National Webinar Series
"In the Know with RNAO"
Primary Prevention of Childhood Obesity, Second Edition - Clinical Guideline Development

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The guideline Primary Prevention of Childhood Obesity (2nd edition) is available on the RNAO website at: http://rnao.ca/bpg/guidelines/primary-prevention-childhood-obesity

Questions and Answers from the Webinar:

Questions	Answers	Supporting Guideline Recommendations
PARENTS/PRIMARY CAREGIVERS/FAMILIES		
What are the key messages for parents in this guideline?	• Each family is distinct, when working with parents it is important to establish a therapeutic relationship with the primary caregiver/parents/family • Use an empowerment model i.e. do not blame parents for the child's unhealthy habits • Collaborate with the family to determine realistic interventions to reduce screen time, increase physical activity and encourage healthy eating • It is important to help parents understand the difference between physical activity and sedentary behaviours e.g. even though a child may play hockey they may still engage in too much sedentary activity i.e. video games, too much sitting	• For additional information on the principles of primary caregiver/parental assessment and engagement strategies please refer to recommendations 1.2, 2.2, 3.1, 3.2, 3.3, 4.0 • Please refer to the guideline Appendices F and G for the national physical activity and sedentary behaviour requirements for children of all ages
Like the screen time recommendation, do you have healthy eating recommendations to share with parents?	Health Canada has children-specific food guides and tips – please see the following link: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/child-enfant-eng.php	• For additional information on the principles of primary caregiver/parental assessment and engagement strategies please refer to recommendations 1.2, 2.2, 3.1, 3.2, 3.3, 4.0 • Please refer to the guideline Appendix E for the national

		healthy eating guidelines for children of all ages
Do you have recommendations for working with families who rely on food banks/soup kitchens in meeting nutritional needs?	• Parents who have a good understanding of the guidelines can request when possible, the right kind of food when it is provided by charitable groups • Nurses should advocate for better income supports (e.g. increase the Child Tax Benefits) for families with young children to enable proper early growth and development as the consequences of child poverty have lifelong impacts	• For additional information on the social determinants of health and health equity please refer to recommendations 1.4, 6.4
SCHOOL ENVIRONMENT		
What is the messaging related to healthy eating for parents?	• There was insufficient evidence in the literature on health communication/messaging compared to other risk management strategies e.g. smoking cessation • This may be related to the complexities of working with children, through parents • Recent literature supports parental engagement as one effective strategy to promote healthy habits in children • Much of the literature supports population-level interventions in the school environment i.e. comprehensive school approaches whereby multiple strategies are directed at multiple behaviours including healthy eating, physical activity and sedentary behaviours • School policies that address children's healthy habits may indirectly influence parents • Consistent messaging amongst settings is shown to be important in the literature i.e. school setting, home setting	• For additional information on the principles of primary caregiver/parental assessment and engagement strategies please refer to recommendations 1.2, 2.2, 3.1, 3.2, 3.3, 4.0 • For additional information on the principles of school environment assessment and engagement strategies please refer to recommendations 1.3, 2.0, 2.2, 3.3, 3.4, 3.5, 4.2, 4.3, 6.1, 6.2, 6.3
Does RNAO support measuring heights and weights in the school setting?	• Self- reporting of height and weight has documented validity issues • The RNAO Expert Panel supports the direct measurement of height/weight in the school setting • Considerations to address when planning direct measurement in schools: ethical implications, transparency, informed and explicit consent, sensitivity training, accuracy of measurement, adequate preparation with regard to its implications e.g. Toronto Public Nurses are available to speak to children and support school staff	• For additional information on RNAO Expert Panel's view on anthropometric measurements please refer to recommendation 1.1
How can we help increase activity in schools as a school nurse?	• First and foremost, it is important for the nurse to establish a positive relationship and partnership with the teachers and other school members of the school staff • This relationship enables nurses to better understand the complexities of the school environment and facilitates	• For additional information on the principles of school environment assessment and engagement strategies please refer to recommendations 1.3, 2.0, 2.2, 3.3, 3.4, 3.5, 4.2, 4.3, 6.1, 6.2, 6.3

	discussion on how to realistically integrate physical activity and healthy eating during the student's day e.g. stretch breaks, playground play; student nutrition education; establishment of peer leaders (middle-school), and create a climate for a change in policy and practice	
Is there a component in your guideline to promote nutrition and cooking skills to high school students who will eventually be parents?	• The majority of the most effective primary-prevention interventions occur in the earliest stages of a child's growth and development (birth to 12 years) • There was less literature focused on adolescents, and interventions with adolescents reported less-successful outcomes • The RNAO Expert Panel has identified that healthy behaviours learned as a child are key for the primary prevention of obesity • Specific interventions directed toward childhood health differ from the peer-based approach endorsed in best practice guidelines of healthy adolescence • The RNAO Expert Panel prioritized the prevention of obesity in infants, preschool, and elementary-school-aged children up to 12 years of age (RNAO, 2014)	• For additional information on adolescent health, please refer to the RNAO BPG Enhancing Healthy Adolescent Development (2010) provide the link to the website
RISK AND PROTECTIVE CONDITIONS		
What is the role of sleep in the prevention of obesity?	• There was insufficient evidence to link insufficient sleep to unhealthy childhood weights • The RNAO Expert Panel felt that it was too early to form a recommendation but it is a promising area of research • The role of sleep in the prevention of childhood obesity has been identified as a research gap in the guideline • Nurses should and we will continue to monitor the literature in this area	• Please refer to pg. 7 of the guideline for additional information (3rd paragraph)
What about educating prenatal families re: gestational weight gain and link to childhood obesity?	• There was insufficient research on pre-natal/preconception interventions in our systematic review to warrant a primary-prevention intervention focus on maternal behaviours during pregnancy to prevent childhood obesity • The role of pre-natal care on the prevention childhood obesity has been identified as a research gap in the guideline, however the Healthy Kids Panel identified it as an area of consideration • We will continue to monitor the literature in this area (RNAO, 2014)	• Please refer to pg. 7 for additional information (3rd paragraph)

EVALUATION		
Do you have any plans on how to measure advocacy efforts?	• Measuring advocacy efforts is challenging, policy change outcomes is the gold standard • Intermediate measures may be used i.e. awareness of the longer-term implications of childhood obesity, intention for change • The type of measure used depends on the type of advocacy i.e. social media advocacy, advocacy across sectors	
Has the new edition of the guideline developed indicators or new indicators (question from an international participant from Spain)?	• The guideline outlines evaluation and monitoring indicators specific to its recommendations • NQuIRE® (Nursing and Quality Indicators for Reporting and Evaluation) is a database that houses structure, process and outcome indicators assimilated to many of our clinical guidelines, available to RNAOs Best Practice Spotlight Organizations.	• Please refer to pg. 66-71 for the guideline's evaluation and monitoring indicators • For more information on NQuIRE® please refer to http://rnao.ca/bpg/initiatives/nquire
Was there any evidence about how to implement these guidelines without adding to weight stigma, particularly when it comes to surveillance?	• There is insufficient evidence on the implications of primary prevention obesity interventions on weight stigma in children (identified as a research gap) • Consensus amongst the RNAO Expert Panel is that the current approach of not objectively measuring childhood obesity (i.e. height/weight) only supports inaction • Baseline data is needed in order to effectively measure the impact of the interventions directed at childhood obesity • However, measurement must to conducted in the appropriate settings and in a sensitive way • Solid rationale (i.e. evidence) is also required prior to undergoing evaluation	• For additional information on childhood obesity surveillance, please refer to recommendation 6.5
HEALTH CARE PROVIDER EDUCATION		
Any thoughts on training health care providers (physicians/midwives) in screening prenatal clients using BMI? Could this be considered?	• It is important that health care providers receive training on how to appropriately score and interpret BMI percentiles and translate this correctly to families (i.e. a high percentile does not mean overweight) • This is an issue that requires more intervention research	• For additional information on the education of undergraduate students and health-care professionals, please refer to recommendations 5.1, 5.2