

Recognizing Childhood Obesity: One Child at a Time

By Laura Catalusci

Social norms surround all of us. They have a strong influence on our behaviors, including our eating habits and how we dress. Social norms can also affect our perceptions of what is healthy versus what is unhealthy. One example is children's body weight. As childhood obesity escalates and larger children become more prevalent, larger size can become a new social norm. As a result, parents will have a much harder time understanding and recognizing the difference between a healthy weight and an unhealthy weight in their children.

Exacerbating the fact that parents can no longer "see" that their children are overweight, the tools available to help parents identify what a healthy weight is—body mass index (BMI), for example—rely heavily on a high degree of health literacy. More advanced health literacy skills include the ability to perform computations based on an abstract chart—and low literacy could affect the interpretation of BMI charts.

Unfortunately, only 12% of Americans are proficient in the health literacy skills needed to understand exactly what these complex tools mean within the context of their lives. So how can healthcare providers and educators help parents gain a better understanding and perspective about whether a child's weight is healthy? Applying visual literacy principles is one technique that can help, by providing visual cues and guiding parents to recognize the presence of childhood obesity.

A growing misperception—body weight norms

When parents of overweight children are asked, "How would you describe your child's weight?" or "Do you think your child is at risk for childhood obesity?" the results can be rather unexpected. Recent research studies have confirmed that almost all parents underestimate their children's weight. And, in fact, many parents whose children are overweight or obese think that their child's weight is "just right," normal, or healthy.

The question then becomes, could the increasing prevalence of overweight and obese children actually be contributing to the misinterpretation by parents of what a healthy weight is? Essentially, the social norm for childhood body size has morphed and, along with it, the parents' ability to recognize an overweight child.

The challenge of health literacy

As the social norm for childhood obesity shifts, health literacy and numeracy skills become more important. Currently, BMI is one of only a few tools used to determine a child's weight status—underweight, healthy, overweight, or obese. BMI relies heavily on numeracy skills. It requires a calculation based on a child's height and weight. The number is then plotted on a chart to compare the BMI of an individual child versus BMIs of children of the same age and gender.

It is easy to see that the BMI—for Age Percentiles chart (see image, top right) is abstract and possibly confusing even to those with proficient literacy skills. Further, the chart does not provide a context that could help parents understand what the "dot" that represents their child means. All they know is that their child's weight is under, at, or above what an abstract version of a healthy weight would be. With the complexity of the BMI chart and the lack of visual BMI representation, the difficulty of recognizing obesity is evident.

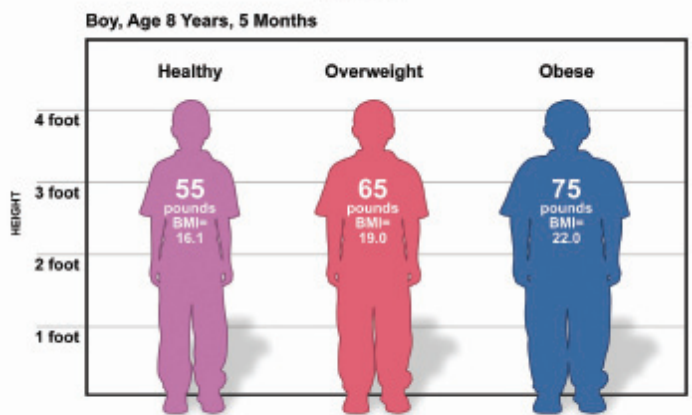
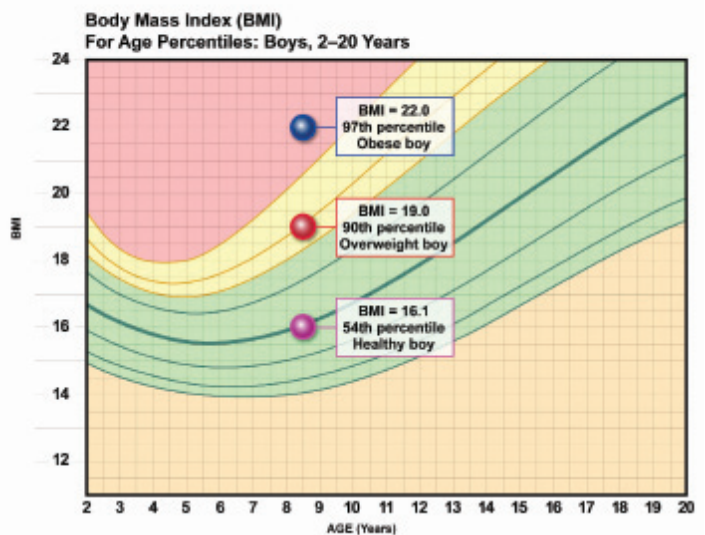
Building recognition of obesity—applying visual literacy techniques

To overcome these literacy barriers, it is essential that numeracy-based

obesity tools, such as BMI, be complemented with a visual literacy approach. Visual literacy techniques help people recognize, understand, interpret, and gain meaning and context from information presented as or with images. When a numeracy-based BMI graph is accompanied by representative visuals, it provides parents with a visual guide to healthy versus unhealthy weight in their children. In other words, parents actually see what the numbers mean.

An example of one approach that applies visual literacy techniques (see bottom image) involves creating visuals that serve as references by showing a child of the same age, height, and gender at various weight classifications—healthy, overweight, and obese.

How to visualize BMI to determine overall health



This example illustrates the correlation of BMI on a growth chart and the visual meaning of the BMI calculation. It can help parents identify their child's weight within the context of what is overweight or obese. As a result, it can also help negate social norms and misconceptions about whether their child's weight is "just right."

With the simple addition of appropriate visuals, abstract numbers and concepts can be transformed into much more powerful tools for discussions between healthcare provider and parent. Parents may be able to recognize what the numbers mean in terms of their own son or daughter. That way, they may be more motivated to take action and utilize the interventions available.

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In our example, visual literacy transforms the BMI chart by providing a real-life vantage point and context to numbers that require more meaning. More important, the visual references may offer a cue to start communication with healthcare providers on how to address childhood obesity. This effort can open the door of possibilities to more effective and engaging interventions as parents recognize the need to take action. ✂

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How the Next Generation Consumes Online Health

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view health as an integrated part of their lifestyle and do not only go to health sites for informational purposes.

So although young people spend less time on health websites than their older counterparts, they are still an important segment of the health information consuming public. As members of this demographic mature, they are likely to become even more engaged with health content. But their trust and affinity for health information brands is being cultivated right now, and it is the brands that understand how health integrates into their daily habits and lifestyle that will garner their loyalty in the future. ✂

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Obesity Is Not Going Away Anytime Soon

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long term follow up. One primary care pediatrician suggests the 5-2-1-0 rule: make sure kids get 5 fruits a day, 2 hours or less of screen time, one hour minimum of physical activity daily and zero sugar-sweetened beverages daily.

On a positive note, an Illinois elementary school received an award from the Alliance for a Healthier Generation. The cafeteria serves daily lunches that include fruits, vegetables, no fat or low fat milk, no soda, fried foods or desserts. Birthdays in the classroom are not celebrated with cake or sweets, teachers wear pedometers, kids get exercise, and parents have signed a commitment contract supporting the school's health efforts. Students are proud that they are part of a healthy school and they bring home the message of health, expecting their parents to "get with the program."

A number of food manufacturers have committed voluntarily to

reformulate food products like cereal, adding more whole grains and removing salt and sugar. There was a recent push by experts to have cartoon characters and other advertising ploys directed to kids stopped, however, food companies are not ready to go quite that far. Fast food restaurants now post calorie counts and the nutritional breakdown of foods clearly, but the average diner going to a fast food restaurant is probably looking for cheap, filling tasty food and not a healthier salad or sandwich. So it's really incumbent on the consumer to take advantage of the information they can now access and make healthier decisions. And when it comes to exercise, most people need to make it a priority and fit it in to their busy schedules, sometimes in incremental doses. Certainly, parents need to model better eating and exercise habits if they want their kids to buy into healthier lifestyle.

On a sober note, this current generation of kids and teens will be the first generation with a shorter lifespan than their parents. They will also be visited with "adult diseases" like heart disease, diabetes, arthritis, certain cancers and metabolic syndrome at far younger ages than their parent's generation. ✂

Amy Hendel is a popular and recognizable medical and lifestyle reporter, expert, columnist and health host. Her first book Fat Families Thin Families offers a "family team" approach to help families cope with obesity and its related health issues.

Effective Marketing of Non-OTC Weight-Loss Solutions

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with diet and exercise programs and compel them to investigate alternative options. Directly connecting morbid obesity to an increased risk of death, heart disease, and diabetes may seem like an effective way to stimulate consideration. However, in many cases this approach does not work well, as people think it is too extreme and convince themselves that they are not at risk. It gives them permission to stay in denial, rather than motivating them to take action. Aspirational content that highlights successful weight loss is effective and communicates that with the right tool to help you, it is feasible to win your battle with weight loss.

In summary, when developing a marketing campaign for weight-loss surgery, ensuring that you are reaching the target when their mindset is most receptive to the information, highlighting relevant content that addresses the barriers, and delivering content in a compelling manner are imperative to the campaign's success.

Fortunately, obesity remains a treatable problem in this county, and it is critical to ensure that the millions of people suffering from obesity are educated about all options available to help them win the battle. People suffering from obesity must be made aware that bariatric surgery is an attainable option for most, and they should understand the limitations of traditional diet and exercise. ✂

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3. Sacks FM, et al. Comparison of Weight-Loss Diets with Different Composition of Fat, Protein, and Carbohydrates. NEJM. 2009;360:859-73.
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