

Centre for Healthy Weights-

Overview of Shapedown BC

A holistic approach to weight management for children and teens

**May 2013
Prevention Rounds**

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Program Coordinator
Centre for Healthy Weights- Shapedown BC**

The Centre for Healthy Weights - Shapedown BC

MANDATE:

- To implement an evidence-based Pediatric Weight Management Program at BC Children's Hospital
- To act as a Provincial Resource to support and advocate for standardized resources and information throughout the province.

OBJECTIVE:

- To facilitate changes in individual and family functioning that lead to sustainable, enjoyable, and healthy lifestyle habits and attitudes.

The Centre for Healthy Weights - Shapedown BC

Components



Consistent

Coordinated

Collaborative

Based on:

2006 Canadian Clinical Practice Guidelines on the Management and Prevention of Obesity in Adults and Children

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Multidisciplinary

Family- centered

Lifestyle Approach

Behavioural

Evidence-Based

Multidisciplinary

The Core Team

- Registered Dietitian**
- Mental Health Professional**
- Physician**

The Fitness/Activity Specialist

- Support and education for groups**
- To facilitate ongoing linkages and access for children, adolescents and their families to fitness activities in their communities.**

Family Centered

- ❑ Individualized to meet the needs of the child/teen and family
- ❑ Recognizes family capacity/ underlying contributors
- ❑ Culturally, ethnically, socioeconomically respectful

Lifestyle Approach

- ❑ Non- diet approach
- ❑ Positive body image, self-acceptance
- ❑ Respectful guidance
- ❑ Acknowledges barriers
- ❑ Environmental compatibility

Behavioural

- ❑ SMART goal setting
- ❑ Skills and tools to change behaviour
- ❑ Motivational Interviewing/Readiness
- ❑ Screening tools for anxiety, depression, eating disorders; family function

Evidenced -Based

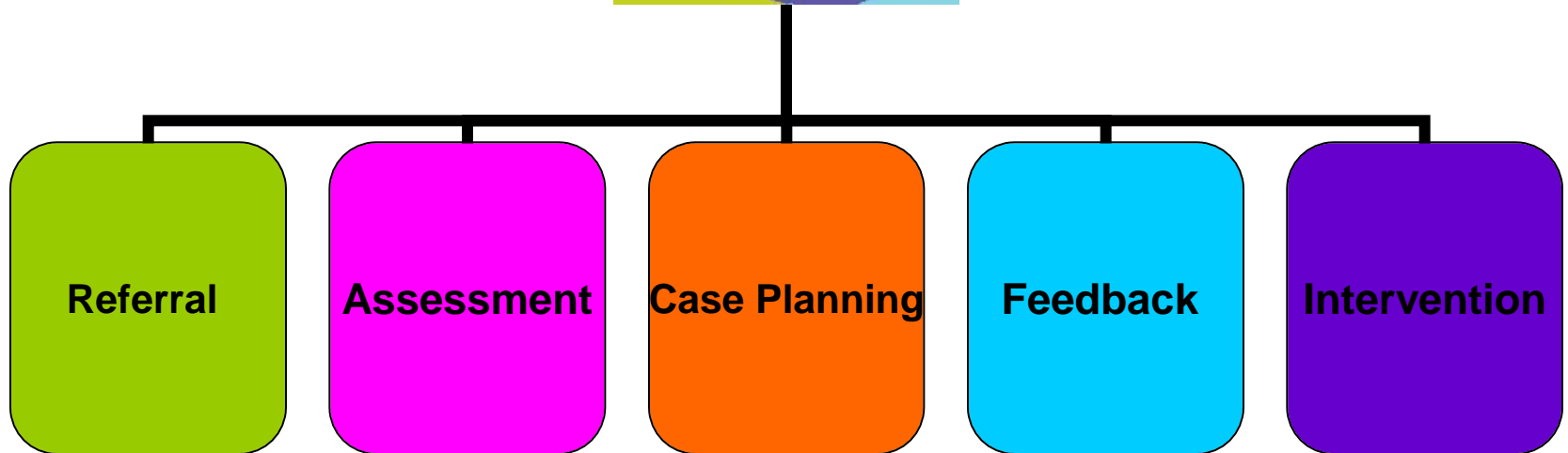
- ❑ 2006 Canadian Clinical Practice Guidelines on the
- ❑ Management and Prevention of Obesity in Adults and Children
- ❑ On-going support post intervention
- ❑ Evaluation/Responsive team/resources/programs

Respectful

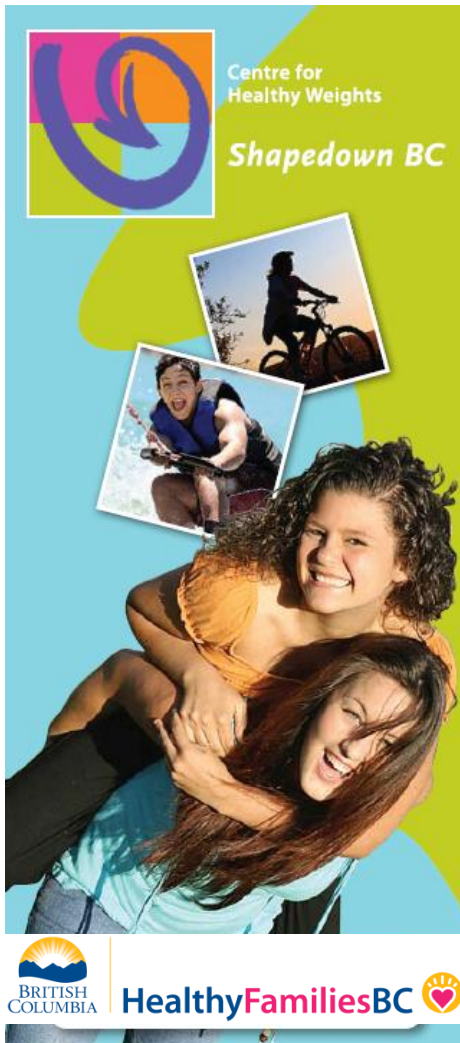
Non-judgemental

Sensitive

Program Components



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Referral Criteria

- 6-17 years
- 97% BMI for age
- 85% BMI for age with co-morbidities
- Parental participation
- English speaking

Initial Contact

- ❑ Physician Referral
- ❑ Assign an ID number
- ❑ Review for admission criteria:
 - ✓ **6-17 years old**
 - ✓ **BMI >97% or >85% with co-morbidities**
 - ✓ **At least one parent/caregiver is able to speak, understand and read English**

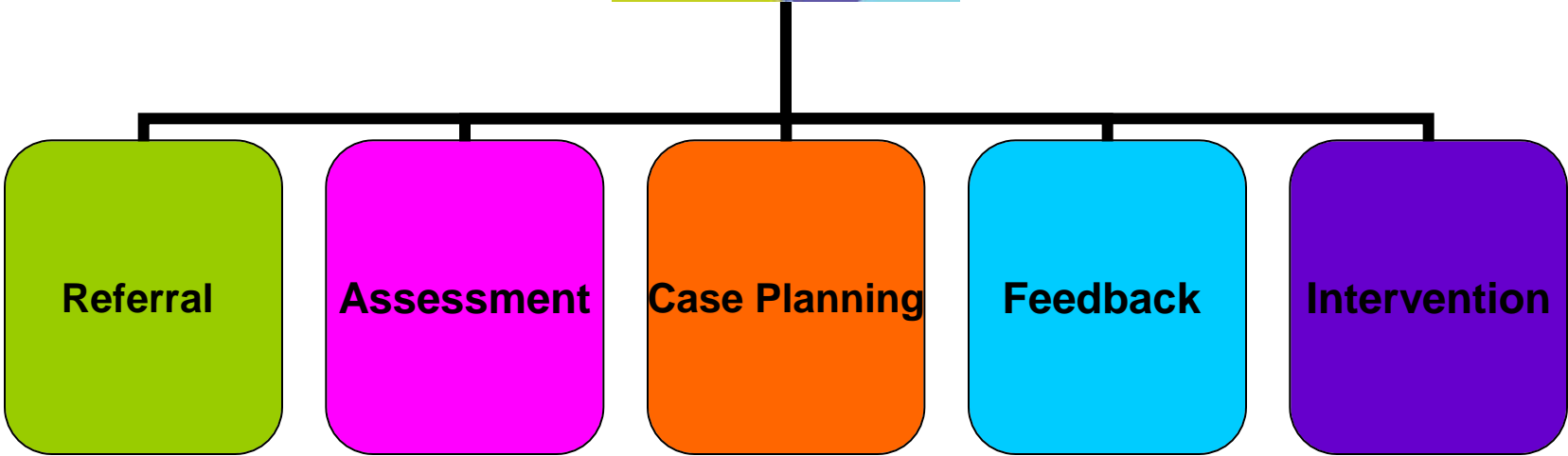
Telephone Screening

- ❑ Share information
- ❑ Answer questions
- ❑ Determine interest & capability of attending intake, care planning & group
- ❑ Screen for “fit” (i.e., special needs, timing of participation)

Book 2 appointments

- Multidisciplinary Intake Assessment 4 hours**
- Feedback, Care-planning Meeting 1 hour RD and Mental Health Professional**

Program Components



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Intake Assessment (4 hours)

- Medical**
- Psycho-social**
- Nutrition and Lifestyle**

Medical Assessment

Purpose:

- Cause
- Contributing Factors
- Complications
- Risk stratification
- Medical Eligibility

Psychosocial Assessment

- ❑ Self-concept (including body image)
- ❑ Anxiety & worry
- ❑ Depression
- ❑ Disordered Eating
- ❑ Family functioning & support
- ❑ Readiness to make lifestyle changes

Nutrition and Lifestyle Assessment

Nutrition Assessment

24 hour recall

Snapshot of When, What , How

Patterns

Quantity

Quality

Style

Physical Activity

Active /enriching life: Hobbies, sports, interests

Family activity

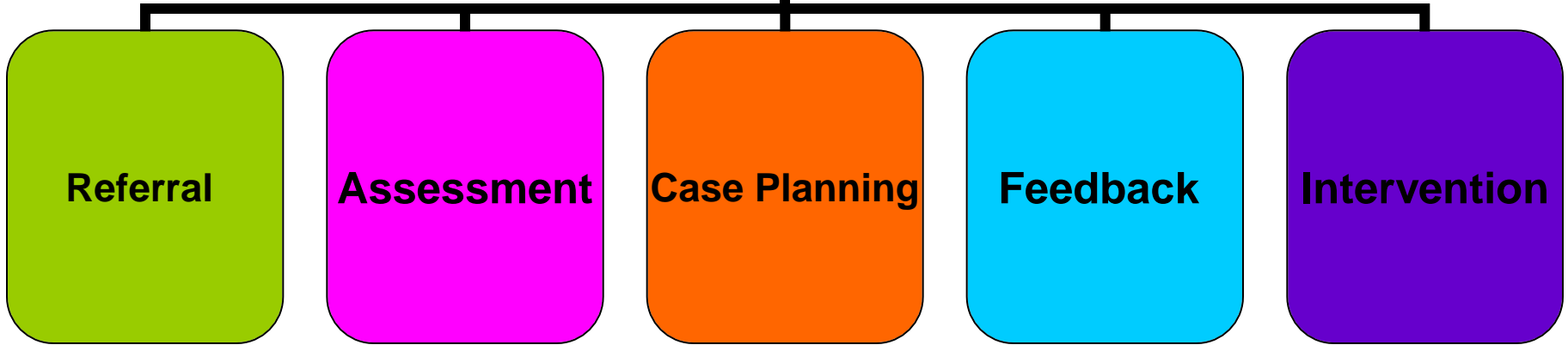
School activity

Playtime

Sedentary Lifestyle

Screen time (TV, video games, computer), TV in bedroom

Program Components



MEDICAL

Strengths: _____

Challenges: _____

LIFESTYLE-Nutriton

Strengths: _____

Challenges: _____

LIFESTYLE- Activity

Strengths: _____

Challenges: _____

WEIGHT

FAMILY

Strengths: _____

Challenges: _____

SCHOOL/PEERS

Strengths: _____

Challenges: _____

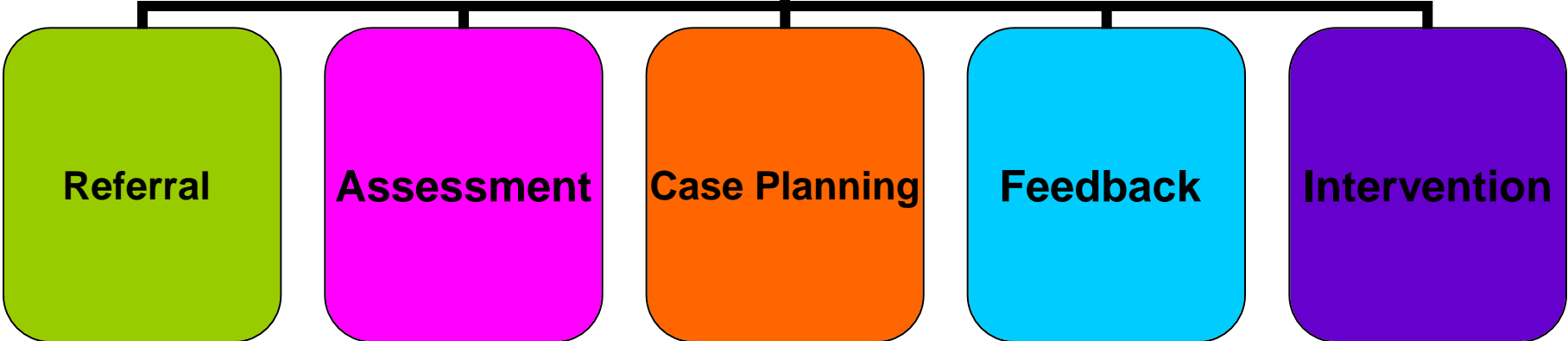
PSYCHOLOGICAL

Strengths: _____

Challenges: _____

Readiness _____

Program Components

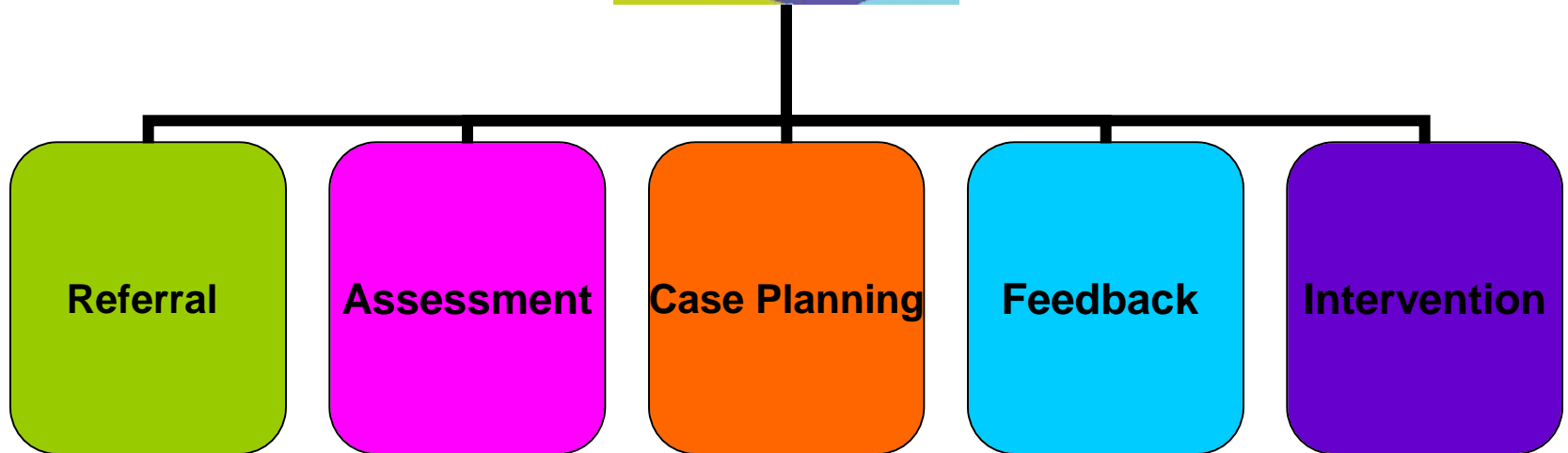


Feedback Session (1 hour)

RD and Mental Health Professional

- Short term goal established at intake is assessed.**
- Feedback tool is discussed within context of family strengths**
- Care plan and appropriate intervention discussed within context of family challenges, capacity and readiness**
- Team report is sent to referring physician**

Program Components



INTERVENTION

10 * weeks total

10 - 12 families per group

Children age clustered

- 1 session/week at BCCH site (2 hours)
- 1 Family Fun Session/week at YMCA (1 hour)

*3 additional sessions for teens only addressing emotional eating

SESSION STRUCTURE

- **Co-facilitated by dietitian & psychologist**
- **Separate child/teen & parent session**
- **Joint session**
- **30 minutes of activity for child/teen with YMCA instructor**
- **Nutritious Snack**

THEMES

- **SMART Goal setting**
- **Nutrition education**
- **Active living**
- **Parenting skills**
- **Communication and problem-solving skills**
- **Self-esteem**

What happens after group?

- ✓ Continued participation at Y Family Fun Fitness sessions throughout the year.
- ✓ Family memberships
- ✓ Family coaching
- ✓ CHW- Shapedown BC Newsletter
- ✓ Access to RD and Psychologist for occasional booster session
- ✓ Repeat of age –appropriate group

Summary of Evaluation Outcomes

Int. J. Environ. Res. Public Health **2011**, *8*, 4662-4678

Over the short-term, Shapedown BC is effective in addressing:

1. Medical outcomes

- ✓ **Change in trajectory of weight gain from intake to program completion**
- ✓ **Reduction in BMI z-score and waist circumference**

2. Psychological Outcomes

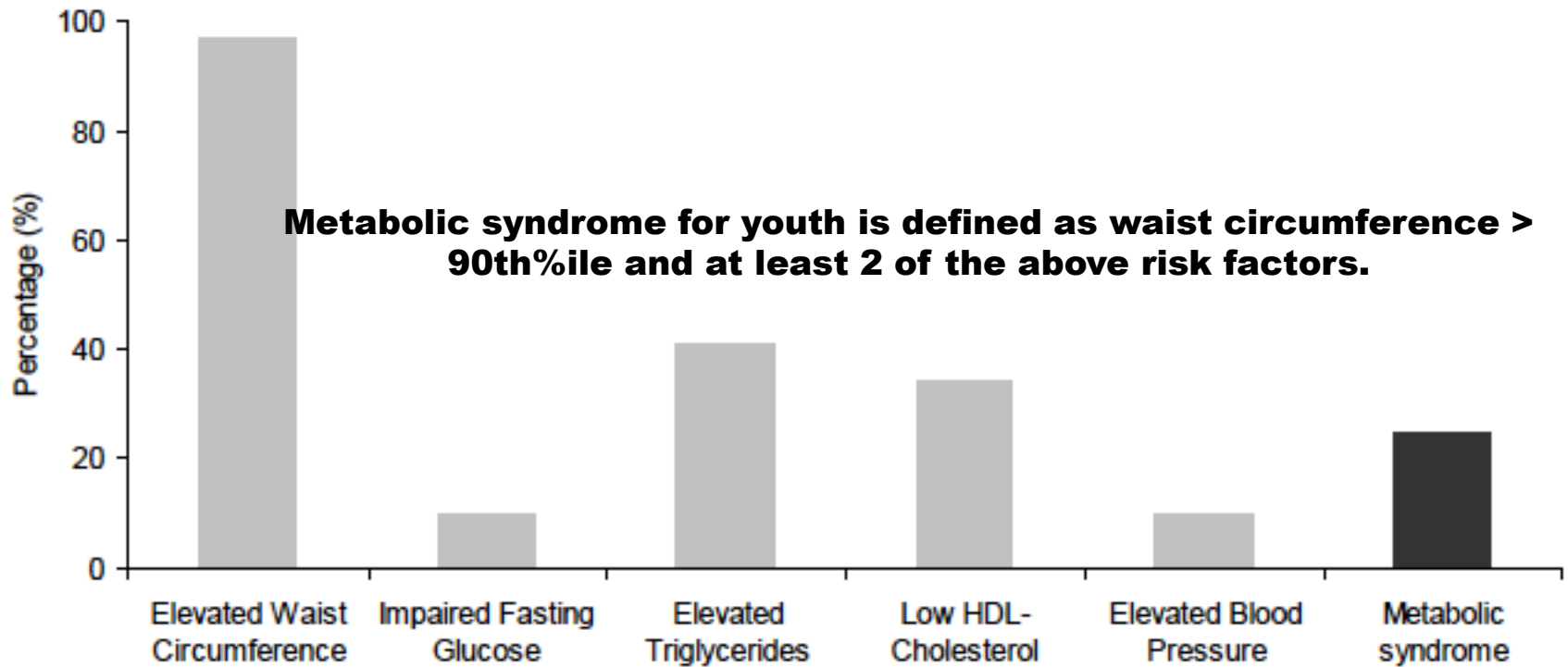
- ✓ **Improvement in Beck Youth Inventory scores: Self concept and anxiety scores showed a significant improvement from intake to program completion**

3. Physical activity

- ✓ **Improvement in reported mod-vigorous physical activity**
- ✓ **Decrease in reported sedentary activity**

High prevalence of metabolic syndrome at intake

Figure 2. Prevalence of metabolic syndrome and its components at intake.



CBCL From Intake

Child Behaviour Checklist Intake Data	Normal (%)	Borderline (%)	Clinical (%)
Internalizing Problems¹	41.8	9.1	49.1
Externalizing Problems¹	69.1	11.8	19.1
Total Problems¹	45.5	19.1	35.5

¹normal: T-score<60, borderline: T-score 60-63, clinical: T-score>63

Nutrition and Lifestyle changes are key

- ❖ Requires great sensitivity to the social, cultural and ethnic context that food and activity hold within a family unit
- ❖ Present guidance to change that is compatible with the child's/family's readiness level and realistic to family's capacity
- ❖ Understand the no-diet approach to weight management and distinguish between this and the diet/weight loss focus approach

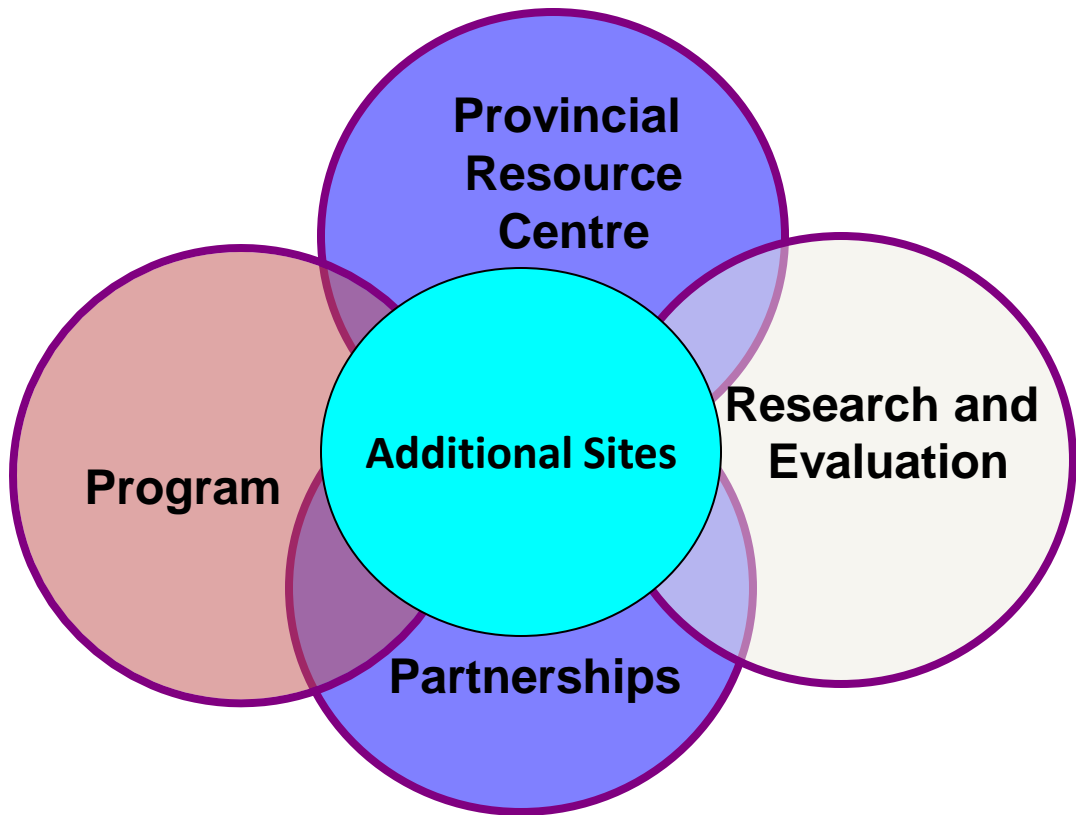
TARGETS for change re:

- ↓ Sedentary behaviour
- ↓ Screen time
- ↓ Processed foods
- ↓ Eating out
- ↓ Sugary drinks
- ↓ Anxiety

- Family meals
- Fruits and vegetables
- Whole grains
- Family active time
- Family communication
- Parenting skills
- Consistent meal and snack times
- Self-esteem

NOT WEIGHT!

The Centre for Healthy Weights: Shapedown BC NEXT STEPS



Consistent

Coordinated

Collaborative

PROGRAM TEAM

Dr. Mary Hinchliffe, Medical Director
Dr. Janice Blocka, Physician
Arlene Cristall, RD/Program Coordinator
Leah Perrier, Registered Dietitian
Lauren Gibson, Registered Dietitian
Dr. Sandy Klar, Psychologist
Dr. JP Chanoine - Research

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