Planning Phase of a Population-Specific Healthy Lifestyle Program

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Purpose: The purpose of this study was to identify 1st through 5th grade students’ perceived barriers to physical activity and a healthy diet as the basis for the development of a population-specific healthy lifestyle program.

Significance of the Problem: Childhood overweight and obesity are significant health problems in the United States that often have a considerable negative impact on a child’s physical and psychological well-being. Excessive weight also creates an increased risk for a shortened lifespan and generates an extra financial burden for those affected due to the associated health care costs. To date, there have been no significant strides in curbing this childhood epidemic at the population level. This is likely due to the complexity of the problem, which is often created by multiple factors that affect the daily lives of children. The current evidence-base for treatment of childhood overweight and obesity recommends a moderate- to high-intensity healthy lifestyle program that includes components of physical activity, healthy diet, and behavioral modification. Recent evidence also suggests that population-specific treatment approaches result in more successful outcomes. Further research indicates that school-based interventions hold promise as treatment implementation sites and that parental involvement and community support are significant influences on positive treatment outcomes.

Method/Design: Barriers identification was achieved via a descriptive, multi-method design. Quantitative data were collected via self-administered surveys distributed to students in grades 1 through 5, and qualitative data were collected via three focus group discussions with adult stakeholders.

Findings/Conclusions: Quantitative findings revealed a lower level of total perceived barriers to physical activity and a healthy diet than anticipated. However, quantitative findings did indicate a significantly higher level ($p = .04$) of perceived barriers to physical activity in terms of social factors among 11- to 13-year old students compared to 9- to 10-year olds, and a significantly higher level ($p = .02$) of perceived barriers to physical activity in terms of body-related factors for students in a single-parent household compared to those in a dual-parent household. Students in a single-parent household had significantly greater odds ($OR = 2.68$, CI [1.004, 7.134]) of reporting a higher level of perceived barriers to physical activity compared to those in a dual-parent household. Qualitative findings indicated that perceived barriers to physical activity were related to knowledge of how to perform physical activity for health benefits and barriers to healthy diet were related to access to healthy foods.

Implications for Practice: A healthy lifestyle program will be developed, and implemented based on study results and with parental involvement and community support with ultimate goal of decreasing the prevalence of overweight and obesity at the students’ school.