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Disclosures

I have no disclosures or conflicts of interests

Acknowledgements

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Learning Objectives

At the end of this presentation, the learner will be able to:

1) Describe influences on eating, physical activity, and body image in a multiethnic adolescent population

2) Translate the data from the current research study into their practice setting, research program, teaching curriculum, or personal interest

Background/Problem

• Many African American and Latino adolescents may be overweight or obese as a result of not only their eating patterns and physical activity levels, but also of how they perceive their bodies (Hasson, 2013).
• The obesity status among the African American and Latino adolescent populations has surpassed their White adolescent counterparts and reached epidemic proportions in comparison to other adolescents of color (Alderete et al., 2011).
• The obesity incidence among African American and Latino American youth continues to rise despite interventions that purport to be culturally based (Hannay, Dudley, Milan, & Leibovitz, 2013).

Background/Problem

• Furthermore, prior research has focused on the obese or rural child, leaving urban adolescents understudied during a critical time of scaffolding identity development and eating/physical activity behavioral formation (Findholt, Michael, & Davis, 2011).
• Additionally, to date, no published research has explored the influences of physical activity, eating, or body image among African American, Latino, and Caucasian male and female adolescents simultaneously.
Significance
The closing of this gap in our knowledge base will inform culturally-sensitive, targeted interventions to help decrease obesity in these groups by focusing on the promotion of the health behaviors of eating and physical activity, and ultimately, decrease the empirically documented intergroup obesity disparities.

Purpose
By employing two complimentary qualitative methods, Photovoice and individual interviews, this study aims to gain an in-depth understanding of cross-cultural health perceptions and influences of eating, physical activity, and body image on obesity in a multi-ethnic, urban dwelling adolescent population.

Research Aims
Utilizing the principles of Community Based Participatory Research and guided by Critical Social Theory, the current study aims to:
1) Describe the influences of the weight-related behaviors of eating, physical activity, and body image of urban African American, Latino American, and Caucasian American adolescents ages 13 to 17 years.  
2) Describe how the influences of the weight-related behaviors of eating, physical activity, and body image differ among the adolescents based on ethnicity and gender.

Design
• Qualitative – Semi structured one on one interviews  
• Photovoice - Critical Social Framework  
• Community Participatory - Advisory group  
• Informed parental consent and adolescent assent obtained at the orientation/introductory meeting  
  – English and Spanish parental consent forms were made available  
  – Consent and assent included permission to use pictures as data

Methods: Photovoice
• Participants took 2 or 3 practice photos so that the principal investigator (PI) can understand the mechanics of the camera and ask any necessary questions prior to taking study photos.  
• The participants were then instructed to take a total of 12 photos that represent influences on their eating (4 photos), physical activity (4 photos), and body image (4 photos).  
• Once each photo was taken, participants were instructed to send it to a confidential, specified university-affiliated email address to which only the PI and research investigators have access to.  
• Each participant have an electronic folder assigned to them in the email system in which their photos are placed.

Methods: Individual Interviews
• Semi-structured interviews were audiotaped to describe the participants' influences and individual perceptions related to eating, physical activity, and the body.  
• SHOWed questioning technique of the Photovoice methodology (Wang & Burris, 1997).  
• The SHOWed technique includes the following questions: a) What do you see here?  b) What is really Happening here?  c) How does this affect your physical activity, eating, or how you feel about your body? (How does this relate to Our lives?)  d) Why does this situation, concern, or strength exist? and e) What can we Do about it?
Methods: Semi Structured Interviews

- Trustworthiness of Interviews
  - Offered a second interview two to three weeks after the first interview to validate findings from first study
  - Field notes and bracketing was completed by the PI and research assistants
  - Participant alias names chosen

Sampling Procedures

- Inclusion Criteria: Self Identified African American, Latino, and Caucasian adolescents ages 13 – 17 years were recruited from the PI's social network, charter schools, youth focused community organizations from inner city Detroit, specifically Southwest Detroit
- Exclusion Criteria: Lack of ability to speak or understand English, physically disabled, pregnant

Sample Demographics

- 15 adolescents
- Weight status (BMI)
  - 7% Underweight, 26% Normal weight, 26% Overweight, 40% Obese
- Age
  - 7% 13 year old, 60% 16 year old, 33% 17 year old
  - 26% 9th grade, 53% 10th grade, 13% 11th grade
- SES
  - 66% qualified for free lunch, 13% did not qualify for free lunch, 20% unknown
- Ethnicity
  - 73% African American, 20% Latino, 7% White
- Gender
  - 33% males, 66% females

Analysis and Theme Development

- Comparative Analysis
- Research Team
- Nvivo
- Themes Developed to Date
  - Psychological Influences
  - Sociocultural Influences
  - Current Day Trend Influences
  - Technological Influences

Theme: Psychological Influences

Bullying - Gotta Be and Feel Strong

- "I don't wanna get to 170 'cuz I feel like that's just too little because I like to have a little meat on me 'cuz if I'm gonna play basketball I don't wanna just be bullied."
- "Cuz if you skinny, if you don't got no muscle, then you can't really protect yourself against two or three other people. If you can, they might not wanna try you or try to fight you because they know that you probably got more strength than what they got."

Theme: Sociocultural Influences

We are Family

- "I take care of my body. I drink water. I eat the right foods I'm supposed to eat. Athletes know what they're supposed to do with their body."
- "Really? You think all athletes do or maybe just you?"
- "Serious athletes do."
- "Mm. How much water do you drink?"
- "I drink a gallon of water between a two-day period, so like five cups a day. Really? I don't have a choice. My mother."
- "What's up with your mother?"
- "She believes that water keeps your skin clear, so I know when I don't drink water my face breaks out, so. Mm. Your mother influences a lot of your behaviors Mm-hmm."
Theme: Sociocultural Influences

We are Family

• “Now how do your mom and your sister look, as far as in their weight?”
• “My sister thinks she’s skinny, but she’s not. [Laughter] My mom was really big, but she lost all her weight when she got sick, so she’s skinny now. Now that she got skinny, she just tries to throw it everybody’s face, especially mine.”
• “How does that make you feel?”
• “Mad, sad, angry. It makes me feel a lot.”
• “What do you do to deal with those feelings?”
• “I go lock myself in my room. I listen to music, and I try to drain it out, and when I can’t, I eat.”
• “How long have you been feeling that way and doing that?”
• “Since my ninth grade year.”
• “You’re in twelfth grade now.”

Theme: Sociocultural Influences

We are Family

“When I was younger, my brothers were really mean to me, about being fat and stuff like that. They would always pick on me and call me names. As I got older, they started to chill, and started to be nicer about it. Then, they were dating girls that were ten times my size, so I was like, okay, you guys are just mean. I seen that they were just doing that to be mean.”

Theme: Sociocultural Influences

Peers – Yes, They Matter

• “Rude comments, I guess. This one boy told me, “You look like you could a escort.” I’m like, “What?” He’s was like, “Your body, it just looks like you could be an escort.” I’m like, “Is that a compliment?” He was like, “Yeah.” [Laughter]

Theme: Current Day Trend Influences

“It’s Complex”

“Well, by me talkin’ to my principal and stuff, and he wanted me to join this because of some of my little health problems. I’m a pre-diabetic, and then I just got over pericarditis, and I have to eat healthy and stuff like that, and I have to lose 50 pounds ’cuz—and they said I’m at least supposed to be 170. But I feel like it’s too little, but I still wanna at least lose it because it’s uncomfortable bein’ outta shape. When I look at that picture, it’s just anything is possible. I have to do what I have to do to get my health back, prove a lotta people wrong. I don’t wanna be another statistic.”

Theme: Current Day Trend Influences

“Sweat...Who Cares?”

• “I don’t play every day, but I practice every day for at least three or four hours.”
• “Yeah?”
• “Yeah. How’s that?”
• “Well, you [sweating].”
• “Do you care about the sweat?”
• “No.”

Theme: Current Day Trend Influences

Accessibility and Availability

• “Because it’s literally right across the street from my house, so you can’t help but to just go in there.”
• “Well, because I’m from a low-income family, so I’m not gonna go to one of those expensive restaurants, just to eat healthy. I’d rather just walk down the street and get something cheap. Now that I’ve seen what it’s being done, it’s unhealthy and stuff like that, it’s just been learning to find ways to eat healthier, by looking up making fruit smoothies or something like that. I just recently bought a blender.”
Theme: Current Day Trend Influences

Health Care Provider Influence

- “Okay. I don’t like my weight. Sometimes I like it, and sometimes I don’t, only because I hear it a lot when I’m at the doctor. My doctor constantly says, “You need to lose this. You’re overweight for your age.” I try to push myself and try to work out, but if I lose the weight, it come right back.”
- “She said when I do the little salad, don’t put enough dressin’ on there that it covers up the whole salad. Just put enough on there. Just don’t cover up the whole salad. I’m like, man, I don’t like this, so I eat a lotta fruit. Now I eat probably at least eight oranges”

Theme: Technological Influences

Movies

- “I used to eat out all the time, eat a lotta fast food. When I went to the doctor’s, before I even went to the nutritionist, he told me to go on Netflix and watch the movie Super-Size. He said if I watch that, I’ll never wanna eat fast food again. Did you watch it? No. I was scared to watch it.”

Theme: Technological Influences

TV

- The reason why I chose a Happy Meal is because this is how a lot of people get influenced to eat there. I remember when I was a kid, they would always show little characters and stuff like that. I would always wanna go to McDonald’s, instead of a boring place, like Panera. Of course, they’re healthy, Panera, but they don’t have the characters. That’s what I feel like influences a lot of people, when they have the toys and stuff, too, for people to come there.

Themes In Progress: Discussion

Gender and Ethnicity Similarities and Differences

Adolescent Images from Photovoice Study

“Slim Thick”
Discussion

- Specific Aim #1
  - Very complex, intertwined, multifactorial influences on weight related to the urban adolescent.
  - Psychological influences appear to depend on sociocultural influences
  - Healthcare providers were identified as very influential in how the participant consumes food and how they view their bodies
  - Accessibility and availability of food and safe spaces continue to influence this sample based on residential status and socioeconomic status

- Specific Aim #2
  - Gender
    - Muscular bodies are in as well as sports and other group related physical activity instances
    - Females are more conscious of what they consume and it appears to have more of an emotional component
  - Race/Ethnicity
    - Latino adolescents demonstrated more body dissatisfaction than African American adolescents
    - Caucasian adolescent was well versed in how her physical and sociocultural environment influenced her weight related behaviors

Clinical Significance and Conclusion

- Health care providers greatly influence weight related behaviors
- We need to determine how best to communicate, interview, intervene, and follow up with our patients from a culturally sensitive and developmentally appropriate way
- Adolescents are a dynamic group that are constantly evolving, so we need to stay up to date with the latest trends and how it can influence their health, specifically their weight status

Strengths of Current Study

- Multicultural perspective
- Their voice
- Interviews – Rich Contextual Data
- Looking at the obesity epidemic from a different lens – smartphone usage

Limitations of Current Study

- Investigator Bias
- More detailed directions obtaining pictures
- Needed more Caucasian participants

Questions
Thank You!

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References


Evaluating Depressive Symptomatology, Maternal Loneliness, and Maternal Self-Esteem in Mothers Who Attend a Peer Support Group

Karly Hiser, DNP, RN, CPNP-PC
Mary Jo Cerepani, DNP, FNP, CEN
Brenda Cassidy, DNP, RN, CPNP-PC

After listening to this presentation the learner will be able to:

1. Identify risk factors and potential negative consequences associated with postpartum depression
2. Understand instruments for assessing postpartum depression, loneliness, and self-esteem
3. Explain the potential benefits of a peer support group for mothers and implications for practice

Introduction

Postpartum depression is estimated to occur in 13% of women

13%

Negative consequences of postpartum depression include:

- Future depressive episodes
- Impaired mother-infant bonding
- Negative perceptions of infant behavior
- Life stress
- Childcare stress
- Marital conflict
- Low maternal self-esteem
- Lack of social support

Etiology of postpartum depression remains unclear, but there are identified risk factors including:

- Life stress
- Childcare stress
- Marital conflict
- Low maternal self-esteem
- Lack of social support

Review of the Literature

In order to address a lack of social support, a number of psychosocial interventions have been investigated using telephone, in-home, and face-to-face techniques in one-on-one and group settings...

Disclosures

- Karly Hiser, Mary Jo Cerepani, and Brenda Cassidy report no financial interests of possible conflicts of interest.
### Review of the Literature

...however there is a gap in the literature: analyzing the effects of an in-person peer-to-peer support group in the pediatric outpatient setting.

1. The pediatric visit is a time to screen for postpartum depression and address maternal health during the postpartum year.

2. The American Academy of Pediatrics (AAP) recommends using the EPDS or the two-question screen for depression to screen for postpartum depression at well-child visits.

### Purpose, Research Question, and Design

#### Purpose
To compare depressive symptomatology, loneliness, and self-esteem in mothers who attend an existing peer support group in a large urban practice and mothers who do not attend the group between 8-weeks and 12-weeks postpartum.

#### Research Question
Do women who attend New Moms Coffee (NMC) experience lower rates of depressive symptomatology, lower rates of loneliness, and higher levels of self-esteem than mothers who do not attend the group?

#### Design
A quasi-experimental project was conducted using a non-randomized two-group post-test comparison design.

### Recruitment

**Recruiting Process**
- The Human Research Protection Office (HRPO) approved the project through the expedited review process.
- Participants were recruited using HRPO-approved flyers.
- The facilitator of the group educated mothers about the project.
- Interested participants emailed the Primary Investigator to schedule a phone call.
- The PI obtained verbal consent from all participants and informed them that they would receive mental health resources if they had a positive screen for postpartum depression.

### Sample, Setting, and Conditions

#### Sample
- Convenience sample of 33 women
- Less than or equal to 8-weeks postpartum
- At least 18 years of age
- Able to speak English
- 21 participants in the Intervention Group
- 12 participants in the Comparison Group

#### Setting
- Pediatric outpatient clinic in a metropolitan city in western Pennsylvania with three regional locations
- NMC is open to the general public

#### Conditions
- NMC is facilitated by a Licensed social worker who is also a childbirth educator, birth counselor, doula, and doula educator.
- Two Rules: (1) To be real; (2) Everything that is said in the group session does not leave the room.
- Topics of Discussion Include: Mood, anxiety, breastfeeding, exercise, postpartum body changes, and newborn care.

*Intervention Group participants were asked to attend New Moms Coffee (NMC) at least once a week starting at 8-weeks and continuing through 12-weeks postpartum.

### Measures

**Key Demographics**

<table>
<thead>
<tr>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Education</th>
<th>Marital Status</th>
</tr>
</thead>
</table>

**Household Income**

**Employment Status**

**First-Time Mom**

### Instruments

- **Edinburgh Postnatal Depression Scale (EPDS)**
  - A reliable screening instrument for depression.
  - 10-item self-report instrument with questions scored on a 4-point scale.
  - Total scores range from 0 to 30; score over 10 considered positive for depression.
  - Cronbach's alpha coefficient ranges from 0.87 to 0.90.

- **UCLA Loneliness Scale (LS)**
  - An instrument to assess perceived loneliness.
  - 10-item self-report instrument with questions scored on a 4-point scale.
  - Total scores range from 10 – 40; score over 10 considered a high level of loneliness.
  - Higher score correlates with higher loneliness.

- **Rosenberg Self-Esteem Scale**
  - An instrument to assess perceived self-esteem.
  - 10-item self-report instrument with questions scored on a 4-point scale.
  - Total scores range from 10 – 40; higher scores correlate with higher self-esteem.
Procedure

1. Participants completed the demographic data at 8-weeks postpartum.
2. Participants completed the EPDS, UCLA Loneliness Scale, and Rosenberg Self-Esteem Scale at 8-weeks and 12-weeks postpartum.
3. Mothers who participated in the intervention group were asked to attend NMC at least once a week during 8-weeks and 12-weeks postpartum.

Data Collection & Analysis

1. Used Qualtrics in the development and distribution of the surveys at 8-weeks and 12-weeks postpartum.
3. Calculated and analyzed the difference in scores at 12 weeks and 8-weeks postpartum using student t-tests.

Results: Demographic Data

Key Characteristics:
- 12 participants in the Comparison Group.
- 21 participants in the Intervention Group.

Study Participant Breakdown:
- 12 participants in the Comparison Group.
- 21 participants in the Intervention Group.

Results: Means and Standard Deviations

Table 2 - EPDS, LS, and SES Score Means and Standard Deviations

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t</th>
<th>Sig. (2-tailed)</th>
<th>Lower</th>
<th>Upper</th>
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</thead>
<tbody>
<tr>
<td>EPDS</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>8-weeks</td>
<td>5.72</td>
<td>4.01</td>
<td>-</td>
<td>2.41</td>
<td>0.52</td>
<td>2.64</td>
</tr>
<tr>
<td>12-weeks</td>
<td>4.14</td>
<td>3.01</td>
<td>-1.54</td>
<td>2.41</td>
<td>-1.07</td>
<td>2.64</td>
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<tr>
<td>LS</td>
<td></td>
<td></td>
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<tr>
<td>8-weeks</td>
<td>35.72</td>
<td>9.1</td>
<td>0.54</td>
<td>11.93</td>
<td>34.9</td>
<td>36.9</td>
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<tr>
<td>12-weeks</td>
<td>33.42</td>
<td>7.54</td>
<td>0.54</td>
<td>11.93</td>
<td>39</td>
<td>34</td>
</tr>
<tr>
<td>SES</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>8-weeks</td>
<td>33.72</td>
<td>4.56</td>
<td>-2.124</td>
<td>0.045*</td>
<td>-4.83</td>
<td>-0.06</td>
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<tr>
<td>12-weeks</td>
<td>35.21</td>
<td>4.89</td>
<td>-2.124</td>
<td>0.045*</td>
<td>1.36</td>
<td>2.65</td>
</tr>
</tbody>
</table>

* Significant at 0.05

Results: Percentage Change

Depressive Symptomatology  | Loneliness  | Self-Esteem |
---------------------------|-------------|-------------|
**Intervention Group**     | 27.6%       | 6.4%        | 4.4%         |
**Comparison Group**       | 9.8%        | 11.7%       | 3.2%         |

Results: Differences in EPDS, LS, and SES Scores

Table 3 - Differences in EPDS, LS, and SES Scores at 8-weeks and 12-weeks Postpartum

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>t</th>
<th>Sig. (2-tailed)</th>
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<tr>
<td>EPDS</td>
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<td>Intervention (n = 14)</td>
<td>0.455</td>
<td>0.653</td>
<td>-1.54</td>
<td>2.41</td>
<td>-1.07</td>
<td>2.64</td>
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<tr>
<td>Comparison (n = 11)</td>
<td>0.64</td>
<td>1.96</td>
<td>-4.40</td>
<td>1.96</td>
<td>0.54</td>
<td>11.93</td>
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<td>LS</td>
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<tr>
<td>Intervention (n = 14)</td>
<td>2.263</td>
<td>0.033*</td>
<td>0.54</td>
<td>11.93</td>
<td>-2.124</td>
<td>-0.06</td>
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<tr>
<td>Comparison (n = 11)</td>
<td>4.09</td>
<td>5.52</td>
<td>0.54</td>
<td>11.93</td>
<td>4.09</td>
<td>5.52</td>
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<tr>
<td>Intervention (n = 14)</td>
<td>-2.124</td>
<td>0.045*</td>
<td>-4.40</td>
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<tr>
<td>Comparison (n = 11)</td>
<td>1.36</td>
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<td>-4.11</td>
<td>1.36</td>
<td>0.54</td>
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* Significant at 0.05
Discussion

Postpartum depression is a public health concern and peer support may help mothers. Key findings from this study include:

**Loneliness**
Moms who participated in NMC were significantly less likely to perceive themselves as lonely. Loneliness has been associated with postpartum depression.

**Self-Esteem**
Moms who participated in NMC experienced a significant increase in self-esteem.

**Postpartum Depression**
Participants in the Intervention Group did not experience a significant change in EPDS scores. However, the Intervention Group exhibited a greater decrease in EPDS scores than the Comparison Group. Differences may be attributable to type and duration of the project and the inclusion of women who were not at risk for postpartum depression.

Limitations

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Implications for Practice

- NMC is a source of peer support for new mothers conveniently located within a primary care pediatric office.
- Findings were presented to the supporting primary care office and may encourage health care providers to refer mothers to NMC.
- This project may contribute to the development of other new moms groups.

References