

Reasons Primary Care Providers Decline Recruitment of Preschool Children in an Obesity Treatment Intervention

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Background

Approximately 22.5% of children aged 2-5 years are overweight or obese (\geq 85th age- and gender-specific BMI percentile). Primary care providers (PCPs) recognize the negative impacts of obesity in preschoolers and note the importance of treating obesity, yet weight status may not always be addressed in the primary care setting.

Aims/Hypothesis

The primary purpose of this retrospective secondary data analysis was to identify reasons why PCPs declined the recruitment of preschool-aged children to a pediatric obesity treatment intervention. Basic demographic and anthropometric characteristics were also examined.

Methods

Reasons for practitioner decline of child recruitment to an obesity treatment intervention were collected and qualitatively analyzed using consensus coding with 3 independent coders. Differences in demographics and anthropometrics between children declined versus offered the pediatric obesity treatment were compared using Chi-Square and independent t-tests analyses, respectively.

Results

A total of 263 reasons for decline (19.6%) were collected from 72 PCPs at 17 practices, and categorized into twelve categories. Four major themes emerged: (1) concern about the practitioner-family relationship, (2) subjective reasons, (3) objective reasons, and (4) other. The majority (56%) of PCPs provided a subjective reason for decline. There were no significant differences in age, gender, or mean BMI between children declined versus offered pediatric obesity treatment, however, children <99 were more likely to be declined recruitment than children $\geq 99^{\text{th}}$ ($p < 0.001$).

Conclusion

Recruitment for pediatric obesity studies is challenging, thus understanding the reasons why PCPs decline recruitment of obese children to a pediatric obesity study is imperative. Gathering insight will better identify potential opportunities to further educate practitioners about the importance of addressing pediatric obesity.

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