

Childhood Obesity: Growing Up and Growing Out

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Introduction:

Obesity rates in New Zealand have **increased** over the last 30 years (Ministry of Health, 2016b). The 2015/2016 New Zealand Health Survey identified that **one in nine children aged 2-14 years are classed as obese** (an estimated **85,000** children). In addition to this worrying statistic, Pacific children are nearly **four times** as likely and Maori children **1.6 times** as likely to be obese than their European counterparts (Ministry of Health, 2016a).

Addressing childhood obesity rates is a **current priority** of the New Zealand Government as it is associated with a range of health conditions, including an increased risk for the premature onset of illness, and has impacts on the child's social and mental health (Ministry of Health, 2016a; Ministry of Health, 2016b).

Search Question:

Are children of Pacific Island or Maori descent at increased risk of obesity and its associated long term health effects, compared with children of European descent, and what is the role of the registered nurse in supporting families with affected children?

Literature Review:

- New Zealand is a **multi-ethnic society**, with higher rates of childhood obesity amongst the Maori and Pacific population (Poppitt, Silvestre & Liu, 2014).
- Childhood obesity **affects the child's physical and psychosocial wellbeing**, and is linked to the premature onset of chronic conditions (Water, 2011).
- **Over half** of parents whose children are obese are unable to recognise it (Kelly & Swinburn, 2015).
- A families **income** affects the type, quality, and quantity of food purchased (Ministry of Health, 2012).
- Television and food advertising are proven influencers of children's food choices. Studies have proven that **fast foods and soft drinks are significant causes of obesity** (Utter, Scragg, & Schaaf, 2006).
- Registered nurses in the primary healthcare setting play a **critical role** in the prevention, diagnosis and treatment of childhood obesity (Rounsavell, 2005).

Recommendations:

- **Holistic interventions** focussing on the needs of the child and family.
- Regular health checks in the primary healthcare setting, where **measurement of the child's weight, height and BMI** are taken.
- Primary health nurses to assess families SES, health history, lifestyle choices and psychological state to **evaluate their readiness and willingness to change**.
- Primary health nurses to **work in partnership** with families to identify obesogenic lifestyle factors and healthier lifestyle alternatives.

Implications for Practice:

Nurses will need to be able to accurately measure BMI and have adequate knowledge on the determinants of childhood obesity to be able to **educate parents** about healthier alternatives for themselves and their children.

Conclusion:

Childhood obesity is a **serious issue** in New Zealand that needs to be addressed to save children from life-long co-morbidities. Nurses are required to work in partnership with families to create interventions that consider the multiple factors that create an obesogenic environment.

References:

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ECOT Model

PECOT Category	Info relating to question	Explanation
Population	Maori and Pacific children aged between 2-18 years of age who are overweight or obese	During these ages, parents are the main influences on a child's upbringing, influencing their activity and food choices. I want to compare Maori and Pacific children between these ages with European children of the same age to see the associated health effects
Exposure/Intervention	What are the factors that lead to obesity in children and the long-term health factors associated with	To understand the factors that are influencing childhood obesity and how this affects the child throughout their life. I also want to research the associated long term health risks and effects of being overweight from such a young age.
Comparison/Control	The rate of childhood obesity in European children between the ages of 2-18	I want to see if there are disparities in long term health outcomes between Maori and Pacific children compared with European children of the same age.
Outcome	To reduce the rate of obesity in children of different ethnicities by	To better RNs and therefore, families, understanding of the
	creating a better understanding of obesity-related influences and prevent obesity related diseases	influences that contribute to childhood obesity, and promote a healthy lifestyle to children that they can carry through with them into adulthood. Also, aim to reduce the rates of obesity in Maori and Pacific populations and the inequities that exist between ethnicities in NZ
Time	The lifetime of the child	Combating obesity is a lifelong project for every individual.

Summary:

Disseminating research findings is an important part of the research process (Whitehead & Schneider, 2014). A poster is a creative, detailed, and eye-catching way of conveying my research findings on childhood obesity to a target audience (Whitehead & Schneider, 2014). It ensures that information is adapted to be more concise, enabling viewers to easily grasp my key points, findings, and recommendations on childhood obesity in a professional, visually appealing, and detailed way (Miller, 2007; Whitehead & Schneider, 2014).

This poster has enabled me to effectively show my findings on childhood obesity using a range of presentation material, including imagery and colour, and will permit me to interact individually with viewers at the evidence-based forum to answer questions and receive feedback (Miller, 2007). Choosing the poster format means I also have the additional benefit of having my work displayed elsewhere after the forum, allowing my findings to reach a larger audience (Whitehead & Schneider, 2014).

References:

Miller, J. (2007). Preparing and presenting effective research posters. *Health Services Research, 42*(1), 311-328.

Whitehead, D., & Schneider, Z. (2014). Writing and presenting research findings for dissemination. In: Z. Schneider, D. Whitehead, G. LoBiondo-Wood & J. Haber (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice* (5th ed., pp. 363-379). Sydney, NSW, Australia: Mosby.