# Chapter 10

## Community-based multi-strategy interventions

10.1 Submitters stressed the importance of multi-strategy prevention and intervention programs and identified a number of promising approaches to deliver effective programs at a community level.[1]

10.2 Ms Alexandra Jones from The George Institute is of the view that some state governments have developed more initiatives and shown greater leadership in addressing obesity compared to the Australian Government.[2]

10.3 Submitters reported that there have been a number of effective programs at state and territory levels, including the OPAL and *Healthy Together* programs, which are aimed at preventing childhood obesity.[3]

10.4 Most of these programs were locally specific and are not ongoing, making it difficult to fully evaluate their effectiveness and potential application more broadly.

10.5 Inquiry participants also provided some examples of successful international prevention programs driven by governments, which demonstrate that initiatives that work have both a whole-of-government approach, as well as a whole-of-community approach. This includes EPODE in France, which the South Australian Government used as a model for the development of the OPAL program and the *Amsterdam Healthy Weight Program* in the Netherlands.[4]

### *OPAL program*

10.6 Between 2008 and 2015, the South Australian Government ran the OPAL program in 20 communities.[5]

10.7 OPAL was an adaptation of the French program EPODE, a multi-strategy, community-based obesity prevention initiative that brings together healthy eating and physical activity programs available through schools, local government, health services and community organisations.[6]

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1 See for example: Sugar By Half, *Submission 48*, p. 4; The Obesity Collective, *Submission 70*, p. 9; Council of Presidents of Medical Colleges, *Submission 3*, p. 2; Northern Territory Government, *Submission 124*, p. 9; The Boden Institute, University of Sydney, *Submission 130*, p. 15.

2 Ms Alexandra Jones, Research Fellow, Food Policy Division, The George Institute, *Committee Hansard*, Sydney, 6 August 2018, p. 24.

3 See for example: Sugar By Half, *Submission 48*, p. 4; The Obesity Collective, *Submission 70*, p. 9.

4 See for example: Council of Presidents of Medical Colleges, *Submission 3*, p. 2; Australian Beverages Council, *Submission 22*, pp. 27-28; Northern Territory Government, *Submission 124*, p. 9; The Boden Institute, University of Sydney, *Submission 130*, p. 15.

5 Flinders University, *Submission 38*, p. 4.

6 Northern Territory Government, *Submission 124*, pp. 7 and 9.

10.8 The program was coordinated through local governments, which engaged with communities to tailor interventions.[7]

10.9 Professor Megan Warin from the University of Adelaide commented positively on the program because of its whole-of-community approach:

> The terrific thing about the OPAL program was that it did attempt to take a socio-ecological approach, a whole-of-community approach…It did have a large social marketing platform, but it has good community political buy-in through leadership of local councils and community organisations.[8]

10.10 Flinders University of South Australia reported that as a result of the OPAL program there were significant changes in the environments in which children spent most of their time, namely home and school. At the community level, changes included:

- more parents receiving nutrition and physical activity information;
- reductions in discretionary food intake;
- greater use of physical activity items in the home;
- greater use of community gardens;
- more rules at home resulting in children spending less time watching TV;
- primary caregivers being more active; and
- more children rating their teachers as good role models for activity.[9]

10.11 However, due to budget cuts to the program, the full evaluation of the program could not be completed.[10]

10.12 The National Rural Health Alliance expressed support for the program and described it as an effective prevention program model that should be reinstated and implemented across Australia.[11]

### *Healthy Together*

10.13 The Victorian Government invested in the *Healthy Together* initiative with the allocation of significant resources for 14 councils across Victoria between 2011 and 2015, as part of the National Partnership on Preventive Health.[12]

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7 School of Social Sciences, University of Adelaide, *Submission 52*, p. 4.

8 Professor Megan Warin, Australian Research Council Future Fellow, School of Sciences, University of Adelaide, *Committee Hansard,* Melbourne, 7 August 2018, p. 9.

9 Flinders University, *Submission 38*, pp. 4-5.

10 Flinders University, *Submission 38*, p. 5; Swinburne University of Technology, *Submission 75*, p. 10.

11 National Rural Health Alliance, *Submission 138*, p. 18.

12 Ms Jan Black, Senior Policy Adviser, Municipal Association of Victoria, *Committee Hansard*, Melbourne, 5 September 2018, p. 7.

10.14 Similar to the OPAL program, *Healthy Together* was based on a whole-of-community approach with council and community health partners working with early childhood services, school and workplaces, and in parks and leisure facilities.[13]

10.15 In 2015, the program was terminated prematurely due to the abolition of the National Partnership Agreement on Preventive Health in 2014.[14]

10.16 Submitters are of the view that this program was effective and based on the best evidence of what works as a whole-of-community approach.[15]

***Amsterdam Healthy Weight Program***

10.17 In 2012, Amsterdam City Council in conjunction with the Dutch Health Department developed the *Amsterdam Healthy Weight Program*.

10.18 The program is based on the view that a healthy social and physical environment for children is not just the responsibility of the parents, but a responsibility shared by everyone including the food industry, schools and government.[16]

10.19 The program seeks to address structural causes of obesity, such as lifestyle, calorie dense food and the social and physical environment that makes it difficult for parents to ensure their children eat healthily and exercise adequately.[17]

10.20 The program focuses on both prevention and treatment interventions. It includes:

- community based interventions such as cooking classes;
- school based programs;
- working with the food industry, including supermarket chains and local snack bars to provide healthier food options;
- banning marketing of unhealthy food products to children at sports events; and
- working with paediatric nurses and other health care professionals.[18]

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13 Ms Jan Black, Senior Policy Adviser, Municipal Association of Victoria, *Committee Hansard*, Melbourne, 5 September 2018, p. 7.

14 Food Governance Node, *Submission 58*, p. 10.

15 See for example: Ms Jan Black, Senior Policy Adviser, Municipal Association of Victoria, *Committee Hansard*, Melbourne, 5 September 2018, p. 7; SugarByHalf, *Submission 48*, p. 4; The Obesity Collective, *Submission 70*, p. 9; National Rural Health Alliance, *Submission 138*, p. 18.

16 Joep Lange Institute, *Submission 143*, p. 2.

17 Joep Lange Institute, *Submission 143*, p. 4.

18 Joep Lange Institute, *Submission 143*, p. 3; Dr Nicholas Manuelpillai, Medical Doctor, Joep Lange Institute, *Committee Hansard,* Melbourne, 4 September 2018, p. 78.

10.21 So far, the program has been very successful with a 12 per cent reduction in overweight or obese children. The City of Amsterdam continues to build and develop on this program.[19]

10.22 Miss Karen Den Hertog, Program Manager of the Amsterdam Healthy Weight Program, told the committee that key elements in its success have been political leadership and leadership at a program management level.[20]

10.23 The Boden Institute at the University of Sydney commended this program for achieving significant drop in childhood obesity, especially in children from low and very low socio-economic backgrounds.[21]

***Programs in Aboriginal and Torres Strait Islander communities***

10.24 The committee heard that Aboriginal Community Controlled Health Organisations (ACCHOs) run effective programs aimed at preventing and addressing the high prevalence of obesity in Aboriginal and Torres Strait Islander communities.[22]

10.25 Ms Pat Turner, Chief Executive Officer of National Aboriginal Community Controlled Health Organisation (NACCHO), gave the example of the *Deadly Choices* program, which is about organised sports and activities for young people. She explained that to participate in the program, prospective participants need to have a health check covered by Medicare, which is an opportunity to assess their current state of health and map out a treatment plan if necessary.[23]

10.26 However, NACCHO is of the view that ACCHOs need to be better resourced to promote healthy nutrition and physical activity.[24]

*Access to healthy and fresh foods in remote Australia*

10.27 Ms Turner also pointed out that 'the supply of fresh foods to remote communities and regional communities is a constant problem'.[25]

10.28 Similarly, Ms Salli Cohen, Executive Director, Strategic Policy and Planning at the Northern Territory Department of Health, told the committee that food

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19 Joep Lange Institute, *Submission 143*, p. 4.

20 Miss Karen Den Hertog, Program Manager, Amsterdam Healthy Weight Program, City of Amsterdam, *Committee Hansard,* Melbourne, 4 September 2018, p. 78.

21 The Boden Institute, University of Sydney, *Submission 130*, p. 15.

22 Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, Melbourne, 4 September 2018, p. 34.

23 Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, Melbourne, 4 September 2018, p. 34.

24 Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, Melbourne, 4 September 2018, p. 34.

25 Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, Melbourne, 4 September 2018, p. 36.

insecurity is a significant problem for Territorians, particularly for those living in remote and regional areas.[26]

10.29 Given that healthy food is more expensive in remote Australia, the National Rural Health Alliance believes that incentives to provide fresh foods to remote communities should be provided to grocers and transport operators servicing these areas.[27]

10.30 Ms Cohen noted that the Australian Government's community store licencing initiative has increased access to a healthier food range in remote communities and called for the continuation and expansion of this program:

> We would really welcome an ongoing commitment from the Commonwealth government to the outback stores through the community store licencing. We would welcome an ability for those stores to be able to purchase foods at the same wholesale rates that the big retail stores have.[28]

10.31 NACCHO is of the view that the government should be proactive in working with community stores to increase the consumption of healthy food choices.[29]

### *Committee view*

#### *Multi-strategy prevention programs*

10.32 The committee noted the success of multi-strategy, community-based and led prevention programs. This includes the OPAL and *Healthy Together* programs initiated by state and territory governments. Importantly, submitters identified that a whole-of-government approach combined with a whole-of-community approach is required for prevention programs to be successful. The Amsterdam Healthy Weight Program demonstrates that a multi-pronged approach involving all sectors of the community work well to address the structural causes of obesity and is an effective driver to achieve systemic changes. Developing pilot programs based on this approach should be considered.

10.33 The committee noted the importance of promoting physical activity within multi-strategy programs, including encouraging the use of active transport such as walking and cycling. The committee is aware that one in six adults and eight in ten children do not meet national physical activity requirements. A national strategy to encourage regular physical activity should be considered to support a culture and environment that promotes active travel, encourage physical activity and sport participation and influence sporting environments to be more inclusive.

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26 Ms Salli Cohen, Executive Director, Strategic Policy and Planning, NT Department of Health, *Committee Hansard*, Melbourne, 5 September 2018, p. 1.

27 National Rural Health Alliance, *Submission 138*, p. 8.

28 Ms Salli Cohen, Executive Director, Strategic Policy and Planning, NT Department of Health, *Committee Hansard*, Melbourne, 5 September 2018, pp. 1-2.

29 Ms Patricia Turner, Chief Executive Officer, National Aboriginal Community Controlled Health Organisation, *Committee Hansard*, Melbourne, 4 September 2018, p. 34.

**Recommendation 18**

**10.34 The committee recommends the proposed National Obesity Taskforce commission evaluations informed by multiple methods of past and current multi-strategy prevention programs with the view of designing future programs.**

**Recommendation 19**

**10.35 The committee recommends the proposed National Obesity Taskforce is funded to develop and oversee the implementation of multi-strategy, community based prevention programs in partnership with communities.**

**Recommendation 20**

**10.36 The committee recommends the proposed National Obesity Taskforce develop a National Physical Activity Strategy.**

*Aboriginal and Torres Strait Islander communities*

10.37 As discussed in Chapter 1, there is an increased prevalence of obesity in the Aboriginal and Torres Strait Islander population and in regional and remote Australia. The committee was told that, after tobacco, obesity contributes most heavily to the disease burden affecting Aboriginal and Torres Strait Islander Australians.[30] The committee is also cognisant that access to fresh foods in remote communities is an ongoing challenge due to high costs of freight and distribution. Therefore, developing and resourcing targeted culturally appropriate prevention and intervention programs is a key priority. Importantly, initiatives such as the Department of Prime Minister and Cabinet's Community Stores Licensing Scheme, which requires community stores to stock a minimum range of health foods must continue and be strengthened.

**Recommendation 21**

**10.38 The committee recommends the proposed National Obesity Taskforce is funded to develop and oversee culturally appropriate prevention and intervention programs for Aboriginal and Torres Strait Islander communities.**

**Recommendation 22**

**10.39 The committee recommends the Commonwealth develop additional initiatives and incentives aimed at increasing access, affordability and consumption of fresh foods in remote Aboriginal and Torres Strait Islander communities.**

**Senator Richard Di Natale**
**Chair**

30 Centre for Research Excellence in Integrated Quality Improvement, *Submission 7*, p. 1.