Engaging Families through Primary Care to Prevent Childhood Obesity

- Comparisons with England, Canada, and USA -

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Goals

- To explore current international and Australian literature and programs aimed at promoting parent participation in the prevention and early intervention of overweight/obesity among preschool school children;
- To identify theoretically grounded models for providing supportive environments to promote healthy weight among children aged 2-6 years;
- To recommend policy and organisational structures to guide the planning, implementation and evaluation of best practice models.

Stages of Project

Stage 1: Systematic literature review to:

- Identify national/state policy on the prevention of overweight & obesity in young children
- Analysis of the barriers to engaging primary care providers and parents in preventative programs
- Appraise promising programs for strengthening the capacity of primary care providers to work with parents to overcome these barriers
- Synthesize policy options for engaging primary health care providers

Stage 2: Development of a Portfolio of Alternative Interventions

- Delphi review with key national stakeholders on roles, barriers & promising options
- Consultations with parents, primary care providers, and other carers in 3 states to assess relevance, acceptability of promising interventions
- Economic evaluation

Stage 3: Linkage and Exchange

- Visits to England, Canada and US to compare and learn from their experiences

Previous research

Review of National/State Policies revealed:

- Australia was an international leader in preventative, population approaches
- But 10 years on, it has fourth highest level of overweight and obesity
- Despite rhetoric, programs continue to focus on individuals & causal pathways

Systematic Review

Programs have focused school aged children

Once poor eating habits & sedentary behaviours have set in.

Key barriers exist to engaging PHCPs & parents

- Organisational
- Attitudinal
- Educational
- Resources
- Research

Multi-sector, population approach requires flexibility:

Significant differences between local health jurisdictions and health care settings

Portfolio of Alternative Interventions

Objectives of Visits

Was to determine with regards to the prevention of overweight and obesity among young children:

- Whether the context was comparable?
- Who were the key drivers of, and participants in the programs?
- What was the content of the programs?
- What processes were used to engage parents and primary care providers?

England

- **Context:**
  Not federal/state system but has large regional variations. Like Australia, have developed policies aimed at introducing a primary prevention model, but stipulated how to achieve this through creating small collaborative teams and clinical networks which were outcomes driven & aimed at tackling local issues
- **Drivers/Participants:**
  Government centrally mandated PCTs, and programs like Sure Start, that required groups of GPs to "commission" allied health workers (particularly practice nurses), early childhood carers, and other social care providers
- **Content**:
  - NICE developed "tools not rules" hence developed guides
  - NHS National Centre for Involvement (leadership, quality, values)
  - Local Involvement Networks (LINKS)
- **Process of Engagement:**
  Varied greatly with each PCT. Some good examples of community mapping, gap analysis, and advocacy for representative user model with focus on health issues rather than illness. No overarching body to oversee issues.

Calgary, Canada

- **Context:**
  Like Australia it is a resource rich nation, with a federal/state health system, and with a small population with major regional variations. But key difference was the extent to which Canada has embraced all the components of the Ottawa Charter, with emphasis in policy and practice clearly focused on a community development model
- **Drivers/Participants:**
  Within the Calgary Health Region had an influential leader who initially drove the program, & established a CPOC steering committee, who developed a framework for promoting community advocacy and partnership, and government (CHR), researchers (DSRT) and clinicians (PCN) and community, with research and community feeding policy.
- **Content**:
  - Framework for Community Action
  - Healthy Eating and Active Living (HEAL) Community Development Initiative
- **Process:** Identification of community strengths and needs, awareness raising, enhanced learning opportunities, increased access to services, and policies for sustainability of program.

Georgia, USA

- **Context:**
  Has a federal/state system but health care system largely based on private insurance companies, with Medicaid as a safety net, and hence burden of illness (obesity) only falls on federally funded Medicaid once individuals reach 65 years.
- **Drivers/Participants:**
  Previous multiple, small BlueCross Blue Shield (BCBS) NGOs with a public health mission were converted into Healthcare Georgia, Inc. to improve health care for uninsured, through changes to health policy and systems, and approval of grants
- **Content**:
  - 2004 CDC Review of Obesity and Call for Action
  - 2005 Summit: “Preventing Childhood Obesity: Health In the Balance”
  - 2007 Progress in Preventing Childhood Obesity: How do we measure up”
- **Process:** Summit brought together 150 organisations to consider action needed. Developed consortium of universities to bring together disciplines, and evaluate in small studies. HealthCare Georgia, Inc lobbied congress for change.

Summary of Findings

Key factors that determine success:

- A clear policy mandate, leadership and funding commitment for public health programs that place greater emphasis on primary care service delivery systems towards prevention
- Service level mechanisms for strategic planning and sustained communication and coordination of services with agencies outside health to ensure consistent messages
- Development of strategies to improve synergy between research and policy development
- Funded mechanisms to enhance community participation and determine attitudes to acceptability and relevance of policies/programs
- Access to prevention programs within existing community services to ensure successful and sustained engagement of families
- Use of private health insurance companies and local industries as lobby groups