Randomised controlled trial evaluating the effectiveness and cost-effectiveness for ‘Families for Health’, a family-based childhood obesity treatment intervention delivered in a community setting for ages 6 to 11 years

Given the impact of childhood obesity both a child’s health as well as later-on into adulthood, the prevention and management of childhood obesity has now been made a public health priority. A previous Cochrane systematic review “concluded that it is difficult to recommend any particular intervention, but indicated that family-based lifestyle interventions combining dietary, physical activity and behavioural components can produce ‘a significant and clinically meaningful reduction in overweight.’” Given the potential significant impact parents can have in the treatment and management of childhood obesity, ‘Families for Health’ is a family-based group intervention for the treatment of children ages 6-11 years who are overweight or obese. The aim of this study was “to assess the effectiveness and cost-effectiveness at 12 months of the ‘Families for Health’ programme using a randomised controlled trial methodology.” The study had four main objectives:

1. Assess the effectiveness of the Families for Health programme in reducing BMI z-scores in children aged 6-11 years who are overweight or obese
2. Evaluate the cost-effectiveness of the Families for Health programme
3. Investigate parents’ and children’s views of the programme and their observations on approaches to maximising impact
4. Investigate facilitators’ views of the programme and their observations on approaches to maximising impact

The version 2 of Families for Health was “a 10-week, family-based programme run in a community venue, with parallel groups for parents and children, addressing parenting, lifestyle change and social and emotional development.” Overall, the study recruited 115 families, including 128 children between March 2012 and February 2014. The economic evaluation showed that mean costs for the 12-month post-randomisation period were significantly higher in the Families for Health arm than the usual-care arm (£998 vs. £548), amounting to a cost difference of £450. Additionally, there was no significant difference in mean QALYs over the 12-month post-randomisation period between the Families for Health arm and the usual care arm. The study therefore concluded that Families for Health was “neither clinically effective nor cost-effective for the management of obesity in children aged 6-11 years, in comparison with usual care.”