

# Weight management for children with disabilities: Exploring the perspectives of healthcare professionals working in paediatric weight management clinics in Canada

REVI BONDER, MADISON GILES, AMY C. MCPHERSON

**Holland Bloorview** Kids Rehabilitation Hospital  
**Bloorview** RESEARCH INSTITUTE  
**ProFILE** Promoting a Future of Inclusive Healthy Lifestyles for Everyone

UNIVERSITY OF TORONTO  
CIHR IRSC  
team abc

## BACKGROUND

Obesity is 2-3 times higher in children with disabilities.

Children with disabilities are often not being referred to weight-related programs.

Health care professionals (HCPs) working in weight-management clinics do not have disability-specific weight-management training; feel under-confident.

## RATIONALE / PURPOSE

- There is a need for an enhanced understanding of how HCPs can best support their clients' weight-related journeys.
- The current study explored the perspectives of HCPs working in paediatric weight management settings regarding the inclusion of children with disabilities and their families in weight-management programs.

## METHODS

Qualitative, semi-structured telephone interviews with 17 HCPs working in paediatric weight-management clinics across Canada.

Descriptive thematic analysis of verbatim interview transcripts.

## SAMPLE

- 14 identified as female and three as male.

- 5 dieticians
- 3 social workers
- 5 physicians
- 1 exercise counselor
- 1 physiotherapist
- 1 psychologist
- 1 activity specialist

# Children with physical disabilities lack appropriate weight-related healthcare services. These services must be tailored to address their disability-specific needs.



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## RESULTS

1

### Experience with children with disabilities in weight management clinics

- HCPs working in weight management clinics believe that:
  - Children with disabilities are infrequently referred to weight management clinics.
  - More acute medical issues take precedence over weight management.
  - Referrals earlier in a child's life may make weight management more successful.

"For the more complicated kids, there's multiple challenges, you know, and weight management doesn't necessarily get to the top of the list [...]"

2

### Providing adequate adaptations

- HCPs try to tailor, adapt, and create treatment plans that take the client's disability into perspective.
- HCPs are often unsure of how to integrate children with disabilities into the group programming that many clinics use.
- Children with disabilities are often excluded from typical clinic group programming.

"But in terms of disabilities, if there are specific things that would not make them eligible for our primary group stream [...] they can come for individual appointments because they can't do the group programming."

3

### Overcoming moral distress

- HCPs experience moral distress when they do not feel they can provide good quality weight management support to children with disabilities and their families.
- A formal disability-specific curriculum should be embedded into their education and training.
- More support from and access to other HCPs / programs would help increase their confidence when providing care to children with disabilities.

"I feel like a loser honestly. Honestly, I really feel that I am always feeling like I could be doing a better job."

## CONCLUSIONS

- HCPs believe that weight-management is not seen as a priority for children with disabilities, but should be.
- They are unsure of how to integrate children with disabilities into typical programming, causing them to often be excluded.
- HCPs require more training and support to overcome moral distress.