

Good for Kids. Good for Life. Child Obesity Prevention program

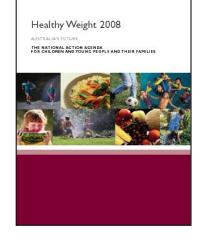
October 2013 Karen Gillham

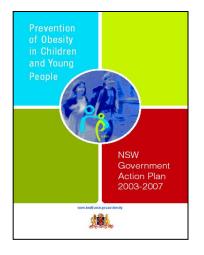


Background

- Increasing prevalence of obesity among children
- State and Federal Government Action Plans
- NSW Child Obesity Summit
 - Good for Kids. Good for Life.
 - 2006-2010.Hunter New England Region of NSW
 - Whole of population, primary prevention dissemination program











- **Objectives** (children 3-12 years)
 - Increase parental awareness
 - Build prevention capacity of community organisations
 - Change children's behaviours
 - Reduce overweight and obesity

Approach

- Dissemination of proven/promising programs
- Build capacity of community settings to deliver programs
- Explicit practice change model for community settings









Settings and Partnerships

Community settings

- Aboriginal and Torres Strait Island health services
- Primary Schools
- Childcare services
- Sports clubs
- GPs
- Community service
 organisations
- Social marketing campaigns

Partnerships

- For each setting
- NSW Health, HNE Health,
- University of Newcastle, University of Sydney





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capacity of settings:

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Hunter New England Local Health District

 Aboriginal and Torres Strait Island health services (59%)

Parental awareness – 59%

• Schools (n=69%)

Building prevention

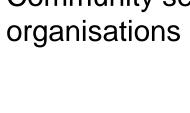
- Childcare (n=80%)
- Sports clubs (n=41%)
- GPs/nurses (n=30%-70%)
- Community service organisations (n=80%)













Outcomes



• Behaviours:

- Reductions in:
 - Fruit juice/soft drink, consumption, no physical activity, exceeding screen time guidelines
- Increases in:
 - Water consumption, meeting fruit and vegetable, and physical activity guidelines

Overweight/obesity

- 1% decline per year for all children
- Decrease for 5-10 year olds









Translation



- Increased parental awareness
- Enhanced setting engagement in prevention
- Enhanced 'reach' of programs
- Dissemination model informed:
 - NSW roll-out of obesity prevention program
 - HNE roll out of obesity and other prevention initiatives in other settings (eg. clinical services)
- Dissemination of findings: 11 peer papers; 16 confs.
- Translation capacity building: 4 PhDs; 1 Fellow





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- All community settings and partners
- Good for Kids Team
- NSW Health, Hunter New England Local Health District
- Hunter Medical Research Institute, University of Newcastle, University of Sydney,



