



# Childhood obesity prevention: Co-created research priorities using the nominal group technique

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## We co-created research priorities, in addition to facilitators and barriers to knowledge translation, in childhood obesity prevention with national and international stakeholders

Key themes identified were the importance of funding and resources, co-production of research, and a focus on both implementation research and social determinants within the field of childhood obesity prevention. Findings may help to shape the research agendas of funders and researchers, and aid in the conduct of policy-relevant research and the translation of research into practice in childhood obesity prevention

### Why is this issue important?

Childhood obesity is a significant public health challenge. 1 in 4 children have an unhealthy weight



National and international policies and action plans have been developed yet research priorities for childhood obesity prevention are not established

The national obesity strategy "A Healthy Weight for Ireland" contains several research-related actions including the development of: an obesity knowledge translation programme, research capacity to facilitate knowledge translation, and a multi-annual research plan

It is estimated that it takes 17 years to get research findings into practice

Co-production of priorities leads to research which may be more translatable to the domains of policy and practice, thereby reducing research waste



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### What did we do?

We used a rigorous consensus-building process using the **nominal group technique** with researchers, policymakers and practitioners during workshops at a national obesity conference held over two days in May 2017

**77 people participated in the 1<sup>st</sup> round of research prioritisation** during Day 1: 91% participation rate; academics (40%), healthcare professionals (38%), health service managers (16%) & others (6%) represented; 88% based in Ireland

**14 stakeholders participated in 2 rounds of prioritisation on Day 2:** academics/researchers (n=6; all international), health professionals (n=3), early years/community-based practitioners (n=2), policymakers (n=2) & a health service manager (n=1). Together they had 289 years of professional experience, ranging from 5-42 years (mean=21 years)

**Nominal Group Technique** is a method used to generate potential answers to a question which can then be agreed upon/prioritised. There are four core phases of this method: silent generation, round robin, clarification and voting. Key strengths include balanced participation from group members, participation is convenient, and results can be obtained quickly as participants attend a single session compared to answering multiple questionnaires several weeks apart (e.g. Delphi method)

# Top 10 research priorities for childhood obesity prevention

Participants identified and agreed on ten key areas for research in childhood obesity prevention:

1. Evaluate (including economic evaluation) current programmes to inform practice and policy
2. How to change culture towards addressing the determinants of health (Health in All Policies)
3. Implementation science: process (*study of methods to promote the uptake of research findings into routine healthcare in clinical, organisational or policy contexts*)
4. How to integrate obesity prevention into existing service structures
5. How to enhance opportunities for habitual physical activity, including free play and active travel
6. Interventions to reduce the gap between children (social backgrounds), *i.e. health inequalities*
7. Understanding resilience to the development of obesity
7. How to support and engage parents *in obesity prevention efforts*
7. How to integrate obesity prevention approaches into education settings
10. Cost benefit analysis of increased support for 0-5 years

## Barriers & facilitators to knowledge translation in childhood obesity prevention

### Barriers

- Limited funding & resources for prevention
- (Not) Pitching to the right level
- Parental knowledge, education, skills
- The food industry
- (Lack of) Priority (at policy/service level)
- Family & societal issues (*Other family and health-related issues impacting on behaviours*)
- Mismatch between policy & practice
- Lack of resources to implement
- Lack of shared realistic goals
- Research which is (in)compatible with scalability

### Facilitators

- Involving key stakeholders from the start
- Engagement with your target group. For socially isolated groups, someone to interpret the message (*Active engagement with target of your message from the outset; may require someone else to deliver the message to socially excluded groups*)
- Process to translate research into practice
- Existing resources, e.g. information leaflets
- Obesity prevention prioritised in funding
- Co-production of knowledge
- Implementing in schools
- Money, funding, incentivisation
- Education and training for healthcare professionals
- Political will



### Recommendations

1. **Future research agendas** in childhood obesity prevention should focus on the top 10 identified research priorities (and turn them into actionable research questions) which include a strong focus on evaluation, addressing the social determinants of health, and implementation science
2. Stakeholders across various sectors and disciplines should work together to **address the barriers to knowledge translation in childhood obesity prevention**. These include ensuring greater funding and resources, targeted communications and working with parents. They should also **maximise the facilitators** including working with key stakeholders from the outset and using targeted engagement strategies, and developing a mechanism to facilitate the translation of research into practice

### Further information

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