

# Preventing and managing obesity in families with young children

## Barriers and opportunities in Primary Health Care

# Background

- Early intervention is crucial- especially in disadvantaged families
- Role of parents in providing food environment and shaping behaviours
- Higher rates of obesity in disadvantaged families poorly understood
- Role of PHC: almost universal access but substantial barriers reported

Rethinking obesity prevention in PHC:  
or overcoming one barrier at a time....

Primary care providers-especially GPs  
and Practice Nurses don't have time  
for obesity prevention

# Families with young children are heavy users of PHC

- 6 visits on average to GP/PN
- 7 scheduled visits to MCHN
- For vulnerable families: up to 20 visits in first 2 years
- Parent line
- Immunisation
- Drop in visits



“We don’t have many overweight kids  
in our practice”

# That might be true, but...

- Findings from LEAP study-  
poor identification of  
overweight (McCallum et al 2003)
- Healthy 4 Life study-  
prevalence within practice  
same as population (Denney-  
Wilson et al under review)



“GPs and Nurses already talk about  
this kind of stuff”



# Obesity prevention is not part of routine care

- GPs in a Queensland study reported less than a third routinely raised excess weight and rarely used BMI-for-age charts (McMenimum 2011)
- Nutrition discussion tends to be too general and not focused on preventing unhealthy weight gain
- Lack of confidence in raising the issue of weight (Robinson et al 2013)
- Inadequate referral options (Hearn et al 2008)
- Medical and nursing curricula offer minimal study of obesity

# Obesity prevention could be part of routine care

- PHC providers can implement obesity prevention with appropriate training, clinical infrastructure and community-based referral options (Vine 2013)
- Brief training workshop increased the capacity of PNs to provide obesity prevention intervention as part of a healthy kids check (Denney-Wilson under review)
- High level of interest in further training in obesity prevention (Robinson 2013)

“Nothing works in Primary Health  
Care”

# Obesity management

- Sargent (2010) reviewed 17 interventions in primary care targeting overweight/obese children
  - 8 reported significant change in BMI
  - 4 reported change in dietary intake
  - 2 reported changes in physical activity
- Wake (2013) 12 month outcomes of Hopscotch shared care trial
  - Both intervention and control children lost weight
    - 26% moved from “obese” to “overweight” categories



# Obesity prevention in PHC

- Intervention providing settling strategies other than feeding and delayed introduction of solids- significantly lower wt for length (Paul et al 2011)
- Melbourne InFANT trial in MCH centres with first time mothers groups: significant differences in screen time and dietary behaviours (Hesketh et al 2013)
- Healthy Beginnings trial of SNHV: significant difference in BMI, median duration of BF, later introduction of solids and tummy time (Li Ming Wen et al 2011 & 2012)

# Key opportunity for PHC in prevention

Ask and assess	Advise/ Agree	Assist (Refer)	Arrange (FU)
Measure Ht/Wt and plot BMI	Benefits of healthy weight		Regular monitoring
Dietary behaviours (sugar sweetened drinks, fruit and veges, patterns)	Choose water, increase fruit and veges, eat breakfast, TV off	Whole of family approach/limit availability	Provide written information /websites
Physical activity	Active for 60 + minutes/day	Whole of family/explore community opportunities	Link into community
Sedentary behaviours	Limit TV time	Set limits on screen time	Provide written information /websites

# PHC offers unparalleled access to families

- Important role in both prevention and management
- Further work required to better understand:
  - how to engage practitioners
  - how practitioners can engage parents
  - best strategies for different population groups



Thanks!

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