Healthy Habits, Happy Homes (4H) is a home-based, pre-school childhood obesity prevention intervention targeting changes to family routines and 4 Energy Balance Related Behaviours (EBRB’s): physical activity, screen time; family meals; sleep routine. Translation of 4H intervention to low socio-economic households within Scotland, will involve testing of study design, recruitment strategy, and practicality of trial procedures with pre-school children and their families living in North East Dundee, Scotland.

INTRODUCTION

Healthy Habits, Happy Homes (4H) is a home-based, pre-school childhood obesity prevention intervention targeting changes to family routines and 4 Energy Balance Related Behaviours (EBRB’s): physical activity, screen time; family meals; sleep routine. Translation of 4H intervention to low socio-economic households within Scotland, will involve testing of study design, recruitment strategy, and practicality of trial procedures with pre-school children and their families living in North East Dundee, Scotland.

METHODS

A study website was co-produced with key stakeholders in the local area to promote inclusive recruitment of participant families via social media, local press (figure 1), word of mouth, posters and face-to-face at local neighbourhood events. Interested families contacted the researcher directly via website, email, text message or telephone. Objective measures of child’s height, weight and body composition, using bio-electrical impedance analysis (BIA) were determined. Four EBRB’s were measured using ActivPAL™ accelerometer or through subjective parental self-report at baseline and at 6months. Children were randomised to intervention or control group following baseline measures.

RESULTS

126 parents enquired about study over a 10 month recruitment period.

Positive local press coverage shared on social media prompted 23% (n=29) of total enquires.

21% (n=26) of families who enquired, went on to sign up to study (n=14 C=12), most commonly using study website (38%, n=10) and via face to face (19%, n=5) with researcher at event.

Majority, (38%, n=10) of participant families heard of study on local newspaper facebook site or by seeing study poster on social media 35% (n=9).

At baseline, parental questionnaires were completed in 96% (n=25).

Children were randomised to intervention or control group following baseline measures.

CONCLUSION

Translating interventions can be complex and feasibility should be established. A participatory and co-production approach was utilised for 4H adoption in Scotland. Promotion of study website through positive local press coverage, social media and face-to-face proved useful for inclusive recruitment. Objective measures of physical activity using accelerometer and body composition in this pre-school age group proved challenging due to child refusal to wear device. Arranging home visits via SMS or email was successful, although number of correspondence required varied between families.