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HealthForce: a feasibility study of a lifestyle management programme for cardiovascular risk screening participants

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The impact of screening on future health-promoting behaviours and health beliefs has demonstrated that cholesterol screening can have a positive effect on diet and activity behaviours⁽¹⁾. However, the impact of specifically screening people from deprived backgrounds is not reported. The HealthForce (HF) study aimed to assess the feasibility of the delivery and acceptability of a 3-month lifestyle intervention (IV) in adults (aged over 40) from deprived backgrounds participating in a novel (magnetic resonance imaging) CVD screening programme.

Formative research comprising a narrative literature review, interviews with health professionals and focus groups with the target population was conducted to develop the study protocol. The 12-week intervention included three personalised, face-to-face counselling sessions (using DVD, educational and motivational materials) at monthly intervals (plus telephone contact) focusing sequentially on activity, diet and weight management (loss or maintenance). Outcome data were aimed at informing a future trial (including estimates of sample size), and the feasibility of undertaking measurement procedures in intervention and comparison groups (but not to show differences in results between groups). Outcome data were collected by anthropometry, measuring plasma vitamin C levels, physical activity monitors and lifestyle questionnaires. Acceptability of the intervention and assessments were assessed by means of an exit questionnaire for all participants and in-depth interviews with a sub-sample of participants and the lifestyle counsellor.

Over an 8-month period, 78 (64%) of 121 eligible individuals were recruited. Randomisation was to intervention (IV) (*n* 57, (73%)) or comparison group (*n* 21 (27%)); 54 (95%) and 20 (95%) participants, respectively, completed follow-up assessment. Physical activity goals (to increase moderate to vigorous activity by at least 30 min per week) were achieved by 63%, and body weight goals (to avoid weight gain or lose weight, as appropriate) by 82% of the IV group. At baseline, 56% of the IV group reported regularly eating five portions of fruit and vegetables per day which increased to 85% at follow up. Participant feedback highlighted the value of being offered lifestyle 'checks' and the realisation that previous habits were less than optimal. Reasons for completion included personalisation, systematic planning of specific behavioural changes, feeling 'healthier' through participation and the effect of observation.

In conclusion, HF was feasible to deliver and implement, acceptable to participants and associated with objective measures of change in health behaviours over a 3-month period. To develop the feasibility work into a randomised controlled trial (RCT) aimed at achieving long-term changes in CVD risk reduction, a longer recruitment and intervention period is required to attain more eligible adults from deprived backgrounds.

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1. Bankhead CR, Brett J, Bukach C *et al.* (2003) The impact of screening on future health-promoting behaviours and health beliefs: a systematic review. *Health Technol Assess* 7, 1–92.