

Evaluation of the preventive care chain for overweight in children

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON27471

Source

Nationaal Trial Register

Health condition

overweight
obesity
children
care chain
integral approach
evaluation
effect
implementation

overgewicht
obesitas
kinderen
ketenaanpak
integrale aanpak
evaluatie
effect
implementatie

Sponsors and support

Primary sponsor: Tilburg University
Social and Behavioural Sciences

Tranzo

Source(s) of monetary or material Support: ZonMw Preventieprogramma 5, subsidieronde: Integraal aanbod en organisatie van preventie in de eerste lijn.

Intervention

Outcome measures

Primary outcome

Effectstudy:

Health-related quality of life of the child, measured with the PedsQL (parent-proxy report).

Secondary outcome

- BMI-SD: based on age and gender specific curves, measured by youth health care nurse during regular contacts (documented in digital, regular YHC child file).

- Physical activity, nutrition (digital questionnaire)

- Psychosocial problems of the child (SDQ, digital questionnaire)

- Empowerment of parent (EMPO, digital questionnaire)

Other outcomes: motivation of parent, welfare of parents, health-related parenting style, parents subjective rating of child's degree of overweight. Overweight related quality of life (only for children with obesity (IWQoL, parent-proxy report). Attainment of personal goals, evaluation of YHC support and local organization/cooperation of support for overweight in general.

Study description

Background summary

Background of the study:

In 2016, 11 % of the children in 's-Hertogenbosch were overweight. Overweight children in the Netherlands not always receive optimal, coordinated care. Improving integrated care for overweight is a priority in many Dutch municipalities. An integrated

preventive care chain for children 4-12 years has been developed in 's-Hertogenbosch and this innovative approach is implemented in three neighborhoods: Noord, Maaspoort en Zuidoost. The approach is focused on self management of the family and is based on principles of stepped and matched care. There is close local collaboration between schools and all kinds of (health)professionals. Youth health care professionals function as coördinators and linking pins in the local network. With this approach we expect to reach more children and parents. By matching care with needs of parents and children and through the optimal use of strong local networks, we expect to achieve durable effects on quality of life of overweight children and self management of their families.

Objective of the study:

Get insight in the implementation and effectiveness of the integrated preventive care chain for overweight children in 's-Hertogenbosch.

With the results we can optimize the support for overweight children and their parents.

Study design:

The (PhD) research project runs from 2017 to 2020 and consists of an implementation and effectiveness study.

In the implementation study we evaluate the degree of implementation of the integrated preventive care chain (use of principles, tools as described) in the three neighborhoods in 's-Hertogenbosch as well as determinants of implementation (facilitating and/or impeding factors). In addition, we describe experiences of professionals and parents, as well as the flow of children (numbers reached, drop outs) in the new approach.

Based on documents about the preventive care chain in 's-Hertogenbosch and in consultation with professionals, we draw up a checklist to measure the extent to which youth health care professionals work according to the principles of the new approach. We make use of the MIDI-model (measuring instrument for determinants of Innovations) (Fleuren 2012) to determine potential determinants for implementation, such as characteristics of youth health care nurses, characteristics of participants and characteristics of the local network.

To determine these characteristics and to discuss experiences of professionals with the new approach, semi-structured interviews are held with all youth health care nurses (± 12), all youth health care physicians (± 6), a number of general practitioners (± 6), a number of pediatricians (± 2) and a number of other professionals ($+ 6$) working in the three neighborhoods. Interviews are also held with 10-15 parents (if possible with children) to discuss their experiences with the support they received for their overweight child(ren).

To picture the flow of children in the preventive care chain, we document the number of children identified with overweight (at school, or by GP or YHC professionals). We also count how many children receive support by YHC professionals, how many children accomplish care and how many children drop out. Simple registries are kept by the professionals who are involved.

In the effectiveness study, 120 overweight children in 's-Hertogenbosch are followed and compared with 60 overweight children outside 's-Hertogenbosch who receive care as usual. Our primary outcome is the development in quality of life of the child. Secondary outcomes are developments in BMI, physical activity, nutrition, psychosocial problems of the child and empowerment of the parents. Parents fill out digital questionnaires at the start, after three months and after approximately one year of YHC involvement. Measurements are aligned with regular contacts with youth health care nurses. After a year we ask parents which professional support for overweight they received (including life style interventions). We also ask them to rate the support they received (both from YHC as in general). Information on BMI and referrals are subtracted from regular YHC files of the child.

Study objective

With this approach we expect to reach more children and parents. By matching care with needs of parents and children and through the optimal use of strong local networks, we expect to achieve durable effects on quality of life of overweight children and self management of their families.

Study design

0, 3, 12 months

Intervention

The preventive care chain for overweight children emphasizes self-management of the family and is based on stepped and matched care principles in a strong multidisciplinary local network.

Important aspects:

- Key role of the Youth Health Care (YHC) nurse:

Coach, coordinator, linking pin

- Local alignment/cooperation between schools, GP's, YHC and other (health) professionals

- Shared vision: BMI as a symptom

- Stepped and matched care (lifestyle interventions, referrals etc)

Contacts

Public

Sanne Laat, de
Warandelaan 2

Tilburg 5037 AB
The Netherlands
+31 658089177

Scientific

Sanne Laat, de
Warandelaan 2

Tilburg 5037 AB
The Netherlands
+31 658089177

Eligibility criteria

Inclusion criteria

- Overweight or obese children in primary school (age 4-13 years old)
- Living in one of the pilot neighborhoods in 's-Hertogenbosch
- Living in one of the control neighborhoods outside 's-Hertogenbosch
- Visiting youth health care at least once
- Basic level of Dutch language

Exclusion criteria

- Living shorter than three months in one of the pilot neighborhoods or control neighborhoods
- Parent is unable to speak/read a basic Dutch level.
- Parent or child has very serious physical or mental health issues

Study design

Design

Study type: Observational non invasive
 Intervention model: Other

Control: N/A , unknown

Recruitment

NL
 Recruitment status: Recruiting
 Start date (anticipated): 03-10-2017
 Enrollment: 180
 Type: Anticipated

Ethics review

Positive opinion
 Date: 10-11-2017

Application type:

First submission

Study registrations

Followed up by the following (possibly more current) registration

ID: 44622

Bron: ToetsingOnline

Titel:

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6596
NTR-old	NTR6813
CCMO	NL62012.028.17
OMON	NL-OMON44622

Study results