

Background and Problem

- Childhood Obesity is a chronic disease which can be prevented with proper nutritional counseling and emphasis on daily physical activity.
- 1 in 5 school age children have obesity₂
- Children are being diagnosed with diabetes, hypertension and heart disease at an earlier age resulting in complications that lead to a shorter life.₆
- Providers lack time and resources to properly educate children and families on proper nutrition during annual visits when an increase in weight is seen₄
- Prevention programs should be implemented during the school age range when children are eager to participate in learning activities₃
- Obesity Prevention Programs offered in schools and doctor offices have had effective results but have not been expanded to other community settings.₅
- Kids learn best amongst their peers in a social setting (Social learning theory)₁

Purpose Statement

To evaluate if the KidsFit Obesity prevention program was effective in increasing knowledge and behaviors relating to nutrition and exercise in Scouts between the ages of 8 and 11.

Methods

- Design: Pre-/Post-test
- Descriptive statistics used for analysis.
- Intervention: Weekly 1-hour meetings using the KidsFit curriculum delivered over 6 weeks
- Outcome Measures: Completed on Week 1 and Week 6
- Heath Knowledge:** "Nutrition and Physical Activity Pre and Post Test"
- Healthy Behaviors:** "Food Frequency and Lifestyle Habits Questionnaire"
- Daily Steps:** Reported on Fitness tracker log

Sample and Setting

Setting: Recreation Center in Clark, NJ

Sample Size: 11 Girl Scouts

Mean age: 9 years old

Weekly Lesson Approach

Week 1: Calories and Energy Balance

- Knowledge test and Behavior questionnaire was completed for a baseline; each scout received a pedometer.*

Week 2: My Plate: Fruits, Vegetables, Grains, and Protein

Week 3: My Plate: Dairy and Bone Health

Week 4: Nutrition labels and Serving Size

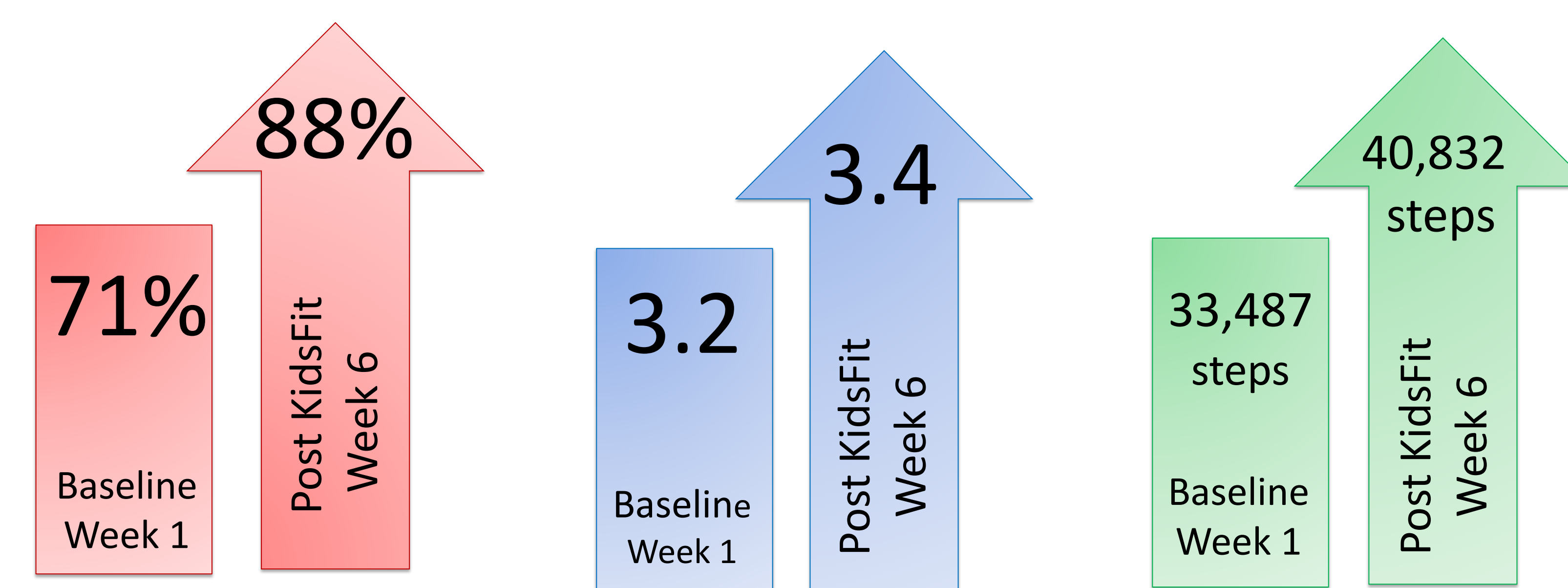
Week 5: Sugar and breakfast cereals, Fast Food, Fats

Week 6: Healthy Habits for Life

- Knowledge test and Behavior questionnaire was completed for a comparison*



Results



Knowledge

Knowledge was determined by a 20-question exam that was scored from 0-100%

Healthy Behaviors

Healthy Behaviors was determined by an 18-question questionnaire that rated behaviors on a scale of 1 to 5.

Daily Steps

Pedometers were given to the Scouts at the first meeting. An average number of daily steps was determined from the first week and the last week of implementation.

Discussion

- The KidsFit program was designed to target diet, exercise and family involvement to contribute to its effectiveness.
- The troop setting modeled the social learning theory and provided a supportive social environment and peer modeling to help motivate the children to initiate behavior changes and enhance learning
- School aged Scouts enjoyed the weekly learning objectives and were excited to participate in health activities.
- Repetition provides the practice that enables children to learn new information. Having longer session times or more sessions would help the Scouts learn more.
- Limitations: small sample size, limited parent participation, short lesson times, inconsistent pedometer wearing

Implications

- The Program can be used in any practice or as a resource by providers when patients are identified as at risk for obesity.
- This intervention has the potential to increase health knowledge and behaviors related to nutrition and exercise in children with diverse ethnicities and different socioeconomic backgrounds.
- Similar programs that focus on dietary and physical activity can be used or recommended by providers
- Guidelines for daily physical education needs to be more vigilant
- Health providers need more nutrition-based education to properly guide families to improved health

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