

## **South Island DHBs join forces to tackle childhood obesity**

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The five South Island district health boards (DHBs) have agreed on a regional approach to address childhood obesity and meet the new Ministry of Health target, which comes into effect on 1 July.

Under the South Island Alliance, the collaboration of the five South Island DHBs, a suite of referral options will be made available to GPs to refer at-risk children and their families, ensuring equal access to high quality resources for all South Island residents.

Child obesity expert and chair of the South Island Childhood Healthy Weight Clinical Advisory Group, Professor Barry Taylor, says an integrated approach is the most effective pathway to prevent and manage overweight children in the South Island. "Consistent messages are very important. At present, a patient might visit two different health professionals and be told two completely different things. So, we have agreed on a common set of key resources so that the same messages are delivered consistently across the region."

The Alliance identified childhood healthy weight as a priority in 2014 and in 2015 established a clinical advisory group to develop a regional plan to help prevent, identify and manage unhealthy weight in children. This work now supports the government's Childhood Obesity Plan and new health target. Under the target, obese children will be identified at B4 School Checks (B4SC) and DHBs will be responsible for referring them for assessment and family based interventions.

As part of the South Island plan, GPs will be provided a suite of referral options. Amongst these, for selected cases, will be Triple P Lifestyle, a cost-effective, evidence-based parenting course that focuses on behavioural change, nutrition and physical activity advice for the whole family.

A popular resource that has been used across the health sector in Waikato since mid-2015 will also be available in the South Island. BeSmarter, which was developed as a parent/child friendly way to start conversations about health and goal-setting, is currently used by paediatricians, nurses, dieticians, dentists, GPs, practice nurses and B4SC staff.

"We live in an obesogenic environment – 60 percent of adults are overweight and 30 percent of children," he says. "It's not the fault of the child, it's a bigger issue. This is why our weight management programmes are focused on the family as a whole; it's important to avoid the blame game. Society is constantly pushing us in the wrong direction. Resisting the temptations of eating more and exercising less can be a difficult job for families and some need more help than others."

Professor Taylor says 70 percent of parents don't recognise their children are overweight.

"Overweight and obese 4-year-olds will be identified at the B4 School Checks, but getting parents to sign up for intervention programmes may be difficult. How do we inform a parent that their child's weight is unhealthily high? It's a tricky conversation to have.

"We need a well trained workforce in primary health care to guide these families, and we also need to focus on improving our society and trying to make changes as a whole."

Over the past five months, the clinical advisory group has been hosting forums across the South Island to educate health professionals about the issues and the regional approach. One of the next priorities is to establish more standard measures for children. “We currently have immunisations for 11-year-olds, but no height and weight measures like with the B4 School Checks. So, an important key objective of ours is developing an action plan around implementing standard measurements for our 11-year-olds.

“We are also working to ensure standard procedures for those who have been identified as being severely overweight and referred to secondary care, for illnesses such as Type 2 diabetes, for example. We are working on an effective, standard pathway for secondary referrals so that it’s consistent across the South Island.”

In terms of tracking outcomes, it may take six months to a year before progress is evident, he says. “We have the resources in place in terms of process, but in terms of outcomes, it will take time and further resources to measure and collate the outcomes”.

“One of the many advantages of working together as a whole is that we have completed the research for these processes and reviewed the evidence. We believe that having one group looking at the evidence and choosing the appropriate pathway is the best system, and having a central group also makes it a lot easier to track new evidence.”

ENDS

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