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Community-based pilot intervention to tackle childhood obesity: a whole-system approach



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ABSTRACT

Objectives: Go-Golborne is a pilot intervention to prevent childhood obesity in the Royal Borough of Kensington and Chelsea between 2014 and 2018. It is a multistrategy approach targeting children aged 0—16 years and their families in all settings where children live, learn and play. This paper describes the methodology and the practical steps in the development of Go-Golborne. Study design: The programme uses a quasi-experimental design for the evaluation of changes in weight status using data from the extended National Child Measurement Programme across local schools. For specific behavioural change objectives, baseline self-reported lifestyle measures will be compared against annual follow-up data over the 3-year study period. Qualitative methods will be used to explore the perceptions of stakeholders and participants and organizational change.

Methods: Go-Golborne aims to mobilize everyone in the community who has a role or interest in shaping the local environment, norms and behaviours across a range of sectors. A community network of local organizations has been established to codesign all programme activities. The Steering Group of Council officers support programme implementation and environmental changes. The programme has identified six specific behaviour change objectives representing the key areas of need in Golborne and all activities in the council and the community target these objectives during specific programme phases. Key components include community capacity building, community-wide social marketing, environment and policy change and evaluation.

Results (Progress): The programme is currently at the beginning of its implementation phase with activities in the community and council targeting the first behaviour change objective. Conclusions: The pilot aims to test the effectiveness of this approach to support behaviour change and prevent unhealthy weight gain in children using multiple strategies. This programme will inform the development of an intervention model that defines essential programme components, accountability of partner organizations delivering obesity prevention programmes and the effective use of existing assets.

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Introduction

Childhood obesity has been at the forefront of public health policy in the UK and other developed countries for several years. $^{1-4}$ However, public health measures do not appear to have brought about population-wide shifts in unhealthy weight, and their effectiveness has been increasingly debated. England has one of the highest rates of childhood obesity in Western Europe. According to data from the National Child Measurement Programme (NCMP), one in five children is obese or overweight when they start school in reception year (aged 4-5 years) and this proportion rises markedly to one in three by year 6 (aged 10-11 years).

On current trends, more than half of the adult population is predicted to be obese by 2050 in England.⁸ This means that majority of children who are growing up today will have an unhealthy weight later in life. Therefore, a whole population approach is required, universally targeting children regardless of their weight status. Schools have been utilized as primary environments for shaping children's physical activity and dietary behaviours. However, it has proven difficult to demonstrate the success of school-based interventions that are introduced without corresponding community involvement to prevent obesity.^{9–12} Generally, interventions focussing on individual decision making through education and behaviour change programmes have had limited success. ^{13,14}

Community-based initiatives are now widely regarded as a promising approach to make a substantial contribution to the promotion of healthy lifestyles and obesity prevention. 15-20

As part of recent high-level changes in the organization and funding of health and social services in England, public health functions have been conferred on local governments from the National Health Service.4 Locally led planning has been assisted by a range of national guidelines on obesity prevention, information resources and toolkits. 21,22 However, guidelines are often perceived to be too broad to provide sufficient practical recommendations to guide the formulation of complex system-wide programmes.²³ Practical guidance would include defining an intervention model with essential programme components, guidance on the use of existing local assets, and well-defined roles and accountability of partner organizations delivering the intervention. The pressure for prompt intervention along with budgetary limitations may not allow local authorities to adequately consider the design and evaluation of programmes, trial new interventions and accumulate practical experience.²⁴ Importantly, the methodology and results of local programmes rarely get disseminated in the peer-reviewed literature.

The 'Go-Golborne' programme has been developed as a pilot intervention in the Golborne ward of the Royal Borough of Kensington and Chelsea (RBKC) in London, England, between 2014 and 2018. It is a system-wide multistrategy approach targeting children aged 0–16 years and their families, that aims to increase community capacity, promote healthy eating and physical activity, facilitate the reduction of the 'obesogenic' environment, and ultimately prevent the development of unhealthy weight in children. The pilot aims to test the effectiveness of the designed approach, and use the knowledge gained to define an intervention model that might

be replicable on a wider scale in RBKC and other communities. The pilot is currently in its 'themed programme phase'. This paper aims to describe the methodology and the practical steps in developing the Go-Golborne programme.

Methodology

Frameworks informing the programme

The formulation of the programme has been informed by several frameworks including the Best Practice Principles for community-based obesity prevention developed in Australia by the Collaboration of Obesity Prevention Sites (CO-OPS).²³ This framework was developed based on best evidence and professional consultations to provide practical knowledge on planning and implementation. The principles cover community engagement, programme design, evaluation, implementation and governance.²³

We used the World Health Organisation (WHO) Good Practice Appraisal Tool to benchmark planned programme components and activities against defined criteria targeting nutrition and physical activity behaviours. This framework identifies practice characteristics along three broad categories: main programme characteristics, monitoring and evaluation, and implementation.

Another model informing our programme was the EPODE (Ensemble Prévenons l'Obésité Des Enfants, Together Let's Prevent Childhood Obesity) methodology. The EPODE framework involves all relevant community stakeholders in a comprehensive, coordinated capacity building approach to help children and their families adopt a healthy lifestyle. The Go-Golborne programme has joined the EPODE International Network, a non-profit organization that advocates obesity prevention, fosters knowledge sharing and provides support for community-based childhood obesity prevention programmes globally. English of the EPODE international Network and provides support for community-based childhood obesity prevention programmes globally.

We used the PESTEL framework to explore and describe the complex environmental influences that hinder or support the adoption of healthy lifestyles in the community. This framework distinguishes political, economic, sociocultural, technological and physical and legal environments. Importantly, we have aligned the programme with national guidelines and policies including the National Institute for Health and Care Excellence (NICE) guidelines for obesity prevention^{22,27} and the Government's Public Health Outcomes Framework.²⁸

Programme definition and governance

The Go-Golborne programme aims to address a wide variety of factors that influence children's physical activity and dietary behaviours in all settings where children live, learn and play. The programme adopts a whole-system approach and combines 'bottom-up' community empowerment actions with 'top-down' interventions in a single initiative.

The programme does not aim to introduce another layer of services but use and optimize existing systems, build on local assets, connect multiple stakeholders, synchronize ongoing activities across multiple settings and stimulate further

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