

RESEARCH COMMENTARY DEPARTMENT

Editor: Becky J. Christian, PhD, MSN, RN



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## Translational Research—Focusing on Overweight and Obesity in Childhood and Adolescence to Improve Health



Becky J. Christian PhD, MSN, RN\*

School of Nursing, The University of Louisville, Louisville, KY

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FOCUSING ON OVERWEIGHT and obesity among children and adolescents is a priority for pediatric nursing practice and research. Not only is it critical to focus on childhood overweight and obesity to improve child health, but it is vital for preventing the early development of chronic conditions. Societal changes associated with the obesity epidemic as reflected in changing patterns of behavioral lifestyle choices, healthy eating, and physical activity have led to dramatic increases in overweight and obesity among children and adolescents (Barlow & Expert Committee on Child and Adolescent Overweight & Obesity of the American Academy of Pediatrics, 2007; Centers for Disease Control and Prevention, 2010; Christian, 2011a). In order to more effectively focus on the issue of overweight and obesity among children and adolescents, it is essential to identify perceptions of children and their parents about the child's weight status and the contributory factors to overweight, as well as to create partnerships with parents to ensure the overall success of interventions (Christian, 2011b).

Advances in pediatric nursing practice are attained through translational research and evidence-based practice, resulting in improved health outcomes for children, adolescents, and their families (Christian, 2011b, 2011c, 2013a, 2013b). Evidence from nursing research and evidence-based practice improves not only the quality of care and health outcomes for children and their families (Hockenberry & Wilson, 2011; Melnyk & Fineout-Overholt, 2011), but also improves the quality of nursing practice (Polit & Beck, 2012). In this way, translational research and evidence-based

practice focused on overweight and obesity among children and adolescents may provide new strategies and interventions to address this complex health problem and the long-term consequences associated with obesity.

In this issue of the *Journal of Pediatric Nursing*, ten articles illustrate the key importance of focusing on overweight and obesity across developmental age groups including preschool children, school-age children and adolescents, as well as designing age-appropriate interventions to improve health outcomes by providing new evidence for translation into pediatric nursing practice by: (a) assessing the effectiveness of mobile technology (e.g., Internet and short message service) to improve knowledge about diet and exercise among rural Mexican-American adolescents; (b) identifying sleep interventions for obesity treatment in children in primary care settings through an integrative review of the literature; (c) exploring the relationship between childhood teasing to obesity and weight gain among children in a suburban charter school in a socioeconomically-disadvantaged community; (d) determining treatment practices among health care providers (HCPs) when caring for overweight and obese school-age children at school-based

*The development of innovative age-appropriate interventions focused on preventing or decreasing overweight and obesity among children and adolescents in partnership with parents and caregivers leads to improved health outcomes and decreases the likelihood of long-term chronic health consequences associated with obesity.*

\* Corresponding author: Becky J. Christian, PhD, MSN, RN.  
E-mail address: [becky.christian@louisville.edu](mailto:becky.christian@louisville.edu).

health centers in six states (AZ, CO, MI, NC, NM, and NY); (e) implementing a quality improvement (QI) project to increase monthly attendance and follow-up at a hospital-based pediatric weight management clinic; (f) examining discrepancies between perceived overweight status among overweight/obese and normal-weight adolescents in the United States through a secondary analysis of data from the national Youth Risk Behavior Survey (YRBSS) (2001 to 2009); (g) conducting an educational intervention employing a child's fable for preschool children to increase their knowledge of nutrition and healthy lifestyles to prevent childhood obesity; (h) interviewing adolescent boys in middle school and those who attended a private weight management clinic about how they perceive their bodies, body parts, and weight; (i) employing the Theory of Planned Behavior as a framework for understanding caregivers' intention to serve sugar-sweetened beverages to non-Hispanic Black preschool children; and (j) exploring personal, cognitive, affective, and behavioral factors associated with overweight and obesity among adolescent girls who have low levels of physical activity.

Ten articles highlighted in this special issue of the *Journal of Pediatric Nursing* focus on overweight and obesity across developmental age groups of preschool children, school-age children, and adolescents through a variety of research methods, with each article providing new evidence for translation into practice to improve health outcomes for children and adolescents:

- A descriptive qualitative pilot study was employed to assess the use of the Internet and short message service (SMS) via mobile technology to gain knowledge about diet and exercise among rural Mexican-American adolescents ( $N = 12$ ; 12 to 18 years) who received healthcare at a rural clinic (Collins & Champion, 2014). Three focus groups were conducted with a convenience sample of English-speaking Mexican-American adolescents (9 males and 3 females), 11 of whom participated in athletics. Four categories described adolescents' experiences with diet and exercise: (a) knowledge of diet information; (b) resources for diet and exercise information; (c) who becomes overweight and why; and (d) avoiding being overweight. Thus, the use of mobile devices provided these rural Mexican-American adolescents a means by which they could obtain information about diet and exercise, compare themselves to others, and listen to others.
- An integrative review of the literature was conducted to identify sleep interventions and related clinical implications for obesity treatment in children in primary care settings (Fenton, Marvicsin, & Danford, 2014). Of the 373 articles that were retrieved through a search of the published literature from 1995 to 2012, nine studies ( $n = 9$ ) met the inclusion criteria. Given the significant association between sleep duration and sleep disorders with obesity in children, three primary intervention areas were identified as effective strategies for improving sleep throughout childhood: (a) bedside routines and environment; (b) parental presence and graduated extinction; and (c) health education. Thus, assessment of sleep behaviors in children in primary care settings and behavioral interventions are important for maintaining effective sleep and preventing obesity in children.
- A descriptive correlational, longitudinal study was conducted over 6 months with a sample of school-age children [ $N = 50$ , 2nd grade children ( $n = 28$  boys;  $n = 22$  girls) with 41 children followed as they progressed into 3rd grade ( $n = 25$  boys;  $n = 16$  girls)] to explore the relationship between obesity and weight gain to childhood teasing among children in a suburban charter school in a socioeconomically-disadvantaged community (Feeg, Candelaria, Krenitsky-Korn, & Vessey, 2014). Approximately 50% of the children in the 3rd grade were identified as overweight (BMI  $\geq$  85th percentile), while 34% were classified as obese (BMI  $\geq$  95 percentile). Independent t-test for teasing by BMI change (weight lost vs. gained) was significantly different for girls ( $p = .04$ ), but not for boys. Multiple linear regression with bootstrapping was used to analyze the combination of weighted teasing factors (my body, family, personal/behavioral, and school) (CATS) on BMI change and predicted BMI change was significant for girls, but was not for boys. Teasing explained 57% of the variance for girls, while only 9% of the variance was explained by teasing for boys. Thus, BMI alone was not associated with teasing unless sorted by gender, but BMI change (weight gain) was associated with being teased and bothered by teasing.
- A descriptive quantitative survey of health care providers (HCPs) ( $N = 33$ ) in school-based health centers from six states (AZ, CO, MI, NC, NM, and NY) was conducted to determine treatment practices when caring for overweight and obese (BMI  $\geq$  85th percentile) school-age children (5 to 12 years of age) (Aldrich, Gance-Cleveland, Schmiede, & Dandreaux, 2014). The overwhelming majority (97%) of HCPs reported that childhood overweight needs treatment, although 3.1% HCPs believed that children outgrow being overweight. However, 48.5% HCPs noted that they initiate treatment in overweight/obese children with no associated health conditions, and only 36.4% reported that they initiate treatment for overweight children who do not want to control their weight. Overall, school-based HCPs reported child and parent barriers to be more significant to treatment than clinician or setting barriers ( $p < .0001$ ). Lack of parent involvement and lack of child motivation were identified as the major barriers to treatment of child overweight.
- A quality improvement (QI) project was designed and implemented to increase monthly attendance of follow-up patients (children from birth to 18 years; BMI  $\geq$  85th percentile) at a hospital-based pediatric weight management clinic over 11 months (Geer, Porter, Haemer, & Krajceck, 2014). A root cause analysis was conducted to

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