
POSTER ABSTRACT**A coordinated and integrated approach to tackling childhood overweight and obesity**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Background: Childhood obesity is one of the greatest public health challenges. Overweight and obese children are likely to be obese in adulthood and more likely to develop complications at a younger age. The consequences of increased weight on the child's physical and psychological health and on the public health system are enormous. Recognising this, the Premier of New South Wales, Australia, named tackling childhood overweight and obesity as a state priority with a clear goal and associated accountability.

An integrated and coordinated approach is required across the state and locally within each Local Health District LHD. LHDs are responsible for ensuring routine recording of weights and heights of paediatric patients. For those children identified as being above a healthy weight, systematic provision of advice and referral to appropriate family focused services is afforded.

To ensure a coordinated state-wide approach, Sydney LHD aimed to develop a checklist of actions to assist implementing routine weight status assessment and advice.

Methods: This checklist was designed to support LHDs and clinical leads in planning for local implementation of routine assessment and advice, mapping the key steps.

It sets out the organisational systems required to enable staff to implement routine assessment and advice. Organisational systems and support are required to provide leadership and coordination, information systems, equipment and training. The content of the checklist is grounded in the experiences and work of Sydney LHD, in planning and implementing this initiative. Further input was provided by government and healthcare professionals from nine other districts.

Results: The checklist is as follows:

Establish a committee with stakeholder engagement. Strong leadership is necessary to coordinate the efforts of stakeholders. A high level committee addressing the issue ensures appropriate resource allocation and the creation of expectations is required.

Nominate an implementation coordinator to ensure district-wide consistency and efficiencies.

Identify implementation sites/settings across the LHD recognising the prevalence and distribution of childhood obesity shows significant socioeconomic and ethnic disparities.

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Develop a communication strategy to support coordination and engagement. This includes protocols, online modules, resources and referral pathways.

Conduct an audit of anthropometric equipment and procurement.

Assess staff readiness to implement. Conduct a survey to understand knowledge attitudes, practices and beliefs of staff. The results will determine additional training and support.

Implement progressively on a district-wide basis; identifying implications for a range of settings.

Monitor implementation: ensure correct documentation and review experiences in team meetings.

Provide additional support to address key implementation issues.

Outcomes: To ensure a coordinated state-wise approach and to minimise assisted wheel reinvention, the checklist was designed to guide decisions and actions in LHDs and indicate the types of resources they can access and share across the state. It is intended to provide a simple, easy-to-use overview of the implementation steps.

Keywords: paediatric obesity; delivery of health care; integrated
