An evidence-based approach to obesity prevention in the early years

Kim Roberts, Chief Executive
Why focus on the very young?

- Habits are formed early in life
- Overweight babies and toddlers are 5 times more likely to become obese during primary school
- By school entry 1 in 4 children are already overweight or obese
- Overweight children are at risk of numerous lifelong physical and emotional health problems
- Parents are more receptive
Starting with the research

- Practitioner effectiveness
- A healthy family lifestyle:
  - Parenting
  - Eating and feeding behaviour
  - Healthy nutrition
  - Activity and sleep
  - Emotional well-being
- Establishing healthy habits and food preferences right from the start of life
The HENRY approach

• Training for health and early years practitioners
• 8-week family programme
• Structured one-to-one family intervention
• Peer support model
• Resources
Practitioners

- Lack of confidence: 74% not comfortable discussing obesity
- 86.5% did not consider themselves effective
- Inability to identify obesity

Parents reported

- Concerns were dismissed
- Feeling judged or criticised

Edmunds L Arch Dis Child 2007
Perrin E Obesity Research 2005
Redsell SA Mat Child Nut 2012
Readiness for change

I sit there giving her advice and I know she’s not going to follow any of it …

Health visitor describing her work with the mother of an obese 3-year old
Effective practice

2 day training

Building confidence and motivation for change

Qualities:
- Non-judgemental
- Partnership
- Modelling

Skills:
- Relationship
- Empathy
- Strengths
- Raising the issue
- Solution-focused

Knowledge:
- Risk factors
- Whole family healthy lifestyle
- Healthy start

2 day training
Confidence in Working with Families

e-survey up to 4 years later; n=354

- 85% < 12 months
- 91% > 12 months
<table>
<thead>
<tr>
<th>Aspects of Course</th>
<th>Regularly, Often, All the Time</th>
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<tbody>
<tr>
<td>Value of empathy</td>
<td>76% (276)</td>
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<tr>
<td>Key parenting skills</td>
<td>72% (261)</td>
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<td>Healthy nutrition</td>
<td>71% (256)</td>
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<td>Working in partnership</td>
<td>70% (250)</td>
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<td>Solution-focused support</td>
<td>70% (251)</td>
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<td>How emotions effect behaviour</td>
<td>70% (251)</td>
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<tr>
<td>Eating patterns and habits</td>
<td>67% (240)</td>
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<tr>
<td>Physical activity</td>
<td>65% (238)</td>
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Brown et al, Community Practitioner, 2013
• Positive changes in practitioners’ lifestyles

• Enhanced confidence to approach and discuss lifestyle issues with families

• Healthier meals, snacks and portion sizes

• Persistent change and impact on the culture and practice of the wider team

*I think they’re more confident in tackling & bringing up things … I’ve noticed that people are talking about lifestyle more, and are concerned about it*

*Willis et al, J Hum Nutr Diet 2012*
Supporting families

• 8 week programme
• Group or 1-to-1
• Delivered by children’s centre staff
• 37 local authorities
• Experiential and interactive
• Popular with parents: average retention rate of 80%

I’ve realised I need to eat with him and eat healthier foods – who else is he going to copy?
Parents
- Desire and confidence to change family lifestyle
- Skills and strategies to hold boundaries
- Responsive and emotionally literate parenting
- Modelling a healthy lifestyle
- Non-food rewards and comfort

Eating and feeding behaviour
- Regular family mealtimes
- Reduce grazing
- Responsive feeding

Healthy nutrition
- Providing child-sized portions
- Reducing energy dense foods and sweet drinks
- Increasing fruit and vegetable consumption

Physical activity
- Increasing active play
- Reducing sedentary behaviour, especially TV
- Ensuring young children get adequate sleep

Emotional wellbeing
- Increasing the emotional wellbeing of all family members
Parental self-agency

Dumka 1996

Parental self-agency

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<thead>
<tr>
<th>Sure of self</th>
<th>Doing a good job</th>
<th>Perseverance</th>
<th>Problem solving</th>
<th>Mealtimes</th>
<th>TV/computer</th>
<th>Active play</th>
<th>Bedtime</th>
<th>General</th>
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Setting limits

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<tr>
<th>Pre-course</th>
<th>Post-course</th>
<th>Follow-up</th>
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*P<0.001

Mean score
Eating behaviour

Golan 1998

Lower scores indicate desired behaviours

**Eating together**
**TV off for meals**
**Home cooked food**
**Take away food**
Food Frequency Questionnaire – Adults
Hammond 1993

- **Cooked veg**: Pre-course P=0.007, Post-course P<0.001, Follow-up P<0.001
- **Salads**: Pre-course P<0.02, Post-course P<0.001
- **Fresh fruit**: Pre-course P<0.001, Post-course P<0.001, Follow-up P<0.001
- **Water**: Pre-course P=0.007, Post-course P<0.001, Follow-up P<0.001

- **Cakes, biscuits**: Pre-course P=0.005
- **Sweets, chocolate**: Post-course P<0.001
- **Sweet drinks**: Post-course P=0.003

Willis et al, Pediatric Obesity, July 2013
Changes in children’s food consumption

Willis et al, Pediatric Obesity, July 2013
• 21% children in families starting HENRY groups eat 5 a day

• 44% children of parents completing HENRY programme eat 5 a day
Effective local partnership: a local case study

- 7-year partnership with Public Health Department (originally PCT)
- City Council working in partnership with CCGs
- All health visitors and children’s staff HENRY trained – over 1,200 staff
- Local staff trained to deliver practitioner training, family group programme and 1-to-1 intervention
- Now training childcare workforce
- Volunteer Parent Champions supporting healthy local communities
Embedding prevention in local obesity strategy

HENRY implemented as part of city-wide obesity strategy.
Reducing health inequalities

Leeds City Council NCMP data
Contact us

info@henry.org.uk

www.henry.org.uk

@HENRYhealthy