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Challenges delivering a cooking-from-scratch community programme for childhood obesity

Dr Ava Lorenc, Research lead, Portland Centre for Integrative Medicine, Bristol, UK

Helen Cooke, Kitchen on Prescription lead, Portland Centre for Integrative Medicine, Bristol, UK

Dr Helen McCarthy, Portland Centre for Integrative Medicine, Bristol, UK

Laura Birch, NIHR Bristol Biomedical Research Unit in Nutrition, Bristol, UK

Professor Julian Hamilton –Shield, NIHR Bristol Biomedical Research Unit in Nutrition, Bristol, UK

Dr Elizabeth Thompson, Director, Portland Centre for Integrative Medicine, Bristol, UK*

*Corresponding author: Dr Elizabeth Thompson, Portland Centre for Integrative Medicine, Rodney House, 2 Portland Street, Bristol, BS6 4AL, Elizabeth.Thompson@portlandcentrehealthcare.co.uk, 0117 317 1482

Child obesity is a serious public health challenge in the UK. In 2014 19.9% of children aged 10-11 and 9% aged 4-5 years in Bristol were obese¹. Multi-component family lifestyle interventions are the treatment of choice to improve weight outcomes for obese or overweight children^{2,3}. Cooking skills interventions are currently being provided in the UK, but few offer practical 'cooking-from-scratch' for the whole family.

We conducted a mixed methods feasibility study in a deprived community in Bristol, UK, to evaluate the feasibility of delivering, and the barriers to, 'Nourish', a free, multicomponent 'cooking-from-scratch' programme for families with childhood obesity. We aimed to recruit 20 families using various routes including from 'Alive N Kicking' (another community-based, weight management programme), Facebook adverts, a local cookery school (Square Food Foundation), visits and flyers at local educational, community and charity settings, and posters/flyers in local libraries, shops, gyms, post offices, cafes and other businesses.

However, despite the course being free of charge, recruitment was extremely challenging with only 6 families taking part in interviews and only 3 taking part in Nourish, a recruitment rate of just 15%. Parents who took part at the interview stage attributed this to denial, stigma and parental guilt around childhood overweight. The most successful recruitment method was Alive N Kicking; Facebook showed some promise.

Pre- and post- data collection using food diaries and photos also lacked feasibility due to issues with email/internet access, lack of time/forgetting, and the range of family members caring for children. A self-efficacy questionnaire was more acceptable and feasible. All 3 participating families did complete the cooking programme, and perceived it as appropriately designed, particularly the practical, family and group nature. Our limited data suggest that 'Nourish' may have a potential positive impact, especially on fussy eating in children, meal planning and shopping, and families' perspective on their situation.

The difficulty recruiting children with obesity due to denial of overweight and issues regarding stigma is well recognised⁴. Although we tried to frame the programme as an enjoyable experience and not focus on obesity, weight being an eligibility criterion is likely to have impacted recruitment.

There may be value in evaluating 'Nourish', however, further feasibility work is clearly needed before a trial, particularly regarding recruitment. It seems that significant resources and creative solutions are needed to reach those most at risk in deprived communities.

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