Content Adaptations to the JOIN for ME Pediatric Weight Management Intervention

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Authors(s):

Irene Sanchez, The Miriam Hospital. Dept of Psychiatry & Human Behavior
Jessica Chachra, The Miriam Hospital. Dept of Psychiatry & Human Behavior
Katherine E. Darling, PhD, Instructor, The Miriam Hospital, Brown University. Dept of Psychiatry & Human Behavior
Jacqueline F. Hayes, PhD, Assistant Professor, The Miriam Hospital, Brown University. Dept of Psychiatry & Human Behavior
E. Whitney Evans, PhD, Assistant Professor, The Miriam Hospital, Brown University. Dept of Psychiatry & Human Behavior
Andrea Grenga, The Miriam Hospital. Dept of Psychiatry & Human Behavior
A. Rani Elwy, PhD, Professor, Brown University. Dept of Psychiatry & Human Behavior

Elissa Jelalian, PhD, Professor, The Miriam Hospital, Brown University. Dept of Pediatrics, Psychiatry & Human Behavior

Abstract

Background & Aim:

Childhood obesity is a significant public health concern in the United States, with particular risk for children from low–income backgrounds. Evidence–based weight management programs, such as the JOIN for ME program, are promising to improve the health of children from low–income backgrounds but may need to be adapted to increase the potential for dissemination and fit with the communities served. The goal of the present study is to review existing literature, and conduct interviews with key community stakeholders and focus groups with caregivers and children to inform content adaptations to JOIN for ME.

Methods:

Interviews with community stakeholders (N=21), and focus groups with children (ages 6–12; N=35), and caregivers of children with overweight or obesity from low–income backgrounds from three regional communities in RI were conducted (N=71). Rapid coding and applied thematic analysis were used to guide fidelity consistent adaptations to the JOIN for ME program prior to implementation in community settings.

Results:

Participants emphasized the importance of simplification of materials and suggested increasing integration of visual content. They noted that they did not identify with many of the foods listed within the intervention, and identified a need for recommendations of realistic, low-cost foods. They emphasized the importance of tailoring the intervention to reflect the demographics and culture of the population who identify as Hispanic/Latinx.

Conclusion:

Adaptations were made to the presentation of content but not the core content covered in the intervention. Participant–facing materials were revised to decrease the reading level and simplify concepts (e.g., description of the child's calorie tracking was significantly reduced). This increased space for visuals throughout lessons. Curriculum materials were updated to incorporate culturally tailored foods. Lastly, visuals used within lessons were updated to reflect participant demographics, including diverse cartoons (e.g., varied skin tone, body size/shape, gender).

Clinical Implications:

Feedback from key stakeholders and families increases the likelihood that an intervention will meet the needs of the population it is meant to serve. Given the Hispanic/Latinx community served in the present study, culturally tailored adaptations were critical to increase fit to the community to subsequently increase the sustainability of JOIN for ME.