

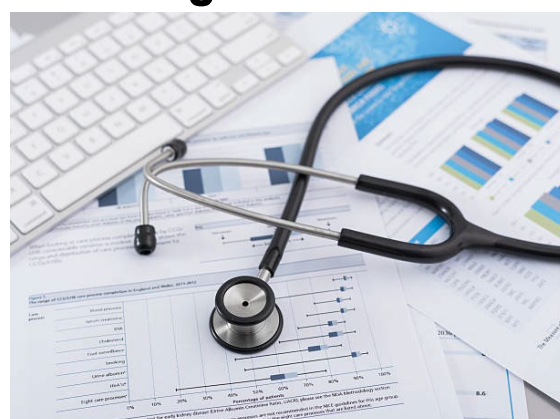
Background & Significance

Obesity is one of the most prevalent health conditions affecting the pediatric population in the United States.

Childhood obesity has become a global epidemic affecting approximately 14.7 million children in the United States.¹

Obesity in childhood can lead to numerous complications into adulthood including³:

- Asthma
- Hypertension
- Dyslipidemia
- Insulin Resistance
- Cardiovascular Disease
- Obstructive Sleep Apnea
- Mental Health Disorders



(iStock Photo, 2023)

Multiple factors affect childhood obesity rates including³:

- Genetics
- Environment
- Physical Activity
- Education Level
- Geographic Location



(iStock Photo, 2023)

Project Purpose

Increase the early identification of overweight or obese children in the primary care setting and provide education by implementing a childhood obesity toolkit.

Human Subject Protection

- No protected health information was obtained or reviewed during the project duration.
- No violations of the Health Insurance and Portability Accountability Act (HIPAA) occurred during the project duration.

Literature Review

- Literature shows that primary care providers play a significant role in the management of childhood obesity.²
- Toolkits can be utilized to identify pediatric patients who are at risk of becoming obese during annual well-child examinations.

Methods

Design: Quality Improvement Initiative

Setting: Rural Pediatric Primary Care Clinic in Cookeville, TN

Inclusion Criteria

All patients presenting for well-child examinations between the ages of 5-18 who are classified as overweight or obese regardless of gender, ethnicity, or socioeconomic status.

Body Mass Index % > 85%

Project Aim

Early identification and prompt intervention of children at risk for becoming obese are imperative.²

Information:

- Utilize toolkits in primary care to identify children at risk
- Develop informational handouts for families

Communication:

- Communicate healthy lifestyle behaviors
- Communicate the need for lifestyle modifications

Education:

- Healthy Food Choices
- Regular Physical Activity
- Healthy Sleeping Habits
- Portion Control
- Healthy Environment
- Limit Screen Time



The Real Food Pyramid

(Getty Images, 2023)

Childhood Obesity Toolkit

A Menu for Action – Physical Activity and Nutrition Survey Management Plan

Healthy Care for Healthy Kids Obesity Toolkit

A Menu for Action - Physical Activity and Nutrition Survey Management Plan Page 1
While you are waiting to see the doctor please take a moment to answer questions 1-10

1. Do you eat 5 or more fruits and vegetables per day? YES NO
2. Do you have a favorite fruit or vegetable that you would eat everyday? YES NO
3. Do you eat breakfast everyday? YES NO
4. Do you watch TV, videos or play computer games for no more than 2 hours per day? YES NO
5. Do you take gym class or participate in sports or dance in or outside of school more times per week? YES NO
6. Do you have a favorite sport or physical activity that you love to do? YES NO
7. Do you eat dinner at the table with your family at least once a week? YES NO
8. Do you have a TV in your bedroom? YES NO
9. Do you eat in front of the TV? YES NO
10. Do you drink soda, juice, or other sugar sweetened drinks one or more times a day? YES NO

Would you like to talk to your doctor about making changes to improve your health? YES NO
(if yes, continue to page 2)

Adapted from the Jump Up & Go! Physical Activity and Nutrition Survey and the Music Center for Public Health Keep Me Healthy Goal Setting Worksheet

A Menu for Action - Physical Activity and Nutrition Survey Management Plan Page 2
Directions: Check the area you would like to change then choose one from the list or fill in your own idea.

1. Increasing Physical Activity
Take a walk everyday
Pushmower
10,000 steps
Decreasing Soft Drinks and Juices
Cut down
NO soda
2. Decreasing TV & Screen Time
Plan TV time
Take the TV out of my bedroom
5. Increasing Fruits and Vegetables
Try one new veg or fruit
Add fruit to my cereal
- OTHER: _____

On a scale of 1 (not ready) to 10 (very ready)
How ready are you (insert circle appropriate number) to consider making a change?
1 2 3 4 5 6 7 8 9 10

When I / my child reach goal / my child will be rewarded by: (a special privilege, special activity etc.) _____

Patient Signature _____ Clinician Signature _____ Visit Date _____
Guardian Signature _____ Phone _____

(National Institute for Children's Health Quality, 2023)

Involvement of Family and Friends

Research studies have provided evidence that obesity interventions are more successful with parental involvement.⁵

Parental involvement can influence:

- Eating habits
- Physical activity
- Food selection

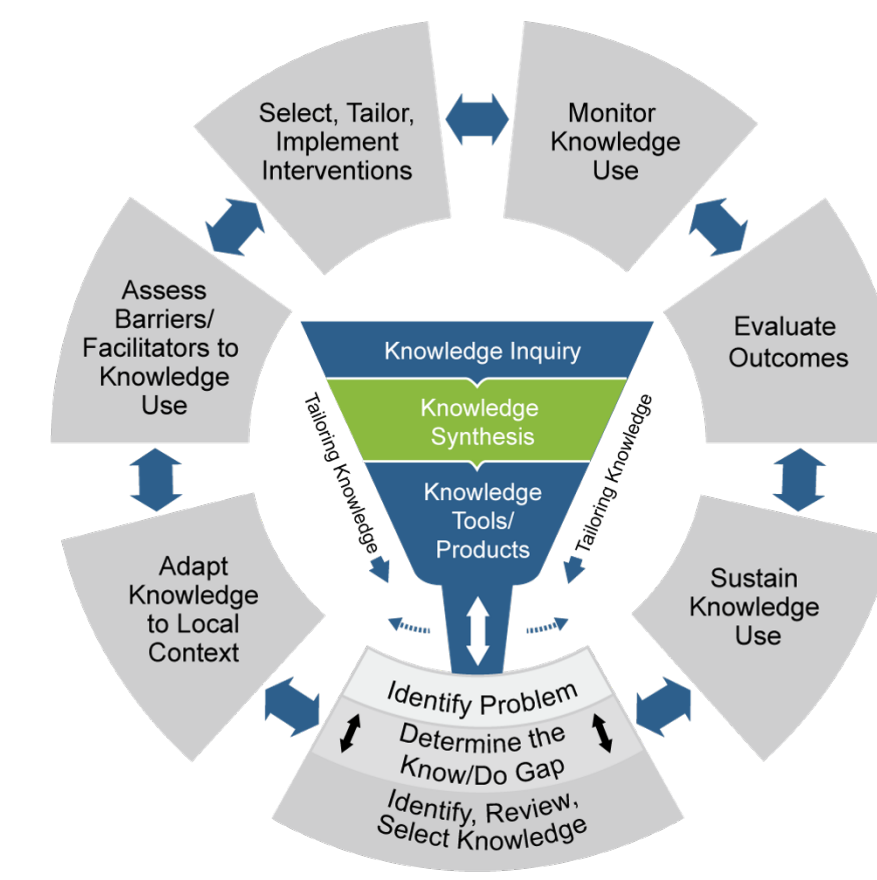
Results/Conclusion

Results for this quality improvement initiative are pending as the project is ongoing.

Expected results

Overweight and obese children will be identified, and education will be provided to the families.

Knowledge-To-Action Framework



(White et al., 2016)

Contact Information

Dawn Gunter Johnson, MSN, APRN, FNP-BC
Phone: (931) 252-3993
Email: johnsongd1@etsu.edu

References

1. Centers for Disease Control and Prevention [CDC]. (2023). Prevalence of childhood obesity in the United States. <https://www.cdc.gov/obesity/data/childhood.html>
2. Thomas, L.N., Donadio, A., Carnevale, T., & Neal, P. (2022). Improved management of pediatric obesity in the primary care setting through implementation of the health care for healthy kids obesity toolkit. *Journal of Pediatric Nursing*, 65, 115-125. <https://doi.org/10.1016/j.pedn.2022.04.004>
3. United States Preventive Services Task Force. (2017). Screening for obesity in children and adolescents. *The Journal of the American Medical Association*, 317(23), 2417-2426. <https://doi.org/10.1001/jama.2017.6803>
4. White, K.M., Dudley-Brown, S. & Terhaar, M.F. (2016). *Translation of evidence into nursing and health care* (2nd ed.). New York, NY: Springer Publishing Company.
5. Yackobovitch-Gavan, M., Linhard, D.W., Nagelberg, N., Poraz, I., Shalitin, S., Phillip, M., & Meyerovitch, J. (2018). Intervention for childhood obesity based on parents only or parents and child compared with follow-up alone. *Pediatric Obesity*, 13(11), 647-655. <https://doi.org/10.1111/ijpo.12263>