Beyond the Clinic: A Big Picture Approach to Childhood Weight Management

Obesity prevention and treatment have traditionally been seen as separate areas with separate goals. However, reaching common ground between these two areas can help individuals and families either prevent weight gain or help them lose or manage weight.

This article looks at some childhood obesity prevention initiatives, compares two treatment approaches and highlights one emerging obesity treatment program for children and families that has moved beyond the clinic into the community.

What’s in This Article for You?
- Childhood obesity prevention initiatives
- Two treatment approaches:
  - The traditional clinical approach: Focusing on weight as an individual issue.
  - Beyond the clinic: Bridging the gap between clinic and community.

Childhood Obesity Prevention

The most recent national survey shows that about 25% of Canadian children and adolescents are overweight (Shields, 2005).

The increase in childhood obesity and its medical, social and financial costs (Lau, Douketis, Morrison, Hramiak, & Sharma, 2007) has led to an interest in developing programs and policies to help prevent boys and girls from gaining excess weight.
Obesity prevention initiatives can include community, school, government and/or industry groups that promote healthy weights through “big picture” strategies. For example, a community’s decision to include bicycle lanes that connect cyclists to park areas or public transit stations would be a big picture strategy to encourage physical activity and reduce automobile use.

Big picture strategies take an ecological (or multi-level) view of the determinants of obesity. This perspective suggests that many programs, including governmental policy changes, are needed to meaningfully affect Canadians’ health and weight (Raine, 2005).

Although most childhood obesity prevention programs are designed to limit unhealthy weight gain in boys and girls, they may also help overweight children to lose weight or prevent them gaining additional weight.

Several recent initiatives have targeted improved diet, increased physical activity and/or reduced sedentary inactivity in children. Time will tell whether these programs have a positive effect on the weight and health of children.

Some relevant examples include the following:

- Alberta Education’s Daily Physical Activity initiative.
- Federal Fitness Tax Credit.
- Re-launch of ParticipACTION.
- Alberta’s provincial Create a Movement campaign.
- Reduced “super-sizing” in some restaurants.
- Removing trans fats from restaurants and food processing.

Obesity is a very complex health issue, and the list of reasons for the lack of weight management success is long. While obesity is generally considered one condition, it is probably better viewed as a number of conditions that lead to excess weight gain (Epstein, Myers, Raynor, & Saelens, 1998).

Two Treatment Approaches

The clinical approach: Focusing on weight as an individual issue

Many Canadian hospitals and health regions have directed funding and expertise toward treating childhood obesity.

A recent environmental scan of pediatric weight management programs in Canada showed that many programs started in the past four to five years (Newton et al., 2007).

Although Canadian pediatric weight management programs vary from site to site, most include multidisciplinary teams delivering family-based, short-term (less than six months) interventions to overweight children, adolescents and their parents.

Interventions typically involve health professionals who promote weight loss by increasing:

- Dietary quality (e.g., increasing the intake of vegetables, fruit and dietary fibre and decreasing the intake of sweetened drinks).
- Physical activity (e.g., encouraging structured and unstructured physical activities, reducing screen time).

Tipping the energy-balance scale to increase energy output and/or decrease energy intake is a simple concept. However, making and sustaining lifestyle behaviour changes to enable long-term weight loss is incredibly challenging for most people.
The individual and combined factors contributing to and resulting from weight gain are numerous, including:

- Nutritional factors (e.g., taking in too much fat and/or carbohydrate, with dietary patterns such as binge eating and/or emotional eating playing a role).
- Energy expenditure issues (e.g., low activity level, high sedentary activity level, reduced metabolic rate and/or low thermogenic response to eating).
- Psychosocial factors (e.g., depression, anxiety and/or low self-efficacy).
- Metabolic complications (e.g., hypertension, insulin resistance, high cholesterol).

This more complex view of obesity is not unlike how health professionals and researchers see different types of diabetes and eating disorders, (i.e., each having their own causes and health consequences).

Appreciating this complexity can lead to more specific and targeted treatment and prevention programs. Because obesity has historically been viewed as one condition, simplistic treatment and prevention approaches to treating and preventing obesity (i.e., eating less and/or moving more) are not likely to be successful for long-term weight management success.

For example, there are more low-fat products in our food supply than ever before, yet the prevalence of obesity has continued to increase in recent years. Indeed, the most successful, long-term research studying treatment effects has shown that only 30% of overweight children achieve normal weight status at 10 years follow-up (Epstein, Voloski, Wing, & McCurley, 1990).

Given that most clinical weight management programs care for a diverse group of overweight children who vary in a variety of ways (e.g., age, ethnic background, socioeconomic status, psychosocial health, metabolic health), it’s not surprising that the success rate (usually measured by losing weight in the short term and maintaining weight loss in the long term) is very low.

This lack of success in the clinical setting suggests that continuing to focus on weight as an individual issue is unlikely to lead to success for most people. However, some individual approaches have shown some promise. Health professionals can take a more client- or family-centred focus by incorporating techniques such as motivational interviewing and cognitive behavioural therapy. With enhanced listening and counselling skills, health professionals can better communicate their excellent content knowledge in nutrition, physical activity and obesity-related health risks to clients.

Beyond the clinic: Bridging the gap between clinic and community

Very few obesity treatment programs have moved beyond a traditional, clinic-based setting and individualized treatment to engage the community in promoting healthy weights. One program that has taken this step is the Pediatric Centre for Weight and Health (PCWH) at the Stollery Children’s Hospital in Edmonton, Alberta.

The PCWH is part of Weight Wise, Capital Health’s initiative that includes clinical programs at several hospitals that provide weight management care to overweight children, adolescents and adults living in the Edmonton area.
Building on this clinical expertise, Weight Wise includes a multidisciplinary team of community-based health professionals. These professionals offer educational opportunities for individuals and families outside the clinics. Community liaison co-ordinators broaden the scope of care to include community partners (e.g., fitness facilities, commercial programs, private-practice clinicians) who support healthy lifestyles for overweight people. The community liaison co-ordinators connect individuals and families to these community-based resources and work in partnership with many local and regional committees to promote healthy eating and active living.

Health professionals in hospitals have clinical obligations that often prevent them working beyond the immediate medical, behavioural and psychosocial issues. The community liaison co-ordinators link spheres of influence (individual, family, community) that affect healthy lifestyles and healthy weights.

The PCWH community liaison co-ordinator ensures that families receive a comprehensive approach to weight management by working alongside the multidisciplinary clinical team. This team includes health professionals with expertise in pediatrics, psychology, nutrition and physical activity/exercise.

Within the clinic, the community liaison co-ordinator collects information from families about their social context (e.g., access to facilities, neighbourhood safety) to help them overcome barriers that might prevent them from making healthy lifestyle choices.

This knowledge, plus information based on clinical assessments and treatment plans, allows the co-ordinator to help families connect with resources (people and places) that can support them in their communities. In this way, the community liaison co-ordinators bridge the gap between clinic and community for individual families and work to link organizations interested in promoting healthy weights.

We need initiatives such as Weight Wise that include clinical- and community-based activities as well as bigger picture approaches that promote healthy behaviours at the population level if we truly want to positively affect the health of overweight children and their families.

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Working with practitioners, organizations, and communities to improve the health and quality of life of all people through physical activity.

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