



“Obese children – how do we address them?”

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Obesity in Society



- New liberal Society (Study from CBS)
- Obesity is lost control
- The last taboo in Denmark
- Is this true?

- Causes: genetic, structural and/or lifestyle
- Treatment: surgical/medical or change of lifestyle
- More than food and training
- Parental skills, bonding between child and parent, etc.

Obese children



- Children defined with special needs, 50% ethnic children*
- Families with many difficulties (unemployment, mental illness, divorced and poor parental skills)
- Families with lac of surplus to deal with the needs of the child
- Bullied children, low self esteme
- Health risk as teenagers
- Fat liver, diabetes, high bloodpreasure, etc.
- Life long struggle to keep a healthy weight

Obese children

- Ethnic families:

In Aarhus – in general:

17 % with another ethnic background

(no=92)	Danish	Ethnic	Unknown
Father %	43,5	51,1	5,4
Father No.	40	47	5
Mother %	47,8	51,1	1,1
Mother No.	44	47	1

- Overweight/moder:

In Aarhus – in general:

35 % grown up population

(no=53)	%	No.
Overweight	84,9	45
Normal	15,1	8

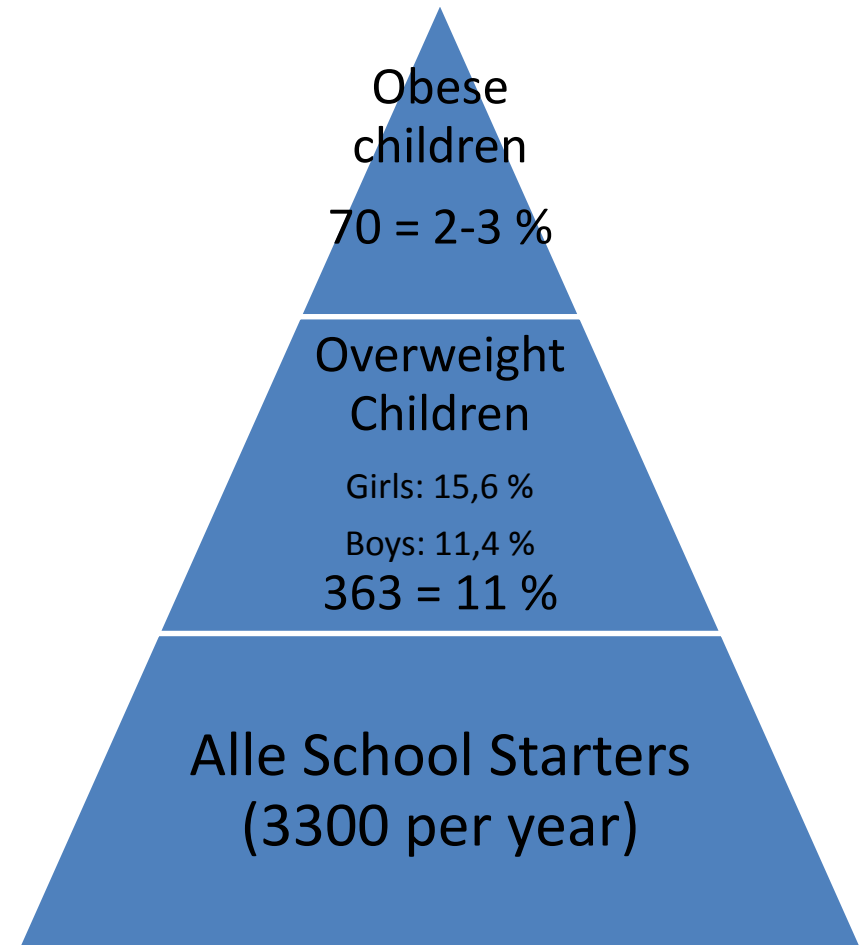
Municipality of Aarhus

- 1 year Program for all obese school starters (6-7 years)
- Name of the effort:
"Fedt for Fight – skolestarter"
- Conducted by the Central Unit
- Development of competences for School Nurses and Specialists
- Task for Specialist School Nurses
- Part of the official program:
- Recruited by the School nurse on BMI > 30 (age and sex corrected)
- Follow up with statistics on results, presentations and articles



Municipality of Aarhus

- 4 Visits at Home supplied by phonecalls
- Mindmapping and individual Goals, Metabolisation, Externalising etc.
- Focus on empowerment and compliance to a new lifestyle
- Movement in a closed group
- Courses for parents
- Follow up by the School Nurse for the rest of their time in School
- Co working with Dietician and General Practician



Presentation of Fedt for Fight – Skolestarter at SPOC 2010 – Stockholm

An intervention* in the municipality of Aarhus involving obese children aged 6-7 years old. A 3-year long project – supported by the National Board of Health – addresses all children with BMI ≥ 30 in their first year at school. School nurses with special competence and training are offering the program consisting home visits, teams with play and movement and other cross disciplinary activities.

* Hansen, H. Bode, S. Videnscenter for Sundhed og Trivsel, Aarhus Kommunes Fedt for Fight – Skolestartens evalueringsrapport med fokus på metode, jao 2010.
 * Cole TJ, Bellizzi MC, Flegal DM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. BMJ 2000; 320(7244):1-6.

Project Managers from Department of Children's Health:
 Henriette Haxmus and Susanne Heide
 Participating School Nurses:
 Lis Fenger and Jesette Cornelussen



The school nurse meets all children during the first year of school. A parent participates. Health talk and health check is the subject and measuring height and weight.

A child with BMI equivalent to 30 or more (correction for sex and age) is offered participation in "Fedt for Fight – skolestarter". The program is offered the obese child and family.

A school nurse with special training offers this part of the program:
 Home visits 4 times

1. The obese child and her/his parents works together with the school nurse on a Mind Map of the child's life in different scenarios.
2. Goals for the obese child and family are formed mainly by themselves using the Mind Map.
3. Follow-up and maintaining attention to the goals – small changes and small goals are important to keep in mind.
4. Looking at the intervention together with the family in terms of maintaining their goals in the future, contact with the ordinary school nurse, controls, evaluation with the family.

"Play and movement" – during the program (1 year) the obese child is offered free participation in physical activity one day every week. Being in a peer group, the obese children find physical activity together fun, and it also helps them build self-esteem. This can start immediately, when the program is accepted by the family.

Group sessions for parents are at the same location as the child's "Play and movement" class. The program contains subject such as:

- Family meals together
- The size of a child's meal
- The amount of sweet-drinks, candy chips and burgers during the week
- In-between meals
- How can I say "No" to my child
- Control or self control
- Bonding between mother and child
- Etc.

Organisation is important for the success of this concept. This project is cross disciplinary and coordinated by Department of Children's Health by Henriette Hansen and Susanne Heide. The school nurses with special training are supervised from the department, and improving of their skills is planned and conducted from here also. The department coordinates the intervention.

Evaluation of Method, organisation and follow-up with results is coordinated from the Department of Children's Health. Survey and improvements for the obese children in the municipality of Aarhus are the goals, as well as improving the skills of the ordinary school nurses and their involvement in this group of children.



The program was offered to 63 obese children in 2007/2008. The definition of participation was acceptance of home visits and goals for the child and family (plan of action).

Follow-up after 1 year for 39 children shows:

- 39 participated (63 children possible)
- 66 % girls - 33 % boys
- 61.5 % maintained or decreased BMI/weight after 1 year
- 28 children took part in the exercise
- 20 parents (single or couples) participated in the group sessions



FEDT FOR FIGHT - SKOLESTARTER

Follow up 3 years – results

- Participation 62 %
- Drop out primary and secondary
- Better parental skills?
- Change in BMI
- Less bullying and a better time at School
- Better motor skills for most of the kids
- Healthier food, snacks
- Smaller portions
- Drop out primary:
- 210 possible participants
- 99 actual (results from 92)
- 92 children – 3 classes
- 18,5 % (17) less than full programme
- "Play and movement":
- 72,8 % (67) – 26,1 % (24)
- Parental groups:
- 58,7 % (54) – 40,2 % (37)
- Dietician:
- (23)
- General Practitioner:
- (42)

Findings

- Difficult to talk about – in families, for health professionals, in society
- Parents does not see the problem at this age
- These kids are ALWAYS hungry and begging for food
- These kids prefer to sit down, TV, Computergames, drawing, etc.
- Parents with no or small ressources, vage skills, a many social problems and they are obese themselves
- Not all health professionals support the effort



Results

- Effect on BMI – 92 children:
- 35,9 % (33 children) – lower BMI
- 37,0 % (34 children) – stabil BMI

- 18,5 % (17 children) – higher BMI
- 7,6 % (7 children) – no result*

The Family moved away after 1 or 2 years, Parents do not love the control, The Health Visitor did not cooperate, etc.

Themes to work on ...

- Prevention through earlier intervention?
- Education for other categories of professionals in Kindergarten
- Expanded cooperation with GPs and Skejby Hospital
- Research with Aarhus University and Anne Freud Center in London

- Political focus → resources to expand the effort
- Dokumentation and research in general

Questions?
Thank You for your attention!

