

Families like practical group wellness program—and lose weight

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Many children are obese these days, but what can be done about it? Research-proven treatments for obesity exist, but they rely on regular one-on-one meetings with a trained health coach. So these "behavioral" treatments are seldom available outside of research studies in specialty medical centers.

It's feasible and acceptable to give this same kind of behavioral treatment to groups of families in [primary care](#), Paula Lozano, MD, MPH, found. She published results of the Family Wellness Program in the *Permanente Journal*. She is a Group Health pediatrician and assistant medical director of preventive care—and a Group Health Research Institute senior investigator.

The U.S. Preventive Services Task Force (USPSTF) recommends screening children for obesity from age 6 years—and referring children who are obese to intensive behavioral treatment. This kind of treatment provides information about healthy eating and physical activity. It also gives parents and children a place to share their experiences and get social support. But that's not all.

"Most important, behavioral treatment teaches parents and children skills like tracking their eating and activity, setting goals and holding themselves accountable for working toward those goals," Dr. Lozano said. Behavioral treatment also involves taking a look at the child's environment (the home, school friends' and relatives' homes) and trying to promote healthy behaviors by making small changes across all these

places where children eat and are active. "This approach has been proven to create and sustain healthy changes in lifestyle," she added.

Although this kind of treatment has been proven effective, it's disappointingly hard to find. "That's why we set out to adapt family-based behavioral treatment to a real-world setting: in this case, primary care," she said. "And we found that it was feasible, families liked it, and parents and children lost weight."

The Family Wellness Program had Group Health pediatricians invite families of children who are obese to participate. As other research teams have observed before, most families didn't feel ready or willing to participate. But about one quarter did agree to take part. Of the 38 parent-child pairs who enrolled in the program, 24 completed the program of 12- to 16-week groups led by masters-level health coaches. Each coach helped families to create short- and long-term plans to achieve diet and exercise goals. Every week, the coach checked in with the family to see how they'd done—and held them accountable.

In the families that completed the program, children's body mass index (BMI) improved, on average. (Because children are still growing taller, researchers measure change by looking at "standardized" BMI units, rather than weight or BMI, as used in adults.) While the children remained obese at the end of the study, 70 percent experienced some meaningful improvement (standardized BMI decrease of 0.05) and nearly half achieved a degree of weight loss found in research studies with one-on-one treatment (standardized BMI decrease of 0.10). Parents' BMI declined by an average of 0.9: around 6 pounds.

"Parents told us that their children's quality of life improved," Dr. Lozano said. "For kids, the way we measure quality of life includes experiences like being bullied or excluded, being unable to keep up with other children, and feeling worried or angry. When parents tell us that

their kids feel better about themselves in social settings and are happier, that is a tangible benefit of this kind of program."

Families did best when they had good social support from friends and relatives who joined in making healthy changes. But often a child's other parent or grandparents didn't "get with the program"—instead sabotaging the family's attempts to adopt healthier habits.

What do the findings from this pilot study mean for families of children who are obese? This pilot is a small step toward understanding how to make intensive [behavioral treatment](#) available to families in a variety of settings (outside of research studies) where the group format makes treatment much more affordable and feasible to deliver. These settings might include doctor's offices, hospitals—and potentially community agencies that serve families.

What's next? The Family Wellness Program suggested [social support](#) is important for parents and [children](#) trying to make healthy lifestyle changes. Dr. Lozano is addressing these findings by leading CONNECT, a study funded by the National Heart, Lung, and Blood Institute. For this study, researchers created social network diagrams to help parents think about supportive and unsupportive interactions among family members, friends, and neighbors. The team will help families to develop an action plan to get people in their network on board with their goals—potentially widening the project's impact. Dr. Lozano's team is currently analyzing the results of the CONNECT study.

More information: Study link: An adaptation of family-based behavioral pediatric obesity treatment for a primary care setting: Group Health Family Wellness Program pilot:

www.thepermanentejournal.org/c...esity-treatment.html

Provided by Group Health Research Institute

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