

Long-term effects of a lifestyle intervention on the health of children and teachers at cardiovascular risk in schools of disadvantaged communities in South Africa

Submission date 15/04/2020	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 17/04/2020	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 03/04/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The burden of non-communicable diseases (NCDs) is rapidly increasing, especially in low- and middle-income countries (LMICs), and has been recognized as one of the biggest public health challenges of our era. While physical activity plays an important part in the prevention of NCDs in adulthood, low levels have been shown in South African youths. Children in disadvantaged communities are at particular risk of compromised health and underdevelopment. Promoting healthy lifestyles through health interventions in educational settings has proven effective at reducing the risk for NCDs. Furthermore, teachers' own health in these communities is also poor and their collaboration as role models is essential for a successful implementation of such lifestyle interventions. In this context, a concerted community-health programme called KaziBantu was designed to enhance literacy and health of both children (KaziKidz) and teachers (KaziHealth) and was implemented in schools of marginalized communities in Port Elizabeth. Preliminary results are positive regarding the intervention but also showed that some children and teachers were at risk of developing non-communicable diseases. At the same time, discontinuation of these programmes after the end of funding is high. Therefore, this study will follow-up the KaziBantu intervention in these schools to assess its sustained implementation and the achievement of health effects under real-world conditions. The first aim of this study is to first examine long-term improvement and preservation of health effects on metabolic risk factors for NCDs in at-risk children and teachers. The second aim is to evaluate long-term feasibility, acceptance, adoption, implementation, maintenance and dissemination of the both KaziKidz and KaziHealth interventions at an individual, community, organizational and institutional level in Port Elizabeth. The third aim is to explore correlations between health effects, health behaviours and adoption and implementation level.

Who can participate?

Children in 5th – 7th grades aged 9 to 14 and teachers aged 21 to 65 from the 8 schools that participated in the KaziBantu study and who were identified for having risk factors for cardiometabolic disease (e.g. obesity, high blood pressure, diabetes)

What does the study involve?

Children and teachers will be followed-up over a 2-year period, during which measurements of health status and disease history, blood tests and body composition, physical activity and nutrition will be assessed at two different time points. Teachers and parents of the children participating in the study, school principals from the eight participating schools and authorities from the Education department will be interviewed at two different time points in order to evaluate the feasibility, acceptance, implementation and maintenance of both KaziKidz and KaziHealth interventions.

What are the possible benefits and risks of participating?

Children will be assessed physically (by a professional school nurse) and clinically in terms of cardiovascular health risks and evidence of malnutrition (by qualified biokineticists) twice during the two-year period. These children would have the benefit of having their parents alerted to any red flag(s) identified during the assessment and they will be encouraged to take their child to the nearest clinic for a medical examination. They will also receive a referral letter providing details of the identified issue of concern. The child participants will also have the continued benefit of exposure to a school-based health promotion programme that their teachers were trained to implement and are hopefully successfully implementing on their own. Teachers will benefit as they will receive two free health assessments and a personalised health profile based on internationally established clinical cut-offs over the two-year period of the study. Additionally, the teachers will have the opportunity to participate in an online course on self-assessment of personal health to educate themselves on health and wellness knowledge. Furthermore, teachers presenting with severe chronic diseases (e.g., type 2 diabetes, obesity, high blood pressure) will receive a referral letter that they could present to their medical doctor, or a nearby health clinic. However, the cost of the latter consultations will be for their own account. Most measurements are non-invasive without specific risks involved. Blood lipids, haemoglobin and blood glucose levels are assessed with a finger prick blood test. The capillary blood sampling method is minimally invasive and, therefore, only involves minimal risks.

Where is the study run from?

1. University of Basel (Switzerland)
2. Nelson Mandela University (South Africa)
3. Swiss Tropical and Public Health Institute (Switzerland)

When is the study starting and how long is it expected to run for?

April 2020 to November 2021

Who is funding the study?

Swiss National Science Foundation (SNF) (Switzerland)

Who is the main contact?

Ms Patricia Arnaiz
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Study website

<http://p3.snf.ch/Project-192651>

Contact information

Type(s)

Scientific

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Additional identifiers**EudraCT/CTIS number**

Nil known

IRAS number**ClinicalTrials.gov number**

Nil known

Secondary identifying numbers

Swiss National Science Foundation (SNF) No. 320030_192651

Study information

Scientific Title

Sustainability of a school-based health promotion intervention in children and teachers at risk for non-communicable diseases in marginalised communities in Port Elizabeth, South Africa

Study objectives

The study aims at following-up an established school-based health promotion intervention in order to strengthen the evidence for its effectiveness in promoting long-lasting positive lifestyle changes that ultimately seek to improve cardiovascular risk factors such as obesity, hypertension, dyslipidemia and hyperglycemia among children and teachers in selected schools of marginalised areas of Port Elizabeth, South Africa.

Ethics approval required

Old ethics approval format

Ethics approval(s)

1. Approved 21/07/2020, human research ethics committee (REC-H) from the Nelson Mandela University (PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa; +27 (0) 41 504 1111; info@mandela.ac.za), ref: H20-HEA-HMS-001
2. Approved 12/05/2020, Swiss ethics committee (Ethikkommission Nordwest- und Zentralschweiz, EKNZ, Hebelstrasse 53, 4056 Basel, Switzerland; +41 (0)61 268 13 50; eknz@bs.ch), ref: Req-2020-00430
3. Approved 07/12/2020, Eastern Cape Department of Education (Private Bag X0032, 5605 Bhisho, South Africa; +27 (0)40 608 4200/8; viwe.mkona@ecdoe.gov.za)

Study design

Observational longitudinal cohort study

Primary study design

Observational

Secondary study design

Cohort study

Study setting(s)

School

Study type(s)

Prevention

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied

Non-communicable diseases: obesity, hypertension, diabetes, dyslipidemia

Interventions

Current interventions as of 10/03/2021:

A cohort of identified at-risk children and at-risk teachers from 8 quintile 3 primary schools in Port Elizabeth, South Africa, will be followed-up during a 2-year period.

Assessments of health outcomes and behaviours of both children and teachers will be collected at two time points.

Community feasibility and acceptance, as well as organizational and institutional implementation and dissemination levels, will also be enquired.

A comprehensive evaluation of these parameters will follow the RE-AIM framework and its proposed dimensions – (i) Reach, (ii) Efficacy, (iii) Adoption, (iv) Implementation and (v) Maintenance.

Previous interventions:

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Intervention Type

Behavioural

Primary outcome measure

Current primary outcome measure as of 10/03/2021:

Assessed 1 and 2 years post KaziBantu intervention:

1. Body weight, assessed using a digital weighing scale
2. Body height, assessed using a stadiometer
3. Body mass index, calculated as weight (kg)/height (m)²
4. Waist and hip circumference, assess using a tape
5. Body fat percentage, assessed using bioelectrical impedance analysis (BIA)
6. Self-reported health status, assessed by questionnaire
7. Blood pressure (systolic and diastolic), assessed using oscillometry with a digital blood pressure monitor
8. Blood lipids (TC, HDL-C, LDL-C, TG, Non-HDL, C-HDL ratio), measured using the Alere Afinion AS100 analyser
9. Blood glucose (HbA1c), measured using the Alere Afinion AS100 analyser
10. Haemoglobin concentration, assessed using the HemoCue Hb 301 system
11. Objectively measured physical activity, assessed using an ActiGraph accelerometer
12. Self-reported physical activity, assessed via the Health-Behaviour of School-Aged Children (HBSC) questionnaire

13. Self-reported diet, assessed via the 24-hour recall questionnaire
14. General health assessment, assessed for teachers via online seminar
15. Implementation status, assessed via questionnaire
16. Feasibility and acceptability, assessed via semi-structured interviews and focus group discussions

Previous primary outcome measure:

Assessed 1 and 2 years post KaziBantu intervention:

1. Body weight, assessed using a digital weighing scale
2. Body height, assessed using a stadiometer
3. Body mass index, calculated as weight (kg)/height (m)²
4. Waist and hip circumference, assess using a tape
5. Body fat percentage, assessed using bioelectrical impedance analysis (BIA)
6. Physical examination, assessed face-to-face by a professional nurse
7. Self-reported health status, assessed by questionnaire
8. Blood pressure (systolic and diastolic), assessed using oscillometry with a digital blood pressure monitor
9. Blood lipids (TC, HDL-C, LDL-C, TG, Non-HDL, C-HDL ratio), measured using the Alere Afinion AS100 analyser
10. Blood glucose (HbA1c), measured using the Alere Afinion AS100 analyser
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12. Objectively measured physical activity, assessed using an ActiGraph accelerometer
13. Self-reported physical activity, assessed via the Health-Behaviour of School-Aged Children (HBSC) questionnaire
14. Self-reported diet, assessed via the 24-hour recall questionnaire
15. General health assessment, assessed for teachers via online seminar
16. Implementation status, assessed via semi-structured interviews
17. Feasibility and acceptability, assessed via focus group discussions once in the fall of 2021

Secondary outcome measures

The following control variables will be assessed via questionnaire 1 and 2 years post KaziBantu intervention:

1. Age
2. Sex
3. Socioeconomic status
4. Ethnicity
5. Home language
6. School
7. Grade

Overall study start date

01/04/2020

Completion date

30/11/2021

Eligibility

Key inclusion criteria

Current inclusion criteria as of 17/12/2020:

1. Children and teachers from the KaziBantu study population
2. Children aged approximately 10–13 years old (4th to 7th grade)
3. Teachers aged approximately 21–65 years old
4. Children identified for being at high-risk for non-communicable diseases defined as presenting at least:
 - 4.1. Pre- or hypertension
 - 4.2. Pre- or diabetes
 - 4.3. Borderline or hypercholesterolemia
 - 4.4. Overweight or obesity
5. Written informed consent by parent/guardian for children and by teachers

Previous inclusion criteria:

1. Children and teachers from the KaziBantu study population
2. Children aged approximately 10–13 years old (4th to 7th grade)
3. Teachers aged approximately 21–65 years old
4. Children and teachers identified for being at high-risk for non-communicable diseases defined as presenting at least:
 - 4.1. Pre- or hypertension
 - 4.2. Pre- or diabetes
 - 4.3. Borderline or hypercholesterolemia
 - 4.4. Overweight or obesity
5. Written informed consent by parent/guardian for children and by teachers

Participant type(s)

Mixed

Age group

Mixed

Lower age limit

10 Years

Upper age limit

65 Years

Sex

Both

Target number of participants

300 children and 150 teachers

Total final enrolment

459

Key exclusion criteria

1. Participation in another clinical trial
2. Lack of written informed consent

Date of first enrolment

15/02/2021

Date of final enrolment

15/03/2021

Locations

Countries of recruitment

South Africa

Study participating centre

Nelson Mandela University

PO Box 77000

Port Elizabeth

South Africa

6031

Sponsor information

Organisation

Swiss National Science Foundation

Sponsor details

Wildhainweg 3

PO Box

Bern

Switzerland

3001

+41 (0)31 308 22 22

desk@snf.ch

Sponsor type

Government

Website

<http://www.snf.ch/en/Pages/default.aspx>

ROR

<https://ror.org/00yjd3n13>

Funder(s)

Funder type

Government

Funder Name

Schweizerischer Nationalfonds zur Förderung der Wissenschaftlichen Forschung

Alternative Name(s)

Schweizerischer Nationalfonds, Swiss National Science Foundation, Fonds National Suisse de la Recherche Scientifique, Fondo Nazionale Svizzero per la Ricerca Scientifica, Fonds National Suisse, Fondo Nazionale Svizzero, Schweizerische Nationalfonds, SNF, SNSF, FNS

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

Switzerland

Results and Publications

Publication and dissemination plan

Study protocol is planned to be published in an open-access peer-reviewed journal.

Consolidation and communication of results to the scientific community and relevant authorities will be performed towards the end of the project. The results will be summarized in manuscripts, which will be submitted for publication in the peer-reviewed open-access international literature (e.g. BMC Public Health, Journal of Sports Sciences and the British Medical Journal). Results will also be presented at relevant national and international scientific meetings.

Intention to publish date

30/09/2023

Individual participant data (IPD) sharing plan

Current individual participant data (IPD) sharing statement as of 17/11/2021:

The individual de-identified participant data generated during and/or analysed during the current study will be stored in the publically available repository <https://zenodo.org>. Consent from participants was obtained, by what access criteria the data will be shared including with whom, for what types of analyses, and by what mechanism. Data is composed of a range of quantitative and qualitative data including: anthropometric (body weight, height, waist and hip circumferences), clinical (blood pressure, blood lipid profile, HbA1c), physical activity (sports participations, type and amount of physical activity), diet behaviour (type and amount of food), intervention feasibility, acceptance and implementation. Data will become available 36 months after the end of the study for at least 10 years.

Previous individual participant data (IPD) sharing statement:

All participant level data will be stored in Excel and Pdf form in the publicly accessible Zenodo

Data Repository (<https://zenodo.org>), which represents a non-profit storage and sharing solution for data compliant with the funding agency requirements (SNF FAIR Data Principles). 300 datasets will be collected at two different time points with an estimated volume of 100 GB. All participants - or children guardians - will sign a consent form submitted to and approved by the responsible ethics committee. The consent forms will authorize future sharing and usage of the data. Anonymity of the participants is guaranteed, as the researchers will not deposit raw files in order not to compromise this guarantee. Instead, anonymized transcripts of data files will be deposited. All identifying information will be kept in a locked filing cabinet and not stored with electronic files.

IPD sharing plan summary

Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	05/10/2021	21/10/2021	Yes	No
Results article	Qualitative descriptive study	12/05/2023	25/05/2023	Yes	No
Other publications		01/04/2024	03/04/2024	Yes	No