

## Summary of Recommendations

The following recommendations are organized according to the ecological framework described on page 20, and are not presented in order of priority. Rather, general recommendations are followed by those directed at the community, school, family, and individual, in that order. Practice recommendations are then followed by recommendations related to nursing education and organizational/policy development.

There is limited evidence on the effectiveness of obesity prevention interventions in children. Despite the lack of evidence around obesity prevention, the development panel reviewed high quality evidence around behavioural change in relation to healthy eating and physical activity as a starting point for the prevention of childhood obesity. Through consensus, the development panel reached the decision to identify specific recommendations with an embedded behavioural change component as high level of evidence (e.g., Ia-IIb). Where the level of evidence in the table below is identified as high level (e.g., Ia-IIb), this indicates that a high level exists for behavioural change, however the extrapolation for obesity prevention in children is consensus-based (e.g., Level IV).

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	1.0 Nurses promote healthy eating and physical activity throughout the lifecycle beginning at an early age.	IV
	2.0 Nurses advocate for healthy public policies that include: <ul style="list-style-type: none"> <li>■ Monitoring and surveillance data at the population level regarding (Level IV):               <ul style="list-style-type: none"> <li>● Nutrition;</li> <li>● Physical activity; and</li> <li>● Measures of adiposity including obesity and overweight status.</li> </ul> </li> <li>■ Healthy community design. (Level IV)</li> <li>■ Health promoting school policies. (Level IIb)</li> <li>■ Legislation to limit advertising directed towards children. (Level IIb)</li> <li>■ Community-wide campaigns. (Level Ia)</li> </ul>	Ia – IV
	3.0 Nurses promote healthy eating and physical activity at population, community, family, and individual levels by planning, implementing, and evaluating interventions that are: <ul style="list-style-type: none"> <li>■ Tailored to the strengths and needs of the client and are (Level IV):               <ul style="list-style-type: none"> <li>● Developmentally appropriate;</li> <li>● Culturally and linguistically relevant; and</li> <li>● Gender-specific.</li> </ul> </li> <li>■ Affordable and accessible. (Level IV)</li> <li>■ Focused on behaviour change. (Level IIb)</li> </ul>	IIb – IV
	4.0 Nurses maximize the effectiveness of their healthy lifestyle interventions through interactions that are of sufficient intensity and duration to effect behaviour change.	Ia
	5.0 Nurses support exclusive breastfeeding for infants until six months of age.	III

\*See page 13 for details regarding “Interpretation of Evidence”.

	RECOMMENDATION	*LEVEL OF EVIDENCE
	<p><b>6.0</b> Nurses promote healthy eating using <i>Canada's Food Guide to Healthy Eating</i> and focus on:</p> <ul style="list-style-type: none"> <li>■ Using age-appropriate portion sizes;</li> <li>■ Emphasizing fruits and vegetables;</li> <li>■ Limiting sugar containing beverages (e.g., soft drinks and fruit juices);</li> <li>■ Limiting consumption of energy-dense snack foods high in sugar and fat (e.g. potato chips, french fries, candy); and</li> <li>■ Breakfast consumption.</li> </ul>	IV
	<p><b>7.0</b> Nurses promote healthy eating patterns using interventions with one or more of the following components:</p> <ul style="list-style-type: none"> <li>■ Small group activities;</li> <li>■ Goal setting;</li> <li>■ Social support;</li> <li>■ Interactive food-related activities (e.g., cooking, taste-testing); and</li> <li>■ Family participation.</li> </ul>	Ia
	<p><b>8.0</b> Nurses promote increased physical activity based on <i>Canada's Physical Activity Guides for Children and Youth</i> using interventions with one or more of the following components:</p> <ul style="list-style-type: none"> <li>■ Behaviour modification. (Level Ib)</li> <li>■ Leisure activity of low intensity that is gradually increased to recommended levels. (Level IV)</li> <li>■ Sustained, repeated interventions. (Level IV)</li> </ul>	Ib-IV
	<p><b>9.0</b> Nurses promote a decrease in sedentary activities with emphasis on reducing the amount of time clients spend watching TV, playing video games, and engaging in recreational computer use.</p>	Ib
	<p><b>10.0</b> Nurses work with school communities to implement school-based strategies for the prevention of obesity using a multi-component approach including:</p> <ul style="list-style-type: none"> <li>■ Integrating healthy lifestyle messages into curricula;</li> <li>■ Advocating for and supporting the implementation of quality daily physical education taught by specialist physical education teachers;</li> <li>■ Advocating for and supporting the implementation of quality daily physical activity (including vigorous physical activity);</li> <li>■ Using youth driven approaches with an information and advocacy component.</li> <li>■ Offering healthy choices in cafeterias and vending machines;</li> <li>■ Increasing physical activity opportunities at recess and during lunch breaks; and</li> <li>■ Forming community partnerships and coalitions.</li> </ul>	Ia
	<p><b>11.0</b> Nurses support a family-centred approach to promote healthy eating and physical activity.</p>	III
	<p><b>12.0</b> Nurses assess physical growth and development of children and adolescents which includes:</p> <ul style="list-style-type: none"> <li>■ Discussing and documenting basic dietary patterns;</li> <li>■ Discussing and documenting physical activity patterns including sedentary activity (e.g., television and computer time);</li> <li>■ Identifying individual and family risk factors for childhood obesity;</li> <li>■ Accurately measuring and recording height and weight;</li> <li>■ Calculating Body Mass Index (BMI) for children two years of age and older;</li> <li>■ Plotting BMI for age on appropriate U.S. Centre for Disease Control paediatric growth charts as recommended by Health Canada; and</li> <li>■ Monitoring changes in BMI, dietary and physical activity patterns over time and noting important variations.</li> </ul>	IV

## Primary Prevention of Childhood Obesity

	RECOMMENDATION	*LEVEL OF EVIDENCE
	<p><b>13.0</b> Nurses assist clients to access community resources and opportunities to engage in healthy eating and physical activity through:</p> <ul style="list-style-type: none"> <li>■ Direct referral of clients to community resources;</li> <li>■ Dissemination of information about available community resources; and</li> <li>■ Promotion of low and no cost physical activity options (e.g., hiking, walking, active commuting and subsidized programs).</li> </ul>	Ila
	<p><b>14.0</b> Nurses are aware of, refer to, and collaborate with appropriate allied health providers based on findings from nursing assessment.</p>	IV
Education Recommendation	<p><b>15.0</b> Nursing academic and continuing education programs incorporate the following into their curricula:</p> <ul style="list-style-type: none"> <li>■ Childhood obesity, associated health risks, risk and protective factors (including the content of the RNAO nursing best practice guideline <i>Primary Prevention of Childhood Obesity</i>).</li> <li>■ Population health promotion and prevention principles and interventions aimed at: <ul style="list-style-type: none"> <li>● Health promoting behaviours such as physical activity and healthy eating;</li> <li>● Obesity prevention;</li> <li>● Chronic disease prevention; and</li> <li>● Determinants of health (particularly as they impact the risks for obesity and chronic diseases).</li> </ul> </li> <li>■ Healthy public policy (HPP) and the nurse’s role in HPP development.</li> <li>■ Research skills, including: <ul style="list-style-type: none"> <li>● Literature searches and reviews;</li> <li>● Critical appraisal and analysis;</li> <li>● Program evaluation; and</li> <li>● Dissemination of research findings to varied audiences.</li> </ul> </li> <li>■ Individual/family focused interventions (including support and counseling) aimed at promoting healthy behaviours and behaviour change.</li> </ul>	IV
Organization & Policy Recommendations	<p><b>16.0</b> Nurses advocate for, and participate in, high quality research addressing identified knowledge gaps in the prevention of childhood obesity.</p>	IV
	<p><b>17.0</b> Nurses advocate for organizations to develop a plan for implementation that is evidence-based and includes:</p> <ul style="list-style-type: none"> <li>■ An assessment of organizational readiness and barriers to education;</li> <li>■ Involvement of all stakeholders (whether in a direct or indirect supportive function) who will contribute to the implementation process;</li> <li>■ Dedication of a qualified individual to provide the support needed for the education and implementation process;</li> <li>■ Ongoing opportunities for discussion and education to reinforce the importance of best practices;</li> <li>■ Opportunities for reflection on personal and organizational experience in implementing evidence-based guidelines; and</li> <li>■ An organizational culture that is supportive of evidence-based practice.</li> <li>■ Evaluation of effectiveness.</li> </ul> <p>In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed the <i>Toolkit: Implementation of Clinical Practice Guidelines</i> based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO guideline <i>Primary Prevention of Childhood Obesity</i>.</p>	IV

## Interpretation of Evidence

### Levels of Evidence

- Ia Evidence obtained from meta-analysis or systematic review of *randomized* controlled trials.
- Ib Evidence obtained from at least one well-designed randomized controlled trial.
- IIa Evidence obtained from at least one well-designed trial without randomization.
- IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.
- III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.
- IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities.

## Responsibility for Development

The Registered Nurses Association of Ontario (RNAO), with funding from the Government of Ontario, has embarked on a multi-year project of nursing best practice guideline (BPG) development, pilot implementation, evaluation, and dissemination. This guideline on the prevention of childhood obesity was developed in the fifth cycle of the BPG program by an interdisciplinary panel convened by the RNAO. The panel conducted its work independent of any bias or influence from the Government of Ontario.

