Combating a Sedative Lifestyle

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“One quarter of Canadian adults have a BMI of 30 or greater that puts them in the obese category” (“Adult Obesity Rates at Historic High in Maritimes”, 2013). That is a staggering statistic. Canada is well-known for numerous wonderful things; however, healthy weight and lifestyle has not been one of them. Due to lifestyle, media, routine, diet, family, mindset, and health factors, Canadians are not getting nearly enough exercise as we need. This trend is being passed down to our children, and the numbers are growing immensely. “Childhood obesity is now projected to produce an entire generation who can expect early onset chronic disease, premature disability and decreased life expectancy” (“Obesity Statistics in Alberta”, n.d). Although medical, pharmaceutical, and psychological “fixes” do exist for those who struggle with their weight, they are too often “band-aid” solutions. It will be more effective for “interventions… to be based on… lifestyle changes” (Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2011) rather than fixes; in particular where there is a higher prevalence. This paper will take one particular cohort of the Canadian population and follow an education-based nursing care plan from assessment to evaluation.

The group I have chosen to teach is ten to sixteen year old boys from the Maritime provinces. I chose this group because “the maritimes has the highest obesity rates… with more than 30% being obese” (“Alberta Obesity Rates”, 2013). In the maritimes, a common cause of obesity is “low-income families who do not have the resources or time to make… active living a priority. [Community members report] they have a lack of access, availability, and affordability to healthy [resources]” (‘Childhood Obesity Facts”, 2015). I hope that by teaching children, we can effectively stop the cycle by integrating healthy practices early. This is crucial now because “childhood obesity has quadrupled in adolescents in the past thirty years” (“31% of Canadian Kids are Overweight or Obese”, 2012) and is “three times [higher in boys than] that of girls” (“Obesity Statistics in Alberta”, n.d). According to kidshealth.org, “kids who are unhappy with their weight” are more likely to progress in their unhealthy habits and are at an “increased risk of depression” and “substance use” (“What is Childhood Obesity”, 2015). Amongst the numerous health factors that relate to obesity, we know that “obesity [is] the leading cause of premature death, [is] linked to 25-30% of cancers” (“Obesity Statistics in Alberta”, n.d.) and that “70% of obese youth have at least one risk for cardiovascular disease” (“31% of Canadian Kids, 2012). My priority for this group is going to be to increase activity in everyday life. By incorporating fun and/or small changes, we can combat this growing epidemic.

Habits, increased popularity of gaming/electronic entertainment, increase in access to technology, and routine are only a few of the various reasons for today’s sedative lifestyle. A priority learning need for this group is to increase activity in everyday life. According to kidshealth.com, preventing kids from becoming overweight means adapting the way [you] exercise and how you spend time” (“What is Childhood Obesity”, 2015). By making healthy choices feel fun or routine, kids will not see activity as “work” and the hope is to have the mindset brought into adulthood and taught to their children. Potter and Perry (2015) state that school-age and adolescent children benefit the greatest when the educator “offers opportunities to discuss health problems… and learn about [their] feelings” and also “collaborates with [them] on teaching through lecture and group discussion. Because of this, I will be teaching through lecture and group discussion, following along with a brochure, with which they can take home. The brochure will be “easily readable”, “accurate and current” (Potter & Perry, 2009, p. 307). The lecture and group discussion will facilitate a cognitive understanding by helping the students “acquire new knowledge and gain comprehension… while promoting active participation” and facilitating “peer support”. I will promote psychomotor learning by encouraging “independent projects”, such as giving themselves attainable goals to accomplish for themselves at home. The end goal is to foster a lasting attitude change through affective learning via group discussion which will enable the students to “acquire support from people in the group [and] learn from other people’s experiences” (Potter & Perry, 2009, p. 297).

For this teaching session, I will use a brochure because the boys will be able to take copies home with them if they wish. To accommodate for the age range, there will be minimal text and more pictures. Also, I will be reading through the brochure with them in order to incorporate teaching for both audio and visual learners. I will be encouraging group discussion, questions, and input throughout the session to inspire participation. The brochure will go through various types of exercise and sports, but also, and more importantly, ways to make small changes every day that will increase health and quality of life.

After the teaching, I will ask each student to please tell me one activity that they may be interested in and two ways to increase their activity in everyday life. I would also send around a survey two weeks after for the students to be able to describe to me any changes they have made to their activity and also, what of my teaching was helpful and what I could have changed.

I am happy to have been given the opportunity to simulate, to a small extent, the teaching process a community health nurse would follow to educate their community in which they work. I am surprised how in depth it was, how overwhelmed I have been with the information and the amount of work and the complexity of forming your education tool to meet the needs of a specific demographic. I also found it challenging to go above and beyond to think of ways to really empower the community to make those changes. I feel it is something that has to come from within, and am unsure how to enable that lasting empowerment within the group.

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