NSW HEALTHY CHILDREN INITIATIVE

The first five years July 2011 – June 2016

NSW GOVERNMENT

ACKNOWLEDGEMENTS

Childhood obesity affects our whole society and it is only through partnerships with many individuals and organisations that change can be achieved. We gratefully acknowledge all those who have been involved in the NSW Healthy Children Initiative (HCI) planning, delivery and evaluation over the last five years, particularly our major partners including the NSW Department of Education, Office of Sport, Heart Foundation and NSW Department of Premier and Cabinet. We also acknowledge the contribution from state-wide teams at the NSW Ministry of Health and the NSW Office of Preventive Health to each of the health promotion teams based in Local Health Districts. We particularly acknowledge the work of the Program Managers who have tirelessly driven each of the HCI programs and other investments.

We pay our respects to the traditional custodians of the lands across NSW, to Elders past and present and to all Aboriginal people. We gratefully acknowledge the valuable contributions that Aboriginal Elders, organisations, community members, staff and families have made to HCI.

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CONTENTS

EXECUTIVE SUMMARY

The **NSW Healthy Children Initiative (HCI)** was established in 2011 to provide a comprehensive, coordinated approach to childhood obesity prevention across NSW. HCI is funded by the NSW Ministry of Health and delivered through the NSW Office of Preventive Health and Local Health Districts.

HCI delivers evidence-based programs across a range of settings. The structure and delivery of the initiative are unique in terms of the scope, population reach, framework for action and focus on implementation and performance monitoring, notably in response to equity issues. Genuinely reciprocal partnerships across NSW and enhancement of the existing health promotion workforce draws upon the strengths of the NSW Ministry of Health, Local Health Districts and key service delivery partners in mutually beneficial ways.

This report reflects upon the actions and outcomes of the first five years July 2011 – June 2016, and sets directions for the future to achieve the Premier's Priority target of reducing childhood overweight and obesity by 5 percent by 2025.

FLAGSHIP PROGRAMS

HCI comprises a suite of childhood obesity prevention programs delivered in childrens' settings, including Munch & Move, Live Life Well at School, Go4Fun, Finish With The Right Stuff and yhunger.

- Over 2,000 NSW primary schools have introduced a **Crunch&Sip**® strategy to schedule a daily in-class break for students to eat fruit or vegetables and drink water, promoting healthy living.
- **The new NSW Healthy School Canteen Strategy** is in development with the NSW Department of Education to reinforce the benefits of healthy eating and provide healthier food and drink choices at school.
- **Finish with the Right Stuff** assists junior community sports clubs and associations to promote water as a drink of choice and provide healthier food and drink options to children, families and spectators.
- **The Healthy Kids Website** provides a "one stop shop" of current and credible information and support materials for teachers, parents, carers, coaches, health professionals, kids and teens.
- **Healthy Supported Playgroups** promotes and models healthy eating and active play through playgroups that will reach disadvantaged children and parents, many of whom do not access other HCI settings such as childcare.
- **Active Travel for Children** is working across the NSW Government and with non-government agencies to explore ways to increase walking, cycling, scootering, skateboarding or any similar transport where human energy is spent to travel, for a range of health, social and environmental benefits.
- **yhunger**, a Sydney Local Health District Program, recognises the complex challenges of food access and physical activity options for young people aged 12-24 years of age who are experiencing or are at risk of homelessness, and works with youth workers and services to reach and support this important marginalised population.

Munch & Move® is being implemented in over 3,000 centre-based early childhood services across NSW (91% of all services), 92% of which have met or exceeded the performance targets related to implementing health promotion practices.

Live Life Well @ School is being implemented in over 2,000 primary schools across NSW (84% of all primary schools), 80% of which have met or exceeded the performance targets related to implementing health promotion practices.

Go4Fun® has delivered over 800 programs to over 7,800 children and their families, resulting in reduced weight, improved nutrition, increased physical activity and additional benefits including improved fitness and self-esteem.

THE HEALTHY CHILDREN INITIATIVE

Childhood Obesity in NSW

The World Health Organization describes childhood obesity prevention as one of the most urgent public health priorities for this century[1]. The prevalence of overweight and obesity in NSW children aged 5 to 16 years was 22% in 2015[2]. This is a cause for concern, and the Premier has accordingly identified it as a top priority for the NSW Government[3, 4]. This cross-government commitment is described in the *NSW Healthy Eating and Active Living Strategy*[5] that drives major health promotion investments across NSW.

Childhood obesity is associated with compromised health[6] and significant reductions in quality of life[7, 8]. Children above a healthy weight may develop health problems in childhood, such as asthma, sleep problems, hip, knee and ankle problems, and high cholesterol or blood pressure. Children who are above a healthy weight are also much more likely to become overweight adults putting them at risk of health problems like heart disease, diabetes and cancer[1, 9].

Intervention during childhood therefore has the potential for both short-and long-term benefits. There is growing evidence for the potential of childhood obesity prevention[9, 10] including strategies delivered in settings such as early childhood services[11, 12] and schools[13, 14]. To be effective and sustainable, it is important that comprehensive childhood obesity prevention takes a population-wide approach, includes community-based interventions, and has strong leadership, policies, dedicated funding, monitoring and infrastructure in place to support health promotion action[1]. The establishment of the NSW Office of Preventive Health (OPH) in July 2012 provided the ideal mechanism for this to be enabled in NSW, with stated OPH objectives being to[15]:

- Manage the planning, implementation, support and evaluation of priority state-wide preventive health programs
- Report on outcomes of NSW priority-funded preventive health programs, including economic analyses
- Facilitate preventive health research and knowledge translation into policy and practice
- Support the NSW Local Heath District (LHD) health promotion workforce to deliver key state-wide preventive health programs
- Provide high level evidence-based advice to the NSW Ministry of Health on matters relating to delivery of preventive health programs and strategies.

The NSW Healthy Children Initiative (HCI) was established in July 2011 to provide a comprehensive, coordinated approach to childhood obesity prevention across NSW. HCI is funded by the NSW Ministry of Health and delivered through the OPH and LHDs.

HCI Funding and Policy Context

Although numerous childhood obesity prevention programs and projects were being delivered in NSW prior to the establishment of HCI, they were not of the scope, scale nor coordinated intent that is described herein. Initial funding through the Council of Australian Governments (COAG) *National Partnership Agreement on Preventive Health* made HCI possible[16]. All jurisdictions in Australia received this funding stream for childhood obesity prevention to *"help assure Australian children of a healthy start to life"* (p5) with particular focus on:

- Building on existing efforts, while adapting them to suit demographic and other factors in play at various sites
- Covering physical activity, healthy eating, and primary and secondary prevention
- In settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, and children and family centres
- Including family based interventions, settings based initiatives, environmental strategies in and around schools, and breastfeeding support interventions.

When that funding stream ended in July 2014, programs in other jurisdictions were concluded or scaled back. However the HCI infrastructure in NSW was sufficiently robust to remain in place as the central focus of childhood obesity prevention in NSW. HCI continues to deliver key programs under the cross-government *NSW Healthy Eating and Active Living Strategy*[5]. Specifically, HCI provides access to state-wide healthy eating and active living programs (Strategic Direction 2). The key settings for implementing these programs include early childhood education and care services, schools, junior community sport and the community more broadly.

NSW Government Priority

In late 2015 the NSW Premier committed to 12 key personal priorities to make NSW a better place to work and live, including reducing the prevalence of childhood overweight and obesity by 5% in 10 years, which would result in 62,000 more children who are a healthy weight in NSW[3].

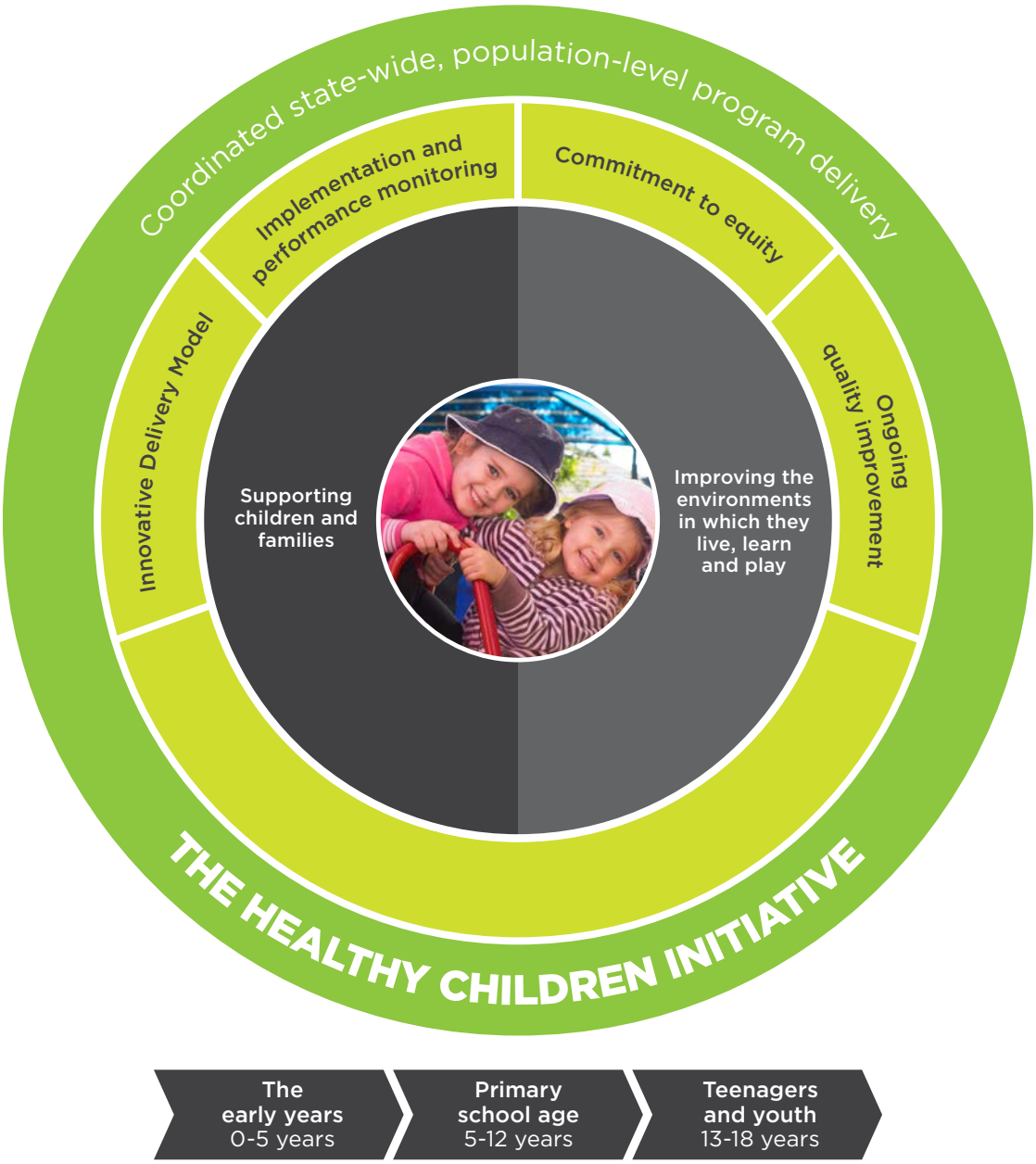
HCI is an important strategic component of this Premier's Priority, providing coordinated state-wide leadership of childhood obesity prevention programs. HCI is complemented by more than 50 cross government actions, including[3]:

- Enhancing the *Make Healthy Normal* social marketing campaign with new messages for families
- Supporting GPs and health professionals to identify children above a healthy weight and refer them to appropriate programs
- Supporting the NSW menu labelling initiative to help people make lower-kilojoule choices when eating out
- Creating guidelines for the planning, design and development of healthy built environments.

(Former) NSW Premier Mike Baird[3]

Framework for HCI Action

Figure 1: HCI Framework for Action



A comprehensive framework for HCI action is represented in Figure 1. This recognises that:

- **The scope of action** is broad, focussing not just on children and families but also the settings in which they spend time, to create supportive environments and a culture that is more conducive to healthy eating and active living.
- HCI programs and other investments are tailored to context and needs across **a range of ages and stages**, including the early years (0-5 years), primary school age (5-12 years) and teenagers and youth (13-18 years).
- **The approach** is coordinated and strategic. This includes an innovative delivery model that builds strong reciprocal partnerships between the OPH and LHDs, implementation and performance monitoring for both insight and accountability, a strong commitment to equity and ongoing investments in innovation and research (see more from page 13).
- This framework for action collectively provides an opportunity for **coordinated state-wide, population-level program delivery**.

Overview of Current Programs and Other Investments

HCI was initially built upon a number of existing programs which were scaled-up for delivery across NSW. It continues to evolve through further innovation and research. Figure 2 provides an overview of current HCI programs and other investments by age and stage, and the following tables provide a snapshot summary of each. "Flagship programs" are highlighted as those with greatest population reach and a substantial focus and resource allocation.

Figure 2: HCI programs and other investments by age and stage

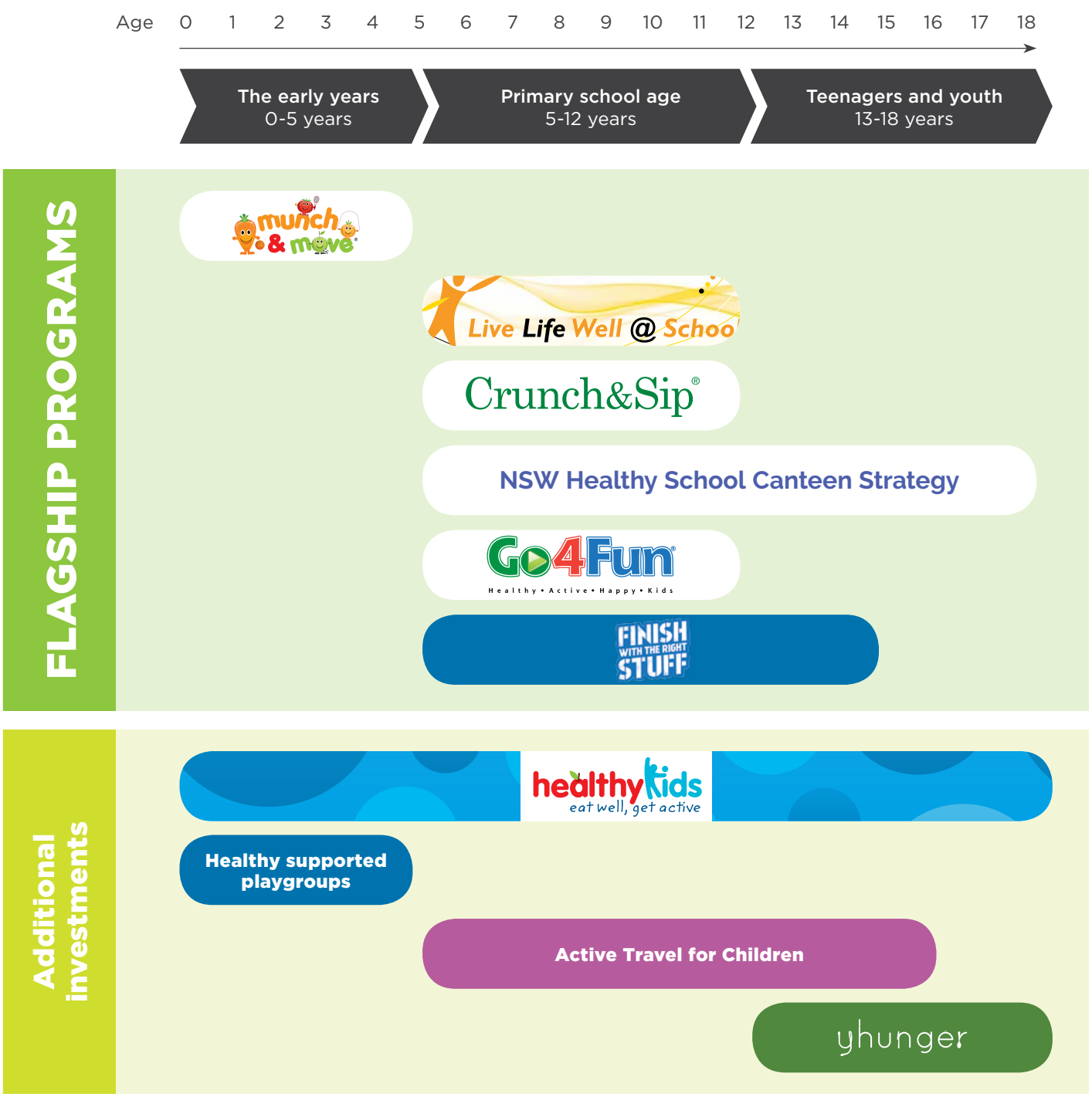


Table 1: Snapshot of current flagship programs

PROGRAM	TARGET GROUP	SETTING	BRIEF DESCRIPTION
munch & move®	Children aged 0-5 years, parents/carers, early childhood educators and staff	Early childhood education and care services	Encourages healthy eating, increased physical activity and reduced small screen recreation in children attending early childhood education and care services.
Live Life Well @ School	Children aged 5-12 years, parents/carers, teachers, principals	Primary schools	Enhances teacher's knowledge and skills in teaching nutrition and movement. Supports schools to create environments which enable children to eat healthily and be physically active.
Crunch&Sip®	Children aged 5-12 years, parents/carers, teachers, principals	Primary schools	Encourages primary schools to schedule a daily in-class break for students to eat fruit or vegetables and drink water, in addition to their usual recess and lunch breaks.
NSW Healthy School Canteen Strategy	Children aged 5-18 years, parents/carers, canteen staff and volunteers, principals	Primary and secondary schools	Encourages all primary and secondary schools to provide a healthy and nutritious food service that is consistent with the Australian Dietary Guidelines.
Go4Fun® Healthy • Active • Happy • Kids	Children aged 7-13 years, parents/carers	Community	Helps children above a healthy weight and their parent/ carer(s) to modify family lifestyles, improve nutrition and activity levels, promote weight management and increase wellbeing and self-esteem. Delivered by trained and qualified health professionals, with prioritisation for delivery within disadvantaged communities.
FINISH WITH THE RIGHT STUFF	Children aged 5-16 years, parents/carers, sporting clubs and associations	Sporting clubs and associations	Encourages junior sporting clubs and associations to provide and promote healthier food at club canteens and encourages children to drink water before, during and after the game.

Table 2: Snapshot of additional HCI investments

PROGRAM	TARGET GROUP	SETTING	BRIEF DESCRIPTION
healthy kids eat well, get active	Children and young people, parents/carers, HCI project partners, communities	Online	This website provides a "one stop shop" of current and credible information and resources about healthy eating and physical activity.
Healthy supported playgroups	Children aged 0-5 years, parents/carers, playgroup facilitators	Supported playgroups	Provides recommendations and online information to create environments and deliver consistent, appropriate messages and learning experiences that support healthy eating, active play and oral health to parents/carers.
Active Travel for Children	School aged children, parents/carers, partner organisations	Community	Provides an overarching strategy on active travel for children, in collaboration with key government and non-government agencies.
yhunger [a]	Young people 12-24 years who are experiencing or at risk of homelessness. Youth workers and services	Youth workers and services	Helps disadvantaged youths to develop healthy eating and physical activity skills by training youth workers to provide healthy, nutritious food and encourage regular physical activity. Delivered through specialist youth health and homelessness services and alternate education providers.

[a] yhunger is a Sydney LHD-funded program with HCI contribution towards resource development and evaluation.

The Innovative HCI Delivery Model

One of the greatest challenges in health promotion is the concept of scalability – increasing the scale and adoption of health promotion interventions to achieve state-wide, population-level program delivery and outcomes[17, 18]. The innovative delivery model of HCI is central to achieving effective program delivery at scale, notably across our flagship programs.

Traditional, top-down models are often characterised by state-level determination of broad priorities for action, with funding provided to local areas for action within the agreed scope. Another common delivery approach is central coordination, often through non-government organisations without an on-the-ground workforce. There is often little further coordination or collaboration. In contrast, HCI has seen the establishment of genuinely reciprocal partnerships across NSW with enhancement of the existing health promotion workforce. This draws upon the strengths of each group in mutually beneficial ways.

OPH is well-placed to conduct centralised planning and coordination. OPH can negotiate within the health system and build partnerships with other organisations at the state level to facilitate HCI funding, design, delivery, research and evaluation. OPH investments in centralised or commissioned research and intervention development can be shared state-wide, avoiding duplication and improving evidence-based practice. Similarly, OPH can support LHDs by funding a pilot study or evaluation of a locally-developed intervention, building the potential for wider adoption across the state. The resulting improved impact of programs which are delivered state-wide is also desirable when working with other state-wide organisations such as the Department of Education. Finally, centralised implementation monitoring provides information which is used to inform program review and quality improvements. The efficiencies of centralised systems also maximise the resources that can be directed into local intervention delivery.

LHDs implement HCI programs through dedicated, funded positions. Resourcing these local positions is a central component of the delivery model, to ensure capacity for local intervention delivery. LHD teams also have the best understanding of their local communities and project partners, and can adapt the flagship interventions accordingly, while maintaining fidelity, hence value-adding locally. Each LHD has worked for many years to establish the vital local partnerships that are essential to practice, and build their capacity to promote and support healthy lifestyles, particularly in relation to equity investments such as working with Aboriginal organisations and communities. The implementation experiences of LHDs are shared between one another and fed back to inform the central coordination of HCI, completing the ongoing quality cycle in a truly collaborative manner.

The HCI delivery model can therefore deliver much more than the sum of its parts. Each group builds the capacity of the others. This has particular benefits for rural and remote LHDs who might otherwise be working in relative isolation with minimal resources.

This model builds a critical mass that benefits all. Long-term funding enables OPH and LHDs alike to recruit personnel, and develop and sustain the state-wide health promotion workforce as a whole. This includes recruiting to identified positions such as the Aboriginal Leaders who deliver programs such as Go4Fun® for Aboriginal families.

Examples of the state-wide, population-level reach and impacts achieved across NSW, July 2011 to June 2016, through the innovative HCI delivery model include the following.

MUNCH & MOVE®

LHD performance target = 70% of participating services achieving ≥70% of practices

This performance target has been exceeded, rising from 36% in 2012 to 92% in 2016.

3,231 (91%) of centre-based early childhood services across NSW participate in the *Munch & Move*® program.

95% include active play time

96% include fruit and vegetables daily

97% have a written policy on nutrition

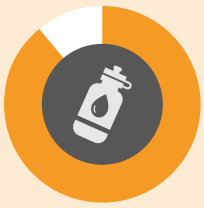
LIVE LIFE WELL @ SCHOOL

LHD performance target = 70% of participating services achieving ≥70% of practices

This performance target has been exceeded, rising from 32% in 2012 to 80% in 2016.

2,050 (84%) of primary schools across NSW participate in the Live Life Well @ School program.

92% encourage students to be physically active during recess and lunch



89% have a fruit, vegetable and water break

81% provide nutrition and physical activity information to families

GO4FUN®

7,821 overweight and obese children and their families have participated in **807** Go4Fun® groups

On average, participating children have achieved:

Reduced weight: BMI reduced by 0.5kg/m^2

Improved nutrition: Statistically significant increases in both fruit and vegetable intake

Increased physical activity: Increase by 3.6 hours per week

Additional benefits: Improved fitness and self-esteem

Implementation and Performance Monitoring

The scale of the investment in HCI demands that comprehensive and systematic monitoring be undertaken. This is in line with World Health Organization recommendations that highlight the importance of information and accountability[1].

There are two distinct elements of this in HCI:

- implementation monitoring by OPH to inform HCI delivery; and
- quality improvement, and performance monitoring by the NSW Ministry of Health as part of Service Level Agreements between the Ministry and individual LHDs.

IMPLEMENTATION MONITORING

Effective scaling up requires the systematic use of evidence, and it is essential that data from implementation monitoring are linked to decision-making throughout the scaling up process[18]. To that end, a framework was developed to guide the monitoring, evaluation and quality review of *Munch & Move*® and Live Life Well @ School, both of which would be implemented at a large scale[19].

Program adoption indicators known as *practices* are a key feature of this monitoring approach. These program-specific practices relate to organisational changes in early childhood services and primary schools which reflect program adoption to a high standard. Practices relate to healthy eating, physical activity and sedentary behaviours (see full lists later in this document). Each practice was developed, piloted and subsequently analysed for sensitivity, then clearly defined in a Monitoring Guide to ensure consistent determination of achievement across NSW.

An information management system was commissioned to report data in real time by LHD staff and is used by the Ministry of Health to report HCI data for performance monitoring and by OPH for program monitoring. Known as the Population Health Intervention Management System (PHIMS), this system comprises multiple components including software to enable data entry, analysis and reporting, and a tailored user interface for LHDs, the Ministry of Health and OPH. PHIMS was developed as a flexible, scalable and sustainable information technology solution, with due consideration of issues such as access and confidentiality. The system has 150 users who account for the monitoring and reporting of over 6,500 intervention sites.

Data on the practices are obtained by health promotion officers in each LHD as a result of their direct contact with the service or school and are entered into PHIMS. Data are reported quarterly and used to inform quality improvements in the programs.

In addition to the PHIMS data describing *Munch & Move*® and Live Life Well @ School, **Go4Fun® implementation data are also routinely gathered and monitored**. These data are entered into a service provider data system, Better Health Data, and analysed and reported as part of a contractual service provision. Data describing the number of families registering, enrolling and completing the Go4Fun® program are reported by LHD and at state level. Aggregated participant outcome data are also reported and include changes in self-esteem, BMI, consumption of both healthy and unhealthy indicator foods and time spent in physical activity and sedentary behaviours.

PERFORMANCE MONITORING

Performance monitoring relates to procedures between the NSW Ministry of Health and individual LHDs. The data used for performance monitoring are extracted from the PHIMS and Go4Fun® data sources described above.

Key performance indicators (KPIs) and measures were developed to describe program reach and adoption for *Munch & Move*® and Live Life Well @ School. KPIs for Go4Fun® relate to enrolments against a defined target and completion rates.

KPIs are reported at both the state and LHD level.

Annual LHD targets were established for KPIs. Annual incremental targets were set to achieve progress towards the June 2015 targets as follows:

- ***Munch & Move***®: 80% of all centre-based services participate in the program and 60% of services achieve 70% of the program practices.

- **Live Life Well @ School**: 80% of all primary schools participate in the program and 60% of these schools achieve 70% of the program practices.

- **Go4Fun**®: 7,000 children enrolled in the program across NSW with 85% of them completing the program.

As the programs have become established over time and their achievements have grown, the KPIs too have increased to reflect this, and to drive ongoing performance improvement. Having achieved good program participation or reach, the focus of KPI increases has been on program adoption through achievement of program practices. The targets for June 2016 were as follows:

- ***Munch & Move***®: 80% of all centre-based services participate in the program and 70% of services achieve 80% of the program practices.

- **Live Life Well @ School**: 80% of all primary schools participate in the program and 70% of schools achieve 80% of the program practices.

- **Go4Fun**®: an additional 1,694 children enrolled across NSW from July 2015 to June 2016 with 85% of them completing the program.

Key performance indicators were embedded in the in the annual Service Level Agreements between the NSW Ministry of Health and LHDs[20]. These Service Agreements comprise the performance and service delivery requirements of LHDs[19]. As part of the NSW performance framework, Chief Executives of each LHD are required to participate in quarterly performance reviews against the annual service agreement. Incorporating HCI KPIs in this process enables state and local level monitoring of HCI program implementation, facilitates LHD accountability, and provides feedback to inform local HCI program delivery planning. It also encourages ongoing investment in child obesity prevention at the state level.

There is always some risk that a systematic and centrally directed approach to implementation and performance monitoring may act as a barrier to local innovation, and even compromise program fidelity[19]. However, within the context of HCI, whilst the outcomes and targets are centrally directed, LHD implementation to achieve these targets remains locally determined. A balance is therefore achieved between local innovation and central management.

A Commitment to Equity

An important function of implementation monitoring is to ensure equitable access and participation and equitable outcomes. These are critical considerations for the fair, universal delivery of HCI programs and other investments across NSW. Certain groups in our communities experience poorer health than the rest of the NSW population[21, 22]. The *NSW State Health Plan: Towards 2021* calls upon health services and programs to make sure that health gains are shared by everyone and across every community in NSW[21].

HCI recognises that the following equity principles are important to achieve this[23]:

- Identify barriers that prevent or limit children from priority groups from participating in HCI programs
- When necessary, tailor programs to meet the needs of priority groups
- Promote the sustainability of equity principles by building them into the policies and programs
- Monitor and evaluate programs in terms of their accessibility to and impacts upon priority groups.

The need for more coherent planning is also emphasised, as is the importance of strengthening the infrastructure underpinning program delivery, and the need to increase partnerships between health and other government-delivered services. State-wide stakeholder consultation also determined a need for something more concrete and practical tools to guide program activity. As a result, *The HCI Equity Toolkit*[23] was developed through a Delphi consensus process. The toolkit identifies and describes practical actions across three "other platforms for action" relating to community needs assessment, identifying opportunities for collaborative action and prioritising equity and sustainability across all programs.

The toolkit has subsequently been enhanced by more specific tools and resources such as a checklist for considering and incorporating the priorities and needs of culturally and linguistically diverse communities when implementing HCI programs and other investments.

In practice, this commitment to equity is evidenced throughout the ongoing cycle of planning, development, implementation and evaluation – notably a strong focus on equity in the performance monitoring of HCI programs and other investments, to ensure HCI does not widen the health differential by ensuring that it has broad reach including those who need it the most (see next page).

THE HCI PRIORITY GROUPS ARE:

Children living in low socioeconomic population groups

Aboriginal & Torres Strait Islander children

Children from culturally and linguistically diverse (CALD) backgrounds

Highly marginalised children and youth

Children from remote NSW

Children from single parent families

Reach and Adoption of HCI Programs

Implementation monitoring tracks the reach and adoption of HCI programs in vulnerable populations, as well as state-wide, to ensure that equity goals are being met.

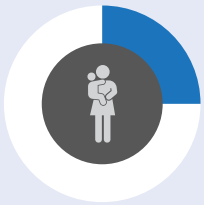
MUNCH & MOVE®

Focus population/setting	% that participate in *Munch & Move®*	% that have achieved the practice adoption targets
Early childhood services in areas of socioeconomic disadvantage[a]	94%	90%
Early childhood services with high proportions of Aboriginal children[b]	96%	88%
Early childhood services in outer regional and remote/very remote locations	75%	70%
ALL EARLY CHILDHOOD SERVICES ACROSS NSW	91%	92%

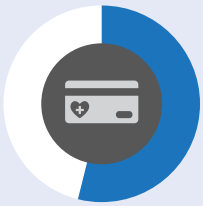
LIVE LIFE WELL @ SCHOOL

Focus population/setting	% that participate in Life Live Well @ School	% that have achieved the practice adoption targets
Primary schools in areas of socioeconomic disadvantage[a]	86%	79%
Primary schools with high proportions of Aboriginal students[b]	90%	79%
Primary schools in outer regional and remote/very remote locations	77%	77%
ALL PRIMARY SCHOOLS ACROSS NSW	84%	80%

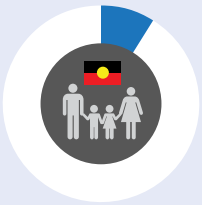
GO4FUN®



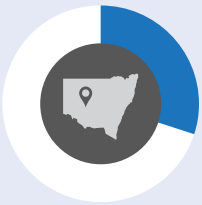
25% of participants to date identify as being from a sole parent family



54% of participating mothers hold a health care card



9% of participating families identify as being Aboriginal or Torres Strait Islander



30% of participants have come from outer regional or remote/ very remote localities

[a] Defined as being in SEIFA quintiles 1 and 2 [b] Defined as being above 10% (greater than population prevalence)

Ongoing Quality Improvement

The scale and longevity of HCI provides a context in which quality improvement can be achieved through sound, long-term practices and targeted quality investments.

Evidence-based practice is the cornerstone of health promotion, and HCI is built upon a foundation of quality health promotion practice, and is shaped by policy and research. For example, health promotion in schools was the focus of the work of many health promotion professionals across NSW for many years prior to the establishment of OPH and HCI[24]. Building upon that evidence and experience of the past and the wisdom of current practitioners and partners are key to effective health promotion delivery.

Ongoing reciprocal communication between OPH and LHDs occurs through routine contact such as quarterly networking meetings, as well as purpose-run forums. Informal consultation and feedback is continuous. The implementation experiences of LHDs are shared between one another and fed back to inform the central coordination of HCI, completing the ongoing quality cycle in a truly collaborative manner. For example, feedback regarding the Live Life Well @ School program shaped the delivery of professional development for primary school staff.

Implementation monitoring provides valuable insight and intelligence to guide HCI delivery, particularly in terms of reach. This considers not only the scale of that reach but also whether individuals and communities who experience disadvantage and inequities in health and wellbeing are accessing and participating in HCI programs and other investments.

Go4Fun® Quality Improvement Case Study

Targeted investments in innovation and evaluation build stronger HCI programs. For example, since Go4Fun® was launched in 2009, there have been ongoing investments to evaluate and improve the program. The original program model was supported by evidence for efficacy related to weight and psychosocial outcomes[25, 26], acceptability to parents[25], positive long term outcomes[27] and participation by those from disadvantaged and ethnic minority backgrounds[28].

That model included twice-per-week two-hour sessions over 10 weeks. Despite relatively successful implementation, a program review in 2012 found that the twice-per-week attendance requirement was a barrier to participation for some families. A program of reduced duration could potentially remove this barrier, as well as costing less to deliver. But would it still achieve the same results?

OPH undertook a cluster-randomised controlled trial between July 2013 and March 2014 to compare the effectiveness of a revised, once-per-week program delivery model with the original twice-per-week model[29]. Evaluating outcomes at program completion and six-month follow-up, the study concluded that Go4Fun® can be delivered once-per-week with no compromise to health or behavioural outcomes. The standard mode of delivery has been once-per-week across NSW since October 2014.

Through this ongoing program improvement process, feasibility has been improved and cost efficiency achieved with no compromises to program outcomes, and significant contributions made to the evidence base[29, 30].

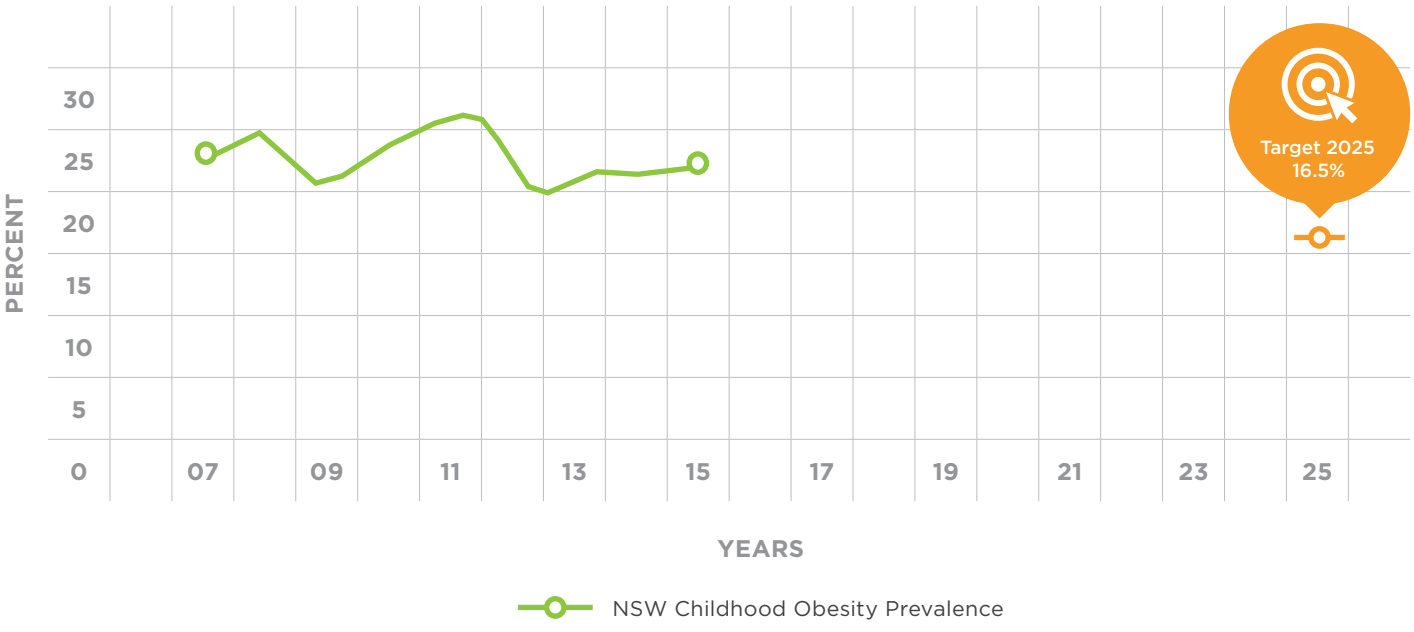
Future Directions

There are indications that the prevalence of childhood obesity in NSW has stabilised and may be declining. The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with the 2015 prevalence at 22% of 5-16-year-old children (Figure 3). The 2015 NSW School Physical Activity and Nutrition Survey (SPANS) reports objectively measured height and weight in children from Kindergarten to Year 12 and trends over time. SPANS 2015 suggests that obesity prevalence has decreased at entry into school (Kindergarten) and Year 6, while prevalence remains high in the adolescent years of secondary school, (Years 8, 10 and 12).

The high reach of HCI programs targeting early childhood settings and primary schools is likely to be a contributing factor to these apparent changes, but the issue remains a high priority for government action.

The NSW government Premier's Priority to reduce obesity prevalence by 5% by 2025 has provided an opportunity and an imperative to strengthen the childhood obesity prevention effort. This will require a strong effort across childhood obesity prevention programs through HCI, food and physical activity environments, the built environment, social marketing and clinical engagement to identify and manage obesity[5].

Figure 3: Overweight and obesity in children aged 5-16 years, NSW 2007-2015



To move HCI into the future to achieve these targets, OPH will:

- **Maintain the high population reach of flagship HCI programs** by continuing to deliver flagship programs at scale, notably:
  - *Munch & Move*® in early childhood settings
  - Live Life Well @ School in primary school settings.
- **Scale up programs where appropriate** to improve reach and impact.
  - With a major new investment to be provided through the NSW Premier's Priority, Finish with the Right Stuff will be implemented in 300 clubs over the next two years.
- **Increase the impact of HCI programs** through strategies including but not limited to:
  - Increasing the support for less well achieved practices (such as teaching fundamental movement skills in early childhood services and primary schools)
  - Exploring more effective implementation processes (such as training methods) to achieve greater reach and sustainability.
- **Leverage off existing policy imperatives and monitoring systems**, such as:
  - Improving healthy food access and availability in school canteens and linking this to Department of Education monitoring systems
  - Supporting Department of Education to roll out and monitor the canteen strategy
  - Supporting early childhood services to meet their requirements under the National Quality Framework.
- **Invest in ongoing quality improvements** in each HCI program to ensure programs are delivered with fidelity, remain contemporary and are relevant for the target groups.
  - The Best Practice Framework that is routinely implemented for Go4Fun® incorporates professional reflection and continuing professional development as well as providing a quality check and feedback loop to program improvement.
  - Develop a quality framework for *Munch & Move*® and Live Life Well @ School.
- **Focus on building sustainability**, through strategies including but not limited to:
  - Increasing the relevance and thereby acceptability, sustainability and system-wide reach of HCI strategies, such as ensuring that training delivered to early childhood educators and primary school teachers is accredited.
- **Identify opportunities to build evidence to direct future investments**, such as:
  - Interventions for parents of children aged 0-2 years and 2-6 years
  - Interventions for adolescents both in the school setting and in the community.
- **Targeted delivery to improve reach and impact on vulnerable groups**, such as:
  - Delivering Go4Fun® to the most vulnerable groups within an LHD and the state-wide development of adapted programs such as Go4Fun® for Aboriginal Families, which was piloted in 2015.
- **Complement the HCI settings based approach with more direct communication to families, parents and carers through social marketing and development of programs or services which target this audience directly**.

FLAGSHIP PROGRAMS

Munch & Move®

The *Munch & Move*® program aims to influence the healthy eating and physical activity behaviours of young children from birth to five years who attend NSW early childhood education and care services. The program offers professional development and support across six key health promoting messages:

- Encouraging and supporting breastfeeding
- Choosing water as a drink
- Choosing healthier snacks
- Eating more fruit and vegetables
- Getting active every day
- Turning off the television or computer and getting active.

Centre-based early childhood services including preschool and long day care services are important settings for childhood obesity prevention[11, 12, 31, 32]. It has been recommended that this should target dietary intake and activity behaviours simultaneously[33] and policies be strengthened to create a healthy early childhood environment[34].

Evidence shows that educational workshops and training for child care providers on nutrition, physical activity and screen-time behaviours and regulations have increased provider knowledge, improved centre policies and reduced body mass index for children in child care centres in the United States[35, 36]. Within Australia, preschool-based obesity prevention interventions have produced significant changes in children's food intake, movement skills and indicators of weight status[37], reduced the prevalence of overweight and obesity in early childhood settings[38] and improved children's food intake at preschool[39]. Written physical activity policy, structured staff-led physical activity and staff participating in active play have been associated with higher levels of physical activity in preschools[39]. Healthy eating and physical activity strategies have been able to be sustained beyond one year of intervention[40].

Munch & Move® provides state-wide professional development training by an early childhood registered training organisation and support by LHDs. The program also offers:

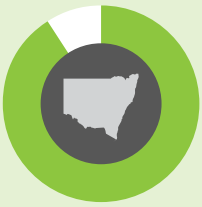
- An online refresher module to further reinforce knowledge and skills
- Practical resources to support policy and practice development and implementation
- Fact sheets to communicate with families
- Ongoing implementation support from LHDs.

The program is strongly aligned to the National Quality Framework and it can help services meet the requirements of the National Quality Standard and the Early Years Learning Framework.

A set of 15 program adoption indicators (also known as practices) has been developed:

Practice 1	Service monitors food and drinks that are in children's lunchboxes every day
Practice 2	Service menu includes fruit and vegetables at least once per day
Practice 3	Service menu includes only healthy snack options every day
Practice 4	Service supplies age appropriate drinks every day
Practice 5	Service provides structured and specific learning experiences about healthy eating at least 2 times per week
Practice 6	Service provides tummy time for babies 0-12 months of age every day
Practice 7	Service provides physical activity for 1-5 year olds at least 25% of the daily opening hours
Practice 8	Service provides fundamental movement skills for children 3-5 years of age every day, to at least 90% of children
Practice 9	Service use of small screen recreation by 3-5 year olds is appropriate
Practice 10	Service has a written nutrition policy
Practice 11	Service has a written physical activity policy
Practice 12	Service has a written policy restricting small screen recreation
Practice 13	Service provided health information to families within past 12 months
Practice 14	Service has at least 50% of primary contact educators trained in nutrition and at least 50% trained in physical activity
Practice 15	Service monitors and reports achievements of healthy eating and physical activity objectives annually

There has been a steady growth in the number and type of early childhood services participating in *Munch & Move*® since it began as a pilot in 2008.



91%

of centre-based early childhood services across NSW now participate in *Munch & Move*® **(3,231 services)**

213,800 children in NSW attend an early childhood service[41]. Nearly **195,000** children attend a participating service.

There has been a significant increase in the number that have implemented 70% or more of the *Munch & Move*® practices:

36% in 2012

92% in 2016

This increase in program adoption has been seen across all early childhood services (preschool, long day care and occasional care services) and notably by early childhood services that are characterised by priority population groups (high proportion of Aboriginal children attending, services in disadvantaged communities and services in remote communities).

The strongest increases in individual practice improvement have related to:

- Water or age-appropriate drinks (Practice 4)
- Healthy eating learning experiences at least twice per week (Practice 5)
- Fundamental movement skills ages 3-5 years (Practice 8)
- Written physical activity policy (Practice 11)
- Provision of health information to families annually (Practice 13)


Reconciliation Week
26th ~30th May

Live Life Well @ School

Live Life Well @ School is delivered through a partnership between NSW Health, the NSW Department of Education, Catholic and Independent school sectors. It is delivered in NSW primary schools to promote healthy eating and physical activity to students and their families.

The program aims to enhance teachers' knowledge, skills and confidence in teaching nutrition and physical activity as part of the school curriculum. The program has a "whole of school" approach consistent with classroom teaching and school policies, and encourages links with parents, carers and communities.

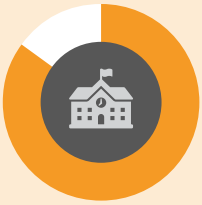
Primary school aged children spend a large proportion of their day at school, which has an important role in their lives providing a safe and supportive environment for learning about and reinforcing healthy eating and physical activity behaviours during the formative years[13, 42, 43]. Research suggests that interventions using a combination of nutrition and physical activity interventions are effective in achieving weight reduction in school settings[13, 14, 44-46]. There is convincing evidence that long-running school-based interventions are effective in the short-term in reducing the prevalence of childhood obesity[47] and supporting the beneficial effects of child obesity prevention programs on body mass index, particularly those aimed at primary school aged children[10].

Live Life Well @ School was first implemented in Government schools in 2008, and was expanded in 2012 to include Catholic and Independent schools. The program provides a framework to consolidate pre-existing nutrition and physical activity programs, resources and strategies being offered across NSW. It is built on the outcomes and learning of previous state-wide programs and was developed in line with relevant obesity prevention guidelines[48, 49] and Department of Education policies[50].

The program offers professional learning for teachers to improve skills and confidence in teaching nutrition, fundamental movement skills and physical education. LHDs provide additional support for program implementation at the school via school visits, phone calls and email follow ups to assist schools to develop an Action Plan that reflects a whole of school approach to nutrition and physical activity, assist in the development of school community focused nutrition and physical activity strategies, and provide access to information and resources that support the teaching and creation of a school environment that promotes physical activity and healthy eating. LHDs also target schools that have relatively high numbers of Aboriginal and Torres Strait Islander students, schools located in disadvantaged communities and schools that are geographically remote.

Like *Munch & Move*®, Live Life Well @ School established and promotes a core set of evidence-based practices.

Practice 1	The school provides curriculum learning experiences regarding healthy eating, physical activity and sedentary behaviour
Practice 2	The school explicitly addresses fundamental movement skill development as part of the PDHPE programs
Practice 3	The school provides the opportunity for classes to eat vegetables and fruit and drink water (see also page X)
Practice 4	The school encourages physical activity during recess and/or lunch
Practice 5	The school provides a supportive environment for healthy eating (canteens, school activities involving food and drink)
Practice 6	The school provides information to families on healthy eating, healthy lunchboxes, physical activity and limiting small screen recreation
Practice 7	Teaching staff are provided with professional learning / development to promote healthy eating and physical activity to students
Practice 8	The school has an identified team / committee with executive membership to support the implementation of LLW@S or similar initiatives
Practice 9	School planning processes (e.g. strategic, annual, operational plans) incorporate LLW@S strategies
Practice 10	The school monitors and reports annually on the implementation and outcomes of LLW@S strategies



84%

of primary schools across NSW now participate in Live Life Well @ School **(2,050 schools)**

668,685 children in NSW attend a primary school[51]. Nearly **562,000** children attend a participating school.

4,617 teachers attended workshops between 2008-2014.

7 conferences were held between January 2014 and June 2015 with **669 teachers** attending from **595 schools**.

There has been a significant increase in the number that have implemented 70% or more of the desired practices:

The strongest increases in individual practice improvement have related to:

- Physical activity during recess and/or lunch (Practice 4)
- Teacher professional learning / development on healthy eating and physical activity (Practice 7)
- School team/committee with executive membership to support the implementation (Practice 8)
- School planning processes incorporate practices (Practice 9)
- School monitors and reports annually on Live Life Well @ School strategies (Practice 10)

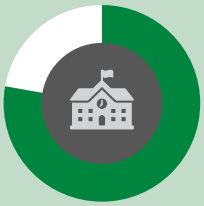
Crunch&Sip®

Crunch&Sip® encourages primary schools to schedule a daily in-class break for students to eat fruit or vegetables and drink water, in addition to their usual recess and lunch breaks. Crunch&Sip® provides extra nutrition, helps to prevent dehydration and normalises drinking water, as well as giving children an opportunity to try new vegetables and fruit.

Crunch&Sip® takes a whole-of-school approach, with the program incorporated into school policy. Originating in Western Australia in 2002, Crunch&Sip® has been operating in NSW since 2008. A vegetable, fruit and water break such as Crunch&Sip® is part of the Live Life Well @ School program, although schools can participate in Crunch&Sip® separately.

Crunch&Sip® schools have a positive impact on students by:

- ☑ Creating an enjoyable daily routine that increases fruit and vegetable intake
- ☑ Promoting a positive attitude towards fruit, vegetables and water
- ☑ Incorporating nutrition education into key learning areas of the curriculum



Crunch&Sip® is currently being implemented across NSW in over

78%

(2,022) of primary schools

The implementation across NSW is supported by the Healthy Kids Association and OPH, including:

- A school implementation guide
- Food and nutrition focused classroom activities that fit within the NSW primary schools Personal Development, Health and Physical Education curriculum and also meet other cross-curricula outcomes
- Activity ideas based around healthy eating
- Background nutrition information and helpful resources for teachers.

"We were concerned at the amount of processed foods students were consuming. To encourage healthier eating habits, the school introduced Crunch&Sip®. The outcomes have demonstrated the positive and life-changing influences that we, as teachers, can have upon our students."

"It's well worth the time it takes to have Crunch&Sip®, to improve students' concentration for the remainder of the morning."

Feedback from teachers and schools

NSW Healthy School Canteen Strategy

A key action point of the *NSW Healthy Eating Active Living Strategy*[5] is improving the availability of healthy food and drink in a range of settings, and implementing the *Australian Dietary Guidelines* within all nutrition initiatives.

School canteens are an important setting to target in this context, with evidence that:

- Around 60% of NSW students report purchasing their lunch from the school canteen at least once per week[52]
- Older students (particularly boys Year 8 and above) are more likely to report purchasing from the canteen more than once a week, as are students from a low socio-economic status background[53]
- On average, Australian school-age children consume more than one-third of their daily energy intake at school. This includes a combination of foods purchased from canteens and food brought from home[54].

The ***Fresh Tastes @ School NSW Healthy School Canteen Strategy*** was jointly developed in 2004 by the NSW Ministry of Health, the NSW Department of Education, the Catholic Education Commission NSW and the Association of Independent Schools of NSW. Implementation of the Strategy is a requirement for government schools and encouraged in Independent and Catholic schools.

The Strategy requires that nutritious food and drink to be promoted and made readily available to NSW school students. Food and drink with minimal nutritional value is to be offered infrequently and should not be promoted. The *NSW Canteen Menu Planning Guide*[55] outlines the requirements of the Strategy and is based on the 2003 A*ustralian Dietary Guidelines for Children and Adolescents*[56]. The Menu Planning Guide uses a traffic light system (red, amber and green) to classify the nutritional value of food and drinks.

There have been significant developments in this area since the introduction of the Strategy more than ten years ago, most notably an update of the *Australian Dietary Guidelines*[57] and accompanying *Australian Guide to Healthy Eating*[49], the release of *National Healthy School Canteen Guidelines*[58] and introduction of the voluntary national Health Star Rating system on packaged foods in 2014. In this developing context, a review of the *Fresh Tastes @ School* NSW Healthy School Canteen Strategy was required to ensure consistency with the new guidelines, improve implementation, and increase healthy food and drinks sold in school canteens. The review was led by the NSW Department of Education jointly with the NSW Ministry of Health and was launched in Term 1 2017.

The NSW Ministry of Health has led research including exploration of barriers and enablers to implementation in high school canteens and externally licensed (or leased) school canteens to inform the strategy review. Schools have achieved varying levels of success in implementing a healthy canteen. The commissioned research will contribute to addressing this in the future.

A key product of this review is a *Food and Drink Benchmark* based on the Australian Dietary Guidelines, categorising foods as "Everyday" and "Occasional". Occasional foods will be further classified as suitable for sale if they have a Health Star Rating of 3.5 stars or above. Resources have also been developed to support the revised Strategy.

As part of the Life Live Well @ School program for primary schools, LHDs will support schools to implement the new Healthy School Canteen Strategy. The Healthy Kids Association continues to support all school canteens in NSW to which the NSW Ministry of Health contributes funding.

Key barriers and enablers

The commissioned research identified key barriers to implementation as being:

- Complex guidelines
- Human resources and support to effectively implement and maintain the Strategy
- Self-monitoring for compliance for implementing the Strategy
- Confusion regarding requirements for implementing the Strategy
- The perception that schools do not have a prominent role in the provision of healthy foods
- Parents' perceptions and knowledge regarding school canteens
- The influence of students and the school community
- The ready availability of food in the local community
- A focus on profits
- Canteen logistics and food storage
- A lack of volunteer support.

Key enablers are:

- Policy with ongoing support
- Joining health promotion associations
- A positive perception of the school canteen guidelines
- A whole-of-school approach
- Developing partnerships and collaborations
- Harnessing support from the school community
- The importance of volunteers
- Involving students and increasing student voice
- Awareness and promotion of healthy foods
- Having a canteen environment that is conducive to making healthy choices.

Go4Fun®

Go4Fun®
Healthy • Active • Happy • Kids

Go4Fun® is a free healthy lifestyle program that aims to improve health, fitness and self-esteem in children aged 7 to 13 who are above a healthy weight. The program has been adapted for the Australian context from the MEND program (which stands for Mind, Exercise, Nutrition... Do it!) originally developed in the United Kingdom.

Go4Fun® is multidisciplinary, incorporating family involvement, practical education in nutrition and diet, increasing physical activity and behaviour change. The program is delivered by trained, qualified health professionals over 10 two-hour sessions which run weekly in parallel with the school term.

Research suggests that lifestyle interventions can be effective at reducing weight and the risk of cardio-metabolic risks in children who are overweight or obese[10, 59, 60], maintaining weight loss after the intervention[22, 61] and changing family physical activity and dietary behaviours[61]. The characteristics that are common to effective lifestyle interventions include a dietary component[22, 26], a structured exercise or physical activity component[22, 26], a behavioural component[22, 26], and family (parental) involvement[26, 61, 62].

Community-based programs are an accepted way of reaching high risk populations[63] and are important in the prevention and treatment of childhood obesity[64], having large population reach. The *UK Mind Exercise Nutrition Do it* (UK MEND) program, is one such multi-component group-based childhood obesity program with evidence for effectiveness in a community setting that has been implemented, replicated and evaluated. Research has shown efficacy in weight and psychosocial outcomes[25, 26], acceptability to parents[25], positive long-term outcomes[27] and participation by those from disadvantaged and ethnic minority backgrounds[28].

Go4Fun® was adapted from the UK MEND program and has since been translated as a community-based program for the Australian context. The program is delivered in community venues such as schools, youth centres and leisure centres. Children are eligible to participate if they are aged between 7-13 years, are overweight or obese (≥85th body mass index percentile for age and gender), and have a parent or carer who can attend each session with them.

Sessions are facilitated by a Theory Leader and Physical Activity Leader who are trained, qualified health professionals such

as dietitians, nutritionists, exercise physiologists, physiotherapists, fitness professionals and health promotion staff. The first hour addresses nutrition and health behaviour, and is attended by children, parents and carers as a single group, facilitated by the Theory Leader. In the second hour, the children participate in a fun, game-based physical activity session led by the Physical Activity Leader whilst the parents and carers attend a facilitated discussion on behaviour change concepts and skills with the Theory Leader.

Each LHD employs a Go4Fun® Program Manager who is responsible for managing local delivery, recruiting Theory and Physical Activity Leaders and coordinating local marketing and communication activities.

Since the program was launched in 2009, there have been ongoing investments to evaluate and improve the program. As described earlier (see page X) a cluster-randomised controlled trial concluded that Go4Fun® delivery could be reduced from twice-per-week to once-per-week with no compromise to health or behavioural outcomes, achieving an increase in cost-effectiveness and improved feasibility for participating children and families[29].

Tracking reach is also important to deliver on the equity focus of Go4Fun®, with prioritisation for delivery within socially disadvantaged communities[5]. Implementation monitoring and process evaluation have determined that the program has successfully reached overweight/obese children in priority groups[30].

A quality review of the program was also undertaken in 2016, with a focus on making the program more accessible for people with low levels of literacy and prior health knowledge.

Service flexibility has also been paramount. A non-face-to-face delivery model (phone, online, SMS) is in development to extend the reach and accessibility to families on waiting lists and living in rural and remote locations. Work has also commenced on a culturally-adapted **Aboriginal Go4Fun® program**, with a formative pre-pilot completed[65] and further development and testing ongoing. Changes ranged from local decision-making and service delivery methods to the content itself, cultural focus, and Aboriginal leader training and support.

7,821
children have **participated** in
807
Go4Fun® programs delivered across NSW, resulting in:

Reduced overweight and obesity

On average participants:

- Decreased BMI by 0.5kg/m^2 units
- Decreased waist circumference by 1.3cm

Improved nutrition

On average participants achieved the following statistically significant improvements:

- Decreased consumption of unhealthy foods such as sweetened drinks, lollies/chocolate, potato chips and takeaways
- Increased consumption of healthy foods including fruit and vegetables

Increased physical activity

On average participants:

- Increased physical activity by 3.6 hours per week
- Decreased sedentary behaviour (screen time activities) by 3.0 hours per week

Additional benefits

- Improved cardiovascular fitness (recovery heart rate) by 4.6 beats per minute (bpm)
- Statistically and clinically significant improvements in self-esteem

Finish with the Right Stuff

Finish with the Right Stuff encourages children aged 5-16 who participate in junior community sport to eat healthily and drink water at sport, before, during and after the game. It helps junior community sports clubs and associations to promote water as a drink of choice (instead of sugar-sweetened drinks) and supports club canteens to provide and promote healthier food and drink options for children, families and spectators.

Around 60% of Australian children aged 5-14 participate in at least one organised sport outside of school hours[66]. These children need the right fuel to stay healthy and perform at their best. But after the game is over, all their hard work can be undone by loading up on junk food at the sporting ground canteen. It's therefore important that these canteens offer "the right stuff".

Finish with the Right Stuff targets children aged 5 to 16, as well as parents, coaches, canteen volunteers and club presidents – people who can all make a difference to help ensure healthier options are available in junior community sports club/association canteens.

Specifically, the program aims to:

- Increase the proportion of children aged 5 to 16 consuming water, rather than sweetened drinks, while participating in community-based sports; and,
- Increase the proportion of community-based sport canteens supplying and promoting healthy food and drink items to players and other patrons.

Finish with the Right Stuff began as a pilot program in partnership with Netball NSW, the Australian Football League and the National Rugby League in NSW. To support the Premier's Priority, the program will be implemented in 300 clubs over the next two years. OPH has engaged the Alcohol and Drug Foundation to deliver on these targets through their *Good Sports* program, a community sport development program, by extending the reach of the program into other sports codes and across NSW.

Finish with the Right Stuff offers free training and support to canteen managers, coaches and volunteers. This was originally delivered as face-to-face training and has subsequently been replaced with an online training option. In the initial pilot phase, clubs and associations could request additional support to implement a local action plan of strategies.

The training includes information, club based videos, easy tools such as a nutrition calculator and pricing calculator and resources to help clubs:

- Select healthier food and drinks for sale at the canteen
- Make the canteen menu healthier
- Purchase healthier food and drinks at the canteen
- Encourage coaches to promote healthy food and drinks to their players.

"We introduced soups and homemade healthy fried rice to contend with sporting canteen staples like pies and sausage rolls – and they are a hit! Our enthusiastic volunteers are constantly trialling new healthy options and scoping their acceptability among juniors."

AFL Club

In 2014-15,

55

AFL clubs, rugby league clubs and netball associations participated in face-to-face training;

37

of these requested **support** to implement an action plan of health promotion strategies.

An additional **56 AFL clubs, rugby league clubs and netball associations** participated in the program in 2016.

Evaluation conducted in the pilot phase (following up with 30 of the participating clubs and associations) found:

- A 64% increase in the number of clubs providing fresh fruit for sale at all times
- 77% of clubs increased the number of healthier food options for sale
- 80% of clubs increased the proportion of healthier drink options for sale

Examples of changes made in canteens have included:

- Buying sausages with less fat and salt
- Introducing homemade pumpkin and vegetable soups
- Swapping white breads and rolls for wholemeal and multigrain alternatives

ADDITIONAL INVESTMENTS

The Healthy Kids Website

The Healthy Kids website is a joint initiative of the NSW Ministry of Health, NSW Department of Education, Office of Sport and the Heart Foundation (NSW Division). The overall goal of the Healthy Kids website is to support teachers, parents, carers, coaches, health professionals, kids and teens to make healthy choices by providing a "one stop shop" of current and credible information, resources and support materials about healthy eating and physical activity.

The Healthy Kids website provides recipes suitable for families, school lunches and children, along with ideas for physical activity and practical ways to improve nutrition, as well as specific factsheets for families and children. A quarterly e-newsletter informs subscribers of topical or new information on the site. The website content is structured around five key messages:

- Get active for an hour or more each day
- Choose water as a drink
- Eat more fruit and vegetables
- Turn off the TV or computer and get active
- Eat fewer snacks and select healthier alternatives.

These key messages incorporate specific, evidence-based information and advice, and the website includes easy-to-understand tips and ideas to help parents put these messages into practice at home.

For the period July 2011 to June 2016 there were

710,257

total visits to the Healthy Kids website by users based in NSW.

This included **480,657 unique visitors**. **66.5%** were new to the website, **33.5%** of users were returning visitors.

Although HCI is a NSW-based initiative, the internet is of course a wider medium that is available to people outside NSW. Including ALL user data, for the period July 2011 to June 2016 there were

2,595,598 total visits to the Healthy Kids website by **2,055,488 unique visitors.**

Healthy Supported Playgroups

Healthy supported playgroups

Whilst the HCI flagship investment in *Munch & Move®* has the potential to influence the health and wellbeing of large numbers of children attending early childhood services throughout NSW, many vulnerable children and families do not access these services[67]. Interventions in other settings are therefore also warranted to be consistent with the HCI commitment to equity. NSW Government Families NSW coordinate over 350 Supported Playgroups across NSW, with a particular focus on disadvantaged families[68]. They are facilitated by a professional worker with expertise in early childhood, and provide an opportunity for parents, carers, children and babies to come together to interact, share experiences and build skills and supportive social networks.

Healthy Supported Playgroups is a HCI that promotes healthy eating, active play and reduced small screen time through these groups. This builds on formative work done in a number of LHDs across NSW[69]. State-level recommendations for Healthy Supported Playgroups have been developed to provide a legacy of examples of how healthy eating and physical activity can be integrated into organisational policy and practices for playgroups and other welfare organisations. There are also simple guidelines for parents/carers which incorporate healthy eating and active play activities to try at home. Although these resources primarily target Healthy Supported Playgroups, they may also be suitable for other organisations where vulnerable parents and children attend together.

Research was undertaken to inform possible development of a Healthy Supported Playgroups Program. This process is further evidence of the HCI commitment to ongoing innovation and research.

An evidence review found a small but growing evidence base indicating the potential for outcomes in this setting[70]. The review produced recommendations related to the promotion of healthy eating and active living, highlighting potential evidence-based enablers such as facilitator training and engagement, standardised content, modelling, vicarious learning, increasing parental support, access to information and providing opportunities to practice newly-learnt parenting skills.

Qualitative research was undertaken with managers, facilitators and parents/carers, and observations within four non-specialist supported playgroups in urban and regional locations in NSW. The study explored supported playgroups as a potential setting for health promotional activity with a focus on marginalised families. Findings demonstrated a range of informal interpersonal processes and institutional factors that would lend themselves to an informal health promotion approach consistent with the setting. The research suggested that guidelines and activities for active play, fundamental movement skills and food practices within the program and encouragement of translation to the home environment could be incorporated into the setting while maintaining the strengths of the model[71].

Active Travel for Children

Active Travel for Children

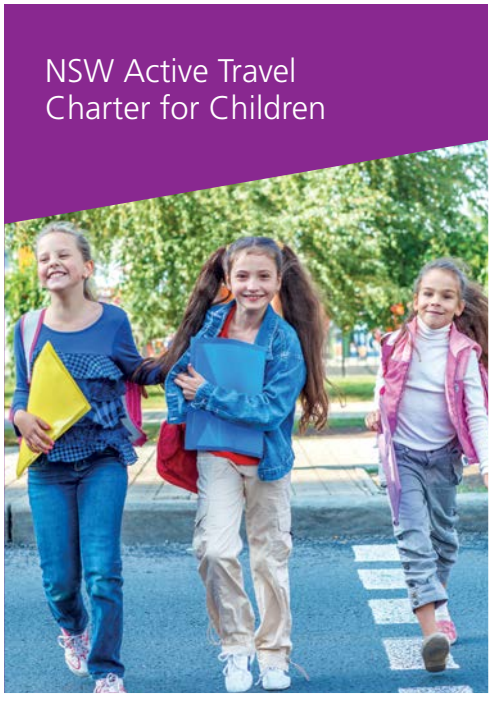
Active travel means walking, cycling, scootering, skateboarding or any similar transport where human energy is spent to travel. The health benefits of active travel are well recognised, particularly as an alternative to motorised or sedentary forms of transport[72-74]. As public transport almost always includes walking to and from destinations, it can also be considered a form of active travel.

In October 2014, the Assistant Minister for Health, Jai Rowell MP officially launched a new *NSW Active Travel Charter for Children*. The Charter is an overarching statement on active travel for children in NSW, which will support government and non-government agencies to encourage greater participation of children in active travel. Since the launch of the Charter, tools and supporting resources have been developed for parents, community groups and schools, appropriately tailored to encourage active transport by children and by young people.

As well as being physically active, for children, being healthy is also about being safe and secure. The Charter acknowledges that the safety of children is paramount and the strategies used to encourage greater participation in active travel must address safety and security. Children up to the age of 10 years should be supervised by an adult when walking or riding in a road environment. This can help children develop and practise their skills and knowledge in becoming an independent traveller.

Health, social and environmental benefits for children, parents and the community include[75, 76]:

- ☑ Increased physical activity in day-to-day life
- ☑ Reduced traffic congestion
- ☑ Increased community cohesion
- ☑ Improved concentration and alertness
- ☑ Reduced noise pollution
- ☑ Improved environmental sustainability
- ☑ Increased sense of independence and resilience
- ☑ Reduced dependency on non-renewable energy sources
- ☑ Improved air quality
- ☑ Increased time to socialise and talk to our family members and friends



yhunger

yhunger was developed, implemented and evaluated by Sydney LHD. Because of its relevance to the scope of HCI and potential to be expanded to other LHDs, OPH has provided a small financial contribution for resource development and support including input to the evaluation framework and a financial contribution. yhunger recognises the complex challenges of food access and physical activity options for young people aged 12-24 years of age who are experiencing or are at risk of homelessness. "Food insecurity" (poor access to safe and affordable healthy food) is closely related to poverty and disadvantage and is compounded by poverty, poor health, disability, addiction and homelessness[77, 78]. The yhunger program seeks to:

1. Contribute to an improvement in living skills of young people, 12-24 years, experiencing or at risk of homelessness, and who use youth homelessness and related services
2. Encourage youth services to provide, prepare and store nutritious food and drinks
3. Encourage youth services to engage young people in regular physical activity options as part of service delivery
4. Evaluate and identify ways to improve and extend yhunger in NSW, particularly barriers and enablers to increase food security and physical activity options for young people.

Intervention strategies have included training workshops for youth workers and services, and the development of resources such as cookbooks, policy guides and fact sheets.

Since being developed in Sydney LHD, yhunger has been rolled out to youth services in Sydney, South Western Sydney, Western Sydney, South Eastern Sydney and Northern Sydney LHDs as well as the Australian Red Cross NSW Food Security & Migrant Youth Outreach Workers.

This has included:
11 workshops reaching 138 workers from 96 services with a potential reach of 10,000 marginalised young people.

Workshop evaluations indicate improvements in the **confidence and relevant skills** of participating youth workers, with more comprehensive **follow-up evaluation** planned for the future.

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