Overweight children are regularly seen in PHC

About one quarter of Australian pre-school children are overweight or obese. Parents play a vital role in shaping the food and physical activity environment in which their children are raised. And right from the start, food choices can have an impact on a child’s risk of excess weight gain. This includes whether an infant is breastfed, the timing of introducing solids and the type and quantity of solid food. Disadvantaged families are more likely to experience obesity, but the reasons for this disparity are poorly understood. Although PHC provides near universal health coverage in Australia, research among PHC providers and policy makers has reported numerous barriers to obesity prevention and management.

Young families are frequent users of PHC services

Families with young children are frequent visitors to PHC providers—with an average of 6 GP/PN visits and 7 scheduled visits to MCHN in a child’s first year for most families. Some disadvantaged families have access to sustained nurse home visiting programs that offer 20 visits in the first 2 years of a baby’s life by a specially qualified child and family nurse. The availability of free services through MCHN, and the increasing number of PNs and the changes to the way PNs are funded (via a block payment rather than fee for service) may improve the capacity of PHC providers to provide obesity prevention as part of routine care.

New NHMRC Clinical practice guidelines released in 2013

The new clinical practice guidelines from the NHMRC suggest PHC practitioners can provide information on healthy eating, behaviour modification, physical activity and parenting skills as a brief intervention. Assisted by their Medicare Local, they can also link families in with local resources and refer to other services including free or subsidised community-based services or websites with additional information.

Obesity Prevention in PHC

Prevention in PHC can be effective if targeted at young children. Three examples are:

- Intervention in US PHC providing settling strategies other than feeding and delayed introduction of solids—significantly lower weight 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 nurse home visiting: significant difference in BMI, median duration of BF, later introduction of solids and tummy time (Li Ming Wen et al 2011 & 2012)

Practitioners have identified the need for affordable referral options; one potential referral destination is a mobile health intervention, with text message prompts and access to developmentally appropriate information, tools and support to promote healthy feeding and activity behaviours for parents.

Developing the evidence of the role of PHC in obesity prevention

This research will develop and trial a novel m-health intervention addressing nutrition and obesity risk for disadvantaged families. The project will examine how this intervention can be implemented in three PHC settings: General Practice, Maternal and Child Health Services and an Aboriginal Health Service.

The three key aims of the research are to:
1. develop an m-health intervention
2. assess the feasibility of embedding this intervention in PHC settings, exploring reach, uptake and use
3. assess the effectiveness of the intervention on maternal and child diet, sedentary behaviours and weight

Project Overview

Qualitative studies will be conducted prior to the intervention:
- With parents examining feeding and sedentary behaviours, and their determinants such as knowledge and beliefs about feeding and eating
- With practitioners to explore barriers and facilitators to implementing obesity prevention strategies

And after the intervention with both parents and practitioners to:
- understand the acceptability of the intervention and suggestions for improvement

Quantitative studies will examine:
- Practitioner practices and attitudes, and support needed regarding obesity prevention
- Practitioner behaviour change
- Intervention reach
- Intervention uptake and use

Health Economic analysis will determine:
- Cost of delivery
- Cost effectiveness by setting

PHC has a key role in the prevention and management of obesity

PHC is a frequent and trusted source of information for young families. For interventions to be translated into routine practice, more work is needed to better understand how to engage practitioners and how to engage families—especially those from disadvantaged backgrounds.

More work is also needed to refine strategies so that they are appropriately tailored to different population groups.

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