

Using Quality Parenting Pilot Intervention: Processes and Outcomes Designed to Improve Child Health

WHAT ARE THE KEY ASPECTS OF QUALITY PARENTING?

Quality parenting involves parents who are highly engaged both physically and emotionally. Children who experience quality parenting are cared for through concern, acceptance, and support. This is the most important way to promote positive child health outcomes (CDC, 2015). Setting clear limits, positive discipline, understanding child development and providing proper healthcare are also crucial quality parenting techniques.

WHY IS QUALITY PARENTING IMPORTANT?

Higher self-esteem, less antisocial behavior, better social skills, healthy psychological adjustment and better physical health have all been shown to come from quality parenting. Supportive parents can protect and buffer the effects of peer pressure allowing children to perform better in school and extracurricular activities (Bolar, 2016).

HOW CAN WE IMPROVE CHILD HEALTH?

Pressing problems affecting child health today include, but are not limited to, overweight/obesity (concern of over 1/3 of children & adolescents), violence/abuse (faced by nearly 60% of children in 2011), and a lack of safe places to play (more likely for children living in poverty) (CDC, 2015). Among the best ways to combat these issues are to improve parenting skills and parental involvement, address mental health, and enhance community conditions.

HOW DOES PARENTAL MENTAL HEALTH AFFECT CHILDREN?

A parent's mental health is connected to their children's health. For example, depression and other mental conditions in parents may cause neglect towards children, which can hinder a child's emotional development. Studies have also shown that children of parents suffering from depression are two to three times more likely than other children to also suffer from major depression or other mental health challenges. In general, as children learn to identify, express and manage their emotions, they look to their parents and other adults as role models. It is important that parents also have plenty of support to ensure that mental health problems are identified and addressed to, in turn, help them to model health behavioral and mental health for their children.

HOW DOES THE COMMUNITY AFFECT CHILD HEALTH?

The community environment, beyond a child's parents and immediate family, can greatly impact their health and development. For example, community violence creates high stress levels (for both adults and children), causing ongoing stress hormone activation and may eventually harm the brain structures that control learning and memory. Youth exposure to violence can increase levels of depression, substance abuse, risky sexual behavior, homelessness, and poor school performance. However, safe community spaces for physical activity and constructive child engagement can improve child health.



Quality parenting is essential to improve child health and protection.

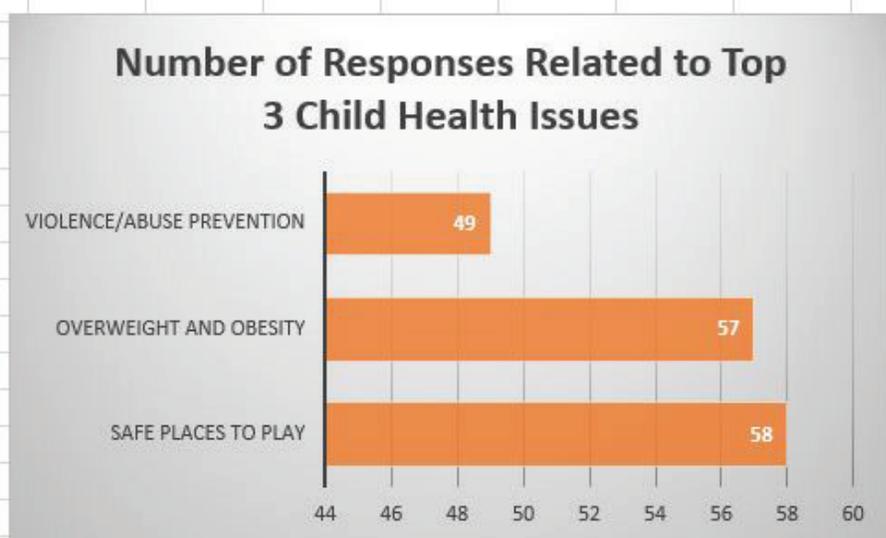
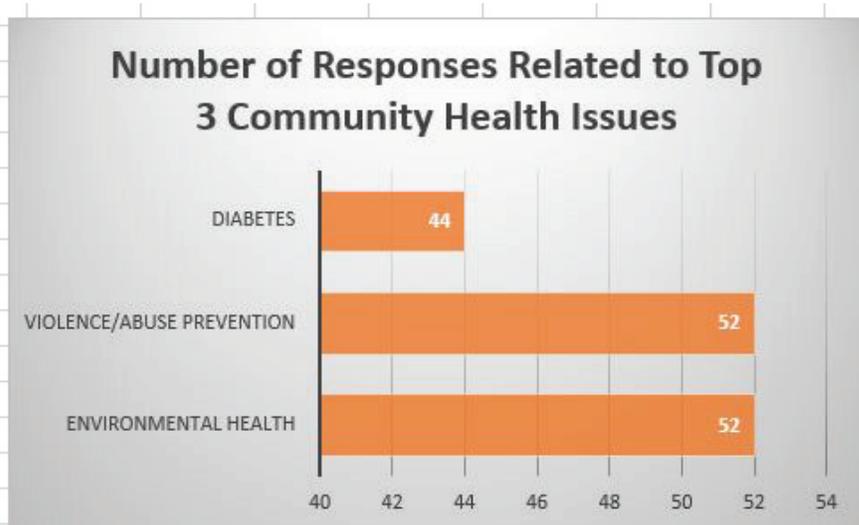
WHAT IS THE USING QUALITY PARENTING (UQP) PILOT INTERVENTION?

The UQP was developed through a Community Based Participatory Research (CBPR) partnership between the Satcher Health Leadership Institute Division of Behavioral Health (SHLI-DBH), Morehouse School of Medicine's Prevention Research Center (PRC), residents and organizations in City of Atlanta Neighborhood Planning Units (NPU) L, T, V, X, Y, and Z. It built upon the lessons learned and successful model of the Smart and Secure Children Program (Okafor, 2014). First, a **community health needs assessment** that included a survey and focus groups with community residents took place. The survey was designed to find out the child health priorities of adults and was modeled after the PRC community health needs assessment process. Focus groups and community meetings then took place where residents discussed child health viewpoints and priorities. This information was then used to pilot (develop and test) the **UQP pilot intervention** serving parents of children ages 6-14 with the overarching aim to promote quality parenting as a means to address community identified health inequities in early and middle childhood.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

The Survey: There were **272** residents who completed the survey and 8 focus groups involving **76** residents. The results were presented at 7 community meetings where **180** community residents at recreation centers, schools, churches, and early learning centers. Work group meetings with **122** participants were held to outline a strategy to address the identified child health priorities and to create the content and delivery approach of the UQP pilot intervention. A total of **650 respondents participated in the CHNA.**

The top three priority health conditions for *adults/parents own health* were: high blood pressure, overweight and obesity and women's health. The top three *community health concerns* were: environmental health, violence/abuse prevention, and diabetes. Top three priorities related to *child health* included: safe places to work and play, overweight and obesity, and violence/abuse prevention. Best ways for sharing health-related information with the community were: attending church events, attending community events, and Facebook postings.





Focus groups and Community meetings: Residents continued to highlight that parents do not have the necessary tools and supports to effectively parent their children. Related challenges included the breakdown of the traditional community infrastructure, such as strong family networks and multi-generational mentoring of young parents, unplanned or teen pregnancy, community violence, and poor social-emotional health of parents due to extremely stressful situations in the home or community (Bolar, 2016).

THE UQP PILOT INTERVENTION AND RESULTS

UQP Pilot Intervention was 8 weeks long with 6 educational topics including physical activity, nutrition, sleep hygiene, quality parenting, community resources, and community safety. Each weekly session was 1.5 to 2 hours and occurred weekly. The program used a peer-to-peer model. Facilitators (parent leaders) were residents in the NPU's and were supported by a parent mentor who also resided in the community.

Fifty-four parents enrolled into UQP pilot intervention. Most (82.2%) participants were women with a mean age of 43.2 years. More than 70% had earned less than a bachelor's degree, and reported annual household incomes less than \$55,000.

Parents who participated in the UQP that, after the program, their children:

- Drank more water
- Ate more meals with proteins, grains, fruits and vegetables
- Were more physically active (30 minutes per day, 3 times per week)

The research process highlights a community-based and peer-led approach to educating parents on healthy eating habits and behaviors, rather than the prevalent strategies of interventions in schools that target only the children. Ultimately, parents play a huge role in shaping their children's lives, so parents constitute a crucial audience for childhood health interventions in households and communities alike.

Parent Leaders

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