

2013

Pediatric Obesity Class: Teaching Kids How to Live Healthy Lifestyle

Sara Wilson Reece

Philadelphia College of Osteopathic Medicine, SaraRee@pcom.edu

Follow this and additional works at: <http://digitalcommons.pcom.edu/posters>



Part of the [Medical Education Commons](#), and the [Pediatrics Commons](#)

Recommended Citation

Reece, Sara Wilson, "Pediatric Obesity Class: Teaching Kids How to Live Healthy Lifestyle" (2013). *Scholarly Posters*. Book 11.
<http://digitalcommons.pcom.edu/posters/11>

This Book is brought to you for free and open access by DigitalCommons@PCOM. It has been accepted for inclusion in Scholarly Posters by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.



Pediatric Obesity Class: Teaching Kids How to Live Healthy Lifestyle

Sara Wilson Reece, PharmD, CDE, BC-ADM, CPT
PCOM School of Pharmacy, Georgia Campus, Suwanee, Ga.

Mary Ann Clever, LD, RD, CDE
The Longstreet Clinic, Gainesville, Ga.

Nicole E. Phipps, PharmD 2014 Candidate
PCOM School of Pharmacy, Georgia Campus, Suwanee, Ga.



INTRODUCTION

Childhood obesity has reached epidemic proportions in the United States. At The Longstreet Clinic, PC, Diabetes Education and Medical Nutritional Therapy Department, and Pediatric Department have joined together to create the Pediatric Obesity Class to address the epidemic of pediatric obesity in the local community.

In the class, the child and parent are taught about calories, how to develop healthy eating habits and become physically active as a family. Visual aids as well as hands on activities for both nutritional and physical activity components of class are utilized. Thus far, approximately 120 children along with their parent(s) have participated in the class. Pediatric department tracks post-class height and weight measurements. Currently, additional outcomes are being considered to measure the effectiveness of the class.



OBJECTIVE

Empower entire families to develop healthy lifestyle and eating habits.



METHODS

- **Referral process:**
 - Pediatrician referral
- **Clinical criteria for class enrollment:**
 - Clinically obese or > 20% higher than the ideal weight
- **Structure of class:**
 - Areas reviewed in class:
 - Issues of excess weight
 - Definition of calories
 - Problems of excess calorie consumption
 - What are "empty calorie" foods
 - Problems with sugary drinks/high fat foods; What are healthier alternatives
 - What do fast foods really offer
 - Portion control
 - Benefits of plate portioning
 - Reading labels to make more nutritious food calories
 - Cut down on "screen time"
 - Move more
 - What does whole grain really mean
 - Super snack ideas
 - Make all of the above a family affair
- **Role of child and parent during class:**
 - Take the ideas given in the class and go home making it a family affair
 - Discussion in class is not just for "chubby Charlie"
 - Understand that changes the family can make will take time
 - "Keeping at it" and "No throwing in the towel" repeated throughout the class
 - Learn to keep communication open
 - Avoid WWIII happen in the home
- **Teaching methods:**
 - Visual aids/Hands-On Activities
 - Having a volunteer dip up what they think are the number of teaspoons of sugar found in a 20 oz Coke, 32 oz Gatorade, etc. and then show them the actual amount [16 tsp, 14 tsp respectively]
 - Actual fat in test tubes representing the amount found in a Big Mac, chips, whole milk vs. 1%, etc.
 - Showing actual jump ropes/soft sponge balls before class for the kids to play with as they wait for the starting of the class [This is to show parents how easy it is to get kids to move more.]
 - Written resource materials are given for home use and as follow-up to the information reviewed in class

RESULTS

Outcomes

- **Number of children and parents that have attended the class thus far:**
 - 9 English speaking classes
 - 9 Spanish speaking classes with interpreter

English Speaking Classes			
Date	Number of Patients	Average Pre-Class Weight (lb)	Average Post-Class Weight (lb)
4/15/2013	10	176.4	N/A
2/18/2013	5	148	148.5
12/10/2012	4	121.5	138
10/8/2012	1	215	221
8/13/2012	3	206	210.3
6/11/2012	4	188.7	230
4/9/2012	4	153.8	170.2
2/13/2012	4	173.6	190.3
1/9/2012	1	210	230

Spanish Speaking Classes			
Date	Number of Patients	Average Pre-Class Weight (lb)	Average Post-Class Weight (lb)
5/20/2013	19	146.3	N/A
3/25/2013	16	173.7	192.8
1/21/2013	10	113	99.5
11/12/2012	5	158.6	170.6
9/10/2012	9	108.1	117.4
7/9/2012	8	169.2	158.6
5/14/2012	11	150.7	168.4
3/12/2012	5	166	168.6
1/16/2012	2	211.3	161



Limitations

- **Additional outcomes needed to measure effectiveness of class:**
 - Parents and children check-in monthly for 6 consecutive months
 - Height/weight checks
 - Individual goals at each check-up established regarding changes in their own personal lifestyle and eating habits
 - Progress and efforts in making these changes then reviewed at the monthly visits
 - Create accountability and support during crucial time when they are taking the tools provided to make some new changes in their own daily habits

CONCLUSIONS

With childhood obesity on the rise in the United States, providing a pediatric obesity class is a wonderful way to jumpstart a health initiative to bring awareness to children and their parents. Teaching children and their parents on the importance of healthy eating and exercise can curtail the risk of future health diseases such as diabetes.

After conducting analysis on the 18 total classes provided by The Longstreet Clinic, it appears that for instances when the child and his/her family did follow-up with the RD for 6 consecutive months, the better the outcome of weight loss for the child would be. In conclusion, it is imperative that once a child goes to a pediatric obesity class, to follow-up consistently with the child and his/her parents to ensure that the lessons have been retained and efforts are being made for healthier living.

