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Family-Based Interventions Impact on Pediatric Obesity

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Introduction

In the United States, 19.7% of children ages 2-19 are obese (CDC, 2022). 39 million children under the age of five are obese, in addition, obesity rates have tripled since 1975 (WHO, 2021). The prevalence of pediatric obesity is higher for children of low socioeconomic status with 18.9% compared to 10.9% for those from a higher economic background. Obesity continues to be a growing issue across the globe. Being overweight can lead to a multitude of serious and chronic health issues, such as diabetes, high blood pressure, sleep apnea, breathing problems, and high cholesterol (CDC, 2022). Children who are overweight are predisposed to obesity in adulthood (UCSF Health, 2021). Addressing obesity at a young age is imperative for better health outcomes. Habits associated with obesity, such as a sedentary lifestyle are known to be risk factors that contribute to three main leading causes of death in adults: stroke, cardiovascular disease, and cancer (UCSF Health, 2021). Educational programs and access to exercise programs to change habits of sedentary lifestyle can reduce the risk of pediatric obesity.

Hypothesis

Nurse-run education intervention program for families will decrease BMI in low socioeconomic populations.

Method

- Quantitative, quasi-experimental design
- Sample size: 150 participants from Marin County
- Recruitment strategies: referred from pediatric doctors offices
- Inclusion criteria: Classified as low-income, children ages from 4-11 years old, BMI of 30 or greater
- Independent variable: exercise & educational programs for families with obese children
- Dependent variable: Obesity status of children

Procedure

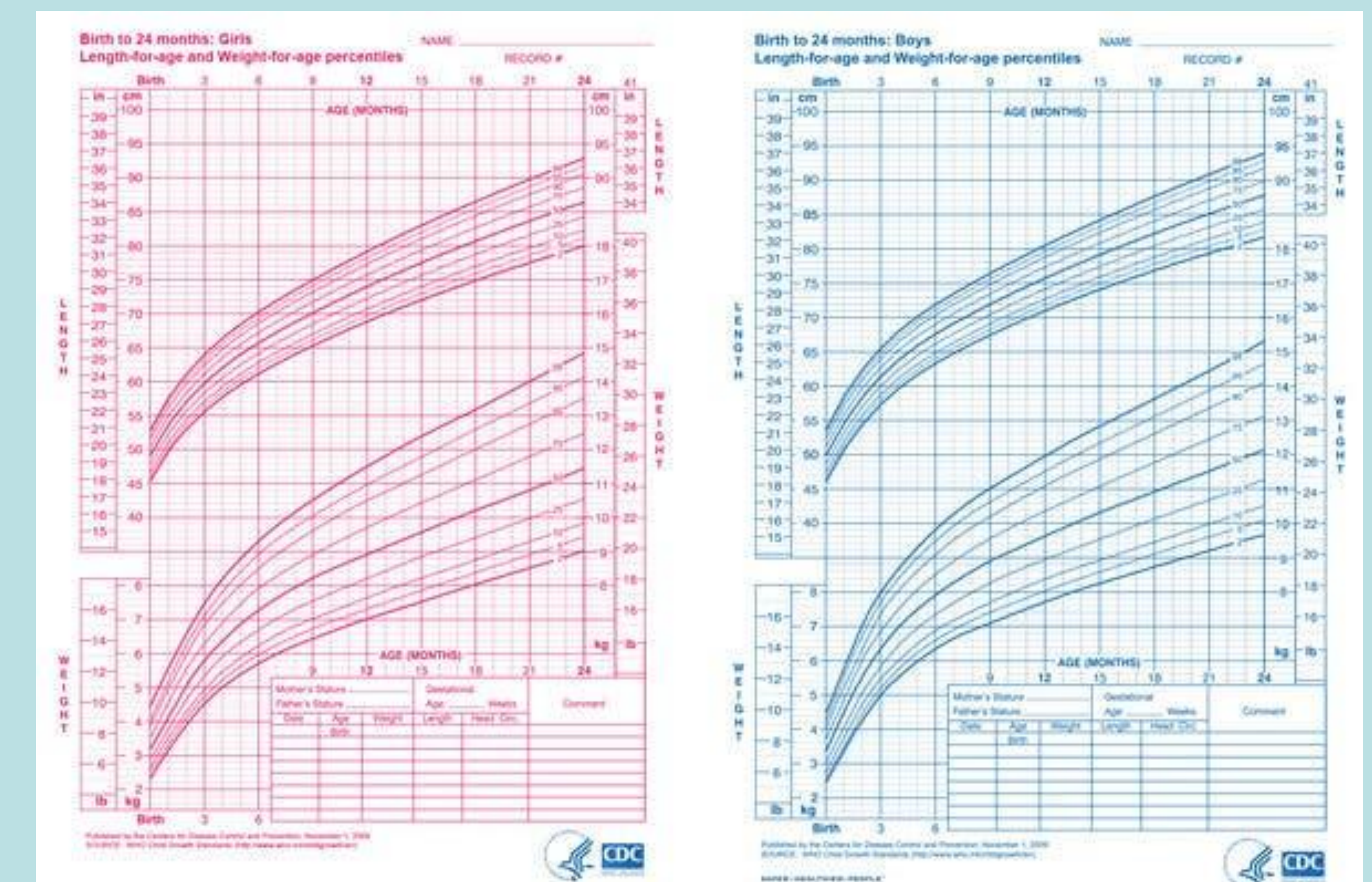
A pre-test will be given to see how knowledgeable the children and their parents are on living a healthy lifestyle. The children's BMIs will also be measured prior to the implementation of the intervention. Nurses will conduct weekly workshops to educate parents on lifestyle changes in addition to providing exercise programs for one year. After the program is completed, the participants will be given a post-test to evaluate the effectiveness.

Results

- 5- point Likert scale
- Descriptive statistics will be used to compare the pre and post tests of the sample in order to determine the mean
- Using inferential statistics, the expected p-value will be < 0.05 . Therefore the results will be statistically significant, thus rejecting the null hypothesis

Conclusion

If the hypothesis is correct, the BMI of the participants will decrease with parental educational programs and exercise programs. The findings of this research have the potential to contribute to the development of effective strategies for addressing pediatric obesity and improving health outcomes in vulnerable populations. Should the results demonstrate a decline in obesity rates with the intervention, it may have important implications for policy and practice in promoting health equity and reducing health disparities related to childhood obesity. Further research in this area is warranted to gain a deeper understanding of the multifaceted factors contributing to pediatric obesity and to develop targeted interventions to tackle this significant public health challenge.



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