

Inter-professional Collaboration to Meet the Needs of an Underserved Charter School as a School Based Childhood Obesity Intervention

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Objectives

- Upon completion of this session, the participant will be able to:
 - identify those at risk for childhood obesity.
 - recognize potential long term sequelae of childhood obesity.
 - understand the importance of community based interprofessional partnerships.



Background

- 2/3 of US overweight or obese
- Childhood obesity increases morbidity and mortality
- Psychological impact
- Cost

Guidelines

| Ages 9 to 13: Daily guidelines for girls | | | | | |
|--|---|--|--|--|--|
| Calories | 1,400-2,200, depending on growth and activity level | | | | |
| Protein | 4-6 ounces | | | | |
| Fruits | 1.5-2 cups | | | | |
| Vegetables | 1.5-3 cups | | | | |
| Grains | 5-7 ounces | | | | |
| Dairy | 2.5-3 cups | | | | |

| Ages 9 to 13: Daily guidelines for boys | | | | | |
|---|---|--|--|--|--|
| Calories | 1,600-2,600, depending on growth and activity level | | | | |
| Protein | 5-6.5 ounces | | | | |
| Fruits | 1.5-2 cups | | | | |
| Vegetables | 2-3.5 cups | | | | |
| Grains | 5-9 ounces | | | | |
| Dairy | 3 cups | | | | |

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Dietary guidelines for Americans, 2010. U.S. Department of Health and Human Services. http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf.



NJ Statistics

- 14.2% of adolescents in New Jersey were overweight (≥ 85th and < 95th percentiles for BMI by age and sex)
- 10.3% were obese (\geq 95th percentile BMI by age and sex,)
- Only 21.3% were physically active for a total of at least 60 minutes per day
- 18.3% did not participate in at least 60 minutes of physical activity on any day
- CDC, 2012. http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/New-Jersey-State-Profile.pdf

Statistics

| How many children age 10-17 years are currently overweight or obese, based on Body Mass Index (BMI) for age? (details) | | | | | | | |
|--|-----------|--|---|------------------|---------|--|--|
| | | Underweig ht (less than 5th percentile) | nt (less weight (5th han 5th to 84th | | Total % | | |
| New Jersey | % | 6.9 | 68.4 | 24.7 | 100.0 | | |
| | C.I. | (4.5 - 9.3) | (63.9 - 72.9) | (20.5 - 28.9) | | | |
| | n | 53 | 580 | 194 | | | |
| | Pop. Est. | 61,318 | 609,172 | 219,666 | | | |
| Nationwide | % | 5.8 | 62.9 | 31.3 | 100.0 | | |
| | C.I. | (5.2 - 6.3) | (61.8 - 63.9) | (30.3 - 32.4) | | | |
| | n | 2,503 | 28,573 | 12,788 | | | |
| | Pop. Est. | 1,832,666 | 19,938,355 | 9,935,162 | | | |
| C.I. = 95% Confidence Interval. <u>Percentages are weighted to population</u> <u>characteristics.</u> n = Cell size. Use caution in interpreting Cell sizes less than 50 | | | | | | | |

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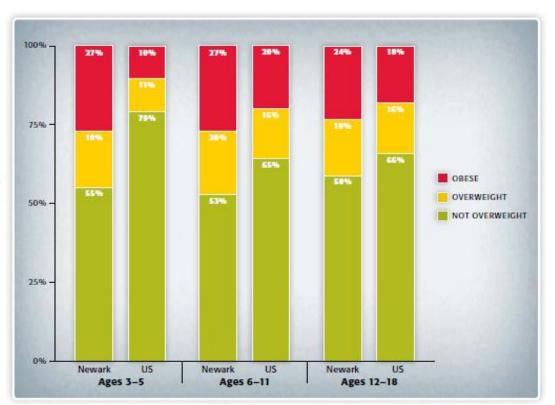
 $http://www.childhealthdata.org/browse/survey/results?q=\!2415\&r=\!32\&r2=\!1$

Newark, NJ Statistics

Childhood weight status by age: Newark public schools vs. US

TGERS

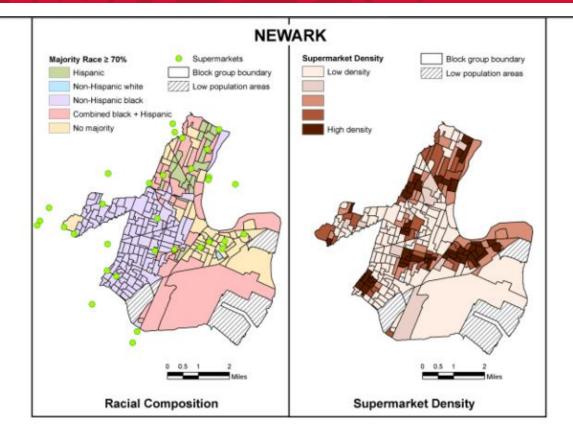
- Compared to the national data, a higher percentage of Newark public school children in all age categories are overweight or obese.
- The largest differences between Newark public school children and national estimates are seen among the youngest children (45% are overweight or obese in Newark vs. 21% nationally), followed by children in the middle age group (47% are overweight or obese in Newark vs. 36% nationally).



NOTE: This chart presents data from Newark public schools (2008–2009), NOT survey data. National data (NHANES, 2007–2008) are based on 2–5 year-olds, while the Newark data are based on 3–5 year-olds. Bar totals may not equal 100% due to rounding.

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Inter-professional Collaboration



Center for Sorte Health Policy Funding provided by the Robert Wood Johnson Foundation

CSHP Newark food outlet 2008 data (Updated August 2010)

On the left, <u>majority racial composition</u> of block groups is depicted in different colors. The green dots represent supermarket locations. <u>Supermarket densities</u> are shown on the right; the darker the shade of the block group, the higher the access to supermarkets.

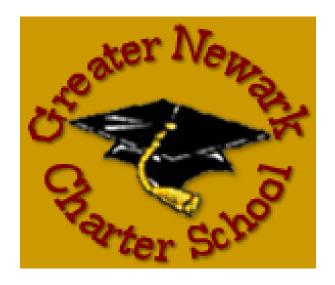
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DNP Conference 2013

GNCS

ITGERS

- Grades 5-8 in an urban, underserved area
- All students qualify for free or reduced cost lunch
- Majority of students are African American, small percentage of Latinos
- Maximum 50 students per grade



GNCS Mission and Vision

School Mission

GERS

- to be the best middle school in Newark.

Vision Statement

- we believe all students must possess ambitious academic and aspirational dreams to be successful in life.
- We will enhance all students' feeling of self-worth, pride in themselves, their achievements, their communities and the kind of leaders they dream of becoming while encouraging them to be committed to being agents of change within their community and beyond.
- To fulfill our mission, we maintain a highly talented staff to utilize a datadriven, academically rigorous curriculum within a culture of engagement and aspiration to ensure every student is prepared to realize their dreams.
- By assuring our curriculum references the rich history and culture of the Newark community, in concert with imparting holistic strategies, we believe our students graduate inquisitive, empowered and inspired.



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Students at GNCS



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NJ STATE REGULATIONS

2.1 Wellness: All students will acquire health promotion concepts and skills to support a healthy, active lifestyle.

NUTRITION

| By the end of grade 6 | By the end of grade 6 |
|---|--|
| Content: Eating patterns are influenced by a | Content: Eating patterns are influenced by a |
| variety of factors. | variety of factors. |
| 2.1.6.B.1. Determine factors that influence food | 2.1.8.B.1. Analyze how culture, health status, age, |
| choices and eating patterns. | and eating environment influence personal eating |
| 2.1.6.B.2. Summarize the benefits and risks | patterns and recommend ways to provide |
| associated with nutritional choices, based on eating | nutritional balance. |
| patterns. | 2.1.8.B.2. Identify and defend healthy ways for |
| 2.1.6.B.3 . Create a daily balanced nutritional meal | adolescents to lose, gain, or maintain weight. |
| plan based on nutritional content, value, calories, | 2.1.8.B.3. Design a weekly nutritional plan for |
| and cost. | families with different lifestyles, resources, special |
| 2.1.6.B.4. Compare and contrast nutritional | needs, and cultural backgrounds. |
| information on similar food products in order to | 2.1.8.B.4. Analyze the nutritional values of new |
| make informed choices. | products and supplements. |
| Horizontal Health/PE 6-12 July 2010 | |



Interprofessional Collaboration



the process by which professionals reflect on and develop ways of practicing that provides an integrated and cohesive answer to the needs of the client/family/population... It involves continuous interaction and knowledge sharing between professionals, organized to solve or explore a variety of education and care issues all while seeking to optimize the patient's participation... (D'Amour & Oandasan).





Community Partnerships

• EFNEP





EFNEP Education Goals

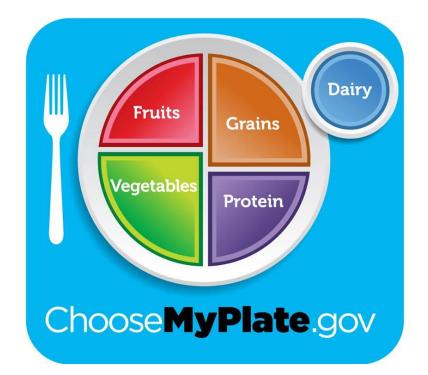
- Improved diets and nutritional welfare for the total family;
- Increased knowledge of the essentials of human nutrition;
- Increased ability to select and buy food that satisfies nutritional needs;
- Improved practices in food production, preparation, storage, safety and sanitation; and, increased ability to manage food budgets and related resources such as food stamps.

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Inter-professional Collaboration

Sample curricula

- Interactive gamesrole playing, creating a song
- Creating healthy snacks with fruit or yogurt shake
- Easy recipes for children and families to make at home



Community Partnerships

- Whole Foods Field trip
- CORE VALUE EDUCATION
- We Promote the Health of Our Stakeholders Through Healthy Eating Education –





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We Promote the Health of Our Stakeholders Through Healthy Eating Education



- Healthy eating is a basic foundation for optimum health and well-being.
- By providing healthy eating education we inspire and empower our stakeholders to make the best healthsupportive, delicious food choices to maximize personal health and vitality.

Purpose of Nutritional Program

- To Examine the impact of health behavior choices of 5th grade students after a 6 week nutrition educational program
- Specific Aims
 - Describe students nutritional habits
 - Examine the influence of nutritional education on student's BMI
 - Describe students' favorability of the nutritional program

Method

IGERS

- Subject Population
 - 5th grade students at Greater Newark Charter School
 - The inclusion criterion: enrollment in the Charter School.
 - No student was deemed ineligible based on race or ethnicity.
 - Only those students who attended all nutritional classes were included in the analysis.
- Research Design
 - Quantitative exploratory pretest/posttest
 - The nutrition program was conducted in a classroom room once a week for six weeks.



Measures

- Demographic information
 - age, gender, race, BMI
- A nutritional survey
 - Example questions
 - Today did you....
 - During a school week how many days do you usually...
 - What fast food do you eat?
 - What fruits and vegetables do you eat?
 - What do you usually drink?



Procedure

- Meeting with School Principle and Nurse
- Exempt IRB approval
- Parental Consent and Adolescent Assent
- Data was collected at four different time points:
 - Six weeks prior to the nutritional program starting
 - The beginning of the nutritional program
 - The end of the nutritional program
 - Six weeks later



Data Analysis

- Descriptive statistics were used to characterize the demographics of the sample.
- Outcome measures were studied with a profile analysis to analyze how responses change over time

Results

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- 38 students returned signed parental consent and adolescents assent form.
- 37 students (97% response rate) participated in all nutritional educational classes and data collection.
- Demographics
 - 19 girls (51%) and 18 boys (49%).
 - The majority of students were African American (n = 33, 90%)
 - Average age: 11 (SD = 0.05).



Results- BMI's

BMI's and Post- BMI's based on Gender (N = 37)

| Variable | Mean (<u>+</u> SD) |
|----------------|----------------------|
| Boys (n = 18) | |
| BMI | 20.6 (<u>+</u> 3.5) |
| Post-BMI | 21.8 (<u>+</u> 4.1) |
| Girls (n = 19) | |
| BMI | 22 (<u>+</u> 5.7) |
| Post- BMI | 22.6 (<u>+</u> 5.8) |

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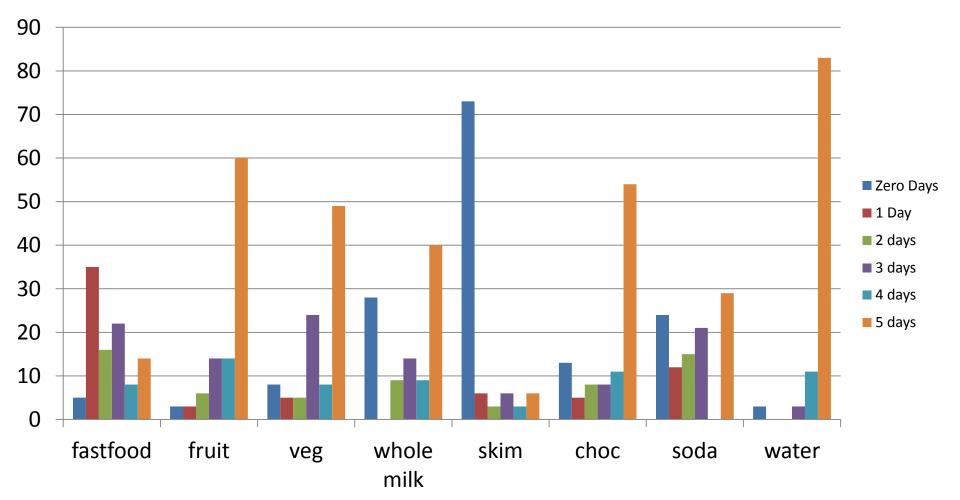
Results: Nutritional Habits of the Students

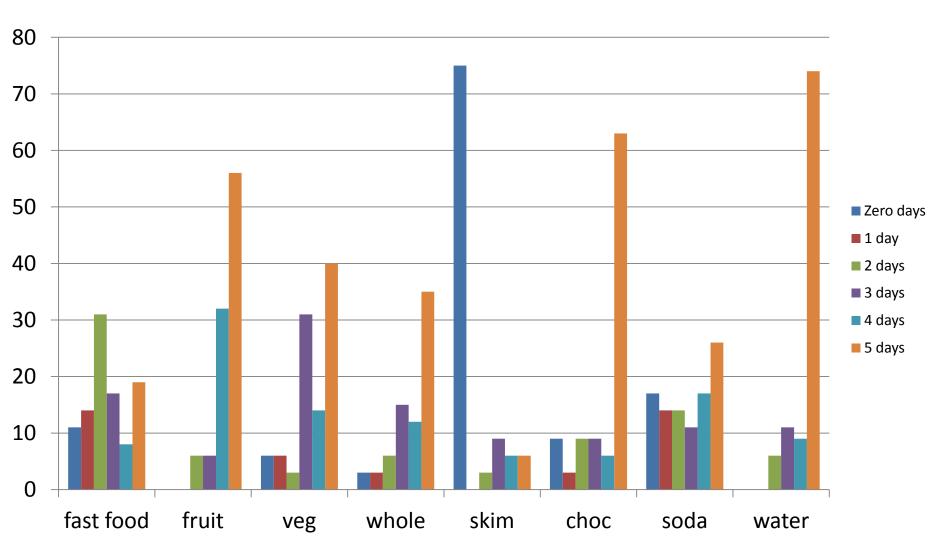
- A majority of students reported that at least once in the five-day school week they consumed
 - Fruit and vegetable
 - Fast food
 - Milk product (whole, skim, or chocolate milk)
 - Water

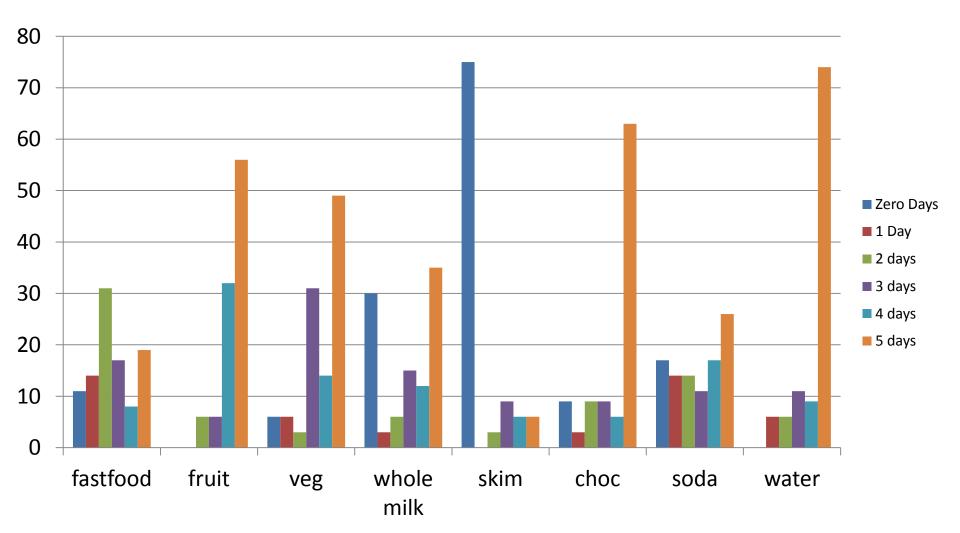


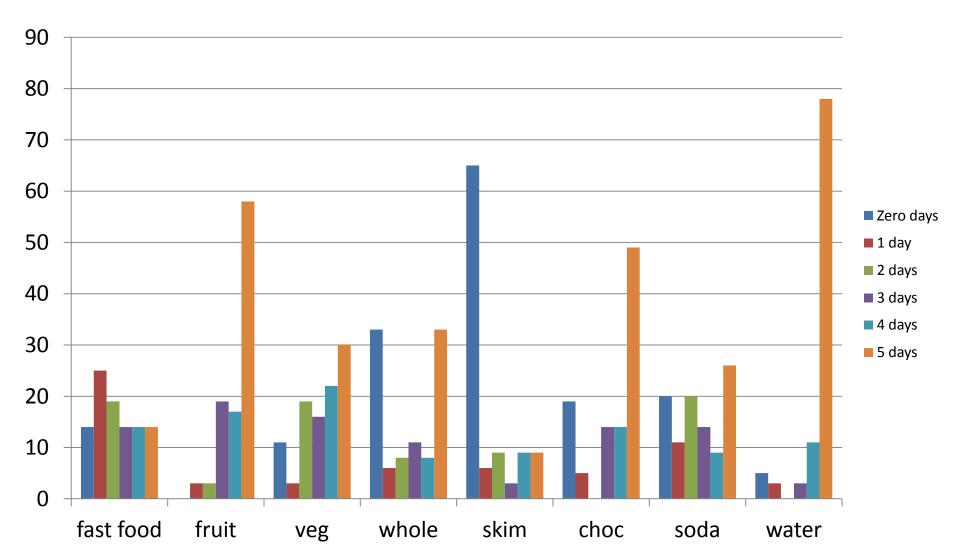
Percentage of students who ate Breakfast, Lunch, and a Snack during 5-day school week Pre- Nutritional Program (N = 37)

| | Time 1 | | | | | Time 2 | | | | | | |
|-------|--------|---|---|----|----|--------|---|---|---|----|----|----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |
| Break | 5 | 5 | 3 | 18 | 10 | 58 | 3 | 5 | 3 | 19 | 11 | 60 |
| Lunch | 0 | 3 | 3 | 10 | 10 | 74 | 0 | 0 | 3 | 6 | 16 | 75 |
| Snack | 0 | 3 | 6 | 14 | 8 | 70 | 0 | 0 | 6 | 9 | 6 | 80 |









Results Continued

- The most frequently consumed fast foods
 - McDonalds (70%)
 - Dunkin Donuts (64%)
- The most popular fruits
 - Apples (89%)
 - Oranges (86%)
 - Grapes (83%)
 - Bananas (72%)
- The most common vegetables
 - Corn (89%)
 - Broccoli (84%)
 - Potatoes (80%)
 - Peas (75%) College of Nursing

Results Continued

- Following the nutritional program
 - Time 3: 70% of students stated that they liked the program.
 - Time 4: 65% of the students reported liking the program.



Limitations

- Limitations
 - Sample Size
 - Use of Convenience Sample
 - The length of the program

Lessons Learned

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- Stakeholder buy in is essential for program success.
- Family education is needed to address childhood obesity.
- Utilizing community educators is worthwhile.
- There may be opportunity for program enhancement by nursing students or faculty.

Future Implications

- Program expansion for all grade levels within the school community.
- Care giver education and opportunity for engagement is a next step.



References

- Birch, L.L., & Ventura, K.K. (2009). Preventing childhood obesity: what works? *International Journal of Obesity, 33,* s74-s81.
- Brownlee, S., Ohri-Vachaspati, P., Lloyd,K., Yedidia, M., Gaboda, D., & Chou, J. (2010). New Jersey childhood obesity survey. Retrieved from http://www.cshp.rutgers.edu/Downloads/8650.pdf
- Cawley, J. (2010). The economics of childhood obesity. *Health Affairs*, 29, 364-371.
- Centers for Disease Control (2012). New Jersey state nutrition, physical activity, and obesity profile. Retrieved from http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/New-Jersey-State-Profile.pdf
- Centers for Disease Control (2011). Pediatric nutrition surveillance. Retrieved from <u>http://www.cdc.gov/pednss/pdfs/PedNSS_2009.pdf</u>.
- D'Amour, D. & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and
- interprofessional education: An emerging concept. *Journal of Interprofessional Care, 19* (Supplement 1), 8-20.
- Davison, K.K., Lawson, H.A., & Coatsworth, J.D. (2012). Family centered action model of intervention layout and implementation. The example of childhood obesity. *Health Promotion Practice*, *13*, *454-461*.
- Economos, C.D., Hyatt, R.R., Goldberg, J.P., Must, A., Naumona, E.N., Collins, J.J, & Nelson, M.E.(2007). A community intervention reduces BMI z-score in children: Shape Up Somerville first year results.
- *Obesity, 15,*1325–1336.
- Expanded Food and Nutrition Education Program (2013). Retrieved from <u>http://www.csrees.usda.gov/nea/food/efnep/pdf/2010_Revrack_card.pdf</u>.

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References

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- Food and Nutrition Service (2010). Nutrition education and promotion: The role of FNS in helping low-income families make healthier eating and lifestyle choices. A report to congress. Retrieved from http://www.fns.usda.gov/Ora/menu/Published/NutritionEducation/Files/NutritionEdRTC.pdf.
- Fung, C., Kuhle, S., Lu, C., Purcell, M., Schwartz, M., Storey, K., & Veugelers, P.J. (2012). From "best practice" to "next practice": the effectiveness of school-based health promotion in improving healthy eating and physical activity and preventing childhood obesity. *International Journal of Behavioral Nutrition and Physical Activity, 9*,1-9.
- Krebs-Smith, S.M., Guenther, P.M., Subar, A.F., Kirkpatrick, S.I., & Dodd, K.W. (2010). Americans do not meet federal dietary recommendations. *The Journal of Nutrition, 140,* 1832-1838.
- Lee, Y.S. (2009). Consequences of childhood obesity. Annals Academy of Medicine, 38, 75-81.
- National Center for Health Statistics (2008). Prevalence of overweight, obesity and extreme obesity among adults: United States, Trends 1976-80 through 2005-2006. Retrieved from http://www.cdc.gov/nchs/data/hestat/overweight/overweight_adult.htm.
- State of New Jersey Office of the Governor. (2007). Governor Announces New Jersey
- Schools in Compliance With Nutrition Standards. Retrieved from http://www.state.nj.us/governor/news/news/approved/20071016.html
- US Department of Health. Dietary guidelines for Americans, 2010. U.S. Department of Health and Human Services. <u>http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf. Accessed July</u> <u>12</u>, 2013.