



Widening my SPHeRE of influence in childhood obesity prevention: research, policy and practice

Marita Hennessy, HBCRG,
School of Psychology, NUI Galway

[@MaritaHennessy @hbcrg](#)

INTeRACT for Health:
Increasing Integrated Knowledge
Translation Capacity for Impact

13 June 2018



Outline



- Overview of my PhD studies
- HSE: How did the relationship start?
- Collaborative research activity -> POCKETS
- What facilitated the collaboration?
- How to maintain the relationship?
- Lessons learned



<p>Study 1 Childhood obesity prevention: Priority areas for future research and barriers and facilitators to knowledge translation</p>	<p>Study 2 The effectiveness of health professional-delivered interventions to reduce the risk of overweight / obesity in children under the age of two: a systematic review of randomised controlled trials</p>
<p>Early life interventions delivered by health professionals to prevent childhood obesity</p> 	
<p>Study 3 Parents' views on healthy growth in young children</p>	<p>Study 4 Health professionals' views on healthy growth in young children</p>



   	 <p>SPHeRE Structured Population and Health-services Research Education</p>
<p>How did the relationship start?</p>	
 	





POCKETS -> PhD study 1



Annual Conference 2017

Day 1: Preventing Childhood Obesity
4-5 May 2017, University College Dublin

[View recordings at tinyurl.com/ASOI2017](http://tinyurl.com/ASOI2017)



Dr Phil Jennings
Health Service
Executive



Sarah O'Brien
Health Service
Executive



Dr Ellinor Olander
City, University of
London



A/Prof Paulina
Nowicka
Karolinska Institutet



Dr Grace O'Malley
Temple Street Children's
University Hospital



Prof Sarah Redsell
Anglia Ruskin
University



Prof Mary Rudolf
Barr Ilan University



Dr Rachel Laws
Deakin University



Prof Pinki Sahota
Leeds Beckett University



Methodology

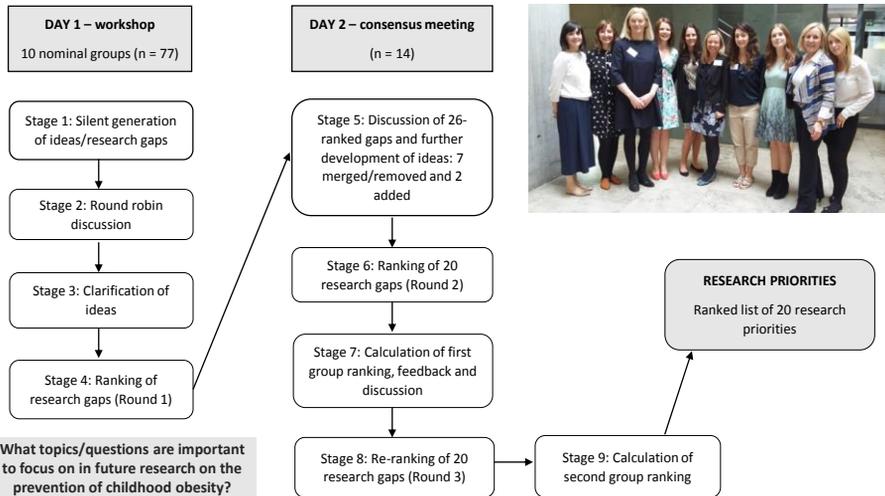
Nominal Group Technique used during multi-stakeholder workshops over a two-day national obesity conference in May 2017

NGT = consensus method used to generate potential solutions or answers to a question which can then be agreed upon and/or prioritised

Participants Anyone attending the conference eligible to participate on day 1 – closed consensus meeting on day 2, by invitation only



Research prioritisation overview



Similar process used for identification of barriers and facilitators – but consensus not sought

Participants

Day 1

Research prioritisation

- n=77, 70F
- 91% participation rate
- 88% based in Ireland
- Academics (40%), clinicians (38%), health service managers (16%) and other (6%)

Barriers and facilitators

- n=68, 61F
- 80% participation rate



Day 2

- n= 14/21 individuals/org reps, 1M
- 67% participation rate
- Academics/researchers (6), HPs (3), early years/community-based practitioners (2), policymakers (2), health service manager (1)
- 289 years' experience, range: 5-42, mean= 21 years



Top 5 research priorities

Overall ranking	Round 3 (Final round), 14 individuals
1	Evaluate (including economic evaluation) current programmes to inform practice and policy
2	How to change culture towards addressing the determinants of health (Health in All Policies)
3	Implementation science: process
4	How to integrate obesity prevention into existing service structures
5	How to enhance opportunities for habitual physical activity, including free play and active travel



Barriers & facilitators to KT

Rank	Barrier	Rank	Facilitator
1	Limited funding & resources for prevention	1	Involving key stakeholders from the start
1	Pitching to the right level - all stakeholders (Targeting communications/messages at the right level, depending on the audience)	2	Engagement with your target group. For socially isolated groups, someone to interpret the message [Active engagement with target of your message from the outset; may require someone else to deliver the message to socially excluded groups]
1	Parental knowledge, education, skills	2	Process to translate research into practice (Lack of support from decision makers to identify a function/process within their organisation to use research or translate research into practice)
1	The food industry	2	Existing resources, e.g. information leaflets
1	Priority (Lack of a priority at policy/service level)	2	Obesity prevention prioritised in funding
1	Family and societal issues (Other family and health-related issues impacting on behaviours)	2	Co-production of knowledge
1	Mismatch between policy & practice. Health promotion being eroded (Policy focus on prevention but this is not the reality in practice)	2	Implementing in schools
1	Lack of resources to implement (health care professional resources)	2	Money, funding, incentivisation
1	Lack of shared realistic goals	2	Education and training for healthcare professionals
1	Research which is incompatible with scalability	2	Political will



 	
<p>What facilitated the collaboration?</p>	
	
	 



<p>National Healthy Weight for Children Working Group</p>	<p>Project updates</p>
<p>How to maintain the relationship?</p>	
<p>Information-sharing: new publications, conference reports</p>  	



Lessons learned

- Maximise opportunities
 - Policy windows – Relationships – Funding
- It's hard work!
- Often hard to see wood for trees when generating research ideas
- Timing – takes time, no time, out of time!
- Publication challenges
- There will always be competing/fleeting priorities -> make the most of every opportunity while you can



Acknowledgements

PhD funding: Health Research Board
SPHeRE Programme



POCKETS funding: Irish Research Council



POCKETS co-hosts: ASOI and Dr Karen Matvienko-Sikar, UCC



POCKETS participants & workshop facilitators (colleagues within the CHERIsH study team, HBCRG, ASOI)

HSE: Sarah O'Brien and Dr Phil Jennings, in particular



Supervisory team: Dr Caroline Heary, Prof Molly Byrne, Dr Rachel Laws

