

Views of the content and responsibility of treating obese children in Norwegian hospitals and communities; a multiple case study focusing on perspectives and methods

Background

- There are increasing numbers of obese children in Norway: 21 % of 8 -12 year old children in Oslo are at present overweight
- There is an increasing focus on the establishment of an appropriate health care treatment plan

Purpose

- To increase levels of knowledge of obesity treatment in Norway and to help obese children by offering coordinated treatment in hospitals and communities.
- To study health service officials' views of obesity treatment
- To study professional attitudes regarding which level of service should take the main responsibility in providing treatment to obese children

Theoretical propositions ----- versus----- ----- Rival hypothesis

- The study of obesity treatment of children, and who has responsibility for treatment, is understood by the different professionals and specialists working in the field in various ways.
- Therefore the treatment offered varies according to the philosophy of the professional groups involved and according to their criteria of success

- The primary and secondary health care systems have clear lines of responsibility and directives when it comes to treatment of obese children

Method

Two case studies, representing two levels of healthcare services in Norway, giving treatment to obese children:

Case 1 Hospital Case 2 Community

Interviews, focus groups, and document analyses - Analysis is according to the theoretical propositions and by using pattern matching

Preliminary Conclusions

1. Overweight is a compound problem which cannot be simplified into a single simplified treatment plan
2. Treatment of obesity is coloured by the specialists' methodological backgrounds and experience
3. Guidelines to define responsibility and to describe the scope of treatment of obese children are needed
4. It seems to be important that multidisciplinary specialists, family involvement and physical activity are included in the treatment
5. Weight loss should not be used as an important criteria of a successful outcome
6. There prevails an uncertainty as to which point a child's overweight should be treated and whether the necessary competence is available at all in Norway.
7. Prioritization to increase primary healthcare officers' competence in the field, and
8. Intensification of competence in hospitals to safeguard obese children's' rights to necessary healthcare.
9. Obesity as a topic should occupy a more central place in health study curricula.