Tertiary Training of Future Health Educators and Health Professionals Involved in Childhood Obesity Prevention and Treatment Strategies

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Abstract: Adult and childhood rates of obesity in Australia are health concerns of high national priority, retaining epidemic status in the populations affected. Attempts to prevent further increases in prevalence of childhood obesity in the population aged below eighteen years have had varied success. A multidisciplinary approach has been used, employing strategies in schools, through established health care system usage and public health campaigns. Over the last decade a plateau in prevalence has been reached in the youth population afflicted by obesity and interest has peaked in school based strategies to prevent and treat overweight and obesity. Of interest to this study is the importance of the tertiary training of future health educators or health professionals destined to be involved in obesity prevention and treatment strategies. Health educators and health professionals are considered instrumental to the success of prevention and treatment strategies, required to possess sufficient and accurate knowledge in order to be effective in their positions. A common influence on the success of school based health promoting activities are the weight based attitudes possessed by health educators, known to be negative and biased towards overweight or obese children during training and practice. Whilst the tertiary training of future health professionals includes minimal nutrition education, there is no mandatory training in health education or nutrition for preservice health educators in Australian tertiary institutions. This study aimed to assess the impact of a pedagogical intervention on pre-service health educators and health professionals enrolled in a health and wellbeing elective. The intervention aimed to increase nutrition knowledge and decrease weight bias and was embedded in the twelve week elective. Participants (n=98) were tertiary students at a major Australian University who were enrolled in health (47%) and non-health related degrees (53%). A quantitative survey using four valid and reliable instruments was conducted to measured nutrition knowledge, antifat attitudes and weight stereotyping attitudes at baseline and post-intervention. Scores on each instrument were compared between time points to check if they had significantly changed and to determine the effect of the intervention on attitudes and knowledge. Antifat attitudes at baseline were considered low and decreased further over the course of the intervention. Scores representing weight bias did decrease but the change was not significant. Fat stereotyping attitudes became stronger over the course of the intervention and this change was significant. Nutrition knowledge significantly improved from baseline to postintervention. The design of the nutrition knowledge and attitude amelioration content of the intervention was semi-successful in achieving its outcomes. While the level of nutrition knowledge was improved over the course of the intervention, an unintentional increase was observed in weight based prejudice which is known to occur in interventions that employ stigma reduction methodologies. Further research is required into a structured methodology that increases level of nutrition knowledge and ameliorates weight bias at the tertiary level. In this way training provided would help prepare future health educators with the knowledge, skills and attitudes required to be effective and bias free in their practice.

Keywords: education, intervention, nutrition, obesity

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