HENRY: Long Term Impact of a Programme to Prevent Childhood Obesity

Rebecca Brown, Thomas Willis, Candida Hunt, Mary Rudolf
Child Health, Leeds Children’s Hospital, Leeds Teaching Hospitals Trust, Leeds, UK

Introduction

The incidence of obesity in children has reached epidemic levels. Despite the need to combat this, health professionals report a lack of confidence in working with parents around lifestyle change. HENRY - Health Exercise Nutrition for the Really Young - aims to tackle childhood obesity through training health professionals to work more effectively with parents of preschool children around obesity and lifestyle issues. The 2-day Core Training was developed and piloted in 2007 and has since been adopted nationwide.

Aims

To assess the long-term impact of HENRY on health professionals’ knowledge, skills and confidence in tackling obesity prevention.

Methods

An online survey comprising both quantitative and qualitative questions was developed using a freely available internet-based electronic survey resource (docs.google.com). Health professionals’ confidence, knowledge and skills in discussing lifestyle and weight issues with parents was measured with the use of a self-reported 5-point Likert scale. The questionnaire was piloted on 25 HENRY Trainers and then sent to 1601 health professionals who had undergone HENRY training over the last four years. All data collected was anonymous.

Data Analysis: Quantitative

Ordinal data were compared with the use of chi-squared tests. Statistical difference was set at the 5% level of probability. Quantitative data analyses were performed with use of IBM SPSS Statistics 19.0.

Data Analysis: Qualitative

We subjected data from open-ended questions to inductive analysis by the construction of thematic categories. A framework analysis allowed for incorporation of themes established a priori while still permitting the emergence of de novo concepts; we adopted this qualitative analysis method as we wanted to see if the themes that form part of the training emerged in the responses while also keeping an open mind to any new ideas.

Results

237 (14.8%) emails were undeliverable. 362 (26.5%) participants completed the online survey to date; 70% reported using knowledge and skills gained on a regular basis in their professional lives. Areas of greatest impact included working in partnership with clients and the value of empathy, with 80% and 79%, respectively, using these aspects on a regular basis. Respondents also reported an impact on their personal lives: 59% used the knowledge and skills gained on a regular basis at home. A wealth of anecdotal evidence from the open-response questions such as alteration of mealtime behaviours to include the whole family and reduced portion sizes captures this.

The effect is longstanding, with 82% of participants who had undertaken the training more than 12 months ago stating that they continued to use the concept of healthy nutrition in their professional lives and 76% continuing to provide solution-focused support.

Fig 1: Self-reported confidence level

![Confidence Level Chart](chart.png)

Fig 2: Location of HENRY training

![Training Location Map](map.png)

Conclusion

Health professionals reported an increase in confidence and continued to use knowledge and skills gained many years after they completed their HENRY training.

Health professionals were implementing changes into their professional and personal lives with some tangible outcomes on families they worked with. The ultimate effect would be a measurable impact on children’s obesity levels on starting school.

References


