



# Activity and Nutrition Aotearoa Conference

## May 22<sup>nd</sup> 2019

Are we working together towards achieving the  
Raising Health Kids Targets?  
A study asking Nurses about their perception of the  
Before School Check

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# What is the target?

By December 2017, 95% of obese children identified in the B4 School Check programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions.



Aim: To explore the experience of the nurses performing the B4SC since the inclusion of the Raising Healthy Kids targets in July 2016

Methods: Five focus groups using Nominal Group Technique.

Group discussion and establishing priorities followed. Researchers collated and analyzed data.

SI Public Health Nurses  
SI Practise Nurses  
NI Public Health Nurses  
NI Plunket Nurses

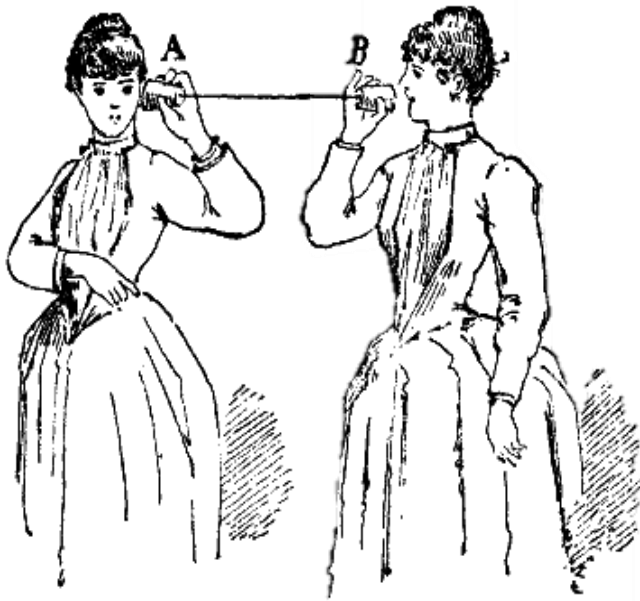


Aim to achieve  
representation from all  
nurse groups contracted to  
deliver B4SC and also  
rural/urban mix



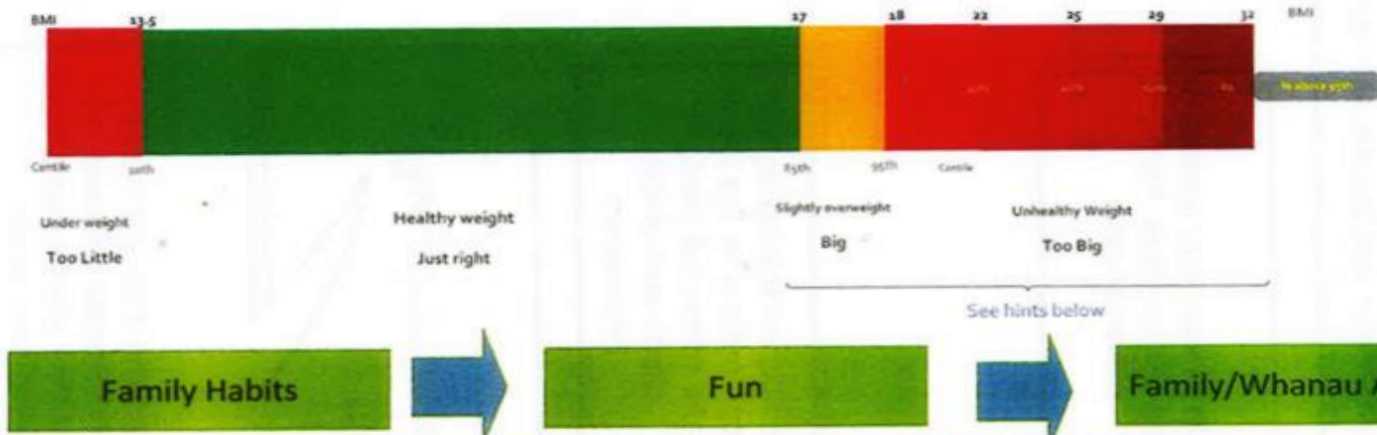
Group	Themes
Group 1 PH SI	<ol style="list-style-type: none"> <li>1. Communication</li> <li>2. BMI as a measurement</li> <li>3. Increased time to complete check</li> <li>4. Lack of consistent messages regarding BMI to families.</li> </ol>
Group 2 PHO SI	<ol style="list-style-type: none"> <li>1. Communication with the family</li> <li>2. BMI as a measure</li> <li>3. Referral issues</li> </ol>
Group 3 NGO NI	<ol style="list-style-type: none"> <li>1. Education/Communication</li> <li>2. Parenting issues</li> <li>3. Cultural issues</li> </ol>
Group 4 NGO NI	<p><i>In no particular order</i></p> <ul style="list-style-type: none"> <li>BMI as a measurement</li> <li>Communication</li> <li>Cultural issues</li> <li>Family issues</li> <li>Education of families</li> </ul>
Group 5 DHB NI	<ol style="list-style-type: none"> <li>1. Parental response/communication</li> <li>2. Education</li> <li>3. SES issues</li> <li>4. Follow-up issues</li> </ol>

# Communication Tools



- BMI paper chart and online recording mismatch increase the need to follow up. This depends on where a nurse plots the height and weight as the charts are not clear.
- Has gotten easier with experience/time, also nurse better at recognizing early if BMI is going to be an issue.

## 4 Year Old Weight Ruler



“Difficult conversation has been made easier with the ruler” (ask family first where they see the child then show).



Healthy weight BMI calculator | x

https://www.health.govt.nz/your-health/healthy-living/food-activity-and-sleep/healthy-weight/healthy-weight-bmi-calculator

**BMI calculator**

- Help with managing your weight
- Healthy weight gain during pregnancy
- Healthy eating for young children
- Healthy eating for children
- Healthy eating for teenagers
- Sleeping
- Green Prescriptions
- Food safety
- Guidance for workplaces

**Please note:** BMI is a useful measurement of growth for most, but it is only an estimate and it is not able to differentiate between body fat and muscle mass. In addition, BMI may not be appropriate for people, particularly children, with certain health conditions such as some endocrine or genetic conditions. Speak to a health practitioner about your weight if you have any questions or concerns.

This calculator is not appropriate for women who are more than 10 weeks pregnant or children under 2 years of age.

**MINISTRY OF HEALTH**  
MANATU HAUORA

## Healthy Weight BMI Calculator

- Body Mass Index (BMI) is calculated using a person's weight and height.
- It's used by health professionals to find a healthy weight range.
- Find out if you or your child are a healthy weight.

**Birth Date - DD/MM/YYYY**

**Sex**

Select

**Height**  cm

**Weight**  kg

**Date measurements taken**

16/05/2019

**Calculate BMI**

[Feedback](#)

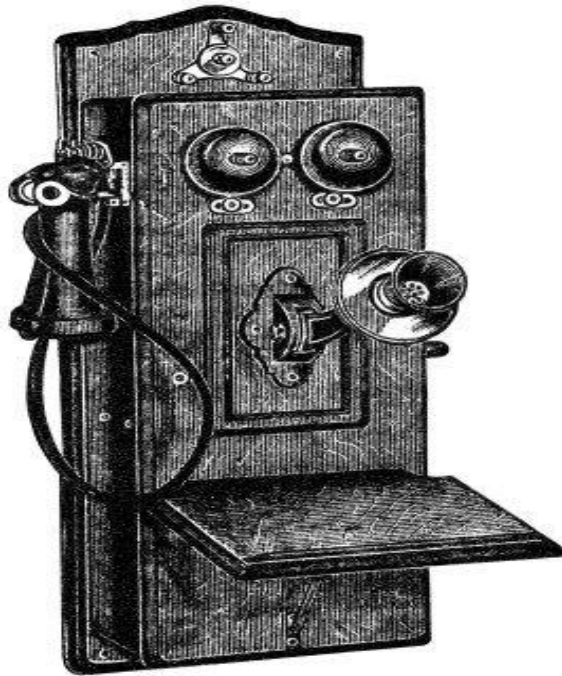
[Embed this tool on your site](#)

[Back to top](#)

“MOH BMI app better than chart. Colour on app good indication for parents.”

# Communication

to families from other health professionals and media

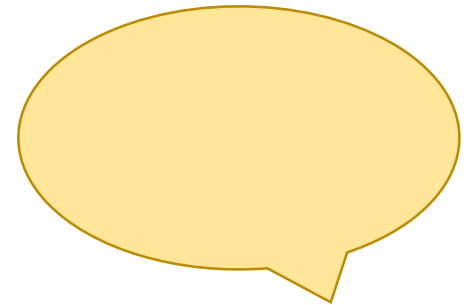
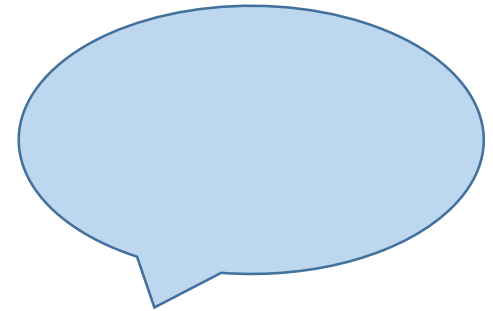


- Helps if the GP has talked to the family.
- One hour not long enough, but could be if the message was consistent from all Health professionals.
- Health professionals talk about it, advertising helps, on Pacifica TV/radio.
- TV adds “Too much love” good

# Communication

## between family and the nurse doing the check

- The language used around the BMI is important especially if the parent/carer is overweight.
- Parents react negatively to child's BMI if it is over the 91-98 percentile especially if the child appears normal weight.
- It might also be new information to the whanau so the nurse is reluctant to bring it up.
- Nurses don't want to cause offense, they want the check to be a positive experience so parents come back to HPs.
- Family might have other issues and this child is not their priority.
- Stress the positives, look at the bigger picture if BMI is high as the parent will say the child is healthy.



# Communication

between health professionals



- Follow-up what does happen?  
Limited feedback to nurses about achievement of targets.
- Feels like a tick box exercise to meet targets.
- GPs are not always sure what to do with referrals, although this is getting better .

# BMI as a measurement tool

- Parents also come to the check with preconceived ideas from family and friends about the focus on weight in the check.
- Parents don't always understand what BMI is.
- Some families refuse the B4SC because of the HKT.
- People of high SES challenge the BMI, they shut down the conversation.



# Cultural issues

- Cultural norms are important for example some people hand feed their four years olds.
- It can be a cultural norm as to how big your child is. It might be that nurses have bought into this too.
- Parents might decline referrals because of outside influences (Grandparents in Pacifica families; Family in Indian families). Parents might not have a lot of influence.
- Education for all generations is important.
- Veges are expensive and also not always palatable for everyone e.g. if brought up in the Islands. People don't always know how to prepare the vegetables if they are not familiar with them.



# Family issues

- Community options such as Green prescription and Triple P require huge **time** commitment by families.
- **Support agencies** are lacking in the local community for families in rural areas.
- **Socioeconomic difficulties**, a lot of low decile families in this area- can't afford healthy food- a lot of noodles eaten.
- It can be a **parenting** issue rather than eating. Families are **time poor**, single parent or parents working so children help themselves to food or eat takeaways.

# Conclusion

B4SC gone from being a screen to an intervention with no extra time. Feel pressure to explore lifestyle and give advice but family may be ESOL or have health literacy issues.

Nurses want to keep families engaged with primary health and recognize priorities for families.

Nurses can feel isolated in this role.



# Recommendations

- The correct tools and training are essential.
- Consistent messages are important no matter where they come from.
- Nurses need help to address family and culturally specific issues, potentially from Community Health workers.
- Any intervention needs to start earlier and include the whole family.

