The California State University
DOCTOR OF NURSING PRACTICE

Decreasing Childhood Obesity at a Neighborhood Clinic: A Pilot Study

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Background

- Approximately 13 million (17%) of children in the U.S. were classified as overweight (BMI 85-94%) or obese (BMI ≥ 95%)
  (Jester, Kreider, Ochberg, & Meek, 2018)
- Childhood obesity has been correlated with an increased incidence of diabetes, hyperlipidemia, hypertension, and poor psychological health
- Poor nutritional habits and low exercise patterns are major contributing causes

Purpose

To study the effects of implementing a standardized childhood obesity educational program at a neighborhood pediatric clinic

Methods

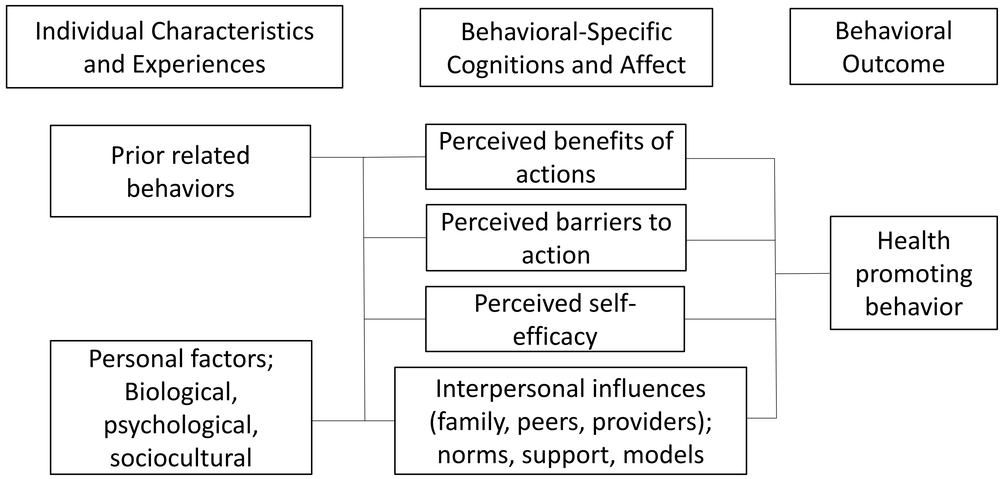
- A pilot study was conducted from 12/23/2019 through 3/18/2020
- Convenience sampling was utilized
- Inclusion criteria included: Hispanic/Latino children between the ages of 7 and 12 years; child's BMI greater than the 84th percentile
- Exclusion criteria included: child with any type of psychiatric diagnosis
- Parent-child dyads answered the *Childhood Obesity Assessment Questionnaire* and were educated on healthy lifestyle behaviors (*Let's Go.org,* 2015)
- A one month follow-up phone call and a two month follow-up clinic visit were done to measure weight, BMI, changes in diet and exercise, and retention of education
- IRB full board approval obtained

Setting

Neighborhood pediatric clinic in Whittier, CA
Clinic serves predominately Hispanic/Latino population who are fluent in English

Framework

Pender's Health Promotion Model (HPM)



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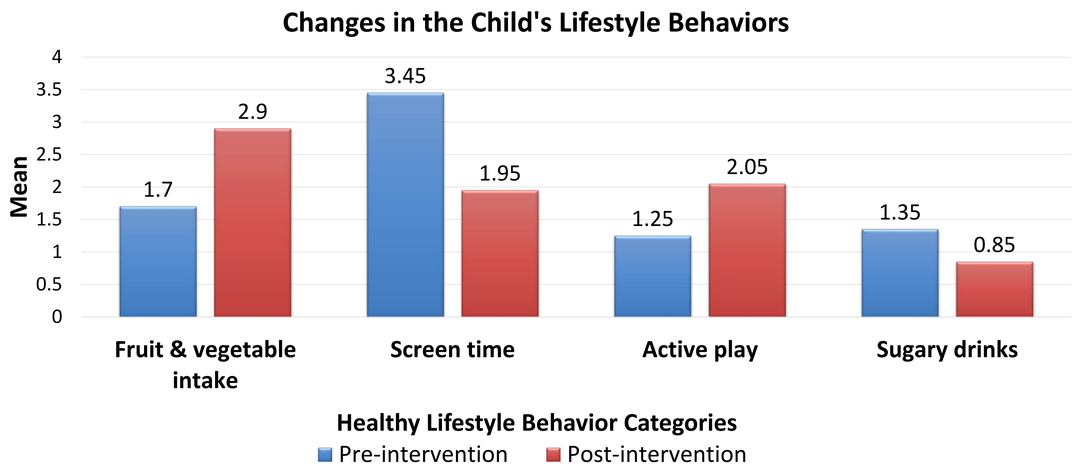
Results

- A total of 16 parent-child dyads volunteered to participate in the study
- Two parent-child dyads were excluded due to the child's identified psychiatric disorder
- There were a total of eight boys (57%) and six girls (43%)
- Four children were overweight (29%) and 10 children were obese (71%)
- A follow-up phone call was successfully performed in 14/14 of the participants
- Only 10/14 parent-child dyads returned for their two month follow-up clinic visit
- Changes in the children's BMI were: No change in BMI (N=7); ↓ BMI (N=2); ↑ BMI (N=1)

Analysis



Educational Tool

Healthy Active Living Using 5,2,1,0!

- **5** Eat at least 5 fruits and vegetables a day.
- **2** Keep screen time (like TV, video games, computer) down to 2 hours or less per day.
- **1** Get 1 hour or more of physical activity every day.
- **0** Drink 0 sugar-sweetened drinks. Replace soda pop, sports drinks and even 100% fruit juice with milk or water.

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Limitations

- Single-site study
- Small number of participants
- Use of self-report for changes in lifestyle behaviors
- Short timeframe between educational intervention and follow-up weight and BMI check

Conclusion/Recommendations

- The provision of childhood obesity education during well child visits is feasible in terms of time, with no added expense to family
- Improvements in diet and exercise patterns can occur even after just one educational intervention
- Additional research studies are needed to identify best practices for sustaining healthy dietary and physical exercise behaviors in overweight and obese children