UTGERS School of Nursing

Background and Significance

- Over the last 40 years childhood obesity rates have more than tripled affecting approximately 20% of children,
- Obesity now the most common chronic childhood disease
- Approximately 60% of overweight children 5 to 17 have at least one cardiovascular disease risk factor, 25% have two or more,
- Once obese, children have an 80% chance of staying obese.
- Healthy behaviors and lifestyles established at a young age support prevention of long-term adverse health consequences and comorbidities for overweight/obese children
- The necessary diet and exercise education are not currently being addressed appropriately in our schools nationwide,
- Every year students receive less than 8 hours of required nutrition education,
- From 2000 and 2014 schools providing the required nutrition education have decreased from 84.6% to 74.1%,
- Parents that actively participate in their child's lifestyle changes produce positive long-term improvement in weight control.
- Parental involvement is essential to any sustainable changes in eating and physical activity behavioral patterns_{2, 3, 5, 6, 7, 8, 10, 13, 15, 16}

Clinical Question

How does a parent/caregiver-based childhood obesity prevention educational program impact the family's knowledge and practice of preparing healthy meals and engaging in physical activity?

Methods

Design: Program Evaluation

Intervention: Three weekly 1-hour virtual sessions implementing the National Heart, Lung, and Blood Institute's (NHLBI) WeCan! Energize Our Families: Parent Program

Outcome Measures:

- Questionnaire about dietary and physical activity habits
- 15 questions: 4 true/false, 6 Likert scale, and 5 demographic questions
- Completed before Session 1 and after Session 3

Data Analysis: Descriptive statistics

A Caregiver-Based Childhood Obesity Intervention and Prevention Program: Implementing NHLBI's WeCan! Program in Sussex County, New Jersey

Kourtnie Fedele BSN, RN, CPN; Margaret Quinn, DNP, CPNP, CNE; Tracy Vitale, DNP, RNC-OB, C-EFM, NE-BC; Deborah Fisher, MS, BSN, GSN

Sample and Setting

- Sample Size: 12 Parents and Caregivers
- Setting: Virtual Sessions via GoogleMeets



Weekly Virtual Session Approach

We Can! Parent Program was developed to educate caregivers on how to help themselves and their families maintain a healthy weight by improving their diets and physical activity levels

Pre-Program: WeCan! Parent Program Evaluation: Tell Us

- **Session 1:** Portion Distortion How much is too much?
- **Session 2:** Energy In Maintain a healthy weight
- **Session 3:** Energy Out Less sit, More fit!

Program Completion: Repeat *WeCan!* Evaluation Form (Program Effectiveness)

Results

Measure	Pre-Test Mean	Post-Test Mean	Mean Difference	% Change
Energy balance knowledge	2.33	2.40	.07	3%
Portion size knowledge	1.67	2.20	.53	32%
Portion sizes attitudes	4.58	4.60	.02	0%
Portion size behaviors	6.25	8.00	1.75	28%
Healthy eating attitudes	14.00	14.20	.20	1%
Physical activity behaviors	20.67	21.8	1.13	5%

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- What You Think Form (Baseline Information)

- not leave much room for improvement

Limitations:

Implications and Recommendations

Practice:

- prevention and treatment programs.

Policy:

- and lunch programs
- 150 minutes per week

Economic:

Discussion

• More family-based intervention programs needed to help limit disconnect from children and caregivers learning separately

• There are not many parent/caregiver-based programs in the community – indicates need to develop these programs

 Positive changes in portion size behaviors may suggest the program influenced participant's amount of food per serving

• Changes in energy balance knowledge, physical activity behaviors, and portion size and healthy eating attitudes can be attributed to the high pre-test response score means that did

• These changes could be attributed to building upon an already well-educated, health-conscious participant pool opposed to concluding the program was unsuccessful

• Digital sessions due to COVID-19 social distancing protocols prohibiting in-person meetings, internet fatigue, inconsistent attendance across sessions, and small sample size

• Family and parent-based programs for children who are at risk for becoming overweight or obese are the most effective

• Program can be used by any practice or school district to increase nutrition/exercise health knowledge and behaviors

• Future replications of the WeCan! program should use a faceto-face format at a more conducive time of day.

Continuation of strict regulations for the free school breakfast

Encourage physical education standards to have a minimum of

• This project did not measure cost savings however, it can be inferred that increased healthy behaviors may decrease the rate of obesity and overall associated healthcare costs.

