Despite the good news reported by the New York Times in July 2015 that Americans have begun to tackle the challenges of overeating, statistics remain alarming. In the article Americans are Finally Eating Less, Sanger-Katz (2015) cited the first significant drop in daily calorie consumption by adults in the United States since 2003. Americans are reporting drinking 25% fewer calorie-laden sodas and obesity rates have appeared to stop rising for both adults and children. These decreases are seen across all demographic strata and are most significant in households with children. However, it is not enough to affect the worldwide epidemic.

According to the Centers for Disease Control and Prevention (CDC, 2015), childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years (Ogden, Carroll, Kit, & Flegal, 2014). In 2012, more than 1/3 of children and adolescents in the United States were overweight or obese (Ogden et al.). Childhood obesity has both immediate and long-term sequelae including: high cholesterol or high blood pressure, diabetes, bone and joint disorders, sleep apnea, and social and emotional problems. Obese children and adolescents are highly likely to remain obese as adults and as such to develop serious adult health problems of diabetes, heart disease, stroke, cancer, and osteoarthritis.

What can nurses do? An important issue for nurses is knowledge related to the differentiation between obesity and overweight. These terms are frequently and incorrectly used interchangeably but are in fact two very distinct diagnoses. Obesity refers to excess body fat, whereas overweight refers to excess weight for height (CDC, 2015). Nurses need to be knowledgeable about how to measure body fat and body mass index (BMI) currently the most accurate measure of both conditions. A BMI between 25 and 30 is an indicator of overweight, whereas a BMI of more than 30 classifies an individual as clinically obese. Many children in the United States are overweight or obese.

Pediatric nurses in clinics and provider offices, nurse practitioners, and school nurses have a primary role in prevention and health promotion. Specific activities that can promote a healthier lifestyle include:

- Encouragement of breastfeeding, regular physical activity, nutritional and weight counseling;
- School-based nutritional and activity programs that promote eating five portions of fruits and vegetables, decreasing television and tablet time while increasing physical activity;
- Use of comprehensive nutritional assessment scales and standardized growth charts;
- Encouragement of family-based behavioral modification strategies; and
- Referral to other members of the interprofessional team for holistic support.

Nurses can become involved in creating public policy at local, state, and national levels. The International Council of Nurses (2009) recommends partnering with media, schools, governmental agencies, and towns to develop transport systems, workplace environments, and recreational facilities that promote physical activity. First Lady Michelle Obama’s signature program Let’s Move (2015) is an example where nurses could take the lead in creating policy and putting these healthy recommendations into practice. We can refer parents to programs like this and to a variety of other obesity prevention programs. Nurses play a pivotal role in helping the public understand the social-environmental determinants of obesity and in decreasing stigma for obese and overweight children. Nurses should partner with our nutrition colleagues to develop and research outcomes of effective obesity and health promotion programs. Childhood obesity is a major preventable public health problem that all pediatric nurses have an opportunity to modify or prevent.

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The author declares no conflict of interest.

DOI:10.1097/NMC.0000000000000197

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