
Healthy Kids Club: telehealth evaluation empowering children and families to tackle childhood obesity

Initiative Type

Model of Care

Status

Deliver

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Summary

A paediatric obesity clinic successfully conquered the restrictions enforced by COVID-19, empowering children and families to tackle the complexities of obesity from their own home. A

multidisciplinary team including a multicultural health worker, dietitian, clinical nurse consultant, physiotherapist and psychologist, delivered culturally tailored and family-centred care via telehealth to address nutrition, physical activity, sleep, screen time and family connectedness. Patient engagement with the service was maximised with the provision of an obstacle course kit promoting physical activity and cooking demonstrations to improve nutritional intake.

Key dates

Sep 2019

Implementation sites

Metro South HHS

Partnerships

Good Start Program Brisbane

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Aim

The Healthy Kids Club (HKC) aimed to develop and implement an effective strategy to overcome the restrictions enforced by COVID-19.

Benefits

Telehealth allowed the HKC multidisciplinary team to provide treatment of obesity despite temporary ceasing of face-to-face support, aligning strongly with evidence-based guidelines.

The delivery of healthcare via telecommunication provides effective and flexible services, reducing barriers associated with travel, access, time and costs.

Previous childhood obesity treatments delivered via telehealth have shown promising results regarding patient outcomes and ratings of satisfaction, highly dependent on patient characteristics. Research suggests in order to optimise health outcomes relating to childhood obesity, family-centred care must be delivered at a medium to high intensity (26-75 hours of contact), with sufficient duration (6-months for initial weight loss phase) and promote a strong family component.

Telehealth support facilitated the formulation of goals with the multidisciplinary team, aiming to encourage patients to implement manageable improvements in health behaviours and increase motivation. Goal setting around healthy behaviours is widely utilised to inspire motivation within obesity management.

Overall, the telehealth Model of Care is highlighted as a cost-effective approach to mitigate the rates of childhood obesity. Successful research findings have informed an improvement update to the standard Model of Care, including the greater utilisation of telehealth to minimise service access barriers, maintain patient engagement and ultimately improve patient health outcomes.

Background

Behavioural changes and lifestyle modifications are well known as the primary tools for reducing childhood obesity.

Solutions Implemented

Utilising interactive telehealth, the multidisciplinary clinicians continued to deliver culturally appropriate and family-centred care to children and adolescents tackling the challenges of obesity. The new initiative was supported by a health services research agenda to assess the telehealth model of care, as a valuable investment to optimise patient outcomes relating to engagement and

attendance, received benefit, cost-effectiveness, and satisfaction.

Alternated methods of education were implemented to replace face-to-face intervention, with an aim to address the gaps in patient knowledge. Support was provided via practical strategies, including individualised solutions for each family.

Evaluation and Results

Data was analysed relating to service delivery during COVID-19 restrictions from March to May 2020 and compared to the service delivered during the same period in 2019 delivered via face-to-face, and in 2021 delivered via face-to-face and telehealth methods of delivery. Outcomes of interest were collected via administrative processes including frequency of follow up, appointment attendance, failure to attend appointment rates and costs of service delivery. The results will be available soon. Feedback received from families displayed the telehealth Model of Care delivery as an effective initiative to maintain lifestyle improvement during periods of lockdown. Families reflected the increased contact combined with goal setting and supporting resources allowed them to maintain their motivation regarding physical activity and nutrition as a family. Families supported the remote consultations and attended appointments more frequently, due to the dismissal of barriers associated with travel time and work and school commitments.

Lessons Learnt

The HKC aimed to provide an alternate intervention to face-to-face education and support regarding physical activity and dietary intake. Resources developed reflected clinical practice guidelines. However, the alternative methods implemented did not resonate effectively with each family. Resultingly, to maintain engagement, the clinical team implemented adapted, innovative and tailored strategies for each family.

Additionally, COVID-19 lockdown restrictions presented different environmental issues to families. For example, the clinic team observed an increase in mental health issues among patients, placing healthy mental health and sleep hygiene as high priority within clinical practice.

Without support during COVID-19 lockdown, detriments to positive health behaviour maintenance and improvement was highly probable.