Notice of the Final Oral Examination
for the Degree of Master of Science

of

BIANCA DE SILVA

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“Process Evaluation of the Family Healthy Living Program Pilot (FHLP): Exploring Implementation from the Family and Program Delivery Level”

Department of Exercise Science, Physical and Health Education

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Remote Defence

Supervisory Committee:
Dr. Patti-Jean Naylor, Department of Exercise Science, Physical and Health Education, University of Victoria (Supervisor)
Dr. Sam Liu, Department of Exercise Science, Physical and Health Education, UVic (Member)

External Examiner:
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Chair of Oral Examination:
Dr. Mary Ellen Purkis, School of Nursing, UVic

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Abstract

Introduction: The prevalence of childhood overweight and obesity has steadily increased in recent decades, presenting a serious risk to public health and significant burden on individuals, healthcare systems, and society more broadly. Early intervention family-based lifestyle programs are an efficacious intervention for addressing childhood obesity. However, many studies have not included a process evaluation which can limit future scale-up of efficacious interventions. The Family Healthy Living Program (FHLP), an evidence-based, stakeholder-informed family-based healthy living intervention for children with a BMI-for-age ≥85th and their families was developed and piloted in British Columbia. The free 10-week program, based on the multi-process action control theory, utilized a blended delivery model consisting of 90-minute weekly group sessions plus online lessons, four community-based activities and four maintenance sessions. Topics included healthy eating, physical activity, sleep, screen-time, positive mental health, food and physical literacy, and behavior change techniques. Eleven programs ran in seven BC communities (September 2018-April 2019).

Purpose: To evaluate the recruitment, intervention content, delivery, and implementation of the FHLP for quality improvements and to inform decisions about potential scale-up.

Methods: A mixed-methods concurrent triangulation process evaluation design with equally-weighted qualitative and quantitative data was used and represented one component of a Type I hybrid effectiveness trial for the FHLP Study. Implementation was evaluated at both family and program delivery levels. Family measures were reach, recruitment, dose received, satisfaction, and facilitators and barriers to participation. Program delivery measures were adoption, fidelity, acceptability, feasibility, compatibility, and facilitators and barriers to program implementation. Qualitative data was collected through interviews and focus groups with parents, program leaders, recreation centre managers, and program support team. Quantitative data was collected from parent and child satisfaction surveys, weekly program leader surveys, attendance forms, and online lesson analytics. Quantitative descriptives were generated using SPSS. Qualitative interviews were recorded and transcribed using Transcriptive™ software, and analysis conducted using NVIVO. A framework analysis approach was applied.

Results: 132 families were eligible (n=211 enquiries), and 79 families (88 children) registered (42%). 55 families (63 children) started the program and 80% completed. Of those, 82.5% of families attended 70% of sessions. 26% of families accessed 30%+ of core online lesson content. Average contact time was 17.7 hours (range 12.78-25.02).

Family participation facilitators were: free of cost, location, sibling inclusion, and complimentary recreation passes. Participation barriers were: other commitments, illness, transportation, and scheduling. Program acceptability/satisfaction across parents and children was high, with satisfaction ratings over 4/5 for all measures. Seven of the nine (78%) communities originally identified as pilot sites implemented the program. Fidelity was 73.5% across program components (range 42-95%). At the delivery-level, implementation facilitators were high compatibility and feasibility, context (support from recreation centre, having qualified staff), and resources (room availability, manual, equipment, grant funding). Barriers to implementation were recruitment, small group size, attendance, and limited time to deliver material. Interviews showed program leader acceptability/satisfaction across all sites.

Conclusions: The FHLP was acceptable and feasible for families and program delivery partners, but recruitment, attendance, and on-line engagement were implementation challenges. Program adjustments are recommended prior to scale-up.