

Title:

Knowledge of Screen Time Recommendations among Women, Infants, and Children (WIC) Clients and Caregivers

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Session Title:

Rising Stars of Nursing Invited Posters - Group 2

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 10:00 AM-10:30 AM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 11:45 AM-1:00 PM

Slot (superslotted):

RSG STR 2: Friday, September 26, 2014: 3:00 PM-3:30 PM

Keywords:

WIC caregiver, childhood obesity and screen time

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Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SP EAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Example Definitions of "curriculum" Course of study Arrangements of instructional materials The subject matter that is taught Cultural "training" Planned engagement of learners	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

The learner will be able to identify the American Academy of Pediatrics [AAP] (1999) recommendations for screen time limits among children of varying ages.	Poster presentation, defining the AAP (1999) recommendations Planned engagement of learners	5-10 minutes	Theresa Neff, RN, BSN	Poster presentation	Group discussion/individual discussion: What are professional recommendations regarding screen time used based on age ranges 0-2 years and 2 years and older?
The learner will be able to identify risk factors for screen time overuse and the best method of intervention for these children and caregivers.	Poster presentation, describing risk factors and intervention techniques for children/caregivers at risk for screen time overuse and obesity	5-10 minutes	Theresa Neff, RN, BSN	Poster presentation	Group discussion/individual discussion: What are some risk factors for screen time overuse among children? What is the best method for intervention of high risk children and families?

Abstract Text:

Childhood obesity has become a national epidemic. There has been a rapid rise in childhood overweight and obesity in the United States over the last fifty years, with tripling numbers since the 1980s. Various behaviors increase risk for childhood obesity, including overuse of screen time. Obesity is associated with screen time use for the following reasons: decreased physical activity, increased sedentary activity, exposure to food advertising, and irregular patterns of eating. In response, the American Academy of Pediatrics [AAP] (1999) recommends limits on daily screen time use. AAP recommendations are as follows: children ages 0-2 should have no media use; children at and above 2 years may use 1-2 hours of media daily.

Screen time greater than AAP (1999) recommendations is an independent risk factor for obesity. The American child spends more time in front of a screen than any other daytime activity. Screen time overuse in the young child (0-5 years) is related to a greater risk for future screen time overuse and

obesity. Certain familial characteristics—parental education level and income—contribute to a child's risk for overuse of screen time. Excess screen time use is commonly noted in children of clients using Women, Infant and Children [WIC] services; this is population at high risk for screen time overuse and childhood obesity (Proctor et al., 2003). The purpose of this research is to describe WIC caregiver awareness of AAP recommendations.

This exploratory, descriptive study was conducted at a metropolitan WIC office. Parents utilizing WIC services completed a multiple-choice survey (n=36) concerning their knowledge of professional recommendations about screen time use. Participants were provided with "Screen Time Reduction: Family Fact Sheet" regarding AAP (1999) recommendations with permission from Michigan Department of Community Health upon completing the survey. Results suggest the majority of parents using WIC services are unaware of the AAP recommendations. Only 22.2% of WIC clients responded correctly regarding recommendations for children under 2 years old. Fewer participants (11.1%, n=4) correctly identified professional recommendations for children two years and greater. No parents correctly identified recommendations for both age ranges.

Prochaska's Transtheoretical Model of Behavior Change (TTM) explains that tailoring an intervention to an individual or population's knowledge and motivation level results in the most successful behavior change. Based on the TTM framework, the best intervention to address the WIC population's lack of knowledge is education. The health care provider can play a pivotal role by educating high-risk clients to increase compliance with AAP recommendations. Findings can also guide future research to identify the most effective educational interventions to address this lack of knowledge among WIC parents and caregivers.