Evaluating the online delivery of the Better Health Program-A study protocol

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INTRODUCTION

- **Obesity** remains highly prevalent, including an increase among children in their early childhood years.1-2
- Children living with overweight and obesity are likely to become adults living with overweight and obesity and other high-cost diseases. 1-5
 - 1 in 4 children in Victoria are living with overweight or obesity.7
- Family-based lifestyle programs have shown to improve weight-related/metabolic outcomes and/or health-related behaviours in children.2,6
- · However, many of these (conventional and inperson) programs are inaccessible to many children and their families.2
- Online programs may improve accessibility and impact.

Paediatric weight management clinics identified waiting lists up to 12 months.3







AIMS

- To evaluate the **effectiveness** of the online Better Health Program (BHPO).
- To explore the **experience** of participants (children, parents/caregiver) partaking in the program.

METHODS

Design

Pragmatic RCT with a waitlisted control group

Participants

Inclusion



- Living in Victoria
- With overweight or obesity (BMI ≥85th %Ie)
- A parent/caregiver will be involved
- **Generally healthy**

Exclusion

- Engaging in another treatment program
- Language barrier
- Lacks e-device to access program

Intervention

BHPO





- Weekly online modules/activity sessions
- Individual support from a health coach



Owner Scan to find out more!



Scan to refer!

Outcome measures

Change in BMI z-score & WC

Dietary intake

Physical activity

Quality-of-life

Participants' experiences

SIGNIFICANCE

- Insights on scalable e-health approaches
- Inform future family-based programs
- Features influencing ST & LT effectiveness

- Weighing in: Australia's growing obesity epidemic [Internet]. 2022 [cited 2022 Jun 19]. 11 p. Available from: ice.com/static/57e9ebb16a4963ef7adfafdb/t/5c9a8961f4e1fc9deceb1ae4/1553631602322/Obesity+Collective_Australias+Gr The Usesky Consumer, Programy in Control of the Con



