

**The prevention of childhood obesity**

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The purpose of this paper is to develop a nursing plan for the prevention of childhood obesity within the Burnet Hill section of Livingston, NJ. The paper will focus on: assessment of a given population's health needs; description of sociopolitical, economic, and ethnic characteristics affecting the community; description of value systems within the community; description of the effects of hazards within the community; description of the educational level of the target audience; delineation of a community nursing diagnosis on the basis of the epidemiological data; development of a six-week intervention to address the selected health issue within the community; interpretation of the intervention's objectives; justification of the intervention through reference to the relevant literature; evaluation of available resources within the community; evaluation of individual and community preparedness for the project; description of teaching aids that will be utilized; and explanation of evaluation methods.

#### **Community Assessment**

Within the Burnet Hill section of Livingston, NJ, there is relatively low awareness regarding the problem of childhood obesity. The issue is surely present within the community, just as it increasingly is across the nation as a whole (Spruijt-Metz, 2013). The real problem, though, is that the community is not cognitively or psychologically prepared to meaningfully address the problem. Whereas in other communities there may be an understanding that childhood obesity is a problem that must be addressed in an effective way, many of the adults within this community seem to believe that it is somewhat "natural" for children to be obese, and that they will outgrow this condition over time as a matter of course. There is no evidence to support this evidence; much the opposite, it is quite clear that childhood obesity puts one at risk for an entire lifetime of obesity. The community's prevailing attitude would thus make it difficult to address the problem of childhood obesity.

#### **Holistic Characteristics**

The population of the selected community is predominantly Caucasian; and the people are relatively affluent, living in a good suburban area. However, minority racial/ethnic

populations are still present to some extent as well, and it is necessary to especially ensure that the needs of these members of the community are addressed. This is because according to the literature, members of these populations are at especially high risk for being affected by childhood obesity (Ramirez, Gallion, Despres, & Adeigbe, 2013). Aside from this, though, there would seem to be specific sociopolitical, economic, or ethnic factors that should prevent members of the selected community from dedicating greater attention to the problem of childhood obesity. If anything, the main problem would be the complacency that is often associated with the relatively affluent, suburban lifestyle.

### **Description of Value Systems**

Within this community, there would seem to be an attitude that health ought to come "naturally" not only to children but also to adults as well, and that there is no point dedicating attention to health concerns unless specific issues begin to manifest actual symptoms. Relatedly, most of the people within the community are not culturally accustomed to the emerging ethos of public/community health within the nursing profession (Deville & Novick, 2011). The dominant value system within the community is thus not highly conducive to a preventive intervention against the risk presented by childhood obesity. The nurse would need to address this discrepancy of values between her profession and the community in order to deliver an intervention that can deliver meaningful outcomes within the community.

### **Effects of Hazards**

The main hazards within the community are twofold. In many families within the community, both parents have their own professional lives; and this often means that the parents are too busy to cook nutritious meals, relying instead on takeout food from establishments such as McDonald's. This presents a significant risk that the children in the community are not having their nutritional needs met in an optimal way. Moreover, the structures of the built environment within the community are not conducive to promoting healthful exercise patterns. There are not many appealing parks, and a car is needed to get to most places within the community (Rahman, Cushing, & Jackson, 2011). This means that unless conscious attention is dedicated to the

problem of childhood obesity, it is quite likely that children will naturally develop the health condition over the course of their everyday lives.

### **Educational Level**

The educational level of the community was largely assessed indirectly in terms of the kinds of professions within which most members of the community worked. This revealed that the community was largely composed of college-educated, "white collar" workers who could be expected to have some awareness of the importance of preventive health interventions. The value system within the community is thus not based on straightforward ignorance of the importance of health concerns; rather, there would seem to be a disjunction between what community members intellectually know to be important on the one hand, and the actions they take in their own everyday lives on the other.

### **Nursing Diagnosis**

The main nursing diagnosis that can be made regarding this community, then, is that there is a lack of practical knowledge and motivation regarding the issue of childhood obesity within the community. The presence of the problem within the community is supported by both local and national data regarding obesity rates in the United States (Spruijt-Metz, 2013). That is, the community members are in general educated enough to have awareness of the importance of preventative health efforts; however, it would seem that they neither know how to effectively act on such concerns nor have the motivation to acquire and act upon the relevant knowledge. Moreover, this problem would seem to be exacerbated by a value system that is opposed to public/community health interventions even as community members may intellectually accept the potential value of such interventions.

### **Intervention**

As Caballero (2007) has made clear, obesity in general and childhood obesity in particular is a health problem with global scope that is also present within the selected community. In this context, the nursing intervention that can be proposed for the community is: Develop and implement a targeted plan to improve both levels of knowledge within the

community regarding the health issue of childhood obesity and motivation to act upon knowledge that members of the community may already possess. The target group will be the families of fifth graders in Mrs. DeAngelus' class at Burnet Hill Elementary School. On the basis of the community's educational level, the intervention should focus most heavily on producing the kind of values that would be needed for community members to feel actively interested in taking action against the problem of childhood obesity. They either may already have knowledge or could acquire such knowledge easily enough; however, what they may at the same time lack the values or motivation to act on such knowledge.

### **Objectives**

In this context, there will be two main objectives that need to be met in order for the proposed intervention to meet with success. The first will be to improve the level of knowledge within the community regarding childhood obesity, if needed. This may be especially important for the relatively more impoverished groups within the community and/or the members of minority racial/ethnic groups.

The second will be to work toward educating the parents regarding the concrete implications of this knowledge for their own children and providing parents with basic tools and resources to help improve the health of their children over the short term. Essentially, the hypothesis here is that there is a disconnect between knowledge and practice, and education should focus on helping to re-establish the connection and motivate parents to take action.

### **Reference to Literature**

A focus on the parents within the community is highly appropriate given findings within the literature that the built environment plays an enormous role in contributing to the development of childhood obesity (Rahman et al., 2011; Ramirez et al., 2013). The parents constitute a very important element within the built environment of the child; therefore, it would be necessary to convince the parents of the value of preventing childhood obesity before the child can be expected to take actions toward improving his own health. For example, there is little that the child could do about improving dietary patterns if his parents simply do not

purchase adequate supplies of nutritional food. Meaningful change must thus begin with my addressing the parents' attitudes regarding childhood obesity.

### **Available Resources**

Given the relative affluence of most of the community members, it should be feasible to work toward convincing the parents that it is worth investing a little more heavily in the purchase of healthful foods. In addition, parks and other public facilities do in fact exist: parents could be encouraged to take their children to these places in the evenings, or to encourage their children to go out with their friends to such places instead of (for example, staying at home and watching television). Essentially, preventing childhood obesity is entirely about getting children to eat in a healthier way and engage in more healthful exercise patterns.

The only resource that may be missing within the community in order to help with the fulfillment of this objective is time: parents may not have the time to prepare healthful foods (We must show them that healthy snacks do not take more time to prepare or have on hand than unhealthy ones). They may also feel that they cannot concern themselves with what their children do in their spare time. However, since they *are* parents, these problems must be overcome if they are to meet their parental responsibilities to their children: regularly scheduled after-school activities can be attended by arranging transportation with the school or other parents.

### **Evaluation of Preparedness**

In a certain sense, it could be suggested that this community is financially prepared, but not morally prepared, for the present intervention. That is, the community, in principle, has several resources that could be deployed toward addressing the problem of childhood obesity; however, the community would seem to lack the appropriate values for making use of these resources. Moreover, the nurse must proceed with care when trying to cultivate these values within the community. As Zomorodi and Foley (2009) have put it, there is a fine line between advocacy and paternalism in nursing practice. Ultimately, the nurse cannot force anyone within this community to adopt values that would lead them to take action against childhood obesity.

All she can do is present information in as persuasive a way as possible and hope that this makes an impact on the target audience.

### **Teaching Aids**

The main teaching aids that will be used are handouts and lifestyle logging journals. Parents will be provided with basic information about the importance of healthful dietary and exercise patterns for children, and they will also be provided with the journals and encouraged to use the journals in order to log the lifestyle patterns of their own children over the six-week course of the intervention. The handouts will help parents get a better sense of what kinds of lifestyle patterns can be called healthful and what parents should be concerned about with respect to the patterns of their children. The journals will then introduce an active engagement component into the intervention, through which the parents will be able to take meaningful action toward actually improving the health of their children. The simplicity of this component may help inspire parents to actually follow through on it, and this could be a gateway toward greater involvement of the parents with respect to their children's health.

### **Evaluation Methods**

The program will be evaluated at both the formative and the summative levels. Formative evaluation will consist of focus groups with members of the community in order to design an intervention that will have a maximum of impact on the community as a whole. Summative evaluation will also make use of these focus groups in order to qualitatively evaluate how the members of the community felt about the intervention and its importance and effectiveness. In addition, quantitative methods will also be used in order to determine whether the parents have in fact acquired new knowledge about the issue of childhood obesity within the community and also whether the parents effectively utilized the lifestyle pattern logging journals that were provided to them.

### **Conclusion**

In summary, this paper has developed a nursing plan for the prevention of childhood obesity within this community. It has been suggested that the primary deficiencies within the

community consist of a lack of practical knowledge and of motivation to act on knowledge that should in principle be easy enough for members of the community to acquire. The proposed nursing intervention will thus focus on attempting to get the parents more actively engaged with the health of their children. The intervention should be able to contribute to improvements not only regarding the specific issue of childhood obesity, but also the health values of the community more generally.



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