

Submission No. 128

(Inq into Obesity) *HE 25/08/08*

Good for kids
good for life

LIVE LIFE  WELL

NSW HEALTH
HUNTER NEW ENGLAND
AREA HEALTH SERVICE

**Submission to the House of Representatives
Standing Committee on Health and Ageing**

Inquiry into Obesity in Australia:

**Local solutions for
preventing childhood
overweight and obesity in
regional Australia**

July 2008

Prepared by:

Dr Colin Bell

Program Director – Good for Kids. Good for Life

Hunter New England Population Health

Email: colin.bell@hnehealth.nsw.gov.au

Tel +61 2 4924 6228

Mob 0428115050

Fax +61 2 4924 6209

Locked Bag 10

Wallsend NSW 2287

1 Executive summary and recommendations

To prevent overweight and obesity children need simple, fun, ways to help them eat well and be physically active. Supportive environments are required to achieve this. The challenge is that not all environments that children spend time in are healthy and because greater resources are required to create healthy environments in regional and remote locations it is possible that efforts to prevent overweight and obesity in children will lead to disparities in weight status and health based on location.

A solution to this is to create healthy environments in settings that are common to all or most communities regardless of location such as homes, preschools, schools, health services (including Aboriginal community-controlled organisations), businesses and sports clubs. Good for Kids Good for Life is a NSW Health funded childhood obesity prevention program (2005 – 2010) based in the Hunter New England region of NSW that has adopted such a multi-strategy multi-setting intervention approach designed to deliver the same intervention 'dose' to children across the region. A well supported evaluation of the program will be able to determine success in achieving this goal.

Even with this model in place however, we are still faced with challenges related to distance from urban centres. A number of barriers to healthy eating and physical activity have been identified through consultation with Aboriginal Communities and through hands on experience delivering obesity prevention interventions to remote parts of the region. These include:

1. The inability of small remote schools and preschools to back-fill, even when funding is provided, so that staff are able to attend professional development sessions on physical activity and healthy eating
2. Difficulty attracting qualified staff to regional locations
3. The availability of healthy food choices diminishes with distance from major urban centres and the cost becomes increasingly prohibitive
4. The availability of sports and other organised physical activities diminishes with distance from urban centres and the cost (largely due to travel time and expense) becomes increasingly prohibitive
5. It is harder for rural and remote communities to access up-to-date information. This includes information on the size of the problem (or even an awareness that there is one) and what to do about it.
6. Culturally appropriate programs need to be developed for regions that have large Aboriginal populations.

Recommendations

1. Recognize that **prevention of overweight and obesity is the best option for children.**
2. Recognize that **children are susceptible to their environment** and that the current environment is obesity promoting.
3. Recognize that **changing environments so they are health promoting will be harder in regional Australia.**
4. **Observe the process and impact of the Good for Kids Good for Life** demonstration program and look for variation by location to gain insight into the challenges of regional obesity prevention.
5. Encourage **local solutions** by establishing similar demonstration programs in other regions around Australia.
6. Provide **targeted funding to regional area's** to overcome the fundamental but pervasive problems associated with distance.

2 Background to Good for Kids Good for Life

The 'Good for Kids. Good for Life' program grew out of the need to reduce the growing prevalence of child obesity in Australia, where the annual percentage change could be as high as 1.7%.¹ In the Hunter New England region, this means about 3000 children become overweight or obese each year with a current prevalence of around 25 to 30%. The 'Good for Kids. Good for Life' program is in line with State (*NSW State Plan*), National (*Healthy Weight 2008*) and International (*Global Strategy for Diet, Physical Activity and Health, World Health Organisation 2004*) calls for well evaluated multi-strategy, multi-setting intervention programs targeting this major public health problem and it is the largest program of its kind in Australia.

The program was supported by an investment by NSW Health and Hunter New England Health of \$1.5m per year for 5 years from 2006 for intervention delivery. In addition, NSW Health and Hunter New England Health supported the evaluation of the program with a further investment of \$200,000 per year.

More information can be found at www.goodforkids.nsw.gov.au

3 Designing a program to meet the needs of regional children

The design of Good for Kids Good for Kids can be used as a model for promoting physical activity and healthy eating in regional Australia. It is built around the following principles, vision, purpose and objectives:

Program principles

The program principles are:

1. Focus on primary prevention strategies
2. Whole of population intervention approach
3. Selection of strategies based on:
 - Use of best practice planning tools and processes
 - Existing knowledge of effective or promising strategies
 - Maximising investment on strategies that provide the highest potential return
 - Strategies that protect the rights and well-being of children
 - The need to address the marked health disadvantage of Aboriginal communities
 - The ability of strategies to be implemented across the whole HNE region
4. Need for innovation in the selection and implementation of strategies
5. Focus on sustainability of strategies and impact beyond the life of the project
 - Build on existing community infrastructure and initiatives
 - Establish partnerships with community groups and organisations
 - Enhance the capacity of community groups and organisations
6. An integrated approach to intervention delivery and evaluation
7. The selected strategies that are directed for delivery to children are designed from a perspective of providing 'fun' for children

¹ Popkin BM, et al. Is there a lag globally in overweight trends for children compared with adults? *Obesity Research* 2006; 14: 1846-1852.

Program Vision

'All children and their families live in a community that supports them to eat healthily and to live physically active lives'

Program Purpose

The purpose of the program is to:

- Prevent overweight and obesity in children aged 0-15 years in the Hunter New England area
- Build evidence for policy and practice related to the prevention of childhood obesity in NSW.

Program Objectives

The program objectives are to:

- Reduce the consumption of sweetened drinks, and increase the consumption of non-sweetened drinks
- Reduce the consumption of energy dense/nutrient poor foods
- Increase the consumption of vegetables and fruit
- Increase the amount of time spent in organised and non-organised physical activities
- Reduce the time spent in small screen recreational activities

4 Challenges associated rural or remote locations

A number of barriers to healthy eating and physical activity have been identified through consultation with Aboriginal Communities and through hands on experience trying to deliver programs to remote parts of the region.

A summary of recommendations from a 2007 consultation with Aboriginal Communities in the Hunter New England gives an indication of what some of these barriers are.

Recommended Strategies to Ensure Effective Program Implementation in Aboriginal Communities²

Issue	Recommended strategy to address
Keeping costs down – as Aboriginal people are over-represented at the lower end of the socio-economic scale, money to pay for extra food or activities will not be available	Ensure that no additional costs are associated with participating in Good for Kids program
Consider local issues/ways of doing business – not all Aboriginal communities are the same	Ongoing consultation with communities on how Good for Kids looks at the local level
Provide assistance communities to run local programs – existing resources for promoting healthy eating and physical activity within Aboriginal communities are limited	Facilitate access for Aboriginal communities to resources which support healthy eating and physical activity
Use culturally appropriate promotional material – this can include familiar colours, using Aboriginal people in promotional material and including strategies which are effective in Aboriginal health promotion	Develop culturally appropriate promotional material and strategies Use well known role models to promote Good for Kids to Aboriginal communities
Incorporate a whole of community approach (not just kids) – to effectively change eating and physical activity attitudes	Promote Good for Kids messages to adult members of the Aboriginal community

² Trindall S, Allen L, Bartel L, Draws R, Chapman J, Bell C. Report from the Good for Kids Good for Life Aboriginal Communities Consultation Project. December 2007.

and behaviours among children, you would also need to work on other family members	
Be sustainable – too often ‘pilot’ programs emerge in Aboriginal communities and disappear after the funding finishes	Embed sustainability into any new programs Good for Kids delivers to Aboriginal community members Where viable - support community fruit and vegetable gardens
Participate in community days – work in with what communities are already doing	Support local-level community events

5 Local solutions to a global problem

Drawing on the guidance provided by global, national and state plans for prevention, regional demonstration programs like Good for Kids are needed that allow capacity to be built in regional locations so that there can be local solutions. Examples of local solutions in Hunter New England follow. Other regions will bring other local solutions and targeted funding is needed to overcome the very real barriers that distance puts in the way of promoting healthy eating and physical activity for children.

- Over 65% of schools and preschools have received training in healthy eating;
- Over 100 schools have registered to as 'Crunch&Sip' schools with over 11,000 students receiving drink bottles in this six month period;
- 217 sports clubs involved with the Good Sports Program (146 sporting clubs registered, 50 clubs participating, and 21 clubs accredited at level 1);
- 27 Community Service organisations recruited to a vulnerable families program. Organisational managers have completed baseline organisational evaluation telephone interviews;
- 12 “Healthy Living for Families” training sessions conducted for 125 participants (family support workers, case managers, playgroup coordinators, early intervention workers, group facilitators and supervisors);
- Healthier vending and catering policies in the Area Health Service;
- Service agreements with five Divisions of General Practice are in place. They aim to help practices to assess children’s weight status, advise and refer;
- The use of regional evaluation data to inform intervention activities.

Also, independently of Good for Kids, the Active After Schools Communities program has increased the capacity of Hunter New England communities to help kids be active after school and created new opportunities for children to be active.