## healthykids for professionals

NSW childhood obesity prevention in clinical settings

Program Snapshot 2016-2020

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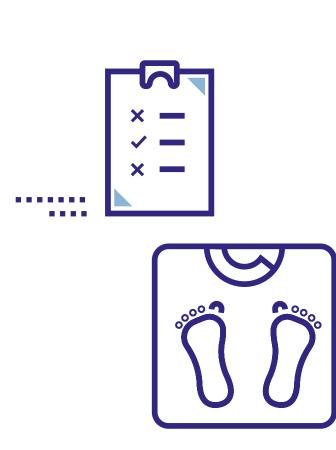
## Background

Healthy Kids for Professionals is a NSW Health program supporting NSW Health and primary care services to routinely assess children's growth and provide healthy lifestyle support for families.

In 2019, more than 1 in 5 children (23%) aged 5-16 years were above a healthy weight in NSW, this equates to about 270,000 children.<sup>1, 2</sup>

Increasing parental awareness of children's weight status is an important first step in providing healthy lifestyle support for families.

A survey of NSW school children in 2015 showed that around 3 in 4 (73%) parents of children (Kindergarten to Year 4) above a healthy weight and around 1 in 3 (30%) parents of children well above a healthy weight perceived their child to be 'about the right weight'.<sup>3</sup> Routine growth assessments in health services offer opportunities for health professionals to monitor children's growth over time. Routine growth assessments also present an opportunity for health professionals to provide family focused healthy lifestyle advice and referral to treatment services.





# About the program

The Healthy Kids for Professionals program was launched in 2016. It combines health professional education and resources with organisational change strategies to support NSW Health services to embed children's growth assessment, advice and referral into routine clinical practice.

#### Healthy Kids for Professionals aims to:

- Increase the number of children in NSW who have a routine growth assessment
- Support health professionals to provide children and families with appropriate healthy lifestyle advice and referral

Healthy Kids for Professionals recommends health professionals use the **4 A's** approach to deliver brief interventions for children and their families. This approach was adapted from the well known 5 A's brief intervention tool for tobacco use.<sup>4</sup>



### The 4 A's



Assess the child's height, weight and weight status using the body mass index (BMI)-for-age percentile chart for boys and girls.



Use positive, non-judgemental language to advise the parent and child where they are on the BMI-forage chart. Provide family-focused and practical healthy lifestyle key messages.



Assist the family to consider healthy behaviours and set achievable lifestyle goals.



Provide ongoing support or arrange for a referral to another program or service. To embed routine growth assessments in NSW Health services, the program delivered the following key elements:

- Central implementation support the NSW Ministry of Health provided support to Local Health Districts (LHDs) including a state-wide network of practice, targeted implementation support, regular site visits and meetings with senior leaders. An implementation toolkit, state-wide <u>Nutrition Care Policy (2017)</u>, and <u>Growth Assessment in Children and Weight Assessment in Adults</u> <u>Guideline (2017)</u> were developed to guide local implementation.
- Local implementation clinical and health promotion representatives in LHDs were responsible for leading clinical practice change and actioning steps of the implementation toolkit.

- Suite of resources and training patient resources, referral pathways, online and face-to-face training were developed by the NSW Ministry of Health to support health professionals.
- Performance monitoring a key performance indicator for the proportion of children with their growth measured was implemented in LHD Service Level Agreements. Performance was monitored quarterly and used to identify services who required additional support.

# What have we learnt about implementing programs in clinical settings?

Implementation of the program in LHDs has been evaluated at various time points using interviews with health professionals responsible for implementing the program.

We have identified four key themes for successful implementation:

### Leadership and management support

A management culture that supports preventive health and encourages implementation of the program.

Nominated champions or implementation leads

Champions to drive implementation and maintenance of change in practice at the frontline.

### **Readily available equipment**

Physical location of equipment integrated into clinical workflow, combined stadiometer and scales, and access to appropriate equipment for immobile patients.

### **Regular monitoring and accountability**

Clear accountability for performance and regular monitoring to keep implementation on track.

### Implementation in priority settings

Inpatient paediatric wards were identified as a priority setting for the program. Children are usually present for at least 24 hours providing opportunity to conduct a growth assessment and growth can be discussed with families as part of discharge care planning. After analysing how five paediatric wards implemented the program, we found the following strategies supported improvements in the proportion of children with growth assessed:

Support and endorsement from management

Nominated champions

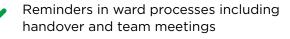
Staff education and training



Equipment available and located in line with the ward's workflow



Use of daily reports, monitoring and feedback





LHDs highlighted the value of having performance data available to keep senior leaders engaged with the program, track implementation progress and identify where to target their efforts.

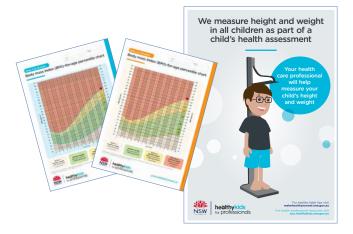
## Key program achievements from program launch to June 2020

### Health professional resources and training

- **59%** of children had their growth assessed in 2019-20 compared to 53% in 2018-19
- 708,535 visitors to the <u>Healthy Kids for</u> <u>Professionals webpage</u>
- **1,400** tear off pads of BMI-for-age percentile charts distributed to NSW Health facilities
- 7,709 NSW Health staff completed online Weight4KIDS training about the basics of assessing children's growth and delivering brief interventions
- **2,996** NSW Health staff completed additional online training about measuring children's growth
- **919** NSW Health staff completed face-toface training about how to raise the issue of childhood obesity with families
- 9 webinars were delivered for General Practitioners (GPs) reaching a total of 1,595 clinicians (attendance average was 177 GPs per webinar).







### We asked GPs what they liked most about our webinars:

- "The suggested ways to bring up the subject, including what to say to parents using sensitive language."
- "Bringing up healthy conversations using tools such as 8 Healthy Habits."
- "Simplicity of approach to raising the issue of above or well above a healthy weight range with families and excellent non-stigmatising, non-confrontational language to do that with."



### "Can you raise the issue?" training

Talking to families about weight is challenging and many health professionals identified this as a key barrier to implementing the program. Face-to-face training was developed with a focus on skills for effective communication, use of sensitive and non-stigmatising language, and motivational interviewing.

- **919** NSW Health staff completed the training which was made available to all NSW Health clinical staff working with children.
- 47% of participants were nurses, 27% were allied health and 11% were oral health clinicians

*"I really enjoyed the session; it gave me confidence to raise the issue with a family."* 

Participant, Sydney Local Health District Feedback from the training was very positive and at follow up, many participants reported changing their practice. Response rate for participants providing feedback was 54%.



Strongly agree or agree that the training helped to **understand how to assess a child's growth** 

Strongly agree or agree that the training helped to understand how to raise the issue in a non-judgemental and non-stigmatising way

Strongly agree or agree that the training helped to understand how to refer children and families to relevant services

At follow up **81%** participants reported they were **more frequently using sensitive and non-stigmatising language**  Respondents were asked to describe the major barriers to implementing routine growth assessments. 4 in 5 reported experiencing barriers. The top four barriers were:

 $AA \times AA$ 

1 in 5

participants reported

experiencing no barriers

to implementing routine growth assessments

- Not enough time
- Not part of their role
- Not clinically appropriate
- No equipment available

## Growth assessments in NSW Health facilities

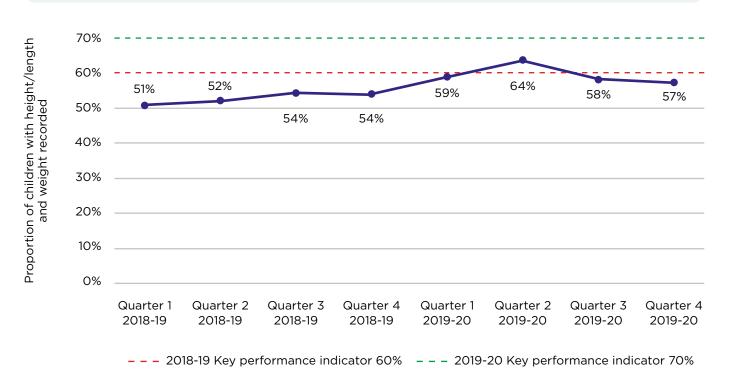
The Healthy Kids for Professionals program has supported improvement in the proportion of children who have their growth assessed in NSW Health facilities. Figure 1 shows the proportion of children who had their height/length and weight measured in a NSW Health facility in the 2018-19 and 2019-20 financial years.

#### Notes:

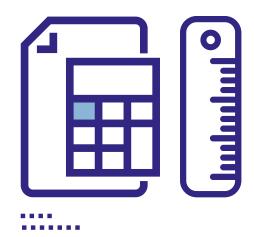
Growth assessment at baseline is unknown as data reporting commenced after two years of program implementation.

Performance targets were set at 60% in 2018-19 and increased to 70% in 2019-20. These targets were not set at 100% to account for clinical encounters where a growth assessment does not enhance patient care. For example in cases of life-threatening illness and end-of-life care.

**Figure 1:** Proportion of children with height/length and weight measured in NSW Health facilities\* from 2018-19 to 2019-20 financial years



There are four main types of NSW Health services providing care to children: inpatient clinics and oral health services. The proportion of children growth assessed between 2018-19 and 2019-20 increased across all services (with the exception of oral health where complete data are not available), see Figure 2. Early analysis of oral health data indicates the proportion of children with growth assessed has increased from 26% in quarter 1 2019-20 to 46% in quarter 3 2019-20. State-wide implementation of routine growth assessments in oral health settings commenced in early 2019. Children's growth is monitored regularly in the early years of life however the proportion of children with growth assessed after two years is significantly less. The Healthy Kids for Professionals program has supported improvement in the proportion of children 2 years and over who have their growth assessed in the 2-5 years and 6-13 years age groups. More work is needed to support the 14-17 years age group.



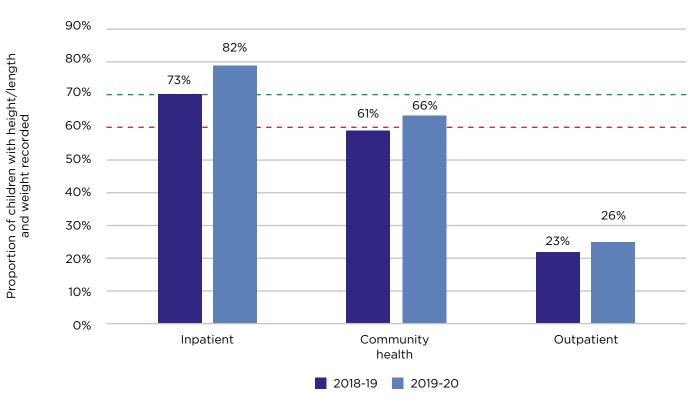


Figure 2: Proportion of children with height/length and weight measured in NSW Health inpatient, outpatient and community health services

– – – 2018-19 Key performance indicator 60% – – – 2019-20 Key performance indicator 70%

From 2018-19 to 2019-20 there was an increase in the proportion of children aged 2 years and over who had their growth assessed.

### The proportion of children with growth assessed by age-group:

Age-group		2018-19	2019-20
	2 years to < 6 years	40%	46%
	6 years to < 14 years	35%	40%
	14 years to < 17 years	38%	39%

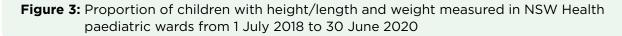
### **Paediatric inpatient wards**

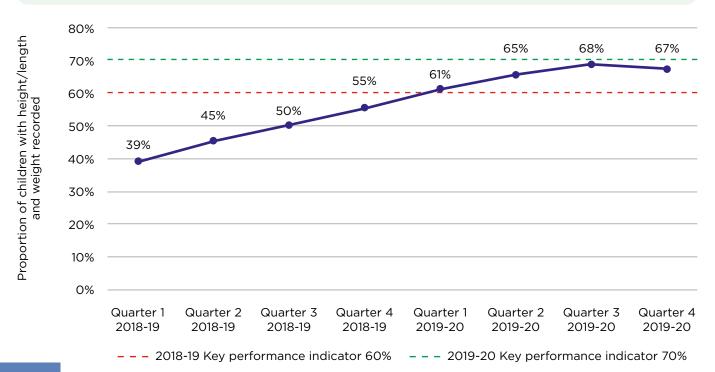
The increase in routine growth assessments in NSW Health facilities has been most apparent in paediatric inpatient wards. This is likely a result of targeted training, implementation support and investment in new equipment. Figure 3 summarises performance in these wards across a two-year period. The overall proportion of children with growth assessed in paediatric wards has increased from 47% in 2018-19 to 65% in 2019-20.

### Equivalent to 9,000 more children having

their growth assessed.







## Providing families with brief advice and referral

Data was not available to evaluate how often children and families are provided with brief advice following a routine growth assessment. However, the evaluation of the face-to-face training found that most participants had started using sensitive language and were using the 8 Healthy Habits resource which is a key resource for providing healthy lifestyle advice.

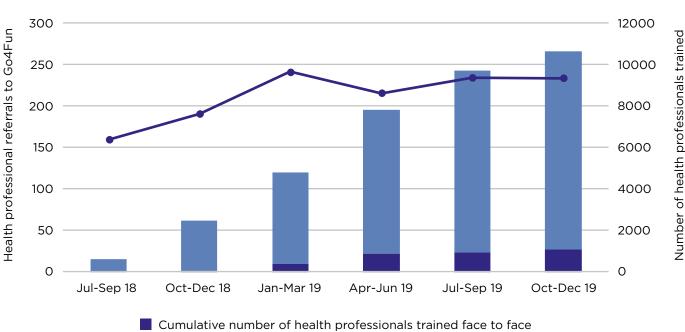
Arranging referral to appropriate services is the final component of the 4As approach. The primary referral pathways promoted by Healthy Kids for Professionals were Go4Fun (7-13 year olds), local weight management services, general practitioners and the <u>Get Healthy</u> Information and Coaching Service (16 years and older). Data was not available to evaluate how often families were referred to these programs and services, however, the number of referrals by health professionals to Go4Fun is positively correlated with the number of LHD health professionals who have been trained as part of the Healthy Kids for Professionals program, see Figure 4. Referral pathways to community-based programs are not available for all age-groups. Programs are needed to better support children aged 14-17 years.

### **Future directions**

The Healthy Kids for Professionals website and resources provide ongoing support for health professionals to address childhood obesity with their patients. The resources and online training are freely available for all health professionals.

The program continues to be implemented to embed growth assessments into routine care in all NSW Health facilities. To continue improvements to date, brief interventions and referrals following the assessment of children's growth are an important childhood obesity prevention strategy.

For more information and resources visit pro.healthykids.nsw.gov.au



### Figure 4: Health professional referrals to Go4Fun and NSW Health staff participation in Weight4KIDS online & 'Can you raise the issue' face-to-face training

Cumulative number of health professionals trained face to face
Cumulative number of health professionals trained online
Total health professional referrals

# Case study: Healthy Kids for Professionals – South Eastern Sydney Local Health District

South Eastern Sydney Local Health District (SESLHD) achieved the 2018-19 service improvement target of 60% of children's height/length and weight measurements recorded.

SESLHD implemented the program with a focus on integrated effort across the district to build organisational capacity to increase height and weight measurement in children, offer brief advice and refer to appropriate weight management services.

Implementation across SESLHD involved targeting many different clinical areas of the district with a focus on areas seeing high volumes of children. Oral Health Services and St George Paediatric inpatient ward were early adopters of the initiative.

#### What they did



**Senior leaders engaged** to support the practice change and ensure accountability in each clinical area



**Clinical champions engaged** to lead implementation activities across the district



**Dedicated project lead for the district** to monitor performance and continually engage and support clinical champions



Equipment reviewed and procured where required



Measurement stations established to enable staff to conduct measurements



**243 staff trained** to confidently perform growth assessments and sensitively talk to families



**Local referral pathways** for children were identified and promoted to clinical staff





### St George Paediatric Inpatient Ward

Following the delivery of staff training in January 2019 and set up of additional measurement stations, the proportion of children with height and weight recorded increased from 14% in quarter 1 2018-19 to 44% in guarter 1 2019-20. Sustaining this increase was difficult due to staff changes and recruitment of new clinical champions. In order to maintain improvements to performance, focus groups were conducted with nursing staff to identify barriers. As a result a number of new strategies were implemented to improve performance and increase referrals. Strategies included reminders in nursing handover and in the daily planner. To increase staff confidence, additional staff education focused on having a sensitive conversation with families and improving awareness of referral pathways. Displaying engaging visual reminders and support resources on the ward improved staff engagement with routine growth assessments.

### **Oral Health Services**

Oral Health Services provided staff with training, equipment and a new electronic system which included functions to record children's growth, key dietary behaviours and make referrals to weight management services, where appropriate. Oral Health Services found it was important to display growth assessment information for families and keep equipment in a space that fits the usual workflow. From July 2018 – June 2019 oral health staff performed 1,223 growth assessments. These assessments enabled early intervention for children above a healthy weight and led to:

- 91 Go4Fun referrals
- 32 General Practitioner referrals
- **2** Get Healthy Information and Coaching Service referrals

## References

- NSW Ministry of Health, Overweight and obesity in children, viewed 2 October 2020, http://www. healthstats.nsw.gov.au/Indicator/beh\_bmikid\_cat/beh\_bmikid\_cat?&topic=Overweight%20or%20 obesity&topic1=topic\_bmi\_OO&code=beh\_bmi.
- 2. NSW Ministry of Health. NSW Childhood Overweight and Obesity Detailed Data Report. 2020.
- **3.** Hardy, L, et al. *NSW Schools Physical Activity and Nutrition Survey (SPANS) 2015: Full Report.* Sydney: NSW Health, 2016.
- **4.** NSW Health 2016, *Managing nicotine dependence: A guide for NSW Health staff*, NSW Ministry of Health, North Sydney, viewed 2 October 2020, https://www.health.nsw.gov.au/tobacco/ Publications/managing-nicotine-dependence.pdf

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