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Registered Nurses' Association of Ontario
Primary Prevention of Childhood Obesity, Second Edition – Best Practice Spotlight Organization Program (BPSO®)

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To access the Primary Prevention of Childhood Obesity, Second Edition and the archived webinar please follow this link: http://rnao.ca/bpg/guidelines/primary-prevention-childhood-obesity

Questions	Answers	Additional Resources
WHO growth chart: I noticed that those 50% for height and weight is not always fit for children in every ethnic group as average. How can this be addressed?	• WHO growth charts for Canada can be used in multi-ethnic populations (Dietitians of Canada and Canadian Paediatric Society, 2014)	A Health Professionals Guide for using the WHO Growth Charts for Canada by the Dietitians of Canada and Canadian Paediatric Society (2014): http://www.dietitians.ca/Downloadable Content/Public/DC_HealthProGrowthGuideE.aspx
What were the greatest barrier(s) you found in children with obesity?	• There are multiple barriers (risk conditions) for childhood obesity: decreased physical activity; increased screen time e.g. video games; a need for more knowledge on healthy living e.g. how to prepare healthy foods; working parents e.g. children may not receive regular meals or be able to play outside until the parents get home • In children with disabilities, various factors contribute to childhood obesity: the inability to access physical activity	For a comprehensive listing of the risk and protective conditions for childhood obesity, please refer to: • Primary Prevention of Childhood Obesity Best Practice Guideline, Second Edition → pages 20-26 • Ontario Ministry of Health and Long-Term Care. (2012). *No Time to Wait: The Healthy Kids Strategy.* Retrieved from http://www.health.gov.on.ca/en/common/ministry/

	opportunities in the school setting; issues with mobility; pain; side effects of drugs	publications/reports/healthy_kids/healthy_kids.pdf
As a parent, it is difficult to motivate teens to give up screen time when most of their friends are equally inactive. Rather than spending time with friends in person, they "socialize" on–line. This adds up to a great deal of physical inactivity. What tools can you suggest to help parents of teens with attachments to cell phones and computers?	• Teens as well as adults engage in increased 'screen time' • Strategies to reduce screen time in teens include: removing the cell phone/device from the teen's bedroom at night; no TV after a particular time of day; engaging teens in increased physical activity; talking with your teen about 'screen time' and as a parent, role model positive behaviours • It is difficult to entirely cut out screen time from a teen's daily life; however clinicians can help families reduce screen time	For further information, on how to address healthy behaviours in teens please refer to the RNAO Best Practice Guideline, Enhancing Healthy Adolescent Development (2010): http://rnao.ca/bpg/guidelines/enhancing-healthy-adolescent-development
Do we have permission to use the 5-3-2-1-Almost None poster? 	• Liz Helden, RN, McMaster Children's Hospital, has been given permission to share this resource with webinar participants (please also refer to the webinar slide deck for September 8, 2014)	
What about the role of the food industry? It seems that there are a lot of options on the shelves and when one is on a strict budget the cheaper foods are not necessarily the healthiest. Can we play a role in having less junk food in grocery stores?	• We will likely not be able to remove 'junk food' from grocery stores, convenience stores, etc. • It is important to teach families healthier habits i.e. limit junk food consumption, and increase the consumption of healthier foods • As nurses, it is also important to influence and/or advocate for healthy public policies e.g. get involved in the development, review or implementation of healthy public policies that address children's food environment and systemic exposures to unhealthy food/drinks • The RNAO Expert Panel fully supports restricting the marketing of unhealthy foods directed to children	For further information on how to advocate for healthy public policy, please refer to the Primary Prevention of Childhood Obesity Guideline, Second Edition (2014) → Recommendations 6.1, 6.3, 6.4. Ontario Ministry of Health and Long-Term Care. (2012). *No Time to Wait: The Healthy Kids Strategy.* Retrieved from http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf
Any suggestions for communities with limited community resources e.g. dietitians, health foods available, community centers)?	• Encourage children to play outside since not everyone has access to a community centre • Public Health Units will likely have information on resources and programs that address resource challenges for low-income communities	
How to you approach a problem of poverty with the access to the proper nutrition?	• Clinicians should assess the family environment for factors that may increase childrens' risk of obesity • Thereafter, clinicians should provide strategies that suit the	For further information on poverty as it relates to childhood obesity, please refer to the Primary Prevention of Childhood Obesity Guideline, Second Edition (2014) →

	family's needs/socioeconomic situation • A dietitian is able to provide support to the family e.g. how to cook on a restricted budget • Food banks are available for families who can't afford groceries • A social worker can help families secure needed financial supports e.g. children with disabilities may have 'special' diets which can be difficult to afford • Clinicians should be aware of the referrals and resources that will increase income • Health care professionals should advocate for equitable healthy public policies	Recommendations 1.2, 1.4, 6.4 To assess programs and policies from a health equity perspective, the RNAO Expert Panel supports the use of the Health Equity Impact Assessment Tool. Please refer to Appendix J of the Primary Prevention of Childhood Obesity BPG, Second Edition For additional resources on healthy public policies and, the social determinants of health & health equity, please refer to Appendix K, pages 134-136 of the Primary Prevention of Childhood Obesity BPG, Second Edition Additional resource recommended by a webinar participant on the social determinants of health in the First Nations population: Lachance, N; Hossack, N; Wijayasinghe, C.; Yacoub, W.; Toope, T. (2009) *Health Determinants for First Nations in Alberta* from http://publications.gc.ca/collections/collection_2011/sc-hc/H34-217-2010-eng.pdf Please refer to the Social Determinants of Health focus area located in the Policy and Political Action tab of RNAO's website http://rnao.ca/policy/projects/social-determinants-health
Is there a correlation of childhood obesity with seizures and increased liver function tests?	• There is no relation between seizures and childhood obesity that we are aware of • The side effects of ADHD medications includes an increased risk for obesity • Increased liver function tests can be found in obese children, but this is not always the case • Obese children can have a fatty liver which can be assessed via ultrasound	
Is there any evidence on nutritional breakfast and lunch provided by schools to prevent obesity?	• It is important that children eat breakfast • If children do not eat breakfast, they are more likely to eat later in the day and/or eat food that is easy available but not necessarily nutritious • Children are less likely to burn calories when they eat later on in the day e.g. before going to bed because they are less likely to be physically active in the evening • The systematic review evidence shows that an assessment and improvements in the school environment (food and physical activity environments) is effective in addressing and preventing childhood obesity • School environments have the opportunity to provide healthier foods in cafeterias and enforce school wellness policies that	For further information, please refer to the Primary Prevention of Childhood Obesity Guideline, Second Edition (2014) → Recommendations 1.3, 3.5, 4.2, 4.3, 6.3

	regulate the types of food/drinks offered in vending machines • In schools, it is ideal to focus on physical activity, sedentary behaviours and healthy eating within the context of a broader school approach to child health (e.g. programs that also address mental health, normal growth and development)	
Is there a recommended age to start testing blood sugars i.e. point of care blood sugar testing?	• A fasting blood sugar would detect Type 1 diabetes. • In obese children, an OGTT would be done to determine pre-diabetes (IGT) or type 2 diabetes. Fasting glucose is not the best indicator for this and a point of care glucose test is not recommended.	
Do you encourage community gardens as a way of empowering families to grow healthy food?	• Yes, community gardens is one way to encourage healthier eating habits • It is important to be aware that no one strategy will prevent childhood obesity • The most effective strategies target multiple behaviours (physical activity, screen time, sedentary behaviours, eating), in various settings where children gather	For further information, please refer to the Primary Prevention of Childhood Obesity Guideline, Second Edition (2014) → Recommendations 2.2; built environment under Appendix K

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