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Healthy Dads, Healthy Kids UK: delivering a culturally adapted lifestyle programme to a multi-ethnic population

Submission date
21/12/2016

Recruitment status
No longer recruiting

Registration date
20/01/2017

Overall study status
Completed

Last Edited
28/02/2024

Condition category
Nutritional, Metabolic, Endocrine

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and aims:
Obesity is a growing problem worldwide, putting people at risk of serious medical conditions such as diabetes and heart disease. Studies have shown that when parents are overweight, their children can also become overweight. Healthy Dads, Healthy Kids is a weight management program developed in Australia. It was developed looking at families as a whole, so that changes in the men's health behaviours would positively impact on their children and the children help their 'father' to maintain his behaviour change. Whilst the program has been tested in Australia, it is unknown as to whether it would work in a multi-ethnic UK setting. The aim of Healthy Dads, Healthy Kids UK is to modify an existing weight management and healthy lifestyle program for fathers and their children (aged 4-11 years) so that it is culturally acceptable in a UK multi-ethnic population. The aim of this study is to find out if the Healthy Dads, Healthy Kids program can be acceptable in a UK setting.

Who can participate?
Obese men who are the fathers of primary school aged children (4-11 years) and their children.

What does the study involve?
This study involves two phases. In the first phase, 30 fathers and their children take part in the Healthy Dads, Healthy Kids program. This involves attending nine 90-minute sessions once a week for nine weeks. Mothers/partners are invited to attend one session, and fathers and children attend all nine sessions. The sessions involve discussion and family-based physical activity. Parents and the children are given interactive resources such as manuals, log books, playing cards and an activity chart to encourage learning. The family is given a family voucher to attend a leisure centre for swimming or other family activities will be provided free for one occasion. Before and after the program, fathers and their children are weighed and complete questionnaires about their diet and exercise habits.
In the second phase of the study, 90 fathers and their children are randomly allocated to one of two groups. Those in the first group take part in the Healthy Dads, Healthy Kids program in the same way as those in the first phase of the study. Those in the second group are provided with details about local opportunities for physical activity. Before the program and then after three

and six months, fathers and their children are weighed and complete questionnaires about their diet and exercise habits. In addition, the amount of families that take part and who stay in the study until the end are recorded.

What are the possible benefits and risks of participating?
Fathers who take part may benefit from losing weight. Families as a whole may benefit from improving their diets and getting more exercise, which is beneficial for health. There are no notable risks involved with participating in this study.

Where is this study run from?
1. Sandwell Metropolitan Borough Council (UK)
2. Wolverhampton City Council (UK)

When is this study starting and how long is it expected to run for?
May 2016 to September 2018

Who is funding the study?
National Institute of Health Research (UK)

Who is the main contact?
1. Professor Kate Jolly (scientific)
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Additional identifiers

Protocol serial number
PHR Project: 14/185/13

Study information

Scientific Title
Healthy Dads, Healthy Kids UK: a cultural adaptation and feasibility study of a weight management programme for fathers of younger children

Acronym
Healthy Dads, Healthy Kids UK (HDHK)

Study objectives
The overall aim of this study is to modify an existing weight management and healthy lifestyle programme for fathers and their children (aged 4-11 years) so that it is culturally acceptably in a UK multi-ethnic population.

Ethics approval required
Old ethics approval format

Ethics approval(s)
University of Birmingham research governance department, 16/01/2017, ref: ERN_16-1323

Study design
Phase 1: Uncontolled non-randomised study
Phase 2: Randomised controlled feasibility trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Obesity

Interventions
Phase 1:
30 fathers and their children receive the HDHK intervention. This involves nine 90-minute sessions delivered at weekly intervals. Fathers and children will attend all nine sessions, with the mothers/partners being invited to attend one session. The sessions include topics such as appropriate portion sizes for family mealtimes, eating a healthy diet, better understanding of parenting, family orientated physical activities, reducing screen time, as well as tips for staying on track after the program finishes.
The nine sessions begin with fathers and children together (15 minutes) setting/reviewing weekly goals, then separate groups (30 minutes) to talk about healthy living, finishing with a physical activity session in family groups (45 minutes).

Follow up will be completed pre and post intervention.

Phase 2:
90 families (fathers and children) will be stratified by site and ethnicity in ratio 2:1 using block randomisation.

Usual care: Fathers are provided with information on local opportunities for physical activity and a free family entry to a leisure centre.

Intervention: Fathers and their children receive the HDHK intervention. This involves nine 90-minute sessions delivered at weekly intervals. Fathers and children will attend all nine sessions, with the mothers/partners being invited to attend one session. The sessions include topics such as appropriate portion sizes for family mealtimes, eating a healthy diet, better understanding of parenting, family orientated physical activities, reducing screen time, as well as tips for staying on track after the program finishes.
The nine sessions begin with fathers and children together (15 minutes) setting/reviewing weekly goals, then separate groups (30 minutes) to talk about healthy living, finishing with a physical activity session in family groups (45 minutes).

Follow up will be conducted at 3 and 6 months.

Intervention Type
Behavioural

Primary outcome(s)

Feasibility outcomes:
1. Recruitment rate is measured using patient demographic data on reply slip at baseline
2. Attendance rate is measured using patient demographic data on attendance sheet at each week of intervention
3. Attrition rate is measured using patient demographic data on attendance sheets and questionnaires at the end of intervention and follow up
4. Acceptability of delivering the adapted intervention programme to a multi-ethnic population is measured using qualitative methods (interviews and observations) during and after intervention up to 6 month follow-up

Key secondary outcome(s))
Fathers:
1. Weight is measured using Tanita scales (Kg) at baseline and 6 months
2. % losing ≥5% body mass is measured using Tanita scale at baseline and 6 months
3. Waist circumference (cm) measured at baseline and 6 months
4. % body fat is measured using Tanita scales at baseline and 6 months
5. Self-reported physical activity measured by the IPAQ-short at baseline, 3 and 6 months
6. Objectively measured physical activity measured by a GENEactiv accelerometer at baseline and 6 months
7. Self-reported dietary intake is measured using frequencies of indictor foods and eating behaviours at baseline, 3 and 6 months
8. Father involvement is measured using the Parent-Child Relationships Questionnaire at baseline, 3 and 6 months
9. Parenting for physical activity using the physical activity items from the 'Parenting Strategies for Eating and Activity Scale' at baseline, 3 and 6 months
10. General quality of life is measured by the EQ-5D-5L at baseline, 3 and 6 months
11. Health care utilisation is measured using the ICECAP at baseline, 3 and 6 months

Children:
1. Children's BMI z-score is calculated using weight and height measurements at baseline and 6 months
2. % body fat is measured using Tanita scales at baseline and 6 months
3. % categorised as overweight or obese is measured using Tanita scales at baseline and 6 months
4. Parent-reported dietary intake for eldest child in study is measured using frequencies of indictor foods and eating behaviours at baseline, 3 and 6 months
5. Objectively measured physical activity (eldest child in study) is measured using Geneactive accelerometers at baseline and 6 months
6. The feasibility of collecting educational attainment will be explored at baseline and 6 months
7. Paediatric quality of life is measured using CHU-9D at baseline and 6 months

Completion date
30/09/2018

Eligibility

Key inclusion criteria
1. Obese men who are fathers/step-fathers/male role models (e.g. grandfather, uncle) of primary school aged children (4-11 years)

2. Men must be aged between 18-65 years with a BMI of 30-40kg/m2 (27.5-40kg/m2 for MEGs) and want to lose weight
3. Fathers may be co-resident or not resident with their children

Participant type(s)
Healthy volunteer

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
65 years

Sex
All

Total final enrolment
104

Key exclusion criteria
1. Fathers who suffer with angina or other cardiovascular disease, orthopaedic or joint problems that would be a barrier to vigorous physical activity
2. Fathers who have had a weight loss of 3kg or 7lbs in the last 3 months
3. Fathers who have answered a positive response to any question in the physical activity readiness questionnaire (PAR-Q)
4. A father, who is diabetic requiring treatment with insulin, who does not sign a health commitment statement taking personal responsibility for their condition and ability to self-manage their diabetes with increased exercise

Date of first enrolment
10/01/2017

Date of final enrolment
31/01/2018

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

Sandwell Metropolitan Borough Council
Sandwell Council House
Freeth Street
Oldbury
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Study participating centre
Wolverhampton City Council
Civic Centre St Peter's Square
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Sponsor information

Organisation
University of Birmingham

ROR
https://ror.org/03angcq70

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Professor Kate Jolly (c.b.jolly@bham.ac.uk) or Dr Manbinder Sidhu, (m.s.sidhu@bham.ac.uk).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	10/12/2019	12/12/2019	Yes	No
Results article		28/02/2020	28/02/2024	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Protocol file	version 4.1	12/12/2017	05/10/2022	No	No