Reviewer’s report

Title: Barriers to successful recruitment of parents of overweight children for an obesity prevention intervention: a qualitative study among youth health care professionals

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Reviewer: Anthea Magarey

Reviewer’s report:

Overall the authors have addressed the comments by the reviewers appropriately but now several matters are clarified I have some further comments

Minor essential revisions

Methods:

1. Child obesity intervention: please identify the age range the intervention targets

2. I have problems with this explanation on page 5

‘and according to the physicians’ clinical judgment (based on their”experience, expertise and the course of the weight pattern over time)(phase 2),

Children are identified as overweight using IOTF cut-points the internationally accepted (although statistical) definition. However clinicians make their own decision whether to classify the child as overweight. What experience and expertise are they bringing to this decision. I can understand the weight pattern over time (if that is available ) and if the child is just above the cut-point. Also did physicians assess potential risk factors such as parent weight status and child/family eating and activity behaviours.

I would like a clearer explanation. It seems to me that physicians made somewhat subjective assessments. Later a comment is made about weight over time . It would be interesting to know to what degree clinicians adhered to the IOTF cut-points.

The following statement on page 10

‘ that children who were overweight according to the guidelines were not always overweight according to their clinical judgement’

alerts me to think that physicians do not understand the derivation of the cut-points. and that a child will be classified differently according to whom they are assessed by. This should have been an issue discussed at the plenary sessions. It would be really helpful to know what criteria those making these comments use to identify a child with growth outside the healthy range. If a child is just overweight according to IOTF cut-points it is an alert, it is reasonable that no action is taken but suggest the child be measured again in 6 months. A child well into the overweight range runs the risk of increasing levels of fatness.
I wonder what language the physicians used when talking to parents about their child’s weight – it is well known this is a sensitive issue and it is important to use language such as healthy growth.

3. Page 6: reword as follows:

Based on YHC records and a national overweight prevalence rate in the age group of 14% , it was estimated that approximately 230 children were eligible....

However by the end of the referral period only 10% of eligible children had been referred, considerably less than expected.

How may exactly were referred and what proportion was expected (25%, 50% and based on what)

4. How many professionals in total were invited? 16 participate, it is possible to indicate the response rate but bearing in mind it would not be expected that all professionals from the 14 clinics would participate

5. As described it appears it was only the physicians who attended the training, so why were other professionals invited to participate in the interviews? What impact does this have on the validity of the results? Did all the physicians who appeared to be responsible for the recruitment attend the training?

6. Was there an opportunity for attendees at the training to raise issues such as identifying an overweight child (eg the apparent distrust of cut-points) , how to discuss overweight with parents. Suggesting parents attend a parenting intervention is potentially confronting and parents may take offence, was language suggested on how the intervention might be ‘sold’ to parents. The comment ‘intervention intense and time consuming’: suggests to me lack of understanding of the problem with respect to behaviour change and the change needed in family – it takes time and cannot be achieved through a single consultation. I’m thinking that the there was probably scope for exploring some of these issues in the training which may have then resulted in physicians being better advocates for the intervention – its more than just better communication skills

7. Limitation is that many of those interviewed did not receive the training re recruitment and so were not implementing the strategy but providing their views. A comment is required

8. I think the issue of social norms is important and warrants a comment in the discussion about how this might be addressed. This underlies the lack of awareness of parents which is a major barrier to recruitment and should be mentioned in the abstract conclusion.

Discretionary revisions

1. Interviewees ‘perceived prevention of overweight and obesity as an important task of the YHC organization'

Is it possible to say what these interviewees considered their role to be in this
process? It seems to me they have been given an excellent opportunity to identify children who would benefit from an intervention which is readily available but have not made a lot of effort to advocate for parents to support healthy behaviours in their children

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'