



Perspectives of healthcare professionals on barriers and facilitators for childhood obesity care within an integrated care approach

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1. BACKGROUND

- Causes and consequences of childhood obesity can be complex
- To provide healthcare tailored for these children an integrated care approach is needed
- The Dutch integrated care approach for children with obesity is patient-centered

2. AIM

- To explore perceived barriers and facilitators of healthcare professionals (HCPs) working in an integrated care approach for children with obesity

3. METHODS

- Qualitative study with semi-structured in-depth interviews
- 18 HCPs, experienced in childhood obesity care:
 - 6 pediatricians, 11 youth health care nurses, 1 youth health care physician
 - 17 females & 1 male, mean age 43,8 years, average working experience 8.7 years
- Thematic content analysis in two phases:
 - Inductive analysis with open and selective coding
 - Deductive analysis with axial coding using patient-centered care model by Stewart et al., (2013)

4. RESULTS

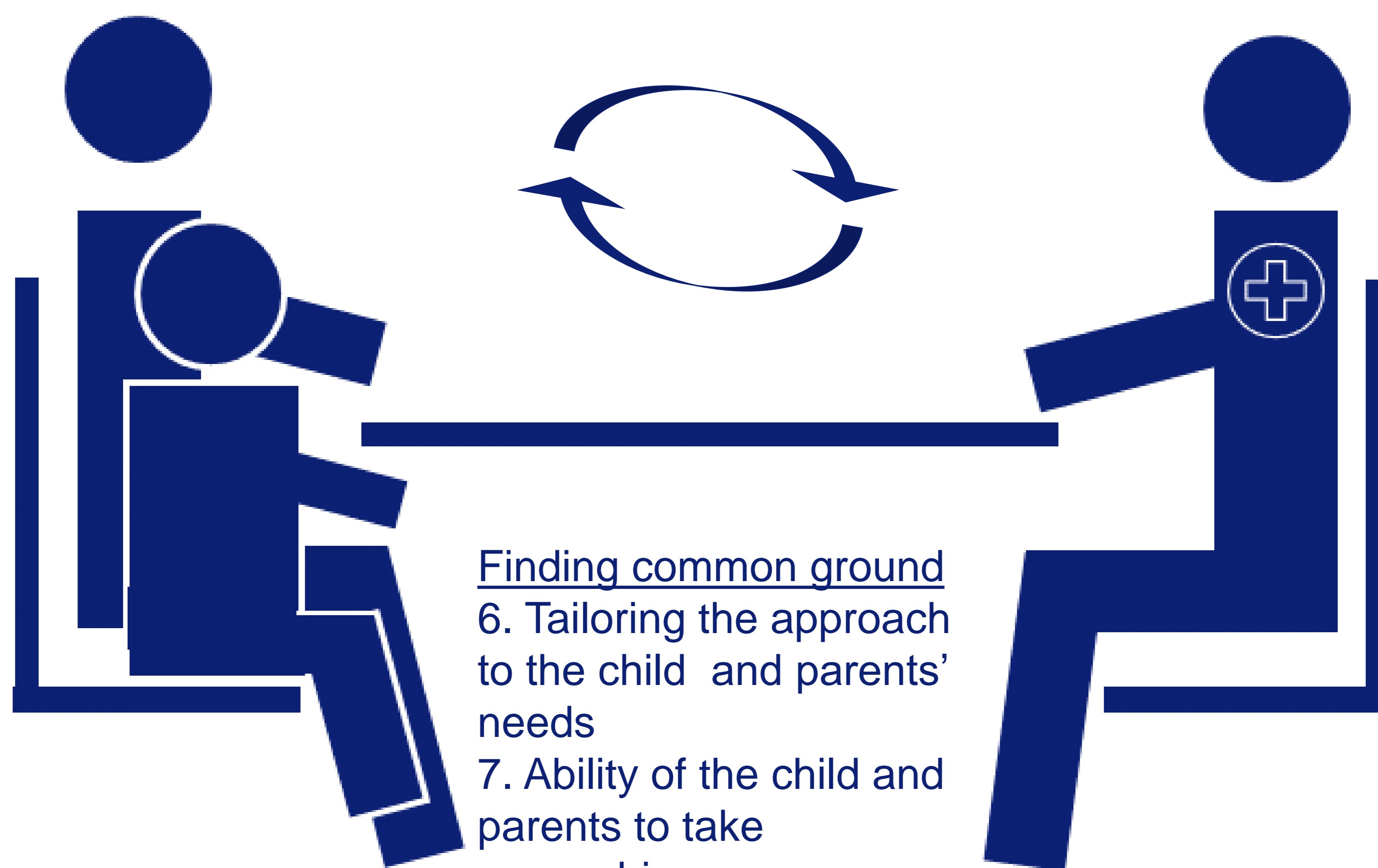
- Overall, HCPs defined the etiology of obesity as complex, and experienced the support and care as complicated
- Fourteen themes of barriers and facilitators were identified
- Fitting in the four components of the patient-centered care model with the integrated care system as fifth component

Exploring health, disease, and the illness experience

1. Illness experience of obesity
2. Prior healthcare experiences of child and parents
3. Awareness of weight as a problem
4. A sensitive issue to talk about

Understanding the whole person and its contexts

5. Assessment of psychosocial and lifestyle factors



Finding common ground

6. Tailoring the approach to the child and parents' needs
7. Ability of the child and parents to take ownership
8. Defining priorities for the healthcare process
9. Realistic goals within the behavior change process

Integrated care system

12. Network with dynamic roles and responsibilities
13. Infrastructure for interdisciplinary collaboration
14. Time and insurance coverage as preconditions

Enhancing the patient-professional relationship

10. Investing in a relationship
11. Supportive attitude of the HCP

HCP: "14-year old's often already have experienced a longer period of being hurt. They already have a package of negative experiences, with healthcare professionals or negative experiences with bullying."

HCP: "You really need to stand next to people and together look at: Where do you want to go and how long do you need me to walk next to you? But you lead the way."

5. CONCLUSIONS

- Main barriers & facilitators found within these themes:
 - B: illness and healthcare experiences, and the sensitivity of talking about weight-related issues.
 - F: Performing both a biomedical, psychosocial and lifestyle assessment, tailoring the approach to the families' situation and investing in a family-professional relationship.
- The results of this study support the use of the patient centered care model to tailor the support and care by offering a structure to address the sensitivity and complexity of the disease obesity, by
 - adopt a broad perspective on individual characteristics and environmental contexts,
 - and invest in a relationship