

Assessing the Attitudes and Actions of Pediatric Dentists Toward Childhood Obesity and Sugar-Sweetened Beverages

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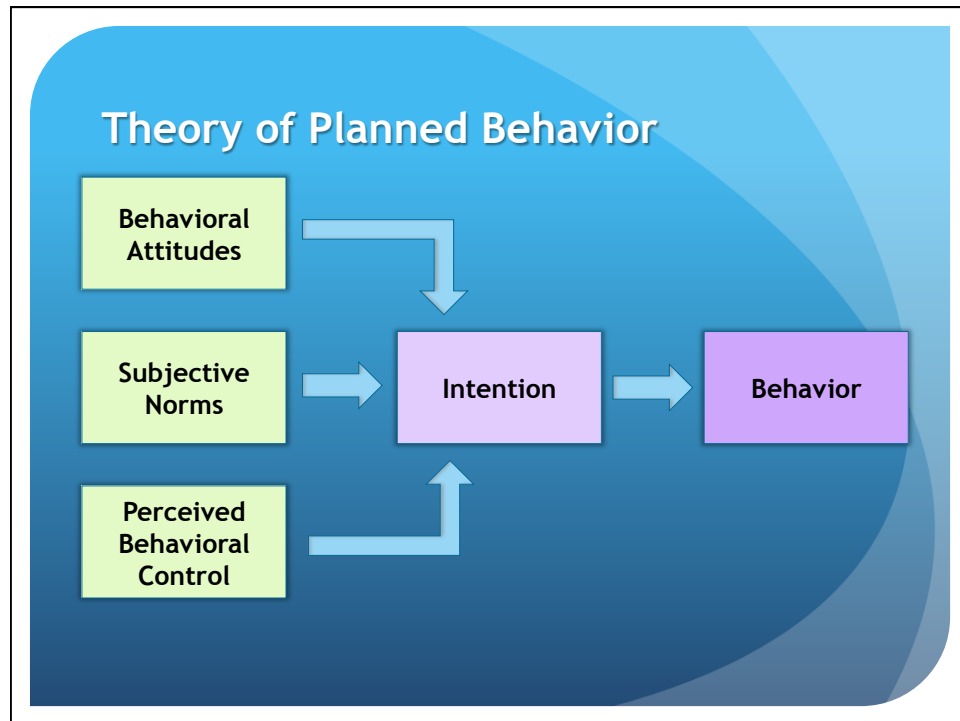
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Survey Report Topics

- Research Questions
- Theoretical Framework
- Survey Development and Methods
- Results and Discussion
- Survey Shortcomings
- Research Directions

Research Questions

1. What are the current behaviors of pediatric dentists regarding information and other interventions about healthy weight and the consumption of SSBs?
2. If they are not currently offering the services, what are their intentions to provide interventions regarding healthy weight and the consumption of SSBs?
3. What are their attitudes toward the two behaviors?
4. What are the perceived factors to discourage the behaviors, or major and minor barriers?
5. What factors would encourage pediatric dentists to provide healthy weight and SSB interventions to parents of child patients?



Survey Items: Intentions

- Are you currently offering childhood obesity information or other healthy weight interventions for patients?
- Always 5, Sometimes 3, Never 1
- Which of the following obesity intervention methods would you consider using?
- Mark all that apply

Survey Items: Behavioral Attitudes

- Dentists have a role in helping children achieve a healthy weight
- Strongly agree 5, Neutral 3, Strongly disagree 1

Survey Items: Perceived Behavioral Control

- Below are potential barriers to offering information or other services about obesity and weight management to parents of child patients. Please indicate the degree to which you perceive each as a barrier to offering this service in your practice.
- Major Barrier 5, Minor barrier 3, Not a barrier 1

Methods

- Pediatric Dentist Survey
- 1,615 responses or 22 percent of the sample

What does this photo say to you?

Share your insights!



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for an AAPD Survey
on **Calories, Caries
and Kids!**

This research project is funded through a grant from the Robert Wood Johnson Foundation.

Methods

- Pediatric Dentist Survey
 - 1,615 responses or 22 percent of the sample
- Dental Hygienist Survey
 - 2,361 responses or 7 percent of the sample

Results and Discussion

Behaviors and Intentions: Obesity

- 17 percent currently offer childhood obesity interventions
- 67 percent interested in establishing a plan

Behaviors and Intentions: Obesity

- 17 percent of pediatric dentists currently offer childhood obesity interventions
- 8 percent of dental hygienists offer childhood obesity interventions
- 67 percent of pediatric dentists interested in establishing a plan
- 50 percent of dental hygienists interested in establishing a plan

Behaviors and Intentions: Obesity

Obesity intervention methods currently performed. (Rating Average for Always 5, Sometimes 3, Never 1)
If not performed, would considered using. Mark all that apply. (Response Percent)

Answer Options	Rating Average	Response Percent
Note signs of being overweight or obese in the child's chart	4.10	74%
Weigh children and measure their height	3.71	72%
Talk to parents about observations if a child shows signs of being overweight or obese	3.64	54%
Provide educational materials on childhood obesity	2.92	77%
Offer a referral for children identified as overweight or obese	2.85	70%
Calculate and interpret a Body Mass Index (BMI) score for children ages 2 and older	2.75	61%
Offer weight-related motivational interviewing or other behavior-modification programs in my practice	2.72	31%
Follow up on interventions with additional contact	1.81	19%
Provide parents with a self-administered screening tool for childhood obesity	1.61	58%

Behaviors and Intentions: SSBs

- 94 percent of pediatric dentists currently offer interventions on SSBs
- 93 percent interested in establishing a plan
- 86 percent of dental hygienists currently offer interventions on SSBs

Behaviors and Intentions: SSBs

Intervention methods for SSBs currently performed (Rating Average for Always 5, Sometimes 3, Never 1) If not performed, would considered using. Mark all that apply. (Response Percent)		
Answer Options	Rating Average	Response Percent
Talk to parents about my observations if a child shows signs of high risk for caries	4.86	93%
Note signs of high caries risk in the child's chart	4.80	92%
Provide educational materials on sugar-sweetened beverages	3.78	94%
Offer motivational interviewing or other behavior-modification programs about the consumption of sugar-sweetened beverages	3.59	59%
Provide parents with a self-administered screening tool for consumption of sugar-sweetened beverages	2.09	72%
Offer a referral to a dietitian or nutritionist for children who have high consumption of sugar-sweetened beverages	1.55	58%
Follow up on interventions with additional contact	1.42	33%

Behavioral Attitudes

- 73 percent agreed that they have a role in helping children maintain healthy weight
- 47 percent expressed agreement on a willingness to discuss childhood obesity with parents

Behavioral Attitudes

- 73 percent of pediatric dentists agreed that they have a role in helping children maintain healthy weight
- 47 percent expressed agreement on a willingness to discuss childhood obesity with parents
- 98 percent of pediatric dentists agreed on their role of helping children have a prudent consumption of SSBs
- 98 percent expressed a willingness to discuss SSB consumption with parents

Subjective norms: Parent Perceptions

- 14 percent agreed that parents are receptive to obesity counseling in the dental office
- 7 percent agreed that parents think it is important for dentists to screen children for obesity

Subjective norms: Parent Perceptions

- 14 percent agreed that parents are receptive to obesity counseling in the dental office
- 81 percent think parents are receptive to advice about consumption of SSBs
- 7 percent agreed that parents think it is important for dentists to screen children for obesity
- 84 percent agreed that parents think it is important for dentists to provide counseling about SSBs

Subjective norms: Parent Perceptions

- 9 percent had been asked for advice from parents about obesity
- 85 percent had been asked for advice about SSBs

Subjective norms: Parent Perceptions

Barriers to providing healthy weight interventions (Rating average for Major Barrier 5, Minor barrier 3, Not a barrier 1)	Rating Average	Chi-Square
Lack of parental motivation	4.17	.250
Lack of parental acceptance of advice about weight management from a dentist	4.15	.0004
Fear of appearing judgmental of parents and/or child patients	4.14	>.0001
Fear of offending the parent	4.10	>.0001
May create parent dissatisfaction with my practice	3.62	>.0001

Subjective norms: Parent Perceptions

Barriers to providing healthy weight interventions	Rating Average	Chi-Square
Lack of parental motivation	4.17	.250
Lack of parental acceptance of advice about weight management from a dentist	4.15	.0004
Fear of appearing judgmental of parents and/or child patients	4.14	>.0001
Fear of offending the parent	4.10	>.0001
May create parent dissatisfaction with my practice	3.62	>.0001

Barriers to providing SSB interventions	Rating Average	Chi-Square
Lack of parental motivation	3.26	.070
Lack of parental acceptance of advice about nutrition from a dentist	2.38	.005
Fear of appearing judgmental of parents and/or child patients	2.16	.089
Fear of offending the parent	2.00	.019
May create parent dissatisfaction with my practice	1.96	.017

Actual Parent Attitudes

- Primarily qualitative with small groups
- Generally positive
- Similar barriers

Perceived Control Factors for Obesity

Barriers to providing healthy weight interventions (Rating average for Major Barrier 5, Minor barrier 3, Not a barrier 1)	Rating Average	Chi-Square
Lack of time in the daily clinical schedule	3.57	.0005
Lack of trained personnel in my office to perform this service	3.54	>.0001
Lack of personal knowledge or training about childhood obesity	3.20	>.0001
Lack of knowledge about how to start the conversation	3.15	>.0001
Lack of reimbursement from 3rd-party payers	3.00	.222
Lack of appropriate referral options	2.99	.443
No additional fees charged to parents for the services	2.85	.316
Lack of available patient education materials on childhood obesity	2.82	.058
Dietary recommendations about childhood obesity are ambiguous and/or confusing	2.66	.026
Concern over legal risks	2.52	.143
Lack of training in communication skills	2.44	>.0001
May be seen by state dental board as practicing medicine	2.16	.103

Perceived Control Factors for Obesity: Educational Barriers

- Childhood Obesity and Healthy Weight Counseling
- Nutrition and Nutritional Counseling
- Communication Training
- Knowledge of How to Start the Conversation

Perceived Control Factors for Obesity: Clinical Issues

- 88 percent of pediatric dentists would be interested in advising about weight management if a link between obesity and dental disease is found
- 85 percent of dental hygienists agreed

Perceived Control Factors for SSBs

Barriers to providing SSB interventions (Rating average for Major Barrier 5, Minor barrier 3, Not a barrier 1)	Rating Average	Chi-Square
Lack of reimbursement from 3rd-party payers	2.13	.001
Lack of appropriate referral options	2.12	.126
Not enough time in the daily clinical schedule	2.09	>.0001
No additional fees charged to parents for the services	2.01	.013
Lack of trained personnel in my office to perform this service	1.87	>.0001
Lack of available patient education materials on SSBs	1.83	>.0001
Lack of knowledge about how to start the conversation	1.65	>.0001
Concern over legal risks	1.56	.041
Lack of training in communication skills	1.56	>.0001
Lack of personal knowledge about the consumption of SSBs	1.52	>.0001
May be seen by state dental board as practicing medicine	1.45	.024

Survey Shortcomings

Research Directions

- Continue to dissect successful intervention programs for useful clues
- Find out more about parent attitudes regarding effective interventions
- Conduct additional studies to determine what intervention methods are most successful

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