

School Kids Intervention Program

Paediatric obesity management in the ACT

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A snapshot of child obesity

- In 2013-14 26% of ACT children and young people aged 5 to 17 years were overweight or obese and 15% of young children aged 5-6 years were overweight or obese¹
- Children who are obese are at a high risk of being obese in adulthood (RR females = 16.8, RR for males = 27.9)²
- The likelihood that obesity will persist into adulthood increases with the age of the child
- Children who are disadvantaged are at greatest risk³
- Physical and psychological consequences are significant

What does this tell us?

WHO Report of the Commission on Ending Childhood Obesity (2016)

“PROVIDE FAMILY-BASED, MULTICOMPONENT, LIFESTYLE WEIGHT MANAGEMENT SERVICES FOR CHILDREN AND YOUNG PEOPLE WHO ARE OBESE.”

“Develop and support appropriate weight management services for children and adolescents who are overweight or obese that are family-based, multi-component (including nutrition, physical activity and psychosocial support) and delivered by multi-professional teams with appropriate training and resources, as part of Universal Health Coverage.”



SKIP - School Kids Intervention Program

- An interprofessional, family-centred, community-based service for children who are overweight or obese
- Children aged 4 to 12 years (primary school age)
- BMI > 95th percentile for age and gender or BMI > 85th percentile with associated comorbidities
- Frequent care with a team of health professionals
- Evaluation and research

Where:

Belconnen Community Health Centre

When:

Thursday afternoons

Cornerstones of child obesity treatment

- Diet modifications
 - E.g. Energy intake moderation, family feeding practices, meal time structure, intuitive eating
- Physical activity and sedentary behaviour
 - E.g. screen time, family activities
- Behavioural strategies
 - E.g. Barrier identification, stimulus control, self monitoring, goal setting, relapse prevention



Addressing Nutrition

- Diet Quality
 - Include proteins, wholegrains, vegetables and fruit
 - Breakfast everyday
 - Snacks from 5 food groups
 - Drink mostly tap water and limit sweetened drinks
 - Portion awareness
 - Limit but don't avoid discretionary food choices



Addressing Nutrition

- Feeding Dynamics
 - Division of Responsibility
 - Structured meals and snacks
 - Family meal times
 - Parent-child feeding relationship
 - Child's eating behaviour
 - Intuitive/mindful eating
 - Role modelling

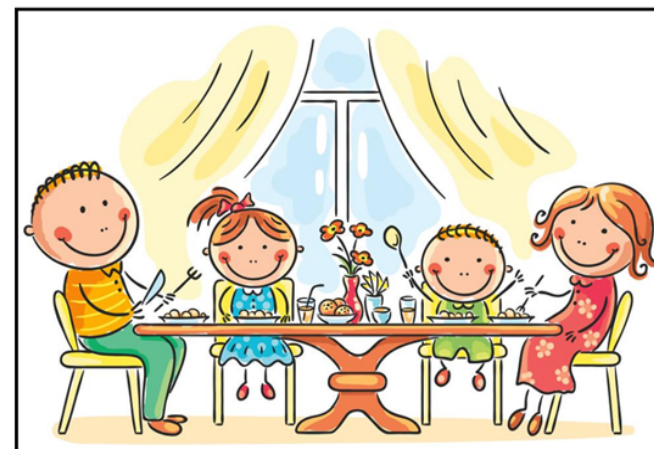
Carer Provides, Child Decides

Parents are responsible
for:

- **What** to feed
- **When** to feed
- **Where** to feed
- **Keeping** meal times calm and pleasant

Children are responsible
for:

- **How much** to eat
- **Whether** they eat the food offered



Ellyn Satter's Division of Responsibility



Feeding Styles

Authoritarian

- 'Do as I say'
- May reward, restrict, pressure, prompt
- Clean your plate

Neglectful

- Low sensitivity to child's need around food and eating
- May be due to busy schedule
- 'Flies by the seat of their pants'

Permissive

- Low expectations around eating behaviour and structure
- Child decides what to eat and when
- Can be overly sensitive to child's hunger/satiety cues

Authoritative

- Responsive parenting
- Provides structure and boundaries
- Respects food choices

Physical Activity and Sedentary Behaviour

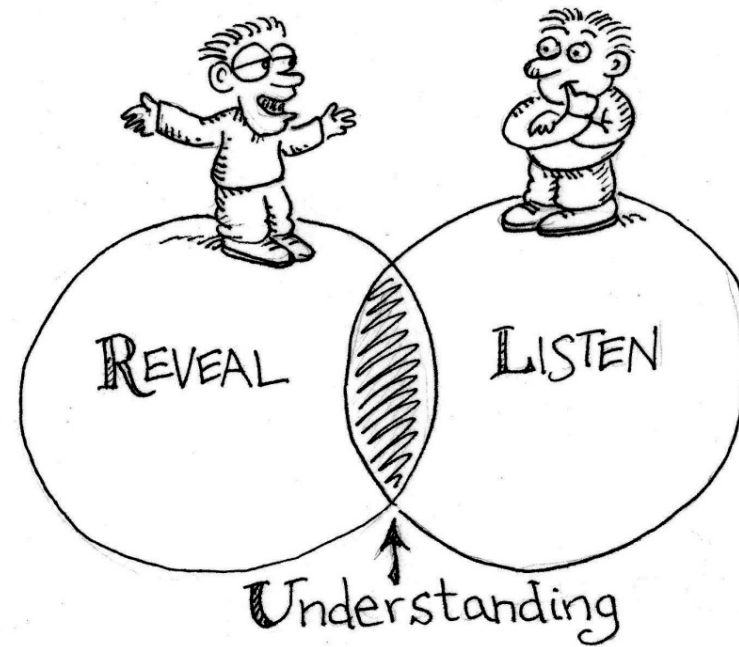
Australian Physical Activity and Sedentary Behaviour Guidelines

CHILDREN (5–12 YEARS) & YOUNG PEOPLE (13–17 YEARS)

- Accumulate at least 60 minutes of moderate to vigorous intensity physical activity every day
- Participate in a variety of aerobic activities
- Engage in more activity – up to several hours per day, for additional health benefits
- EP works with families to build physical literacy, achieve sustainable changes to physical activity and sedentary behaviours, overcome common barriers and support goal setting and role modelling

Guiding Principles

- Family-centred service model using parents as the agent of change
- Strengths-based approach focusing on family empowerment
- Lifestyle modification, not weight reduction
 - Health at Every Size principles
- Respectful care
 - Unconditional positive regard, empathy and warmth & genuineness
- Awareness of weight stigma/bias



Evaluation

- SKIP evaluated between February 2015 – July 2016
- Data collected:
 - Number of referrals and occasions of service
 - Height, weight, waist circumference and BMI-for-age
 - Physical activity/sedentary behaviour
 - Diet quality and eating behaviour
 - Mental health
 - Client satisfaction



Referral Data



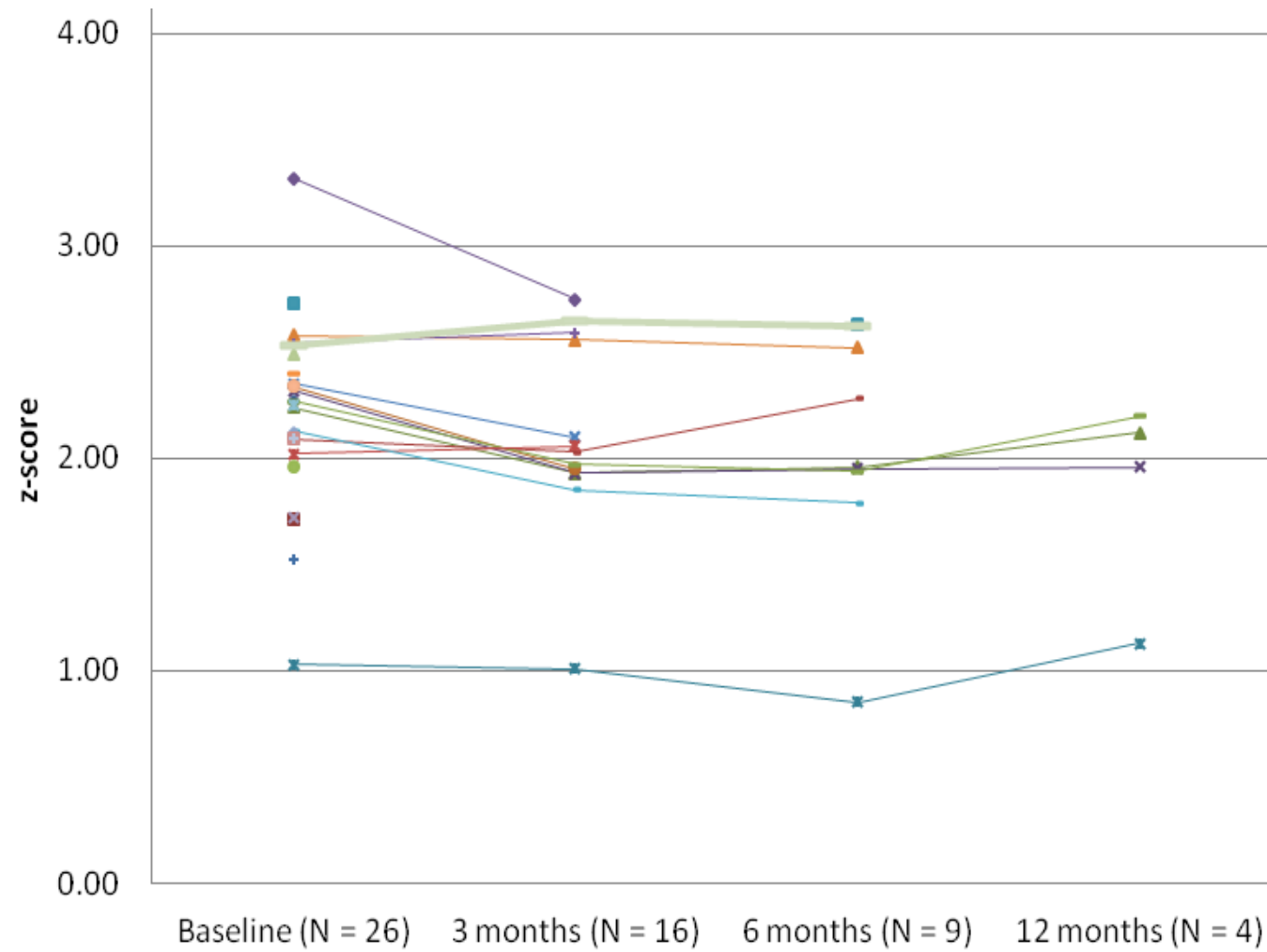
- Referrals = 110
- Average age = 10 years
- Referral source
 - 15% - parents
 - 12% - GP
 - 50% - paediatrician
 - 11% - CARHU/CYPS
 - 8% - other health professional
 - 4% - schools

Evaluation

Preliminary data indicates participation in SKIP results in:

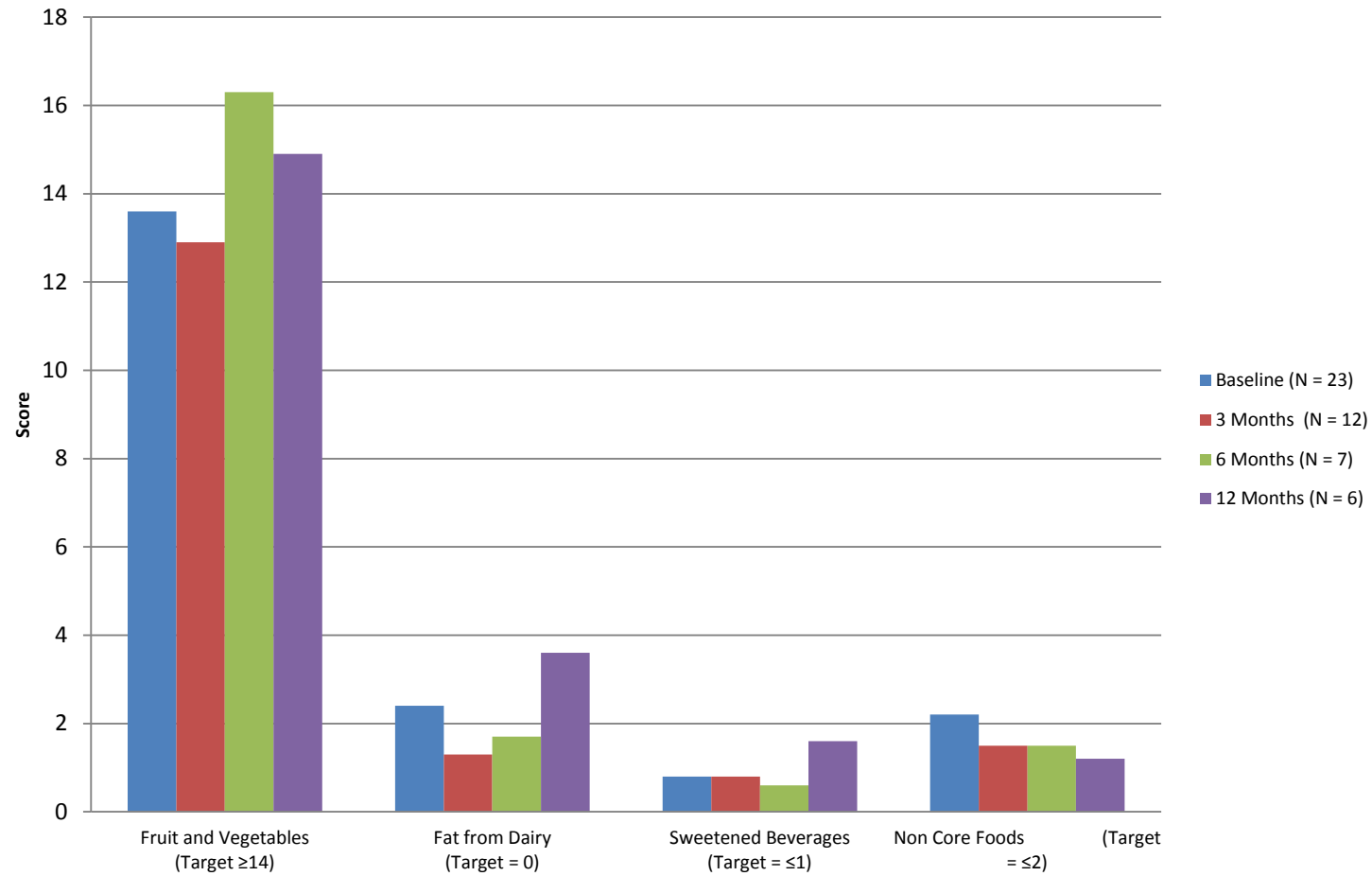
- A reduction in BMI z-score
- improvements in diet quality & eating behaviour
 - increases in physical activity
- reductions in sedentary behaviour

BMI z-scores



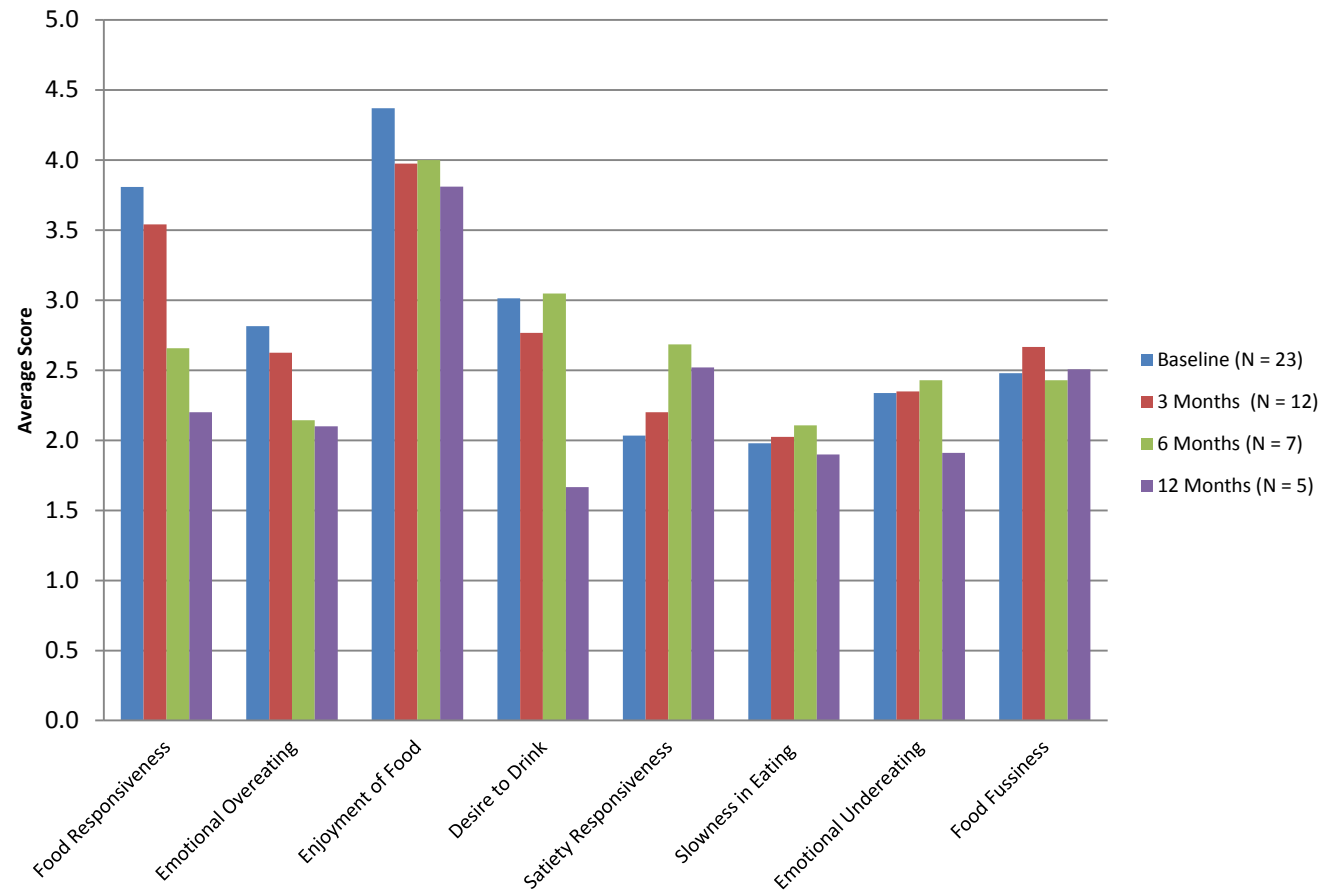
Diet Quality

Results from Children's Dietary Questionnaire



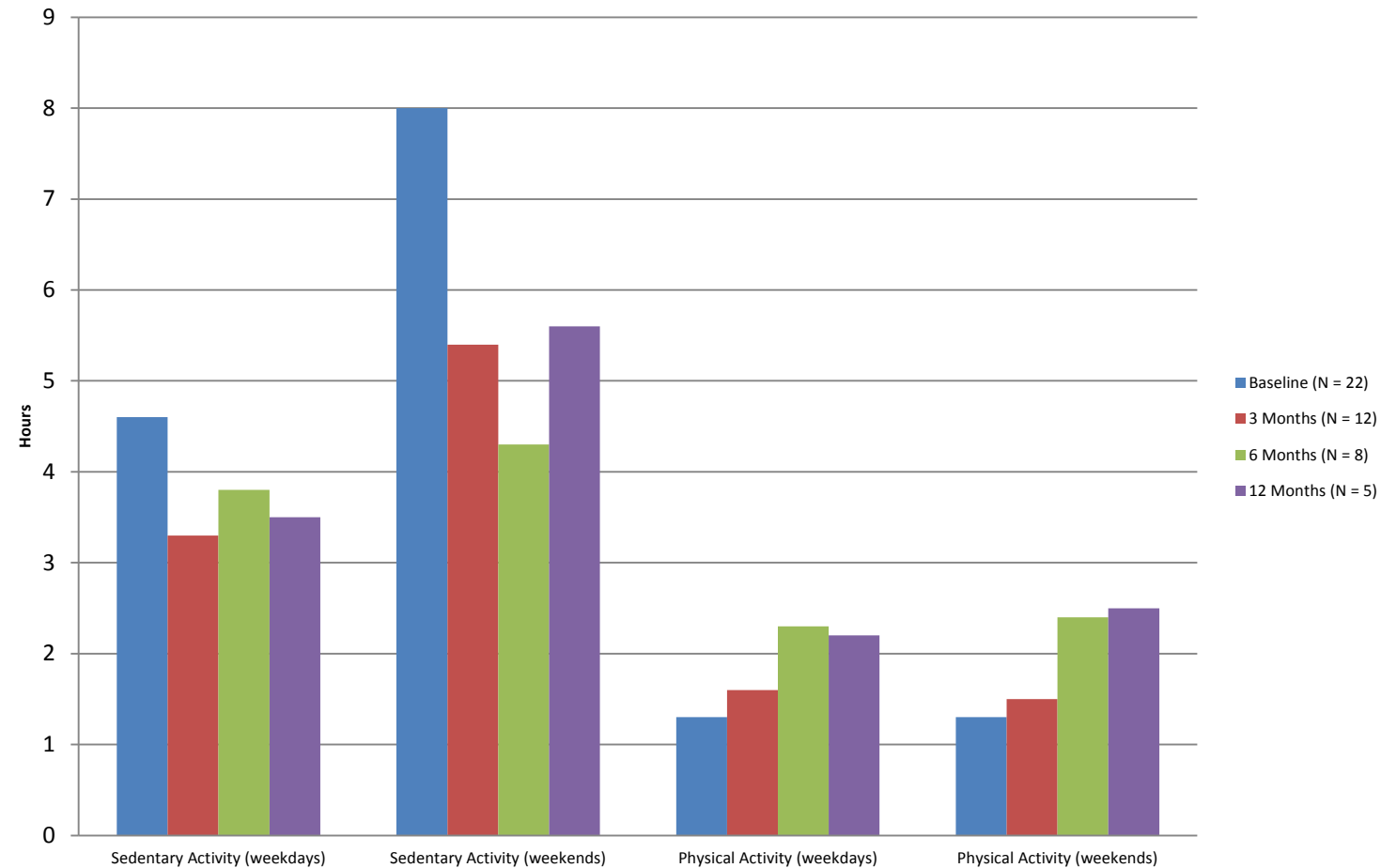
Eating Behaviour

Results from the Child Eating Behaviour Questionnaire

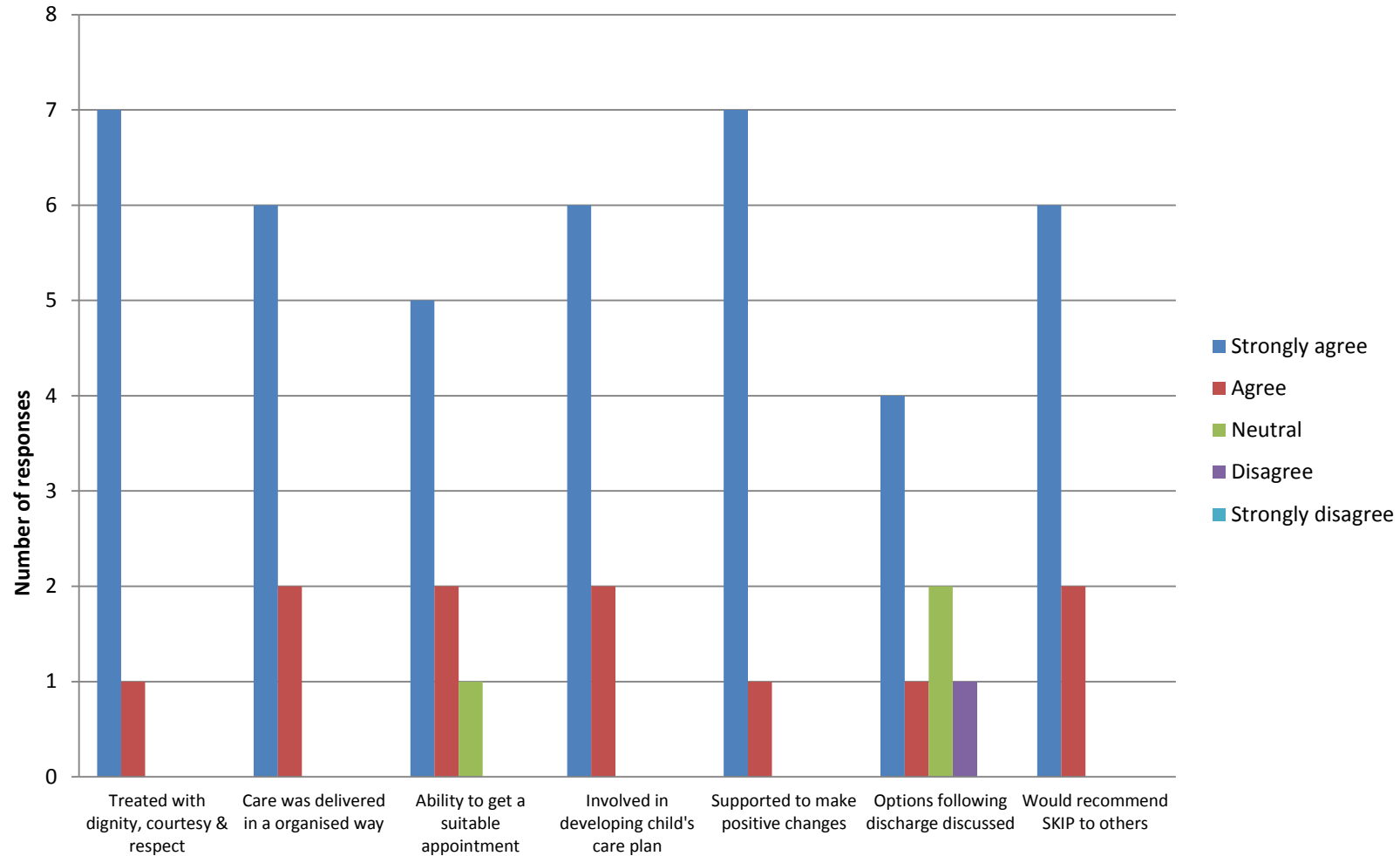


Physical Activity & Sedentary Behaviour

Results from the Children's Leisure Activities Study Survey



Client Satisfaction



Video



SKIP Referral Pathway

- Referrals accepted from health professionals, community agencies, schools and families
- Health professionals should complete the [SKIP Referral form](#) on the ACT Health website and fax or email to SKIP@act.gov.au
- For more information:
 - Go to the SKIP website at www.health.act.gov.au/SKIP
 - Phone SKIP Coordinator on 6205 4177
 - Email SKIP@act.gov.au
 - Health Pathways (Obesity Management and Bariatric Services)

Summary



- Treating childhood obesity is a major strategy for reducing mortality and morbidity later in life
- The primary health care setting has the potential to access a large proportion of the community and presents a significant intervention opportunity for treatment
- Strong interprofessional care inclusive of medical, nutrition, exercise and counselling support is required to achieve best possible outcomes
- Care must be family-centred, strengths-based and use the parent/s as the agent of change
- Focus on health behaviours not weight, even when families desire otherwise
- A shared understanding and common approach is essential