

Co-designing of an intervention to support health visitors' implementation of practices recommended for prevention of excess weight gain in 0–2 year old children.

PhD research study (completed)

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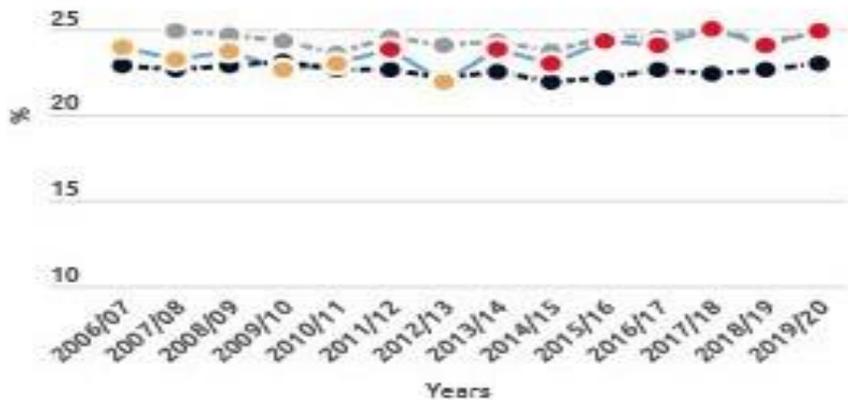
Context: Health visitors' role and early childhood obesity

Excess weight in 0-5 year old children in County Durham: a priority issue for public health.



24.9% (23% England)

Excess Weight in Reception. statistically significantly higher than England.



County Durham
North East
England

● County Durham statistically significantly higher than England
● County Durham similar to England
● County Durham statistically significantly better than England



Methodology: Mixed methods research

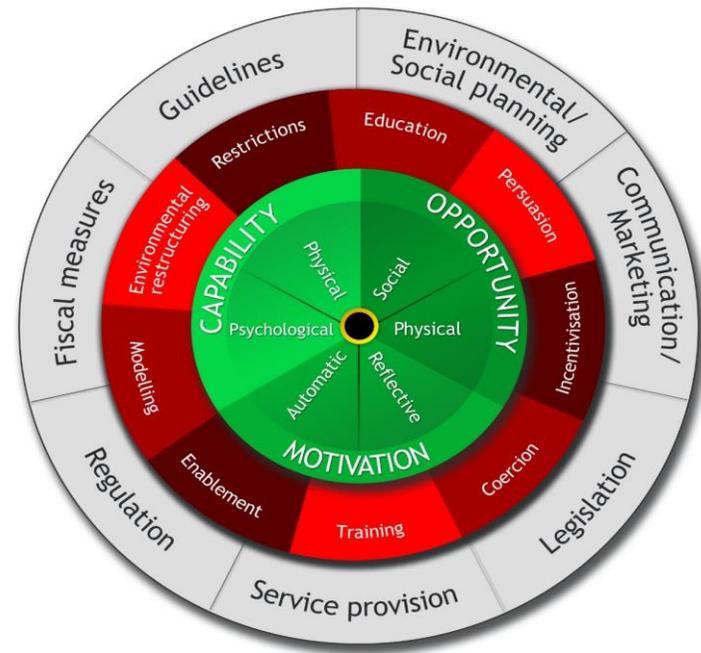
Implementation intervention: strengthen health visitors' practice role

UK MRC framework: guided the research process

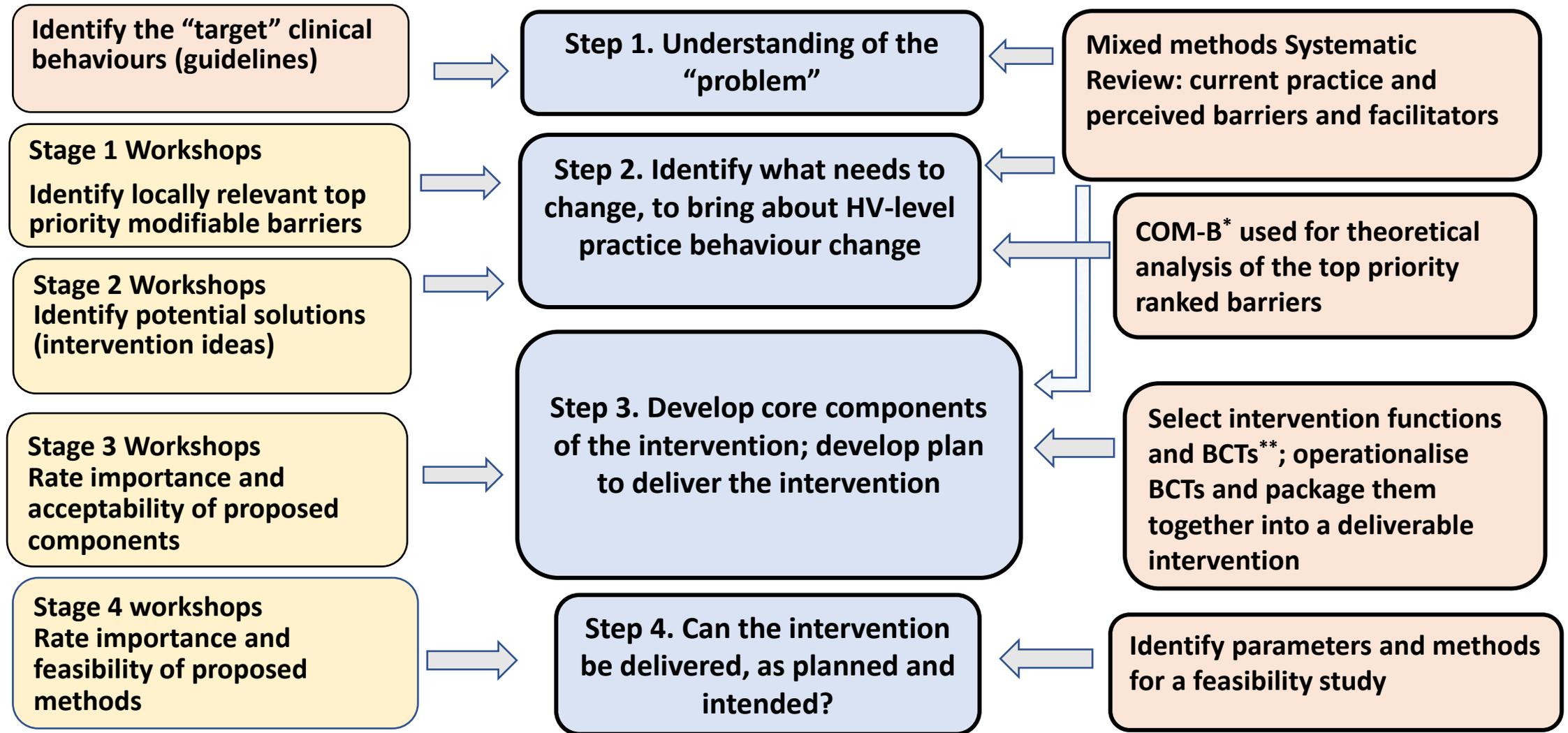
Development

- ▷ Identifying the evidence base
- ▷ Identifying or developing theory
- ▷ Modelling process and outcomes

- Evidence (existing and new)
- Behaviour change theory: Behaviour Change Wheel
- Engagement with potential end-users of the intervention



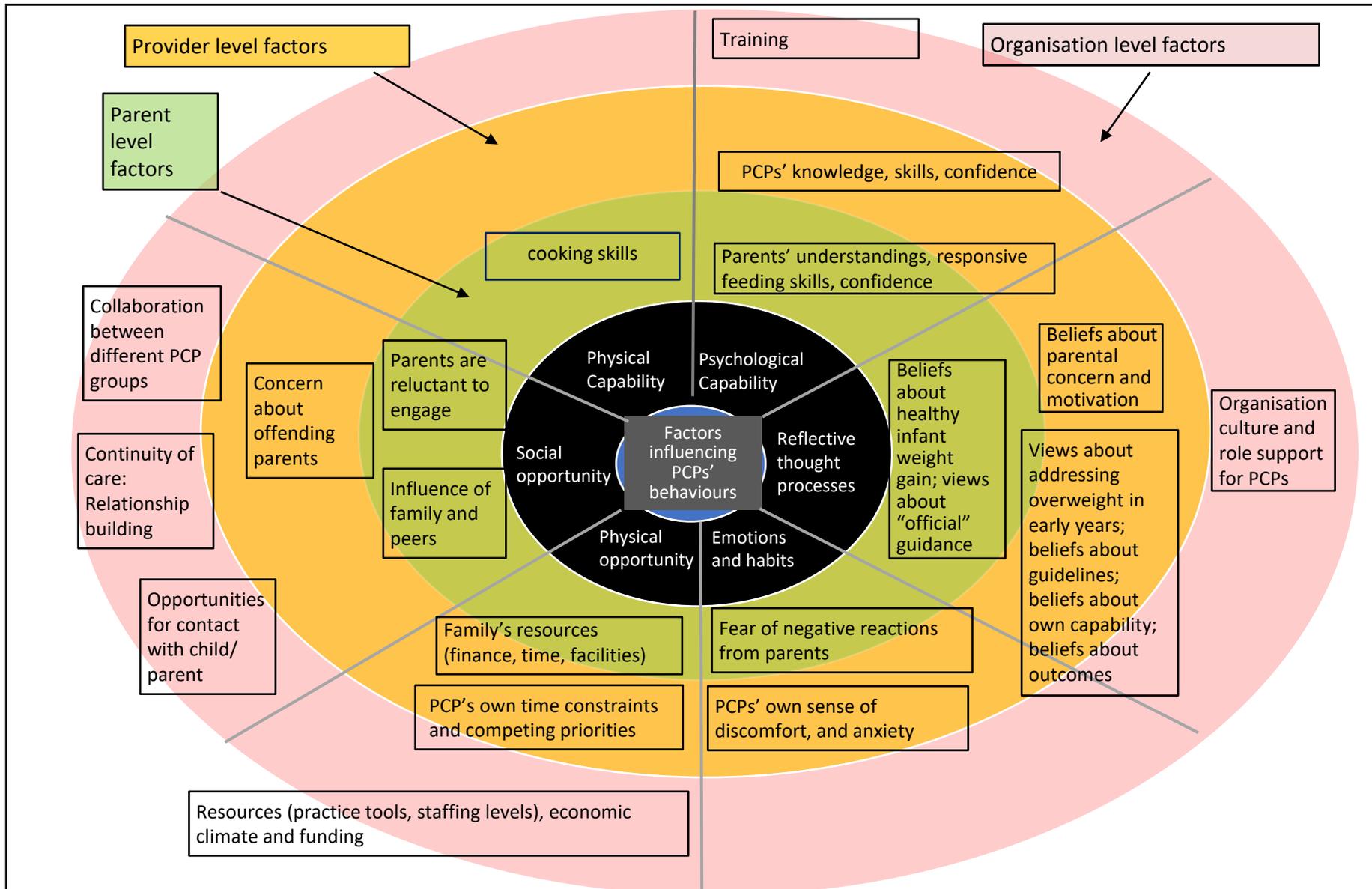
An overview of the **methods**



 = Desktop research;  = Steps of the intervention development;  = Co-design workshops with HVs

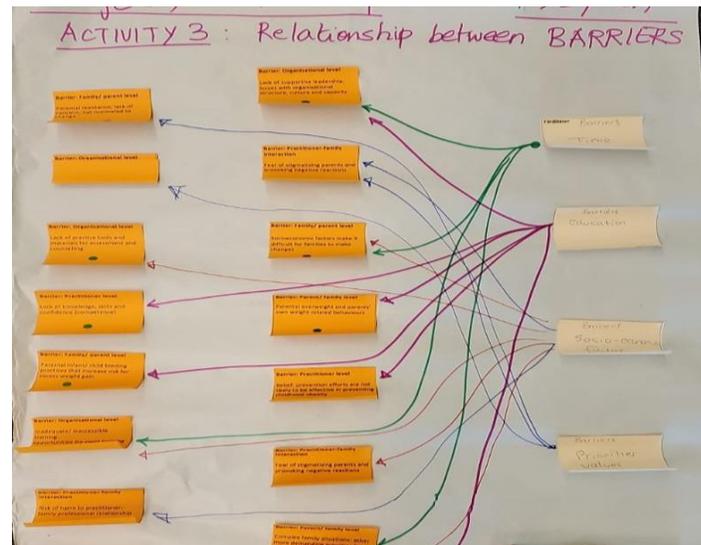
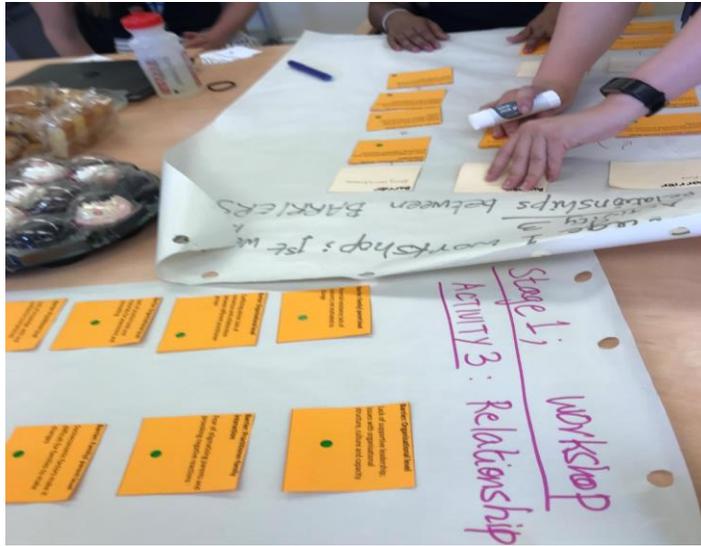
*BCT= Behaviour change technique

Findings of the mixed methods systematic review



Key factors at organisation, provider and parent (attributed by PCPs) levels mapped on to the sub-components of the COM-B model; factors that were identified as facilitators were the antithesis of the reported barriers.

Co-design: interactive workshops



- Research participants: health visitors
- 11 workshops; 5 location based HV teams
- Consultative role: what is relevant, feasible and acceptable in local context?
- Workshop activities: qualitative and quantitative data
- Data analysis: ongoing and emergent process; outputs of each stage were used as inputs for the next stage of the workshops
- Participants' role in data analysis: implicit in interpretation and verification of the data

Co-design workshops: evaluation

- Interactions at the workshops produced the intended outputs
- HVs appreciated recognition of their professional role and their role as collaborators
- HVs valued the opportunity of participation in this research

“The session was very well planned and identified themes well in current practice and strategies for future Health Visiting practice”

“Really enjoyed taking part in the workshop. We often don’t get the opportunity to be involved in the development of training”

“It is very encouraging to know what we do matters, and our views are being seriously considered”

“It was a good opportunity to share and discuss barriers/interventions, to be tackling a pertinent public health issue”

“Enjoyable workshop, giving me ideas for my own managed practice”

The intervention: how might it work?

The Intervention

Incentivised (CPD points) face-to-face 1-day interactive training/ behaviour change intervention

Training manual; Awareness raising across all HCP 0-5 staff; organisational and peer support

Workbook for intervention facilitator

Intervention functions (5) and relevant BCTs (total 17); some BCTs serve more than one function

EDUCATION: 4 BCTs

TRAINING: 3 BCTs

PERSUASION: 7 BCTs

MODELLING: 1 BCT

ENABLEMENT: 9 BCTs

Changes in these processes can potentially trigger HV behaviour change

Knowledge

Skills

Induce positive beliefs about capabilities

Induce positive beliefs about consequences

Induce positive beliefs and attitudes towards performing the behaviours

Barriers are reduced and enablers are increased, to increase opportunity and capability

Can the intervention be delivered as planned?

Area of focus for a Feasibility Study

Recruitment capability

Feasibility of delivery:

Intervention **fidelity: mixed methods**

Acceptability: mixed methods

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