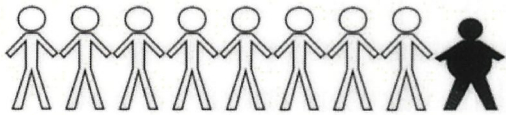


Childhood Obesity by Sara Massam

Introduction: Childhood obesity is now being acknowledged as a serious risk by health experts due to its increasing prevalence. Obesity occurs as a result of prolonged weight gain and malnutrition, which over time increases negative effects to other body systems, putting a person at higher risk of health conditions such as CVD, diabetes, and cancer (WHO, 2013). My research question was “**What interventions can be applied to socioeconomic factors associated with the incidence of obesity in New Zealand children aged 13-18?**”

Statistics and Findings:

1 in 9 children (2-14) are obese



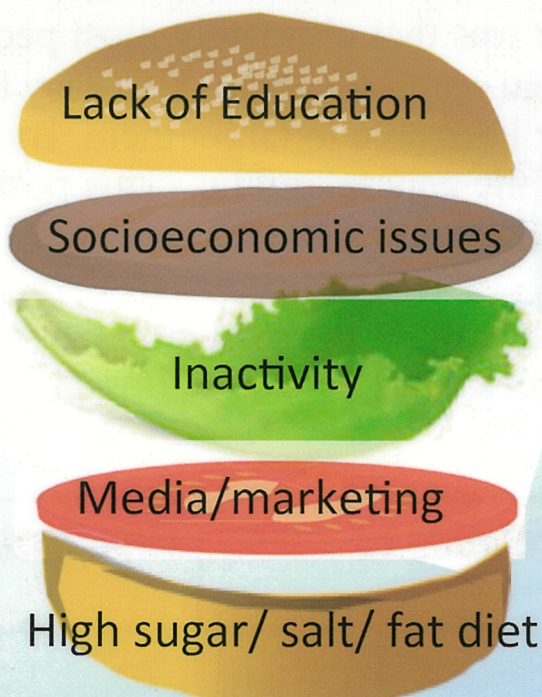
Almost 1 in 3 adults (14+) are obese



(Ministry of Health, 2015)

- 2013/2014 NZ statistics, show that 23% of children are overweight and a further 10% obese (Ministry of Health, 2015).
- Māori children are almost twice as likely to be obese as non-Māori, while Pacific children are roughly four times more likely as non-Pacific children. These ethnicities also are also at an increased risk of early onset of non-communicable diseases (Stoner, 2016).
- Eighty percent of obese children will become obese adults (AACAP, 2015).
- Children living in the most deprived areas were five times as likely to be obese as children living in the least deprived areas (Faguy, 2015).
- The World Health organisation estimates that obesity accounts for between two to seven percent of the country's total health care cost (Kedgley, 2007).

Obesity risk factors:



Health Impacts:

- Cardio vascular diseases
- Type 2 diabetes
- Hypertension
- Stroke
- Cancer
- Low self esteem that could result in mental illness
- Higher risk of obesity in adult hood

WARNING!

Recommendations/interventions:

- Funded community cooking groups that allow parents and children to socialise and teach them how to cook healthy and affordable meals.
- Vegetable gardens in schools that would encourage physical activity along with it also being cost effective for children if they were able to bring the produce home.
- Continue with positive educating initiatives such as “5 plus a day” campaign that promotes healthy eating by encouraging people to consume 5 fruits/vegetables a day.
- Removing the cost of joining fees in activity groups and including physical activity within school curriculum. This will increase/encourage participation in exercise.
- Food and nutrition classes in all schools which teach the importance of healthy eating and also how to prepare & cook healthy meals.

References

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- Trainer, C. (2004, May 04). *Obese child's body* [Cartoon]. Retrieved May 17, 2016, from <https://mytrainerchris.wordpress.com/tag/obesity/>
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Rationale:

Obesity is an extremely relevant topic in society today with it being a leading cause of preventable deaths. It is clear from my literature review that childhood obesity is likely to have long-term adverse effects on the health of society if strategies are not implemented to combat the 'epidemic'. It is particularly a concern in New Zealand which holds the second highest rates of childhood/adolescent obesity in the world.

This lead me to research **"What interventions can be applied to socioeconomic factors associated with the incidence of obesity in New Zealand children aged 13-18?"**. I have chosen to do a poster as my clinical issue as I feel it would be most the most appropriate way to present my findings to adolescents, parents and healthcare professionals.

My rationale for using a poster was that ultimately most people are drawn to bright, bold displays of information that require minimal reading and are also easy to understand. Quite a few people are visual learners so by using this poster I am able to target them. By using user friendly language and pictures it is safe to be displayed to most of the general public. This poster could be displayed in various medical and nursing practice centres, around schools and day cares.

It is so essential that we keep informing the public on the growing issue of obesity, so we can continue to create more awareness and successfully be able to implement interventions that will decrease the incidence of obesity.

PECOT category	Information relating to question	Explanation
Population	Children/adolescents between the ages of 13-18 that are obese in New Zealand.	This is the age that is more vulnerable as they have more independence in their health choices. They are also statistically shown to perform less physical exercise than younger children.
Exposure (intervention)	Interventions implemented to obese or at risk adolescents.	These are the population that are at risk so the interventions are applied. I will be looking for articles surrounding risk factors in my chosen group and interventions applied.
Comparison/control	Obese/at risk children who were not given obesity interventions.	We will be comparing past statistics that did not have interventions applied to future ones.
Outcome	Reduction of obesity shown statistically in New Zealand.	We will be able to see that the rates of obesity in New Zealand has not increased, with the implementation of interventions.
Time	10 years	By 2026 we will be able to compare whether these implemented interventions have had an impact at all on the high rates of obesity in New Zealand

Inclusion criteria	Exclusion criteria
Articles that enhance the knowledge base of the reader	Unreliable internet sources
Peer reviewed articles	Adult obesity
International articles but NZ based ones preferred	Articles not in english

References:

Schneider, Z. M. (2013). *Nursing and midwifery research: Methods and appraisal for evidence-based practice*. Chatswood, N.S.W.: Elsevier Australia.