

Priorities

As at October 2010



to support the
Eat Well Be Active Healthy Weight
Strategy for South Australia 2006 – 2010



Government
of South Australia

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EXECUTIVE SUMMARY

Introduction

This document should be read in conjunction with the **Eat Well Be Active Healthy Weight Strategy for South Australia 2006 – 2010**. It sets out the priority initiatives under this Strategy and is intended for use by partner organisations to:

- identify programs that regions should support as part of their funding commitment from the Health Promotion Branch;
- promote evidenced based best practice;
- understand the program logic that links individual initiatives to population level behavioural and health outcomes; and
- encourage complementary practice across regions and government.

This Priorities document should not be viewed as a static product. Rather, it is expected to evolve over time through the creation of new programs, partnerships, enhanced knowledge and experiences.

Policy Context

State

SA Health has lead responsibility for the South Australia's Strategic Plan (SASP) **Target 2.2 Healthy Weight** (to increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014). At the commencement of this Strategic Plan target in 2006 42.5% of adults were in the healthy weight range with the target requiring 52% by 2014. In 2009, 39.4% of adults were in the healthy weight range (less than in 2006) which reflects the complexities of this target. A supplementary measure relates to the weight of four year olds of which 20% are currently overweight or obese. In addition to measuring weight, the following SASP Key Performance Indicators (KPIs) reflect some of the supporting behaviours, programs and policies which promote healthy eating and regular physical activity.

- KPI 1.1: Mean serves of fruit consumed per day - adults and children (SASP target T2.2)
- KPI 1.2: Mean serves of vegetables consumed per day - adults and children (SASP target T2.2)
- KPI 1.3: Proportion of adults participating in at least 30 minutes of moderate physical activity on 5 or more days of the week (Sufficient physical activity) (refer SASP target T2.3)
- KPI 2.1: Number of OPAL (formerly EPODE) communities across South Australia
- KPI 3.1: percentage of schools meeting the 'Right Bite' guidelines for healthy food in schools as measured by the 'Right Bite' schools survey.
- KPI 4.1: Establishment of Healthy Weight Research and Evaluation Centre for SA Health.

Target 2.2 is closely aligned with **Target 2.3 Sport and Recreation** (to exceed the Australian average for participation in sport and physical activity by 2014) and some physical activity strategies relate to both targets. A number of other SASP targets are inter-related with Target 2.2 including:

- > T2.6 increase the health status of people living with chronic disease;
- > T2.4 increase healthy life expectancy;
- > T2.5 reduce morbidity rates of Aboriginal South Australians; and
- > T3.6 increase the use of public transport (which requires incidental activity).

In addition the **Eat Well Be Active Healthy Weight Strategy for South Australia 2006 – 2010** supports *South Australia's Health Care Plan 2007 – 2016* by adopting a population health approach to promote healthy lifestyles and disease prevention.

SA Health and the Office of Recreation and Sport are currently developing a new whole of government Eat Well Be Active Strategy 2011 – 2016. This strategy will complement national initiatives.

National

In November, 2008, the Council of Australian Governments agreed to a package of reforms aimed at improving health outcomes and reducing long term pressure on the health system. Preventive health was identified as a priority for reform and the National Partnership Agreement on Preventive Health (NPAPH) has now been agreed.

The aim of the NPAPH is to decrease the risk of chronic disease by reducing the prevalence of overweight and obesity^a, improving nutrition, decreasing levels of smoking and harmful/hazardous alcohol consumption and increasing levels of physical activity. Australia wide, this Agreement will provide an unprecedented level of investment in preventive health (\$872.1 M).

The NPAPH will provide funding to South Australia for four sub-programs:

- *Healthy Children* - allocated to the Obesity Prevention and Lifestyle initiative (OPAL)
- *Healthy Workers* – to prevent chronic disease in adults, using workplaces as the setting. This work will commence in July 2011, building on the be active @ work program
- *Social Marketing* - extension of the national *Measure Up campaign*
- *Surveillance* - to enhance State capacity to provide data for national aggregation and reporting.

The first four years of National Partnership funding will facilitate action and from 2013, South Australia will be eligible for reward payments of around \$20 M for achievement (or partial) of targets for smoking, healthy weight, fruit and vegetable consumption and levels of physical activity. These targets complement South Australia's Strategic Plan targets – T2.1 – Smoking; T2.2 - Healthy Weight; T2.3 Physical Activity and Recreation and T12 Work Life Balance.

Other components of the NPAPH lead by the Australian Government include: Healthy Communities which targets those outside the workforce; processes to engender dialogue with the food, weight loss and fitness industry; a National Eating Disorders Collaboration and National Health Risk Survey.

Moving Forward

There is widespread agreement that single interventions to promote healthy eating and physical activity are unlikely to be successful. A comprehensive public health response is essential to achieve sustained behavioural and social change. Promoting healthy weight at a population level therefore requires multiple strategies to address the myriad of complex factors which contribute to overweight. Strategies need to address behaviour, knowledge and attitudes as well as environments, policies and program delivery.

While intervention is required across the whole community in order to achieve the healthy weight target, the population of South Australian children is prioritised to prevent long term exacerbation of the current problems. Relative body-weight tracks from childhood to adulthood and the predictive power of this association increases with age. Once a child or adolescent is on an overweight or obese percentile, spontaneous track-down is unlikely.

Disadvantage correlates strongly with poorer health outcomes and higher rates of overweight, obesity and lifestyle related diseases. Evidence points to interactions between individual, social and environmental factors that must be addressed through a suite of strategies to have an impact. There is good evidence that even small changes in behaviour amongst large numbers of people will reduce the long-term risk of chronic disease.

Equity

Socioeconomic position is a major determinant of such health inequities, with people experiencing socioeconomic disadvantage generally having more risk factors and poorer health than their more advantaged counterparts. The dimensions and adverse impacts of inequity on the health of our population are well known and particularly well-documented in the SA health context [see Social Health Atlases (DH 2001-2003 and 2008 online), Monitoring Inequalities (PHIDU 2008)]. SA Health has nominated its strategic commitment to produce positive and equitable health outcomes for all South Australians (SA Health Strategic Plan 2007-2009). The challenge has been to move from describing health inequities to actions to reduce them that have tangible effects across the community.

The Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010 expresses the Government's commitment to make the greatest gain in those population groups with the highest burden of overweight and obesity and poorest health outcomes. The impact of population-wide interventions upon the distribution of health outcomes is routinely monitored through the inclusion of SEIFA analyses against each of the Strategy's ten population health indicators. While focused at the population level, the Strategy also nominates strategies, settings and opportunities to tackle the health inequities facing the most

^a Using the World Health Organisation measures, overweight and obesity are determined using the Body Mass Index (BMI) derived from a person's weight (in kilograms) divided by their height (in metres) squared (kg/m²). An adult is considered overweight if their BMI is greater than 25 and obese if their BMI is greater than 30.

disadvantaged members of the community. However, more work needs to be done to integrate equity concerns, strategies and measurement into the work that we do to implement the Strategy's objectives and to ensure that equity considerations are made central to planning and resource allocation.

Governance

To achieve the healthy weight target, SA Health actively fosters partnerships across government, regional health services, non-government agencies and the community. Increasingly, it will pursue new partnerships to assist in promoting healthy eating and physical activity.

A cross-governmental Healthy Weight Taskforce ensures coordinated responses to the target and promotes complementary policy approaches eg reducing obesogenic environments with cycle paths, impacts positively on climate change and increased physical activity. In addition, the Healthy Weight Coordinating Group facilitates a strategic and coordinated approach across SA Health.

We acknowledge the critical role of the Office for Recreation and Sport (ORS) in the promotion of physical activity through statewide whole of government *be active* initiatives. SA Health works in partnership with ORS to achieve the goals of the; *be active* Physical Activity Strategy for South Australia and reports through the State Physical Activity Council (PAC) which is responsible for: leading the implementation, monitoring and evaluation of the Physical Activity Strategy for South Australia on behalf of the Ministerial Physical Activity Forum (MPAF). The MPAF, established in February 2003, is chaired by Minister Michael Wright, and is comprised of the Ministers responsible for Education, Health, Transport, Planning and Local Government, Tourism, Families and Communities and Recreation and Sport. SA Health and ORS hold reciprocal membership on these committees. An integrated governance model will be recommended as part of the planning for the new EWBA Strategy.

Table 1: Government sectors contributing to the Eat Well Be Active Healthy Weight Strategy for South Australia 2006 -2010

Department	Examples of work
SA Health	Co-ordination across sectors, healthy eating and breastfeeding social marketing, health services, education programs, health information, health sector policy, funding.
Dept of Premier and Cabinet	Leadership and coordination of SA Strategic Plan, Health in all Policies; key stakeholders in the development of EPODE. Adelaide Thinkers in Residence:- Ilona Kickbusch and Andrew Fearne
Attorney-General's Department	Office for Recreation and Sport – Leadership in physical activity, social marketing, supporting parents to be active with their children, promoting physically active workplaces.
Dept for Education and Children's Services	Provision of healthy eating and physical activity in schools, preschools, out of school hours care and family day care through curriculum and policy. Funding for workforce development for pre-school educators regarding healthy eating and physical activity.
Dept of Transport, Energy and Infrastructure (DTEI)	Employment of a project coordinator and project officer at DTEI to increase use of public transport and activity in the community, increase physical activity by primary school-aged children and increase cycling and cycle paths.
Dept of Sustainability, Environment, Water, Population and Communities	Increasing usage of National Parks particularly among population groups most at risk of poor health outcomes. Community Gardens, reducing the carbon cost of food could also have an effect on energy intake as many of the energy-dense nutrient-poor foods which promote obesity tend to be more processed and packaged foods which have higher carbon costs.
Dept of Primary Industries and Resources of South Australia (PIRSA)	PIRSA has established the South Australian Food Centre together with Department of Trade and Economic Development, Department of Further Education, Employment, Science and Technology and industry. The Food Centre will provide a 'one stop shop' for SA food businesses to access services provided under the South Australian Food Plan and a focal point for government, industry and service providers to the sector, (including universities, research institutes, and private providers) to work co-operatively on projects and issues affecting the food sector.

Department of Planning & Local Government (DPLG)	SA Health has funded a Health in All Planning Officer, located in DPLG to: <ul style="list-style-type: none"> • Integrate healthy eating and physical activity considerations into DPLG research, policy development, implementation and monitoring; • Embed wider health perspectives within the work of DPLG; • Stimulate greater exchange and collaboration between SA Health and DPLG; • Build wider cross-sectoral capacity for action and partnerships, using a health in all planning approach.
Land Management Corporation (LMC)	SA Health is partnering with the LMC to contribute to improved health and wellbeing outcomes of the South Australian population in LMC business, its projects and the development industry. A Health Design and Social Planning Officer is based in LMC over three years to assist the LMC to: <ul style="list-style-type: none"> • build best practice health principles and approaches into policies and projects; • generate healthy and sustainable planning strategies in LMC work, including an appropriate focus within LMC projects on social and physical disadvantage; • build partnerships with key stakeholders in health, planning and development; • generate evidence of the value of the partnership.
Inter-sectoral collaboration	SA Fruit and Vegetable Coalition (SAFVC) - government and non-government organisations from the health, horticulture, education, environment and community sectors. The SAFVC's primary goal is <i>'to increase fruit and vegetable consumption in South Australia by an average of one serve per day over 5 years'</i> .

Role of the Health Promotion Branch

The Health Promotion Branch plays a lead role in the implementation of the Eat Well Be Active Healthy Weight Strategy for South Australia 2006 – 2010 by:

- Providing overall leadership in transforming the Government's health (promotion) policy objectives, priorities and reforms into statewide strategies, plans and targets;
- Coordinating and managing Commonwealth and State inter-governmental relations and negotiations;
- Undertaking statewide population health planning including setting regional targets;
- Funding services including negotiation of health service agreements;
- Undertaking performance measurement and monitoring of statewide health targets and regional plans;
- Coordinating the health system budget process including liaison with Government, funding allocation, reporting and monitoring;
- Providing the overall coordination of services from a system-wide perspective; and
- Acting as a focal point to central Government for system-wide initiatives on health promotion matters.

The Evidence Base

Healthy eating and physical activity contribute to population health and wellbeing, and are integral to preventing overweight. Health promotion approaches recognise that the environments in which we live, work, and play impact upon our health behaviours. The evidence strongly indicates that single interventions to promote healthy behaviours and prevent obesity are unlikely to be successful. SA Health therefore acknowledges the need to work in the ecological model¹ addressing multiple levels and factors that affect lifestyle behaviour. For example²;

- > Individual factors (e.g. beliefs, preferences, self-efficacy, skills, body image);
- > Social-cultural factors (e.g. social support, social norms, cultural beliefs)
- > Structural environment (e.g. health care, educational facilities, social services);
- > Physical environment (e.g. transport, access to healthy foods; urban planning and design);
- > Contextual environment (neighbourhood/community attributes e.g. wellbeing, food, poverty, crime);
- > Organisational factors (e.g. workplace/school policies and practices);
- > Public policy (e.g. regulation, legislation, taxation).

Improving health behaviours in the population therefore requires a population level approach involving individuals, communities and settings, meaning that multiple strategies are required. In addition, the broader

social determinants have a profound effect on individuals' lifestyle behaviours and access to healthy lifestyle (eg. those of lower socioeconomic status, migrants, and Indigenous Australians) and therefore require targeted intervention where appropriate. NB further evidence is provided in the introduction to each of the four action areas (see below).

Framework for Action

To deliver on the **Eat Well Be Active (EWBA)** Strategy objectives, work is progressed under four action areas (see pages 9-11 for the evidence on which this approach is based):

1. **Community Education** – the provision of information and education to assist the community to make healthy lifestyle choices complemented by school and community programs. Increase health literacy (knowledge, attitudes and intentions) through the development and implementation of social marketing campaigns.
2. **School and Community Programs** - these need to be available throughout the community, in schools, pre-schools and workplaces and for different ages and cultures; for individuals and groups, particularly for those who are most disadvantaged.
3. **Policy and Legislation** – this is a critical part of the solution and involves all sectors and all levels of government as well as organisational policies. It ensures policy and legislation supports people to be active, eat well and maintain a healthy weight, making the healthy choice the easy choice.
4. **Workforce Development, Research and Evaluation** - ensures those working in health and others sectors have the knowledge and skills to support populations to eat well, be active and maintain a healthy weight. Policies and programs are informed by a strong research base, good evaluation and there is ongoing monitoring of data which informs priorities

Program Logic

Program logic (see pages 9 and 10) provides a conceptual framework for planning and evaluation. The connection between program strategies highlights the interface between activities - social marketing, policy, programs and capacity building - which cumulate into the same ultimate outcomes. Whilst a linear "line of sight" enables improved program planning, the causal pathway also takes into account the wider social and political context and assumptions of effectiveness.

Monitoring and Evaluation Information

Evaluation of interventions and monitoring of progress will inform our understanding of what works and why, and is an essential component of the Strategy. Program level monitoring indicators (see Appendix A and B) include a mix of state level monitoring of population level behaviour change (eg fruit and vegetables, physical activity levels) and achievement of program implementation (eg number of EWBA community sites established, percentage of schools meeting Right Bite guidelines for healthy eating; and training of the health sector workforce). Appendix C provides a summary of the monitoring and evaluation reporting framework.

Whilst data monitoring will provide a broad indication of how EWBA strategies are progressing, outcomes evaluation will inform program improvement and effectiveness and determine the effectiveness of the overall strategy. (See Appendix D and E for data sources). In addition quantitative and qualitative studies - case studies, cost-effectiveness studies and comparison studies – will inform future direction setting. In 2009 a report will be provided comprising an update on a range of data variables.

South Australia's capacity to support good nutrition and adequate physical activity through evaluation and research has been expanded through the establishment of the Physical Activity and Nutrition Observatory: Research and Monitoring Alliance (PANORAMA).

Using this document

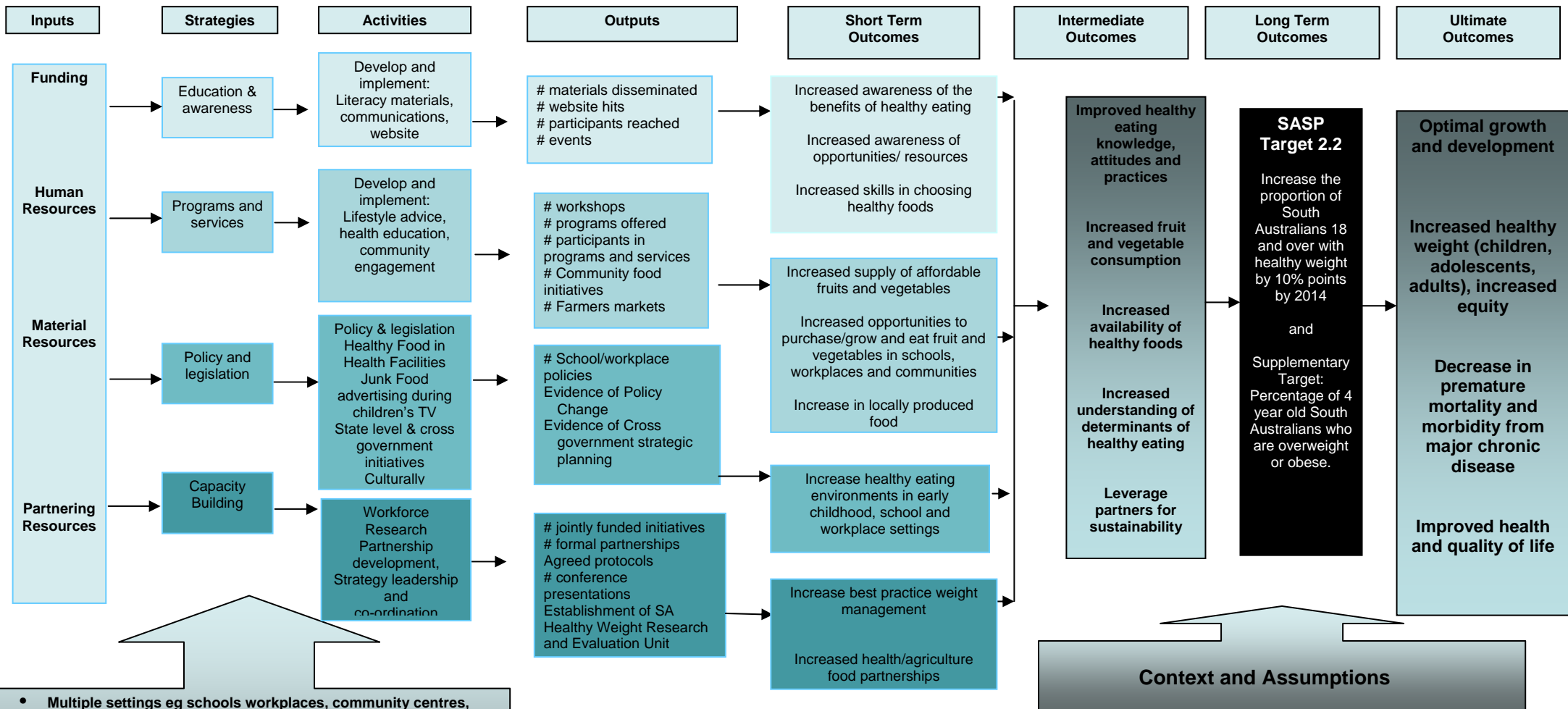
This document is divided into two sections:

Section 1: Priority Programs sets out the initiatives that the Department of Health invests in to achieve the South Australian Strategic Plan Target 2.2.

Section 2: Related Initiatives are areas of work which complement the Department of Health priorities and play an integral role in the achievement of the healthy weight target.

The Eat Well Be Active Healthy Weight Strategy for South Australia 2006 – 2010 also supports a number of state and national strategies and guidelines (see Appendix F).

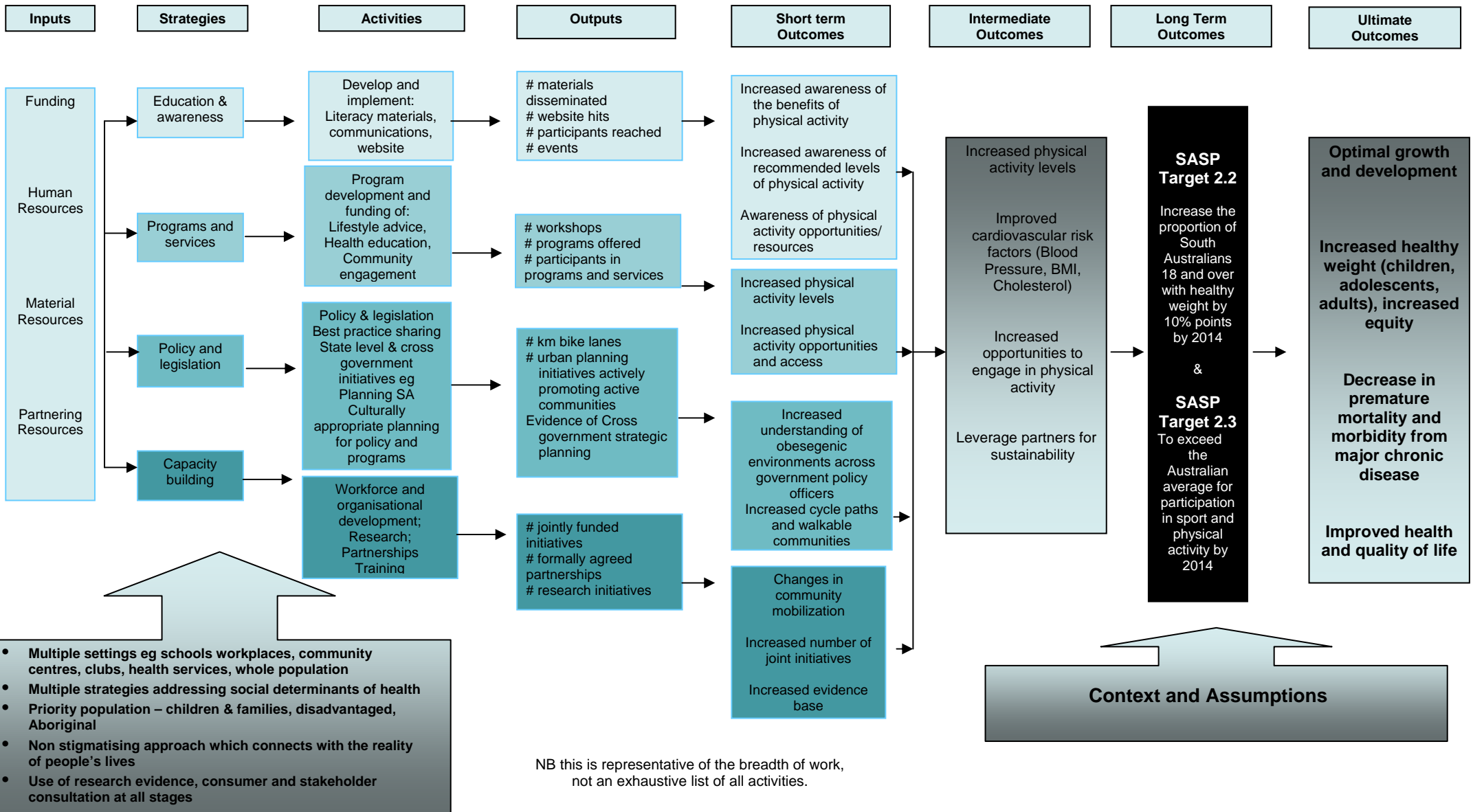
Program Logic - Healthy Eating



- Multiple settings eg schools workplaces, community centres, clubs, health services, whole population
- Multiple strategies addressing social determinants of health
- Priority population – children & families, disadvantaged, Aboriginal
- Non-stigmatising approach which connects with the reality of people's lives
- Use of research evidence, consumer and stakeholder consultation at all stages

NB this is representative of the breadth of work, not an exhaustive list of all activities.

Program Logic - Physical Activity



Priority ProgramsAt A Glance

<p>Community Education</p>	<ul style="list-style-type: none"> • be active Campaign – A social marketing campaign aimed to motivate individuals to be active and experience the multiple benefits associated with participation in physical activity. • Go for 2&5® Campaign - A social marketing campaign aimed to increase the awareness of the need to eat more fruit and vegetables and encourage increased consumption of fruit and vegetables • Measure Up - The Measure Up campaign is part of the Council of Australian Governments National Partnership Agreement on Preventive Health. A national social marketing campaign, supported by Australian, state and territory governments, that aims to raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and healthy eating.
<p>School and Community Programs</p>	<ul style="list-style-type: none"> • Active Travel Way2Go– An active travel initiative focusing on school aged children and their parents to increase walking and cycling. • Be Active@Work – Working with peak industry bodies (e.g. SafeWork SA, Business SA, WorkCover) to influence businesses affiliated with these organisations to develop policy and physical and social environments that enable workers to achieve sufficient levels of physical activity as per the recommendations. • Be Active Play Time – Educates parents on the benefits of being physically active from an early age and the types of activities they can do with their child. Uses a train the trainer model. • Community Foodies – Volunteers are trained in basic nutrition and community education skills and together with health workers promote and encourage people to improve their health through better nutrition. Often works through school and community settings. • Community Gardening – A initiative established by the Botanic Gardens of Adelaide to support edible gardens in homes, schools and communities • Crunch&Sip® - A set break where primary school students eat fruit or vegetables and drink water in the classroom. • Do It For Life – A chronic disease prevention program aimed at high risk adults. The program offers individual support to help modify SNAPS behavioural lifestyle risk factors to help reduce risk of or delay developing chronic disease. • Eat Well Be Active - Primary Schools – A curriculum based approach to promote healthy eating and physical activity in primary schools, using the professional development of teachers as the key methodology. • Healthy Weight Coordinators – Healthy Weight Coordinators are positions funded in SA Health Regions to develop and implement Regional Healthy Weight Action plans, consistent with the EWBA Healthy Weight Strategy, guided by a health promotion and capacity building approach • Obesity Prevention and Lifestyle (OPAL) - A community-based obesity prevention program involving a variety of programs and activities to support healthy eating and physical activity through schools, local government, health services, community organisations etc. • Parenting Eating and Activity for Child Health (PEACH) – A weight management program for overweight 4 – 10 year olds which takes a family approach to achieving a healthy lifestyle. • Promoting Consumption of fruit, vegetables and water - The focus of this proposal is community organisations and their development of healthy eating policies and delivery of food literacy programs • SA Breastfeeding Strategic and Action Plan • Breastfeeding Action Plan implementation – workforce training, BFHI accreditation, community programs, ABA support etc • Start Right Eat Right– A child care nutrition award scheme promoted to all long day care centres in SA.

<p>Policy and Legislation</p>	<ul style="list-style-type: none"> • Children’s Centres Health and Well Being Framework - An evidence-based health and wellbeing framework developed to inform planning and evaluation processes for Children’s Centres. This framework will guide infrastructure and workforce planning as well as policies, programs and services to promote positive parenting and child and family health and wellbeing. • Healthy Food in South Australian Health Facilities – The development of the Healthy Food in South Australian Health Facilities Policy is a SA Health strategy to encourage healthy choices for staff and visitors. • Television Advertising and the consumption of unhealthy food and drinks by children – SA Health is monitoring the impact of the voluntary codes on South Australian children’s exposure to unhealthy food and beverage advertising on television
<p>Workforce Development, Research and Evaluation</p>	<ul style="list-style-type: none"> • Achieving excellence in Health Promotion: an action learning and research program.- Comprising of two parts: <ul style="list-style-type: none"> ○ A 12 month action learning and research program to enhance health promotion evidence and practise and improve organisation capacity to promote population health. ○ A series of 3 seminars (repeated in 2 areas of Adelaide) to respond to needs identified by community-based workers. The focus of the seminars is on Community Capacity Building • E learning – online breastfeeding training package for health staff - provides training that supports sites to meet the workforce training component of the Baby friendly hospital accreditation program. • Healthy Eating and Physical Activity in the Early Years - support for professional learning, confidence and capacities of Early Years Educators directed to advancing the healthy eating habits and health-related physical activity patterns of children and their families. • Physical Activity and Nutrition Observatory: Research And Monitoring Alliance, (PANORAMA) will monitor the progress of Eat Well Be Active programs and policies, undertake research and evaluate what is working, where and why. • Statewide Aboriginal Health Worker Training Initiative - An Aboriginal Health Worker training package to enhance their skills to promote good nutrition, adequate physical activity and healthy weight among Aboriginal people.
<p>Related Initiatives</p>	<ul style="list-style-type: none"> • Heart Foundation Walking • Active Living Coalition • Right Bite Food and Drink Supply Strategy for South Australian Schools and Preschools • Good Start Breakfast Blub Research and Advisory Project • Premier’s Be Active Challenge • Active After School Community Program • Better Health Better Learning • Eat Well Be Active Community Programs • Other Local and Commonwealth Initiatives

SECTION 1: PRIORITY PROGRAMS

Priority Programs that Department of Health invests in to achieve the South Australian Strategic Plan Target 2.2.

COMMUNITY EDUCATION

Interventions to improve community awareness, knowledge and attitudes are underpinned by the objective to encourage lifestyle behaviour change in the long term (not just shifting attitudes in the short term). Although adults might be aware that they should be more active and eat a healthier diet, they are generally not clear about the specific actions required to increase fruit and vegetable consumption and exercise to the recommended levels. The link between serious chronic disease and poor diet, not breastfeeding, sedentary behaviour, excess weight and waist circumference is generally not understood in the community. Contributing to this it is recognised that people are time-poor, concerned about the safety of their children, don't think their children are overweight, have often had unsuccessful experiences of weight loss, think they are already eating enough fruit and vegetables and are concerned about their body image.

Social marketing campaigns seek to present consistent, evidence based messages to the community in order to raise awareness, increase knowledge, change attitudes and behaviour. The change process (known as the stages of change) illustrates how behavioural decision making principles inform messages designed to encourage people through the initial steps of behaviour change. Prochaska's Transtheoretical Model³ describes the stages of change required in order to change health behaviour, which require an understanding of the impact of individual lifestyle behaviour upon health, and appreciation of the potential benefits due to positive changes, and the desire and confidence to change. People move more efficiently through the stages when stage-appropriate processes are used, similarly, if some processes are used excessively at inappropriate stages, they can actually obstruct change or precipitate a relapse to an earlier.

The following table⁴ provides an example of social marketing campaign objectives and the relative influence of mass media campaigns by stages of change:

Prochaska's Stages	Communication Objectives	Behavioural Objectives	Mass Media Influence
Pre-contemplation Individuals not at the stage of considering modifying their behaviour.	Raise awareness of the issue, personal relevance.	Seek further information.	High
Contemplation Individuals consider changing their behaviour, but not in the immediate future.	Increase personal relevance, build response efficacy	From an intention to try.	Moderate-high
Preparation Individuals plan to try to change their behaviour in the immediate future, within the next 2-3 weeks.	Build self-efficacy, reinforce reasons for trial.	Trial	Moderate
Action Adoption of the health promoting behaviour.	Reinforce reasons for adoption, maintain motivational and efficacy support.	Adoption	Low
Maintenance The period that follows the action stage and continues until the unhealthy behaviour is fully extinguished.	Maintain reasons for adoption.	Maintain new behaviour	Low

Media and social marketing can influence health behaviours. Experience from the National Tobacco Campaign shows that well-designed and well-resourced campaigns that sit as part of a comprehensive social marketing strategy have the capacity to change behaviour. When conducted at sufficient intensity, interstate fruit and vegetable campaigns have seen an increase in daily population fruit and vegetable consumption of between 0.5 and 1.0 of a serve⁵. The effect size of this outcome in a population is significant. The World Health Organisation states that increasing global fruit and vegetable consumption to sufficient levels would contribute considerably to prevention of chronic diseases such as heart disease, cancer, diabetes and obesity, saving up to 2.7 million lives annually⁶.

In summary, social marketing has been defined as 'the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of target audiences in order to improve their personal welfare and that of their society'⁷.

BE ACTIVE CAMPAIGN

LEAD AGENCY:

Office for Recreation and Sport (ORS)

RATIONALE:

- > Only half of South Australian adults are doing enough physical activity, and there has also been a concerning decline in the level of physical activity in children.
- > The World Health Organisation suggests that campaigns for physical activity should be conducted over many years to reinforce messages, before sustained impact may be established.

AIM/DESCRIPTION:

Aim: To motivate individuals to **be active** and experience the multiple benefits associated with participation in physical activity.

Description: Education and awareness raising of the opportunities and benefits associated with increasing physical activity levels for individuals and the community. The current phase of the campaign is lead by outdoor advertising and supported by radio, print and community education material, and will continue through until November 2010. The next phase (due to commence in 2011) will be informed by formative research, ongoing survey and monitoring data. For more information visit the **be active** website <http://www.beactive.com.au>

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Media and Marketing

TARGET GROUP:

Primary Target Audience: Children, young people and their parents/carers.

Secondary Target Audience: Inactive adults and adults not achieving sufficient levels of physical activity (30 minutes most/preferably all days).

HISTORICAL CONTEXT:

The **be active** campaign has been conducted since 2004. Campaign directions are informed by ongoing survey and monitoring data, and formative research.

ROLE OF REGIONAL HEALTH SERVICES:

- > Disseminating associated community education material.
- > Incorporating **be active** community education material in regional and community activities and events.
- > Supporting consistency of the **be active** message across South Australia.
- > Disseminating physical activity recommendations for children, young people and adults through targeted regional programs and initiatives.
- > Regional coordination of related programs to support the **be active** campaign.
- > Reporting to Health Promotion Branch on nature of regional activities.

MONITORING AND EVALUATION:

The **be active** campaign is being monitored and evaluated through:

- > Hits to the **be active** website.
- > Message recall and behavioural data through population monitoring systems.
- > SA Physical Activity Survey.

CONTACT DETAILS:

Campaign development, management and community education resources	Kane Harrison, Office of Recreation and Sport	(08) 8416 6702	kane.harrison@saugov.sa.gov.au
Contract management, campaign development, information and community education resources	Patria Gough, Social Marketing, Health Promotion Branch	(08) 8226 6227	patria.gough@health.sa.gov.au

Go for 2&5® CAMPAIGN

Increasing Fruit and Vegetable Consumption

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > Increasing fruit and vegetable intake can assist with maintaining a healthy weight and decreases the risk of diseases such as cardiovascular disease, hypertension, stroke, Type 2 diabetes and many forms of cancer. Eating more fruit and vegetables may be the single most important dietary change needed to reduce the risk of these chronic diseases.
- > The barriers to consumption are known and include, but are not limited to, personal eating habits, competition from unhealthy foods, supply issues (eg cost) and demand issues (eg knowledge) and a range of strategies are needed to address these barriers and increase levels of consumption.
- > SA Health is licensed to use the Go for 2&5® campaign, that was developed by the Western Australia Department of Health, and has proven effective in both Western Australia and Queensland in increasing fruit and vegetable consumption.

AIM/DESCRIPTION:

Aim: To reduce the risks of poor nutrition, overweight, obesity and chronic disease throughout South Australia; *and* increase South Australians' fruit and vegetable consumption by one serve per person per day.

Description: This second phase of the campaign (from July 2009), targeting the main food buyer and meal preparer, is led by television advertising and supported by recipes in the press, shopping trolley advertising, point of sale promotion, community education resources and community events. Based on research findings, phase 2 focuses on increasing understanding of what constitutes a serve of vegetables and how 2 serves of fruit and 5 serves of vegetables can be incorporated into the daily diet through quick and easy meals.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Media and Marketing

TARGET GROUP:

Primary Target Audience: Adults aged 25 – 54 years with children up to 12 years of age.

HISTORICAL CONTEXT:

In 2004 the Department of Health and all other states (apart from Victoria) took out licenses to use the Go for 2&5® campaign. The Commonwealth government funded a national television advertising campaign. DH added radio advertising, promoted print materials and merchandise and conducted pre and post evaluation using the Health Monitor.

The campaign is now led by television and supported by press, shopping trolley advertising, on the ground promotions, and community education material. It has an educational focus and will endeavour to explain what constitutes a serving size and how more fruit and vegetables (particularly vegetables) can be incorporated into daily meals.

ROLE OF REGIONAL HEALTH SERVICES:

- > Encourage and support organisations to develop healthy eating policies that include a focus on increasing availability of and demand for fruit and vegetables in meals and snacks while reducing availability of and demand for unhealthy foods. Link with the new statewide project to promote fruit, vegetables and water, which includes a focus in developing policies in organisations.
- > Encourage and support actions, activities and programs at local and regional level, within and beyond the health sector, that address barriers to fruit and vegetable consumption. In particular, encourage initiatives that give people opportunities to prepare and taste meals and snacks that include vegetables and fruit.
- > Promote Go for 2&5® campaign messages:
 - o Raise the level of importance of the need to eat more fruit and vegetables.
 - o Shift perceptions of fruit and vegetables.
 - o Increase community knowledge of the amounts of fruit and vegetables recommended for good health.
 - o Improve perceptions of the ease of preparing and eating both fruit and vegetables.

- > Develop partnerships at local and regional level to address barriers to fruit and vegetable consumption, especially for disadvantaged groups.
- > Make relevant links with two new statewide projects that seek improve South Australians' diet, particularly fruit and vegetable intake:
 - o promoting consumption of fruit, vegetables and water – that will encourage and support local government and community organisations to develop healthy eating policies and to offer food literacy programs
 - o the community gardening project
- > Reporting to the Health Promotion Branch on nature of regional activities.

CONTACT DETAILS:			
Campaign development, management and community education resources	Patria Gough, Social Marketing, Health Promotion Branch	(08) 8226 6227	patria.gough@health.sa.gov.au
Nutrition and health issues, consumption data, monitoring	Patricia Carter, Principal Advisor, Public Health Nutrition Health Promotion Branch	(08) 8226 6504	Patricia.Carter@health.sa.gov.au
Resources			http://www.gofor2and5.com.au

MEASURE UP

LEAD AGENCY:

National: Commonwealth Dept of Health and Ageing (Social Marketing Unit)

State: Department of Health, Health Promotion Branch

RATIONALE:

Over half of South Australian adults and a quarter of South Australian children are overweight or obese. Indications are that these rates are continuing to rise. The problem of overweight and obesity is of significant public health concern because of its association with a range of chronic conditions such as diabetes, hypertension, cardio-vascular disease and some cancers. Waist measurement guidelines have become important as the concept of being overweight has been normalised.

AIM/DESCRIPTION:

Aim: A key focus of this social marketing campaign is highlighting to Australian adults the reasons why they need to improve their lifestyles. The link between an unhealthy lifestyle and chronic disease is not well understood and this presents an opportunity to motivate people to make positive changes to their lifestyle (i.e. healthy eating and physical activity).

Description: The campaign links waist circumference to risks of chronic disease and lower quality of life, a powerful, motivating and potentially very effective approach to raising awareness and motivation to change behaviours. Phase 1 campaign components included television, radio, print, outdoor, website and community education resources. The campaign is currently off air. Phase 2 will be launched in early 2011 and is currently being informed by formative research and the tracking research that was conducted after each burst of activity in phase 1.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Media and Marketing

TARGET GROUP:

Primary target: 25-50 year old adults who have children.

Secondary target: 45-65 year olds, many people in this group are likely to either have been diagnosed with a chronic disease or are experiencing the consequences of an unhealthy lifestyle.

Special audiences: Aboriginal and Torres Strait Islander and non-English speaking populations.

HISTORICAL CONTEXT:

Phase one of the Measure Up campaign was launched nationally in October 2008. In South Australia, stakeholder kits and community education material have been distributed (ongoing) to organisations promoting the campaign and linking it to their key areas of work.

ROLE OF REGIONAL HEALTH SERVICES:

- > Contribute to implementing the campaign through local communities by:
 - o Incorporating the campaign messages/resources into relevant existing programs.
 - o Providing feedback to Health Promotion Branch regarding opportunities to further support program implementation.
 - o Implement the campaign at the local level.
 - o Community activities to support the campaign.
- > Reporting to Health Promotion Branch on outcomes of regional activities.

MONITORING AND EVALUATION:

This will be lead by the Commonwealth through the Evaluation Sub Group.

CONTACT DETAILS:

All enquiries	Patria Gough, Social Marketing Health Promotion Branch	(08) 8226 6227	patria.gough@health.sa.gov.au
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SCHOOL AND COMMUNITY PROGRAMS

Health Promotion evidence suggests a need to work in **school and community environments** due to the health impact of where we live, work, are educated, are cared for and spend our leisure time.

Adults and children need support to make healthy choices. Microenvironments such as schools and communities provide a means to influence many of the factors impacting on food choice and physical activity participation. Therefore, they provide an ideal setting for the intervention approach necessary for obesity prevention. Schools also have a role as community leaders, are a source of support for parents and families, and can effect community change in environments, knowledge and behaviour⁸.

Education, workplace and community settings need to be supportive and protective, by active promotion of physical activity, breastfeeding and eating a healthy diet, reducing sedentary behaviours and maintaining a healthy weight. Interventions focus on assisting individuals, families and communities with priority to children, parents (especially men) and low income groups to maintain a healthy weight and prevent weight gain.

At the **community level**, quasi-experimental whole-of-community demonstrations of comprehensive, multi-faceted healthy lifestyle interventions have shown promising results. Schools and childcare facilities in particular are promising settings for intervention programs as they have a broad reach and 'captive' audience, including the parents of children. Examples of early successes have been demonstrated in the *be active eat well* community intervention in Colac, VIC with lower BMI (z-scores), weight and waist circumference in the intervention compared with the comparison community⁹. Ongoing initiatives include *eat well be active* (SA), *Healthy Kids for Life* (QLD), Sentinel sites (Geelong, VIC, eg. *Romp and Chomp* and *It's your move*), *Fun n' Healthy in Moreland*, (Melbourne, VIC) *Kids Healthy Eating and Physical Activity* (NSW).

At the **individual and family level**, outcomes can be improved by providing people with assistance and support to develop knowledge, attitudes, skills and key behaviour changes through individual and group counselling and practical programs (eg. parents setting TV limits, modelling good behaviour etc). The PEACH randomised control trial intervention has shown success after only 12 months, with BMI z-scores reduced by ~10% with parenting-skills training plus intensive lifestyle education versus ~5% with parenting-skills training alone or wait-listing for intervention, and waist-circumference z-score reduced in both intervention groups but not in the controls¹⁰.

BE ACTIVE@WORK

LEAD AGENCY:

Office for Recreation and Sport (ORS)

RATIONALE:

- > Approximately 44% of Australian adults aged 18-75 years do not undertake sufficient physical activity at the levels recommended to achieve health benefits and 15% of people reported undertaking no physical activity at all.
- > Promoting physical activity and reducing sedentary behaviours is an important strategy in preventing overweight and obesity.
- > The National Physical Activity Guidelines recommends adults undertake at least 30 minutes of moderate intensity physical activity on most, preferable all days.
- > The workplace is an important setting to promote health to the adult working population as 30% of a working adult's time is spent at work.
- > Providing a supportive workplace environment can support and encourage employees to maintain a healthy lifestyle.
- > Social trends including an aging workforce, changing work practices and increased sedentary work behaviours negatively impact on health outcomes, quality of life and in turn health care and productivity costs.
- > The economic consequences related to absenteeism, unproductive work time, injury and associated mental health issues are also drivers for improvement.

AIM/DESCRIPTION:

Aim: Encourage employers to provide supportive environments for physical activity and encourage employee participation.

Description: Working with peak industry bodies (e.g. SafeWork SA, Business SA, WorkCover) to influence businesses affiliated with these organisations to develop policy and physical and social environments that enable workers to achieve sufficient levels of physical activity as per the recommendations.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Workplaces

TARGET GROUP:

Primary Target Audience: All working adults

HISTORICAL CONTEXT:

In 2006 a pilot program with employees in 15 diverse organisations achieved an increase in awareness and understanding of the benefits of physical activity. It also showed an increase in the physical activity levels of employees who chose to participate in the program. In 2007 key recommendations from the pilot program (phase 1) informed the development of phase 2, a web portal which commenced in 2008/09

In 2009 -2010 seven organisations (1200) participants piloted and online resource designed to support organisations to create healthy and active workplace cultures. An evaluation of the pilot will be completed by December 2010. This initiative will be integrated into the NPAPH Healthy Workers initiative from 2011.

ROLE OF REGIONAL HEALTH SERVICES:

ORS:

- > Project management
- > Executive Officer to the advisory group for stakeholder consultation
- > Manage request for proposal process

Regions:

- > Promotion of **be active** at work to relevant community organisations/ businesses
- > Liaising with ORS regarding opportunities to implement point of decision prompts
- > Promotion of physical activity recommendations
- > Promotion of be active website/ campaign and resources at relevant community events.

MONITORING AND EVALUATION:

In development: An evaluation of the pilot will be completed by December 2010 and will inform the NPAPH Healthy Workers initiative.

CONTACT DETAILS:

Senior Project Officer	Adam Trottman Office for Recreation and Sport	(08) 74247733	adam.trottman@sa.gov.au
Links with health regions	Melanie Smith, Chief Project Officer Health Promotion Branch	(08) 8226 6420	melanie.smith@health.sa.gov.au
Resources			/www.beactive.com.au/WorkplacePAresourcekit.pdf

BE ACTIVE PLAYTIME

LEAD AGENCY:

Office for Recreation and Sport (ORS)

RATIONALE:

- > Most of the evidence on interventions to address overweight and obesity in childhood is related to school aged children and currently there is limited evidence on effective interventions to prevent obesity in younger children.
- > In South Australia it is estimated that 99% of children spend some time each day engaged in screen based activity, with 24% engaging for more than 2 hours per day, which is above the recommended level.
- > Low levels of physical activity in childhood are associated with increased risk of atherosclerosis, high blood pressure and overweight and obesity.
- > Active play has cognitive and physical benefits for all children and is an essential part of healthy growth, development and learning.
- > Parents play a critical role in supporting children to learn and grow through active play, yet changing social trends and time pressures on parents has negatively impacted on children's access to structured and unstructured active play experiences.

AIM/DESCRIPTION:

Aim:

- > Educate parents on the benefits of being physically active from an early age;
- > Equip parents and carers with the confidence and knowledge needed to facilitate physical play in the home setting
- > Demonstrate physical play and activities parents can do with their children from an early age;
- > Demonstrate inexpensive and everyday home resources that can be used as equipment to enhance activities and play.

Description: Be Active PlayTime directly targets parents and carers of children ages 0 – 5 years old and provides an opportunity to deliver activities in a range of environments including playgroups, community centres, kindergartens and childcare centres.

The program is delivered via various government and non-government service organisations contracted by the ORS. The ORS trains staff and volunteers from these contracted organisations to be PlayTime Leaders and to conduct the program in the community.

This initiative raises awareness for parents and carers of the important link between the holistic nature of children's development and the need to provide daily physical play activities for babies and young children.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Preschools and Childcare

TARGET GROUP:

Children under 5 years of age and their parents/carers/educators in disadvantaged communities.

HISTORICAL CONTEXT:

In 2006 the Play Time pilot was developed based on the ACT 'Kids At Play' program and the Australian Sports Commissions 'Play Shops' program (no longer in operation). Be Active PlayTime was then launched in August 2008 by the Minister for Recreation and Sport, Michael Wright. Since its inception 36 community organisations have been contracted to deliver the program, 272 leaders have been trained and over 1600 families have been involved in the program.

ROLE OF REGIONAL HEALTH SERVICES:

ORS:

- > Project management
- > Contract management with community providers
- > Evaluation

Regions:

- > Promoting Be Active PlayTime to relevant community organisations.
- > Liaising with ORS regarding regional training opportunities
- > Fostering collaboration between related initiatives
- > Promoting physical activity recommendations

MONITORING AND EVALUATION:

Evaluation elements:

- > Survey of community presenters
- > Administration records (attendance demographics, recruitment of participants etc)
- > Parent/ carer pre and post surveys
- > Control population survey
- > Observation (contract compliance, opportunities for improvement)
- > Interviews/ focus groups (community organisations, presenters, parents, carers, children).

CONTACT DETAILS:

Program enquiries	Rachel Hampton Project Officer (ORS)	(08) 7424 7764	rachel.hampton@sa.gov.au
Information about links with health regions	Sarah Benedictson Project Officer Health Promotion Branch	(08) 8226 6319	Sarah.Benedictson@health.sa.gov.au

COMMUNITY FOODIES

LEAD AGENCY:

Southern Metropolitan Area of Adelaide Health Service (AHS)

RATIONALE:

- > In lower socio-economic groups there is a greater prevalence of low breastfeeding rates, low birth weight babies, lower fruit and vegetable consumption and higher levels of overweight and obesity, heart disease, stroke and some cancers, compared with higher socio-economic groups
- > National and state nutrition strategies highlight the importance of targeting vulnerable groups including those on low incomes to reduce inequalities.
- > Community Foodies was developed to enable disadvantaged communities to receive support and build their capacity to make healthy food choices.

AIM/DESCRIPTION:

Aim:

- > Utilise volunteers to promote healthy eating in their community; *and*
- > Support disadvantaged communities to make healthy food choices.

Description: Community Foodies is a statewide nutrition program based on the principles of peer education, community development and community participation whilst building partnerships with a diverse range of agencies and organisations to support the ongoing development and success of the program. Foodies are local volunteers interested in food and nutrition who complete a six week training program covering basic nutrition, presentation and group skills. Initially buddied with health or agency workers, Foodies provide activities and hands-on cooking classes with children and parents, assist with community gardens, and they work with school canteens and with breakfast clubs. The 4 key messages that Community Foodies are promoting through their activities are: 'eat more fruit and vegetables', 'eat more whole foods' (minimally processed and packaged foods), 'eat breakfast everyday' and 'drink more water'.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods and Communities

TARGET GROUP:

Primary Target Audience: Adults with a low SES

Secondary Target Audience: Children and families, Aboriginal communities

HISTORICAL CONTEXT:

The Community Foodies project was initiated in 2001 by the dietitians at Southern Primary Health. In 2003 the Department of Health funded a pilot project to develop Community Foodies as a potential peer education based model at a statewide level.

Community Foodies was rolled out statewide in 2006 and by 2008 there were 12 sites operating across South Australia - Onkaparinga (Noarlunga), Playford, Salisbury, Port Adelaide/Parkes, Enfield, Port Pirie, Port Broughton, Whyalla, Port Augusta, Murray Bridge, Adelaide Hills and Victor Harbour.

ROLE OF REGIONAL HEALTH SERVICES:

Adelaide Health Service: Auspices the project budget.

Regions: Liaise where appropriate with the team at AHS, who are centrally funded to deliver defined components of the statewide Community Foodies program that include:

- > Allocating or generating capacity for program workers. This usually involves dedicating some dietitian or nutritionist time to managing the program, some dietitian or nutritionist time to program delivery and ideally includes the provision of dedicated community worker time to support the community development aspects of the program.
- > Supporting regional program workers to:
 - o attend training by the state team
 - o develop their local networks and partnerships
 - o recruit and train local Foodies as peer educators
 - o support and manage the professional development of their Foodies
 - o report back to the State project team on activity, and collect the required evaluation data using protocols and tools developed by the Community Foodies program.
- Maintaining the Community Foodies website.

MONITORING AND EVALUATION:

- > Evaluation support has been provided by an external evaluator and evaluation reports have been prepared in mid 2006, mid-2008, mid 2009 and mid-2010.
- > The evaluation uses a 'realist evaluation' approach (Pawson and Tilley, 1997), which assumes that programs do not work in the same way for all people and that they make work differently in different contexts. Therefore, program outcomes may be different for different groups or contexts. The evaluation approach therefore seeks to analyse whether there have been different results for different groups and if so, whether it is possible to identify what it is that matters about the way the program works for particular groups or in particular contexts.
- > Hypotheses were developed in earlier stages of the evaluation. Questionnaires were then designed to collect information relevant to those hypotheses, and have been administered with Community Foodies and participants in 2004-05, 2005-06, 2006-07 and 2007-08 and 2008-2009.
- > In addition to the data from questionnaires, over each of the previous years additional evaluation components have been conducted, with different research questions each year.
- > An overall five year summary of evaluation has shown
- > For Foodies: increased confidence in nutritional knowledge; increased confidence in cooking skills; increased confidence in teaching skills for running programs; improvements to the quality of their diet and to the serves of fruit and vegetables consumed daily.
- > For adult participants in healthy eating and cooking skills programs lasting four weeks or more: increased confidence in nutritional knowledge; increased confidence in cooking skills; learned to stretch their food budget further; learned information to manage a weight issue; and learned new recipes.

CONTACT DETAILS:

All program-related enquiries	Kim Voss Acting Project Manager	(08) 8384 9266	Kim.voss@health.sa.gov.au
For matters relevant to Department of Health	Cathy Ward Senior Project Officer Health Promotion Branch	(08) 82266125	Cathy.Ward@health.sa.gov.au
Website			http://www.communityfoodies.com

COMMUNITY GARDENING

LEAD AGENCY:

The Botanic Gardens of Adelaide

RATIONALE:

- > In 2009 the Botanic Gardens of Adelaide established a new initiative to support edible gardens in homes, schools and communities. They approached SA Health regarding potential partnership and representation on their steering committee. The Botanic Gardens aims to develop a broad initiative that includes establishing a fruit and vegetable garden and kitchen in the Botanic Gardens.
- > SA Health is committed to further supporting community gardening as one of several new strategies to help improve the nutritional quality of South Australians' diets and to achieve the fruit and vegetable and weight targets in the National Partnership Agreement on Preventive Health. Thus, we agreed to partner with the Botanic Gardens, recognising the value of integrating approaches across schools, communities and homes and the other benefits that the Botanic Gardens brings such as their volunteers.
- > Being involved in community gardens can contribute to the physical, social and emotional health of the community.
- > Edible gardens (along with other strategies such as farmers' markets, food co-ops and community supported agriculture) are a component of what is described as a 'community food system' and can contribute to providing inexpensive, locally grown, in-season fruit and vegetables for those who are involved and contribute to environmental sustainability.
- > There are around 50 community gardens in South Australia, many of which are supported by local government.

AIM/DESCRIPTION:

Aim: To support the development and maintenance of viable, environmentally sustainable edible community gardens that encourage increased consumption of fruit and vegetables.

Description:

The project will

- > Build and maintain a resource bank on and for sustainable community kitchen gardening,
- > Identify gaps/facilitate development of resource materials for sustainable community-based edible (or kitchen) gardening
- > Attend/facilitate/establish meetings and networks with relevant individuals and organisations to identify needs and opportunities for collaboration.
- > Establish a community reference group to provide guidance on project activity/ strengthen linkages
- > Build volunteer base:
 - Establish a team of expert volunteers to provide advice/support for community kitchen gardens
 - Establish a community kitchen gardens volunteer brokerage service
- > Develop and maintain a web site as a dynamic hub for community edible gardeners
- > Deliver training and events to support new and existing sustainable community edible gardens in metropolitan Adelaide and regional SA, linking gardening with fruit and vegetable consumption
- > Use various communication tools to promote:
 - the project to new and existing community kitchen gardens
 - community gardening to public/key stakeholders.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods and Communities

TARGET GROUP:

Primary Target Audience: Those already involved in community gardening or who are interested in establishing community gardens.

Secondary Target Audience: Organisations that fund and/or support community gardening eg local government, community organisations, health services.

HISTORICAL CONTEXT:

This is a new three-year program, with funding having commenced in mid-2010.

ROLE OF REGIONAL HEALTH SERVICES:

Regions:

- > Promote community gardening and associated resources
- > Liaise with the Botanic Gardens eg re resources, training opportunities, location of community gardens.

MONITORING AND EVALUATION:

Currently developing methods of evaluation

CONTACT DETAILS:

Program related enquiries	Katrina Nitschke (Manager) Jo Staniforth (Project Officer)	(08) 8222 9343 (08) 8222 9460	Katrina.nitschke@sa.gov.au Jo.staniforth@sa.gov.au
Links with health regions	Patricia Carter, Principal Advisor Public Health Nutrition, Health Promotion Branch	(08) 8226 6504	Patricia.Carter@health.sa.gov.au

CRUNCH&SIP®

LEAD AGENCY:

South Australian Dental Service (SADS) within the Adelaide Health Service (AHS)

RATIONALE:

- > On average children's food intake is inconsistent with recommendations for good health.
- > Many children are eating too many foods that contain too much added fat, salt and sugar and drinking sugar-containing beverages.
- > One way to improve children's overall food intake then is to encourage them to replace sugary drinks with water and unhealthy snack foods with fruit and/or vegetables.
- > Schools can be encouraged to implement a scheduled break time for children to 're-fuel' with fruit, vegetables and water, ensuring that children are not 'grazing' all day, which has implications for oral health, overall nutritional status and healthy weight.
- > It is also important that children are encouraged to bring healthy food from home, including fruit and vegetables to consume at other times such as recess or lunch – and avoid then complementing the Crunch & Sip® break with unhealthy food and drinks at other times. Children need to make everything they eat count – ie ensure they minimise intake of foods that are high in saturated fat, added sugar and salt and maximise intake of whole grain bread and cereals, vegetables, fruit, reduced/low fat dairy foods (including milk) and lean meats or alternatives – for both meals and snacks.

AIM/DESCRIPTION:

Aim: To encourage children to eat fruit and vegetables and drink water every day.

Description: Crunch&Sip® is an initiative of the Go for 2&5® fruit and vegetable campaign which aims to assist parents to encourage their children to increase daily consumption of fruit and vegetables.

Schools implement a formal break allowing students to eat fruit and vegetables and drink water in the classroom. It is a healthy way for children to re-fuel; it aids concentration, and mental and physical performance at school. Western Australia and New South Wales also implement Crunch&Sip®.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Schools, Preschools and Childcare

TARGETGROUP:

Primary Target Audience: Through teachers - primary school children aged 5-12 years in government, Independent and Catholic Primary Schools

Secondary Target Audience: Parents of primary school children aged 5 – 12.

HISTORICAL CONTEXT:

Crunch&Sip® was developed in 2006 by the WA Department of Health and trialled in SA by the Eat Well Be Active Community Programs. In 2007 the SA Dental Service (SADS) was funded for an initial 3.5 years for statewide rollout of Crunch&Sip®. Crunch&Sip® commenced in South Australia in February 2008. Up to 30 September 2010, 79 schools are participating in Crunch&Sip®, which represents almost 14.5% of the total number of schools invited to participate to date across government, Catholic and Independent schools.

ROLE OF REGIONAL HEALTH SERVICES:

SA Dental Service:

- > Provide support to the project officer in the implementation of the program which includes increasing the capacity of SA Dental Service staff to support Crunch&Sip® in their work with children and their families.
- > Support the program by identifying and supporting appropriate staff to attend Crunch&Sip® information workshops for schools.

Regions:

Liaising where appropriate with SA Dental Service, who are centrally funded to deliver the Crunch & Sip® program statewide:

- > Understand the rationale for and implementation of the Crunch&Sip® program
- > Promote the Crunch&Sip® program when working with schools
- > Promote in conjunction with Go for 2&5® program - eg during Fruit & Veg month, Water Week etc

- > Support health staff to attend the Crunch&Sip® training when in their region, to raise their awareness and enable them to support local schools
- > Liaise with Crunch&Sip® regarding local enquiries from schools, to inform of possible school engagement, etc
- > Keep a record of enquiries and contribute these to SA Dental Service for the Crunch&Sip® evaluation.

MONITORING AND EVALUATION:

SA Dental Service has developed an evaluation strategy.

CONTACT DETAILS			
Program enquiries	Leanne Rana, Nutritionist (SADS)	(08) 8222 9115	leanne.rana@health.sa.gov.au
Contract information	Penny Thyer Manager, HP Operations	(08) 8226 6050	penny.thyer@health.sa.gov.au
Websites			www.sahealth.sa.gov.au www.crunchandsip.com.au

DO IT FOR LIFE

Please note that Health Promotion Branch Priority Funding to Health Regions should not be used by regions to implement this program.

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > 46% of South Australians have been diagnosed with at least one chronic condition many of which may be preventable by interventions which address behaviour and lifestyle changes
- > The Public Health Partnerships “Preventing Chronic Disease: A strategic framework” and the” SNAP framework for General Practice” recommend a clustered risk factor approach.
- > The Do It For Life program uses the following clustered risk factors: Smoking, Nutrition, Alcohol, Physical Activity and Stress.
- > Identifying people who are at high risk and have a cluster of risk factors (but who do not already have a chronic disease), and assisting them to make behaviour and lifestyle changes will help them to improve their health and reduce their risk of chronic disease. This will ultimately lead to a decrease in the burden of preventable chronic disease.

AIM/DESCRIPTION:

Aim: To reduce the modifiable risk factors in high risk individuals in order to prevent or detect early, the onset of preventable chronic disease

Description: The Do It For Life program is a lifestyle behaviour change program and targets high risk individuals (adults age 18+) primarily from high risk vulnerable and disadvantaged populations to reduce their modifiable SNAPS risk factors (Smoking, Nutrition, Alcohol, Physical Activity and Stress) known to be directly linked or the cause for developing a chronic disease which may be prevented.

Lifestyle Advisors/Lifestyle Support officers are employed across Adelaide Health Service and country Health SA to implement the program.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Communities

TARGETGROUP:

Primary Target Audience: adults 18+. The program is open to adults who are identified at high risk on the AUSDRISK tool and do not already have a preventable chronic disease such as cardiovascular disease, type 2 diabetes or chronic obstructive pulmonary disease. Participants require a medical practitioner to sign the referral stating the person is safe to participate in the program

Secondary Target Audience: families and communities

HISTORICAL CONTEXT:

The Do It For Life is part of the COAG National Human Capital Reform Agenda for the prevention type 2 diabetes, South Australia’s action plan to prevent type 2 diabetes, South Australia Health Care Plan, Chronic Disease Action Plan and had strong linkages to the Australian Better Health Initiative

ROLE OF REGIONAL HEALTH SERVICES:

- > Working as a collaborative Statewide network to oversee the Do It For Life program service delivery as a Statewide model
- > Working with local site managers, line management, supervisors, lifestyle advisors and lifestyle support officers to operationalise the program
- > Ongoing reporting, monitoring of program outputs and outcomes
- > Ensuring the regional program is meeting the Minimum Standards and Guidelines for Practice

MONITORING AND EVALUATION:

DIFL has been identified as a National and State Flagship program as part of the Australian Better Health Initiative. Two formal evaluation processes have been conducted. National: through Healthcare Management Advisors PTY and at a State level through Health Outcomes International.

CONTACT DETAILS:

Statewide Program Coordination	Lyndall Thomas Principal Project Officer Health Promotion Branch	(08) 8226 6073	lyndall.thomas@health.sa.gov.au
Program Coordination AHS	Kathleen Heath	(08) 8252 9900	kathleen.heath@health.sa.gov.au
Program Coordination AHS	Cheryl Wright	(08) 8201 5699	Cheryl.wright@health.sa.gov.au
Program Coordination CHSA	Kate Saint	(08) 8226 6120	kate.saint@health.sa.gov.au

EAT WELL BE ACTIVE – PRIMARY SCHOOLS

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > The 2007 National children's nutrition and physical activity revealed that a high proportion of children were not eating according to the Dietary Guidelines, with intakes of saturated fat, sugar, and salt too high across all age-groups (2-3 years, 4-8, 9-13 and 14-16). The consumption of 'non-core' (or unhealthy) foods increased with increasing age, and children in the 14-16 year age group were less likely to meet the guidelines. Additionally, South Australian children have been shown to engage in excessive amounts of screen time leading to long periods of inactivity.
- > Schools are ideal places to support children to develop knowledge skills and competencies for active and healthy living and are also important and accessible settings to reach parents with health information. Educators play a critical role through curriculum teaching and learning programs that can empower children to take action to promote their own health and the health of others. Schools can also provide access to healthy food and activity for children to enjoy positive peer and adult modelling and nurturing safe and health-enhancing environments.

AIM/DESCRIPTION:

Aim: To contribute to the attainment of healthy weight in childhood by working with schools to strengthen staff capacity to develop and sustain policies and practices that support physical activity and healthy eating to:

- > Increase primary school students' consumption of water, fruit and vegetables.
- > Decrease primary school students' sedentary screen-based entertainment.
- > Decrease primary school students' consumption of energy-dense nutrient-poor foods and drinks.
- > Increase primary school students' physical activity levels.

Description: The *eat well be active* - Primary Schools (EWBAPS) Program has been implemented in three phases. Combined, these phases involve 129 government and non-government schools with enrolments in Reception to Year 7 with priority given to schools in disadvantaged areas. Two private providers, ACHPER (SA) and BLUEARTH, are contracted to work with schools to deliver a tailored intervention matched to identified deliverables and school context. Interventions include developing and supporting processes, including professional development for teaching staff and promotion of curriculum materials that aim to:

- > Enhance students' knowledge, understandings and action oriented competencies for healthy eating and active lifestyle behaviours.
- > Support the professional learning of staff to enhance the promotion of health and wellbeing through their programs and practices.
- > Develop collaborative planning and review processes that reflect the multiple voices of the school community, build collective understanding and capacity for action.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods & Communities

TARGET GROUP:

Primary Target Audience: Primary school students and staff

HISTORICAL CONTEXT:

.Phase One of the EWBAPS program was rolled out in 57 primary schools in 2008 following the contracting of Bluearth and ACHPER (SA). Phase Two began in Term One 2010 with an additional 45 primary schools. Phase Three began in Term 3 2010 with an additional 27 schools.

ROLE OF REGIONAL HEALTH SERVICES:

When working with a school involved in EWBAPS communication is encouraged to avoid duplication.

MONITORING AND EVALUATION:

SA Health has developed an evaluation framework in consultation with the Eat Well Be Active (EWBA) Communities program in Morphett Vale and Murray Bridge and a specifically convened academic advisory group. The evaluation will include two of the survey questionnaires which were used in the EWBA Communities project evaluation, one to school leadership and one to all teachers in the participating schools in phase 1 only. A qualitative evaluation will also be implemented to assist with evaluation of the project.

CONTACT DETAILS

Program Coordination (Health Promotion Branch)	Penny Thyer Manager Health Promotion Operations	(08) 8226 6050	penny.thyer@health.sa.gov.au
Program Coordination (DECS)	Geoff James	(08) 8226 1545	james.geoff@saugov.sa.gov.au

HEALTHY WEIGHT COORDINATORS

LEAD AGENCY:

Adelaide Health Service, Country Health SA.

RATIONALE:

The Healthy Weight Coordinators Initiative was developed as part of ABHI Schools and Communities stream of programs to provide local capacity (in health regions) to develop and implement Regional Healthy Weight Action plans, consistent with the EWBA Healthy Weight Strategy, guided by a health promotion and capacity building approach.

AIM/DESCRIPTION:

Aim: Healthy weight coordinators build regional capacity to develop, implement and monitor programs and policy that support healthy eating, physical activity and healthy weight promotion in their region. Long term, their effort will contribute to:

- > An increase in the percentage of the population that meet healthy eating and physical activity guidelines
- > A decrease in rates of disease associated with overweight and obesity
- > Closing the equity gap

Description: Healthy Weight Coordinators have responsibility for ensuring coordination, implementation and evaluation of local area/region action plans that are consistent with the Eat Well Be Active Healthy Weight Strategy for South Australia 2006 - 2010. Healthy Weight Coordinators provide leadership in collaborative action, engaging key stakeholders to focus on the promotion of healthy weight and the prevention of overweight and obesity amongst children, young people and their families.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods & Communities

TARGET GROUP:

Primary Target Audience:

- Children and young people under the age of 18 and their families
- Adults in workplaces

HISTORICAL CONTEXT:

The Healthy Weight Coordinator initiative commenced with of 8.0 FTE in 2006.

There are now 13.5 FTE positions across metro and country: four positions in Adelaide Health Service and 9.5 positions in Country Health SA locations. During the period 2006- 2010 Healthy Weight Coordinators have focused on building the capacity of communities to promote healthy eating, healthy weight and physical activity among children, young people and families.

From October 2010 through to July 2011 the Coordinators will continue to support communities with an increased focus on workplace settings as described in the National Partnership Agreement on Preventive Health, Healthy Workers initiative. It is anticipated that as momentum for workplace health promotion increases from July 2011 Coordinators will increase their focus on workplace settings, working in partnership with Sector Development officers to support local level actions. Further discussions will be held with Health Regions to determine the role and scope of the Coordinator role in relation to the NPAPH.

ROLE OF REGIONAL HEALTH SERVICES:

- > Support the implementation of the National Partnership Agreement on Preventive Health Healthy Workers and Healthy Children's Programs Deliver programs to promote health promotion outcomes
- > Local leadership
- > Interface between client and program priorities
- > Reporting to Health Promotion Branch (via regional managers) on program outcomes
- > Develop and maintain healthy eating, physical activity and healthy weight partnerships and networks
- > Identify barriers and solutions to inform implementation and evaluation of regional Action Plan
- > Support state and national social marketing campaigns

MONITORING AND EVALUATION:

The Healthy Weight Coordinators initiative is included in the South Australian ABHI meta-evaluation which will inform the national evaluation.

CONTACT DETAILS:

Program Coordination	Penny Thyer Manager HP Operations Health Promotion Branch	(08) 8226 6050	penny.thyer@health.sa.gov.au
Regional contact (AHS)	Emma Donaghey	(08) 8384 9218	Emma.donaghey@health.sa.gov.au

OPAL - OBESITY PREVENTION AND LIFESTYLE

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > OPAL is based on the French multi-strategy community-based childhood obesity prevention methodology called EPODE (Translated to: Together we can prevent childhood obesity). EPODE is a methodology to prevent childhood obesity; it is internationally transferable (eg Spain, Belgium, Mexico and Greece). It involves a series of centrally developed twice yearly thematic social marketing resources, complemented by a variety of locally developed programs and activities to support healthy eating and physical activity. These occur through a range of settings including schools, local government, health services, community organisations etc.
- > EPODE has expanded in France after the success of the pilot in two French towns commenced in 1992. Up to 80% of the population of both towns took part in a nutrition program intended to change children's eating habits. The results show that not only had the children acquired a better knowledge of nutrition but they had also significantly modified their eating habits. Obesity in children in EPODE towns did not increase during 1992 to 2000, while in other regions it doubled.
- > In South Australia a similar model to the French EPODE methodology was piloted (2005 -2010); the Eat Well Be Active Community Programs in Morphett Vale and Murray Bridge. OPAL has built on this program with a whole of community engagement via local government, more comprehensive social marketing a larger scope evaluation. OPAL will be rolled out across 20 communities by the end of 2014.
- > In order to ensure a consistent dose response, OPAL sites will generally be between 10,000 and 30,000 residents. In larger Councils, this will necessitate only a subsection of the Council region being designated an OPAL site (eg Marion Council has 81,000 residents but OPAL is working with only 34,000 within a geographically grouped area).

AIM/DESCRIPTION:

Aim: To improve eating and activity patterns of children, through families and communities in OPAL regions and thereby increasing the proportion of 0-18 year olds in the healthy weight range.

Description: A community-based childhood obesity prevention program involving comprehensive social marketing, along with a variety of programs and activities to support healthy eating and physical activity through a range of settings including schools, local government, health services, community organisations etc.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods and Communities

TARGET GROUP:

Primary Target Audience: Children and their families and the communities they live in.

Secondary Target Audience: Multiple sectors and settings – whole of community

HISTORICAL CONTEXT:

OPAL was launched in 2008 by the Minister for Health John Hill followed by the establishment of the OPAL State Coordination Unit in May 2009. The first six OPAL sites commenced in September 2009 followed in September 2010 by the next four sites. A total of 10 more sites are due to commence in 2011 & 2012. Two staff and an operating budget of \$75,000 per year for 5 years has been committed to each OPAL site – the Cities of Charles Sturt, Marion, Mount Gambier, Onkaparinga, Playford, Port Adelaide Enfield, Port Augusta, Salisbury, Whyalla, and the District Council of Copper Coast.

ROLE OF REGIONAL HEALTH SERVICES:

- > Support OPAL through their local community networks and programs
- > Network and liaise with local OPAL Council Manager if appropriate to area
- > Promotion of OPAL to relevant community organisations/ businesses
- > Support primary health care staff (e.g. dietitians) to engage with OPAL community initiatives
- >

MONITORING AND EVALUATION:

The Scientific Advisory Committee meets regularly to provide advice to the OPAL Evaluation Manager on the formulation of an appropriate evaluation framework. Anticipated commencement of tendered evaluation contract in November 2010 with baseline data collection to follow around March/April 2011.

CONTACT DETAILS STATE COORDINATION UNIT			
All Enquiries	Mark Williams, OPAL State Manager	(08) 8226 6068	Mark.Williams@health.sa.gov.au
Social Marketing	Jo Williams (Mon, Thurs & Fri) and Lisa Weir (Mon & Wed)	(08) 8226 8106	Jo.Williams@health.sa.gov.au Lisa.Weir@health.sa.gov.au
Evaluation	Dr Michelle Jones	(08) 8226 0799	Michelle.Jones@health.sa.gov.au
CONTACT DETAILS OPAL LOCAL COUNCIL MANAGERS:			
Charles Sturt	Mary Duncan	(08) 8408 1132	mduncan@charlessturt.sa.gov.au
Marion	Fraser Keegan	(08) 8375.6704	fraser.keegan@marion.sa.gov.au
Mount Gambier	Deb Agnew	(08) 8721.2588	dagnew@mountgambier.sa.gov.au
Onkaparinga	Terri Lamoree	(08) 8301.7250	terlam@onkaparinga.sa.gov.au
Playford	Lisa Atwell	(08) 8256-0226	latwell@playford.sa.gov.au
Port Adelaide Enfield	Laura Perdue	(08) 8405 6876	laura.perdue@portenf.sa.gov.au
Port Augusta	Camilla Leaver	(08) 8641-9104	camilla.leaver@portaugusta.sa.gov.au
Salisbury	Gavin Fairbrother	(08) 8406-8294	gfairbrother@salisbury.sa.gov.au
Whyalla	April Horn	(08) 8644.0785	april.horn@whyalla.sa.gov.au
Copper Coast	Georgina Boston	(08) 88214986	gboston@coppercoast.sa.gov.au

PEACH™ - PARENTING EATING AND ACTIVITY FOR CHILD HEALTH

LEAD AGENCY:

Flinders University, Adelaide, South Australia

RATIONALE:

In order to improve the health of children and improve population rates of SA adults in the healthy weight range, we need to target children. Primary prevention population based strategies are important in ensuring children eat a healthy diet and have adequate physical activity in line with government recommendations, and grow and develop well including avoiding becoming overweight. However, it is also necessary to reach children who are already overweight (and their parents), with a view to improving their nutrition, physical activity and overall health and reducing the rates of overweight children and this will also reduce the chance of overweight children becoming overweight adults.

AIM/DESCRIPTION:

Aim: Support parents to achieve healthy lifestyle goals for their families that will result in a reduction in the degree of overweight of the children.

Description: PEACH™ is an evidence-based group based family focussed weight management program for overweight children aged 4 – 10 years. It incorporates the cornerstones of child weight management identified in both the NHMRC and NICE (UK) management guidelines- moderation of energy intake, increased physical activity and decreased sedentary activity achieved through behaviour modification with parental involvement and support. In PEACH™ parenting skills training is included to enhance parent capacity to undertake changes in the family diet and lifestyle to support child weight management. Parents are the 'agents-of' change' and attend sessions without the children. The program comprises 10 group sessions held fortnightly followed by 3 fortnightly 15 minute telephone contacts – a total contact time of 6 months.

PEACH™ is delivered in SA using a train the trainer approach. Parents of overweight 4-10 year olds are recruited to attend the program. Children (and their siblings if required) are engaged in a fun physical activity session while their parents attend the program. Group facilitators are trained and supported by Flinders University (FU) staff. Facilitators collect data from participants that is collated and reported on by FU.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Maternal and Child Health

TARGET GROUP:

Primary Target Audience: Parents of overweight children aged 4 to 10 years..

Secondary Target Audience: Overweight children aged 4 to 10 years.

HISTORICAL CONTEXT:

The National Health and Medical Research Council funded PEACH™ trial with 169 families in Adelaide and Sydney showed a 10% relative weight loss (BMI and waist circ z-scores) at the end of the program and this loss was maintained for the following 18 months (2y from baseline) with no further intervention). In 2005 the Department of Health funded Flinders University to translate the PEACH™ research project to a community-based weight management program for overweight 5 to 9-year-olds and their parents. Using a 'train the trainer' approach PEACH was implemented in health regions in 2009, with training, support and evaluation provided by Flinders University nutrition and dietetics discipline.

ROLE OF REGIONAL HEALTH SERVICES:

Flinders University (FU):

- > Provide materials for recruitment, screening, assessment, implementation and evaluation
- > Run training sessions for facilitators
- > Promote the program to key stakeholders such as GPs, health workers etc
- > Provide ongoing support to people while they are delivering the program
- > Collate and report on data collected from participants as part of program evaluation

Regions:

Liaising where appropriate with Flinders University, who are centrally funded to deliver defined components of the PEACH program statewide:

- > Provide local leadership by:
 - Identifying group facilitators with appropriate knowledge and skills
 - Supporting staff to attend training
 - Recruiting groups of 10-15 families to attend each PEACH program
 - Providing the interface between client and program priorities
- > Give feedback and practice wisdom on emerging needs and program implementation
- > Supply evaluation data as required to Flinders University for overall program evaluation (Flinders University is funded until September 2011 to support, train and evaluate PEACH).
- > Encourage staff to use the PEACH model when working with overweight and obese children.

MONITORING AND EVALUATION:

Flinders University is responsible for collecting, synthesizing and analysing data. Regions will need to provide data to Flinders University for all participants.

CONTACT DETAILS:

All program-related enquiries	Dr Anthea Magarey, Research Fellow, Nutrition and Dietetics (FUSA)	(08) 8204 6304	anthea.magarey@flinders.edu.au
	Jo Hartley	(08) 8325 8100	Rebecca.Perry@flinders.edu.au Jo.hartley@health.sa.gov
Contracting	Penny Thyer Manager Health Promotion Operations	(08) 8226 6050	penny.thyer@health.sa.gov.au

PROMOTING CONSUMPTION OF FRUIT, VEGETABLES AND WATER

LEAD AGENCY:

To be confirmed; a contract is being developed (October 2010)

RATIONALE:

- > South Australian children and adults, on average, eat less fruit and vegetables, particularly vegetables, and consume more sugary drinks than is recommended in Government advice about healthy eating. Fatty, sugary and salty foods and drinks consumed instead of fruit and vegetables and water contribute not only to poor health, but also to excessive energy intake which is a factor that causes overweight and obesity.
- > Poor diet results in South Australians' nutritional status being less than optimal. This compromises health and contributes substantially to the burden of disease, both morbidity and premature mortality through the development of chronic disease risk factors such as hypertension, overweight and hyperlipidaemia and chronic diseases themselves such as type 2 diabetes and cardiovascular disease.
- > Evidence suggests that to further improve population dietary intake, we need to invest in policy, legislative, procurement and taxation measures as well as educational ones.
- > The focus of this proposal is community organisations and their development of healthy eating policies and delivery of food literacy programs. It will complement other SA Health nutrition initiatives.
- > The intention is to help us achieve the ambitious fruit and vegetable consumption and weight targets in the National Partnership Agreement on Preventive Health.

AIM/DESCRIPTION:

Aim: To develop, implement and evaluate a suite of policy, program and public relations strategies designed to improve the overall nutritional and weight status of the community by: increasing the community's fruit and vegetable intake while reducing intake of energy-dense nutrient-poor foods drinks; and replacing sugary drinks with water.

Description:

This three-year initiative, commencing in late 2010, involves the delivery of several strategies to improve the community's nutritional status and health:

- > Encouraging and supporting community organisations across South Australia to:
 - o set in place healthy eating policies that include a strong focus on eating more fruit and vegetables and replacing sugary drinks with water
 - o conduct activities including cooking programs that build the community's food skills, and confidence and intention to improve their diets, particularly to increase fruit and vegetable consumption and to replace sugary drinks with water.
- > Developing, implementing and evaluating a public relations plan to complement and support the Go for 2&5® and other relevant SA social marketing campaigns and healthy eating initiatives.
- > Providing the Secretariat for the South Australian Fruit and Vegetable Coalition (SAFVC).
- > Establishing an initial evaluation plan for and conducting the initial evaluation of the above strategies.

In time the initiative may extend to other settings.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Neighbourhoods and Communities, (workplaces)

TARGET GROUP:

Primary Target Audience: local government, peak bodies of community organisations and individual community organisations.

Secondary Target Audience: Staff and clients of local government and community organisations; members of the South Australian Fruit and Vegetable Coalition and other food industry organisations.

HISTORICAL CONTEXT:

SA Health has funded the Promoting Consumption of Fruit and Vegetables Project (stage 1) through the Adelaide Produce Market (APML) for about five years until mid-2010. This initiative supported the establishment and engagement of the South Australian Fruit and Vegetable Coalition (SAFVC) and a range of public relations and other activities. This new project will build on the stage 1 project and continue to support and engage the SAFVC and its members.

ROLE OF REGIONAL HEALTH SERVICES:

- > Provide relevant information to the new project, for example about key organisations and existing food policies and food literacy programs.
- > Foster linkages between the new project and relevant organisations and existing regional initiatives including where relevant Priority Programs such as Community Foodies and the Community Gardening project.
- > In liaison with the new project, encourage and support engagement of regional organisations with the new initiative, seeking to build consistent policies and food literacy programs across the state; and avoid unnecessary duplication.
- > Assist in building referral pathways to food literacy programs eg through clinical and prevention services including programs such as Do it For Life (or potentially in the future through the Healthy Workers initiative).

MONITORING AND EVALUATION:

To be advised.

CONTACT DETAILS:

All program-related enquiries	To be confirmed		
Contract Manager	Patricia Carter, Principal Advisor Public Health Nutrition, Health Promotion Branch	(08) 8226 6504	Patricia.Carter@health.sa.gov.au

SOUTH AUSTRALIAN BREASTFEEDING STRATEGIC AND ACTION PLAN 2007 – 2012

LEAD AGENCY:

Children, Youth and Women's Health Service (CYWHS)

RATIONALE:

- > The 2004 Longitudinal Study of Australian Children showed breastfeeding initiation rates began well in hospital with approximately 92% of babies being breastfed upon discharge from hospital. Those rates decreased as the babies' age increased. The proportion of fully breastfed babies at three months had decreased to 56%, and by six months, only 14% of infants were fully breastfed (AIFS 2008).
- > Breastfeeding is a major determinant of infant health and provides health protection for both mothers and babies. In particular exclusive breastfeeding for 6 months has a positive impact on the incidence of gastrointestinal and respiratory illness which can affect a baby's ability to thrive. Low birth rate and failure to thrive are linked to the onset of obesity and chronic disease later in life. Breastfeeding offers immunological protection and is particularly important for pre-term and low birth weight babies offering protection for these vulnerable infants.
- > Multi-faceted, long term interventions that combine promotion and education strategies have been shown to be the most successful in having a major impact on breastfeeding rates. Research has shown that there is no single strategy that will influence breastfeeding initiation or duration rates. A number of coordinated strategies involving health promotion programs, clinical practice, public policy and incorporating evidence based practice are seen as the most likely to succeed in South Australia (SA Breastfeeding Program, Strategic and Action Plan 2007 – 2012, CYWHS). As such the SA Breastfeeding Program strategies apply to a range of government and non government agencies and sectors, and are not limited to the health sector.

AIM/DESCRIPTION:

Aim: To increase the percentage of South Australian babies who are fully breastfed at every age from birth to six months and then to twelve months of age (with the addition of appropriate solids at approximately six months) in line with NHMRC recommendations.

Objective 1 Increase the capacity of hospitals, health services, health professionals and volunteer organisations to provide best practice breastfeeding services.

Performance Measures:

- > an indicator of access to post-natal support has been developed by 2009.
- > a literature review identifying the most successful post-natal strategies to support breastfeeding has been produced by 2008 and is kept up to date. (currently available on SA Health website)
- > the percentage of SA births which occur in BFHI hospitals has increased from a baseline of 26% in 2006 to 45% in 2012.
- > the e-learning program registers a minimum of 150 new participants each year until 2010 based on 2000 registrants as at June 2007 (see Workforce Development)

Objective 2 Increase community acceptance of breastfeeding as the cultural norm for South Australian babies.

Performance Measures:

- > Department of Health, Health Monitor data indicates increased community acceptance of breastfeeding.
- > Appropriate breastfeeding information included in primary and secondary school curricula.
- > Data gathered indicates increased breastfeeding practice among urban Aboriginal women, younger women and low income women.
- > The number of organisations with Australian Breastfeeding Association (ABA) Breastfeeding Friendly Workplace Policy Accreditation has increased by 60% by 2010 from a baseline of nine South Australian organisations.
- > The number of organisations that support the ABA Breastfeeding Welcome Here strategy has increased by 40% by 2010 from a baseline of 550 South Australian organisations

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Maternal & Child Health

TARGET GROUP:

Primary Target Audience: Breastfeeding women and their partners/family, health services

Secondary Target Audience:, Young women, Aboriginal women, the whole of SA Population

HISTORICAL CONTEXT:

The *SA Breastfeeding Strategic and Action Plan 2007-2012 (SABSAP)* was approved by Portfolio Executive in 2007. It is the current Department of Health strategy to promote breastfeeding for South Australia. It was developed through the SA Breastfeeding Reference Group and provides a framework for coordinated statewide action to increase breastfeeding initiation and duration in SA. The Centre for Health Promotion, Children, Youth and Women's Health Service hosts the SABP and provided leadership in the development of the Strategic and Action Plan and currently coordinates implementation and evaluation of the program strategies.

ROLE OF REGIONAL HEALTH:

CYWHS:

- > Leadership role in implementing the strategy across South Australia; monitoring statewide strategies included in the Action Plan.
- > Contract work to government and non-government Agencies such as the Australian Breastfeeding Association to meet strategies of the Strategic and Action Plan as appropriate and where agreed funding is available.

Regions:

- > Encouraging all birthing hospitals and appropriate community services to reach Baby Friendly Health Initiative BFHI. This accreditation program includes a policy and workforce development (the e-learning program) element.
- > Promoting breastfeeding as the cultural norm
- > Reviewing opportunities to increase breastfeeding initiation and duration rates across all regional service provision and policy areas (such as healthy weight coordinator roles, maternal and child health services, staffing policies and practices), maintaining BFHI practices.
- > Support health services to implement the SA Health Breast Feeding Friendly 'Combining breastfeeding and work' policy

MONITORING AND EVALUATION:

- > Breastfeeding acceptance questions in line with national breastfeeding program (Department of Health responsibility through Health Monitor)
- > CYWHS has a Clinical Data collection system
- > Pregnancy Outcomes Unit provides data on the number of children born in each hospital in SA: this provides data on the number of children born in BFHI Accredited hospitals
- > Six monthly agreed outcomes reporting to Health Promotion Branch

Performance Measures:

- > Proportion of all babies in South Australia that are born in a (**Baby Friendly Health Initiative**) BFHI accredited hospital. Number of hospitals awarded and re-awarded as BFHI **per region (metro and country)**. The CYWHS combined with Pregnancy Outcomes Unit data reported 6 monthly.
- > In addition, the Department of Health monitors breast feeding through the SA Monitoring and Surveillance System (SAMSS).

CONTACT DETAILS:

Program Manager , CHP CYWHS	Tracy Buchanan	(08) 8161 7153	tracy.buchanan@health.sa.gov.au
Contract Manager	Kirsty Hammet Chief Policy Officer Integration, Health Promotion Branch	(08) 8226 0799	kirsty.hammet@health.sa.gov.au
Website	For a copy of the strategy: http://www.health.sa.gov.au/pehs/branches/health-promotion/Breastfeeding-Program-Report-Final.pdf		

START RIGHT EAT RIGHT

LEAD AGENCY:

Southern Metropolitan Area of Adelaide Health Service (AHS)

RATIONALE:

- > Food preferences are very important and they are established early in life. Human response to a number of tastes is innate (eg sweet, salt, sour, bitter). However, food preferences can be significantly modified through a child's experience with food and eating. Learning of these food preferences appears to be influenced by a range of environmental factors, many of which are played out in the home.
- > Children's eating behaviours are influenced by the family food environment. Parents and others such as childcare staff have a key role and responsibility in assisting children to develop good eating habits. The childcare environment can assist children, alongside parents, to develop good eating habits. This will then ensure that children enjoy eating a wide range of nutritious foods and support their healthy growth and development.
- > We need to educate staff and parents, not just what to eat, but how to develop children's good eating habits, how to support parents to confidently approach feeding their young children and this to be mirrored in early childhood education and care settings.

AIM/DESCRIPTION:

Aim:

- > Increase the capacity of South Australian Long Day Care (LDC) centres to provide safe, healthy food choices to children through:
 - o Menus consistent with the Dietary Guidelines for Children and Adolescents; providing at least 50% of children's daily nutrition requirements.
 - o Director and cook trained in: nutrition; menu planning and assessment; and nutrition policy
 - o Good food hygiene, with all staff trained in food hygiene *and*
 - o Supportive and enjoyable eating environments for children.
- > Establish and increase benchmarks for the standard of nutrition practice in LDC and nutrition training in the SA child care sector.

Description: Start Right Eat Right (SRER) Child Care Nutrition Award Scheme is a Department of Health funded project to make the Start Right Eat Right Child Care Nutrition Award Scheme available to all state LDC in order to improve the standard of nutrition, menus and food safety knowledge and practices of child care staff and ultimately the nutrition status of children in care. There are 332 LDC in SA, 185 privately owned and 146 community based or TAFE owned.

PRIORITY AREA – EWBA HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Schools, Preschools and Child Care

TARGET GROUP:

Primary Target Audience: Child care centre staff

Secondary Target Audience: Children in child care and parents

HISTORICAL CONTEXT:

Following an initial pilot in 2001, Adelaide Health Service has played a leading role in expanding this initiative across the State. In South Australia, there are 338 centres – 185 private and 153 community based or TAFE owned. 176 centres currently have the SRER award.

ROLE OF REGIONAL HEALTH SERVICES:

AHS:

- > Program management
- > Evaluation

Regions:

Liaising where appropriate with the central program unit within AHS who are centrally funded to deliver defined components of the SRER program statewide

- > Be aware of number and location of LDC in the region and which of those are awarded or not.
- > Support dietitians in region to attend SRER training.
- > Encourage LDC staff to attend training and to complete requirements for the award and re-award.
- > In remote locations dietitians support the sustainability of SRER in local centres.

- > Champion the program in the local area.
- > Ensure 100% of LDC facilities based in hospitals are accredited
- > Support the involvement and awarding of Children's Centres seeking to ensure all Aboriginal Children's Centres are awarded/re-awarded in 2010-11.

MONITORING AND EVALUATION:

Processes are continuously monitored in relation to numbers attending training, achieving award etc. Also, specific issues have been evaluated over the projects lifetime.

Evidence of planed Implementation:

- > Number of centres attending training
- > Number of centres receiving SRER award
- > Number of centres reaccredited
- > Engagement of Aboriginal centres, private centres and other centres in areas of high need
- > Number of Food Safety Module training sessions conducted and number of centres attending
- > Number of nutritionists attending training and number with ongoing involvement in SRER
- > Evidence of progress towards development and implementation of a plan to ensure sustainability of SRER beyond 2010.

Evidence of SRER impact:

- > Impact of SRER program evaluated and reported on.

CONTACT DETAILS:

Program enquiries	Jo Hartley, Project Manager Kathy Simpson-Gore, Project Manger	(08) 8325 8100	jo.hartley@health.sa.gov.au Katherine.simpson-gore@health.sa.gov.au
Information about links with health regions	Cathy Ward, Senior Project Officer, Health Promotion Branch	(08) 8226 6125	Cathy.Ward@health.sa.gov.au
Website			http://www.dh.sa.gov.au/pehs/startrighteatright.htm

POLICY AND LEGISLATION

A key principle of Health Promotion is the importance of making the healthy choice the easy choice. Health behaviours cannot be tackled by focusing solely on the individual, due to the influences in the social, physical and economic environment. Therefore it is important to have in place the right policy and legislation to create environments, products and settings that make it easier to be active and to eat a healthy diet. Policies and environments such as built environments can be modified to ensure that it is easy and safe to be physically active, as well as ensuring healthy food is easy to choose, readily available and affordable for all. In industrialised nations however, the social and physical environments tend to create conditions for choosing unhealthy options. Consumers are buying more unhealthy food and more energy-saving machines. Given that this creates population detriments and health inequalities; government partnerships, policy and legislation are needed¹¹, to favour better nutrition and physical activity in the population.

There are several promising areas where policy initiatives can support healthy eating and physical activity. In Australia, examples include banning marketing of unhealthy food to children and adolescents in the media; front-of-pack food labelling to assist consumers to more easily understand the amount of fat/salt/sugar in foods; ensuring healthy foods are provided in schools and health services and other settings; influencing urban planning practices to take physical activity and food issues into account; addressing tax anomalies (such as removing exemptions on high-sugar cereals, and offering tax incentives for public transport and bicycle use). For example, the South Australian Government announced its intention to address concerns about television advertising of unhealthy food and drinks to children. It has been argued that there are strong causal links between food promotions and children's food preferences, household purchases and children's consumption patterns¹².

CHILDREN'S CENTRES HEALTH AND WELLBEING FRAMEWORK

LEAD AGENCY:

Department for Families and Communities, Department of Education and Children's Services and SA Health: Partnership model for Children's Centres
 Department of Education and Children's Services: Lead to manage Children's Centres implementation
 Health Promotion Branch: Children's Centres Health and Wellbeing Framework development

RATIONALE:

- > Early childhood is a critical period for children's cognitive, emotional and social development and is a key priority in South Australia's Strategic Plan and in SA Health Strategic Directions for Aboriginal people.
- > Research shows that good early experiences, such as a healthy start, reading to children and support for families, bring long term benefits to children, families, communities and the economic future of the State.
- > The Children's Centres support families and communities to provide every child with the best chance to have a safe, happy and healthy life, as a valued member of their community.

AIM/DESCRIPTION:

Aim: The aim of the Health and Wellbeing Framework is to develop and support the capacity of Children's Centres to promote health, strengthen parenting and improve access to health services.

The Health Promotion Outcomes are:

- > Maximise children's healthy eating and promote developmentally appropriate physical activity (active play)
- > Increase safety of the environment – injury prevention and food safety
- > Protect child and maternal wellbeing
- > Increase equitable access to health services

Description: An evidence-based health and wellbeing framework was developed to inform planning and evaluation processes for Children's Centres. It is intended that this framework will guide infrastructure and workforce planning as well as policies, programs and services to promote positive parenting and child and family health and wellbeing. Funding from National Partnerships Agreement, Closing the Gap is enabling implementation specifically for Aboriginal families.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Schools, Preschools and Childcare

TARGET GROUP:

Primary Target Audience: Children under the age of 8 and their parents/carers

HISTORICAL CONTEXT:

To further support a strategic approach to promoting health and wellbeing, including positive parenting, through the Children's Centres, the Health and Wellbeing framework was developed and approved by IMC in 2008. The South Australian Government is investing \$28.8 million to establish 20 Children's Centres across the State by 2010; so far twelve Children's Centres have been established. The number of Children's Centres will increase to 38 over the next few years including 4 Aboriginal Children and Family Centres. As Part of the National Partnership – Closing the Gap in Indigenous Health Outcomes, South Australia has received funding to implement the framework in Children's Centres with high numbers of Aboriginal families attending. There are two Health Promotion Officers in the Adelaide Health Service and one in Country Health SA.

ROLE OF REGIONAL HEALTH SERVICES:

Regions:

- > Work with DECS, DFC and DoH to ensure that Children's Centres support the promotion of health and prevention of illness as an integral part of all their policies and programs i.e. that they become health promoting institutions.
- > Support staff to coordinate/deliver nutrition and physical activity programs in Children's Centres that are responsive to local need such as parenting programs, quit smoking, dental health, cooking stalls etc and include relevant priority programs being delivered across South Australia such as Community Foodies, SRER and PlayTime.

MONITORING AND EVALUATION:

To be developed in partnership with DECS and DFC.

CONTACT DETAILS:

All Enquiries	Sophie Allouache, Chief Project Officer, Early Childhood Health Promotion, Health Promotion Branch	(08) 8226 6116	sophie.allouache@health.sa.gov.au
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HEALTHY FOOD AND DRINK CHOICES FOR STAFF AND VISITORS IN SOUTH AUSTRALIAN HEALTH FACILITIES POLICY

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > A healthy diet is fundamental to good health and the prevention of disease. A key strategy to support the population to eat a healthy diet is to ensure that food and beverages consistent with recommendations for good health are supplied in settings such as schools, work places, community organisations, sporting clubs and health services.
- > Government leadership in setting a role model in this area is important. Health sector leadership has the potential to reach a large number of South Australians and through them to reach their families and social networks. Around 32,500 staff are employed in the health sector and there are a large number of visitors associated with the more than 1.5 million patients (annually) in SA public hospitals, and clients who use other health facilities.
- > In 2006, the Minister for Health requested a review of food sold in health facilities with a view to ensuring that healthy food and drink options are widely available to staff, patients and the general public.
- > The Health Promotion Branch was asked to lead the development of a policy to ensure that healthy food and drink choices for staff and the general public are provided and promoted in the SA's health services.
- > Following an extensive consultation period the *Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities* policy was released on 31 March 2009 and after an 18 month implementation period will become mandatory on 1 October 2010.
- > The policy does not relate to the provision of meals for in-patients.
- > Similar initiatives currently exist in Queensland, New South Wales and Western Australia.
- >

AIM/DESCRIPTION:

Aim:

- > Make healthy food choices easier by improving the nutritional quality of food and drinks supplied and promoted to staff, visitors and the general public in SA Health facilities. Healthy choices are those that are in line with the Dietary Guidelines for Australians and the Australian Guide to Healthy Eating. The expected outcomes of this policy are:
 - o increased range, number, availability and promotion of healthy food and drink choices
 - o decreased availability and promotion of energy-dense, nutrient poor food and drinks
 - o increased availability of healthy food and drinks after hours
- > The Policy also aims to be consistent with the *Right Bite* Healthy Food and Drink Supply Strategy for SA Schools and Preschools where appropriate.

Description: The development of the *Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities* Policy is a state wide government response to assist in managing the obesogenic environment by ensuring that healthy choices are consistently available and promoted across SA Health.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Government Policy and Leadership

TARGET GROUP:

Primary Target Audience: Staff, general public and visitors in South Australian government health facilities, services and offices.

HISTORICAL CONTEXT:

Following a review of food in health facilities in 2006 the Health Promotion Branch was directed to develop a Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities Policy. After a consultation period the Policy was launched in March 2009 and took effect 1 October 2010.

ROLE OF REGIONAL HEALTH SERVICES:

- > Disseminate the policy directive and actively promote, support and role model the policy to staff and visitors.
- > Embed the policy into systems and services eg orientation programs

- > Maintain a group to monitor and review implementation and oversight improvements where required, including seeking to shift food provision towards the green end of the food spectrum
- > Regularly communicate with staff and key stakeholders to inform, educate and consult
- > Ensure that Aboriginal perspectives and the needs of CALD staff and visitors are accommodated.
- > Adopt marketing practices that promote healthier food and drink choices
- > Incorporate the selection criteria relating to the provision of healthier food and drinks in food service contracts
- > Ensure a high level of support for the principles of the policy (refer to section 5.2)
- > Facilitate collection of data for compliance reporting and policy implementation evaluation.

MONITORING AND EVALUATION:

- > In 2009 SA Health regions reported on implementation across sites.
- > Assessment of policy compliance across all SA Health sites (timeframe to be confirmed - late 2010)

CONTACT DETAILS:

Program enquiries	Cathy Ward, Senior Project Officer Health Promotion Branch	(08) 822 66125	cathy.ward@health.sa.gov.au
Policy direction related enquiries	Patricia Carter, Principal Advisor Public Health, Nutrition, Health Promotion Branch Penny Thyer, Manager Health Promotion Operations	(08) 822 66504 (08) 8226 6050	patricia.carter@health.sa.gov.au penny.thyer@health.sa.gov.au

TELEVISION ADVERTISING AND THE CONSUMPTION OF UNHEALTHY FOOD AND DRINKS BY CHILDREN

On 8 February 2008, the South Australian Government announced its intention to address concerns about television advertising of unhealthy food and drinks to children. This supports the recommendations of the South Australian Parliament's Social Development Committee's 2006 inquiry into fast food and obesity.

In August 2008, the South Australian Minister for Health endorsed the release of a consultation paper: Television advertising and the consumption of unhealthy food and drinks by children. This stated the Government's preference for the advertising and food industries to voluntarily take their own action to restrict advertising of unhealthy food and drinks to children and for national action.

Submissions closed on the 31 October 2008 and 63 submissions were received. During the course of the consultation, the Australian Food and Grocery Council (AFGC) released its Responsible Children's Marketing Initiative coming into effect on 1 January 2009, followed in June 2009 by the Australian Quick Service Restaurant (QSR) Industry Initiative for Responsible Advertising and Marketing to Children, developed by the QSR with the Australian Association of National Advertisers, coming into effect on 1 August 2009.

While these moves by industry are a step in the right direction, we have some concerns that they do not go far enough. We are monitoring the impact of these voluntary codes over the next 12 months.

Two Australian reports released on 1 September 2009 included comment on this issue of food advertising to children.

The National Preventative Health Strategy recommends reducing children's exposure to the advertising of energy-dense nutrient-poor food and beverages.

Revised Children's Television Standards that took effect from 1 January 2010 do not include restrictions on the types of foods and beverages that can be advertised or the times when such advertisements can be broadcast.

The Minister for Health has written to the AFGC, the AANA and other submitters to the consultation indicating that he will review the situation in 12 months, allowing time to consider the impact of industry voluntary codes put in place in 2009 and the decisions made following recommendations of the National Preventative Health Taskforce.

SA Health is monitoring the impact of the voluntary codes on South Australian children's exposure to unhealthy food and beverage advertising on television

WORKFORCE DEVELOPMENT RESEARCH AND EVALUATION

In a portfolio of health promotion programs and policies, actions such as capacity building and workforce training, research and program evaluation (such as for community-based demonstrations) and monitoring and surveillance may be considered supporting actions; in that they are considered essential but, by themselves, may not directly influence behaviours¹³.

With the 'business' of the relevant workforce evolving with the complex nature of the work related to obesity, nutrition and physical activity, we need to ensure that:

- the **workforce** is supported to meet these demands;
- new knowledge gained from **research** is translated into policy and practice;
- **evaluation** occurs to assess the outcome and impact of a program or policy, and that
- priority setting is informed by ongoing **monitoring**, to ensure that needs are being met.

Workforce capacity building initiatives aim to increase the number of workers who can assist South Australians to eat healthily and be more physically active. In prioritising programs, the availability of a trained workforce needs to be considered. Currently in SA, the health and education workforces are a priority, but others will be the focus in the future eg, local government, community service workers. Programs are in place to ensure health workers, child educators and Aboriginal health workers are trained to help children and adults to eat well and be active.

Research is essential due to the relatively new nature of the work. Research builds knowledge in critical areas for intervention, identifies issues and strategies for population groups, and provides the evidence base for effective public health interventions. A number of research programs are underway in response to key issues, and further commitment to a research agenda is planned for priority questions.

Evaluation is important to assess the *outcomes* (whether the program or policy achieved the intended objectives), but also to understand the effectiveness of the *process* of the implementation (how the inputs to the program or policy actually caused changes). Currently a range of Evaluation services are used to assess the current practices and policies relating to healthy weight, obesity prevention, healthy eating/nutrition and physical activity, and further investment is planned.

Monitoring of the data (both at program level and above) occurs continuously, and informs priority setting in relation to population groups, locations, needs, and progress towards longer-term outcomes. This infrastructure informs good health promotion practice and helps provide accountability. Further work is being done to identify appropriate sources of data and interpretation of information; with an aim to create a systematic approach to the weight status, physical activity and nutrition information in SA.

ACHIEVING EXCELLENCE IN HEALTH PROMOTION: AN ACTION LEARNING & RESEARCH PROGRAM

LEAD AGENCY:

SA Community Health Research Unit (SACHRU), Flinders University

RATIONALE:

To achieve the population health and wellbeing targets of the SA Strategic Plan, settings, service systems and programs which effectively support 'healthy choices' need to be developed and maintained.

AIM/DESCRIPTION:

Aim:

- > Enhance population health promotion knowledge and practice
- > Strengthen leadership/action to enhance/support population health promotion practice in health regions
- > Enhanced focus on addressing the effects of social inequity on health and wellbeing
- > Contribution to evaluation and evidence-base for effective population health promotion.

Description:

- > *Achieving excellence in health promotion* is an action learning and research program. Over 12 months, participants have a particular focus for their action learning – a project, a change initiative or a research question, key to achieving health promoting health service development priorities. Each participant's particular focus is negotiated with and supported by key managers. Through the program, participants strengthen their leadership role and ability to influence the health (and other) systems' enhanced focus on health promotion.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Primary Health Care

TARGET GROUP:

Primary Target Audience: SA Health Workforce and other stakeholders.

PROGRAM HISTORICAL CONTEXT:

The Healthy Weight Introductory Course was developed, piloted and implemented from 2007 to 2009. Building on this work, the action learning and research program and seminar series were piloted and implemented in 2009/10. The initiative has been funded into 2011.

ROLE OF REGIONAL HEALTH SERVICES:

Regions:

- > Actively promote and support 5 staff members to participate in the *Achieving Excellence in Health Promotion: An Action Learning & Research Program - 2010*
- > Enable senior leadership group discussion and planning to facilitate more health promoting system and service-level change.

MONITORING AND EVALUATION:

- > Evaluation and continuous improvement of the action learning program is based on a program logic model. SACHRU used participant surveys and focus group interviews to produce an Evaluation Report for the 2009-2010 program. The 2010-2011 program has incorporated findings from this report.

CONTACT DETAILS:

Program Enquiries	Miranda Roe	(08) 72218420	miranda.roe@flinders.edu.au
Contracting	Karen James Manager Health Promotion Integration	(08) 8226 6755	karen.james@health.sa.gov.au

E LEARNING – ONLINE BREASTFEEDING TRAINING PACKAGE FOR HEALTH STAFF

LEAD AGENCY:

Children, Youth and Women's Health Service (CYWHS)

RATIONALE:

- > The 2001 National Health Survey conducted in Australia showed breastfeeding initiation rates began well in hospital with approximately 83% of babies being breastfed upon discharge from hospital. Unfortunately, those rates decreased as the babies age increased. The number of fully breastfed babies at three months had decreased to 57%, and by six months, only 18% of infants were fully breastfed.
- > Breastfeeding is a major determinant of infant health and provides health protection for both mothers and babies. In particular exclusive breastfeeding for 6 months has a positive impact on the incidence of gastrointestinal and respiratory illness which can affect a baby's ability to thrive. Low birth rate and failure to thrive are linked to the onset of obesity and chronic disease later in life. Breastfeeding offers immunological protection and is particularly important for pre-term and low birth weight babies offering protection for these vulnerable infants.
- > BFHI accreditation is a global standard WHO initiative to promote the initiation and duration of breastfeeding.
- > Research shows giving birth in a BFHI accredited hospital increases breastfeeding rates.
- > A needs analysis undertaken by DH identified access to education by midwives as a significant barrier to organisations becoming BFHI accredited.
- > In response to that need an online training package for nurses, midwives and other health professionals was developed which will support the implementation of Baby Friendly Hospital Accreditation in hospitals and community health services, which aims to promote and support breastfeeding.

AIM/DESCRIPTION:

Aim: To develop and implement an appropriate online training program for use by health professionals which meets Step 2 of 8 hours theoretical education of the educational requirements for BFHI accreditation in hospitals and health services.

Objectives: To provide hospitals and health services with an efficient, free and appropriate educational option for training staff for BFHI accreditation. To ensure that the system is maintained, evaluated and updated as required.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Maternal and Child Health

TARGET GROUP:

Primary Target Audience: Nurses, midwives and other health professionals working in hospitals or health services who provide services to pregnant women and women with young children.

HISTORICAL CONTEXT:

In 2003 CYH were funded to develop an e-learning program for nurses, midwives and health professionals that would assist them to meet the training requirements for BFHI Accreditation. In 2004 the training package was launched.

ROLE OF REGIONAL HEALTH SERVICES:

CYWHS:

- > Work with appropriate providers to maintain the e learning website.
- > Update the e-learning training program.
- > Facilitate registrations in the program

Regions:

- > Encouraging all birthing hospitals to become BFHI; Community Health Services that work with Women who have children to become BFHI Community Settings.
- > Support staff to access the e-learning breastfeeding training package.

MONITORING AND EVALUATION:

In 2007-08 SACHRU were funded to undertake an evaluation of the e-learning program. This evaluation found the BFBEF to be an accessible, low cost means of meeting the training requirements of BFHI accreditation. The program provides an educational framework for delivering a basic, minimum level of breastfeeding knowledge to nursing staff and midwives in order to promote a cohesive approach to breastfeeding within an organisation. The numbers of participants who have enrolled and completed the course are testament to its accessibility and relevance to its primary target audience.

CONTACT DETAILS

Project Officer in CYWHS	Carol Fudali, Senior Health Promotion Officer, (CYWHS)	(08) 8161 7156	carol.fudali@cywhs.sa.gov.au
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HEALTHY EATING AND PHYSICAL ACTIVITY IN THE EARLY YEARS

LEAD AGENCY:

Department of Education and Children's Services (DECS)

RATIONALE:

- > Participation in physical activity during childhood and youth is influenced by a range of factors including mastery of fundamental movement skills. As many as 30% of Australian children have low fitness levels and 60% have moderate to poor fundamental movement skills (NSW 2004).
- > Eating behaviours are likely to be established early in life and may be sustained into adulthood. Children's eating behaviours are influenced by the family food environment. Parents and others such as childcare staff have a key role and responsibility in assisting children to develop good eating habits.
- > Underpinning many of these influences is parents' potential to determine their child's eating environment. Key issues appear to be:
 - o Food exposure: food made available and accessible.
 - o Role modelling (evidence suggests food preferences are influenced by parents and peers).
 - o Media exposure (around half of Australians now eat their evening meal in front of the TV).
 - o Child-parent interactions around food (parenting style may affect children's ability to regulate food intake - suggested that authoritative parenting style vs authoritarian or laissez-faire styles may be associated with the best ability of children to regulate their own intake of foods).
- > Education and care settings are important places to develop children's understandings and values that support healthy lifespan habits and a venue where parents can be supported with developmentally appropriate information.

AIM/DESCRIPTION:

Aim:

- > Support the professional learning, confidence and capacities of Early Years Educators through site-based inquiry/improvement procedures directed to advancing the healthy eating habits and health-related physical activity patterns of children and their families;
- > Build capacities in healthy life choices of children and their families.

Description: A workforce development program over 12 months aimed at early childhood workforce to equip them with the knowledge, skills and understandings to support healthy eating and physical activity. The program is run over a 12 month X 3year cycle. Approximately 74 sites will have participated in the program over three years.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Schools, Preschools and Childcare

TARGET GROUP:

Primary Target Audience: Education and children's services early childhood sector, encompassing family day care, childcare centres and preschools

Secondary Target Audience: Children under the age of 5 and their parents/carers

HISTORICAL CONTEXT:

In 2006 the Healthy Eating and Physical Activity in the Early Years Project was developed after discussion between DECS and the Department of Health and reflects DECS early childhood approaches to professional learning. It is funded until June 2012.

ROLE OF REGIONAL HEALTH SERVICES:

DECS:

- > Interface between client and program priorities
- > Brokering and supporting central and regional partnerships

Regions:

- > Support local education and care providers involvement as appropriate
- > Ensure consistency of messages to parents and families

MONITORING AND EVALUATION:

- > The program's Steering Committee has developed a comprehensive evaluation strategy that includes the administration of a 'capacity inventory' to participating sites. This inventory was

designed to be administered on two occasions - once prior to the project beginning and then at the end of the project; providing a comparative pre/post measure of capacity development resulting from the combined site-based and workshop-based inquiry and learning practices of the program. Evaluations have been undertaken for the first and second round of sites.

CONTACT DETAILS:			
Day-to-day program enquiries	Penny Kazimierczak, Project Officer (DECS)	(08) 8226 8862	kazimierczak.penny@saugov.sa.gov.au
Contracting	Penny Thyer Manager HP Operations Health Promotion Branch	(08) 8226 6055	penny.thyer@health.sa.gov.au

PANORAMA - Physical Activity and Nutrition Observatory: Research And Monitoring Alliance

LEAD AGENCY:

Flinders University

RATIONALE:

Research, monitoring and evaluation significantly contribute to the management of overweight and obesity. In light of the magnitude and complexity of overweight and obesity as a public health issue, the contribution that research can make to public policy is significant. Based at Flinders University and funded from 2010-2013, PANORAMA will monitor the progress of Eat Well Be Active programs and policies, undertake research and evaluate what is working, where and why. The establishment of PANORAMA reflects SA Health's increasing investment in the promotion of healthy eating, physical activity and obesity prevention and recognition that this effort must be underpinned by best available evidence and sound evaluation

Aim:

Expand South Australia's capacity to support good nutrition and adequate physical activity through evaluation and research by

1. improving access for decision-makers and practitioners to best quality information about the status of physical activity, nutrition and weight in SA, relevant to statewide and regional priorities.
2. Contributing to the development of strategic, evidence-based approaches to physical activity, nutrition, obesity prevention and their determinants at State and health region levels, coordinated with and complementary to national policies.
3. Enhancing capacity to identify priorities for further research and also contribute and conduct applied research (including implementation trials and evaluation projects) that build the evidence base to inform better practice in physical activity, nutrition and obesity prevention.
4. Contributing to the development of the knowledge and skills of relevant SA workforces to improve their use of information for decision-making, policy formulation, and practice relating to physical activity, nutrition obesity prevention and a determinants approach.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Research, Surveillance and Evaluation

TARGET GROUP:

- > SA Health (assisting with SASP reporting requirements and the development of a strategic research agenda)
- > Health agency personnel at the level of planning, implementation, evaluation and policy making.

HISTORICAL CONTEXT:

SA Health funds public health research and surveillance, clinical and social research in recognition of the importance of these functions, and has been proactive in developing a wider strategic research agenda in collaboration with its state research partners. While the SA strategic research agenda is inclusive of healthy weight research, it was unable to meet the growing demand for timely intelligence across this growing area in SA. This has been identified as a major gap through agency and stakeholder consultation. Additionally, the 2007 Adelaide Thinker in Residence Professor Ilona Kickbusch identified healthy weight research as a key investment area for SA. Professor Kickbusch argued for strengthening research capacity on determinants of health and their interface and recommended the development of a health research agenda.

ROLE OF REGIONAL HEALTH SERVICES:

- > to be confirmed

CONTACT DETAILS:

Co-Director	Professor John Coveney	(08) 8204 3136	John.coveney@flinders.edu.au
Contract Manager	Kirsty Hammet Chief Policy Officer Integration, Health Promotion Branch	(08) 8226 0799	kirsty.hammet@health.sa.gov.au
Website	http://www.flinders.edu.au/medicine/sites/panorama/		

STATEWIDE ABORIGINAL HEALTH WORKER TRAINING INITIATIVE

LEAD AGENCY:

Department of Health, Health Promotion Branch

RATIONALE:

- > Workforce development is an important element to the delivery of the Eat Well Be Active Healthy Weight Strategy 2006 -10.
- > This Initiative will enhance the skills of the Aboriginal Health Workers across South Australia to promote good nutrition, adequate physical activity and healthy weight among Aboriginal people.

AIM/DESCRIPTION:

Aim: To equip Aboriginal Health Workers to promote healthy eating and physical activity as a contribution to promoting good health and healthy weight and preventing chronic disease. This initiative will focus on the promotion of breastfeeding, healthy eating and physical activity.

Description: An Aboriginal Health Worker training package to enhance their skills to promote good nutrition, adequate physical activity and healthy weight among Aboriginal people.

PRIORITY AREA – HEALTHY WEIGHT STRATEGY FOR SA 2006-10:

Primary Health Care

TARGET GROUP:

Primary Target Audience: Aboriginal Health Workers
Secondary Target Audience: Aboriginal communities

HISTORICAL CONTEXT:

After a tender process in 2008 the David Unaipon College of Indigenous Education and Research, University of SA was contracted to develop a training package for the Aboriginal Health Workforce to improve healthy weight among Aboriginal people. The project will be undertaken over 2 years, including full evaluation (completion by December 2010).

ROLE OF REGIONAL HEALTH SERVICES:

- > Representation on the Project Reference Group
- > Support the delivery of the initiative

MONITORING AND EVALUATION:

- > Reporting against agreed key performance indicators (KPI's) is a requirement of this project.
- > A final project report providing a descriptive overview of all phases of the development, implementation and evaluation of the Initiative is required at the completion of the project.
- > Monthly financial reports.
- > Attendance at scheduled quarterly meetings with the project reference group to appropriately manage this project.

CONTACT DETAILS:

Executive Officer to Project Reference Group	Ray Smith Health Promotion Branch	(08) 8226 1882	ray.smith@health.sa.gov.au
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CURRENT RESEARCH INITIATIVES

SA Health has a strong commitment to research and evaluation which informs future policy and programs. Current initiatives include:

SOUTH AUSTRALIAN INFANT DIETARY INTAKE STUDY (SAIDI)

What babies and very young children eat has a significant impact on their health in childhood and later life, yet there is little information about what children eat under the age of 2 years. Many babies are not fed according to recommendations that are: breast milk for the first six months and continued until 12 months, with healthy food introduced from 6 months. Dr Anthea Magarey at Flinders University is collecting information about the eating habits of a sample of babies born in hospitals in Adelaide and country South Australia. These babies are followed from birth for two years. This information will assist us in better targeting programs to support young parents to give their babies the best start in life through what they eat and drink. SA Health is providing funding support for SAIDI.

FOOD ACCESS AND HEALTH IN SA PROJECT

This research project funded through SA Health's Strategic Health Research Program and led by a team at Flinders University, looks at the relationship between food access, food security, overweight, and dietary intake. There is an overview of the project on the SA Health website: <http://www.health.sa.gov.au/SHRP/Portals/0/SHRP%20OT3-9873%20Coveney%201.pdf>. The project is drawing to a close and two workshops are being held in November 2010 to look at policy implications of the research findings.

ADVERTISING TO CHILDREN THROUGH NON-BROADCAST MEDIA

This research project funded through SA Health's Strategic Health Research Program and led by a team at Flinders University, set out to explore children's exposure to advertising through non-broadcast media. An overview is available at <http://www.health.sa.gov.au/SHRP/Portals/0/SHRP%20HW-11639%20Coveney%202.pdf>. Areas investigated include: the nature and extent of food and beverage marketing to children on three sample media – food packaging in supermarkets, food advertising on the Internet and in conjunction with children's sport; integrated marketing communications; the impact of non-broadcast media marketing on children and parents; and, regulatory and policy options. The project is drawing to a close in late 2010 and the findings will help inform future health promotion action.

COST OF OVERWEIGHT AND OBESITY

This research project funded through SA Health's Strategic Health Research Program and is by a team at Adelaide University. This project looks at the economic costs of obesity to South Australia, with the aim of improving resources for future strategies. An overview is provided at <http://www.health.sa.gov.au/SHRP/Portals/0/SHRP%20OT1-9881%20Gericke.pdf>

AUSTRALIA'S BABY BOOMER GENERATION, OBESITY AND WORK: Patterns, Causes and Implications

Building on the ARC NOBLE Study, this project seeks to better understand the complexity of the problem of obesity – going beyond the “energy exchange theory”. A multi disciplinary team lead by the University of Adelaide will investigate factors influencing the eating and exercise patterns of baby boomers including: health literacy; work life balance; incentives and disincentives. The emphasis is upon using this understanding to identify key intervention points and providing policy makers with evidence and guidance for targeted interventions and community education initiatives.

EXPLORING RESILIENCE IN RELATION TO PHYSICAL ACTIVITY AND DIETARY BEHAVIOURS AMONG CHILDREN FROM NEIGHBOURHOODS OF LOW SOCIOECONOMIC POSITION

Led by the University of South Australia the personal and socio-environmental correlates of healthy behaviours among young South Australians identified in this study are likely to be relevant to low socioeconomic neighbourhoods in other states and territories. As such, this study will offer new insights into intervention design that will give impetus to the efforts of researchers, policy makers and practitioners throughout Australia.

SECTION 2: Related Initiatives

Initiatives which complement the Department of Health Priority Programs and play an integral role in the achievement of the healthy weight target.

HEART FOUNDATION WALKING

LEAD AGENCY: Heart Foundation

Heart Foundation Walking is Australia's largest network of free community-based walking groups, led by volunteer Walk Organisers. It is based on the successful Just Walk It program which was originally developed and launched in QLD in 1995, and in South Australia in October 2004. Heart Foundation Walking was launched nationally in December 2007 and has since grown to include walking groups in all Australian states and territories.

The aim of Heart Foundation Walking is to make regular physical activity enjoyable and easy, especially for people who are not used to being active. Walking groups can be any size, and walk at various times, days, lengths and levels of difficulty. Everyone is encouraged to walk at their own pace.

The Heart Foundation works in partnership with Area Coordinators to set up groups in their local community. Area Coordinators are recruited from professional settings (e.g. local government, community health, workplaces) where physical activity, walking or community development has been identified as a component of their work plan. Area Coordinators are generally staff with a focus on health, community, physical activity or sport and recreation.

Community-based volunteer Walk Organisers then lead groups in their local area. They are provided with resources, training and support to begin and maintain their group. They also receive complimentary merchandise as a 'thank you' for their role in organising a local walking group. Walkers are provided with information outlining Heart Foundation Walking and can choose to participate in the Walker Recognition Scheme which includes certificates and other incentives when they reach walking milestones (e.g. 25 walks).

South Australia has walking groups in 40 local government areas, in both metropolitan and regional locations. Heart Foundation Walking has consistently demonstrated an impressive 6-month national retention rate above 90%. The average time South Australian participants stay in the program is over 3 years. Groups cater for a variety of ages and fitness levels with several groups having specialties such as parents with prams, over 50's, bushwalking or women or men's groups.

Contact Details		
Heart Foundation	Teresa Vlahos Physical Activity Project Officer	(08) 8224 2861 teresa.vlahos@heartfoundation.org.au
Heart Foundation	1300 36 27 87	heartlinesa@heartfoundation.com.au
Location Guide	www.heartfoundation.org.au/walking	

ACTIVE LIVING COALITION

LEAD AGENCY: Heart Foundation (SA)

The built environment is directly associated with physical activity, particularly walking. The creation of urban environments that support active living requires collaborative partnerships between all levels of government and other agencies.

The SA Active Living Coalition formed in 2008, includes government and non government organisations and provides a collaborative forum for the planning and coordination of active living in SA. The Heart Foundation plays a pivotal role in coordinating the Coalition.

To date the Active Living Coalition has:

- > Influenced legislation and policy by providing submission to the Draft 30 Year Plan for Greater Adelaide
- > Worked in collaboration with property developers on the Lighthview Joint Venture in northern Adelaide to integrate active by design principles.

- > Commissioned a review of the academic and policy evidence around: amount, types of open space, uses of open space, location of spaces and design of space with a specific focus on the policy perspective relating to open and public space in medium and higher density and transit-oriented developments.
- > Commenced work to Identify common principles for shared-use spaces
- > Supported OPAL local government communities to integrate active by design principles within their work.

Contact Details		
Heart Foundation	Jenni Carr Cardiovascular Health - Project Officer (Mon to Wed)	(08) 8224 2822 jenni.carr@heartfoundation.org.au
Health Promotion Branch	Melanie Smith Chief Project Officer Physical Activity	(08) 8226 6420 melanie.smith@health.sa.gov.au

RIGHT BITE FOOD AND DRINK SUPPLY STRATEGY FOR SOUTH AUSTRALIAN SCHOOLS AND PRESCHOOLS

LEAD AGENCY: Department of Education and Children's Services (DECS) in close collaboration with the Department of Health

The Right Bite strategy assists South Australian schools and preschools to select, provide and promote food and drinks consistent with recommendations for healthy eating. The Right Bite standards are mandatory for all DECS school canteens and vending machines and are encouraged wherever food and drinks are provided to children and adolescents in schools and preschools.

Right Bite uses a coloured spectrum of GREEN, AMBER or RED which classifies food and drinks according to their nutritional value and supports schools and preschools to meet the Right Bite standards. The State Government required schools and preschools to comply with the standards (ie ensuring that no 'RED' foods, or 'junk' food (least healthy choices which are energy-dense and nutrient poor)) are available from school canteens and vending machines from the beginning of 2008.

Department of Education and Children's Services (DECS)	Leah Cassidy Project Manager, Healthy Eating and Physical Activity	(08) 8226 4386 leah.cassidy@sa.gov.au
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GOOD START BREAKFAST CLUB RESEARCH & ADVISORY PROJECT

LEAD AGENCY: Australian Red Cross (South Australia)

The Good Start Breakfast Club Research and Advisory Project's aim is to provide capacity in SA to respond effectively to ongoing demands from schools for assistance to run breakfast programs. The outcomes of this project will include:

- > A description of the extent and nature of school breakfast programs in SA
- > Provision of advice and support to schools and organisations that work with schools to provide breakfast programs.
- > Consolidated tools and information to support delivery of school breakfast programs.

Australian Red Cross	Rosalie Pace, Manager, Operations SA	(08) 8100 4626 rpacer@redcross.org.au
Health Promotion Branch	Penny Thyer Manager HP Operations	(08) 8226 6050 penny.thyer@health.sa.gov.au

PREMIER'S BE ACTIVE CHALLENGE

LEAD AGENCY: Department of Education and Children's Services (DECS)

The Premier's *be active* Challenge encourages physical activity for children and young people from reception to year 9 in schools in the public, Catholic and Independent sectors. The Challenge involves students accumulating at least 60 minutes of moderate to vigorous activity on at least 5 days per week for at least four weeks. After four weeks students are awarded with medals – bronze medals in the first year of participation, silver in the second year, gold for the third, champion for the fourth year, legend in the fifth, hall of fame in the sixth etc. Schools that support students to complete the 10 weeks of the *Challenge* will receive a certificate recognising their efforts. Each year fifty high achieving schools are recognised at a reception hosted by the Premier in November.

Premiers <i>be active</i> Challenge (ORS)	Leah Cassidy Project Manager, Healthy Eating and Physical Activity	(08) 8226 4386 cassidy.leah@saugov.sa.gov.au
Website	http://www.pbac.sa.edu.au	

ACTIVE AFTER SCHOOL COMMUNITY PROGRAM

LEAD AGENCY: Australian Sports Commission

The AASC program is an integral component of the Community Sport Division of the Australian Sports Commission.

The program aims to engage children not traditionally active or involved in sport and through a positive and fun experience develop a love of sport that inspires them to join a local club and make sport a regular part of their lives.

The AASC program is offered free of charge in up to 3250 Australian primary schools and out of school hours care services (OSHCS), and involves up to 150,000 primary school aged children each term. It reaches all corners and populations of Australia, including Indigenous, remote/rural, special schools and school of the air.

Quality Assurance processes for AASC registered coaches

A key outcome of the AASC program, is to provide children with a positive introduction to sport, that inspires them to continue their participation in a local club setting.

To achieve this, the key competencies we see community coaches requiring include:

- ability to provide an introduction to sport utilising the Playing for Life principles
- ability to manage and engage children of all abilities
- provision of a safe environment

AASC Regional Coordinators are skilled in training and appraising community coaches in achieving these competencies. The AASC program does not aim to provide technical coaching to participating children, rather its focus is on the provision of a positive, safe and fun environment for children to experience the sport. As such, the minimum training required by an AASC community coach is completion of the Community Coach Training Program (CCTP), which covers the competencies listed above.

Australian Sports Commission	Tim Baker State Manager AASC Program	(08) 7424 7630 tim.baker@ausport.gov.au
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BETTER HEALTH BETTER LEARNING

LEAD AGENCY: Children's Youth and Women's Health Service (CYWHS) – Centre for Health Promotion

The Better Health, Better Learning initiative is a capacity building, workforce development strategy to improve health promotion practice in education and care sites across the state. Implemented through the *chess* Health Promotion Taskforce - a strategic level partnership between SA Health, all education sectors and several non-government organisations - the project aims to support organisational change across the health and education sectors.

Central to the initiative are the Better health, better learning: Guidelines for health promotion with schools and preschools website and resources. The guidelines are designed for health workers to inform them about the education and care sector, and provide information about working in partnership with schools using best practice health promotion principles. They are also supported by a practical checklist which provides questions for health workers and educators to consider together when planning and reviewing joint health promotion work.

The Better Health, Better Learning Initiative includes a practical workshop to skill people in the use of the guidelines and checklist, an awareness raising strategy for the education and care sector and provides networking and planning opportunities between the sectors.

Professional development workshops have been delivered to school communities and health workers across five rural and five metropolitan South Australian schools. Development of an eLearning training package to support health workers in their role is currently being explored. An external evaluation report will be completed early 2011.

Children, Youth and Women's Health Service – Centre for Health promotion	Janine Phillips Program Manager	(08) 8161 7777 Janine.phillips@health.sa.gov.au
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EAT WELL BE ACTIVE COMMUNITY PROGRAMS

LEAD AGENCY: Southern Metropolitan Area of Adelaide Health Service (AHS) and country Health SA

The *eat well be active* Community Programs was a five year community based obesity prevention project, funded by SA Health, based in the two demonstration communities of Morphett Vale and Murray Bridge. The project aimed to contribute to the promotion of healthy weight in children, young people (0-18 years) and their families by increasing healthy eating and physical activity. Following an extensive consultation process in 2005, implementation occurred from 2006 to 2010 with pre and post evaluation in 2006 and 2009. The project worked in partnership with a variety of sectors such as health, education, welfare and neighbourhoods, by addressing both environmental and individual barriers to healthy eating and physical activity. The website contains a variety of information on key interventions, newsletters, community stories, and progress reports through the life of the project, as well as evaluation results – <http://www.health.sa.gov.au/pehs/branches/health-promotion/hp-eat-well-be-active.htm>.

Contact Details

Website: www.health.sa.gov.au/pehs/branches/health-promotion/hp-eat-well-be-active

ACTIVE TRAVEL WAY2GO (SCHOOLS)

LEAD AGENCY: Department for Transport, Energy and Infrastructure (DTEI)

DTEI collaborates with local councils to develop 3-5 year engineering work plans, school travel routes within the local government area and ways of involving the broader community. It also works with schools within a participating council area to develop individual School Travel Plans and supports teachers with training and development, advice and resources.

In 2008, the Health Promotion Branch contracted DTEI to review best practices approaches and development, implement and evaluate active travel initiatives for schools. To do this DTEI employed

an Active Travel Schools Coordinator and Project Officer. The resulting resource Way2Go is now available online. <http://www.dtei.sa.gov.au/Way2Go>

Department for Transport, Energy and Infrastructure	Margaret Howard, Manager Community education and Programs	(08) 8226 8321 margaret.howard@saugov.sa.gov.au
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OTHER LOCAL AND COMMONWEALTH INITIATIVES

In addition a number of national, state and regional initiatives also support healthy eating and physical activity, including:

SA Health has previously funded projects that promoted gardening, produced resources such as the **Community Gardening** kit (http://www.canh.asn.au/community_gardening/) and fostered networking between gardens. Many of these initiatives continue with the support of the local community.

The Australian Government has committed \$12.8 million to fund infrastructure for the **Stephanie Alexander Kitchen Garden National Program** in up to 190 primary schools across Australia. The aim of the Stephanie Alexander Kitchen Garden Program is pleasurable food education for young children. Infrastructure grants of up to \$60,000 per school are available over a four year period. Australian government schools with primary enrolments will be eligible to apply for these grants, refer to the Kitchen Garden website at: <http://www.kitchengardenfoundation.org.au/index.shtml>
Australian Sustainable Schools Initiative in South Australia (AuSSI-SA); Kidsgrow; National Solar Schools Program; Community Water Grants for schools; Sustainability Street program (Adelaide and Mount Lofty Ranges Natural Resources Management Board); and Wipe Out Waste (ZeroWaste/KESAB).

APPENDICES

APPENDIX A – PROGRAM LEVEL MONITORING INDICATORS

Please note regions are not required to report these indicators

Strategy Area	Initiative	Indicators <small>Green text reflects SASP Target 2.2 Healthy Weight Implementation Plan; Black text reflects indicators for Health Promotion Branch (HPB), or specifically funded organisations.</small>	Reporting Source	Frequency*
COMMUNITY EDUCATION Strategy 1: Assist the community to know and act on healthy eating, physical activity and healthy weight guidelines	Go for 2&5® Campaign	<ul style="list-style-type: none"> • Reported Fruit & Vegetable consumption (SASP) • Awareness of recommended fruit & veg consumption; intention to increase intake • Effectiveness of current campaign being measured by Health Monitor (SA Health) and by 5 cross-sectional telephone surveys of primary mass media campaign target group. • Number of Go for 2&5® materials disseminated • Number of website hits 	SAMSS surveys Health Monitor Health Monitor McGregor Tan HPB HPB	Monthly 3 times a year 3 times a year 3 times over the campaign period (pre, mid, post) 6 Monthly 6 Monthly
	be active® Campaign	The Be Active campaign is being monitored and evaluated through: <ul style="list-style-type: none"> • Website hits • Message recall through population monitoring systems • Reported sufficient PA levels (SASP) • SA Physical Activity Survey. • Awareness of recommended levels of PA (SASP) • Awareness of PA required for health benefit (SASP) • Awareness of PA opportunities; intention to exercise; PA behaviour (Be Active) • Number of Be Active materials disseminated • Number of website hits 	Office for Recreation and Sport (ORS) SAMSS SAMSS PROS Unit Health Monitor Health Monitor Health Monitor ORS ORS	Quarterly Monthly Monthly Every 2 years 3 times a year 3 times a year 3 times a year 6 monthly 6 monthly
	Measure Up Campaign	<ul style="list-style-type: none"> • This will be lead by the Commonwealth through the Evaluation Sub Group (includes some members of the CRG). • Awareness of the link between chronic disease and lifestyle risk factors (including weight) (SASP Milestone KPI) 	National evaluation undertaken by DoHA's contracted supplier.	
SCHOOL AND	Active Travel	<ul style="list-style-type: none"> • Development of a 3 year strategic plan informed by the 	DTEI	Quarterly

Strategy Area	Initiative	Indicators Green text reflects SASP Target 2.2 Healthy Weight Implementation Plan; Black text reflects indicators for Health Promotion Branch (HPB), or specifically funded organisations.	Reporting Source	Frequency*
COMMUNITY PROGRAMS Strategy 2: Provide healthy weight services to all South Australians	(Schools)	literature to implement a sustainable active travel agenda for school children in SA <ul style="list-style-type: none"> Information for schools is developed based on the literature review. Engagement of local government/ community partners Progress reported to key stakeholders through presentations 	DTEI DTEI DTEI	Quarterly Quarterly Quarterly
	be active At Work	<ul style="list-style-type: none"> Website established Number website hits/ satisfaction with content Number of workplaces implementing wellness programs Number of employees participating in programs Number resources distributed 	ORS ORS ORS ORS ORS	Quarterly Quarterly Quarterly Quarterly Quarterly
	Be Active PlayTime	<ul style="list-style-type: none"> Number of PlayTime sessions conducted. (SASP Milestone KPI) Number of trained deliverers. (SASP Milestone KPI) 	ORS	Quarterly
	South Australian Breastfeeding Strategic And Action Plan 2008 – 2012	<ul style="list-style-type: none"> Percentage & number SA adults who rate breastfeeding to be important Percentage & number SA adults with knowledge of NHMRC breastfeeding recommendations Percentage & number SA adults who accept breastfeeding in public places within the community Percentage & number SA birthing hospitals that are BFHI accredited Proportion of all babies born in a BFHI accredited hospital (SASP milestone indicator) 	Health Monitor Health Monitor Health Monitor CYWHS Pregnancy Outcomes Unit and CYWHS	3 times a year 3 times a year 3 times a year 3 times a year 6 Monthly
	PEACH - Parenting Eating and Activity for Child Health	<ul style="list-style-type: none"> Number of families completing PEACH programs per region Number of regional staff trained in PEACH 	Flinders University of SA	6 Monthly

Strategy Area	Initiative	Indicators Green text reflects SASP Target 2.2 Healthy Weight Implementation Plan; Black text reflects indicators for Health Promotion Branch (HPB), or specifically funded organisations.	Reporting Source	Frequency*
<p>POLICY AND LEGISLATION</p> <p>Strategy 3: Make healthy living easier</p>	<p>Healthy Foods in South Australian Health Facilities Policy</p>	<ul style="list-style-type: none"> Percentage & number SA Health staff aware of the policy Percentage of those aware of the policy who feel positively about the policy 	<p>Health Monitor Health Monitor</p>	<p>3 times a year 3 times a year</p>
<p>WORKFORCE DEVELOPMENT RESEARCH AND EVALUATION</p> <p>Strategy 4: Build capacity to assist South Australians to maintain a healthy weight</p>	<p>Statewide Aboriginal Health Worker Training Initiative</p>	<ul style="list-style-type: none"> Reporting against agreed key performance indicators (KPI's) and monthly financial reports is a requirement of this project. A final project report providing a descriptive overview of all phases of the development, implementation and evaluation of the Initiative is required at the completion of the project. Attendance at scheduled quarterly meetings with the project reference group is required to appropriately manage this project. 	<p>Uni SA Uni SA Uni SA</p>	<p>Quarterly progress reporting and Monthly PPRC reports</p>

*Note: The SA Health Health Monitor survey is run 3 times each year, but questions to evaluate campaigns or community knowledge and attitudes are not necessarily inserted in each survey

APPENDIX B – INDICATORS AND DATA SOURCES FOR REGIONAL PERFORMANCE REPORTING

Indicator	Data Source	Who Reports and When
<ul style="list-style-type: none"> ○ Number of trained Community Foodies who are active per region (and of those the number of CALD and Aboriginal Foodies). ○ Number and Percentage of Community Foodie activities targeting low income, Aboriginal and CALD populations. 	Community Foodies Central Project Team	AHS – 6 monthly
<ul style="list-style-type: none"> ○ Percentage of eligible Child Care Centres trained, awarded, re-awarded and current in award under Start Right Eat Right (SRER) Childcare Award Scheme per region (including Aboriginal Child Care Centres, State funded Children’s Centres, State public education institutions and SA Health system centres.) 	Start Right Eat Right Central Project Team	AHS – 6 monthly
<ul style="list-style-type: none"> ○ Community dietetic support to Aboriginal communities: Number of visits to Aboriginal communities provided by location. ○ Number of existing and new Aboriginal Foodies being supported within those communities. ○ Description of new and existing programs being supported within those communities. 	CHSA	CHSA – 6 monthly
<ul style="list-style-type: none"> ○ Proportion of all babies in South Australia that are born in a Baby Friendly Health Initiative (BFHI) accredited hospital (current proportion is 37%). ○ Number of hospitals accredited and re-accredited as BFHI per region (metro and country). 	CYWHS combined with Pregnancy Outcomes Unit data	CYWHS – 6 monthly
<ul style="list-style-type: none"> ○ Documentation of number of individuals registering for e-learning programs in South Australia and nationally. (Current numbers: 1142 from SA and 638 fee paying interstate in 09-10) ○ Evidence of breastfeeding resources that are culturally appropriate for Aboriginal people living in South Australia. 	CYWHS	CYWHS EWBASY and Breastfeeding E-Learning project team to report 6 monthly
<ul style="list-style-type: none"> ○ Youth Service System Capacity Building and Healthy Youth: Number of meetings and number of organisations represented at meetings of network ○ Usage and distribution statistics for CYWHS youth health information ○ Number of young people participating in 	CYWHS	CYWHS – 6 monthly

<p>health promotion development and review activities</p> <ul style="list-style-type: none"> ○ Number of services provided to Aboriginal young people by TSS ○ Partnership outcomes for Aboriginal young people across youth primary health care 		
<ul style="list-style-type: none"> ○ Percentage of participants who report high relevance of Better Health Better Learning session. ○ Percentage knowledge increase about best practice school/preschool health promotion. ○ Number of participants reporting high confidence and intention to change practice when implementing health promotion initiatives in/with schools and preschools. 	CYWHS	CYWHS, Better Health Better Learning – 6 monthly
<ul style="list-style-type: none"> ○ Number of schools who have implemented Crunch&Sip® per region 	SA Dental Services	AHS – SA Dental Services

APPENDIX C - SUMMARY OF MONITORING AND EVALUATION REPORTING FRAMEWORK

Level	Reporting
<p>National level: monitoring</p> <ul style="list-style-type: none"> • Unhealthy weight (overweight and obesity), adults aged 18 years and over and children 5-17 years. • Sufficient physical activity (definition 2), adults aged 18 years and over. • Fruit consumption (mean serves/day), adults aged 18 years and over, children aged 5-17 years. • Vegetable consumption (mean serves/day), adults aged 18 years and over, children aged 5-17 years. • Daily smoking, adults. 	<p>Reporting periods June 2013 and December 2014. Data will be collected monthly and internally reported biannually (financial and calendar years).</p>
<p>State level: monitoring</p> <ul style="list-style-type: none"> • healthy weight target, physical activity target and fruit and veg intake habits, breastfeeding, etc and • environmental information (% schools meeting right bite indicator, % workplaces, % BFHI, % child care etc) 	<p>Annual public reports, information available on-line in easy to read formats</p>
<p>State level: evaluation</p> <ul style="list-style-type: none"> • co-ordination, cost effectiveness, dose, overall reach, equity targets 	<p>Internal reporting for planning and improvement</p>
<p>Community level: monitoring</p> <ul style="list-style-type: none"> • healthy weight, behaviour, environmental change targets at community level, numbers of partners by sector, cost 	<p>Annual public reports at participating community level</p>
<p>Community level: evaluation</p> <ul style="list-style-type: none"> • quantitative and qualitative data on partnerships, co-ordination, sustainability, engagement of vulnerable groups 	<p>Community evaluation and review</p>
<p>Program level: monitoring</p> <ul style="list-style-type: none"> • process and impact of programs eg % program participants making changes, cost (see appendix A) 	<p>Program reporting against indicators, SASP Implementation Plan reporting</p>
<p>Program level: evaluation</p> <ul style="list-style-type: none"> • program process and impact objectives achieved; qualitative data, review 	<p>Internal reporting for planning and review, reporting to funding provider</p>

APPENDIX D - DATA SOURCES FOR SOUTH AUSTRALIAN STRATEGIC PLAN REPORTING

Target: T2.2 SASP Reporting: HEALTHY WEIGHT:
 Increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014.

The following table outlines the data sources used for T2.2 SASP Reporting: HEALTHY WEIGHT:

Name and target population	Year est.	Survey method	Frequency of data collection; sample size	Relevant priority areas
South Australian Monitoring and Surveillance System (SAMSS) Children & Adults	2002	CATI	Monthly Approximately 600 each month	<ul style="list-style-type: none"> • Adults BMI (% healthy weight) • Reported sufficient PA levels (Definition 1)* • Reported Fruit & Vegetable consumption (mean serves/day per age group)*
CYWHS Children 4 – 5 years	1995	Clinical measurement	Ongoing (reports annually)	<ul style="list-style-type: none"> • Preschool children BMI (% overweight/obese)*

* Supplementary measure to SASP Target 2.2 Healthy weight.

CONTACT DETAILS			
Contact	Natalie Carrangis Senior Project Officer Research	(08) 8226 2137	Natalie.carrangis@health.sa.gov.au

APPENDIX E - OTHER DATA ON PRIORITY HEALTH ISSUES

The Health Promotion Branch will receive the following additional reports from SAMSS for the Adelaide Health Service (state, whole health region and three clusters) and Country Health SA (state, whole health region, 11 clusters).

Specific Variable	Target group:	Age Range / Breakdown	Date of Delivery
Healthy weight Includes all BMI categories	Adults	18 years and over	End Mar (Jan-Dec previous calendar year) End Sep (Jul-Jun previous financial year)
Sufficient physical activity - Definitions1 and 2	Adults	18 years and over	As above
Fruit consumption - Mean serves per day (by AGHE age groups) - Proportion meeting daily requirement (by AGHE age groups)	Adults	19+ years	As above
	Children	Age groups: 4-7, 8-11, 12-15, 16-18	As above
Vegetable consumption - Mean serves per day (by AGHE age groups) - Proportion meeting daily requirement (by AGHE age groups)	Adults	19+ years	As above
	Children	Age groups: 4-7, 8-11,12-15, 16-18	As above

CONTACT DETAILS			
Contact	Natalie Carrangis Senior Project Officer Research	(08) 8226 2137	Natalie.carrangis@health.sa.gov.au

APPENDIX F - STRATEGIES AND GUIDELINES

The **Eat Well Be Active Healthy Weight Strategy for South Australia 2006 – 2010** is consistent with the following national and state strategies and guidelines.

National:

- > National Public Health Strategic Framework for Early Childhood 2005-2008
- > The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013
- > Eat Well Australia: an Agenda for Action for Public Health Nutrition 2000-2010 (National Public Health Partnership, 2000)
- > Australian Guide to Healthy Eating (Australian Government Department of Health and Ageing, 1998)
- > Dietary Guidelines for Children and Adolescents in Australia including the Infant Feeding Guidelines for Health Workers (National Health and Medical Research Council, 2003)
- > Clinical Practice Guidelines for the Management of Overweight and Obesity in Children and Adolescents, NHMRC 2003
- > Australia's Physical Activity Recommendations for Children
- > The Best Start – Report on the inquiry into the health benefits of breastfeeding August 2007.
- > NHMRC Australian Dietary Guidelines for Children and Young People, including the Infant Feeding Guidelines
- > National childcare accreditation standards
- > National strategies for improving Indigenous health and health care: Aboriginal & Torres Strait Islander Primary Health Care Review (Dwyer, 2004)
- > National nutrition and physical activity strategies, the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NPHP 2001) and Be Active Australia, A Framework for Health Sector Action for Physical Activity 2005–2010 (NPHP 2005) both include a focus on workforce development.
- > Healthy Weight 2008. Australia's future (2003). The national action agenda for children and young people and their families.
- > Healthy Weight for Adults and Older Australians, The National Action Agenda to Address Overweight and Obesity in Adults and Older Australians (also identifies the need “to build a health workforce with roles, skills and resources designed to address overweight and obesity”).
- > The National Public Health Framework for Children 2005 – 2008.
- > Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004 – 2009.
- > Innocenti: Declaration on the Protection, Promotion and Support of breastfeeding.
- > Global Strategy for Infant and Young Child Feeding.

State:

- > Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010 (SA Health, 2006)
- > SACS curriculum
- > South Australia's Strategic Plan 2007
- > SA childcare licensing standards (DECS)
- > SA food legislation (mandatory food safety plan)
- > Health workforce development: A South Australian strategy for Aboriginal & Torres Strait Islander People 2005-2010
- > eat well South Australia Public Health Nutrition Action Plan 2006-2008 (SA Health, 2006)
- > eat well SA Healthy Eating Guidelines for Schools and Preschools (HEGS) (DECS 2004) provide guidelines for a whole of school and preschool focus on healthy eating.
- > SA Breastfeeding Program Strategic and Action Plan 2007 – 2012
- > Baby Friendly Health Initiative
- > The Children, Youth and Women's Health Service Strategic Plan 2005 – 2010.
- > National Health and Medical Research Council, Dietary Guidelines for Children and Adolescents in Australia
- > Infant Feeding Guidelines for Health Workers
- > Right Bite Food and Drink Supply Strategy for SA Schools and Preschools
- > South Australian Women's Health Policy
- > Physical Activity Strategy for South Australia 2004-2008
- > Be Active Australia, A Framework for Health Sector Action for Physical Activity 2005–2010

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