

# Key Stakeholder Perspectives on Context Adaptations to Implement an Evidence-Based Pediatric Weight Management Intervention in Low-Income Communities

## 2022 Lifespan Research Day Abstract

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## Abstract

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**Background & Aim:**

Children from low-income backgrounds are at increased risk for obesity. Yet, there are inconsistencies in the ability of existing pediatric weight management interventions (PWMI) to decrease inequities for children from low-income backgrounds. The context, or way that the overall treatment is delivered (including format, setting, personnel, and population), is vital to consider in adapting PWMI for a new population. The present study documents context-specific adaptations to JOIN For ME to meet the needs of families from low-income backgrounds.

**Methods:**

This study used qualitative data collection to identify appropriate context-specific adaptations of JOIN For ME. Specifically, participants included caregivers (N=71) and children (N=35) that met demographic inclusion criteria and key stakeholders in the community (e.g., relevant organization leaders, previous coaches of JOIN For ME; N=21). Data collection and analysis for the present study was focused on identifying context-specific factors affecting implementation of a PWMI in low-income communities in Rhode Island.

**Results:**

Context adaptations were focused around three primary areas, given participant feedback. First, participants emphasized the importance of focusing on positive aspects associated with weight management and associated behavior changes, rather than overemphasis on weight. Second, caregivers also highlighted benefits of virtual delivery, given reduction of potential barriers to participation and concerns related to COVID-19. Finally, participants expressed a desire to increase their food and physical activity resource awareness.

**Conclusion:**

Adjustments to the context of JOIN for ME focused around the framing and fit to the population. Including multiple perspectives was crucial to informing these contextual adaptations. Key stakeholders were able to provide insight on their experiences with implementation and framing prior programs to meet the needs of the community and increase disseminability of a program. Caregivers and children added a unique perspective related to barriers to meeting the needs of families from low-income backgrounds. Additionally, the volume of spoken need for healthy food access and safe spaces for physical activity led to developing a web resource for community resource awareness.

**Clinical Implications:**

Participants indicated a preference for re-framing the language of this PWMI from weight loss to the benefits of healthy eating and exercise. Consideration of weight stigma is vital when implementing a PWMI for families.