

Development of a primary-care and social-marketing based sugary drink reduction intervention: Qualitative feedback from community pediatricians



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BACKGROUND

- Sugary drinks (SD) are the primary source of added sugar in children's diets with the highest intakes reported among Black youth.^{1,2}
- Black children experience greater difficulty reducing their SD intake due to a variety of psychosocial and economic factors.³
- Previous SD reduction efforts have underutilized the primary-care setting. Pediatricians are trusted voices in the community and are well-positioned to encourage SD behavior change because they maintain regular contact with children and families.

OBJECTIVES

- To evaluate pediatricians' perceptions of the feasibility, acceptability, and sustainability of an innovative primary-care and social-marketing based intervention designed to reduce sugary drink (SD) intake among Black youth (11-14 years old) living in Washington D.C.

METHODS

- In-depth qualitative interviews were conducted virtually (via Zoom) with providers (n=6) from a pediatric primary-care clinic in an underserved area of Washington D.C.
- Pediatricians provided feedback on the proposed intervention model, specifically:
 - 1) Willingness of pediatricians and the clinic's patient population to engage with the intervention.
 - 2) Familiarity with and attitudes towards behavior change counseling.
 - 3) Intervention feasibility, acceptability, and sustainability.
 - 4) Suggestions for intervention content and delivery.
- Interviews were recorded, transcribed using NVivo, coded by a trained research assistant, and emergent themes and sub-themes were identified.



RESULTS

Feedback on the intervention concept encompassed the following themes and sub-themes:

1) Key facilitators of intervention success

- Familiarity and sustainability of SD reduction counseling
- Impressionable target age group
- Multi-generational approach

2) Key barriers to intervention success

- Limited time during patient appointments
- Need for outside support to maintain social media messaging
- Perceived hesitancy from families to change

3) Strategies to promote participant engagement

- Incentives
- Community champions
- Utilize popular social media platforms to deliver current and engaging materials

4) Suggestions for intervention content

- Safety and palatability of tap water in D.C.
- Health risks associated with SD intake

N	6
Race (%)	
Black or African American	4 (66.7%)
White or Caucasian	2 (33.3%)
Ethnicity (%)	
Hispanic or Latino	0 (0%)
Not Hispanic or Latino	6 (100%)
Years in Practice (%)	
1-3 years	1 (16.7%)
3-5 years	0 (0%)
5-10 years	3 (50%)
More than 10 years	2 (33.3%)
How often information about diet and nutrition is provided to families during well-child visits (%)	
Always	4 (66.7%)
Often	1 (16.7%)
Sometimes	1 (16.7%)
Never	0 (0%)

Select representative quotes:

(1)
"I think the 11- to 14-year-olds are very influenceable."

(2)
"There's a lot of barriers and time constraints to what all we have to get done during a primary care visit."

(3)
"Maybe getting like coaches and other people who are respected in the community to talk about the benefits of water."

(4)
"I know for parents...one term or thing that seems to resonate with them, it's like the risk of diabetes."

CONCLUSIONS

- Pediatricians are enthusiastic about the intervention concept and view SD reduction counseling as feasible, acceptable, and sustainable in the primary care setting.
- While some concerns were expressed about the sustainability of social media messaging, the use of popular social media platforms was viewed as a key strength of the intervention design.
- Development of concise, catchy, and culturally relevant intervention materials is in progress, and the intervention will continue to be iteratively refined through additional qualitative interviews with members of the target population.

REFERENCES

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