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
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 of 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

- Type 2 diabetes
- Orthopaedic problems
- Fertility problems and pregnancy outcomes
- insuln resistance
- Psychological impact
- Some cancers
- Respiratory disorders
- 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-arthritis-related 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

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

- Choose wholegrain or higher fibre versions with less salt, fat, oil and sugar
- Water, lower fat milk, sugar-free drinks including tea and coffee all count.
- Limit fruit juice and/or smoothies to a total of 150ml a day.
- Eat more beans and pulses, 2 portions of sustainably sourced fish per week, one of which is oily. Eat less red and processed meat

Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland
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
**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
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)
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

How do we then:

• Raise the Issue without judgement?
• Support without taking control?
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?
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?

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

- Have you asked permission?

- Have you thought through a few open, non-judgemental initial questions?
RAISING THE ISSUE

- Explain the context or rationale
- Ask permission
- Provide a menu
- Ask what the parent/carer thinks....
NON JUDGEMENTAL LANGUAGE

- Keep it neutral
- Use the third person ‘others…..’ ‘many people…..’ ’some people say…..’
- Use collaborative language ‘We’ ‘Us’ ’together’......
CASE STUDIES APPLYING THE APPROACHES

Have a look at the case studies in your group and discuss 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 control
- Increase activity levels
- Reduce sedentary behaviours (e.g. limit screen time)
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"

- **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

- **Follow up** – what happens next?