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| **Multi-disciplinary interventions for children and adolescents with obesity: the Whānau Pakari experience.** |
| **Background/Objectives**Multi-disciplinary interventions remain recommended best practice for the management of childhood obesity. The purpose of this research was to create and assess a multi-disciplinary intervention programme for children and adolescents with obesity in Taranaki, Aotearoa, using a mixed methods approach, incorporating a randomised clinical trial (RCT). **Methods**Whānau Pakari means healthy, self-assured families that are fully active. The programme specifically focussed on those over-represented in obesity statistics, namely Māori and those from most deprived households, thereby addressing health inequities. Background audits and community consultation informed the creation of Whānau Pakari. An RCT was embedded within the new service, offering holistic, 6-monthly, home-based assessments and advice (control), or assessments and weekly group sessions for 12 months. Multi-source evaluation was undertaken to determine satisfaction, and an economic evaluation was performed, comparing Whānau Pakari with the previous conventional (hospital-based) model.**Results**Enhanced levels of engagement with at-risk groups were achieved. Engagement with Whānau Pakari was associated with a significant decrease in body mass index standard deviation score in the low intensity control (-0.12, 95% CI -0.2 to -0.03) and high intensity intervention (-0.10, 95% CI -0.19 to -0.02) at 12 months. Attendance ≥70% in the high intensity intervention doubled the effect (-0.22, 95% CI -0.36 to -0.09, p = 0.04). Improvements occurred in quality of life and cardiovascular fitness in both groups. Multi-source programme evaluation found high stakeholder, referrer and participant satisfaction. Economic evaluation demonstrated Whānau Pakari was cheaper and more effective compared with the previous model.**Discussion**Whānau Pakari is an acceptable, appropriate intervention for children/youth with obesity that has improved health inequity in service delivery, and weight status at 12 months. It is a service that utilises inter-sectorial collaboration, achieving high levels of initial recruitment and engagement from at-risk groups, improving health outcomes. Whānau Pakari is a unique one-team model of care providing continuity, with a comprehensive assessment that identifies and manages weight-related comorbidities, and assists in planning individualised interventions. Scalability and transferability appear possible.**Keywords**Children, adolescents, health equity, weight management, intervention |