

Prevention of childhood obesity in the pre-school years: Parent expectations and experiences of GPs and Child Health Nurses

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Acknowledgements to:

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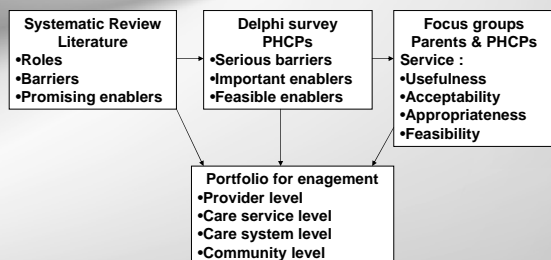
Financial Support:

Australian Primary Health Care Research
Institute Department of Health and
Ageing



Context of the research

Development of a Portfolio of Interventions to engage Primary Health Care Providers and parents in promotion of healthy weight/prevention of CHO



Focus of the research

X Not on eating and activity messages
X Not on treatment

Focus on:

- ✓ Prevention
- ✓ Engagement between families and providers
- ✓✓ Usefulness, acceptability, appropriateness, feasibility of services



Objectives of focus groups

To determine:

Parent and provider expectations in relation to providing advice and support to parents about pre-school child growth, development, diet, activity and being a healthy weight

Current services provided by different primary care providers and the facilitators and barriers to providing these services or meeting their own expectations.

Parent experience and satisfaction with current advice and support from these providers.



Objectives of focus groups

To determine:

The most feasible, acceptable, appropriate and useful interventions and providers for providing support to parents in promoting healthy eating and active lifestyles of children aged 2-6 years.

Potential barriers and facilitators for parents to access the proposed interventions in different service contexts.



Parent focus groups

18 parent groups: 6 WA, 5 Vic, 7 Tas: 107 parents
 Recruitment: Playgroup Australia, Child Health Coordinators
 Location: 13 metropolitan and 5 rural
 Client base: 3 low SES, 2 high SES, 1 dad's, 1 Muslim

Parent characteristics
 90% Caucasian, 4% Asian, 4% Middle Eastern
 72% aged 30-39 years
 56% university educated, 24% trade qualified
 Average 13 hours per week employment
 Average 2 children (range 1-4)



Provider focus groups

GPs
 3 groups in WA: 14 GPs
 Recruitment: National medical group
 Location: Perth outer suburbs
 Client base: low SES areas

Child health nurses
 7 groups: 4 WA, 2 Vic, 1 Tas: 32 nurses
 Recruitment: State child/community health services
 Experience: Mean 13.7 (range 2-29)
 Location: 19 metropolitan, 8 rural, 5 remote
 Client base: mixed SES and ethnic backgrounds



Parent health care service use in the last 12 months for a child 2-6 yrs

- 58% visited a GP at least once.
 Mean visits, 2.5 per child (range 0-12)
- 39% visited a child health nurse at least once.
 Mean visits, 1.2 per child (range 0-20)



Current roles performed & GP/ parent ratings

	C	A	F	U	A
Routinely checking children's growth	L	H	M	H	H
Routinely checking family diet & lifestyle	L	M	M	M	M
Providing information to parents about healthy eating/active play for the family	L	H	M	H	H
Providing advice about parenting	L	H	M	M	M
Providing tailored family support	M	M	M	M	L
Group education related to healthy lifestyle	L	M	L	M	L
Advocacy to support healthy lifestyles	L	M	L	H	H

C=Current, A=Appropriate, F=Feasible (GPs)
 U=Useful, A=Acceptable (parents)



Current roles performed & Nurse/ parent ratings

	C	A	F	U	A
Routinely checking children's growth	L	H	M	H	H
Routinely checking family diet & lifestyle	M	H	M	H	H
Providing information to parents about healthy eating/active play for the family	H	H	H	H	H
Providing advice about parenting	M	H	M	H	H
Providing tailored family support	L	H	L	M	M
Group education related to healthy lifestyle	M	H	L	M	L
Advocacy to support healthy lifestyles	L	H	L	H	H

C=Current, A=Appropriate, F=Feasible (Nurses)
 U=Useful, A=Acceptable (parents)



Parent-identified barriers to GP services

Family level

- No family doctor/ Difficult to find a Dr they like
- Not accessible/Timeliness of GP contact
- GP not appropriate
 - Wouldn't think to ask the GP
 - GPs have got enough to deal with
 - View GPs as treatment or referral service
 - View GP setting as a health risk to child
 - Prefer Child Health Nurse and community services
 - Advice from other mothers is much better



Parent-identified barriers to GP services

GP service level

- No time/capacity for preventive care
 - Rushed and time limits on appointments
 - Not trained to support lifestyle behaviour change
 - Unable to provide extended support needed
- Victim blaming attitude & approach

Care system level

- Treatment rather than prevention focus
- Cost of appointment

Barriers to engagement for GPs

Family level

- Poor parent concept of child 'overweight'
- Non-teachable during acute consult
- Sensitivity about weight and lifestyle
- Poor parental role models

Provider level

- Time pressure limits lifestyle counselling
- Limited evidence of effectiveness
- Sense of powerlessness due to environmental causes

Barriers to engagement for GPs

Service level

- Lack of practice protocols & tools for prevention
- Lack of parent education materials
- Limited support staff for prevention focus

System level

- No financial incentive for prevention
- Limited referral options
- Siloed services
- Limited advocacy to address environmental & social determinants

Barriers to engagement for Nurses

Family level

- Non-recognition or concern regarding overweight
 - Cultural and social norms
 - Low priority in face of life issues
- Parent sensitivity to weight issues
 - Perceived challenge to parenting role
 - Poor behavioural parenting/role model
- Low attendance after 2 years
 - No added value in attendance after first child

Provider level

- Time pressures
- Isolated practitioners
- Lack of support staff
- Provider-parent relationship concerns

Barriers to engagement for Nurses

Service level

- Screening not prevention ethos
- Limited recall systems for 2+ years
- Little focus on diet and growth in service protocols after 2 years
- Insufficient child health nurses
- Inconvenient service hours for working parents

System level

- Siloed services across health & with other sectors

Parent-identified enablers to prevention services

Family level

- Expectations
 - to discuss concerns with a GP or nurse
 - of receiving information and support
- Acceptability of support from a GP

Provider level

- Expertise
 - Training in nutrition/holistic approach
 - Ability to identify genuine concerns
- Good rapport
 - Sense of trust, easy to talk to, understanding
 - Perception that can reassure parents

Enablers to engagement for Providers

Family level

Ongoing family relationship

- Antenatal focus for healthy family lifestyle habits
- Parent understanding of normal child growth
- Attend for routine child health checks

Provider level

Training & support

- Motivational interviewing/behaviour change methods
- Prevention practice protocols/tools/support materials

Awareness of referral options

- Networks for isolated practitioners

Enablers to engagement for Providers

Service level

- **Marketing of prevention services**
 - Immunisation/age linked recall systems
- **Prevention practice protocols/tools/education materials**
Integrated into practice software
- **Capacity for extended family support**
 - Engagement of practice or community nurses
 - Local referral options for parenting, lifestyle support
 - Local service agreements for prevention support
 - Co-located early childhood services

Enablers to engagement for Providers

System level

- **Training with a prevention focus**
- **Consistency across services**
 - Practice guidelines
 - Age-related lifestyle recommendations
 - Information systems to track children and monitor growth
- **Remuneration**
 - Medicare item for child health check
 - GP practice funding for practice nurses
- **Service agreements between**
 - National/state
 - Health and other early childhood service sectors

Program contexts for GPs

Medicare funded universal well child health check at 2-4 years with a focus on detection of behavioural risk factors, not just weight screening

- possibly linked to immunisation
- with GP practice protocols and tools
- with education material for parents
- with marketing of the role to providers and families
- in family friendly service environment
- with contribution to surveillance systems

Program contexts for Child/ Community nurses

1. Universal access to an integrated package of family lifestyle and parenting education commencing in the ante-natal period and extending through to school entry, Components would include:

- Lifestyle review in parenthood preparation
- Infant feeding, solids, growth and development
- Lifestyle parenting of pre-school children
- Family lifestyle education for parents

Program contexts for Child/ Community nurses

2. Routine well health checks conducted in community settings (eg child care, play groups, pre-schools) with a focus on detection of behavioural risk factors, not just weight screening

- possibly linked to immunisation and GP check at 4 years
- with age specific practice protocols and tools
- with education material for parents (DVDs/booklets)
- with data management systems to contribute to public health surveillance