

Translating PEACH™ to practice

Why is it so hard?

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What is PEACH™ ?

A family focussed child weight management program for overweight/obese 4 to 10-year-olds

Parents as 'agents-of-change

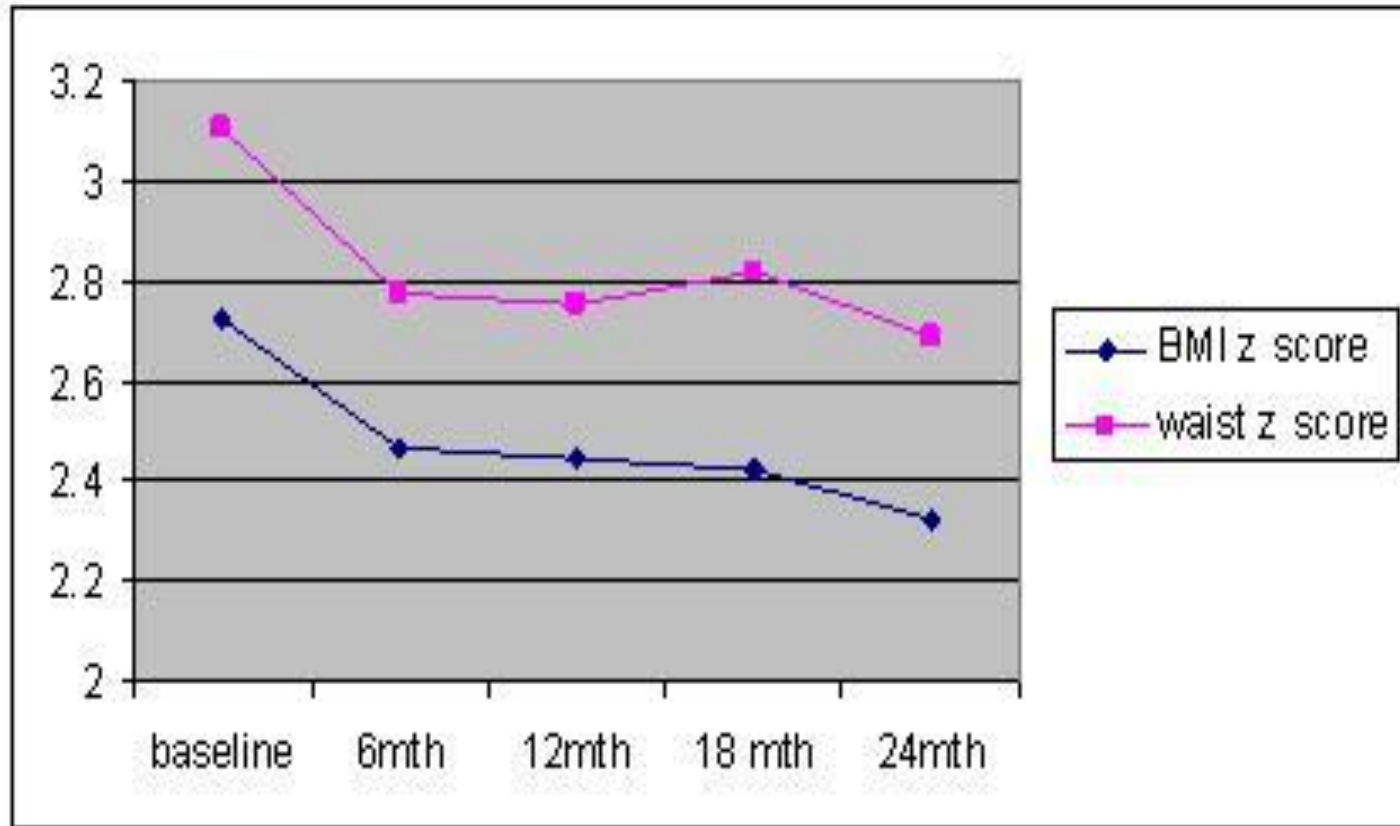


**Parenting, Eating and
Activity for Child Health**

PEACH™ Results (N=169, 5-9yrs)

~10% relative weight loss at program end (6 m),
maintained for further 18 m without intervention

Magarey et al Pediatrics 2011;127:214–222



Significance of PEACH™

- One of few studies providing evidence for successful weight management
- Significant investment in the research



successful outcome



obligation to translate into practice

- Funding problematic
 - SA Health (2008-11)
 - Mazda Foundation via Flinders Foundation (2008)

PEACH™ In the Community

- modification of PEACH™ program incorporating parenting skills within the healthy lifestyle sessions
- revision parent handbook: added graphic design & colour → 96p spiral bound book
- development of 2-day facilitator training workshop
- creation of website www.peach.net.au
- training health/education professionals to be facilitators and implement PEACH™ in their work setting
- FU staff time to support facilitators
- comprehensive evaluation
 - training process & effectiveness
 - program effectiveness

Facilitator training

- 7 workshops (April '09 – Dec '10), 44 participants
 - 50% dietitians, majority female, working in metropolitan Adelaide, < 3 y experience in weight M^x

Implementation

- 6 groups completed, 1 group follow-up Ax stage
 - ~ 50 families
- 6 groups $n \leq 8$ at start; 1 group $n=15$

Preliminary results

- Limited number paired measurements
 - baseline, end of program (6m)
- BMI Z-score change (n=14)
 - 4 no change (stabilisation: $\pm 5\%$ baseline)
 - 4 decreased > 5 to $<10\%$
 - 6 decreased $\geq 10\%$
- Parent feedback (n=18)
 - very positive
 - overall satisfaction on help received
 - helped change child eating and activity
 - all would recommend to others

Barriers to the translation process

- Attracting facilitators
 - lack of workplace commitment
 - nature of program challenges existing practice
- Implementation
 - varied levels of commitment by workplaces
 - recruitment
 - lack of referral pathway, obesity not recognised by families
- Evaluation
 - practitioners
 - participating families

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The problem

- Historically few services → lack of referral pathway
- 20-25% children overweight/obese
 - few parents recognise
 - child as outside healthy weight range
 - ↑ risk of health consequences
 - increased weight highly likely to persist
 - chronic condition
 - takes time to reverse a condition developed over a long period
 - importance of prevention, intervening early

How to raise awareness?

- Regular growth monitoring
 - parent responsibility
 - culture of not weighing and measuring children and adolescents
 - growth is an important health outcome
- Infant's first year: regular growth assessment
 - ensure tracking and weight not falling below length
- Only subsequent regular assessment is pre-school check (4-5 years)

What does growth monitoring entail?

Infants

- continue monitoring growth (1-2 times in second year)
 - weigh and measure accurately
 - calculate body mass index (BMI)
 - plot height, weight, BMI on age and gender reference curve (WHO 2006, CDC)
- monitor over time to assess tracking
 - alert parents if BMI tracking up towards upper limit of healthy weight range
 - discuss healthy eating

What does growth monitoring entail?

Older children (2y and above)

- annual growth assessment
 - parent weigh and measure and plot on reference chart
 - request measure whenever visiting GP
 - if weight diverging upwards from height trajectory require further assessment
- professional assistance
 - calculate body mass index (BMI)
 - plot BMI on age and gender reference curve (WHO ($\leq 5y$), CDC)
 - interpret the BMI (apply IOTF, WHO cut-points)

Older children

- First measure
 - apply internationally recognised cut-points for $\geq 2y$
 - Obese: clear need for action (eg referral to PEACH program)
 - Overweight - upper end (approaching obese cut-point): need for action
 - Overweight - lower end: assess again in 6 months
- Subsequent measures
 - assess against previous measure
 - \uparrow within obese range: urgent need for action
 - \uparrow within overweight range: need for action
 - \uparrow from healthy range into overweight range (assess again in 6m)
 - change within healthy weight range – reflects normal growth variation

Who will be the responsible professionals?

- Assessment
 - time (worksite support)
 - equipment
 - skill and confidence
- Talking to parents
 - time
 - skill
 - confidence
 - be prepared for adverse reaction
- Formal monitoring system or opportunistic?

Conclusion

- Providing support to families for management of obesity is hampered by overall lack of awareness in the community of the weight status of children and the health consequences excess weight
- 1 in 5 children are overweight by the age of 4 years
- Urgent need to raise community awareness of importance of regular growth monitoring
 - overcome the stigmatisation – normalise measurement process
 - ? responsibility of parent/health/other agency
- Evidence based program (PEACH™) now available
- Identify and take action on those above cut-points

Funding support

> SA Health



> Mazda via Flinders Foundation



> Flinders University





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