

Good for Kids. Good for Life. Child Obesity Prevention Program Healthy Living

Introduction

From 1997 to 2004, the proportion of overweight and obese NSW school children increased by 5%¹.

The Good for Kids. Good for Life. program was implemented to address this growth.

Aim

The Good for Kids program sought to:

- improve children's healthy eating and physical activity behaviours
- reduce the prevalence of overweight and obese children.

Method

The program built the capacity of seven community settings to deliver proven or promising obesity prevention services (Box 1).

Box 1: Prioritised Community Organisations	n
Primary Schools	435
Child Care Services	261
General Practitioners	700
Nurse practitioners	500
Junior Community Sports Clubs	204
Community Service Organisations (home visiting for disadvantaged families)	36
Aboriginal Health Service Staff	91
HNE Health Services	

Results

Participation by Community Settings: Up to 80% of community settings were engaged in the program (Figure 1).

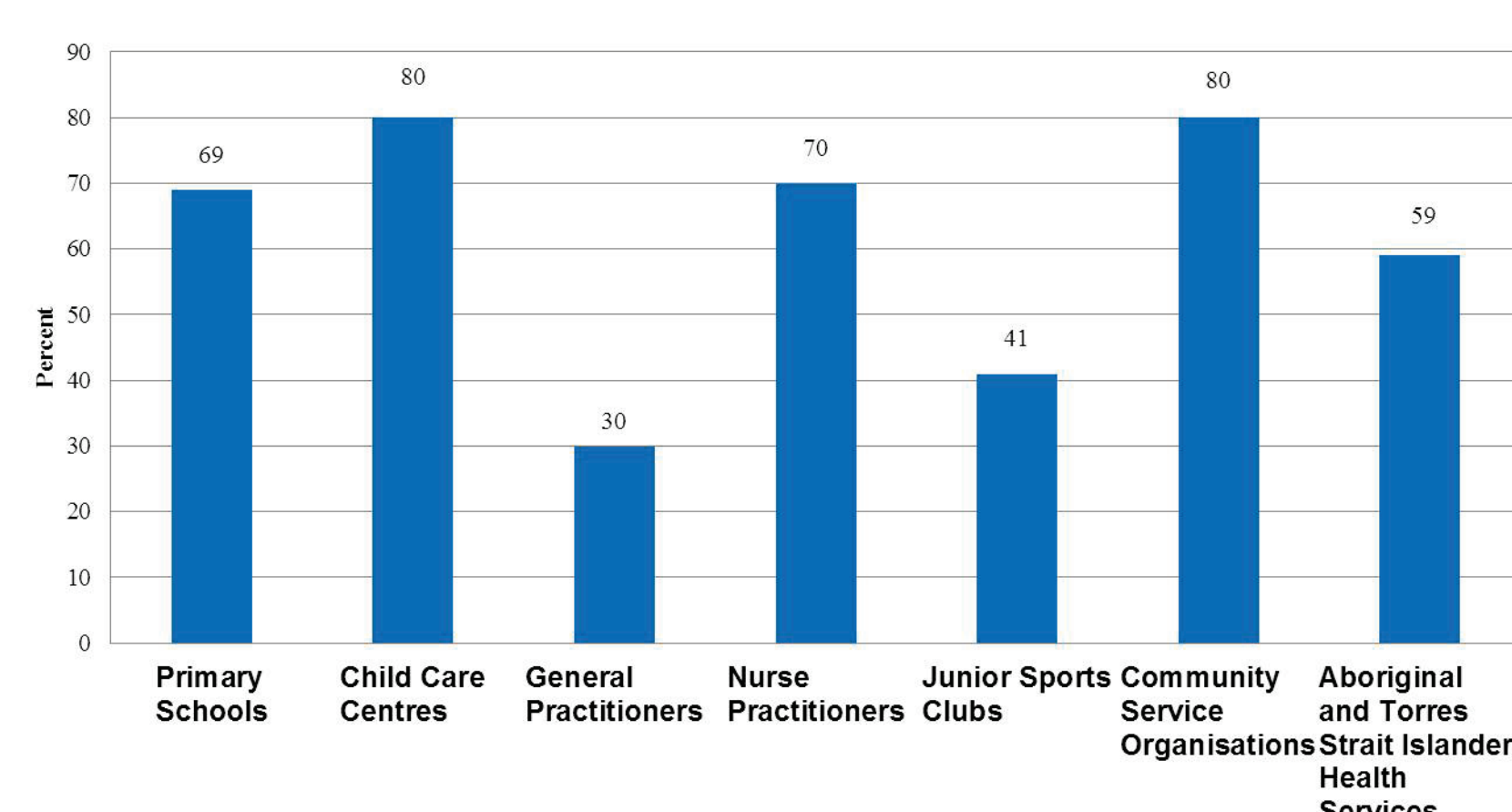


Figure 1. Proportion of organisations participating in the program

Significantly higher engagement was achieved in the region relative to NSW in a number of instances. For example, more Hunter New England (HNE) schools and child care services adopted obesity prevention initiatives compared to schools and child care services in the remainder of the state.

Healthy eating and physical activity behaviours:

Significant improvements in a range of healthy eating and physical activity behaviours were observed for children in HNE, including reduction in consumption of sweetened drinks and increases in consumption of water, fruit and vegetables, as well as time spent in physical activity (Figures 2 and 3).

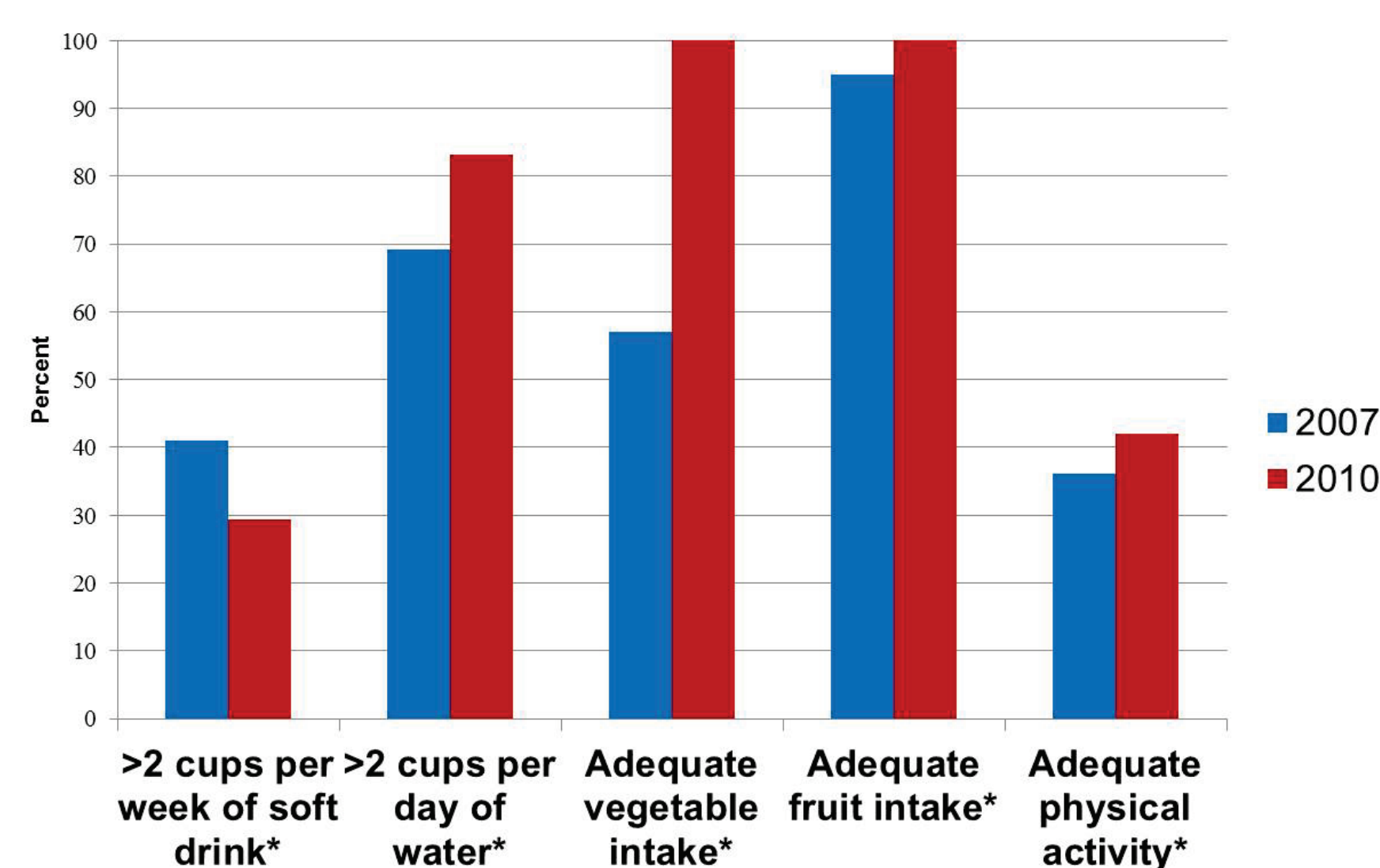


Figure 2. Healthy eating and activity behaviours of HNE children in child care (*statistically significant)

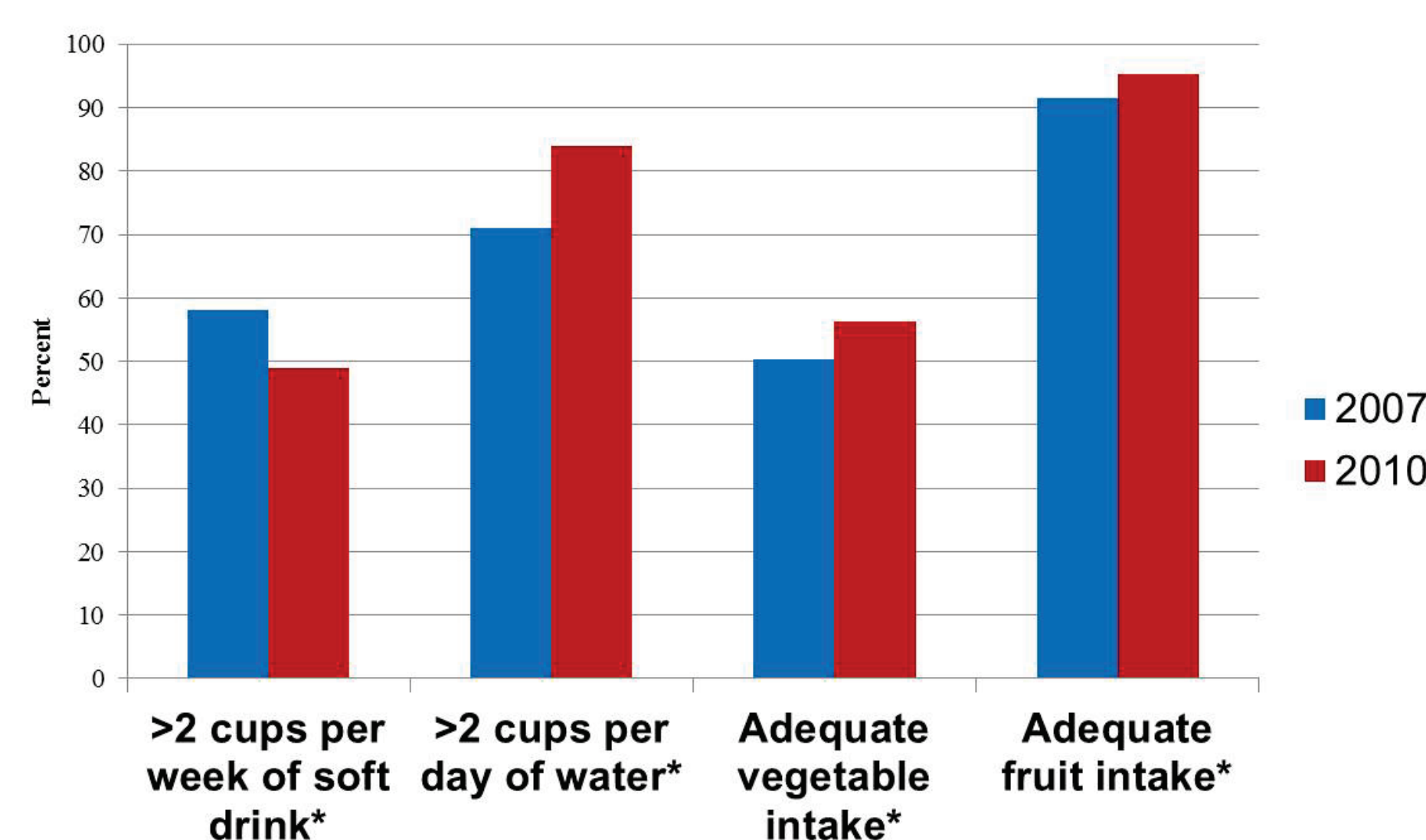


Figure 3. Healthy eating and activity behaviours of HNE children in primary school (*statistically significant)

Weight status: The prevalence of overweight and obesity among HNE children declined by approximately 1% per year, in contrast to a stable prevalence in NSW (Figure 4).

A significant 7.4% reduction in prevalence of overweight and obesity was found for girls in school years Kindergarten, 2 and 4.

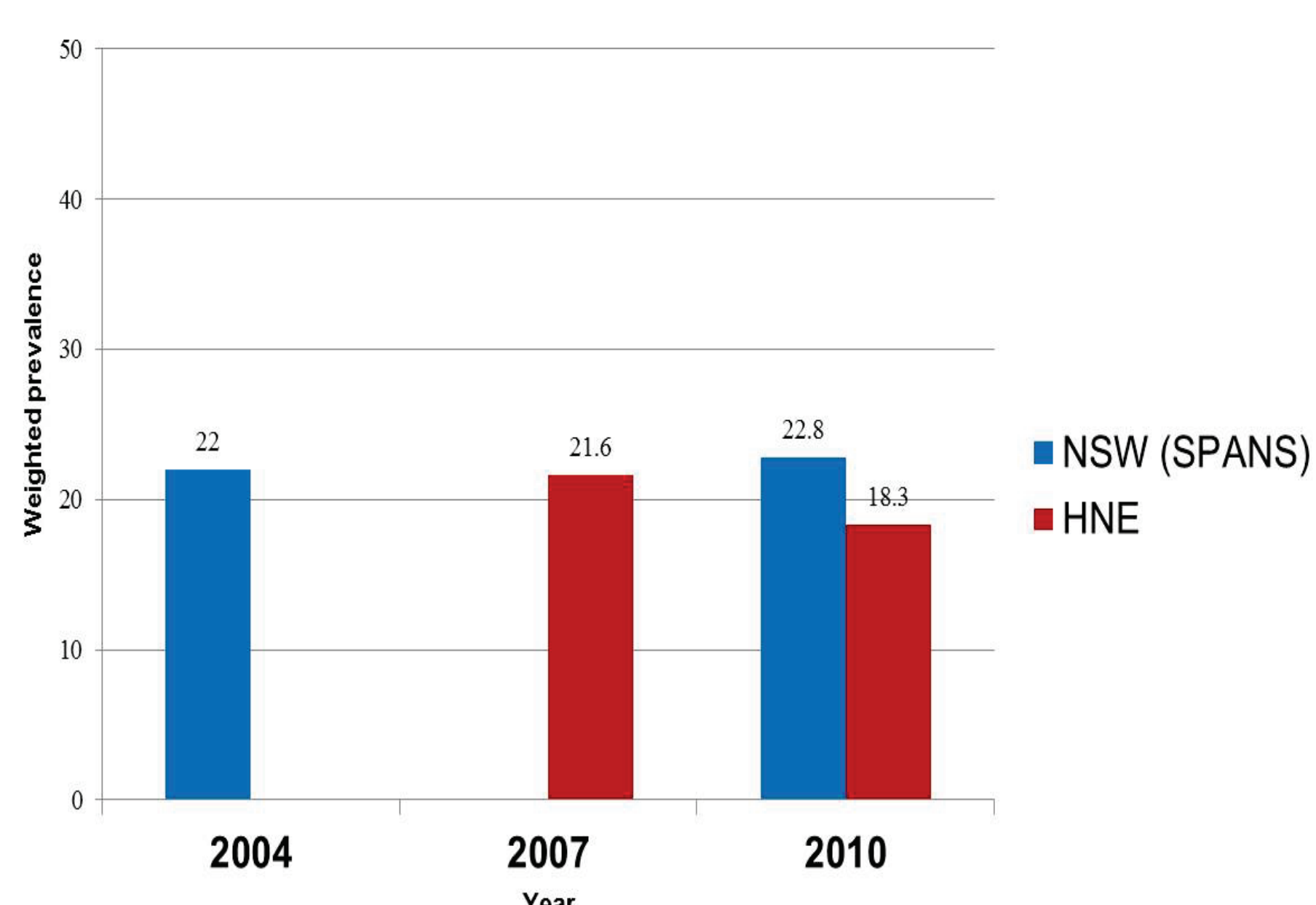


Figure 4. Prevalence of overweight and obesity years K2 and 4: HNE 2007-2010, and NSW 2004-2010.

Translation

At the state level, the program's capacity-building approach has informed current NSW-wide implementation of the National Preventive Partnership Healthy Children Initiative.

At the regional level, the approach continues to be applied to the delivery of child obesity prevention services to schools and child care services, and has been applied to enhancing the delivery of smoking cessation care by clinical services, mental well being programs in secondary schools, and the provision of preventive care by community health clinicians

Conclusion

The findings suggest positive changes in:

- capacity of community settings to promote children's healthy eating and physical activity
- a number of obesity related behaviours
- the prevalence of overweight and obesity in the region

The program approach has influenced service delivery both state-wide and regionally.



References

Booth M et al; NSW Dept of Health, 2006

Acknowledgements

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