Childhood Obesity and the Role of the Nurse Practitioner

Lisa Duplessis

University of New Brunswick

Author Note

This paper was prepared for NURS 6011, taught by Professor L. Secco
Abstract

Childhood obesity is high in today’s population and is a topic discussed widely by both the media and society. Nurse practitioners (NPs) can provide more holistic care for children compared with physicians due to the emphasis and integration of the determinants of health in NP practice, versus the medical model of practice. It is important for health care providers such as NPs to be educated on prevention, assessment and intervention strategies to help promote the health of children and their families. Family centered teaching on prevention, assessment, and intervention are essential to address childhood obesity. Each clinical visit provides the NP the opportunity to initiate teaching, which should be incorporated into standard practice.
Childhood Obesity and the Role of the NP

Childhood obesity is a risk factor for several disease processes and conditions such as hypertension, diabetes, and coronary artery disease, and is a topic that is well covered in the nursing curriculum. Obesity affects both the physical and psychological health of individuals and can negatively influence self-esteem and risk of depression (Sorg, Yehle, Coddington & Ahmed, 2013). Childhood obesity is often described as an epidemic in modern society. Statistics Canada reported 31.5% of five to 17-year-olds are overweight and 19.8% are obese according to the World Health Organization (WHO) body mass index (BMI) guidelines (Roberts, Shields, de Groh, Aziz & Gilbert, 2012). Prevention, education, and management strategies are needed for childhood obesity and are best delivered by primary care providers such as NPs (Akhtar-Danesh, Dehghan, Morrison & Fonseka, 2011). Holistic care for obese children and those at risk for obesity includes comprehensive assessments of the child and family. NPs are better suited in comparison to physicians to provide holistic patient care due to greater awareness of the role of determinants of health in health promotion and disease prevention (Akhtar-Danesh et al., 2011). According to WHO, the determinants of health that NPs utilize to conduct holistic assessments in practice include, but are not limited to: Income, education, genetics, healthy childhood development, coping skills, physical and social environment. Primary healthcare providers such as NPs must be informed on the benefits of early teaching around obesity and the methods, approaches, and information to intervene with children and families. NPs are responsible and in the best position to provide prevention strategies, holistic assessments and teaching interventions crucial for obese children and their families.
Nurse Practitioner’s Role

NPs provide more appropriate care for childhood obesity because they assess health holistically by incorporation of the WHO determinants of health. Each determinant of health can be directly or indirectly linked to obesity and therefore must be addressed. Links are documented between childhood obesity and determinants such as income, socioeconomic status, and support networks (Kuo, Etzel, Chilton, Watson, & Gorski, 2012; Sorg et al., 2013). A child’s nutritional-caloric intake and physical activity must not be the sole focus of risk factors in the management of obesity (McVey et al., 2013). Kuo et al. (2012) support the need to refrain from a “traditional medical model” (p. 17) consistently used by physicians with obesity management, and advise care providers to address the child’s environmental and social determinants of health. There is a need to assess childhood obesity involving the family unit as a whole in order to manage care effectively (Sorg et al., 2013). The care that NPs provide include not only individualized interventions but family centered approaches to address medical conditions and experts have documented benefits of this management approach to childhood obesity (Sorg et al., 2013). As emphasized by Akhtar-Danesh et al. (2011), the NPs role is that of great responsibility and significance in the management and education of children and their families and the NP role is “one of the best facilitators to deliver health messages to the public” (p. 73).

Prevention

NPs should integrate prevention of childhood obesity strategies into clinical practice with patients as early as the pre-pregnancy period (Rooney, Mathiason & Shauberger, 2010). Excessive maternal weight gain and smoking during pregnancy are linked to childhood obesity (Rooney et al., 2011). Predictors of childhood obesity include not only genetic factors, but environmental and social factors such as sedentary lifestyle, support systems, and time spent in
front of a television or other electronic device (Kuhle, Allen & Veugelers, 2010). Promoting a healthy lifestyle and preventing obesity requires assessment of the family unit and child as a whole and addressing the aforementioned predictors. This holistic assessment would include the physical, mental and social wellbeing with integration of the determinants of health (Watson-Jarvis, Johnston & Clark, 2011). Ensuring proper nutrition and the suggested minimal 60 minutes of physical activity daily is just as important in prevention of obesity as is forming supportive environments, enhancing coping skills, and addressing socio-economic factors that influence health promotion (Tremblay, 2012; Sorg et al., 2013).

NPs are well suited to partner all sectors and influence a commitment to enhancing healthy lifestyles. Tremblay declared “all sectors (government, industry, health care, media, communities, schools, and families) must participate in an aggressive, informed and sustained movement to recalibrate the behaviours of Canadian children to achieve sustained and pervasive healthy living outcomes” (p. 168). Partnering with the community helps to create a strong social support for children and their family unit, and is necessary to promote health and wellbeing while preventing obesity (Sorg et al., 2013). NPs are also effective in linking families with available community-based programs, thus supporting their importance in prevention of childhood obesity.

It is important that NPs are aware and use supportive interventions and teaching tools aimed at childhood obesity to inform their practice. Tremblay (2012) summarized Canadian initiatives aimed at the prevention of childhood obesity that include, but are not limited to, Health Canada and Food and Consumer Products of Canada Nutrition Labeling Initiative, which helps guide families to make healthier food choices by providing comprehensive nutrition information on food labels. The Canadian Physical Activity and Sedentary Behaviour Guidelines
highlight the importance of minimal daily activity and are utilized by practitioners for patients of all ages (Tremblay, 2012). Our Health Our Future: A National Dialogue on Healthy Weights addresses the need to incorporate enhanced supportive environments to prevent obesity in youth (Tremblay, 2012). These initiatives are all aimed at health promotion, more specifically prevention, and address issues such as nutrition, physical activity, and support systems. It is imperative that NPs and care providers are aware of guidelines and programs developed that address obesity and integrate them when caring for and/or teaching families.

**Assessment and Intervention**

The NP’s assessment and intervention is essential to promote health of obese children and their families. Assessment of childhood obesity can be identified by use of the child’s BMI and the widely accepted WHO range which indicates underweight, normal, overweight and obese (Roberts et al., 2012). All determinants of health should be included in the assessment and intervention stages due to the impact they have on childhood obesity (Kuo et al., 2012). The care provider must assess parental awareness of factors that influence childhood obesity such as physical activity and nutrition, and educate them how other factors such as social, environmental and cultural influences also play a role in obesity (Akhtar-Danesh et al., 2011). Intervention strategies implemented by the NP must include realistic goal setting which can include physical activity goals, nutritional goals, and enhancing supportive environment goals (Sorg et al., 2013).

Ball et al. (2013) suggested use of conversation cards during visits with the primary health care provider as a tool to encourage discussion about weight management. The cards were selected by the families and children prior to entering the office to initiate conversation on obesity topics of interest. This teaching strategy could be initiated in clinical visits with NPs and would allow the family to highlight issues to be addressed specific to their situation. The obesity
teaching provided by the NP concerning lifestyle, behaviour and social environmental changes influences the improvement of the health of overweight children and their families (Sorg et al., 2013).

**Conclusion**

It is crucial that NPs educate youth and their families about obesity to improve their health status and promote healthy lifestyle practices. NPs have the medical knowledge and awareness of the determinants of health which enable them to care for the patient and their families holistically. NPs need to make obesity prevention a priority for families with young children and for Canada-wide sectors to positively influence the overall health of our population of youth (Tremblay, 2012). NPs have to recognize that all encounters with families and children are opportunities to teach about prevention, interventions and management strategies to combat obesity. The holistic approach, focus on health promotion and prevention, and expert knowledge of interventions for childhood obesity underscore that NPs are the best health professionals to address this significant health issue.
References


