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Creating Healthy Active Local Kids (CHALK[©])

www.healthychildren.org.uk

Lessons from the pilot phase

Preventing Childhood obesity: European perspectives

ECOTEC & ECORYS

11 Nov 2009

Dr Raheelah Ahmad

raheelah.ahmad@lshtm.ac.uk

Dr Fiona Sim

fiona.sim@lshtm.ac.uk



Overview

- London Teaching Public Health Network
- Developing and delivering innovative interventions to build capacity to address public health challenges
- Skilling up the 'wider public health' workforce
- Signposting and sustainability



London Teaching Public Health Network

One of nine regional public health networks established by the Department of Health, England to:

Build capacity to improve the health of the population, through

- **Enhancing the knowledge of *anyone* who can improve health through the sphere of influence of their work [the 'wider PH' workforce]**
- **Partnership of academic and public sector (including health and local government) and third sector to help create a 'public health mindset' within the wider workforce**

We are the national lead for engaging the Third Sector

Commissioned by DH



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AIMS

- To develop and deliver a programme in brief intervention training to address child weight and wellbeing
- To develop and deliver as a pilot, a targeted community-based intervention to address child obesity in children aged 4-7 years.



Building local capacity to respond to national policy

- Trained over 561 people from diverse backgrounds across London to raise the subject of child weight: Brief Intervention [‘Level 1’] (**target 500**)
- Trained 35 of those people to deliver a community based intervention with families & children to address child obesity: CHALK [‘Level 2’] (**target 30**)

LTPHN Principles in practice



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- Multidisciplinary
- Cross-sectoral
- Multi-component
- Steering and working groups
- Expert opinion
- Local engagement
- Training
- Programme



Formal role of the person delivering the intervention is less important than the skills he/she possesses to deliver the intervention

(Powell & Thurston, 2008)



Addressing unhealthy weight

Who needs to be engaged?

- School based staff
- Youth services
- Voluntary sector
- Leisure Centre staff
- Social services staff
- Health visitors
- Pharmacists
- Dieticians/ Nutritionists
- NHS professionals

LTPHN survey London PCT & LA

Commissioning in London



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Potential

- Innovation
- Potential to address local need
- Positive process evaluation

Challenges

- Lack of evaluation
- High costs of some interventions
- Sustainability
- Equality impact assessment
- Ad-hoc
- Learning?



Brief Intervention: 'Level 1' Programme

- 1 day training in childhood obesity awareness using rigorously selected trainers
- Multiple organisations on board: PCTs, children's centres, community groups, hospitals, universities
- Wide range of participants: HE, clinical, schools, 3rd sector
- Included 'real life' role play scenarios
- Free of charge to participants
- Fits local obesity pathways
- Signposting to local resources
- Continuing demand to undertake training
- Reflective log
- Mentoring support
- Certificate



Basic tools needed:

- Awareness of: obesity, child weight, nutrition and physical activity, the obesogenic environment, how to raise the subject non-judgmentally with parents
- Practical experience of raising the subject in a non-threatening environment -
- Knowledge of where and how to signpost



Brief Intervention Training - Evaluation

- 95 % of participants felt confident in raising the issue of unhealthy weight with children and families that they work with.
- A third found the group work/scenarios and discussion the most useful aspect of the day
- Of the reflective logs so far analysed – half the participants have cascaded the training within their organisation



Reflective log entry from brief intervention in a health centre setting; *participant: a NHS health trainer*

What did you do?	What plans did you make with the person/family?	Reflective learning
<p>I met up with a mother who had some concerns about her from her daughter in group activities and other social activities. Mum said that she noticed some changes and a lack of confidence in her as well. I asked Mum about the latest measurements of weight and height taken which she could not remember. I also tried to find about her eating habits. The girl was the only child of the family and was therefore spoiled according to Mum.</p>	<ol style="list-style-type: none">1. Advised Mum to limit junk food at home2. Asked to take her daughter to her GP/HVs and find out about her exact daughter's diet. She was approached by a teacher raising a lack of involvement measurements of weight/height in relation to her age3. Advised Mum to book her on after-class or weekend clubs (swimming, dance) and consider a change of lifestyle for the whole family if possible. <p>A follow up meeting arranged for 4 weeks from the visit to the</p>	<p>Difficulties at different levels: Getting parents to appreciate the need of the child and the causes of the problems</p> <p>I thought I could have been a bit more considerate in suggesting physical activities without careful considerations of financial implications</p>



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Level 2



Overall aims:

- healthy long term weight based on family behaviour change
- building local capacity

- **Short term objectives:**

- participation, self esteem, parent intention to change
- avoid stigma: intervention open to self selecting families with 4-7 year olds 'at risk' of unhealthy weight



- **Target:** families with 4-7 year olds 'at risk' of unhealthy weight
- **Delivery:** flexible
- **Content:** multiple components during 5 sessions for parents and children (90 minutes)
- **Addresses health inequalities**
- **Incentives and support**
- **Issue of local and London wide sustainability**

Key recommendations

LTPHN commissioned literature review



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- Family involvement: encourage the participation of parents and siblings;
- Familiar setting: utilise settings where families already meet, and where resources may be found (can include the home for domiciliary interventions);
- Mapping local shops and fast food outlets, creating a recipe book, writing a letter to the newspapers, organising a fruit and vegetable delivery service, etc;

Source: Lobstein, The International Association for the Study of Obesity, 2008

Key recommendations contd.....

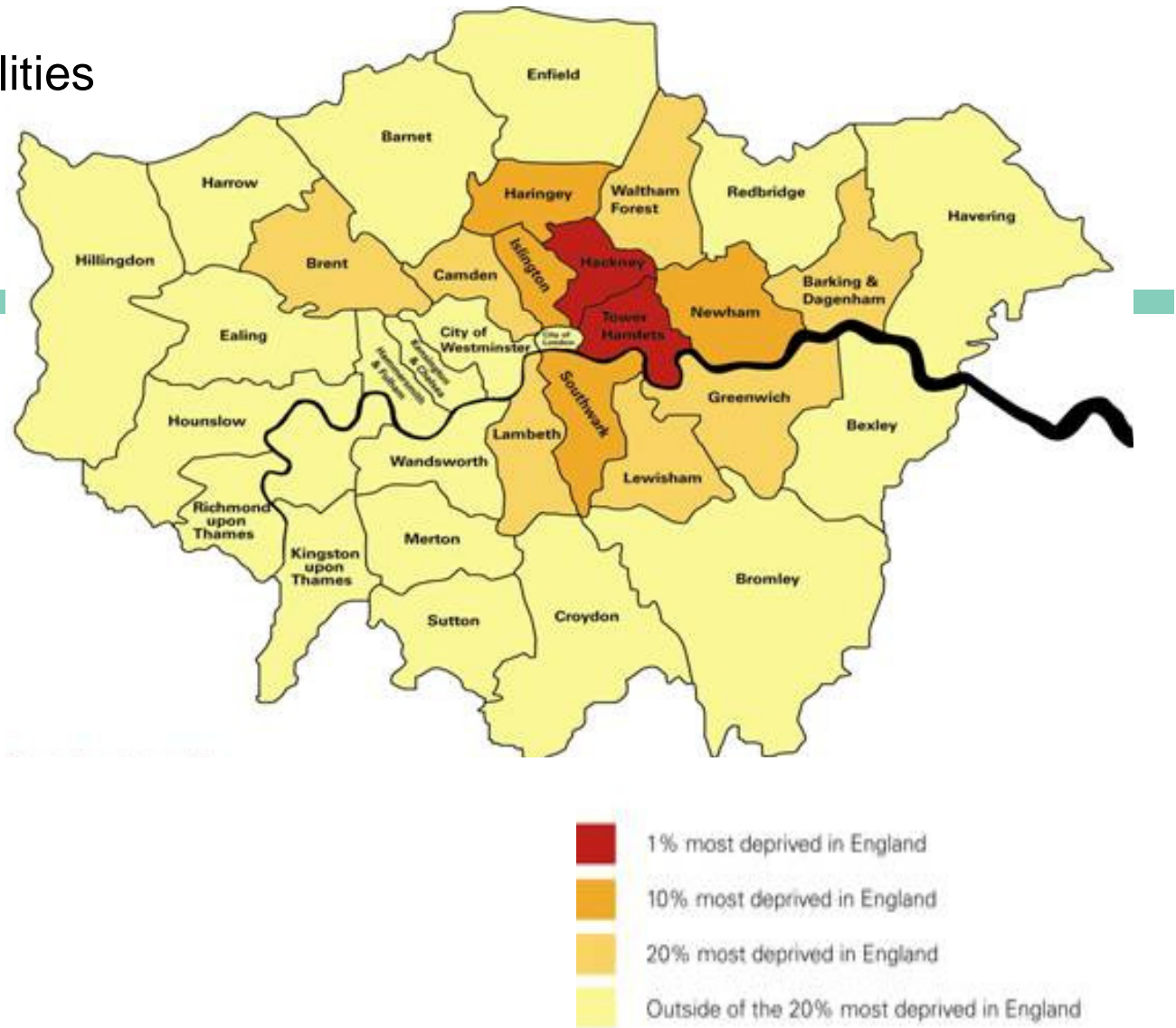


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- Allow **targets** to be set by the family, based on health priorities:
 - do not assume adiposity is their first issue, allow financial, cultural, interpersonal issues to emerge and become part of the programme.
- Prepare **tools**:
 - have ideas and resources (e.g. small rewards for behaviour changes – collectible stickers, accumulated points towards trophies)
 - use varied media (e.g. cartoons and videos of role models –effective bad and good behaviour characterisation);
- Have a **creative trainer**: crucial to the process is the facilitator who can use the material which arises to create opportunities for action.

Source: Lobstein, The International Association for the Study of Obesity, 2008

Addressing health inequalities



- Haringey (East)
- Southwark
(Aylesbury estate)
- Brent
- Ealing

Source: Indices of Deprivation 2000, Office of the Deputy Prime Minister.



Partnerships

Lead

- Community Action Southwark
- Brent PCT/Local Authority
- Haringey PCT
- Ealing – Choosing health

Support

- Healthy living Alliance, PCT
- Healthy Living Alliance
- Ealing PCT

Hosts & Schedule



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Chalkhill Community Centre	Brent	May half term mornings, 2009
Wembley Central Mosque	Brent	May half term mornings, 2009
Leopold' Primary School	Brent	Saturday mornings, May & June 2009
Dormers Wells Community Centre	Ealing	Twice weekly after school, June 2009
Casa de la Salud Hispano Americana	Haringey	Saturday mornings, May & June 2009
	Haringey	Thursdays, after school May & June 2009
1 st Place Children and Parent's Centre	Southwark	May half term mornings, 2009
Peckham Pulse Healthy Living Leisure Centre	Southwark	Wednesdays, after school May & June 2009



Recruitment and retention

- 124 children aged 4-7 years were registered by a parent to attend CHALK in one of the four pilot Boroughs
- 118 joined the CHALK programme (**target 90**)
- 79 children [67%] completed 3 or 4 out of 5 sessions: these children were awarded a certificate of attendance.
- 47 children [40%] attended and completed all 5 sessions – awarded end of programme prize in addition to certificate plus a small locally agreed family prize



Contextual factors

- Very short lead-in time
- Swine flu – school closed for a week – Ealing
- European election – school closed – Haringey



Learning

- Children's centre – 54% attended 3 or 4 sessions and a further 20% completed all five – how does this compare with other programmes? Competing priorities were cited as reasons for missing sessions.
- Leisure centre – 63% completed all five
- Best retention rate (81%) was achieved at primary school in Brent – the deputy head attended CHALK with her two children, highest use of crèche facility (n=22)



Measurements

During one of the sessions (*NB. not the first session*)

This was carried out by appropriately trained health professionals. Information was fed back and explained to the parents

- Weight
- height
- waist circumferences
- BMI calculated,.

Following demand from parents, they, too, were offered the opportunity to be measured.



Profile

- Based on **BMI 30.5%** of the participating children were overweight or very overweight
- Based on **waist circumference, 40%** of CHALK participant children were overweight or very overweight.
- Many of those in the 'healthy weight category' , had either a parent or sibling perceived to be overweight by the parent carer



Learning

- NCMP – use BMI – local children’s workforce need to understand measures of overweight (brief intervention training)
- Our profile of families fits with our definition of ‘at risk’ and our marketing and recruitment strategy
- CHALK : preventative & curative model



End of programme evaluation

Most useful aspects to parents included

- Portion size
- importance of physical activity

Most **enjoyable**

- Programme **with** their children whilst having protected learning time away from children
- A third asked for **some form** of **local** support after CHALK had ended

Follow up interviews – 6 weeks post CHALK



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Are you doing anything different?

“Since the CHALK programme, we've massively reduced portion sizes, saving £30/week by not buying junk food & planning proper meals in advance. The FRASH chart has become a family competition - fantastic! Turning the TV off has meant more talking and many more family outings to the park “ (CHALK parent, Haringey)

“Changed portion sizes -fantastic programme” (CHALK parent, Sothwark)

“Measure oil - don't just pour it- salad, no more take away (CHALK parent, Southwark)

“Some of the families are meeting up from the programme; different ethnicities sharing recipes, encouraging kids to do same things, and tackling the same problems.”(CHALK host, Brent)



Learning

- **Learning – Brief Intervention Trainers**
- **PCTs/host organizations**
- **CHALK Trainers**
- **CHALK Delivery and timescale of Project**



Further evaluation

- Further analysis of existing data (behaviours – including meal times, breakfast, PA, adult and child)
- Breakdown and feedback by borough
- Equality impact assessment
- Follow up in December – with behaviour change questionnaire – posted and answers obtained through telephone interview
- ‘CHALK families day’ in each borough
- Measurements will be taken again

Creating Healthy Active Local Kids - The process of building local capabilities through partnerships – how it works

Partnership between LTPHN, NHS, third sector organisations			
Trainer recruitment	Training the trainers	Local engagement	Programme delivery
<ul style="list-style-type: none"> • Eligible if working with children and families in any capacity • 35 completed the CHALK training. Participants from diverse backgrounds, including primary school teachers, sports coaches, health psychologists, community nutrition assistants, health trainers • Encouraged intersectoral working 	<p>Five day intensive training programme, delivered locally covering:</p> <ul style="list-style-type: none"> • Introduction to childhood weight • Actors, barriers and enablers in the 'obesogenic' environment • The importance of diet and nutrition in children • The importance of physical activity • Motivational interviewing • Parenting skills 	<p>Pilot s in 4 London boroughs: Brent, Ealing, Haringey, Southwark</p> <p>Hosted by organisations across public, health & third sector:</p> <ul style="list-style-type: none"> • Children's centres • Healthy living/ leisure centres • Faith-based organisations • Primary schools • Community & voluntary organisations 	<p>Key aspects of programme include:</p> <p>5 sessions, each 1.5hrs</p> <ul style="list-style-type: none"> • Enhancing access by flexibility in programme scheduling • Free crèche offered • Older siblings also welcome • 10-15 children with their parents per group, with 2/3 trainers • Signposting to local services • Mix of children and parents learning together and separately
Outputs			
Local trainers, building local capabilities	Multifaceted elements of training	Diverse local organisations involved in delivery and marketing of CHALK to increase access to the intervention	Flexibility of programme to increase access, local signposting for sustainability

Dissemination /feedback



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- National Child Measurement Programme – London workshop [disseminated findings and shared the potential role of the wider PH workforce] 2009
- Faculty of Public Health conference 2009
- UK Public Health Association Forum 2009
- Presentation to London PCTs' Obesity Leads 2008 & 2009
- Presentation to London Directors of Public Health 2009
- London Healthy schools Coordinators Workshop 2009
- London Joint Strategic Board for Children and Young People 2009
- London Metropolitan University - CUNY Conference on Child Obesity 2008
- Council, Bexley PCT, Luton PCT, Ealing PCT
- CAS – Chris Sanford (Chief executive) & Enoch Mugawa



Acknowledgements

- Healthy Living Alliance (Jo Guest)
- Professor David Mc Carthy
- Melanie O'Brien, Enoch Mugawa, Kalwant Sahota, Vanessa Bogle



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Thank you - feedback

www.ltphn.org.uk

Email: Fiona Sim or Raheelah Ahmad

healthychild@lshtm.ac.uk