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TITLE: Obesity prevention and Human Service organisations: A survey of Managers

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INTRODUCTION

Overweight and obesity can have profound effects on physical, mental and social wellbeing and can erode the social and economic resources of families (Reilly et al., 2003). Given the influence of the home and family environment on the health behaviours of family members, and in particular children (Lindsay et al., 2006), assisting disadvantaged families to eat healthily and be active may have a number of positive impacts on their health and wellbeing.

Human Service organisations providing home visiting services to families are well placed to support vulnerable families to prevent overweight and obesity, as they have access to families in their home, understand the difficulties experienced by disadvantaged families, and are experienced in supporting and building the skills, knowledge and capacity of families to address issues affecting their lives. Specifically, it has been suggested by Wolfenden and colleagues in this issue of *Developing Practice*, that Human Service organisation staff assist families to develop healthy habits by undertaking the following:

- Encourage families to consume healthy foods, and assist families to develop important health promoting skills, such as the capacity to plan and prepare healthy and inexpensive meals;
- Encourage families to choose unsweetened drinks, such as water and milk;
- Encourage families to spend less time in front of the TV and more time being physically active;
- Communicate simple health messages to families, such as the importance of healthy eating and regular physical activity, role model healthy behaviours, and provide families with resources, such as fact sheets, websites and referral information (Wolfenden et al., 2010).

To enable staff to provide such assistance to families, Human Service organisations should ensure staff have sufficient professional development and training opportunities, appropriate resources and referral information, and an organisational policy which prioritises healthy eating and physical activity assistance for families (Wolfenden et al., 2010).

The likelihood that Human Service organisations will support staff in this way may be mediated by the views and attitudes of managers. Firstly, managers would need to

consider whether or not healthy eating and physical activity support would benefit client families, and how receptive families will be to such support. Secondly, managers would need to consider the compatibility of obesity prevention with organisational aims, and the costs to the organisation in terms of time and training. Assessing manager's opinions on such issues, and the extent to which they currently support their staff to provide healthy eating and physical activity assistance to families, is necessary to identify the need for, and to design, effective obesity prevention interventions in this setting (Hawe et al., 2000).

Therefore, this study had three primary objectives. Firstly, to describe manager's perceptions of the healthy eating and physical activity needs of vulnerable families. Secondly, to assess the resource and support structures that are in place for staff to be able to provide healthy eating and physical activity assistance for the vulnerable families. Thirdly, to describe the perceived barriers of managers in providing such assistance to families.

METHOD

Design and Sample

Managers of all 36 identified non government, Human Service organisations that provide home visiting services to families with young children within the Hunter New England (HNE) region of New South Wales (NSW), Australia, were invited to participate in the study. The Hunter New England region has a demographically diverse population of 837,000 and encompasses regional cities, rural and remote towns (Hunter New England Area Health Service, 2007).

Procedure

To identify eligible services, the membership list of NSW Families Services Inc., a support service for family services with voluntary membership from the sector, was utilised. The managers of all eligible member services were contacted and invited to participate in a 20-minute telephone survey, and asked if they knew of other eligible services in the region. Nominated services were contacted and the procedure was repeated until no new eligible services were identified. The telephone survey was conducted by trained research assistants who received standard training in the administration of the telephone survey prior to data collection.

Measures

Given the lack of similar research in this setting, content of the survey was developed by members of the projects advisory group, which comprised of health promotion and Human Service organisation practitioners, nutritionists and public health researchers.

The telephone interviews included items assessing:

1. *Service characteristics*: Managers reported on their service specialisation, and the number of families and children who had accessed their service in the previous 12 months.
2. *Perceived healthy eating and physical activity needs of families*: Managers were asked to report their level of agreement on a four- point Likert scale (strongly agree, agree, disagree, and strongly disagree) with a series of statements (see Table 1). The statements assessed manager's perceptions of families need for assistance to encourage children to eat healthily and be physically active, the perceived benefits for families receiving such assistance from their service, and the perceived acceptability of families to receiving healthy eating and physical activity assistance.
3. *Perceived role of service*: Managers were asked to report their level of agreement on a four- point Likert scale (strongly agree, agree, disagree, and strongly disagree) with two statements (see Table 1) regarding their services' role in supporting families to lead healthy lifestyles and the priority their service placed on providing healthy eating and physical activity assistance to families.
4. *Service resources and support for staff to assist families with healthy eating and physical activity*: Managers were asked to respond (Yes, No, or Don't Know) to items assessing the existence of a healthy eating and physical activity organisational policy, and whether staff had received healthy eating or physical activity training to assist families (see Table 1). Managers were asked to report whether healthy eating and physical activity fact sheets or printed information for families were provided to staff. Managers were also asked to report their level of satisfaction with these resources on a 4 point

Likert scale (Highly Satisfied, Satisfied, Unsatisfied or Highly Unsatisfied).

5. *Barriers*: Managers were asked to report any obstacles that prevented their staff from working with families to encourage physical activity and healthy eating.

Analysis

Data was analysed in SAS version 9.1 statistical software by a statistician not otherwise associated with the program. Descriptive statistics were used to describe responses to survey items. For assessments of perceived family needs and the role of the services, strongly agree and agree responses were combined and reported as the number and proportion of services agreeing with each statement. For assessment of satisfaction with resources, highly satisfied and satisfied were combined and reported as the number and proportion of managers satisfied with resources. All barriers reported by managers were reviewed and categorised by a member of the research team.

RESULTS

Thirty four out of 36 managers of eligible services agreed to participate in the study (94%). In the previous 12 months, over 6600 families and 9300 children had accessed the services participating in the study. The number of families and children accessing services ranged from 25 -1000, and 30 -1000 respectively. Services provided a diverse range of support to families, including assistance for victims of domestic violence, drug and alcohol abuse, teenage parents, mothers suffering from post-natal depression, disabilities of parent or child, and general parenting skills.

Managers' responses to survey items assessing the perceived needs of families, the perceived role of their service, the support and resources organisations provided to staff around healthy eating and physical activity and the barriers they perceive as preventing staff from encouraging families to eat healthily and be physically active are presented in Table 1.

Table 1: Perceived needs of families, services role, services support for staff, and barriers reported by managers of Human Service organisations

Survey Item	(n/N)	(%)
<i>Perceived Needs of Families</i>		
Healthy eating and adequate physical activity are important for the health and wellbeing of children Agree/strongly agree	33/33*	100
Families would find it beneficial to receive healthy eating and physical activity assistance from service Agree/strongly agree	33/33*	100
Families would find it acceptable to receive healthy eating and physical activity assistance from service Agree/ strongly agree	29/34	85
<i>Services Role</i>		
Supporting families to lead healthy lifestyles is part of our organisational role Agree/ strongly agree	32/33*	97
Healthy eating and physical activity are high priorities for our service to address with families Agree/ strongly agree	25/34	74
<i>Services support for staff</i>		
Do you have a written organisation policy that specifically refers to the importance of healthy eating and physical activity for families? Yes	1/34	3
Have employees received training to assist families with any healthy eating needs of their children? Yes	10/34	29
Have employees received training to assist families with increasing the physical activity of their children? Yes	4/34	12
Are healthy eating fact sheets or print information for families provided to staff? Yes	16/34	47
Are physical activity fact sheets or print information for families provided to staff? Yes	7/34	21
How would you rate your level of satisfaction with the healthy eating and physical activity resources that you currently provide to staff. Highly satisfied/ satisfied	15/27**	56
<i>Barriers preventing staff from working with families to encourage healthy eating and physical activity</i>		
More immediate priorities	20/34	59
Employees not confident	15/34	44
Lack of resources	15/34	44
Difficult topic to talk about	12/34	35
Time	12/34	35
Not part of service specifications	11/34	32

* A response was not provided to this item by 1 participant;

** 7 participants did not provide any healthy eating or physical activity resources and were not asked this question.

All services agreed that healthy eating and adequate physical activity are important for the health and well-being of children, and that families would find it beneficial to receive healthy eating and physical activity assistance from their service. In terms of the support provided for staff however, just one service had a written policy specifically referring to healthy eating and physical activity, and less than one-third of services had some staff who had received training to assist families with healthy eating or physical activity. The most common barriers identified as preventing employees from working with families to encourage healthy eating and physical activity were the more immediate priorities faced by clients, lack of employee confidence to address healthy eating and physical activity and a lack of resources.

DISCUSSION

The study findings indicate that while the majority of managers consider supporting healthy lifestyles part of their organisational role, and eating healthily and being physically active as important and beneficial for families and children, few services had an organisational policy, satisfactory resources, or had staff trained in physical activity or healthy eating. Such findings suggest that the capacity of human service organisations to provide healthy eating and physical activity support to families is limited and highlights the need for interventions to assist human service organisations to provide such support.

A number of barriers were found to impede services in providing healthy eating and physical activity support to families. The most frequently reported barrier identified by managers was the more immediate priorities faced by their clients. This finding was not surprising, given the critical and acute issues experienced by families visited by such services (NSW Department of Community Services, 2008; Wood, 2008). Nonetheless, it is reasonable to suggest that providing well targeted, brief interventions (skills, strategies, guidance, resources) to families could be helpful, and could be provided by Human Service organisation staff in an opportunistic manner, at appropriate times when the family is not experiencing acute stress.

Similar to barriers to supporting healthy eating and physical activity among children and families reported by managers of other organisations, such as schools and childcare services (Wilkenfeld et al., 2007; Thaker et al., 2008; Hughes et al., 2009),

many managers in this study did not have staff trained in physical activity or nutrition, and reported barriers, such as a lack of staff confidence, and limited, unsatisfactory resources. Addressing such skills and resource barriers faced by staff could represent a considerable challenge to Human Service organisations, particularly if organisations lack expertise in health disciplines such as nutrition and dietetics or psychology. The development of collaborative partnerships with other sectors, such as health, may represent a mutually beneficial and feasible means to overcome this challenge, and boost the capacity of Human Service organisations to train, resource and support their staff to provide healthy eating and physical activity assistance to vulnerable families.

Based on the findings of this survey, the *Good for Kids .Good for Life* program has been working with Human Service organisations across the Hunter New England region to address this identified need by managers and to develop and pilot a supportive intervention to facilitate the provision of healthy eating and physical activity assistance to disadvantaged families. This pilot program is the subject of a further paper in this issue of *Developing Practice*. More information on the *Good for Kids. Good for Life* program is available at www.goodforkids.nsw.gov.au.

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