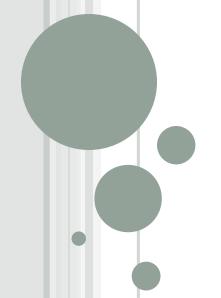
A WARM WELCOME TO

RAISING THE ISSUE OF WEIGHT:



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SESSION OBJECTIVES

- Identify the barriers
- Discuss the evidence
- List some of the public health messages
- Discuss the use of appropriate language
- Identify and use sensitive person centred techniques

TASK

• Why do we often find it hard to talk to people about their weight?



IMPORTANCE OF RAISING THE ISSUE TASK

• Why do we need to raise the issue of weight with parents?

• What are the risks and consequences obesity in children and adults?



TRACKING CHILDHOOD OBESITY

 An obese 2 yr old has a 40% chance of becoming an obese adult

 An obese 15 yr old has a 70% chance of becoming an obese adult



Source: Reilly et al 2003

HEALTH CONSEQUENCES OF OBESITY



Some cancers

Type 2 diabetes

Orthopaedic problems Obesity

Respiratory disorders

Fertility problems and pregnancy outcomes

Psychological impact

Bullying

UK OBESITY STATISTICS (ADULTS)

- The UK is the 'fat man' of Europe:
- A quarter of adults are obese (BMI > 30)
- Two thirds of adults are overweight (BMI > 25) or obese

 In the last 20 yrs. People with morbid obesity (BMI > 40) has more than doubled to over 1 million UK citizens

Source: Health Survey for England 2009-11

Benefits of 5-10% or 5-10kg weight loss

- Reduces blood pressure
- Improves cholesterol levels
- Reduces risk of type 2 diabetes
- Lowers death rate from cancer and diabetes

- Improves lung function in asthma
- Reduces osteo-arthritisrelated disability
- Improves blood sugar control

UK OBESITY STATISTICS (CHILDREN)

 31% boys and 29% girls (2-15yrs) either overweight or obese

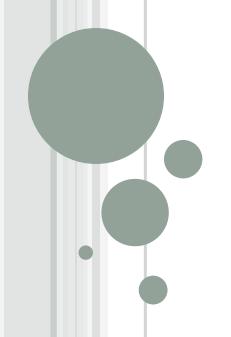
17% boys and 15% girls are obese
 (an increase of 11% and 12% since 1995)

Source: The Health and Social Care Information Centre 2012

EALING STATISTICS

- 38% of our Year 6 pupils who are overweight/obese in 2017/18 (NCMP 17/18)
- 22% of our Reception pupils who are overweight/obese in 2017/18 (NCMP 17/18)
- 21% of boys and 7% of girls did physical activity on 7 days in the previous week. Health Related Behaviour Survey 2017 (A survey of every year 8 and year 10 pupil in Ealing, survey is every 2 years)
- 29% of pupils said that they did some physical activity on at least 5 days in the last 7 days. Health Related Behaviour Survey 2017 (A survey of every year 4 and year 6 pupil in Ealing, survey is every 2 years)

Key Nutritional Messages





THE EATWELL GUIDE



PORTION CONTROL.....



Physical activity guidelines



START ACTIVE STAY ACTIVE PHYSICAL ACTIVITY GUIDELINES FOR ADULTS

- At least 150 minutes of mod activity spread over each week
- At least 30 minutes of mod activity on 5 or more days of the week
- Vigorous activity is very beneficial 75 minutes or more, per week.
- UK guidelines 2011 Dept of Health



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PHYSICAL ACTIVITY GUIDELINES FOR CHILDREN 5-18

- Moderate to vigorous activity for at least 60mins several hours every day
- Vigorous and strength exercise three times per week



HOW CAN WE FACILITATE CHANGE?

Whats behind raising the issue of weight?

Why a Behavioural Approach?

There is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity.

Visit; www.nice.org.uk/PH006

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ADVICE GIVING

Research has demonstrated that this approach can render the patient a passive recipient to expert knowledge and combined with persuasion can reduce patient autonomy and generate resistance. NICE (2007)

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Why is motivating people to change so difficult?

Any enquiry implies judgement

- About the way people live their lives
- About the choices they make

Well intentioned, advice-giving

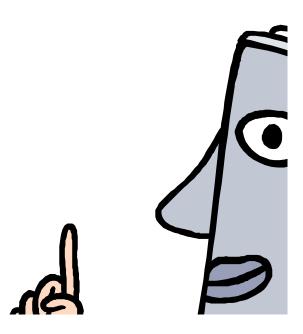
'Why don't you.....'

Use a smaller plate

Take one bite at a time

Chew slowly

Use stairs instead of the lift



RAISING THE ISSUE

- OHow do we then:
 - Raise the Issue without judgement?

• Support without taking control?

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Client-centred Approach

A behavioural approach is based on the 'person centred' method

DISCUSSION

Turn to the person on your other side and discuss the following 2 questions:

• If we were working in a person centred way ideally how would we like our parents/families to be feeling?

• What skills would we have used to help bring this about?

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Key Skills

- Active Listening Skills
- Greeting/opening the interview
- Non-verbal communication
- Reflection (min. encouragers, paraphrasing, reflecting feelings, summarising)
- Ending the interview

RAISING THE ISSUE

• What is the context in which you are speaking about weight?

O Does the parent/carer understand this context or does it need explaining?

• Have you asked permission?

O Have you thought through a few open, nonjudgemental initial questions?

RAISING THE ISSUE

Explain the context or rationale

Ask permission

Provide a menu

O Ask what the parent/carer thinks....

Non Judgemental Language

Keep it neutral

OUse the third person 'others.....' 'many people.....' 'some people say.....'

OUse collaborative language 'We' 'Us' 'together'.....

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CASE STUDIES APPLYING THE APPROACHES

Have a look at the case studies in your group and discus how you might raise the issue in those or related circumstances.



WHAT OPPORTUNITIES DO YOU HAVE?

Planned Meetings

Opportunistically





PREVENTION

- Sustainable school based/early years interventions
- Parental/family involvement
- Aim to change whole family lifestyle
- Incorporate behaviour change components

NICE 2006; SIGN 2010



FOR CHILDREN

 Treatment goal usually to prevent further weight gain (weight maintenance)

 Improve diet: increase F and V intake; reduce energy dense foods and total energy intake; portion contre

Increase activity levels

Reduce sedentary behaviours (e.g. limit screen time)

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NUTRITIONAL MESSAGES (EARLY YEARS)

- Young children need 3 meals and 3 nutritious snacks in between
- A varied diet should be offered from the 4 main food groups daily:
- > Bread, other cereals and potatoes
- > Fruit and vegetables
- > Milk and dairy foods
- Meat, fish and alternatives (e.g. eggs, peas, beans and lentils)
- Offer age-appropriate 'me-size meals'

PHYSICAL ACTIVITY GUIDELINES FOR EARLY YEARS (UNDER 5'S)

- Infants: should be encouraged from birth to be physically active daily, particularly through floor and water based play in safe environments
- Children capable of walking unaided: should be physically active daily for at least 3 hours
- Infants and children should be discouraged from being sedentary: no sedentary behaviour should last for more than 1 hour at a time (except sleep); this includes time spent 'restrained' in buggies etc
- Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers (2011)

IN SUMMARY!!

Remember the 4 "A's"

- o Ask
 - Raise the issue neutrally and non-judgementally.
- Assess
 - How is the parent/carer feeling about the letter?
- Acknowledge
 - What does the parent/carer already know about the issue and what do they want to know?
- Arrange
 - Discuss what the parent/carer want to do next and how you can support them.
 - **FINALLY**
- o Follow up what happens next?