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Media Screen Time for Young Children, a Culturally Competent Approach

At the VNA Family Room, Burlington VT

Jenna Jorgensen, MS-III

Family Medicine Clerkship, May-June 2017

Mentors: Jaquelyn Reno & Sarah Sinnott, VNA Family Room Leaders

Problem Identification- *Young Children are Being Exposed to Excessive Screen Time*

- Mobile and interactive media access have dramatically changed play for young children
 - 0-5 years of age is a time of critical brain development, building secure relationships, and establishing healthy behaviors
 - Children 0-6 years spend an average of over 2 hours per day with screen media, despite recommendations that children 0-6 spend less than 2 hours with screen media, and children less than 2 years old have no screen time
- Many health and developmental risks of excessive or inappropriate media exposure exist:
 1. Sleep disturbances: infants exposed to screen media in evening hours show significantly shorter night-time sleep duration than those with no evening screen exposure
 2. Child development: studies show associations between excessive television in early childhood and cognitive, language, and social/emotional delays
 3. Obesity: increase in media consumed increases exposure to food advertising, eating while watching television (which diminishes attention to satiety cues), and inactivity
 - Approximately 17% of all US children and adolescents ages 2-19 are obese
 - 2014 Vermont Data: 13.7% of 2-4 year old WIC participants are obese, 16.4 % overweight
 - Obese children are more likely to have risk factors associated with cardiovascular disease and Type 2 Diabetes; they are also more likely to become obese adults
- Despite increase in access to media and negative effects, 2/3 of children and teens report that their parents have “no rules” about time spent with media

Problem Identification- *New American families are likely unaware of the consequences of too much screen time in young children*

- Within 15 years of arriving in the United States, New Americans have the same obesity rates as American born individuals
 - Part of the cause for increased obesity rate is likely excessive screen time use among New Americans
 - As of 2012, Vermont has received 4,476 refugees from 24 different countries, including Democratic Republic of Congo, Nepal, Iraq, Somalia, Syria, and others
- VNA Family Room expressed concerns about the increasing amount of screen time refugee children use outside of their time at the Family Room
 - Located in the Old North End in Burlington, the VNA Family Room serves over 400 families each year from over 50 countries with more than 28 languages
 - Services and programs include: preschool, play groups, father groups, parenting classes, child care and support for refugees and New Americans
 - Being culturally competent and sensitive, along with expressing empathy and respect are necessary to reach and educate this population

Public Health Cost

- Excessive television watching contributes to increased incidence of childhood obesity, putting kids at risk for poor health
- Refugees in general are more often underweight or a normal BMI. However, upon arrival in the U.S. many refugees are gaining more weight than needed. Within 15 years, New Americans have the same obesity rates as American born individuals
- As of 2009, total health care cost associated with obesity in the US is \$147 billion/year
 - In VT: over \$718 million/year
- Obese Americans incur \$1,429 more per year in medical expenditures compared to normal weight individuals
- Economic impact of Pediatric Sleep Disorders is \$27.5 million/year in Australia (US data not available at this time)

Community Perspective and Support for Project

“ABSOLUTELY this (media screen time use) is a concern of mine. More and more research has suggested that overuse of media impairs language learning. New American families think their kids learn from the computer and tablet. I have been stressing that language is learned from talking with real people not hearing people talk on screens.”

-Dr. Andrea Green

Director of Pediatric New American Clinic

“Lots of children who are learning English use iPads, so it seems educational for language developmental, but it is out of context. This takes away from face-to-face interactions and nature. Screen time results in children not doing other developmentally appropriate things.”

-Jacquelyn Reno

Pre-School Teacher, VNA Family Room

Intervention and Methodology

- I chose to target my intervention on educating New American parents whose children attend the Family Room Pre-school and Play group on appropriate screen time use for young children, while taking into account culturally competent strategies. The Community Preventative Services Task Force suggests that behavioral screen time interventions should focus on educating parents because family and parental support has been demonstrated to increase the effectiveness of these interventions. Therefore, it seemed appropriate to focus on educating parents of young children to hopefully teach effective ways to manage media use for young children, prepare them for media use as their children get older, and explain the risks/benefits of media.
- In order to be effective in counselling this refugee population, I made sure to address this topic from a culturally sensitive perspective. This includes being mindful of their language and cultural norms, while ensuring that I am sharing this information in a non-judgemental and non-shaming manner.
- In addition, in collaboration with the staff at the Family Room, we chose to make this a 'discussion' format, as opposed to a 'lecture presentation' in order allow parents to feel more comfortable sharing their challenges, and allow for a safe place to converse and learn. I joined the play group activities by engaging on the floor with the children and parents. I shared recommendations and answered their questions about how to best approach screen time in the home.
- After this discussion in the play group room, I set up a table near the entrance of the Family Room where parents could stop by to discuss specific screen time in their family and ask specific questions. This also provided an opportunity for me to learn about the barriers and challenges that parents face with screen time, such as not having a enough support when home alone with their infant.
- I Included two handouts: (1) main points for parents to bring home with them as a reminder: recommended number of hours per day, concerns about excessive screen time use; (2) quality media choices: such as Sesame Street.
- The core of this educational discussion was based upon the American Academy of Pediatrics recommendations of no more than 2 hours per day of quality screen time for children 2 and older and none for children younger than 2 years.

Intervention and Methodology: Handouts

SCREEN TIME & KIDS' HEALTH

SCREEN TIME is more than just watching TV. It also includes time spent on phones, tablets, and computers.

Children who spend LESS time watching television in early years tend to:

- LEARN BETTER** (represented by a book icon)
- EAT HEALTHIER** (represented by an apple icon)
- MOVE MORE** (represented by a person running icon)

Screen time can be HABIT-forming

The MORE TIME children engage with screens now, the HARDER it is to stay away as they get older.

2 HOURS OF TV PER DAY HAS BEEN SHOWN TO INCREASE THE RISK OF OBESITY IN 3-5 YEAR OLDS.

Irregular sleep patterns and delays in speech development have been linked to screen time for children under 3 years old.

The American Academy of Pediatrics recommends:

- ZERO screen time for children under 2 years old.
- Less than TWO HOURS a day of educational programming for older children.

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Adapted from choosehealthla.com

High-Quality Screen Time Recommendations

- PBS**
- Arthur
 - Dinosaur Train
 - Reading Rainbow
 - Sesame Street
 - Super Why!
 - Sid the Science Kid
 - Wild Kratts



- Nickelodeon and Nick Jr.**
- Ni Hao, Kai-Ian
 - Wonder Pets



- Disney**
- Charlie and Lola
 - Handy Manny

For more recommendations: Commonsensemedia.org

Results/Response/Data

- I conversed with 4 different parents during the play group. They asked questions regarding what age their child could start watching TV and which shows would be best. I learned that a common challenge with screen time use is that parents are often isolated at home with their child, and screen time can be a very helpful way to have a break, especially during the colder months when it is difficult to play outside. They also expressed the challenge that grandparents tend to let their child have more screen time than they would like. They expressed appreciation in learning about the AAP recommendations, as this was new information to them.
- 6 parents stopped by the table near the entrance of the Family Room to ask specific questions and take the handouts home. Parents asked specific questions about concerns about their child's behavior after they are finished watching a TV show. They expressed that their "child becomes very emotional and grumpy" after screen time. I shared some possible strategies, such as limiting the time and showing "high-quality" programs
- I also collected verbal feedback:
 - "It's so confusing figuring out what is 'quality' media. I appreciate this list for days when I am just exhausted".
 - "I think we forget the importance of physical activity in helping kids grow and learn, especially with screens everywhere. Thanks for helping these families navigate screen time."

Evaluation of Effectiveness & Limitations

- Evaluation would likely include following up with parents and checking to see if they were able to decrease screen time in their home and use 'high-quality' media choices
 - Parents could record in a journal any improvement in sleep in children, if they reached a healthier weight, and/or improved developmental skills (social, cognitive, language) following 1 month after educational intervention
 - The pre-school teachers could also evaluate to see if there are changes within the children's behavior and development (such as language development and eye contact) over time with decreased screen time
- Based on qualitative feedback from parents and staff, it appears that this discussion helped fill a knowledge gap within the community around safe screen choices
- Limitations:
 - Short amount of time to connect with families and build trust
 - Did not have an interpreter to assist me in conversing with Nepali families that are not comfortable with the English language
 - Because of social stigmas against being a "bad parent" it can be difficult for parents to ask for help when needed or admit to excessive screen time use because of fear of being judged

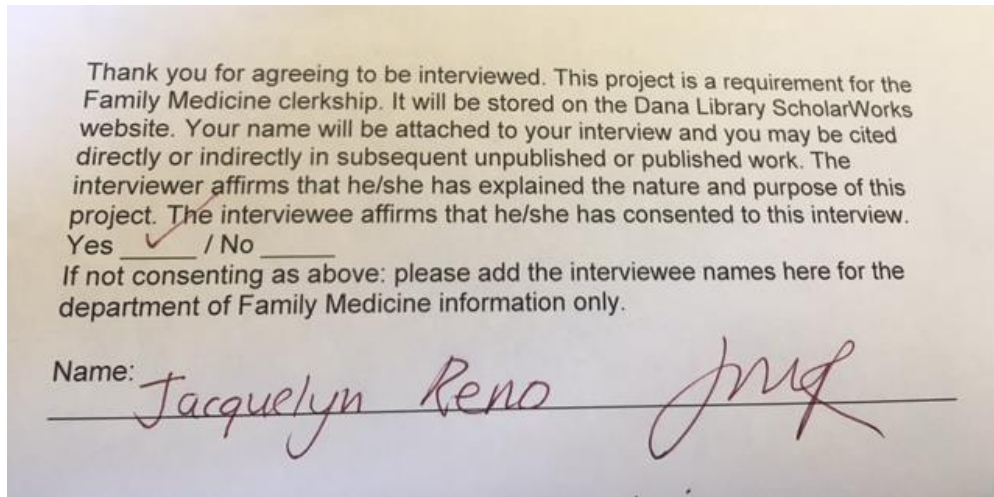
Recommendations for Future Interventions/Projects

- Encourage parents in attendance of screen time workshop to share the information with other parents within their community and work together to find other activities for their children outside of the Family Room time
- Encourage parents to lead an educational workshop to educate other New American families on the importance of limited screen time and appropriate media options
- Hold additional screen time workshops at the Pediatrics New American Clinic at UVM and at the Association of Africans Living in Vermont to reach a broader audience
- Address other health disparities and concerns within the New American community (such as nutrition, car seat safety, sun exposure, sleep safety, etc.)
- Include a language interpreter to attend the session to improve the communication

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Interview Consent Form



Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes / No

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: Andrea Green MD