

'Conversation Cards' a useful tool in pediatric weight management

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Top five most frequently selected Conversation Cards. Credit: Maryam Kebbe

Increasing numbers of children and adolescents struggle with obesity, a challenging and complex health issue. Likewise, health care providers can find it challenging to effectively counsel families on weight management. To this end, Conversation Cards were developed to help families think about and prioritize key challenges regarding pediatric weight management. They also create points of reference for providers, which could help to create treatment plans for families based on their priorities. Using Conversation Cards, researchers from the University of Alberta conducted a study that reviewed the way families use the cards and how their card selections aligned with family characteristics.

Data for this cross-sectional study were retrieved from a clinic providing care for 2- to 17-year-olds with overweight or obesity. Families were introduced to Conversation Cards at a monthly, group-based orientation session after they were referred for care by local physicians and nurse practitioners.

Among 146 participants, families selected an average of 10 cards, with an equal proportion of positive (e.g., Ongoing contact with our clinician keeps us motivated) and negative (e.g., I feel overwhelmed and lack support) statements. The most popular card choices reflected families' readiness to make healthy changes, preference for involving children and adolescents in clinical discussions, the importance of children and adolescents in sharing their thoughts, wanting to learn how to make healthy foods fun, and desire for a specially trained fitness instructor to work with children and adolescents.

"The needs and preferences of families relating to motivation and clinical support, especially across socioeconomic groups, revealed the complexity of patient- and [family](#)-level priorities that providers can address," lead author Maryam Kebbe, BSc, said.

Factors such as age and socioeconomic status had interesting effects on attitudes in the study. For example, compared with children, a greater proportion of adolescents disliked exercise and bought fast food in the absence of their parents. Likewise, compared with their counterparts, a greater proportion of parents with a higher level of education and lower household income reported that setting goals helped them to remain motivated; those with lower incomes also reported that their finances limited what they could do. A greater proportion of parents with a lower level of education also reported financial limitations in registering their sons and daughters in sports.

"Offering families services that align with their readiness, motivation, and ability to participate actively in pediatric weight management is ideal. Conversation Cards may be useful to complement existing processes and procedures for both providers and families," Kebbe added.

Although Conversation Cards were helpful for families in establishing their priorities with [health care providers](#), further research using this tool is needed. Several other projects are underway, including whether the Conversation Cards can be used effectively for goal setting and enhancing motivation to change habits over time.

More information: Maryam Kebbe et al, Following Suit: Using Conversation Cards for Priority Setting in Pediatric Weight Management, *Journal of Nutrition Education and Behavior* (2017). [DOI: 10.1016/j.jneb.2017.03.020](https://doi.org/10.1016/j.jneb.2017.03.020)

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