

Raising Healthy Kids

A New Zealand Government Health
Target to Tackle Childhood Obesity

Hayden McRobbie

Childhood Obesity Target Champion, Ministry of Health, New Zealand
Professor in Public Health Interventions, Wolfson Institute of Preventive Medicine, QMUL

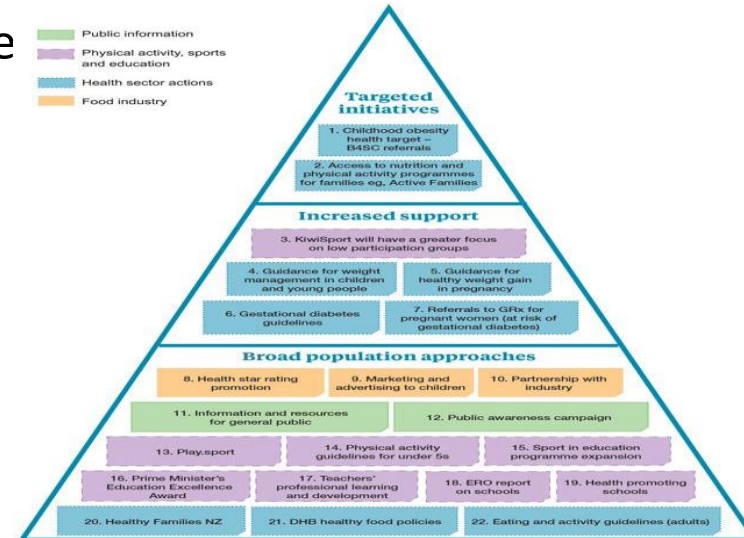
Tackling Childhood Obesity

- No single intervention – need to address the obesogenic environment as well as a life-course approach.
- Three critical time periods in the life-course:
 - preconception and pregnancy
 - infancy and early childhood
 - older childhood and adolescence.

NZ Childhood obesity plan overview

- 22 initiatives
 - **Targeted interventions** for those who are obese, increasing over time
 - **Increased support** for those at risk of becoming obese
 - **Broad approaches** to make healthier choices easier for all New Zealanders.
- Brings together initiatives across government agencies, the private sector, communities, schools, families and whanau.

The childhood obesity plan



Childhood obesity health target – Raising Healthy Kids

- A new health target has been implemented from 1 July 2016:
 - *By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.*
- The target defines obesity as a BMI above the 98th centile on the NZ-WHO growth chart.

How is My DHB performing?

2016/17 QUARTER ONE (JULY-SEPTEMBER 2016) RESULTS

www.health.govt.nz/healthtargets

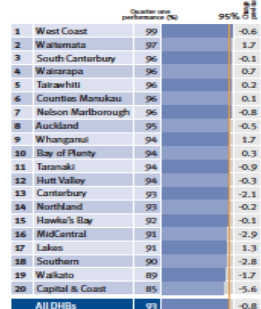


This is the first time Raising Healthy Kids has been reported as a health target.

Shorter stays in



Emergency Departments

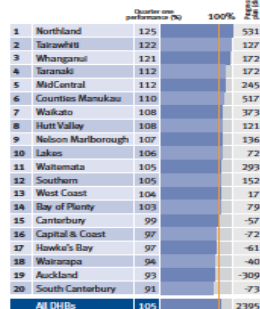


Shorter stays in Emergency Departments
The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Improved access to



Elective Surgery

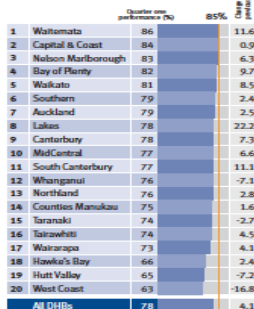


Improved access to elective surgery
The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 49,227 discharges for the year to date, and have delivered 2,395 more.

Faster



Cancer Treatment



Faster cancer treatment
The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between 1 April 2016 and 30 September 2016.

Increased



Immunisation

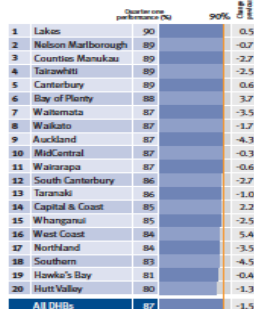


Increased immunisation
The national target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between July and September 2016 and who were fully immunised at that stage.

Better help for



Smokers to Quit

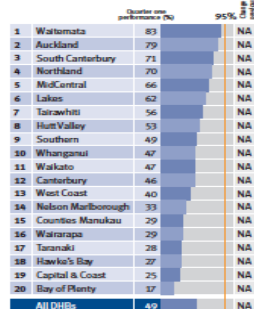


Better help for smokers to quit
The target is 90 percent of PHD enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. The hospital target is no longer a health target, results will continue to be reported on the Ministry's website along with the maternity target results.

Raising



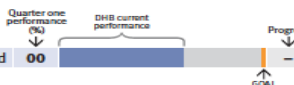
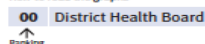
Healthy Kids



Raising healthy kids
The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 March and 31 August 2016.

*As this is the first time these results are being reported there is no comparison with the previous quarter.

How to read the graphs



Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

New Zealand Government

Quarter 1

		Quarter one performance (%)	95% Change previous	
1	Waitemata	83		NA
2	Auckland	79		NA
3	South Canterbury	71		NA
4	Northland	70		NA
5	MidCentral	66		NA
6	Lakes	62		NA
7	Tairāwhiti	56		NA
8	Hutt Valley	53		NA
9	Southern	49		NA
10	Whanganui	47		NA
11	Waikato	47		NA
12	Canterbury	46		NA
13	West Coast	40		NA
14	Nelson Marlborough	33		NA
15	Counties Manukau	29		NA
16	Wairarapa	29		NA
17	Taranaki	28		NA
18	Hawke's Bay	27		NA
19	Capital & Coast	25		NA
20	Bay of Plenty	17		NA
All DHBs		49		NA

Quarter 2

		Quarter two performance (%)	95% Change previous	
1	Waitemata	100		16.3
2	Auckland	97		18.6
3	Hutt Valley	91		37.4
4	MidCentral	89		22.4
5	South Canterbury	87		15.4
6	Waikato	79		32.9
7	Canterbury	78		31.8
8	Wairarapa	76		47.9
9	Lakes	76		14.3
10	Whanganui	75		27.1
11	Northland	73		2.6
12	Tairāwhiti	66		10.1
13	Southern	64		14.3
14	Counties Manukau	62		33.3
15	Capital & Coast	47		22.5
16	Hawke's Bay	40		12.5
17	Nelson Marlborough	39		5.9
18	Taranaki	36		7.8
19	Bay of Plenty	33		15.8
20	West Coast *	0		-40.0
All DHBs		72		22.9

Barriers & Facilitators

% parents declining a referral and % attending the GP visit will give some indication of the effectiveness of the conversation

B4SC Staff

Measurements

- Lack of tools to easily identify obese kids

- Web-based tool to allow easy calculation of BMI centile

Having a conversation

- Don't know what to say, or how to say it

- Training
- Resources
- Key messages
- FAQs
- Practice tips
- Feedback from parents regarding their experience

Referral

- Don't know how to process the referral
- Parents don't know why they are being referred or what will happen

- **Clear process** guide for referring and recording outcomes
- **Key messages** around the referral
- Find and share **good practice**

Primary Care Staff

GP/PN visit

- Not clear on to do
- Beliefs that there is little that can be done or that there are more important things to do
- Nowhere to refer
- More work for general practice

- **Guidance** on what to do
- Referral information
- **Training/Resources** to help with having a conversation
- **Key messages** as to place of target in the wider plan
- Find and share good practice

Support

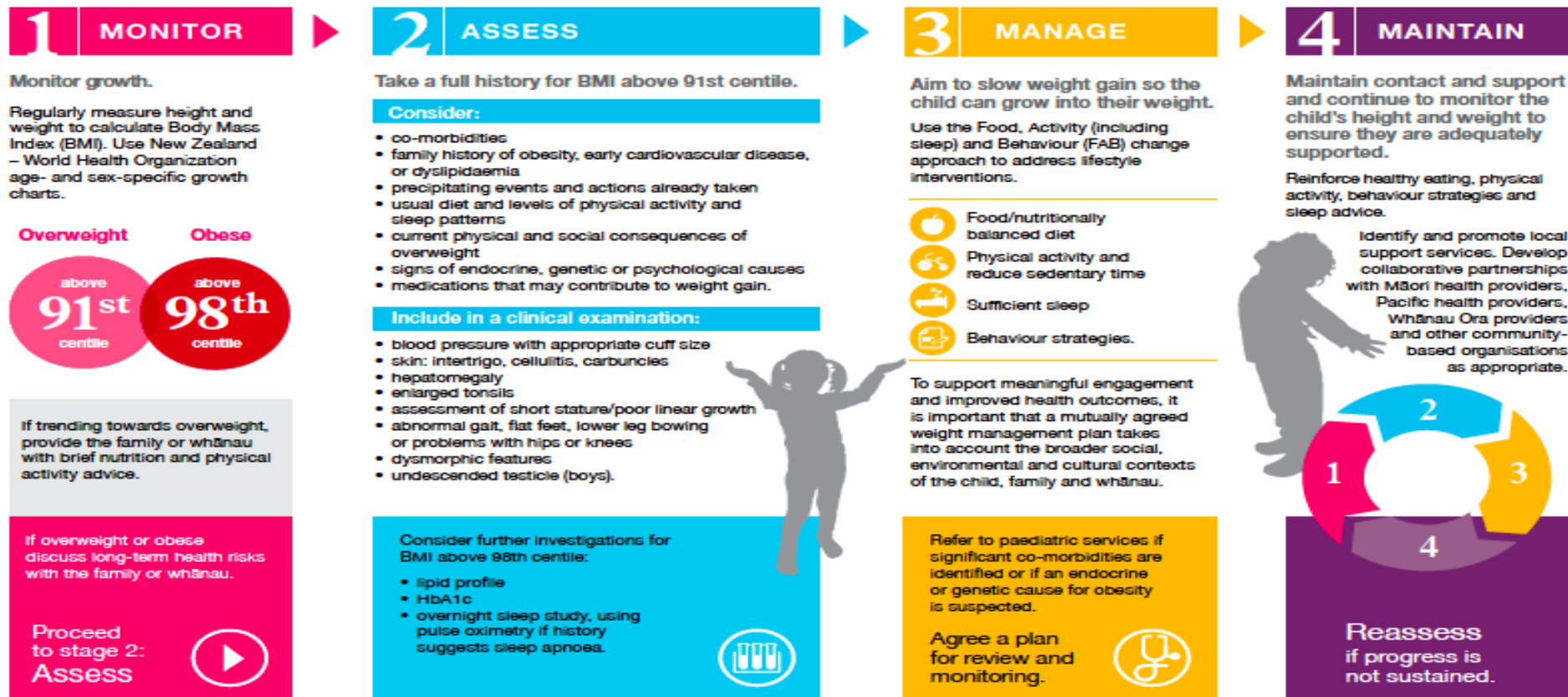
- No services
- No funding

- Stock-take of current services
- Assess what services could be modified to offer support to families
- Prioritise funding to support families of obese children
- Find and share good practice

Barriers

Facilitators

Weight management IN 2-5 YEAR OLDS



1 MONITOR

Monitor growth.

Regularly measure height and weight to calculate Body Mass Index (BMI). Use New Zealand – World Health Organization age- and sex-specific growth charts.



If trending towards overweight, provide the family or whānau with brief nutrition and physical activity advice.

If overweight or obese discuss long-term health risks with the family or whānau.

Proceed
to stage 2:
Assess



Monitor Growth

- Growth is a marker of health in children
- Growth surveillance assists parents and health professionals to
 - Identify when things are going wrong
 - Guides intervention and progress

2 ASSESS

Take a full history for BMI above 91st centile.

Consider:

- co-morbidities
- family history of obesity, early cardiovascular disease, or dyslipidaemia
- precipitating events and actions already taken
- usual diet and levels of physical activity and sleep patterns
- current physical and social consequences of overweight
- signs of endocrine, genetic or psychological causes
- medications that may contribute to weight gain.

Include in a clinical examination:

- blood pressure with appropriate cuff size
- skin: intertrigo, cellulitis, carbuncles
- hepatomegaly
- enlarged tonsils
- assessment of short stature/poor linear growth
- abnormal gait, flat feet, lower leg bowing or problems with hips or knees
- dysmorphic features
- undescended testicle (boys).

Consider further investigations for BMI above 98th centile:

- lipid profile
- HbA1c
- overnight sleep study, using pulse oximetry if history suggests sleep apnoea.



Practical Assessment in Primary Care

History

- Pregnancy (obesity, diabetes, birth weight)
- Feeding (breast, bottle weaning)
- Early weight trajectory
- Current eating habits
- Developmental milestones
- Physical activity (& screen time)
- Sleep (enough of it, snoring)
- Medications (steroids)
- Family

Examination

- Watch the child walk into the room
- Talk to the child
- Growth chart (height, weight, BMI)
- Dysmorphic features
- Blood pressure

3 MANAGE

Aim to slow weight gain so the child can grow into their weight.

Use the Food, Activity (including sleep) and Behaviour (FAB) change approach to address lifestyle interventions.



Food/nutritionally balanced diet



Physical activity and reduce sedentary time



Sufficient sleep



Behaviour strategies.

To support meaningful engagement and improved health outcomes, it is important that a mutually agreed weight management plan takes into account the broader social, environmental and cultural contexts of the child, family and whānau.

Refer to paediatric services if significant co-morbidities are identified or if an endocrine or genetic cause for obesity is suspected.

Agree a plan for review and monitoring.



Manage

Food

- Nutritionally balanced diet
- Appropriate portion sizes
- Family meals
- Slower eating
- Avoid snacking

Activity and sleep

- Play and physical activity
- Reduce screen time (esp TV)
- Sleep time

• Infants	12-15
• Toddlers	11-14
• Preschoolers	10-13


Behavioural strategies

- Change what is available at home
- Keep 'treats' out of site
- Increase easy accessibility to healthy options

▶ 4 MAINTAIN

Maintain contact and support and continue to monitor the child's height and weight to ensure they are adequately supported.

Reinforce healthy eating, physical activity, behaviour strategies and sleep advice.



Identify and promote local support services. Develop collaborative partnerships with Māori health providers, Pacific health providers, Whānau Ora providers and other community-based organisations as appropriate.



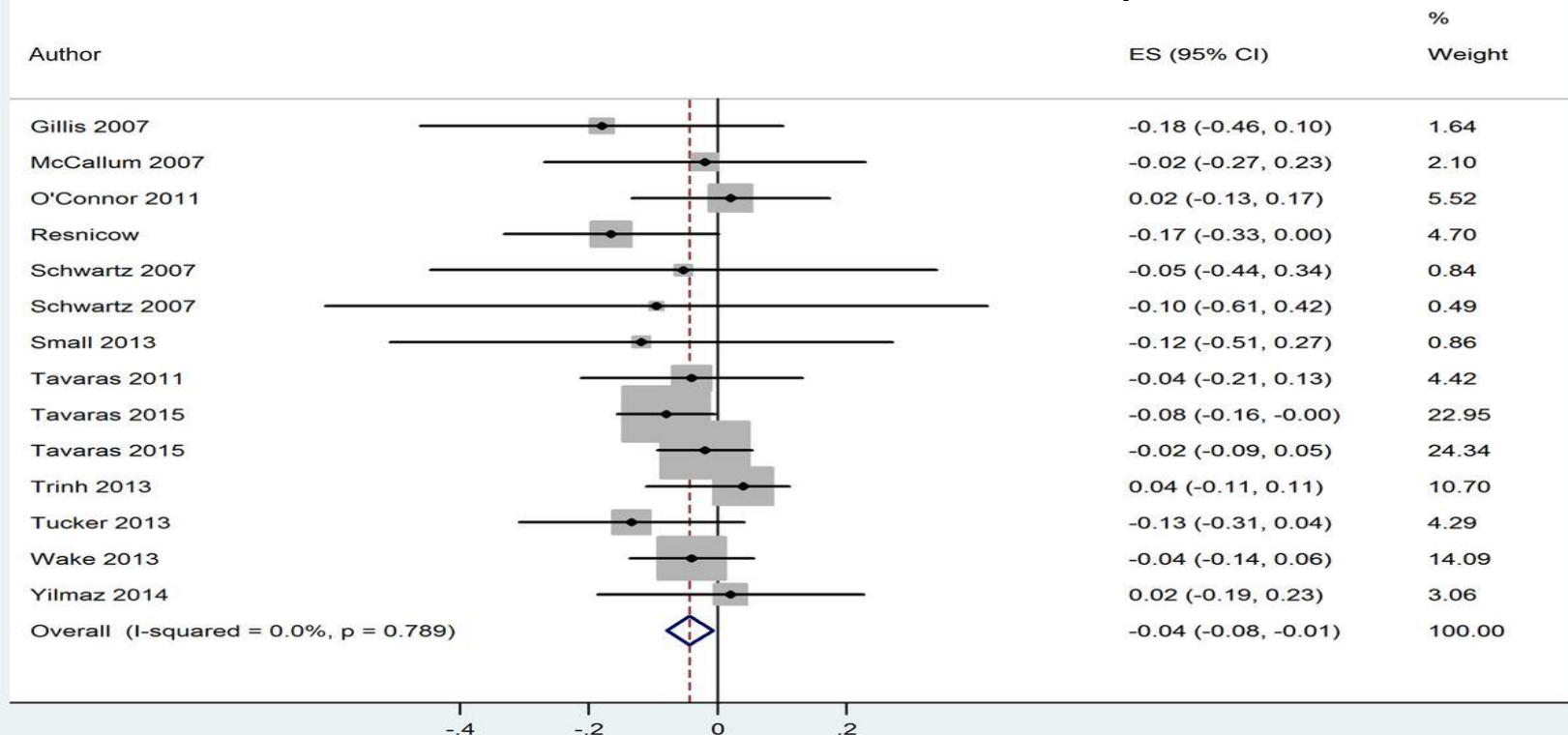
Maintain

- Review opportunistically
- Address comorbidities
- Accept setbacks – maintain positivity
- Encourage family activities and sport
 - Link with local Regional Sports trust
- Encourage cultural initiatives
 - e.g. Kapa-Haka
- Support communities
 - Healthy Families NZ
 - Iron Māori
 - Community gardens/Kai Atua

Brief interventions – childhood obesity

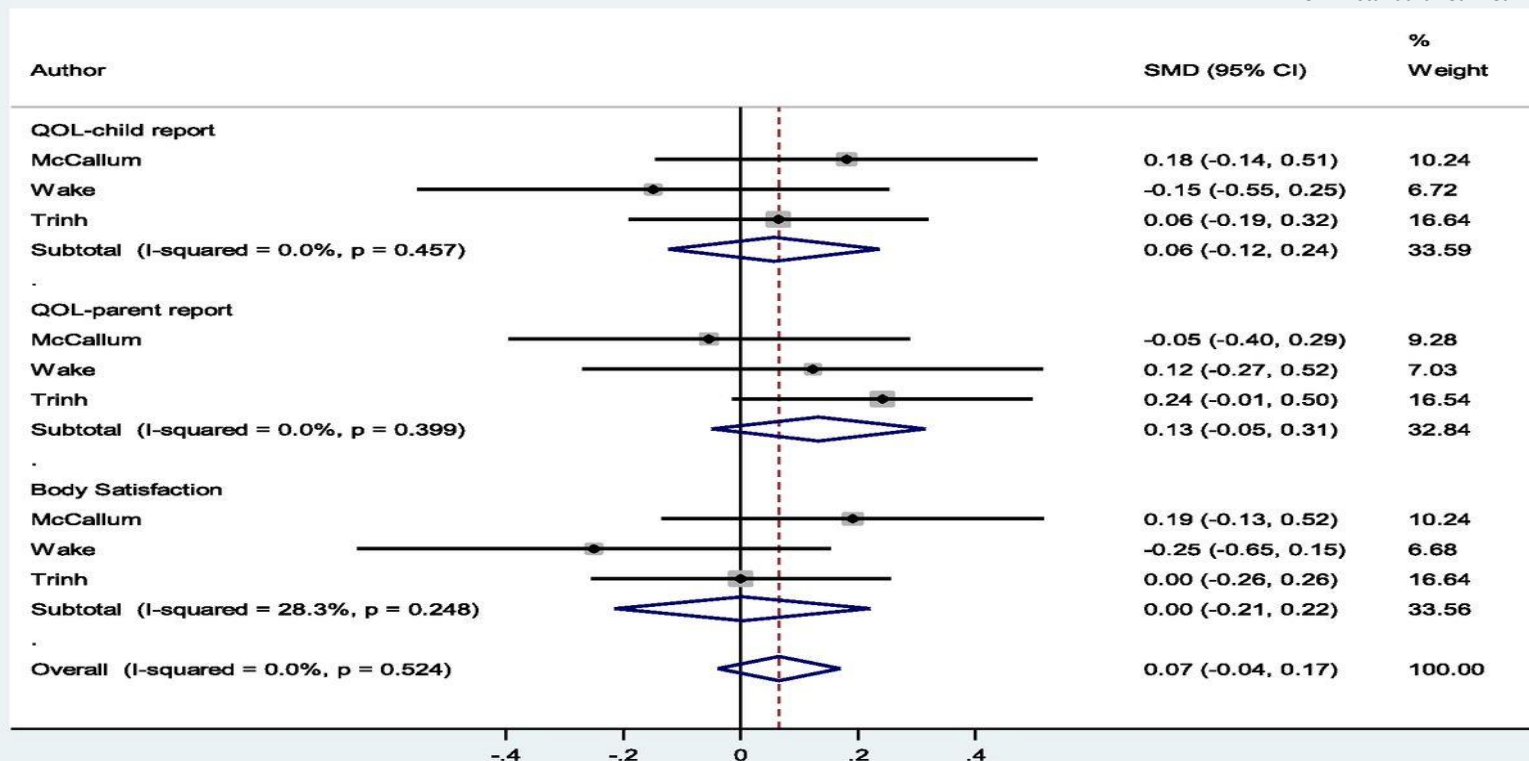
Marginal effect for primary care–based early interventions for paediatric obesity with regard to BMI reduction

Random effect meta-analysis (the effect of brief primary care interventions vs usual care or active control on z-BMI).



The effect of brief primary care interventions vs usual care or active control on physical appearance and global self-worth, body satisfaction, and quality of life; parent and child report).

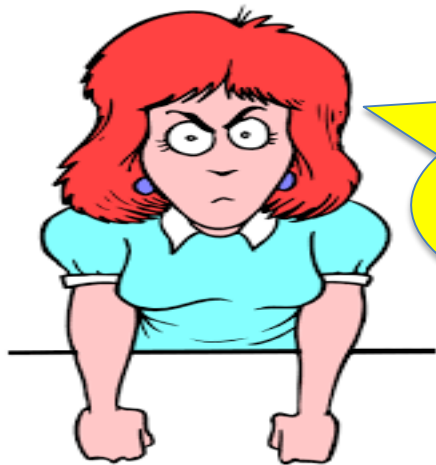
SMD=standardized mean difference



Some problems in practice

- Traditionally low rates of communication regarding unhealthy weight in children
- Uncertainty of how to respond and what to do next

Parent misperceptions about their child's growth



‘There are much fatter children out there and my son isn’t that bad!’

Under-recognition of unhealthy weight

- Health care workers and parents often rely on visual and cultural impressions of weight rather than objective BMI measurements
- When an unhealthy weight is found health care workers often **struggle to have a conversation**

Dealing with inaccurate perception of child weight status

- Routinely monitor growth
- Have the discussion
- Use tools to help
 - eg, weight rulers and color-coded BMI charts

We all know this....

- Better patient–provider communication is linked to patient satisfaction with care and providers
- There is a positive link with patient–provider communication and patient adherence to treatment recommendations and better medical outcomes
- Actively involving patients in their medical care affects adherence to treatment recommendations

Some difference when dealing with children

- Although the 'patient' is a child and the responsible party is the child's caregiver
- Paediatric patients, regardless of age, are typically engaged in less than 20% of the communication in a typical medical care visit
- Direct communication with pediatric patients:
 - builds trust and rapport
 - helps to socialize children into the patient role,

So why is having
the conversation
so hard?



*“Our findings highlight a **mismatch** between health professionals perceptions of how difficult these discussions are and reality, in that **most parents are receptive** to the information if delivered well.”*

Having the conversation....

- The most important aspect of these conversations is to make the experience **positive** and **non-judgmental**
- The style in which this feedback is provided appears to be less important.

Keep it simple, but if you have more time you can go further utilising 'change talk'

MI-consistent communication [MICO]

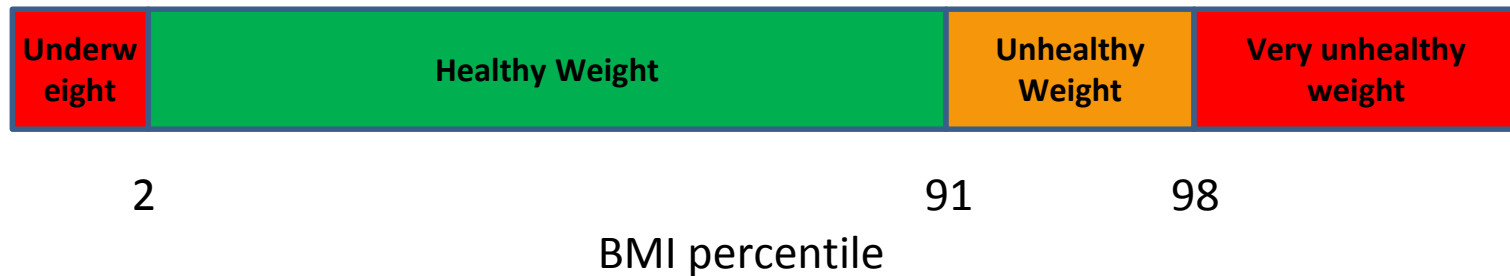
MICO Technique	Description	Example
Advise with permission	Offering advice, solutions, suggestions, or courses of action collaboratively (ie, in response to a patient's request, asking permission)	Would it be okay with you if I explained what your healthy weight would be?
Affirm	Positive or complimentary statements that express appreciation, confidence, or reinforce the patient's strengths or efforts.	It took a lot of willpower to refuse cake at a birthday party, good for you!
Emphasize control	Statements that directly acknowledge, honor, or emphasize the patient's freedom of choice, autonomy, personal responsibility	This is your treatment and you get to choose how it goes.
Open question	Questions phrased to encourage patients to expand on their perspective, thoughts, emotions, and concerns	How has your weight affected your life?

MI-consistent communication [MICO]

MICO Technique	Description	Example
Reflections	Simple: repeating back patients' own statements	You want to lose weight, but you're not sure how to get started.
	Complex: repeating back patients' own statements, but adding to the underlying meaning or emotion	You're worried you might not lose weight even if you change your eating.
Reframe	Suggesting a different meaning, explanation, or perspective for a situation a patient has described	Asking about your exercise plans might be your mother's way of showing you she's interested and cares about your weight loss goals.
Support	Statements that convey genuine support or understanding	That must have been difficult for you.

TOOLS

Can be simple



Be Smarter Tool



PATIENT NAME: _____

 DATE: _____

I recommend the following:

- ☐

Enjoy - FIVE or more vegetables & fruits every day
- ☐

Power down - no more than **TWO** hours of screen time a day
- ☐

Play actively - at least **ONE** hour each day
- ☐

Choose healthy - **ZERO** sugar-sweetened drinks





	Not yet	Sometimes	Mostly	Always
b reakfast every day				
e t at 5+ a day				
s leep 10-12 hours				
m atch servings to hand size				
a ctivity 60 minutes daily				
r educe sugary drinks				
t akeaways less than once a week				
e at together as a family				
r educe screen time < 2 hours				

Name _____ Date _____

 Goal _____

Tick your goals here:

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							
Week 4							

Today you were seen by: _____

<http://www.live5210.ca/resources/downloads/>

<http://www.waikatodhb.health.nz/directory-of-our-services/waikids/bodywise/>

Tips

Healthy eating tips for 2–5 year olds

Eating a wide variety of healthy foods is essential for normal growth and development.

Weight is a sensitive issue, even for small children. It is important your child does not feel they are being punished. The best way to do this is for the whole family/whānau to eat the same meals. It's easier to eat healthy meals and snacks if healthier foods are in your house. Here are some ideas to help you.

- Eat meals together as a family. Make sure the television and other screens are turned off.
- Make sure your child eats breakfast every day. It's a great way to start the day. Good breakfast choices include grain cereals, such as wheat biscuits and porridge, whole-grain toast, fruit and reduced-fat milk.
- Think about the size of meals. Could they be smaller? Reduce the amount you put on the plate over several nights so the whole family gets used to eating smaller meals.
- Children are smaller than adults so don't need adult portions. Try using a smaller plate.
- 2–5 year olds should aim for at least 2 servings of vegetables and 2 servings of fruit each day. Children over 5 years should try to have at least 3 servings of vegetables and 2 servings of fruit each day.

- Choose whole-grain breads instead of white breads.
- Use margarine instead of butter and spread thinly.
- Encourage your family to drink water or reduced-fat milk rather than soft drinks, cordials or sports drinks.
- Choose reduced-fat milk and yoghurt for everyone in the family aged 2 years or older.
- Reward your child with attention and hugs instead of food treats such as sweets.
- Avoid cakes, biscuits, sweet muffins, lollies and chocolate.
- Replace sour cream or coconut cream with reduced-fat unsweetened yoghurt, lite coconut cream, coconut milk or light evaporated milk.
- Choose sandwiches, filled rolls or savoury bread cases instead of pies, pastries, potato chips and sausage rolls.
- Fresh fruit, popcorn, a glass of reduced-fat milk or a small sandwich make great snacks.
- Choose home-made burgers and oven wedges instead of commercial burgers, pizzas and fried foods.



For more advice on the types of food children need to eat to be healthy, see *Eating for Healthy Children: From 2 to 12 years*, available from health.govt.nz

For more tasty, easy (and healthy) meal ideas and recipes, go to myfamily.kiwi/foods

Sleep tips for young children

Why is sleep important?

Sleep is important for restoring energy and for growth and development.

There is increasing evidence that not enough, or poor quality, sleep can negatively affect children's behaviour, learning, health, wellbeing and weight.

How much sleep does my child need in 24 hours?

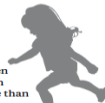
The table below shows the recommended total hours of sleep (including naps) per day for children from birth to 5 years. Some children naturally sleep slightly less or more than the recommended time.

Age	Recommended (hours)
Newborn (0–3 months)	14–17
Infant (4–11 months)	12–15
Toddler (1–2 years)	11–14
Preschool (3–4 years)	10–13
5 year olds	9–11

Adapted from the National Sleep Foundation: How much sleep do we really need?

For more details, go to *Sleep Tips for Young Children* at health.govt.nz

It is not just the amount of sleep that is important but also the quality of that sleep. The following tips may be helpful.



How can I improve my child's sleep?

- Have a regular bedtime routine. This might include a bath, brushing their teeth, a story then bed. Quiet activities are good before bed. Avoid active games, playing outside and screen use (eg. TV, internet, computer games) in the hour before bedtime.
- Have a regular bedtime and wake up time. It helps your child to understand when it is time to sleep.
- Have a comfortable sleep environment. The place where they sleep should be quiet, warm and dark (though a night light is okay).
- Have no distractions in the place where children sleep, including TV, computer screens and portable devices.
- A meal within 1 to 2 hours of going to sleep is not recommended. However, a light snack may help some children.
- Avoid giving your child food and drinks containing caffeine as this can affect their sleep.
- It is normal for young children to have naps during the day. As they get older, they will need less sleep and fewer naps. If your child has a nap after 4 pm (except for newborns and infants), it may be harder for them to get to sleep at night.
- It is important for children to be active throughout the day. Activity can also help your child to sleep. Time spent in bright sunlight, such as being active outside, can also help children to sleep, but don't forget to be sunsmart! Avoid lots of activity in the hour before bedtime.
- Being unwell can also affect your child's sleep. If your child snores a lot or stops breathing for short periods while asleep, discuss this with your GP.

These tips were adapted from the Australian Sleep Foundation's Sleep Tips for Children.

Tips to help 2–5 year olds be more active

Being active will help your child achieve and maintain a healthy body weight. Being active has many other health benefits and can be fun for the whole family.

- Walk, run and play with your child. By being physically active yourself, you are setting a good example.
- If your child is not usually active, start with something fun like a trip to the local playground. Walking there adds extra steps into the day.
- Instead of short car trips, try walking, biking or scooting with your child. Start by doing this once a week and add more trips over time.



- Encourage your child to play outside as much as possible.
 - Try to do something fun and active as a family each week. Some ideas are walk along the beach, roll down a grass bank, play tag, fly a kite at the park or take a trip to the local swimming pool.
 - Limit the amount of time your child spends watching TV or in front of a screen to less than 1 hour a day.
- For more low- or no-cost family activity ideas, visit the myfamily.kiwi/activities webpage or Activities for under \$6 on our health.govt.nz website.

Find out more from the Ministry
Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2–18 years): A background paper

<http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/obesity>

Commonly selected goals

- Increase in fruit and vegetables
- Less junk food, more healthy snacks
- Decrease sugary drinks
- Drink more water
- Proportionate hand-based portion sizes
- Active play at least 60 minutes each day

Key messages

- Brief interventions act to prompt behaviour change
- Keep your conversation positive and non-judgemental
- You want to help kids with an unhealthy weight grow in to healthy adults
- Big changes start small (achievable goals)
- Explain why you want to the GP to check growth
- ‘Sell’ what ever else is available to help families

Conclusions

- The solution to childhood obesity is multi-faceted and this health target is likely to play a small, but important, role.
- This health target is starting to
 - highlight the importance of monitoring growth
 - prompt conversations about unhealthy weight
 - engage primary care in the management of obesity
- Programme evaluation will be import to determine positive and any negative consequences

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hayden_mcrobbie@moh.govt.nz