providing **ongoing reinforcement** for improvements in their children's health behaviors
- Focus interventions on **child's environment**, such as school cafeteria meals, after school snacks, and the home environment that influences food intake and energy expenditure
- Understanding **why people eat what they do** requires an awareness of their culture



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4. Select "Start/Resume" Course to complete and submit the evaluation.
5. Download and print your certificate.
