



# Building a Health and Wellness Clinic with Patients and Families: The Application of Experience-based Co- design to Paediatric Weight Management

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# DISCLOSURE OF CONFLICT OF INTEREST

I do **not** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

# Learning Objectives

## **By the end of this presentation you will:**

- Have a basic understanding of how patients and families can be engaged in the creation a paediatric weight management clinic
- Be familiar with how to use patient and family feedback to change program components



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# Outline

- Background
- Methods
  - Initial Focus Groups
  - Pilot Programming Focus Group
- Results
- Discussion
- Next Steps



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# Background

- The KidFit Health and Wellness Clinic started in September 2015 (in one year have received over 350 referrals and completed over 110 new assessments)
- Trillium Health Partners (Mississauga, Ontario)
- Referral Criteria:
  - Ages 2-17
  - BMI > 95<sup>th</sup> percentile

## Team:

- Paediatric Endocrinologist
- Registered Nurse
- Child Psychologist
- Social Worker
- Registered Dietitian
- Activity Therapist
- Senior Project Manager
- Clinic Manager



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# Background

- Attrition rates from paediatric weight management programs ranges from 27-73%<sup>1</sup>
- One of the primary causes cited is the disconnect between patients' and families' expectations of the program, and actual program focus and components<sup>2,3</sup>

1. Skelton, J. A., & Beech, B. M. (2011). Attrition in paediatric weight management: A review of the literature and new directions. *Obesity Reviews*, 12, e273-e281.

2. Barlow, S. E., & Ohlemeyer, C. L. (2006). Parent reasons for nonreturn to a pediatric weight management program. *Clinical Pediatrics*, 45, 355-360.

3. Giannini, C., Irby, M. B., & Skelton, J. A. (2015). Caregiver expectations of family-based pediatric obesity treatment. *American Journal of Health Behaviour*, 39(4), 451-460.

# Background

- One way to address this gap is to engage patients and families in the development of the program
- Informed by ***experience-based co-design***
  - An approach that enables staff and patients (or other service users) to co-design services and/or care pathways, together in partnership. <sup>4</sup>

4. Donetto, S., Tsianakas, V. & Robert, G. (2014). Using Experience-based Co-design to improve the quality of healthcare: mapping where we are now and establishing future directions. London: King's College London.



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# Figure 1: KidFit Co-design Process





# Creation of the Patient Engagement Strategy

- Staff created together

3 main questions:

1. Why do we want to engage patients?
2. What do we hope to achieve from this strategy?
3. What are the underlying principles?

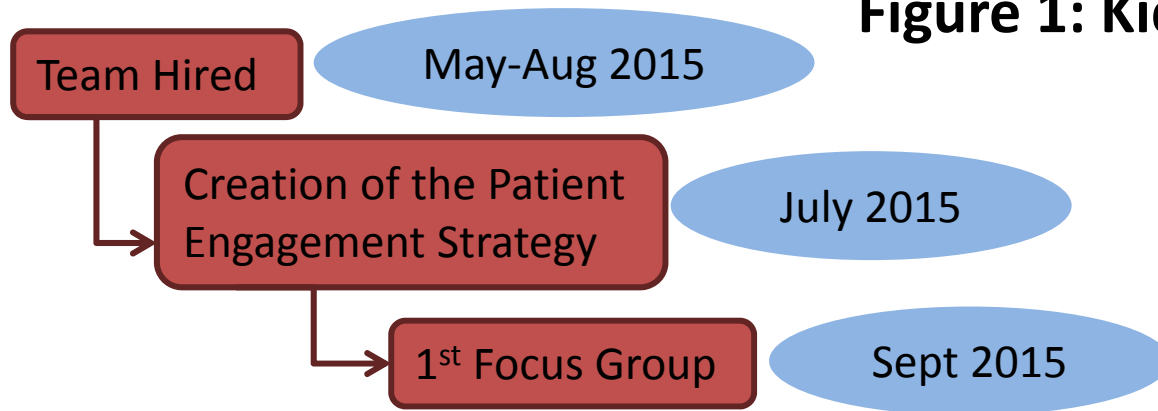
## Underlying Principles

1. Truly value and utilize patients' and families' input
2. View patients and families as experts
3. Patient engagement should be an ongoing and sustainable process



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# Figure 1: KidFit Co-design Process



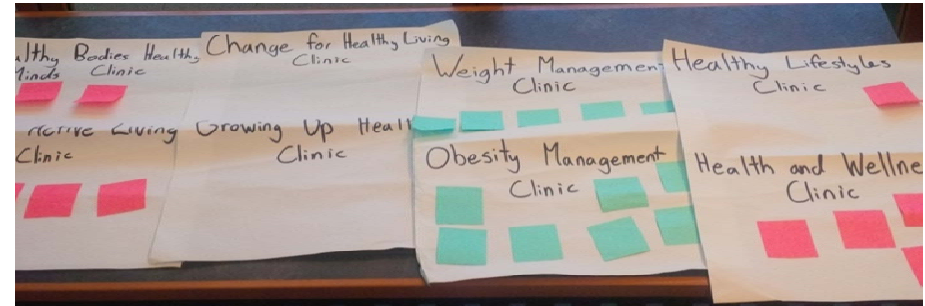
# Methods

## First Focus Group

- Participants were parents of children awaiting initial assessment (recruited via phone calls from patient relations)
- 90 minute focus group facilitated by KidFit staff
- Informed consent obtained and session was audio recorded
- Recordings were professionally transcribed
- Data analyzed using principles of thematic analysis



## First focus group



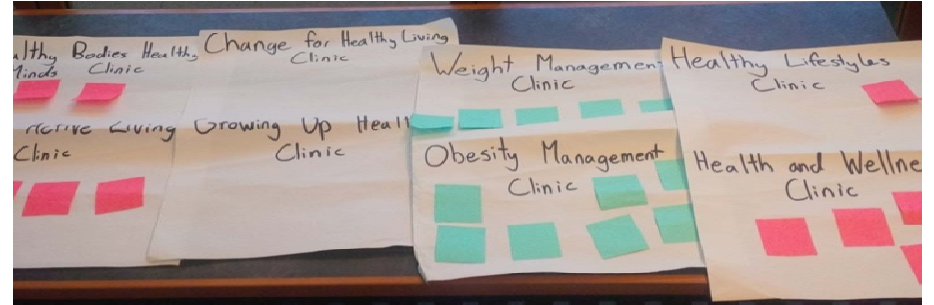
- 7 parents participated in the focus group

### 3 areas explored:

1. Language (name of the clinic)
  2. Previous experience with weight management
  3. What would be important to include in the KidFit program
- Received ++ feedback regarding language and stigma (e.g. terms such as “weight” or “body”)

# Results

## Importance of Language



### **John (KidFit Parent):**

*“As soon as she says the word ‘am I obese?’ and it’s like mmmmmm....it’s like it’s all negative all of the sudden and it goes from being positive to negative”*

### **Sarah (KidFit Parent):**

*“I didn’t like ‘minds’ in that one, I liked ‘healthy bodies’, but I had a problem with minds, because it had a sort of connotation that you’re unwell, that it’s your fault, it’s in your head”*

# Results

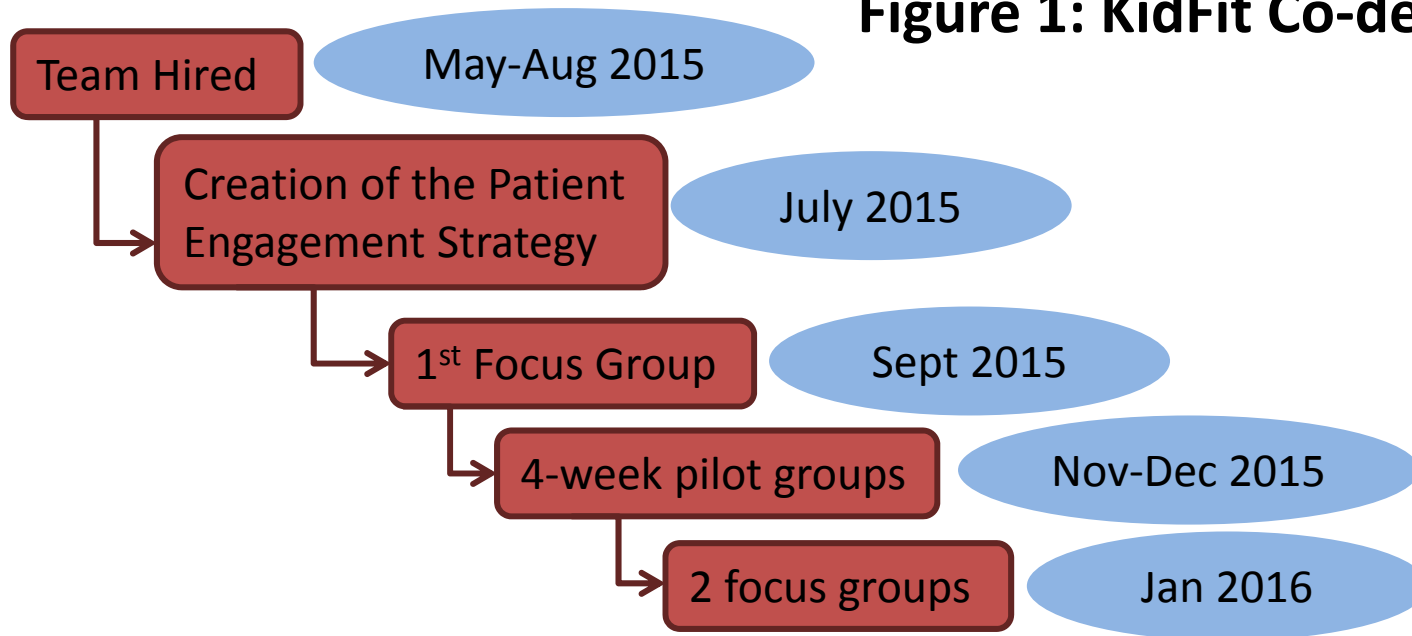
## Importance of Language



### Impact:

- KidFit Paediatric Weight Management Clinic  
→ KidFit Health and Wellness Clinic
- Creation of the clinic vision statement:  
Small steps, Lasting change, Lifelong wellness

# Figure 1: KidFit Co-design Process



# Methods

## Focus Groups Post-Pilot Program

- Participants were parents and youths that took part in the pilot programming (recruited via phone calls from patient relations)
- Two 90 minutes focus groups (one group with parents, one with kids/teens)
- Informed consent obtained and session was audio recorded, and student note takers present
- Recordings were professionally transcribed
- Data analyzed using principles of thematic analysis





# Methods

- Total of 10 participants (6 parents and 4 youths)
- Facilitated by staff from the Institute for Better Health (Research Institute) at Trillium Health Partners

## **3 areas explored:**

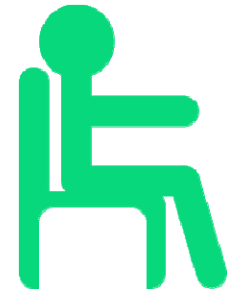
1. Experience in the pilot group program
2. Format and content of the 12-week intensive program
3. Experiential hands-on learning vs. traditional didactic approach (Moving vs. sitting)



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## Results

### Importance of building in physical activity



***Robert (KidFit Parent):***

*“She's been at school all day and then she's coming here and then to be sitting down first thing again, I think - you know, **you can make it really interesting when you bring it into an activity.**”*

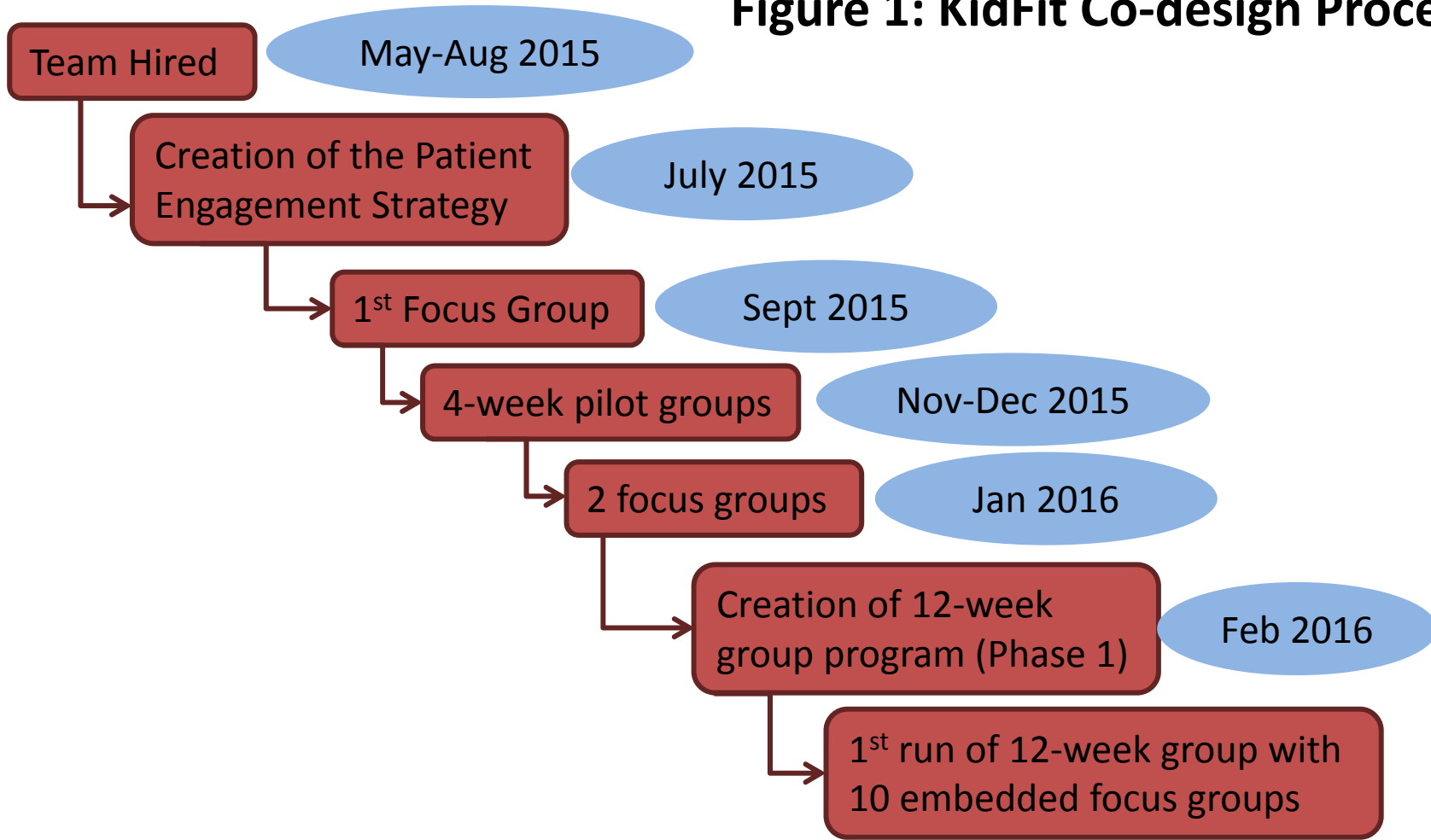
**Impact:**

- 7 out of the 12 sessions included activity
- On days where activity was not included, open gym was offered before or after group



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# Figure 1: KidFit Co-design Process



# Discussion

## Lessons learned:

- Parents were accepting of the method and appeared to enjoy the experience
- Kid/teens showed fatigue with the format of engagement
- Best if facilitators do not provide direct patient care, but are also familiar with the program



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## Next Steps

- Repeat program with embedded focus groups for next cohort in 12-week intensive phase
- Alter the kid/teen engagement method to be more hands-on
- Formalized method of staff engagement
- Explore as a team options for truly co-designing with families and patients



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# Acknowledgements

Our patients and families!

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- Former KidFit Social Worker



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# Thank You!

Comments?

Questions?

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