

**HLTH 6246 Introduction to Research in Health Education and Health Promotion
Literature Review Matrix Template**

Module 1

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Topic of interest (Module 1): Childhood Obesity

Brief summary of topic (Module 1): Childhood obesity is a health issue in America. It presents health risks such as cardiovascular disease, social problems such as stigma, and low self-esteem leading to poor quality of life. The definitions of childhood obesity vary from those established for adults. For this review, the definition of childhood obesity and overweight is those established by the Centers for Disease Control and Prevention (CDC). The CDC consider children overweight if the Body Mass Index (BMI) is at or above the 85th percentile on their BMI scale. Children considered obese have a BMI at or above the 95th percentile. With a reference to what makes up obesity, it is important to provide education and encouragement to prevent childhood obesity.

Explain the difference between primary and secondary resources (Module 1): In research, primary sources are immediate first-hand accounts of a topic from people who had a direct connection with it whereas are obtained from primary sources and add a layer of interpretation to the primary sources. Primary research involves gathering of fresh data while secondary research involves the use of data already collected through primary research.

Explain the benefits of primary and secondary resources to your research (Module 1): Primary stakeholders in childhood obesity are the ones who are directly involved in assessment and monitoring the health of a child, they are the schools which offer early health education, parents and primary healthcare institutions. On the other hand secondary stakeholders are the ones who are not directly involved in the life of the child from their first bit of growth and may include the community, such as their fellow children and stakeholders who take care of the health of the children in the community.

Literature Review Matrix *(add additional rows, as necessary)*

	APA Citation	Primary/ Secondary Resource	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications for practice
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<p><i>Module 1</i></p>	<p>1. Incidence of Childhood Obesity in the United States: Solveig A. Cunningham, Ph.D., Michael R. Kramer, Ph.D., and K.M. Venkat Narayan, M.D. N Engl J Med 2014; 370:403-411 January 30, 2014 DOI: 10.1056/NEJMoa13097</p>	<p>Primary</p>	<p>Evaluated data from the Early Childhood longitudinal Study, Kindergarten Class of 1998–1999, a representative prospective cohort of 7738 participants who were in kindergarten in 1998 in the United States.</p>	<p>Does childhood Obesity begin with classroom influence?</p> <p>My hypothesis is that childhood obesity correlates tremendously starting in grade school.</p>	<p>Quantitative</p>	<p>The overall estimated prevalence of childhood obesity decreased from 5.4% during kindergarten to 1.7% between fifth and eighth grade Overweight 5-year-olds were four times as likely as normal-weight children to become obese (9-year cumulative incidence, 31.8% vs. 7.9%), with rates of 91.5 versus 17.2 per 1000 person-years</p>	<p>A total of 45.3% of incident obesity cases between kindergarten and eighth grade occurred among the 14.9% of children who were overweight when they entered kindergarten. The annual incidence of obesity during kindergarten among these children was 19.7%, as compared with 2.4% among children who entered kindergarten with normal weight.</p>	<p>The research on childhood obesity a quantitative research question. This is because this is a question which seeks to establish the number of children suffering from obesity. Therefore, the outcome of this study is quantifiable or can be quantified by the research. The researcher conducting this study will provide percentages of children suffering or the number of the children suffering from obesity. This is a quantitative research study.</p>	<p>Implications that could effect would be childhood obesity bully behavior. Psychological effect of obesity on children is low self-esteem. For obese or overweight children and adolescents, the social stigma can be damaging to their self-esteem or how they view themselves.</p>
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<p><i>Module 1</i></p>	<p>1. Day SE, Konty KJ, Leventer-Roberts M, Nonas C, Harris TG. Severe Obesity Among Children in New York City Public Elementary and Middle Schools, School Years 2006–07 Through 2010–11. <i>Prev Chronic Dis</i> 2014;11:130439 . DOI: http://dx.doi.org/10.5888/pcd11.130439</p>	<p>Secondary</p>	<p>The study enrolled 631,409 students in NYC public elementary and middle school students in school year 2006–07 to 635,257 in school year 2010–11. The demographics of the enrolled population were similar across all years by sex, age, and SES Hispanics comprised approximately 40.3% of the student population throughout the study period, In all years, the majority of students were enrolled in free-meal programs.</p>	<p>Is childhood obesity severely different within races?</p> <p>My hypothesis is that childhood obesity is different within race with larger numbers being seen in minorities due to the lack of resources that are usually the cause for minorities, As an African American I know this problem exist widely in my community.</p>	<p>Quantitative</p>	<p>Both elementary and middle school students, student free-meal status and school neighborhood’s SES status, the prevalence of severe obesity was greatest among poor students and lowest among wealthy students (6.5% vs 4.4% for free-meal status and 7.2% vs 4.0% for neighborhood status, in 2010–11. by sex, where boys and girls experienced a similar decrease in severe obesity (11.1% vs 10.9%, By race/ethnicity, non-Hispanic whites experienced the greatest decrease 17.8%, followed by Asian/Pacific Islanders</p>	<p>Although it is known that childhood obesity has decreased in NYC (15), the prevalence and trends of severe childhood obesity has not been examined. I believe that wealthy students do not suffer with this issue due to abundant of resources.</p>	<p>Results suggest the risk for development of overweight/ obesity in preschool-aged children who slept for 8 hours and less per night was approximately 2.2 times of that preschool-aged children who slept for 9 and more hours. The risk for development of overweight from obese parent was approximately 1.9 times higher than preschool children of parents with normal BMI.</p>	<p>Cross-sectional studies should be used more for the best way to solve these problems, and it is unclear whether parents are restrictive in response to children's unhealthy weight gain or whether restriction leads to unhealthy weight gain.</p>
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Module 2

Literature Review Matrix *(add additional rows, as necessary)*

	APA Citation	Primary/ Secondary Resource	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications for practice
<i>Module 2</i>									
<i>Module 2</i>									

Emerging Themes *(Module 2; at least two paragraphs):*

Module 3

Research Question *(Module 3):*

Research Question Explanation of Revisions *(Module 3):*

Literature Review Matrix *(add additional rows, as necessary)*

	APA Citation	Primary/ Secondary Resource	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications for practice
<i>Module 3</i>									
<i>Module 3</i>									

Module 4

Note: There is no submission required for Module 4.

Literature Review Matrix *(add additional rows, as necessary)*

	APA Citation	Primary/ Secondary Resource	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Methodology	Analysis & Results	Conclusions	Implications for Future research	Implications for practice
<i>Module 4</i>									
<i>Module 4</i>									