

In-home visits may be key to reversing childhood obesity

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Behavioral medicine experts at Rush University Medical Center are going straight to patients' homes to see if they can find solutions to address childhood obesity.

An [ongoing study](#) called "Creating Healthy Environments for Chicago

Kids" (CHECK) is comparing a [family](#)-based treatment program delivered in the home with traditional clinic visits.

"Even though there is a higher operational cost to have an expert go to the patient's home, tailored, personalized treatment based on the family's routines could make the difference in improving the family's overall health and the child's weight," said Brad Appelhans, Ph.D., behavioral medicine expert with the Rush University Prevention Center and lead investigator of the study.

"The goal is to have families adopt permanent lifestyle changes to improve their health, and have their children carry these healthy habits into adulthood," he said. "What is more effective? Is it trying to promote healthy habits while meeting with families in the clinic or helping them learn to apply these new habits in their own home?"

Eligible families will work with a trained weight management counselor for 12 months. The randomized study will place participants in an intervention program where a weight management counselor either meets with them in their home or in a Rush clinic.

"Being able to see the contents of the family's kitchen pantry and refrigerator as well as the setup of the child's bedroom, the neighborhood they reside in, accessibility to the park and equipment for [physical activity](#), could allow counselors to provide more appropriate, targeted clinical recommendations," Appelhans said.

For instance, researchers can help families identify the healthy and less healthy foods in their home, and then recommend specific foods that they can keep stocked in the pantry or refrigerator. Counselors can also observe the day-to-day routines of the child and family and make recommendations to increase physical activity and improve children's sleep habits.

"If there is a television or tablet computer in the child's bedroom, we might recommend removing it so that parents can monitor their child's [screen time](#) versus physical activity," Appelhans said. "Screen time can also disrupt bedtime routines, which can lead to poor sleep and increase risk for weight gain."

"The CHECK program is family-based, which means that our approach focuses on modifying the home environment and household's routines," said Appelhans. "We do find that parents and other siblings in the household frequently lose a meaningful amount of weight in family-based [weight](#) loss programs."

Both in-home and clinic-based treatments include [nutrition education](#), physical activity coaching, healthy sleep recommendations, and behavior modification strategies.

In order to participate in the CHECK study, families must have an overweight or obese child between ages 6 and 11 years old and live in a lower-income household within 15-miles of Rush. Researchers also are looking for participants who are willing to meet regularly at Rush or allow them into their home.

Researchers are looking to enroll 266 families.

For more information about the CHECK study or to enroll, email eatinglab@rush.edu or call (312) 942-8260.

Provided by Rush University Medical Center

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