

Implementation Plan for the Healthy Children Initiative

NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

NOTE: The Australian Government may publish all or components of this jurisdictional implementation plan, following initial consultation with the jurisdiction, without notice in public documents pertaining to the National Partnership Agreement.

PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Preventive Health (NPAPH) and should be read in conjunction with that Agreement. The objective in the National Partnership is to address the rising prevalence of lifestyle related chronic diseases, by:
 - 1.1 laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and
 - 1.2 supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

2. The Healthy Children Initiative provides funding to support implementation of healthy lifestyle programs in childhood settings across Australia.
3. Under the Healthy Children Initiative, jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of New South Wales represented by The Hon. Carmel Tebbutt, Minister for Health and Deputy Premier (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.
6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.

7. Either Party may terminate this agreement by providing *30 days* notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the parties' commitment to this Implementation Plan.

FINANCIAL ARRANGEMENTS

9. The maximum possible financial contribution to be provided by the Commonwealth for the Healthy Children initiative is *[the Commonwealth will insert the maximum possible funding allocated for your jurisdiction]*. Payments will be structured as 50 percent facilitation and 50 percent reward. The reward payments are conditional on achievement against performance benchmarks specified in the National Partnership.
10. Facilitation payments will be payable in accordance with Table 1 from July 2011 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation and Reward Payment Schedule (\$ million)

Facilitation Payment	Due date	Amount (m)
(i) Facilitation payment	July 2011	\$10.66
(ii) Facilitation payment	July 2012	\$21.32
(iii) Facilitation payment	July 2013	\$10.60
(iv) Facilitation payment	July 2014	\$10.88
Facilitation total		\$53.47
Reward Payment *	Due date	Amount (m)
(v) Reward payment	2013-2014	\$21.39
(vi) Reward payment	2014-2015	\$32.08
Total reward		\$53.47
GRAND TOTAL		\$106.94

* note the actual amount of reward payment is conditional on assessment of achievement against performance benchmarks as set out in the National Partnership

11. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

OVERALL BUDGET

12. The overall program budget (exclusive of GST) is set out in Table 2, and addresses the delivery of ten major activities grouped into 6 settings-based and programmatic areas.

Table 2: Overall program budget (\$ million)

Expenditure item	Year 1 (\$ million)	Year 2 (\$ million)	Year 3 (\$ million)	Year 4 (\$ million)	Total (\$ million)
Services for Early Childhood Settings					
1.1 Playgroup Obesity Prevention Support Service (<i>Healthy Supported Playgroups</i>)					
1.2 Early Childhood Settings Obesity Prevention Support Service (<i>Munch and Move®</i>)					
Services for School Settings					
2.1 Primary School Obesity Prevention Support Service (<i>Live Life Well @ School</i>)	<i>Information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>				
2.2 Primary School Nutrition Support Service (<i>Crunch&Sip®</i>)					
2.3 High School Canteen Support Service					
Services for Youth Settings					
3.1 Social Marketing to Young People					
4. Services for Recreational Settings					
4.1 Sporting Canteen Nutrition Support Service (<i>Healthier Choices in Sporting Settings</i>)					
Services for Family Settings					
5.1 Social Marketing to Children and their Families					
5.2 Obesity Prevention Service for Overweight Children (<i>Go4Fun®</i>)					
Social Inclusion					
6.1 Social Inclusion Engagement Service					
TOTAL	\$10.25	\$15.22	\$15.41	\$12.58	\$53.47

Notes: The manner in which these funds are spread over the 4years assumes that roll-over will be possible within NSW Health. Within each intervention the allocation of funds reflects the state of readiness of proposed interventions and the manner in which they will be phased in over the 4years given the need for formative research and development work across a number of NPAPH interventions. Discrepancies in the table between totals and sums of components reflect rounding.

13. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost. Similarly, the State bears all risk should the costs of the program and/or a project(s) exceeds the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects cost-effectively and efficiently.

PROGRAM OVERVIEW AND OBJECTIVE

Services for Early Childhood Settings

1. The objectives of this program are to:
 - provide practical resources to early childhood teachers, childcare workers, family day carers and supported playgroup leaders relevant to healthy eating and active play and limiting small screen recreation;
 - increase the capacity of early childhood services to promote healthy eating and active play and limit small screen recreation;
 - increase the proportion of early childhood services that develop and implement policies and practices supportive of healthy eating, active play and limit small screen recreation; and
 - increase the frequency of relevant communication between early childhood teachers, child care workers, family day carers and supported playgroup leaders and parents/carers in relation to healthy eating, active play and small screen recreation.
2. The *Services for Early Childhood Settings* Program includes two activities:
 - a) Playgroup Obesity Prevention Support Service (*Healthy Supported Playgroups*); and
 - b) Early Childhood Settings Obesity Prevention Support Service (*Munch and Move*®).
3. The senior contact officer for this program is:

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Activity 1.1: Playgroup Obesity Prevention Support Service (*Healthy Supported Playgroups*)

1. **Overview:** The *Playgroup Obesity Prevention Support Service (Healthy Supported Playgroups)* encourages and supports playgroup leaders to create environments within the playgroup setting that encourage healthy eating and active play, and to deliver consistent, appropriate messages regarding healthy eating, active play and small screen recreation to parents/carers attending playgroups.

Supported playgroups are located in locations of high need and target families that would not normally access mainstream services. This includes Aboriginal families as well as socially and geographically isolated families, single and young parents, Aboriginal families and culturally and linguistically diverse families.

Healthy Supported Playgroups comprises the components outlined below.

- Attendance by supported playgroup leaders at two professional development workshops. One workshop focuses on healthy eating while the other focuses on active play.
- Provision of a resource manual containing information and activities that encourage healthy eating and active play at playgroup that are relevant and appropriate to the supported playgroup setting; including parent-focused activities and take home information relevant to the family setting.
- Practical resources including equipment, games and books to encourage implementation of healthy food and active play policies and practices within the supported playgroup setting.
- Ongoing support provided by a health professional over a period of 12-months. This includes two face-to-face visits to the supported playgroup and two other support contacts e.g. network meetings and telephone support.
- Ongoing lower level support following the initial 12-months and/or more intensive ongoing support for those supported playgroups requiring this service.
- Development of refresher training modules for supported playgroup leaders.

Healthy Supported Playgroups will have flow-on effects to the home environment by influencing parent/carer knowledge and skills relevant to creating home environments which actively support children to consume healthy foods, engage in active play and reduce sedentary behaviours.

2. Outputs:

Description	Quantity	Timeframe
Delivery of half-day training workshops on healthy eating	<i>Information in this table is not for public release to protect commercial-in-confidence information related to NSW Government procurement processes</i>	Oct 2011- Nov 2014
Delivery of half-day training workshops on active play		July 2012 – June 2015
Delivery of half-day training workshops on healthy eating to supported playgroup leaders working with Aboriginal specific supported playgroups		Jan 2013 – Dec 2014
Delivery of half-day training workshops on active play to supported playgroup leaders working with Aboriginal specific supported playgroups		July 2013 – June 2015
Healthy eating and active play resource packs for participating supported playgroups, including culturally specific resource packs for Aboriginal specific supported playgroups		Oct 2011 – June 2015
Support visits for participating supported playgroups, including those that are Aboriginal specific		Sept 2011 - June 2015

3. **Outcomes:**

Short term	Medium term	Long term
<p>Increased proportion of supported playgroup leaders' receive information and training on healthy eating for children under 5-years</p>	<p>Increase in supported playgroup leaders awareness and knowledge of healthy eating messages for children under 5-years</p> <p>Increased capacity and intentions of supported playgroup leaders to promote healthy eating through playgroup</p> <p>Supported playgroup services use information and resources to support healthy eating in the playgroup setting</p>	<p>Increased proportion of supported playgroup settings promote healthy eating through their policies and practices</p> <p>Increased proportion of children attending supported playgroup participate in activities to promote healthy eating</p>
<p>Increased proportion of supported playgroup leaders' receive information and training on age appropriate physical activity for children under 5-years</p>	<p>Increase in supported playgroup leaders awareness and knowledge of physical activity messages for children under 5-years</p> <p>Increased capacity and intentions of supported playgroup leaders to promote physical activity through playgroup</p> <p>Supported playgroup services use information and resources to support active play in the playgroup setting</p>	<p>Increased proportion of supported playgroup settings promote age appropriate physical activity through their policies and practices</p> <p>Increased proportion of children attending supported playgroup participate in activities to promote physical activity</p>
<p>Increased proportion of supported playgroup leaders' receive information relevant to communicating healthy eating and physical activity messages to parents/carers</p>	<p>Increased capacity of supported playgroup leaders to communicate healthy eating and physical activity messages to parents/carers</p> <p>Increased proportion of playgroup leaders provide information to parents/carers on healthy eating and physical activity</p>	<p>Increased proportion of supported playgroups regularly promote healthy eating and physical activity messages to parents/carers who attend supported playgroup</p>

4. **Rationale:** Supported playgroups offer young children and their parents/carers access to support as well as opportunities to socialise with other parents/carers and children. In addition, they provide learning opportunities for children, as well as their parents/carers, in a positive, structured environment reaching parents, and their children, who would not otherwise access playgroup. Consequently, this Service will reach children and their parents/carers across NSW with specific needs and/or those living in areas of social disadvantage.

An evaluation of the Families NSW Supported Playgroups Scheme in 2008 shows that these playgroups are supportive in structure and that the setting has potential through which services focussing on health-related behaviours can be delivered. The evaluation found that in excess of 200 supported playgroups had been established and maintained in areas of disadvantage across NSW. These playgroups reached an estimated 3000 parents/carers at any given time, many of whom would not otherwise attend a playgroup¹. There are now in excess of 300 supported playgroups funded through their model across NSW.

The 2008 evaluation reported that of the playgroups and the families attending supported playgroups across NSW:

- 73% were located in areas of highest disadvantage;
- 58% identified young parents as a key target group;
- 65% of children were between 2 and 5 years old;
- 12% of families identified as Aboriginal or Torres Strait Islander; and
- 33% of parents were born in a country other than Australia¹.

The evaluation found that:

- parents expressed a high degree of satisfaction with the playgroups;
- the benefits to children included opportunities to socialise with other children as well as exposure to a range of learning experiences and activities and equipment;
- parents/carers learnt new parenting skills and techniques;
- parent/carer knowledge increased through receiving information and advice; and
- opportunities were provided to create and enhance family relationships¹.

The *Playgroup Obesity Prevention Support Service* will provide an opportunity to:

- directly reach children from disadvantaged populations;
- directly reach and influence parents/carers of these children;
- deliver consistent and appropriate messages to parents/carers regarding healthy eating, active play and small screen recreation relevant to young children; and
- increase parent'/carers' knowledge and skills specific to healthy eating, active play and limiting small screen recreation.

The advantages of directly reaching and influencing parents/carers as well as their children are numerous. Life-long health related behaviours, which can impact on health during adulthood, are established in the early years of life². Children first learn their patterns of eating, physical activity and sedentary behaviours, especially small screen use, within the context of the family. Therefore parents/carers, as well as the broader family play a crucial role in shaping children's attitudes towards food and physical activity and creating environments which enable healthy eating and physical activity³. As such, this Service provides an ideal opportunity to influence the food and physical activity environments children are exposed to at playgroup as well as in the home setting.

¹ ARTD Consultants. (2008). *Supported Playgroups Evaluation – Phase 2. Final report to the Communities Division of the NSW Department of Community Services*. ARTD: Sydney

² Campbell K, Hesketh KD. (2007). Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature. *Obesity Reviews* 8: 327-338.

³ Gill T, King L, Webb K. (2005). Best options for promoting healthy weight and preventing weight gain in NSW. Sydney: NSW Centre for Public Health Nutrition and NSW Department of Health.

Healthy Supported Playgroups is modelled on an existing service currently delivered in one NSW Area Health Service. Quantitative evaluation results are forthcoming, but qualitative data has shown that this service is feasible and highly acceptable to supported playgroup leaders and the families they support. To date over 90% of supported playgroups have attended training, are using the support materials and are making changes to their practice. Results from similar interventions demonstrate the efficacy of providing professional development, relevant resources and support to those working in early childhood settings^{4 5 6}.

The current reach of this Service has been limited to small geographical areas within three Area Health Services. Including *Healthy Supported Playgroups* in the NPAPH will result in the state-wide delivery of this promising targeted Service, substantially increasing its reach across NSW (to include all 8 Area Health Services). Families NSW estimate that there are currently in excess of 300 supported playgroups funded through their model in NSW. In addition, there are in excess of 50 supported playgroups funded by the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) in NSW and a range of similar models funded through the NSW Department of Education and Training. Approximately 17 families, on average, attend each playgroup session. *Healthy Supported Playgroups* will reach large numbers of children from vulnerable families and their parents/carers.

Initial discussions with key stakeholders including Families NSW and FAHCSIA, suggest a high level of interest in accessing the Service. The NSW Department of Education and Training has also indicated interest in accessing this Service as part of their Schools as Communities program.

Including this Service in the NPAPH will also allow for the adaptation of resources and tailoring of messages to meet the needs of Aboriginal families as well as families from specific cultural backgrounds. This work will be guided by the work undertaken as part of the *Social Inclusion Engagement Service* described later in this Implementation Plan. As part of the NPAPH, strategies will also be put in place to ensure all new supported playgroup leaders receive training resources and support and that there are opportunities for already trained playgroup leaders to participate in refresher type activities as required.

⁴ De Silva-Sanigoriski AM et al. (2010). Reducing obesity in early childhood: results from Romp and Chomp, an Australian community-wide intervention program. *American Journal of Clinical Nutrition* doi:10.3945/ajcn.2009.28826.

⁵ Munch and Move – NSW Department of Health (unpublished results)

⁶ Tooty Fruity Vegie – North Coast area Health Service (unpublished results)

5. **Contribution to performance benchmarks:**

<i>Healthy Supported Playgroups contribution</i>	NPP Performance benchmark
<p>Increase in the number of supported playgroups creating environments supportive of healthy eating and physical activity.</p> <p>Improved nutritional quality of food and drinks consumed by young children and their parents/carers while attending supported playgroup (whether brought from home or provided by the playgroup).</p> <p>Increase in the number of active play activities run at supported playgroup and decrease in sedentary time while at supported playgroup.</p> <p>Increase in communication between supported playgroup leaders and parents/carers specifically on topics related to healthy eating, active play and limiting small screen time.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Supported playgroup leaders will promote fruits and vegetables as snacks in the playgroup environment.</p> <p>Supported playgroup leaders will provide information to parents/carers on how to encourage consumption of fruit and vegetables in young children.</p> <p>Young children will increase their consumption of fruit and vegetables as snacks while attending playgroup.</p> <p>Young children of families attending supported playgroup will increase their consumption of fruit and vegetables in the home environment.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

Healthy Supported Playgroups contribution	NPP Performance benchmark
<p>Supported playgroup leaders will provide a range of active play experiences at playgroup.</p> <p>Supported playgroup leaders will provide information to parents/carers on age-appropriate active play and limiting small screen time.</p> <p>Children's participation in age-appropriate active play experiences while attending playgroup will increase.</p> <p>Participation in age-appropriate active play in the home environment will increase among children of families attending supported playgroup.</p> <p>Time children of families attending supported playgroup spend engaging in small screen recreation in the home will be limited.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** This Service, which is delivered in supported playgroup, builds upon small scale existing efforts in one this childhood setting while maintaining the flexibility for adaptation to meet the needs of specific population groups that access this setting. It is a targeted primary prevention service with a focus both healthy eating and physical activity as well as limiting small screen recreation directed at young children under 6 years of age and their parents/carers. It acknowledges the role of parents and the family environment in shaping life-long health-related attitudes and behaviours.

The Service directly addresses equity issues; it has been designed to target and meet the specific needs of children from vulnerable families who are at increased risk of being overweight or obese, eating poorly and engaging in low levels of physical activity.

Support for participating supported playgroups will be provided by health professionals most likely those working in Area Health Services and/or non-government organisations. Consequently, a local level approach, which takes account of specific population groups as well as specific enablers and barriers are embedded into the delivery model for this service which gives added flexibility within the general model.

7. **Target group(s):** *Healthy Supported Playgroups* will target the following groups and settings:

- children aged between 0-6 years attending a supported playgroup (up to 5000 each year);
- parents, carers or family members attending a supported playgroup (up to 5000 each year);
- families NSW funded Supported Playgroups (anticipated to be in excess of 300 playgroups); and
- FAHCSIA funded Supported Playgroups in NSW (anticipated to be in excess of 50 playgroups).

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:
- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
 - harnessing support for services which require multiple implementation partners; and
 - ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the NPAPH.

Further, NSW Health has met with key stakeholder groups and organisations of specific relevance to delivering *Healthy Supported Playgroups*. This includes the Area Health Service that developed the existing Service on which *Healthy Supported Playgroups* is based, Families NSW and Department of Families, Housing, Community Services and Indigenous Affairs, all of which fund Supported Playgroups in NSW.

NSW Health will continue to consult and work in collaboration with key partners as the NPAPH is further developed, implemented and evaluated. This will include NSW Health's *Early Childhood Healthy Eating and Physical Activity Working Group*, which has representatives from relevant government agencies as well as early childhood development and education peak bodies.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
Supported playgroup schemes choose not access the Service	<p>Engagement with relevant government agencies and auspice organisations has already begun to ensure support for the delivery of the Service across the state. These agencies and organisations will be involved in the promotion and oversight of the delivery of this Service.</p> <p>The existing Service was designed in collaboration with supported playgroup leaders which has ensured that training is relevant to their needs and the resources are practical and useful in the supported playgroup setting. The Service has been well adopted in those areas in which it has been delivered.</p>
Supported playgroup leaders do not implement the learning and key messages from the training workshops	<p>The implementation model proposed for this Service includes the intensive support following training. The purpose of this is to provide support for the implementation of key messages.</p> <p>Resources were designed in collaboration with supported playgroup leaders. This ensures they are practical and useful in the supported playgroup setting.</p> <p>The provision of resource packs will assist in the practical implementation of key messages and activities within the supported playgroup setting.</p>
The Service is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Each working group will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Services across the NPAPH are siloed and fragmented	<p>NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.</p> <p>NSW Health Area Health Services have a well-developed program in place and so a model for delivering this Service is well advanced.</p>

10. **Evaluation:** The evaluation of *Healthy Supported Playgroups* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Healthy Supported Playgroups* will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will include measuring the adoption of *Healthy Supported Playgroups* and the extent to which it has been delivered as intended. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement. This will include measures such as the numbers of participating playgroups, training sessions conducted, support contacts made.
- **Impact evaluation** will include measuring effects on supported playgroup leaders including changes in knowledge, skills, attitudes and behaviours and changes in policy and practice at the playgroup level. The potential to directly measure knowledge, skills, attitudes and behaviours of parents/carers will also be explored with the appropriate agencies.
- **Economic evaluation** will assess the costs of delivering the *Healthy Supported Playgroup Service*.

An evaluation of the Active Play component of *Healthy Supported Playgroup* is currently being undertaken by the lead Area Health Service in collaboration with the Physical Activity Nutrition and Obesity Research Group at Sydney University. These evaluation results will also be of relevance to the NPAPH evaluation. This evaluation is collecting data on the effects of the active play component on the capacity of supported playgroup leaders, setting level practices as well as impacts on the children and their parents/carers both while at supported playgroup and also within the home setting.

Opportunities to undertake appropriate evaluation of the Service in Aboriginal specific supported playgroups will be explored as a means of building evidence on promoting healthy eating and physical activity to Aboriginal children and their parents, carers and families. The evaluation will be designed and conducted in collaboration with the Centre for Aboriginal Health within NSW Health, the Aboriginal Health and Medical Research Council as well as Families NSW and the Department of Families, Housing, Community Services and Indigenous Affairs.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Healthy Supported Playgroups* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** Delivery of this Service will require a combination of existing and newly developed infrastructure.

- The Service will use the existing supported playgroup models of Families NSW and FAHCSIA, which includes existing governance structures, network of regional managers and staff working as supported playgroup leaders. This is existing infrastructure that will be accessed to deliver this service in a systematic manner across this sector to achieve a state-wide coverage. This is existing infrastructure that will be accessed to deliver this service in a systematic manner across this sector to achieve a state-wide coverage. There is no cost impact on the NPAPH to NSW in this regard.
- Ongoing support for participating supported playgroups will be provided through the existing infrastructure provided by Area Health Services and non-government organisations. These organisations have expressed an interest in and commitment to providing this ongoing support.
- New infrastructure provided by an external organisation procured by NSW Health, will be required to deliver this Service across the state. This organisation will need to allocate staff time to:
 - (a) manage the implementation of the Service across multiple supported playgroup models and regions that exist in NSW;
 - (b) organise and deliver training to supported playgroup leaders across NSW, including new staff as they enter the system;
 - (c) in consultation with NSW Health undertake the process of modifying training and/or resources to meet the needs of specific groups including Aboriginal and CALD specific playgroups; and
 - (d) manage the development of refresher training for playgroups leaders already trained, as a means of promoting sustainability of key messages.
- Additional administrative infrastructure is also likely to be required to fulfil a coordination role within the central health agency. The role of any additional staff will include:
 - (a) support and manage the overall development of the Service and resources;
 - (b) managing resource development, design, layout and printing;
 - (c) manage procurement as well as ongoing contracts with external providers;
 - (d) lead strategic overarching stakeholder engagement and management and as part of the NPAPH and would processes;
 - (e) ensure social inclusion is embedded into the Service;
 - (f) contribute to the development and implementation of ongoing program monitoring and supporting the national evaluation (including the national evaluation if appropriate/required);
 - (g) contribute to ongoing reporting as part of the NPAPH; and
 - (h) participate in and report appropriate committees as part of the NPAPH.

12. **Implementation schedule:**

Table 3: Implementation schedule

Deliverable and milestone	Due date
i. Production of the Healthy Supported Playgroups manual	Sept 2011
ii. Production of Resource Pack for Supported Playgroups	Sept 2011
iii. Delivery of training to Supported Playgroup leaders	Sept 2011 – June 2015
iv. Ongoing support to participating Supported Playgroups	Sept 2011 – June 2015
v. Production of a modified training and manual for Aboriginal specific Supported Playgroups	Dec 2012
vi. Delivery of training to Aboriginal Specific Supported Playgroup leaders	Jan 2013 – June 2015
vii. Ongoing support of participating Aboriginal Supported Playgroups	Jan 2013 – June 2015
viii. Program monitoring and evaluation	Ongoing

Notes:

13. **Responsible officer and contact details:**

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14. **Activity budget:**

Table 4: Activity project budget (\$ million) exclusive of GST

This table is not available for public release to protect commercial in-confidence information related to NSW Government procurement processes.

Activity 1.2: Early Childhood Settings Obesity Prevention Support Service (*Munch and Move*®)

1. **Overview:** The *Early Childhood Settings Obesity Prevention Support Service (Munch and Move*®) is an innovative, games and activities-based Service for early childhood settings. It supports the healthy development of young children from birth to five years of age attending preschools, long day care centres and family day care services in NSW. *Munch and Move*®:
 - supports fundamental movement skills through developmentally appropriate play-based activities;
 - supports staff and parents to incorporate unstructured physical activity into children's regular routine;
 - exposes children to a diverse range of healthy foods and food-based learning experiences;
 - supports staff and parents to reduce time spent in small screen recreation (TV, computers, DVDs); and
 - provides ideas and information suitable for communicating with parents/carers.

Munch and Move® provides:

- face-to-face professional development for staff from early childhood settings across NSW;
- practical resources to support the development and implementation of settings-level policies and practices promoting healthy eating and physical activity and limiting small screen time;
- ongoing support from health professionals to implement *Munch and Move*® within the early childhood setting. This includes support to develop and implement policies, alter practice, communicate with parents/carers and deliver innovative learning experiences;
- online learning modules to reinforce and further develop knowledge and skills development; and
- opportunities to attend refresher training to further reinforce knowledge and skills development.

It is a joint initiative of NSW Health and the NSW Department of Community Services. To date more than 600 staff from 400 early childhood settings across NSW have participated in *Munch and Move*® workshops and implemented its messages in the early childhood setting.

2. **Outputs:**

Description	Quantity	Timeframe
Delivery of <i>Munch and Move</i> ® training to staff in long day care.	<i>Information in this table is not for public release to protect commercial-in-confidence information related to NSW Government procurement processes</i>	December 2012 June 2015
Delivery of <i>Munch and Move</i> ® training to family day care schemes.		December 2011 June 2012 June 2015
Development of online learning modules.		Dec 2011 Dec 2012 June 2015
Delivery of a second round of <i>Munch and Move</i> ® training to staff in preschools (refresher training opportunity)		June 2012- June 2015

3. **Outcomes:**

Short term	Medium term	Long term
<p>Increased proportion early childhood staff receive information and training relevant to promoting healthy eating and physical activity in early childhood settings</p>	<p>Increase in early childhood staffs' awareness and knowledge of healthy eating and physical activity messages relevant to the early childhood setting</p> <p>Increased capacity and intentions of early childhood settings to promote healthy eating and physical activity</p> <p>Early childhood settings use information and resources to promote healthy eating and physical activity</p>	<p>Increased proportion of early childhood settings promote healthy eating and physical activity through their policies and practices</p> <p>Increased proportion of children attending early childhood settings participate in health promoting activities while attending the service</p>
<p>Increased proportion of early childhood staff receive information relevant to communicating with parents/carers about healthy eating and physical activity</p>	<p>Increased capacity of early childhood settings to communicate healthy eating and physical activity messages to parents/carers of children attending the service</p> <p>Increased proportion of early childhood settings provide information to parents/carers on healthy eating and physical activity</p>	<p>Increased proportion of early childhood settings regularly promote healthy eating and physical activity messages to parents/carers of children attending the setting</p>
<p>Increased proportion of food preparation staff receive information and training on the nutritional needs of young children</p>	<p>Increased knowledge and awareness of food preparation staff in childcare settings of nutritional needs of young children</p> <p>Increased capacity food preparation staff to prepare meals that meet the nutritional needs of young children</p> <p>Food preparation staff use information and resources to plan and prepare meals that meet the nutritional needs of young children</p>	<p>Improved nutritional quality of meals provided to young children in those settings in which food is provided</p> <p>Increased proportion of children who attend a setting at which food is provided consume a balanced diet while in the setting</p>

4. **Rationale:** Overweight and obesity develop over time and once they occur are difficult to treat⁷. Further, lifelong health-related behaviours which impact on health during adulthood are established in the early years of life⁸. Therefore, primary prevention services which promote healthy weight, healthy eating and physical activity in young children can have a positive influence on health throughout life.

A number of key dietary and physical activity behaviours have been linked to greater risk of obesity. These include the excessive consumption of high fat, high sugar, energy-dense nutrient poor foods and sweetened drinks as well as increased time spent in sedentary behaviours, particularly small screen recreation. These risk factors are modifiable and can be addressed from an early age through positive and supportive, health promoting messages and strategies.

Whilst there is limited NSW prevalence or trend data for overweight and obesity in children between 2 and 5 years of age, initial analysis of the first wave of data from the Longitudinal Study on Australian Children indicates that 1 in 5 preschoolers are overweight or obese (15.2% overweight and 5.5% obese). Indigenous status and lower disadvantage quintile were associated with a higher Body Mass Index (BMI) category compared to children who are more advantaged⁹. South Australian data shows a similar prevalence rate with 20% of 4 year-old children classified as overweight or obese¹⁰.

The early childhood setting provides an ideal opportunity to promote healthy lifestyle behaviours to a large number of children and their parents/carers. Children spend a considerable amount of time in childcare arrangements so these settings provide the opportunity for extended health promotion practice within these settings. Staff working in the child care sector view promoting the health of children as being central to their role and take this responsibility very seriously¹¹.

A large proportion of children in NSW spend a significant amount of time in formal child-care settings and as such, it is important that they provide an environment that encourages and actively supports participation in physical activity, specifically the development of fundamental movement skills (FMS) and healthy food choices¹¹. Critical to this are staff with appropriate training and skills as well as system level policies and practices which encourage environments supportive of healthy eating and physical activity. Research consistently suggests that factors which positively impact on physical activity and healthy eating include: children attending services with supportive policies and practices, higher quality facilities and equipment, and care givers who have a higher level of training^{12, 13}.

Several national and international interventions have targeted young children through early childhood settings and provided training resources and support to early childhood professionals. These interventions include *Tooty Fruity Vegie* (NSW)¹⁴, *Romp and Chomp*¹⁵ (VIC) and *MAGIC*¹⁶ (UK). Results from these interventions demonstrate the efficacy of this approach in achieving positive changes in physical activity, healthy eating and /or weight status of young children.

⁷ Must A. (2003). Does overweight in children have an impact on adult health? *Nutrition Reviews* 61 (4): 139-142.

⁸ Campbell K, Hesketh KD. (2007). Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature. *Obesity Reviews* 8: 327-338.

⁹ Wake, M (2004). Editorial comment: Australasian childhood longitudinal studies: exciting yet challenging times. *Journal of Paediatrics and Child Health* 40 (3): 85-86.

¹⁰ Vaska VL and Volkmer R (2004). Increasing Prevalence of Obesity in South Australian 4 year olds: 1995-2002. *Journal of Paediatrics and Child Health* 40 (7): 353-355.

¹¹ Pagnini et al. (2007). Early Childhood sector staff perceptions of child overweight and obesity: the Weight of Opinion Study. *Health Promotion Journal of Australia* 18: 149-154.

¹² Bower JK et al. (2006). The childcare environment and children's physical activity. *American Journal of Preventative Medicine* 34 (1): 23-29.

¹³ Dowda M et al (2009). Policies and characteristics of the preschool environment and physical activity of young children. *Pediatrics* 123 (2): e261 – e266.

¹⁴ Tooty Fruity Vegies (results are unpublished)

¹⁵ De Silva-Sanigoriski AM et al. (2010). Reducing obesity in early childhood: results from Romp and Chomp, an Australian community-wide intervention program. *American Journal of Clinical Nutrition* (9February 2010) doi:10.3945/ajcn.2009.28826.

¹⁶ Reilly J et al. (2006). Physical activity to prevent obesity in young children cluster randomised controlled trial. *BMJ* 333:1041-1045.

Munch and Move® provides professional development, resources and ongoing support to early childhood settings to implement policies and practices conducive to healthy eating and physical activity. This existing state-wide Service is currently available to preschools across NSW. Provisional quantitative and qualitative evaluation shows that *Munch and Move*® is feasible, highly acceptable to early childhood settings and the health sector and is an appropriate way of building the knowledge and skills of early childhood professionals¹⁷. The initial evaluation results showed that the Service had a positive impact on FMS, water consumption and setting level practices, and showed some promise for reducing the amount of energy dense nutrient poor foods consumed while at preschool¹⁷.

An enhanced implementation of *Munch and Move*® provides an opportunity to deliver the Service more widely across NSW and support longer term adoption and maintenance within participating settings which will embed key messages and improved practice into this setting.

Parents/carers are also an important target group when seeking to influence health related behaviours of young children. *Munch and Move*® seeks to reach and influence parents/carers through increasing the frequency of communication between child care staff and the parents/carers of the children for whom they are providing care. This communication may take many and varied forms e.g. face-to-face, presentations, newsletters and fact sheets. Consequently the health related messages promoted in the child care setting will also be promoted to parents/carers to implement within the home setting.

Since 2008, 52 training workshops have been held in 40 locations across NSW reaching staff from 400 preschools (45% of all preschools in NSW). But, to date, *Munch and Move*® has targeted only preschools. Additional funding from the NPAPH allows for an enhanced rolled-out of *Munch and Move*® across the state to encompass a broader range of early childhood settings. This includes reaching the preschools not yet accessing this service, as well as up to 2000 long day care centres and 98 Family Day Care schemes across NSW. This will result in a substantial increase in the number of children influenced by this Service as well as the number of early childhood settings implementing policies and practices actively promoting and supporting healthy eating and physical activity. As a consequence of the increased reach of this Service, more parents/carers of young children accessing early childhood services will also receive key health messages and information.

¹⁷ Hardy L et al (2009). *Munch and Move Implementation and Evaluation Phase 1 (2008-2009) Report*. Sydney; Prevention Research Collaboration.

5. Contribution to performance benchmarks:

How <i>Munch and Move</i>® will contribute	NPP Performance benchmark
<p>Increase in the number of childcare settings implementing healthy eating and physical activity policies.</p> <p>Improvement in the nutritional quality of food and drinks consumed by young children while in care (whether brought from home or served at childcare).</p> <p>Increase the time children spend engaging in physical activity (structured and unstructured) while in care.</p> <p>Decrease in the time children spend engaging in sedentary behaviours (particularly small screen activities) while in care.</p> <p>Increase the regularity and quality of communication between early childhood staff and parents/carers specifically regarding healthy eating, physical activity and limiting small screen time.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in the number of childcare settings implementing healthy eating policies with a specific reference to fruit and vegetables.</p> <p>Increase the amount of fruit and vegetables consumed by children while in care (whether brought from home or served at childcare).</p> <p>Increase the regularity of communication between early childhood staff and parents/carers regarding fruit and vegetable consumption.</p> <p>Increase children's consumption of fruit and vegetables within the home setting.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

How Munch and Move® will contribute	NPP Performance benchmark
<p>Increase in the number of childcare settings implementing physical activity policies.</p> <p>Increase the number of structured physical activity opportunities included in setting routines, while retaining unstructured physical activity time.</p> <p>Increase the time children spend participating in physical activity while in the childcare setting.</p> <p>Support the development of children’s fundamental movement skills, which are necessary for lifelong participation in physical activity.</p> <p>Increase the regularity and quality of communication between early childhood staff and parents/carers regarding physical activity and limiting small screen time.</p> <p>Increase in children’s participation in physical activity within the home setting and decreased/limited time spent engaging in small screen recreation.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** This Service, which is delivered in the early childhood setting, builds upon existing state-wide efforts and investment while maintaining the flexibility for adaptation to meet local needs. This universal, primary prevention Service, which focuses on healthy eating and physical activity, directly targets early childhood settings as well as the children attending these settings. It will also reach parents/carers in a less direct manner.

Embedding policies and processes within early childhood settings, as well as the development of the on-line modules and access to refresher training, will ensure its longer-term sustainability of this Service. This will underpin continued promotion and support of healthy eating and physical activity in and through early childhood settings. The Service’s general approach, resources and delivery and support mechanisms will be adapted as required to meet the needs of vulnerable populations and thus *Munch and Move®* will take account of and address a range of equity issues.

Health professionals, including those working in Area Health Services will provide support to early childhood settings. Consequently, a local level approach, which takes account of specific vulnerable populations as well as enablers and barriers, is embedded into the delivery of this service which gives added flexibility within the general overarching structure.

Munch and Move® complements the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009 -2011* and will build on the work begun as part of delivering on this cross-government plan.

7. **Target group(s):** *Munch and Move*® has a number of key target groups including the following.
- The early childhood sector and its workforce (including pre-school, long day care and family day care). In NSW there are approximately 900 preschools, 2000 long day care services and 98 Family Day Care schemes with approximately 5000 family day carers.
 - Children attending preschool, long day care and family day care. The 2006 Australia Government Census of Childcare Services estimates that approximately 800,000 children attend childcare services (Australia wide).
 - Parents/carers of children attending preschool, long day care and family day care.
8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:
- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
 - harnessing support for services which require multiple implementation partners; and
 - ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

NSW Health also has existing formal and informal collaborative partnerships with key stakeholder groups and organisations relevant to the development and delivery of this Service. These partnerships will be used to facilitate the enhanced roll-out of *Munch and Move*® as part of the NPAPH. This approach has ensured that stakeholders likely to have some interest and/or involvement in the delivery of this service are supportive and committed. Key groups include:

- NSW Department of Community services;
- NSW Department of Education and Training;
- preschools, long day care and family day care services;
- early childhood peak bodies (Family Day Care Association, Early Childhood Australia);
- NSW Area Health Services; and
- Registered Training Organisations specialising in early childhood education.

The oversight of *Munch and Move*® currently occurs through NSW Health's *Early Childhood Healthy Eating and Physical Activity Working Group*, which has representatives from relevant government agencies as well as early childhood development and education peak bodies. NSW Health will establish a formal governance structure as part of the NPAPH. This will include program specific working groups as well as linking into higher-level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Potential risk	Management strategy
<p>Ability to roll out a high number of training sessions to a large and varied sector.</p>	<p>All key stakeholders will be engaged in to ensure they are supportive and committed to an enhanced roll-out across NSW. This has proven very effective for NSW Health in the current program delivery across the State.</p> <p>Registered Training Organisations with extensive experience in the childcare sector and capacity to deliver a large number of workshops have already been contracted to deliver training to date. This approach will be maintained throughout the NPAPH.</p> <p>Support provided to the Area Health Services will enable a large number of services to be recruited as well as intensive ongoing follow-up support after the training workshops.</p> <p>Communication channels and processes have been established between Area Health Services and the current training organisation/s. This maximises the reach into the sector and capacity of training organisation/s to deliver a large number of workshops across the state.</p>
<p>Ensuring that early childhood centres/programs implement the learning from the training.</p>	<p>Engagement of Area Health Services to provide ongoing medium to high intensity local support to early childhood services attending training assists in the implementation of key messages within the service and overcomes setting level barriers.</p> <p>Comprehensive, relevant and innovative resource materials are available for services to use following the training. The early childhood sector has had substantial input into the design and content of these resources, thus increasing relevance to the end users.</p> <p>New National Quality System, once implemented, will be used to provide motivation and direction for continued activity with the sector.</p>
<p>The Service is not delivered within the proposed time frame and within available resources</p>	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Each working group will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>

Potential risk	Management strategy
Services across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of *Munch and Move*® will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Munch and Move*® will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will include measuring the adoption of *Munch and Move*® and the extent to which it has been delivered as intended. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement. This will include measures such as the numbers of services approaches, numbers of participating services, training workshops delivered and support visits made.
- **Impact evaluation** will include measuring changes in policy and practice at the service level, effects on knowledge, skills, attitudes and behaviours of early childhood staff who attend training and the nutritional quality of foods provided by the service. The potential to directly measure the effects of changes in setting level policy and practice on the food children eat and their levels of physical activity while in care, as well as their fundamental movement skills in a sample of participating services will be explored when planning the evaluation.
- **Economic evaluation** will assess the costs of delivering *Munch and Move*®.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Munch and Move*® will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** To deliver this Service a combination of existing and newly developed training and support infrastructure will be required.

- Training is currently provided by two Registered Training Organisations with expertise in early childhood education. This existing infrastructure has underpinned the success of the Service in preschools and will be accessed as much as possible to deliver this service as part of the NPAPH. However, in order to increase the state-wide reach of *Munch and Move*®, additional training infrastructure may be required. This will be provided by the same, or additional, external training organisations which will be procured by NSW Health following appropriate processes.
- The NSW Area Health Services currently provide ongoing support to early childhood settings participating in *Munch and Move*®. This existing support infrastructure will be used in the enhanced roll-out of *Munch and Move*. Area Health Services have built strong relationships with the early childhood sector through the initial implementation of *Munch and Move*® and have expressed a commitment to continuing in this role as part of the NPAPH.
- Additional infrastructure in the form of online training will be developed allowing rural and remote areas of NSW to access the Service. This is not always possible under the current training model which requires face-to-face attendance at a workshop. The online training will increase the sustainability of *Munch and Move*® in the longer-term.
- Modifications to and development of new resource materials will be required to meet the contexts of long day care centres and family day care. The development of these will use existing infrastructure of the registered training organisation and NSW Health.

12. **Implementation schedule:**

Table 4: Implementation schedule

Deliverable and milestone	Due date
i. Delivery of <i>Munch and Move</i> ® training in long day care	July 2011-June 2015
ii. Delivery of <i>Munch and Move</i> ® train the trainer to family day care schemes	July 2011- June 2012
iii. Development and delivery of online training modules	Dec 2011-June 2015
iv. Delivery of <i>Munch and Move</i> ® training to family day carers	Jan 2012-June 2015
v. Development and delivery of refresher training	June 2012-Dec 2015
vi. Review of <i>Munch and Move</i> ® resources and training	As required
vii. Program monitoring and evaluation	Ongoing

Notes:

13. **Responsible officer and contact details:**

Centre for Health Advancement

NSW Department of Health

LMB 961

North Sydney NSW 2059

Ph: + 61 2 9391 9622

Fax +61 2 93919579

Email: CHA@doh.health.nsw.gov.au

14. Activity budget

Table 5: Activity project budget (\$ million) exclusive of GST

This is not for public release to protect commercial in-confidence information related to NSW Government Procurement processes.

PROGRAM OVERVIEW AND OBJECTIVE

Services for School Settings

1. The objective in this program are to:
 - provide schools with practical resources to promote healthy eating and physical activity;
 - deliver training to teachers and other school staff related to healthy eating and physical activity;
 - increase teachers' knowledge, skills and confidence in delivering innovative learning experiences related to healthy eating and physical activity;
 - increase the number of schools implementing whole of school healthy eating and physical activity policies;
 - create school environments which provide opportunities for children and young people to consume healthy foods and engage in physical activity;
 - improve the nutritional quality of food and drink students consume while at school; and
 - increase the time primary school students spend being physically active while at school;
 - increase students awareness of the importance of healthy eating, being physically active and limiting screen time; and
 - increase students' skills in making healthy food choices, being physically active and limiting screen time.

2. The *Services for School Settings* Program includes three activities:
 - a) Primary School Obesity Prevention Service (*Live Life Well@ School*);
 - b) Primary School Nutrition Service (*Crunch and Sip®*); and
 - c) High School Canteen Support Service.

3. The senior contact officer for this program is:

Centre for Health Advancement

NSW Department of Health

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North Sydney NSW 2059

Ph: +61 9391 9622

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Email: CHA@doh.health.nsw.gov.au

Activity 2.1: Primary School Obesity Prevention Support Service (*Live Life Well @ School*)

1. **Overview:** The *Primary School Obesity Prevention Support Service (Live Life Well @ School)* is an existing Service established under a partnership between the NSW Department of Education and Training and NSW Health in 2007. The Service aims to build teacher capability through developing their knowledge, skills and confidence in teaching nutrition education and fundamental movement skills (FMS) as part of the K-6 Personal Development, Health and Physical Education (PDHPE) syllabus.

Following attendance training, participating schools are supported to develop and implement an Action Plan tailored to the needs of their school community. Schools can include a range of curriculum and environmental activities in their Action Plans including: *Fresh Tastes @ School: NSW Healthy School Canteen Strategy*, *Crunch&Sip® Get Skilled Get Active* and *Live Outside the Box*. *Live Life Well @ School* seeks to promote 'whole of school' physical activity and nutrition strategies in a manner that is consistent with classroom teaching and incorporates community links supported by resources for teachers, parents and carers.

The key components of *Live Life Well @ School* include:

- attendance at a two-day face-to-face workshop for teachers;
- developing a school Action Plan within 3-months of the workshop which is endorsed by the school Principal;
- provision of support resources to the value of \$2000 for schools developing an Action Plan which has a specific focus on whole of school activities which promote healthy eating and/or physical activity;
- completion of online learning modules, three of which are mandatory; and
- ongoing support from health professionals working in the Area Health Services, provided in various forms e.g. face-to-face, workshops, networks, electronic means.

2. **Outputs:**

Description	Quantity	Timeframe
Delivery of <i>Live Life Well @ School</i> workshops to teachers from DET primary schools	<i>This information is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	July 2011-June 2015
Delivery of <i>Live Life Well @ School</i> workshops to teachers from Catholic and Independent primary schools		July 2012 – June 2015
<i>Live Life Well @ School</i> Action Plans submitted and support funding provided.		July 2011-June 2015
Development of <i>Live Life Well @ School</i> online learning modules		Dec 2011 July 2011- June 2015 July 2011- June 2015

3. **Outcomes:**

Short term	Medium term	Long term
<p>Increased proportion of primary school teachers receive information and training relevant to promoting healthy eating and physical activity in the school setting</p>	<p>Increase in teachers' awareness and knowledge of healthy eating and physical activity relevant to the primary-school setting</p> <p>Increased capacity and intentions of teachers and schools to promote healthy eating and physical activity across the whole school</p> <p>Schools use information and resources to promote healthy eating and physical activity across the school setting</p>	<p>Increased proportion of primary schools promote healthy eating and physical activity across the whole school through classroom activities as well as policies and practices</p> <p>Increased proportion of children attending primary schools that participate in activities to promote healthy eating and physical activity</p>
<p>Increased proportion of teachers receive information relevant to communicating healthy eating and physical activity messages to parents/carers</p>	<p>Increased capacity of schools to communicate healthy eating and physical activity messages to parents/carers</p> <p>Increased proportion of schools provide information to parents/carers relevant to healthy eating and physical activity</p>	<p>Increased proportion of primary schools that regularly promote healthy eating and physical activity messages to parents/carers of children attending the school</p>

4. **Rationale:** Primary school-based Services can reach a large number of children aged 5-12 years as well as their parents/carers. These Services are most successful when they adopt a ‘whole of school’ approach, incorporating school policies, practices, environments and curriculum. Nutrition and physical activity policies, healthy canteens, fruit and vegetable promotion, access to drinking water and encouraging children to play actively – in conjunction with professional development for teachers and support staff and the involvement of parents and the community – are all recommended strategies to comprehensively address obesity prevention within a school setting¹⁸.

Research also suggests that Fundamental Movement Skills (FMS) are vital in addressing issues of participation in physical activity and also in addressing the increasing overweight and obesity levels amongst the general population. If students achieve proficiency in FMS, they are more likely to participate in games and sports and to establish a life-long commitment to a healthy, active lifestyle¹⁹.

Over the years, a number of physical activity and healthy eating programs have been implemented in primary schools by both NSW Health and the NSW Department of Education and Training. However, in some cases, these have been conducted independently without the pooling of expertise, knowledge and resources. Therefore, it was identified that a state-wide Service, which would consolidate existing programs, resources and policies under one framework and develop further evidence about the most effective strategies to support healthy, active school communities was needed. *Live Life Well @ School* adopts such an approach.

Live Life Well @ School is a professional learning and ongoing support Service for teachers and schools. The professional learning focuses on delivery of physical education and nutrition education as part of the PDHPE curriculum, and promotes ‘whole-of-school’ strategies that provide supportive environments for this learning. The professional learning is designed to empower school communities to take action at the local level. By providing teachers with current information and practical resources on physical activity and healthy eating, and providing ideas for ‘whole of school’ change, schools can take ownership of *Live Life Well @ School* and adapt it to the specific and changing needs of their own school community.

Live Life Well @ School was first implemented in 2008 and since this time approximately 970 staff from 390 NSW Government schools have accessed this Service. This represents a reach of 27% of all NSW Government primary schools. A revised model of *Live Life Well @ School* is to be rolled out under the NPAPH, enhancing the existing NSW investment. This revised service delivery model has been designed in response to initial process evaluation results and feedback from key stakeholders. It will include:

- revisions to the workshop program;
- online delivery of some learning modules;
- greater engagement of school Principals in *Live Life Well @ School*;
- emphasis on developing and implementing a school *Live Life Well @ School* Action Plan;
- local level health professional support for participating schools;
- provision of support to schools that develop and submit an Action Plan for their school that directly links to promoting healthy eating and physical activity; and
- development of a website to reinforce *Live Life Well @ School* messages and activities.

¹⁸ Gill T, King L and Webb K. (2005). Best options for promoting healthy weight and preventing weight gain in NSW. Sydney: NSW Centre for Public Health Nutrition.

¹⁹ Oakley Ad et al. (2001). Relationship of physical activity to fundamental movement skills among adolescents. *Medicine and Science in Sports and Exercise* 33: 1899-1904.

Support funding for schools completing an Action Plan has been introduced in response to stakeholder feedback. Feedback strongly recommended that such a strategy will increase schools' capacity to ensure the early implementation of their Action Plan, resulting in a greater level of implementation overall and more sustained changes to policy, curriculum and environments within the school setting. In order to receive support funding the Action Plan must address include strategies to promote healthy eating and physical activity within the school environment and across the whole school. Schools will be required to report on their progress towards implementing their Action Plans annually.

The opportunity to roll out the re-designed *Live Life Well @ School* under the NPAPH will extend the reach to a much larger number of Government primary schools and also allow the program to be extended to Catholic and Independent sectors in a timely manner.

5. **Contribution to performance benchmarks:**

<i>Live Life Well @ School</i> contribution	NPP Performance benchmark
<p>Increase in primary school teachers' knowledge, confidence and skills in teaching about healthy eating and providing opportunities for students to engage in physical activity.</p> <p>Increase in the proportion of primary schools that have environments supportive of healthy food and drinks and engaging in physical activity.</p> <p>Increase curriculum time allocated to learning experiences related to healthy eating as part of the PDHPE Key Learning Area</p> <p>Increase in the proportion of primary school students' consuming healthy food and drinks while at school.</p> <p>Increase in the proportion of primary school students engaged in structured and unstructured physical activity periods while at school.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in primary school teachers' knowledge, confidence and skills in teaching nutrition, especially in relation to the importance of fruit and vegetable consumption.</p> <p>Increased access to fun, age-appropriate teaching materials that will engage students in learning about fruit and vegetables.</p> <p>Increase in primary school students' consumption of fruit and vegetables while at school - provided in their lunchboxes by their parents/carers and/or accessed via the school canteen.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

<i>Live Life Well @ School</i> contribution	NPP Performance benchmark
<p>Increase in primary school teachers' knowledge, confidence and skills in teaching physical activity, especially FMS.</p> <p>Increase curriculum time allocated to learning experiences related to physical activity as part of the PDHPE Key Learning Area</p> <p>Opportunities provided in primary school environments for students to engage in unstructured physical activity during recess and lunch-time.</p> <p>Increase in the time primary school students spend being physically active while at school.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** *Live Life Well @ School* is an existing Service that has involved substantial quality assistance and process evaluation. Inclusion of this Service in the NPAPH allows for significant enhancements in response to feedback from stakeholders. These enhancements include a redesign of the service delivery model and inclusion of additional and more intensive support to increase its adoption within schools. As part of the NAPAPH the Service will be made available to government schools as well as expanding into the Catholic and Independent school sectors.

Live Life Well @ School is a primary prevention Service which will be offered universally to all schools across the state. The Service directly targets children attending primary schools as well as staff working in schools and the parents/carers of children attending schools in which the Service is delivered. This Service also seeks to influence school environments so that they are more health promoting and therefore reinforce curriculum-based activities delivered as part of *Live Life Well @ School*.

Equity issues will be an important consideration to ensure all schools are able to access and implement *Live Life Well @ School*. Funding, tied to the development of an Action Plan to provide support for teachers to attend training, as well as on-line training modules and information will increase equity of access to this Service for all schools, especially among schools in rural and remote areas and those in disadvantaged communities. The *Social Inclusion Engagement Service* described later in this Implementation Plan will also provide additional advice on how *Live Life Well @ School* can be modified, tailored and targeted to ensure that it meets the needs of schools with students from population groups with specific needs, including Aboriginal children.

Local-level support for participating schools will be provided by health professionals working in Area Health Services. Consequently, a local-level approach, which takes account of specific population groups as well as enablers and barriers at the school level, is an integral part of the Service giving added flexibility within the general structure of *Live Life Well @ School*.

This Service aims to increase teachers' knowledge and skills and also supports whole of school environmental change, and links to parents/carers, which promotes longer-term sustainability of the changes made at the school level.

Live Life Well @ School also complements the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009 -2011* and will build on the work begun as part of this cross-government plan.

7. **Target group(s):** *Live Life Well @ School* has a number of key target groups including:

- teachers and Principals from Government, Catholic and Independent primary schools;
- children attending Government, Catholic and Independent primary school across NSW; and
- parents/carers of children attending Government, Catholic and Independent primary school in NSW.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has an existing relationship with the NSW Department of Education (DET) Curriculum Directorate and has worked in close consultation with the Directorate to deliver *Live Life Well @ School* to date. The DET has been integral in the redesign of the Service ensuring its salience to teachers and schools within the current educational context in NSW. This collaborative partnership is likely to continue as part of the NPAPH. NSW Health will also engage key organisations from the Catholic and Independent sectors in a timely manner to seek their commitment to and support of *Live Life Well @ School*. This process has begun through seeking feedback from both of these sectors on the Healthy Children Discussion Paper but will be formalised when appropriate.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
<p>Low rates of school participation in <i>Live Life Well @ School</i></p>	<p>The <i>Live Life Well @ School</i> model has been modified to increase its feasibility and acceptability with key stakeholders and now also includes increased involvement of school Principals. This ensures a commitment at a senior level, which is a critical success factor in this setting.</p> <p>The existing NSW Health investment in <i>Live Life Well @ School</i> will be leveraged to ensure that NPAPH funds are directed to an enhanced program model reducing the risk of low participation compared to a totally new program model.</p>
<p>The Service is not delivered within the proposed time frame and within available resources</p>	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Each working group will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
<p>Interventions across the NPAPH are siloed and fragmented</p>	<p>NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.</p>

10. **Evaluation:** The evaluation of *Live Life Well @ School* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Live Life Well @ School* will include quality assurance measures as well as process and impact evaluation and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will measure the extent to which *Live Life Well @ School* has been delivered as intended, as well as its reach into the setting and to the target populations. Process measures will include the number of schools approached to participate, the number of schools participating, number of training workshops delivered, number and type of support occasions provided.
- **Impact evaluation** will include measuring changes in policy, practice and environments at the school level, number of schools developing and implementing action plans, as well as change in staff knowledge, skills, attitudes and behaviours. The potential to directly measure behaviours of children such as foods purchased at school, foods bought to school, time spent engaging in physical activity and movement skills in a sample of participating schools will also be investigated.
- **Economic evaluation** will assess the costs of delivering *Live Life Well @ School*

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Live Life Well @ School* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** A combination of new and existing infrastructure will be required to deliver the Service as part of the NPAPH.

- Soft infrastructure such as *Live Life Well @ School* training resources will be developed by the DET in consultation with NSW Health. Online training options will be developed as part of this Service. The initial development of these resources will be undertaken in the 2010/2011 financial year using NSW Health funds.
- Currently training infrastructure is provided through the DETs Curriculum Directorate. Additional training infrastructure will be required to increase the reach across NSW ensuring the successful delivery of this service across the state. Staff are likely to be based at the Department of Education and Training and responsible for recruiting schools as well as developing, delivering and managing the two-day workshops. In collaboration with the Area Health Services, the DET will also provide support to schools participating in *Live Life Well @ School*.
- Health professionals from Area Health Services currently provide support to schools participating in *Live Life Well @ School*. This existing infrastructure will be utilised to provide intensive ongoing support to participating schools as part of the NPAPH. The Areas have established excellent working relationships with school and have expressed a desire and commitment to continue their involvement in *Live Life Well @ School* as part of the NPAPH, including through NSW funds.
- Once the Catholic and Independent sectors have been engaged with *Live Life Well @ School*, additional training infrastructure may be required to meet the needs and requirements of these sectors and encourage their schools to access the Service. The extent to which this will be required will be negotiated with these respective sectors as appropriate and in a timely manner.

12. **Implementation schedule:**

Table 6: Implementation schedule

Deliverable and milestone	Due date
1. Redesigned training materials and supportive resources completed	July 2011
2. Delivery of LLW@S workshops to Government schools	July 2011- June 2015
3. Tailor training and resources for Catholic and Independent sectors as required	Jan 2012- June 2015
4. Delivery of LLW@S workshops to Catholic and Independent schools	July 2012- June 2015
5. Provide resources to schools with completed LLW@S Action Plans	July 2011-June 2015
6. Ongoing support to LLW@S schools by health professionals	July 2011-June 2015
7. Review of resources and training	Ongoing and as required
8. Program monitoring and evaluation	Ongoing

Notes: Planning for the enhanced redesign of Live Life Well @ School under the NPAPH will be underway in the 2010/2011 financial year using NSW Health funds.

13. **Responsible officer and contact details:**

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14. **Activity budget:**

Table 7: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes

Activity 2.2: Primary School Nutrition Support Service (*Crunch&Sip*®)

1. **Overview:** The *Primary School Nutrition Service (Crunch&Sip*®) encourages schools to provide a set break as part of the school day specifically for children to eat some fruit or salad vegetables and drink water in the classroom. *Crunch&Sip*® schools must demonstrate a commitment to teaching children about healthy eating, with a particular focus on fruit and vegetable consumption, as well as developing and implementing a fruit and water policy within their school. Children are expected to bring the fruit and/or vegetables they will eat as part of this break from home and therefore this Service also targets parents/carers.

Once schools register for *Crunch&Sip*® they receive *Crunch&Sip*® information and resources including materials for children to take home to their families. Schools are then supported to become certified *Crunch&Sip*® schools.

A school becomes certified after achieving the following conditions

- *Crunch&Sip*® is formalised in a policy – either as a stand-alone policy or as part of another policy (such as a nutrition or student welfare policy);
- at least 80% of classes in the school are having a daily *Crunch&Sip*® break;
- at least 70% of students are participating in *Crunch&Sip*®: and
- parents have been notified of *Crunch&Sip*®.

Schools registered to participate in *Crunch&Sip*® are eligible to receive additional one-off and/or ongoing support from a health professional. This assists schools with implementing *Crunch&Sip*® and achieving certification status.

Under the NPAPH, additional strategies will be added to the existing Service to broaden its reach and increase the intensity of support provided. There will also be an increased focus on addressing equity issues. These will include:

- providing support and follow-up to registered schools (assisting them to achieve certification);
- conducting promotional activities such as Fruit and Veg Month to engage children in experimental learning about fruit and vegetables;
- enhanced communication and networking amongst *Crunch&Sip*® schools; and
- review of existing resources and development of new materials as required.

Specific strategies to reach and support schools in disadvantaged areas will be informed by the *Social Inclusion Engagement Service*. They will be informed by advice from key stakeholders on priority target populations, alternative delivery models and support mechanisms as well as modifications that may be required to increase the salience of the Service and resources.

2. **Outputs:**

Description	Quantity	Timeframe
Review existing resources and develop new materials as required	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	July 2011
Support registered primary schools to become certified <i>Crunch&Sip</i> ® schools		July 2011-June 2015
Promote Fruit and Veg Month to <i>Crunch&Sip</i> ® schools		July 2011-June 2015
Increased focus on reaching those schools classed as disadvantaged		Jan 2012- June 2015
Offer tailored support and follow up to schools		July 2011-June 2015

3. **Outcomes:**

Short term	Medium term	Long term
Increased proportion of primary schools register for and receive information on <i>Crunch&Sip</i> ®	<p>Increase in teachers' knowledge and awareness of <i>Crunch&Sip</i>® messages</p> <p>Increased capacity and intentions of schools to promote <i>Crunch&Sip</i>® messages to parents and across the school</p> <p>Schools use <i>Crunch&Sip</i>® information and resources to promote the <i>Crunch&Sip</i>® messages to parents and across the school</p>	<p>Increase in the proportion of primary schools implementing <i>Crunch&Sip</i>®</p> <p>Increase in the proportion of primary schools achieving <i>Crunch&Sip</i>® certification</p> <p>Increased fruit and vegetable intake and water consumption among children attending <i>Crunch&Sip</i>® schools, while at school</p>

4. **Rationale:** *Crunch&Sip*® is an adaptation of the Fruit and Water Policy in Schools Project originally delivered in Western Australia. The project demonstrated that including fruit and water breaks during the school day can have positive effects on children's fruit and vegetable consumption²⁰. Further and more importantly, teachers reported that the approach was feasible and highly acceptable.

Fruit and vegetable consumption plays an important role in preventing disease, therefore inadequate intake of fruit and vegetable is a nutritional issue. In NSW in 2007-2008, approximately 71.3% of children 2-15 years old consumed the recommended daily fruit intake²¹. While the overall proportion of children consuming the recommended serves of fruit each day is encouraging, it should be noted that fruit consumption declines with age. In NSW in 2007-2008 only 50% of school-aged children consumed the recommended amount of fruit each day and the proportion of children consuming the recommended fruit serves has been declining since 2001¹⁷.

For vegetables, only 41.8% of children 2-15 years old consume the recommended serve of vegetables¹⁷. While this represents an increase since 2001, as with fruit intake, there is room for significant improvement. There is therefore potential to increase fruit and vegetables consumption in primary school-aged children through including a specific primary school nutrition service in the NPAPH.

Crunch&Sip® is an existing state-wide Service being delivered in partnership with the NSW Healthy Kids Association and NSW Area Health Services. The Service adopts the principles of the whole-of-school approach and also targets parents/carers of children, thus representing good practice. As with all school-based services, extensive reach can be gained across NSW.

Crunch&Sip® is also ideal service through which increased consumption of water can be encouraged. Approximately 50% of children reported drinking three or less cups of water each day in NSW in 2007-2008¹⁷ and therefore, *Crunch&Sip*® will support children to increase their intake of water.

²⁰ Healthway (2009). *Successful Healthway Projects. Fruit and Water Policy in School Pilot Project*. Perth: Healthway

²¹ Centre for Epidemiology and Research. (2010). *Report on Child Health from the NSW Population Health Survey*. Sydney: NSW Department of Health

In NSW, 908 schools (approximately 40% of primary schools) have registered to obtain *Crunch&Sip*® support materials. There are currently 403 certified *Crunch&Sip*® schools in NSW which represents only 16% of all primary schools in NSW. Thus there is an opportunity to recruit more primary schools to *Crunch&Sip*® and extend its reach across NSW. This can be achieved with increased efforts focused on promoting the Service and supporting schools to adopt *Crunch&Sip*® once they have registered. Increased support for registered schools will also assist them to become fully certified as a *Crunch&Sip*® school more readily.

The NPAPH provides an opportunity to introduce additional strategies to enhance the existing Service including:

- providing more intensive support and follow-up to participating schools;
- conducting promotional activities, such as Fruit and Veg Month and other activities to engage children in experimental learning about fruit and vegetables;
- enhancing communication and networking amongst *Crunch&Sip*® schools; and
- reviewing existing resources and developing of new materials as required.

The 2007-2008 NSW Child Health Survey showed that children from the most disadvantaged quintiles were less likely to consume the recommended daily serves of vegetables. A specific focus on disadvantaged schools is required as *Crunch&Sip*® is delivered more broadly across NSW. Specific strategies to reach and support schools in disadvantaged areas will be informed by the *Social Inclusion Engagement Service* and will be responsive to advice from key stakeholders on priority target populations, alternative service delivery models as well as modifications that may be required to increase the salience of *Crunch&Sip*® resources.

5. **Contribution to performance benchmarks:**

<i>Crunch and Sip</i>® contribution	NPP Performance benchmark
<p>Increased proportion of NSW primary schools provide a fruit and vegetable break to students.</p> <p>Provision of healthy eating resources and messages to children and their families.</p> <p>Increased primary school students' consumption of fruit and vegetables while at school</p> <p>Increase in primary school students' consumption of water and decrease in their consumption of sugar-sweetened drinks while at school.</p> <p>Increase in primary school aged children's daily consumption of water and decrease in their daily consumption of sugar-sweetened drinks.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in the number of NSW primary schools providing a fruit and vegetable break to students.</p> <p>Increased access to and use of fun, age-appropriate teaching materials that will engage students in learning about fruit and vegetables.</p> <p>Increase in the consumption in fruit and vegetables among primary school children while at school.</p> <p>Increase in primary school aged children's daily consumption of fruit and/or vegetables.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

6. **Policy consistency:** *Crunch&Sip*® is an existing NSW universal primary prevention Service directly addressing fruit and vegetable consumption and water intake of primary school-aged children. The Service reaches parents, as the fruit and vegetables consumed by children during *Crunch&Sip*® time is brought in from home. In doing so, *Crunch&Sip*® acknowledges the role parents and the family play in shaping health-related attitudes and behaviours.

Strategies will be embedded into *Crunch&Sip*® to ensure it addresses equity issues and that all children and all schools have access to this Service. While some strategies have already been identified, others will be informed through the *Social Inclusion Engagement Service*, described later in this Implementation Plan. The *Social Inclusion Engagement Service* will provide ongoing advice on how to modify and/or tailor *Crunch&Sip*® to meet the needs of a range of populations including Aboriginal, rural and remote, CALD communities, the disabled and socially disadvantaged.

Crunch&Sip® links with *Live Life Well @ School*. It is one of a suite of programmatic activities schools participating in *Live Life Well @ School* may include in their Action Plan.

Crunch&Sip® complements the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009 -2011* and will build on the work begun as part of delivering on this cross-government plan.

7. **Target group(s):** *Crunch&Sip*® has several primary key target groups including:
- primary schools and primary school teachers working in the Government, Catholic and Independent sectors across NSW;
 - children attending Government, Catholic and Independent primary schools across NSW; and
 - parents/carers of children who attend primary school.
8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:
- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
 - harnessing support for interventions which require multiple partners; and
 - ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has an existing relationship with the NSW Healthy Kids Association which administers *Crunch&Sip*® on its behalf. This collaborative working relationship will be continued as part of the NPAPH and the NSW Healthy Kids Association is committed to an enhanced roll-out of *Crunch&Sip*®.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
Schools register for <i>Crunch&Sip</i> ® but do not progress to achieve certification status.	Additional efforts will focus on working with schools to support and assist them to achieve certification. This includes intensive and tailored support for schools, which takes account of individual enablers and barriers to <i>Crunch&Sip</i> ® within the school setting.
Children from families that do not have access to fruit and vegetables do not participate in <i>Crunch&Sip</i> ®	Tailored support will be offered for disadvantaged schools to ensure that all children can participate in <i>Crunch&Sip</i> ®
The extent to which <i>Crunch&Sip</i> ® will impact on vegetable consumption is unknown.	<p>Development of resources and materials for families which focus on preparation of vegetables to bring to school.</p> <p>Fun and innovative classroom activities and promotions focused on vegetable consumption will be developed.</p>
The service is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of *Crunch&Sip*® will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Crunch&Sip*® will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will include measuring the adoption of *Crunch&Sip*® and the extent to which it has been delivered as intended. It is anticipated that a minimum data set will be used to gather process evaluation data as well as support total quality improvement processes. Data collected could include number of schools participating, number of classes within schools participating and the number of schools reaching certification status.
- **Impact evaluation** will include measuring changes in policy and practice at the school level, the proportion of children bringing fruit and vegetables to school and the proportion consuming fruits and vegetables during the designated *Crunch&Sip*® break. Impact evaluation might also include exploring the effects of *Crunch&Sip*® on children's overall fruit and vegetable intake in a sample of participating schools.
- **Economic evaluation** will assess the costs of delivering *Crunch&Sip*®.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Crunch&Sip*® will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** Existing infrastructure will be used to deliver *Crunch&Sip*® across the state.

- NSW Health has an existing funding arrangement with a non-government organisation through which *Crunch&Sip*® has been delivered to date. This existing relationship and structures may be utilised to enhance the delivery of *Crunch&Sip*® state-wide. Alternately, NSW Health may also fund another external organisation to assist with the coordination and delivery of an enhanced *Crunch&Sip*®
- Additional external infrastructure in the form of staffing will be required to increase the reach and intensity with which *Crunch&Sip*® is delivered. This additional capacity will be crucial to the successful enhancement of *Crunch&Sip*®. Additional staff may be based within the NGO currently engaged to deliver *Crunch&Sip*®. Or additional staff may be based at a newly engaged external organisation. The external organisation/s engaged under the NPAPH will be responsible for recruiting schools and providing ongoing tailored support to schools and ensuring more schools successfully achieve certification.

12. **Implementation schedule:**

Table 8: Implementation schedule

Deliverable and milestone	Due date
i. Review and update of <i>Crunch&Sip</i> ® resources	July 2011
ii. Ongoing support provided to participating primary schools	July 2011 – June 2015
iii. Implementation of strategies addressing access and equity, including intensive support	Jan 2012- June 2015
iv. Development of additional <i>Crunch&Sip</i> ® activities to engage children in experiential learning about food	June 2012
v. Program monitoring and evaluation	Ongoing

Notes:

13. **Responsible officer and contact details:**

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14. **Activity budget:**

Table 9: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

Activity 3.1: High School Canteen Support Service

3. **Overview:** The *High School Canteen Support Service* will support NSW Department of Education (DET) high schools across NSW to establish a healthy school canteen while maintaining profitability. While the Service is in its formative stages of development, it will likely include a number of strategies to support high school canteens to limit the availability of energy-dense nutrient poor food and drinks and replace these with a range of healthier options. Competitive pricing policies and point of sale promotions will be encouraged to make healthy choices cheaper and more attractive alternatives to unhealthy foods and increase their sales. This will also contribute to ensuring that the healthy canteens maintain their profitability. In summary, Service strategies are likely to include:

- costing studies and business model resources;
- intensive ongoing support for schools to assist them to develop and implement a healthy school canteen policy and support start-costs associated with the Service;
- access to the services of a public health nutritionist and/or business consultant; and
- resources developed and tailored specifically for high schools and the needs, wants and expectations of students and canteen managers within this setting.

Further developmental work is required fully develop this Service and ensure its appropriateness to the sector, canteen managers as well as students attending DET high schools across NSW. This development work will build on the existing *Fresh Tastes @ School* and the *Booster* programs in which NSW has invested over recent years. While these have had limited success in high schools, the NPAPH allows for significant enhancement and where appropriate redesign of these to increase their salience in the high school setting. This will include embedding a business model approach in the Service and offering ongoing intensive support to participating schools.

4. **Outputs:**

Description	Quantity	Timeframe
Develop partnerships and agreements with key stakeholders across sectors	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	July 2011 – June 2015
Undertake consultations and formative research to inform the development of strategies.		July 2011- Dec 2011
Formative development of the Service and support resources following feedback from targeted consultations		Oct 2011 – June 2012
Business model case studies developed and profitability and costing studies undertaken to support the Service and develop resources		Oct 2011-June 2012
Canteen strategy and support resources finalised and disseminated to DET high schools and canteen managers across NSW		July 2012 – June 2015
Canteen Service implemented in DET high schools across NSW		July 2012-June 2015
Participating schools receive intensive ongoing support to assist with adoption and maintenance		July 2012-June 2015

5. **Outcomes:**

Short term	Medium term	Long term
Increased proportion of schools/canteen managers receive information and training relevant to promoting healthy eating through high school canteens	<p>Increase in schools/canteen managers awareness and knowledge relevant to promoting healthy eating through high school canteens</p> <p>Increase in schools/canteen managers capacity and intentions to promote healthy eating through high school canteens</p> <p>Schools/canteen managers use information and resources to achieve a healthy and profitable high school canteen</p>	<p>Increase in the proportion of high school canteens while promote healthy eating through policies, practices and foods availability</p> <p>Increase in high school students intention to make healthy food choices when purchasing food from the school canteen</p> <p>Increase in the proportion of high school students making healthy food and drinks choices when purchasing foods from the school canteen</p>

6. **Rationale:** Environments play an important role in influencing health-related decisions and school environments are no different. Making healthy food choices is important for achieving and maintaining a healthy weight as well as preventing disease. High school is a setting through which young people learn about making healthy food and drink choices and school canteens provide opportunities for young people to put into practice what they learn about healthy eating in the classroom. Therefore school canteens can contribute to a broader health promoting school environment by providing healthier food and drink options that are tasty, interesting and affordable. This can influence food choices made by young people not only at school, but also outside of this environment. However, in reality healthy eating messages delivered through classroom-based activities are often undermined by the less healthy food and drink options available for purchase in school canteens²².

Young people who regularly purchase snacks and lunch from the school canteen consume a substantial portion of their daily energy intake from this source²³. Therefore, it is important that school canteens make healthy choices more widely available and position these products favourably against less healthy options. NSW has undertaken formative research with young people to guide and inform youth focused directions under the NPAPH²⁴. This research suggests that school canteens provide a regular opportunity for young people to make decisions about food purchases without direct parental influence²⁴. Further, this research reported that young people ‘live in and for the moment’ and do not necessarily see health as an immediate concern²⁴ and so do not consider health when making these food choices. Environmental strategies, which make healthy choices the easiest and most desirable choices, are required. In this same research, young people and teachers clearly articulated that more could be done to increase the availability of healthy food in school canteens. Young people themselves suggested that if ‘cheap, healthy and tasty’ food and drinks were available from school canteens, then they would opt for these options²⁴.

²² Katz DL et al. (2008). Strategies for the prevention and control of obesity in the school setting: systematic review and meta-analysis. *International Journal of Obesity* 32 (12).

²³ Bell AC and Swinburn BA. (2004). What are the key food groups to target for preventing obesity and improving nutrition in schools? *European Journal of Clinical Nutrition* 58 (2).

²⁴ Smith C and Gagg K (2010). Informing the Adolescent Healthy Lifestyle Program. Qualitative Research Report. Prepared by GfK bluemoon for NSW Health (unpublished).

Competitive pricing policies and point of sale promotions to make healthy choices a cheaper and more attractive alternative to unhealthy foods will be included as a key component of the *Canteen Strategy for High Schools*. This also builds on the formative research, which suggested giving young people a sense of autonomy and control as a potential lever in encouraging healthier lifestyle behaviours²⁴. Promoting well priced and tasty healthy food and drink options will give young people an opportunity to exercise their desire for greater autonomy and control while making healthy choices. A review of the evidence on the effects of food prices on weight outcomes concluded that pricing policies are particularly effective in low SES population groups and young people²⁵. Nutrition information at point of sale information also appears to positively influence high school students' food selection towards more healthy options²⁶.

One of the sensitivities school canteens in NSW is the extent to which they can provide healthy food and drink options and maintain profitability. This will be addressed by applying a business model to the Service and developing resources to support a business model approach. This might include providing school canteens with case studies and resources which will provide strategies for good business practices and increase the focus on price and position of healthy options. Schools accessing this Service will also receive funding support linked to making improvements to the food and drink options available in the canteen. Schools will be required to report on the progress made in this regard on an annual basis.

In NSW, the *Fresh Tastes @ School* canteen strategy has been implemented since 2005. While this strategy has shown some success in NSW primary schools, additional support and new re-designed strategies to encourage high schools to provide a healthy canteen are required. A Booster Service for high schools is being implemented in NSW but to date its reach has been limited with only 64 of a possible 400 DET high schools accessing this Service. To learn from the current experience with high schools in NSW it is proposed that comprehensive stakeholder consultation together with extensive formative research be conducted during the first year of the NPAPH to identify enablers and barriers and redesign an enhanced high school canteen Service.

²⁵ Powell LM and Chaloupka FJ (2009). Food Prices and Obesity: Evidence and Policy Implications for Taxes and Subsidies. *Millbank Quarterly* 87 (1).

²⁶ Conklin M et AL. (2005). Nutrition information at point of selection affects foods chosen by high school students. *The Journal of Child Nutrition and Management*

7. **Contribution to performance benchmarks:**

<i>Canteen Strategy in High School contribution</i>	NPP Performance benchmark
<p>Increase in the availability of healthy food and drink options offered for sale in high school canteens and a decrease in the availability of energy-dense nutrient poor food and drink options.</p> <p>Increase in the proportion of young people purchasing healthy food and drinks from school canteens.</p> <p>Decrease in the proportion of young people purchasing energy-dense nutrient poor foods and drinks from school canteens.</p> <p>Increase in the proportion of DET high schools operating a healthy canteen while maintaining profitability (initial focus on government high schools).</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in the availability of fruit and vegetable options for sale in school canteens.</p> <p>Increase sales of fruit and vegetable options available in school canteens.</p> <p>Increase in the proportion of young people purchasing fruit and vegetable options from school canteens.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

8. **Policy consistency:** This universal primary prevention Service, targets environments within the high school setting. Through the NPAPH this existing NSW Service will be redesigned and enhanced for roll-out to a large number of high schools across NSW. The re-designed Service will be developed consultation with key stakeholders ensuring it is relevant and appropriate to the setting, but participation of individual schools/canteen managers in the strategy will be voluntary.

Strategies will be embedded into the *High School Canteen Support Service* to ensure it addresses equity issues and that all DET high schools have access to the Service. While some strategies have been identified in this Implementation Plan, others will be informed through the *Social Inclusion Engagement Service*, described later in this Plan. The *Social Inclusion Engagement Service* will provide ongoing advice on how to modify and/or tailor this Service to meet the needs of a range of populations including Aboriginal, rural and remote, CALD communities, the disabled and socially disadvantaged.

Intensive on-going support for schools will be provided by health professionals and /or business experts. Consequently, a local-level approach, which takes account of the enablers and barriers at the school level, is an integral part of the Service and will give added flexibility which will, in turn, contribute to sustained changes in schools beyond the life of the NPAPH.

The *High School Canteen Support Service* also complements the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009 -2011* and will build on the work begun as part of this cross-government plan. This service will also complement the *National Canteen Strategy* when it is launched and implemented across Australia.

9. **Target group(s):** The key target group for *High School Canteen Support Service* is young people aged between 12 and 18 years attending DET high schools across NSW. Secondary target groups are high school principals, teachers, school canteen managers as well as paid and volunteer staff who work in canteens.
10. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:
- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
 - harnessing support for interventions which require multiple service delivery partners; and
 - ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

If this Service is approved, NSW Health will initiate formal discussions with the NSW Department of Education and Training (DET), key stakeholders for this intervention. NSW Health has existing collaborative working relationships with the DET, as these will be built upon through this intervention. Other key stakeholders including the NSW Healthy Kids Association, canteen managers, business consultants, food providers, school principals and students will be involved in consultation and formative development processes.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader National Prevention Partnership. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

11. **Risk identification and management:**

Risk	Management Strategy
Schools will not wish to access the Service	<p>The final High School Canteen Strategy implementation model and resources will be developed following extensive stakeholder consultation and formative development. This will ensure that NSW has identified factors crucial to the success of this Service and that it has been designed accordingly.</p> <p>The Service delivery model will be modified from the existing Booster Program to increase its feasibility and acceptability with key stakeholders.</p>
The Service is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

12. **Evaluation:** The evaluation of *High School Canteen Support Service* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of the *High School Canteen Support Service* will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will measure the extent to which the Service has been delivered as intended as well as its reach into the setting and to the target populations. It is anticipated that a minimum data set will be used to gather process evaluation data as well as support total quality improvement processes. Data collected could include number of schools/canteens approached to participate the number of schools/canteens participating and support received by participating schools/canteens.
- **Impact evaluation** will measure changes in policy and practice at the school canteen level including the proportion making changes to the food and drinks available for purchase and the extent of these changes, as well as changes in sales and purchasing patterns of students.
- **Economic evaluation** will assess the costs of delivering the Service.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *High School Canteen Support Service* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

13. **Infrastructure:** The *High School Canteen Support Service* requires a combination of existing and newly developed infrastructure will be required.

- A cross-department liaison officer will lead and support all aspects of this Service. The success of the *High School Canteen Support Service* will rely on employing a knowledgeable, skilled and experienced staff member who can interact with a diverse range of stakeholders. This senior level position, will be critical to the intervention's success and will act as an important link between NSW Health, the DET, canteen managers at the school level and canteen supply networks. This model was adopted by NSW Health for the Fresh Tastes Canteen Strategy. It proved very effective and contributed to the initial successes of this strategy and its ongoing implementation in primary schools across NSW.
- Public health nutritionist and/or business consultant time is likely to be required to successfully develop and deliver this Service to DET high schools. This infrastructure will be integral to developing appropriate resources and also providing support to high school canteens accessing the *High School Canteen Support Service* to establish and maintain a profitable and healthy school canteen.
- Soft infrastructure including support materials and resources for school principals and canteen managers and workers will be developed. The design and content of these will be modelled on existing infrastructure from the primary school focused Fresh tastes Strategy although changes will be required to ensure they are relevant to high school canteens and the adolescent market.
- Additional administrative infrastructure is also likely to be required to fulfil a coordination role within the central health agency. The role of any additional staff will include:
 - a) support and manage the overall development of the Service and resources;
 - b) managing resource development, design, layout and printing;
 - c) manage procurement as well as ongoing contracts with external providers;
 - d) lead strategic overarching stakeholder engagement and management and as part of the NPAPH and would processes;
 - e) ensure social inclusion is embedded into the Service;
 - f) contribute to the development and implementation of ongoing program monitoring and supporting the national evaluation (including the national evaluation if appropriate/required);
 - g) contribute to ongoing reporting as part of the NPAPH; and
 - h) participate in and report to appropriate committees as part of the NPAPH.

14. **Implementation schedule:**

Table 10: Implementation schedule

Deliverable and milestone	Due date
i. Consultation processes undertaken with key stakeholders	Dec 2011
ii. Scoping and formative research to inform the project design, delivery and resources	June 2012
iii. Development of resources and tools for high school canteens	June 2012
iv. Recruitment of DET high school canteens and distribution of resources	July 2012 – June 2015
v. Support DET high schools to implement policy and procedures for a healthy school canteen.	July 2012-June 2015
vi. Monitoring and evaluation	Ongoing

Notes:

15. **Responsible officer and contact details:**

Centre for Health Advancement
NSW Department of Health
LMB 961
North Sydney NSW 2059
Ph +61 2 93919622
Fax +61 2 93919579
CHA@doh.health.nsw.gov.au

16. **Activity budget:**

Table 11: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

PROGRAM OVERVIEW AND OBJECTIVE

Services for Youth Settings Program

1. The objectives of this program are to:
 - develop, deliver and evaluate an innovative social marketing strategy targeting young people;
 - increase young people's awareness and knowledge of the importance of adopting a healthy lifestyle (making healthy foods choices, being physically active and limiting small screen time);
 - increase young people's intentions to make healthy lifestyle choices (consuming healthy foods, being physically active and limiting small screen time);
 - increase young people's skills in making healthy lifestyle choices (consuming healthy foods, being physically active and limiting small screen time); and
 - improve the lifestyle choices made by young people (increased consumption of healthy foods, increased time spent being physically active and decreased time in small screen recreation).
2. The *Services for Youth Settings* Program involves the following activity:
 - a) Social Marketing to Young People
3. The senior contact officer for this program is:

Centre for Health Advancement

NSW Department of Health

LMB 961

North Sydney NSW 2059

Ph +61 2 9391 9622

Fax +61 2 9391 9579

CHA@doh.health.nsw.gov.au

Activity 4.1: Social Marketing to Young People

1. **Overview:** A social marketing framework will be used to develop and deliver key messages related to healthy lifestyles and lifestyle-related health behaviours to young people across NSW using appropriate channels and mechanisms. This is likely to include, but will not necessarily be limited to, communication through traditional above-the-line-mass media as well as digital media (social media, paid online advertising and website) mobile technology and other youth relevant settings e.g. music festivals.

The final messages for the campaign will be informed by extensive formative research already underway. Initial results from this research suggest that the strategy should adopt a 'why', 'what' and 'how' framework with initial efforts focusing on raising awareness of the importance of a healthy lifestyle within the context of being an adolescent.

Once awareness has been raised and intentions to adopt a healthy lifestyle increased, the campaign will progress to providing messages on 'how' desired changes can be made. This will be achieved through messages that develop self-efficacy and skills of young people to adopt a healthy lifestyle - making healthy food choices, being sufficiently active and limiting the time spent engaging in small screen recreation. The campaign is likely to directly target young people as individuals and also as peer leaders, capable of influencing lifestyle choices of their peers and broader social networks.

Social Marketing to Young People will also include a parent component, as the need for this has become clear during initial formative research. This will link closely with *Social Marketing to Children and their Families*, outlined later in this Implementation Plan.

As part of the *Social Inclusion Engagement Service*, described later in this Implementation Plan, this social marketing campaign will be designed with reference to specific populations across NSW. This will ensure that branding, messages, concepts and delivery channels are inclusive of and target specific populations including disadvantaged populations, Aboriginal people, Culturally and Linguistically Diverse communities, those living in rural and remote areas of NSW as well as the socially disadvantaged.

2. Outputs:

Description	Quantity	Timeframe
Development of a state-wide social marketing and communications strategy targeting young people and their parents which includes mass media and digital components	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Aug 2011
Development of creative agency brief – including the development of creative pitches and campaign/media strategy		Sept 2011
Phase 1 of concept testing and research undertaken with target audience to select relevant creative		Oct 2011
Creative executions developed and phase 2 of target audience testing undertaken		Dec 2011
Creative executions refined and phase 3 of target audience testing undertaken		Feb 2012
Creative executions finalised and developed for appropriate execution and placement		April 2012
Mass media advertising screened for 3 bursts per year		Oct – Nov (each year) Feb –March (each year) May-June (each year)
Digital media advertising delivered for 3 bursts per year		Oct - Nov (each year) Feb - March (each year) May - June (each year)

3. Outcomes:

Short term	Medium term	Long term
50% of young people have prompted and unprompted awareness of the campaign branding*	60% of young people have awareness of specific campaign messages* 40% of young people report a high level of understanding of specific campaign messages*	65% of young people have awareness of specific campaign messages* 55% of young people report a high level of understanding of specific campaign messages*
Increase in young people's awareness of healthy lifestyle messages	Increase young people's knowledge, intentions, attitudes and beliefs related to healthy eating and physical activity messages and achieving a healthy lifestyle	Increased proportion of young people consume a healthy diet Increased proportion of young people engage in recommended levels of leisure time physical activity Increased proportion of young people engage in no more than 2 hours of small screen recreation each day

* Estimated outcomes are based on results from the VERB campaign

Short term	Medium term	Long term
15% of parents/carers of young people have prompted and unprompted awareness of the campaign branding*	30% of parents /carers of young people have prompted and unprompted awareness of specific campaign messages* Increase parents/carers knowledge, beliefs and attitudes and intentions related to healthy lifestyle messages	Increase in parents/carers efficacy to support their children to adopt a more healthy lifestyle Increased proportion of young people making healthy food and drink choices and decrease in the proportion choosing energy-dense nutrient poor options Increased proportion of young people engage in recommended levels of leisure time physical activity Increased proportion of young people engage in no more than 2 hours of small screen recreation each day

* Estimated outcomes are based on results from the VERB campaign

4. **Rationale:** In Australia, as well as internationally, the prevalence of overweight and obesity in young people is increasing. In 2008, approximately 21% of young people in NSW were classified as overweight or obese²⁷. Young people who are overweight or obese are at increased risk of being overweight in adulthood, which has implications for longer-term health and well-being^{28 29}. Further, the majority of young people do not report consuming sufficient vegetables each day, many, particularly girls, are not sufficiently active and the majority engage in more than 2-hours of small screen recreation each day¹⁶. Therefore, there is a clear imperative to deliver messages which promote healthy lifestyle to young people and support them to achieve a healthier lifestyle.

This new and innovative campaign has not previously been delivered by NSW Health. While substantial work has been undertaken with primary school-aged children and in more recent times, preschool-aged children, young people are often considered a difficult group to reach and influence. None the less, the NPAPH provides a timely opportunity to build on this substantial work in primary schools and influence lifestyle choices of young people in NSW in a manner that takes account of their needs and the social context in which they live and play. Because this is a new and innovative area for NSW Health, considerable effort will be focused on the formative development of the campaign messages to ensure they resonate with the target population.

²⁷ Centre for Epidemiology and Research. (2009). *New South Wales School Students Health Behaviours Survey: 2008 Report*. Sydney: NSW Department of Health.

²⁸ Singh AS et al (2008). Tracking of childhood overweight into adulthood: a systematic review of the literature. *Obesity Reviews* 9: 474-488.

²⁹ Reilly JJ et al. (2003). Health consequences of obesity. *Archives of Disease in Childhood* 88: 748 – 752.

Initial ideas regarding this campaign's overall direction have been informed by a number of key pieces of work commissioned by NSW Health. These include:

- a review of the literature on the effectiveness of primary and secondary obesity prevention interventions targeting adolescents³⁰;
- a review of the literature on interactive electronic media interventions targeted at adolescents for prevention of overweight and obesity³¹; and
- initial formative research to inform youth-based approaches for the NPAPH³².

The review by Bellew, King and Chau³⁰, found limited evidence of effective primary prevention interventions addressing overweight and obesity in young people. It did recommend however, that social marketing targeting young people is worthy of consideration. Social marketing can provide tangible reasons and opportunities to adopt optimal health related behaviours by demonstrating alternatives to current behaviours that tap into the wants and needs and young people³³. In this respect, social marketing applies the principles of commercial marketing to deliver a call to action, to reframe beliefs and attitudes and achieve positive health behaviour change²⁵.

While comprehensive social marketing interventions to promote a healthy lifestyle to young people are not widespread, the *VERB*[®] campaign provides strong evidence of their potential effectiveness. *VERB*[®] was a large public health intervention that used a social marketing framework to promote increased participation in physical activity to young people in the United States³⁴.

After one year approximately 75% of young people were aware of the campaign branding and messages. This level of awareness is similar to or better than social campaigns targeting other behaviours of relevance to this age group³⁵. Raising awareness of campaign branding and specific messages is an important first step in shifting attitudes and achieving behavioural change. Further, evaluation of *VERB*[®] showed that campaign awareness at 1 year was associated with 34% greater time spent engaging in physical activity. That is young people who were aware of the campaign spent more time engaging in recreational physical activity than those not aware of the campaign³⁶. The *VERB*[®] evaluation also showed positive longer-term effects on physical activity participation and importantly maintenance of physical activity behaviours through to the older adolescent years³⁷.

The review of interactive electronic media interventions targeting young people reported that technological advances provide opportunities to use more youth friendly interactive modes of communication for health promotion³¹. The review recommended that, despite existing gaps, innovative electronic media interventions should be considered as a means of reaching young people. It recommended interventions be designed specifically to meet the needs, interests and context of adolescence as distinct from those of children and adults. The review also suggested interventions should be developed with input from adolescents³¹.

³⁰ Bellew B, King L and Chau J. (2010). *Health promotion interventions targeting adolescent obesity: An evidence check brokered by the Sax Institute for the Centre for Health Advancement*, NSW Health (unpublished).

³¹ Kornman KP, Nguyen B and Baur L (2010). *Interactive electronic media interventions targeted at adolescents for prevention of overweight and obesity: a rapid review*. A review brokered by the Sax Institute for the NSW Department of Health (unpublished).

³² Smith C and Gagg K (2010). *Informing the Adolescent Healthy Lifestyle Program*. Qualitative Research Report. Prepared by GfK bluemoon for NSW Health (unpublished).

³³ Evans D. (2008). Social Marketing Campaigns and Children's Media Use. *Future of Children 18 (1)*: 181-203.

³⁴ Wong F et al. (2004). *VERB*[®] - A Social Marketing Campaign to Increase Physical Activity Among Youth. *Preventing Chronic Disease 1 (3)*: A10.

³⁵ Huhman M et al. (2008). Initial Outcomes of the VERB Campaign. Tweens' Awareness and Understanding of Campaign Messages. *American Journal of Preventive Medicine 34*: S241- S248.

³⁶ Huhman et al. (2005). Effects of a Mass Media Campaign to Increase Physical Activity Among Children: Year-1 Results of the VERB Campaign. *Pediatrics 116*

³⁷ Huhman M et al. (2010). The Influence of the VERB Campaign on Children's Physical Activity in 2002 – 2006. *American Journal of Public Health 100 (4)*: 638-645.

NSW Health has undertaken formative research with young people and key informants including their parents, to inform the early development of approaches to target young people as part of the NPAPH³². This research found that:

- young people live in and for the moment;
- technology is a constant and very important part of their lives;
- health, and the implications of an unhealthy lifestyle, are not an issue for the vast majority;
- many feel they lack control over their lives, despite being ‘connected’ 24-hours each day;
- while they understand what it means to adopt a ‘healthy’ lifestyle, this understanding is from an academic perspective rather than as a concept personally relevant to them;
- many believe if they are physically active or eat a healthy diet that they are healthy enough; and
- many barriers exist which can prevent young people from leading more healthy lifestyles.

The research recommended that the strategy adopt a ‘why’, ‘what’ and ‘how’ framework, and that the priority in the first stage is to focus on delivering messages which focus on ‘why’ a change is required, given the motivational barriers that currently prevent young people from adopting more healthy lifestyles. It was also suggested that several channels may be required to deliver key messages to young people, and their parents, as part of the strategy. A number of motivational hooks were identified for framing messages on the importance of a healthy lifestyle. These include using a healthy lifestyle to manage the pressures of being an adolescent, increase individual control and autonomy and achieve a positive body image²⁷. These hooks capitalise on the desire of young people to look good, fit in and be socially accepted; to gain independence and be treated as an adult; and manage their hectic lives.

The initial formative research has also recommended that social marketing target young people as individuals, and as peer leaders, as the first stage in delivering key health messages to this population. Also, parents were identified as a target group for this strategy, because they shape attitudes and behaviours of their adolescent children and because they create home environments that either support or prevent their adolescent children from adopting healthy lifestyles³². Strong evidence exists suggesting that, even in adolescence, parents play a role in the food patterns of their children³⁸. This will link closely with the broader *Social Marketing to Children and their Families* campaign.

The *VERB*[®] campaign included strategies targeting parents as potential agents of support for their children to engage in more physical activity. An evaluation of this component of the strategy found that parents’ awareness of the campaign increased over time. Further, and encouragingly, it found that parental awareness of the campaign resulted in increases in their perceptions of the importance of physical activity and the level of support they provided their adolescent children to be physically active³⁹.

The potential motivational hooks identified from the formative research will need to be explored in more detail in the process of developing a clearly focused communication strategy and testing concepts and delivery mediums with young people and their parents. These are likely to be the next stages of the development of this campaign, should it be approved. As suggested in the initial formative research and the review of electronic media interventions, adolescent input will be sought at each stage of the development of this campaign to ensure it resonates with the target group and is delivered in an appropriate manner.

³⁸ Campbell KJ et al. (2007). Associations Between the Home Food Environment and Obesity-promoting Eating Behaviours in Adolescence. *Obesity 15* (3): 719 –730).

³⁹ Price S et al. (2008). Influencing the Parents of Children Aged 9-13 Years. Findings from the *VERB*[®] Campaign. *American Journal of Preventive Medicine 34*: S267 – S274.

While the potential evaluation of this campaign is described later in this section, it should be noted that the ongoing monitoring and evaluation of the strategy will inform its direction over the 4 years of the NPAPH. Regular evaluation will inform the ongoing development and refinement of the campaign e.g. focus and type of message, delivery channels etc and allow for specific segments of the target population not being reached to be identified and strategies put into place to address any gaps. Ongoing monitoring will allow the campaign to adjust to the changing awareness of young people and respond to changes in attitudes and intentions to adopt healthy lifestyle behaviours over the course of the NPAPH. This best practice approach was taken by the *VERB*[®] campaign and contributed to its overall effectiveness²².

5. Contribution to performance benchmarks:

<i>Social Marketing to Young People contribution</i>	NPP Performance benchmark
<p>Increase in young people’s awareness of the importance of making healthy food choices, their intention to make healthier food choices and their knowledge of how they can improve the nutritional quality of the foods they consume.</p> <p>Parents/carers support of their adolescent children to make healthy food choices increases.</p> <p>Increase in the proportion of young people making healthy food choices – limiting energy-dense nutrient poor foods and sugar sweetened drinks and increasing consumption of fruit and vegetables and healthy snacks.</p> <p>Increase in young people’s awareness of the importance of being physically active, intention to be active and their knowledge of how they can be more physically active.</p> <p>Parents/carers support of their children to engage in physical activity increases.</p> <p>Increase the proportion of young people participating in sufficient physical activity.</p> <p>Decrease in the proportion of young people spending more than 2 hours each day engaged in small screen recreation.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in young people’s awareness of the importance of consuming fruit and vegetables, their intention to consume more fruit and vegetables and their knowledge of how they can increase their fruit and vegetable consumption.</p> <p>Parents/carers awareness of the importance of consuming fruits and vegetables increases.</p> <p>Parents/carers support of their children to consume fruit and vegetables increases.</p> <p>Increase in the amount of fruit and vegetables consumed by young people each day.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

<i>Social Marketing to Young People</i> contribution	NPP Performance benchmark
<p>Increase in young people's awareness of the importance of being physically active, intention to be physically active and their knowledge of how they can be more physically active.</p> <p>Increase in young people's awareness of the importance of limiting small screen time, intention to limit small screen time and their knowledge of how they can limit small screen time.</p> <p>Parents/carers awareness of the importance of being physically active and support of their child to be physically active increases.</p> <p>Parents/carers awareness of the importance of limiting small screen recreation and support of their child to limit small screen recreation increases</p> <p>Parents/carers support of their children to engage in physical activity and limit their small screen recreation increases.</p> <p>Increase in the proportion of young people who participate in sufficient physical activity each day.</p> <p>Decrease in the proportion of young people engaging in more than 2 hours of small screen recreation each day.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** The *Social Marketing to Young People* campaign is a new and innovative area of focus for NSW Health. While much attention has been directed to promoting healthy lifestyles to preschool and primary school-aged children, young people have been seen as a more difficult population group to reach and influence. Therefore, this campaign will address an identified gap and contribute to the evidence on the effectiveness of social marketing, delivered using social media and other mechanisms on health-related lifestyle behaviours of young people.

This primary prevention campaign will be delivered universally to all young people. Formative research and concept testing will take account of the needs of Aboriginal young people as well as those from CALD backgrounds, living in rural and remote areas, the socially disadvantaged and the disabled. By addressing these issues, the campaign will ensure that the health differential is not widened as a consequence of the manner in which messages are framed and delivered to the target population. The *Social Inclusion Engagement Service*, described later in this Implementation Plan will also provide an important mechanism to ensuring this campaign is designed and delivered with regard to promoting equity of access and meeting the needs of specific population groups.

Ongoing evaluation and monitoring activities will allow the campaign to respond to changing needs of the target group as well as identify specific sub-groups for whom the campaign messages are not resonating and therefore messages and delivery channels can be altered accordingly. This will ensure that no populations and/or sub-groups within populations are unduly disadvantaged as a consequence of this campaign.

This campaign will take account of the role of parents/carers in influencing the health related lifestyle behaviours of young people and links well with the proposed *Social Marketing to Children and their Families* campaign. Parents will be involved in the continued formative research informing campaign development.

7. **Target group(s):** There are two target groups for the *Social Marketing to Young People* campaign.

The primary target group for the campaign will be young people aged between thirteen and 17 years old. While not the primary target group children in the older primary years and young people over the age of seventeen may also be reached through social marketing activities, as they are accessed by children and young people of all ages.

Young people will be targeted as individuals who can, and do, make choices regarding their health-related behaviours and also as potential peer leaders whose lifestyle related choices can have an influence on those of their friends. This focus is in response to initial formative research which highlighted the potential value of peers in influencing lifestyle-related choices of young people.

A secondary target group of this campaign are parents/carers of young people. Initial formative research identified that parents/carers of young people play a very important role in the lifestyle choices available to and made by young people. They also act as role models for their children's attitudes towards healthy lifestyle. This is not withstanding the fact that adolescence is an important time for seeking independence from the family unit and identifying with friends and other social networks.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

NSW Health will work collaboratively with the Cancer Institute NSW to develop and deliver campaign messages to young people. The Cancer Institute NSW has extensive experience in social marketing campaigns and has expressed an interest in working in partnership with NSW Health. In addition, NSW Health will work in collaboration with the Multicultural Health Communication Service, the Aboriginal Health and Medical Research Council and other key groups to ensure that campaign messages and the way in which they are delivered are appropriate for CALD, Aboriginal and socially disadvantaged adolescent populations.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include Service specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

NSW Health also recognises the importance of young people, and their parents, as key stakeholders in this campaign. To this end, NSW Health has begun formative research with this group and will continue to undertake formative research and concept testing to inform the development campaign messages and creative concepts. Details of the research undertaken to date are outlined in the rationale section.

9. **Risk identification and management:**

Risk	Management Strategy
Key messages and methods of delivery are not relevant to the target audience	NSW Health has already begun formative research to ensure that key messages and their delivery are appropriate to and resonate with the target population. This will be an ongoing process throughout the Agreement and messages will be altered to respond to increased awareness, knowledge and/or intent to change.
The campaign is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of *Social Marketing to Young People* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The of *Social Marketing to Young People* will include process and impact evaluation, as well as an analysis of the costs involved in delivering the campaign against the results achieved.

- **Process evaluation** will measure the extent to which social marketing activities have been delivered as intended as well as their reach into the setting and to the target populations. This is likely to include the dose of marketing delivered as well as brand and message awareness.
- **Impact evaluation** will measure changes in attitudes of young people of the health-behaviour and lifestyle-related messages delivered through the campaign as well as any changes in their knowledge and intention to change. Depending on the extent to which 'how' messages are delivered, this might also include actions taken and changes to eating, physical activity and small screen recreation practices made by young people.
- **Economic evaluation** will assess the costs of delivering the campaign.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Social Marketing to Young People* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** No additional infrastructure is required to deliver this social marketing campaign.

- NSW Health will work in collaboration with the Cancer Institute NSW to commission the development of an appropriate social marketing strategy which utilises social media and appropriate modes of message delivery. The implementation of campaign strategies will be managed internally by NSW Health using existing staffing capacity.
- NSW Health will use existing infrastructure within the Area Health Services as well as non-government organisations to develop and deliver appropriate support systems to underpin the ongoing success of this campaign.
- Additional administrative infrastructure is also likely to be required to fulfil a coordination role within the central health agency. The role of any additional staff will include:
 - a) support and manage the overall development of the Campaign and resources;
 - b) manage formative research and creative concept testing processes;
 - c) manage procurement and ongoing contracts with external providers and creative agencies;
 - d) lead strategic overarching stakeholder engagement and management and as part of the NPAPH processes;
 - e) ensure social inclusion is embedded into the Campaign through development and delivery;
 - f) contribute to the development and implementation of ongoing monitoring and supporting the national evaluation (including the national evaluation if appropriate/required);
 - g) contribute to ongoing reporting as part of the NPAPH; and
 - h) participate in and report to appropriate committees as part of the NPAPH.

12 **Implementation schedule:**

Table 12: Implementation schedule

Deliverable and milestone	Due date			
i. Communications strategy developed including mass and digital media	Aug 2011			
ii. Agency brief developed and creative pitches made	Sept 2011			
iii. Concept testing undertaken with target audience	Oct 2011- Feb 2012			
iv. Creative executions finalised for execution and placement	April 2012			
v. End of school year campaign implemented	Oct-Nov 2012	Oct-Nov 2013	Oct-Nov 2014	
vi. Beginning of school year campaign implemented		Feb-March 2013	Feb-March 2014	Feb-March 2015
vii. Mid-school year campaign implemented		May-June 2013	May-June 2014	
viii. Campaign messages reviewed and appropriate changes made	Ongoing from April 2012	Ongoing from April 2012	Ongoing from April 2012	Ongoing from April 2012
ix. Evaluation activities undertaken	Ongoing	Ongoing	Ongoing	Ongoing

Notes: Notes: This intervention links closely with the Social Marketing to Children and their Families intervention and therefore the development and testing of concepts as well as the bursts of campaign activity will occur simultaneously across both interventions.

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14. **Activity budget:**

Table 13: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

PROGRAM OVERVIEW AND OBJECTIVE

Services for Recreational Settings

1. The objectives of this program are to:
 - promote healthy food and drink choices in community-based organised sporting clubs;
 - provide education and training for recreational sporting clubs on how to provide and promote healthy food and drink choices within their canteens;
 - develop and disseminate resources on providing healthy food and drink choices to community-based organised sporting clubs;
 - develop and disseminate resources promoting the consumption of water consumption to coaches and managers of junior level community-based organised sport;
 - increase the proportion of children 5-12 years of age consuming water, rather than sugar sweetened drinks, while participating in community-based sport;
 - increase the proportion of community-based organised sport canteens providing healthy food and beverage options;
 - decrease the availability of energy-dense, nutrient poor foods available in community-based organised sport canteens; and
 - decrease the availability of sugar-sweetened beverages available in community-based organised sport canteens.
2. The *Services for Recreational Settings* Program involves the following activity:
 - a) Sporting Canteen Nutrition Support Service (*Healthier Choices in Recreational Settings*)
3. The senior contact officer for this program is:

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Activity 4.1: Sporting Canteen Nutrition Support Service (*Healthier Choices in Recreational Settings*)

1. **Overview:** The *Sporting Canteen Nutrition Support Service (Healthier Choices in Recreational Settings)* will provide education, resources and support to community-based organised sporting clubs to promote water consumption and discourage the consumption of sugar sweetened drinks, including sports drinks while participating in active leisure pursuits, and improve the nutritional quality of food and drinks available from the canteen in these settings.

This Service comprises two components:

- I. *Drink Water First @ Sport Campaign:* which will develop and deliver messages relevant to water consumption specific to junior, community-based, non-elite organised sport through team coaches and managers; and
- II. *Healthy Sporting Canteens & Facilities:* which will develop and deliver practical education, resources and communication tools to enable community-based sporting clubs and recreational settings to provide healthier food and drink choices.

Community-based sporting clubs will be receive ongoing practical support to access the Service and make realistic, achievable and sustainable changes to their policies and practices while maintaining profitability.

2. **Outputs:** Component 1: *Drink Water First @ Sport Campaign*

Description	Quantity	Timeframe
Undertake formative review of the literature to determine the content and messages for <i>the Drink Water First @ Sport Campaign</i>	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Sept 2011
Undertake formative research to better understand consumer perceptions regarding fluid intake for this setting		Sept 2011
Development of a campaign messages brief including development of creative pitches and campaign strategy		Oct 2011
Phase 1 of concept testing and research with target audience to select relevant creative		Nov 2011
Phase 2 of concept testing with target audience undertaken		Jan 2012
Campaign framework and plan completed – including final creative executions and strategies for roll-out		March 2012
Campaign materials and resources developed		April 2012 – Dec 2012

Description	Quantity	Timeframe
Sporting Industry Reference Group established comprising representatives from State Sporting Organisations Local Government and the NSW Department of Education and Training (school sport)	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Ongoing from April 2012
Forums held with representatives from state sporting organisations and other key stakeholders to gain support for and commitment to the campaign and the proposed roll-out. Campaign coordinators identified from targeted sports to assist in campaign delivery at the club level		Aug 2012 – Dec 2012
Workshops held with Campaign Liaison Officers to advise on campaign roll-out and distribution of campaign materials to sporting clubs		March 2013 – April 2013
Campaign launched in partnership with key stakeholders		May 2013
Campaign collateral, including promotional materials and water carriers distributed to sporting clubs and coaches		Ongoing from May 2013

Outputs: Component 2: Healthy Sporting Canteens

Description	Quantity	Timeframe
Sporting Industry Reference Group established comprising representatives from State Sporting Organisations, Local Government, Healthy Kids Association and NSW Health, to inform and support Service development and delivery	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Ongoing from Aug 2011
Training program, education and support resources developed based on the <i>Healthier Food Choices in Sporting Organisations Project (SWAHS – Nov 2008)</i> to assist volunteer canteen managers to provide healthier food choices whilst maintaining profitability		Nov 2011
Support systems and networks established to provide advice and tailored support for participating community-based sporting clubs		June 2012
Sporting Industry Forum held with representatives from targeted State Sporting Organisations and other key stakeholders to gain support for the Service. State Canteen Liaison Officers identified from targeted sports to assist implementation at the club level		Aug 2012
Workshops held with nominated State Canteen Liaison Officers to support service delivery, training, distribution of resources and education materials to sporting clubs and canteen managers		Aug 2012 – Nov 2012
Delivery of 3 hour training workshops for canteen managers – <i>Managing Healthy Profitable Canteens</i>		Feb 2013 – Dec 2013 (20 workshops) Feb 2014 – Dec 2014 (20 workshops)
Healthy Sport Canteen resource packs distributed to targeted sports clubs and canteen managers		Feb 2013 – Dec 2014

3. **Outcomes:** Component 1: *Drink Water First @ Sport Campaign*

Short term	Medium term	Long term
<p>30% of coaches, parents/carers and children and young people have promoted and unprompted awareness of campaign messages</p>	<p>60% of coaches, parents/carers and children and young people have prompted and unprompted awareness of campaign messages</p> <p>Coaches' awareness and knowledge of appropriate consumption of fluids by children and young people participating in junior non-elite community-based sport increases</p> <p>Increase in coaches' capacity and intentions to promote water as the preferred drink</p> <p>Increase parents/carers awareness and knowledge of appropriate consumption of fluids by children and young people participating in junior non-elite community-based sport</p>	<p>Increase in the proportion of sporting clubs reporting they promote water as the preferred drink at junior non-elite community-based sport through their policies and practices</p> <p>Increase in the proportion of coaches reporting they promote water as the preferred drink at junior non-elite community-based sport</p> <p>Increase in the proportion of parents/carers reporting they provide water for their children while participating in non-elite community-based sport</p> <p>Increased proportion of children and young people participating in junior, non-elite community-based sport drink water as the preferred fluid</p>

Outcomes: Component 2: *Healthy Sporting Canteens*

Short term	Medium term	Long term
Increased proportion of community-based sporting clubs receive information, training and support relevant to providing healthy food and drink choices in sporting canteens	<p>Increased awareness and knowledge of healthy eating recommendations by sporting club canteen managers</p> <p>Increased capacity and intention of canteen managers to provide nutritious food and drink choices in the community-based sporting setting</p> <p>Canteen managers will utilise education, resources and support services to introduce healthy foods and drink options into canteens in the community-based sporting setting</p>	<p>Increased proportion of community based sporting clubs reporting they promote healthy eating through their canteen policies and practices</p> <p>Increase in the provision of healthy food and drink options in canteens of participating community-based sporting clubs, while maintaining profitability</p> <p>Increased sales of healthy food and drink options of participating community-based sporting clubs</p>

4. **Rationale:** A large proportion of children 5-14 years old participate in community-based sporting and leisure pursuits on a regular basis. In the 12-months to April 2009, 60% of all children 5-12 years old living in NSW participated in organised sport and physical activity. This is approximately 536,000 NSW children⁴⁰.

Participation in community-based organised sport is a very positive thing for children and young people. It makes a contribution to their overall levels of physical activity, and is a positive health-related lifestyle behaviour that should be encouraged. However, within the community-based organised sporting setting, less healthy dietary habits are often promoted through the food and beverage choices available from canteens.

Research from several states, including NSW, indicates that food and beverages available in community-based sporting canteens is perceived to be unhealthy, and that many common food and beverages choices made by children and young people while in these settings are energy-dense, nutrient poor. In a survey of over 400 parents conducted in NSW, 53% considered the foods and beverages available in the sporting and leisure canteens accessed by their children to be mostly unhealthy⁴¹. Further, of the parents surveyed:

- 48% reported that their child usually purchased chocolate and confectionary;
- 48% reported that their child usually purchased soft drinks or sports drinks; and
- 44% reported that their child usually purchased ice-cream and ice confection³¹.

Young people were significantly more likely than younger children to purchase soft drinks and sporting drinks (63% versus 40%) and pies and pasties (38% versus 23%). In contrast, younger children were more likely than young people to purchase ice cream and ice confection (51% versus 21%) and snack foods (45% versus 30%)³¹. Consequently this Service could encourage practices within sporting clubs which promote more healthy food and drink choices to young people as well as younger children, by limiting the availability of less healthy options and providing well-priced, nutritious and tasty alternatives.

⁴⁰ Australian Bureau of Statistics (2009). Children's Participation in Cultural and Leisure Activities, Australia, April 2009. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4901.0> [Accessed 14 May 2010].

⁴¹ Kelly B, Chapman A, King L, Hardy L and Farrell L. (2008). Double standards for community sports: promoting active lifestyles but unhealthy diets. *Health Promotion Journal of Australia*, 19 (3): 226-228.

The NSW research also reported that 63% of parents surveyed agreed that government should restrict the types of foods and beverages that canteens in this setting can sell³⁵. In addition, a community attitudes survey of 1500 adults in Victoria⁴² reported that:

- 51% believed community sports clubs do not provide sufficient healthy food options;
- 82% believed community sports clubs have a responsibility to promote healthy eating; and
- 85% agreed that in the interests of children's health, community sports clubs should reduce the sale and consumption of junk food.

Research such as this provides a clear mandate and support from parents and the broader community to address food environments within community-based sporting settings. Therefore, there is a clear rationale to work within sport and recreation settings, and support those responsible for running community-based sport to promote healthy eating as part of the sporting experience.

This is a relatively new and innovative health promotion service and consequently will make an important contribution to the body of evidence related to promoting healthy food choices in recreational settings, as well as contributing to the prevention of overweight and obesity in children and young people. It is a setting in which the NSW Government has demonstrated a commitment to work as outlined in the *NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009 -2011*. This cross-government Plan is applying a coordinated effort across agencies to support children, young people and their families to improve their health.

The cross-government Plan makes a commitment to promote the principles of *Fresh Tastes*, the NSW School Canteen Strategy, to canteens in community-based sporting clubs by working with volunteers to increase the availability of healthy food and drink and promote water consumption for children and young people participating in community-based organised sport. To date, the work undertaken in this setting has been limited due to a lack of funding to undertake this work. The NPAPH provides the opportunity to substantially increase efforts in this setting.

A small-scale randomised controlled trial of an intervention similar to the Service being proposed has been undertaken in one NSW Area Health Service. The trial results demonstrate the feasibility of working with community-based sporting organisations to improve the nutritional value of food and drink available in the canteen. Canteens in the trial increased the number of 'amber' foods and drinks available and decreased the number of 'red' foods available in their canteen while maintaining profitability.

The Drink Water First @ Sport component builds on a social marketing campaign delivered as part of the Hunter New England *Good for Kids* obesity prevention program, transferring the messages to the community-based organised sport setting. After the campaign parents' knowledge and awareness of the sugar content of sweetened drinks increased and there was a decline in the children's consumption of sugar-sweetened drinks⁴³. The messages delivered in this campaign were appropriately framed for and resonated with the target audience and should translate to an alternative setting (sport and recreation). This translation to the sport and recreation setting will be informed through comprehensive stakeholder consultation as well as formative research and development.

As a large proportion of children and young people participate in community-based organised sport each week, the components of this Service will potentially, over time, achieve an extensive reach of children aged 5-14 years old. While not the primary target of this service, a large number of parents/carers, as well as those involved in running, coaching and managing teams will also be reached. Therefore, it provides an ideal mechanism for integrating health promotion activities into the environments of this key setting and the lives of many children and young people, as well as their families.

⁴² Victorian Health Promotion Foundation (2010). *Community Attitudes Survey: Healthy community sporting environments*. South Carlton: Victorian Health Promotion Foundation.

⁴³ Orr N, Milat AJ, Lin M, Neville L, Develin L (2009). Evaluation of the 2008 NSW Water Campaign (under review).

5. **Contribution to performance benchmarks:**

<i>Healthier Choices in Recreational Settings</i> contribution	NPP Performance benchmark
<p>Increase in the number of community-based sporting clubs developing and implementing a healthy eating policy.</p> <p>Improved nutritional quality of food and drinks available in the canteens of community-based sporting settings.</p> <p>Decrease in the availability of foods of low nutritional quality in the canteens of community-based sporting clubs.</p> <p>Increase in the proportion of children and young people purchasing healthy foods from canteens of community-based sporting clubs.</p> <p>Decrease in the proportion of children and young people purchasing energy-dense nutrient poor food options from canteens of community-based sporting clubs.</p> <p>Increase in the proportion of coaches and managers promoting water for children and young people participating in non-elite community-based sport.</p> <p>Increase in the proportion of children and young people consuming water while participating in community-based sport.</p> <p>Decrease in the proportion of children and young people consuming sugar-sweetened drinks (including sports drinks) while participating in community-based sport.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increase in the proportion of fruit and vegetable options available in the canteens of community-based sporting clubs.</p> <p>Increase in the nutritional quality of fruit and vegetable options consumed by children and young people in community-based sporting clubs.</p> <p>Increase in the proportion of children and young people purchasing fruit and vegetable options from canteens of community-based sporting clubs.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

6. **Policy consistency:** This is a universal primary prevention Service targeting children and young people between the ages of 5 and 17, through community-based organised sporting settings. While not directly targeting parents and carers, they are likely to also be reached as key messages are delivered and changes made to foods and drinks available at the settings-level.

This Service is relatively new and innovative and therefore will contribute to the evidence-base in this area. It will draw upon existing knowledge of working with canteens in schools, and to a lesser extent sporting settings, as well as previous social marketing campaigns promoting the consumption of water.

This Service recognises the role of community in promoting and supporting the health of children and young people and the need for structural support for healthy lifestyles, including increased access to healthy food and drink choices. The Service will be delivered across NSW, including rural and remote communities as well as those of greater social disadvantage which will be specifically targeted as part of the *Healthier Choices in Recreational Settings*. The *Social Inclusion Engagement Service* described later in this Implementation Plan will form specific approaches taken to address equity and ensure equity of access to this intervention across all population groups.

All community-based sporting clubs and recreational settings will be different, and are likely to experience different enablers and barriers. The manner in which the Service is delivered at the setting level will be dependent on these factors. It has been designed with sufficient flexibility and ongoing support to respond to local-level needs, which will increase the longer-term sustainability of changes to food and drinks available within this setting.

Further, this *Healthier Choices in Recreational Settings* will complement the Healthy Worker and Healthy Communities Initiatives. Sport and recreation settings are community-based and because of this will reach people of all ages and from all population groups. As a consequence the promotion of water and increased availability of healthy food options within the canteens will also impact on parents, younger children (under 5 years of age) and a very large number of community volunteers as they spend time in this setting.

7. **Target group(s):** The primary target group for *Healthier Choices in Recreational Settings* is children and young people 5-17 years old participating in community-based organised sporting activities in their leisure time.

The secondary target group is parents and other family members who attend these sporting settings with their children; sporting coaches as well as team managers when applicable. This might include community volunteers who spend time in these settings as well.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

NSW Health has consulted directly with Communities NSW – Sport and Recreation and will work collaboratively with Communities NSW – Sport and Recreation to develop, deliver and evaluate this service. They have expressed their support for this service and are committed to working collaboratively with NSW Health, as well as relevant non-government organisations and Area Health Services to maximise its reach and effectiveness.

A Sporting Industry Reference Group will be established to inform and support the development and implementation of both components of this service. Further, extensive formative research and consumer focus testing will be undertaken to develop messages and resources that are relevant to and resonate with the community-based sporting club setting as well as key audiences within this setting.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader National Prevention Partnership. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
Sporting clubs do not access the service	<p>Extensive formative research and focus testing during campaign development will be undertaken ensuring campaign messages are appropriately framed and resonate with key audiences.</p> <p>A Sporting Industry Reference Group will be established to provide advice on service components and their roll-out. The Reference Group/s will also be used to gain support for and commitment to the Service.</p> <p>Campaign Coordinators will be identified for participating sports to support and assist in the delivery of campaign messages and materials to clubs and coaches at the grass-roots level.</p>
Participating sporting clubs will be unable to achieve desired changes to food and drink available in their canteens	<p>Support will be available to sporting clubs and canteen managers in both face-to-face and on-line formats.</p> <p>Industry Reference Group/s and stakeholder forums will garner support for the Service components and the proposed implementation models as well as identify key enablers and barriers.</p> <p>Campaign Coordinators will be identified for participating sports to support and assist in the delivery of campaign messages and materials to clubs and coaches at the grass-roots level.</p>
Sporting clubs will be unable to promote water as a drink of choice while children and young people are participating in non-elite community-based sporting activities	<p>Support will be available to sporting clubs and canteen managers in both face-to-face and on-line formats. Incentives will also be provided to facilitate the promotion of water in this setting.</p> <p>Industry Reference Group/s and stakeholder forums will garner support for the Service and the proposed delivery models as well as identify key enablers and barriers.</p> <p>Extensive formative research and focus testing will ensure messages and the manner in which they are framed are appropriate to this setting.</p> <p>Campaign Coordinators will be identified for participating sports to support and assist in the delivery of campaign messages and materials to clubs and coaches at the grass-roots level.</p>

Risk	Management Strategy
The Service is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of *Healthier Choices in Recreational Settings* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Healthier Choices in Recreational Settings* will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** measures will include measuring the adoption of *Healthier Choices in Recreational Settings* across NSW as well as the extent to which the Service is delivered as intended. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement processes. This might include the number of clubs reached by the water campaign, canteens participating in the healthy canteen component and resources distributed.
- **Impact evaluation** will include measuring the number of participating sporting and recreational clubs that develop and implement healthy eating and water policies, the proportion of participating clubs which promote and sell healthy food and drinks as well as the proportion of food and drinks available in participating canteens classified as healthy and less healthy.
- **Economic evaluation** will assess the costs of delivering *Healthier Choices in Recreational Settings*.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Healthier Choices in Recreational Settings* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** In order for NSW to deliver this service a combination of existing and newly developed administrative infrastructure will be required.

- The existing Communities NSW – Sport and Recreation structures will lead and oversee the development, delivery and evaluation of this service. However, in order to develop and deliver a best-practice comprehensive service, additional staff will be required at Sport and Recreation. The purpose of this staffing will be to:
 - a) coordinate the development of the two service components, including literature reviews formative research, focus testing, Reference Group meetings;
 - b) liaise with sporting organisations and recruit clubs to access the Service;
 - c) coordinate resource development and dissemination processes;
 - d) coordinate and oversee implementation across NSW;
 - e) support implementation of equity strategies determined through the *Social Inclusion Engagement Service*;
 - f) work with other key stakeholders to provide ongoing support to participating clubs; and
 - g) support ongoing evaluation and quality assurance processes.
- Existing State Sporting Organisation infrastructure across NSW will be utilised to provide training and support to participating clubs as well as implement equity strategies determined through the *Social Inclusion Engagement Service*. This infrastructure will also be used to support ongoing evaluation and quality assurance processes. It may become apparent during the course of the NPAPH that these existing infrastructure mechanisms require additional capacity as rates of participation increase. Should this become the case, funding will be provided through this existing infrastructure to meet local level requirements for implementation support. Any additional liaison roles will be expected to assist in recruiting and supporting clubs, implementing equity strategies and support ongoing evaluation and quality assurance activities.
- To support the delivery of the *Drink Water First @ Sport* messages, participating clubs will be provided with a water bottle holder to encourage and reinforce messages relevant to bringing water to non-elite community-based sporting activities. This is a small resource that previous experience of NSW Communities – Sport and Recreation has found to be useful for encouraging the promotion of water consumption to children and young people by coaches in this setting.
- Additional administrative infrastructure is also likely to be required to fulfil a coordination role within the central health agency. The role of any additional staff will include:
 - a) support and manage the overall development of the Service and resources;
 - b) managing resource development, design, layout and printing;
 - c) manage procurement as well as ongoing contracts with external providers;
 - d) lead strategic overarching stakeholder engagement and management and as part of the NPAPH and would processes;
 - e) ensure social inclusion is embedded into the Service;
 - f) contribute to the development and implementation of ongoing program monitoring and supporting the national evaluation (including the national evaluation if appropriate/required);
 - g) contribute to ongoing reporting as part of the NPAPH; and
 - h) participate in and report to appropriate committees as part of the NPAPH.

12. Implementation schedule:

Table 14: Implementation schedule: *Drink Water First @ Sport Campaign*

Deliverable and milestone	Due date
(i) Literature review and formative research	Sept 2011
(ii) Campaign message development and focus testing	Sept 2011 March - 2012
(iii) Campaign messages finalised and campaign framework and plan developed	March 2012
(iv) Sporting Industry Reference Group established	April 2012
(v) Campaign materials developed	April 2012 – Dec 2012
(vi) Sporting Industry forums and Campaign Coordinator training conducted	Aug 2012 – Dec 2012
(vii) Campaign launched	May 2013
(viii) Campaign delivery, including distribution of materials	Ongoing from May 2013
(ix) Monitoring and evaluation	Ongoing from May 2013

Notes:

Table 15: Implementation schedule: *Healthy Sporting Canteens Component*

Deliverable and milestone	Due date
i. Sporting Industry Reference Group established	Aug 2011
ii. Training package and resources developed	Nov 2011
iii. Online Support systems established	June 2012
iv. Sporting Industry forum held and State Canteen Coordinators identified	Aug 2012
v. State Canteen Coordinator workshops conducted	Dec 2012
vi. Training workshops delivered to canteen managers from 200 clubs	Feb 2013 – Dec 2013
vii. Training workshops delivered to canteen managers from 200 clubs	Feb 2014 – Dec 2014
viii. Resource distribution and ongoing support for participating clubs	Feb 2013 – Dec 2014
ix. Monitoring and evaluation	Ongoing from Nov 2012

13. Responsible officer and contact details:

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14. **Activity budget:**

Table 16: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

PROGRAM OVERVIEW AND OBJECTIVE

Services for Family Settings

1. The objectives of this program are to:
 - increase parents' awareness of the importance of healthy eating and physical activity and limiting small screen time for children and young people;
 - improve parents' knowledge relevant to healthy eating, physical activity and limiting small screen time for children and young people;
 - improve parents' knowledge of how they can support their children to consume a healthy diet, engage in physical activity and limit time spent engaging in small screen recreation; and
 - increase the proportion of children and young people, as well as their families, consuming a healthy diet, engaging in physical activity and limiting their small screen recreation.

2. The *Services for Family Settings* Program includes two activities:
 - a) Social Marketing to Children and their Families; and
 - b) Obesity Prevention Service for Overweight Children (*Go4Fun*®).

3. The senior contact officer for this program is:

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Activity 5.1: Social Marketing to Children and their Families

1. **Overview:** *Social Marketing to Children and their Families* will use a state-wide social marketing mass media campaign to target and communicate to children as well as parents/carers in their role as parents/carers of children and young people as well as extended families. It will focus on raising awareness, changing knowledge, attitudes, beliefs and behaviours in relation to creating home environments supportive of healthy eating, physical activity and limited small screen time for their children.

The final complement of messages and their delivery channels will be determined through formative research and focus on the key behavioural objectives of the NPAPH. Campaign messages will be supported by settings-based and local community-level activities to reinforce the messages on the ground and provide a means by which children and their parents/carers can further develop their knowledge and build skills to adopt healthy lifestyles. This ensures that local-level and settings needs are met and the barriers and enablers at a local level are recognised and taken account of when delivering support activities, which is a crucial element in any social marketing strategy.

As part of the *Social Inclusion Engagement Service* described later in this Implementation Plan, the social marketing strategy will be designed with reference to specific populations across NSW. This will ensure that branding, messages, concepts and delivery channels are inclusive of and target particular population groups including Aboriginal people, CALD communities, those living in rural and remote areas of NSW as well as the socially disadvantaged.

2. Outputs:

Description	Quantity	Timeframe
Development of a social marketing and communications strategy targeting parents/carers through mass media	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Aug 2011
Development of advertising agency brief – including the development of creative pitches and campaign/media strategy		Sept 2011
Phase 1 of concept testing and research undertaken with target audience to select relevant creative		Oct 2011
Creative executions developed and phase 2 of target audience testing undertaken		Dec 2011
Creative executions refined and phase 3 of target audience testing undertaken		Feb 2012
Creative executions finalised and developed for appropriate execution and placement		April 2012
Mass media advertising screened for 3 bursts per year		Oct - Nov (each year) Feb - March (each year) May - June (each year)

3. **Outcomes:**

Short term	Medium term	Long term
<p>15% of parents/carers have prompted and unprompted awareness of the campaign branding</p>	<p>40% of parents/carers recall 1 more campaign executions</p> <p>Increase in parents/carers improve their knowledge, intentions, attitudes and beliefs related to campaign messages focusing on healthy eating and physical activity</p>	<p>55% of parents/carers recall 1 more key campaign messages</p> <p>Parents/carers reporting increased support for their children to consume a healthy diet and be physically active</p> <p>Increased proportion of children are consuming a healthy diet</p> <p>Increased proportion of children are engaging in the recommended levels of leisure time physical activity</p> <p>Increased proportion of children are engaging in no more than 2 hours of small screen recreation each day</p>

4. **Rationale:** The role of parents/carers and the broader family environment in shaping food, physical activity and small screen attitudes, beliefs, preferences and behaviours of children and young people is well documented^{44 45 46}. Parents/carers are important role models for healthy eating, physical activity and small screen behaviours and children will often emulate behaviours of their parents/carers, both healthy and non-healthy.⁴⁷. Therefore, reaching and influencing parents/carers will be an important for the overall success of the NPAPH in influencing behaviours of children and young people.

Social marketing has been identified as an effective strategy for increasing awareness and influencing attitudes and behaviours at a population level⁴⁸, as well as engaging parents/carers and prompting them to influence the health-related behaviours of their children^{38 49}. Social marketing can challenge attitudes and social norms regarding health-related behaviours as well as provide information on 'why', 'what' and 'how' to parents of children and young people³⁸. Social marketing can be an effective tool in encouraging parents to model more positive lifestyle related health behaviours for their children³⁸. Therefore, a social marketing campaign which delivers clear and consistent messages to parents/carers, and reinforces messages delivered across NPAPH, will maximise opportunities to positively influence the eating, physical activity and small screen time behaviours of children and young people across NSW.

A number of interventions, internationally and within Australia, have used social marketing as a means of reaching and influencing parents. The *VERB*® campaign in the United States provides an example of how communicating to parents can reinforce a broader range of interventions and contribute to positive changes in attitudes, beliefs and behaviours of children and young people. *VERB*® successfully delivered key messages to parents and encouraged them to be more supportive of their children to be physically active⁵⁰.

The *5-4-3-2-1 Go!* campaign also targeted parents in their role as potential change agents as part of a broader set of interventions⁵¹. Messages were delivered to parents aimed at influencing not only their own eating habits and physical activity behaviours but also those of the family. While the final evaluation results of this campaign are yet to be published, it adopted best practice social marketing principles and delivered relevant messages to the target audience.

More recently in NSW, Hunter New England *Good for Kids Good for Life* obesity prevention program included a social marketing stream to promote increased water consumption and decreased consumption of sugar-sweetened drinks to parents. This campaign was subsequently delivered across NSW and evaluated. The Service achieved positive short-term changes in the water consumption of children and young people⁵², thus demonstrating the potential efficacy of social marketing to NSW parents. Importantly, the campaign evaluation demonstrated a high level of parent/carer awareness of the campaign and increased knowledge of the high sugar content of sugar-sweetened drinks⁴¹.

⁴⁴ Gill T, King L, Webb K. (2005). *Best Options for promoting healthy weight and preventing weight gain in NSW*. Sydney: NSW Centre for Public Health Nutrition and NSW Department of Health.

⁴⁵ Wen Lm et al (2007). Early intervention of multiple home visits to prevent childhood obesity in a disadvantaged population: a home-based randomised controlled trial (Healthy Beginnings Trial). *BMC Public Health* 7: 76.

⁴⁶ Campbell KJ et al. (2007). Associations Between the Home Food Environment and Obesity promoting Eating Behaviours in Adolescence. *Obesity* 15 (3): 179-730.

⁴⁷ Evans WD et al. (2010). Social Marketing as a Childhood Obesity Prevention Strategy. *Obesity* 18, Supplement 1: S23 – S26.

⁴⁸ Milat AJ et al. (2005). Culturally and linguistically diverse population health social marketing campaigns in Australia: a consideration of evidence and related evaluation issues. *Health Promotion Journal of Australia* 16 (1): 20 – 25.

⁴⁹ Evans D. (2008). Social Marketing Campaigns and Children's Media Use. *Future of Children* 18 (1): 181- 203.

⁵⁰ Price SM, Huhman M and Potter LD. (2008). Influencing the Parents of Children Aged 9-13 Years. Findings from the *VERB* Campaign. *American Journal of Preventive Medicine* 34: S267-S274.

⁵¹ Evans WD et al. (2007). The 5-4-3-2-1 Go! Intervention: social marketing strategies for nutrition. *Journal of Nutrition Education and Behaviour* 39: S55 –S59.

⁵² Orr N et al. (2008). Evaluation of the 2008 NSW Water Campaign. *Health Promotion Journal of Australia* (to be published in August)

A comprehensive social marketing campaign targeting children and their parents/carers will achieve an extensive reach across the NSW population and is a relatively cost-effective way of delivering relevant, clear and consistent messages to a large numbers of parents/carers⁵³. The final messages of the proposed campaign are yet to be finalised. However, they will be informed by comprehensive stakeholder consultation and formative research to ensure the messages, and the manner in which they are delivered, are relevant to parents/carers and will resonate across a range of populations of parents/carers. This is in response to feedback received from the extensive stakeholder consultation that has been undertaken by NSW. Stakeholders are supportive of the *Social marketing to Children and their Families Campaign* and consider it an integral part of the overall NPAPH. Further, stakeholders strongly recommended NSW Health undertakes an appropriate and rigorous formative research to ensure of messages meet the needs of the target population and sub-groups within the population.

Supporting mass media social marketing messages through key settings at the local level allows campaigns to be responsive to local contexts and meet needs of specific populations. Key settings for these supportive activities include preschools, playgroups, schools and sport and recreation. The inclusion of supportive strategies is an important and necessary component of any well designed and successful social marketing campaign⁴³. These strategies reinforce social marketing messages as well as promote and support the adoption of behaviour changes in the target populations⁵⁴.

NSW Health has successfully delivered and/or supported health-related social marketing and communication campaigns, but these have most often focused on adults and delivered lifestyle messages relevant to adults with regard to overweight and obesity, healthy eating and physical activity. Apart from the recent NSW Water Campaign, social marketing activities targeting parents/carers have been limited and as such this is a relatively new area of work for NSW Health. Including the *Social Marketing to Children and their Families* in the NPAPH will result in a multilevel health promotion approach with consistent messages delivered and reinforced in various settings including early childhood services, schools, sport and recreation settings and the home.

⁵³ Reid D (1996). How effective is health education via mass communication? *Health Education Journal* 55: 332-344.

⁵⁴ Miles R et al. (2001). Using the mass media to target obesity: an analysis of the characteristics and reported behaviour change of participants in the BBCs 'Fighting Fat, Fighting Fit' campaign. *Health Education Research* 16 (3): 357-372.

5. **Contribution to performance benchmarks:**

<i>Communicating to Families contribution</i>	NPP Performance benchmark
<p>Decreased availability of energy-dense and nutrient-poor foods and sugar-sweetened drinks in the home.</p> <p>Increased availability of healthy snacks and other healthy food options in the home.</p> <p>Parents will increase their support of their children to consume a healthy diet.</p> <p>Children and young people’s consumption of energy-dense nutrient poor foods and sugar sweetened-drinks will decrease.</p> <p>Children and young people’s consumption of healthy snacks and other healthy food options will increase.</p> <p>Parents will encourage their children to engage in physical activity and provide more opportunities for their children to be physically active.</p> <p>Increase in the proportion of children and young people engaging in sufficient physical activity.</p> <p>Increase in the number of parents setting boundaries around time spent engaging in small screen recreation.</p> <p>The time children spend engaging in small screen recreation will decrease.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>

Communicating to Families contribution	NPP Performance benchmark
<p>Increased availability of fruit and vegetables in the home.</p> <p>Increased proportion of parents/carers consuming fruit and vegetables and providing their children with opportunities to consume more fruit and vegetables.</p> <p>Increased provision of fruit and vegetables in lunch boxes and as part of family meals.</p> <p>Children and young people's consumption of fruits and vegetables will increase.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>
<p>Parents will support their children to engage in physical activity and provide opportunities for their children to be physically active.</p> <p>Increase in the proportion of children and young people engaging in sufficient physical activity.</p> <p>Increase in the number of parents setting boundaries around time spent engaging in small screen recreation.</p> <p>The time children and young people spend engaging in small screen recreation will decrease.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** This universal primary prevention campaign will target parents/carers of children in their role as a parent/carer. As such it acknowledges the role of parents in shaping the food and physical activity attitudes, beliefs and behaviours of their children and the subsequent positive and/or negative impacts on their child's lifestyle.

Through the *Social Inclusion Engagement Service*, described later in this Implementation Plan, the specific needs of identified population groups will be considered in the planning and delivery of messages. Consequently the needs of specific population groups, including Aboriginal people will be embedded into this campaign. This will ensure that no populations and/or sub-groups within populations are unduly disadvantaged as a consequence of delivering this campaign.

This campaign will underpin and support all Services included in the Healthy Children Initiative through delivering messages directly to children and their parents/carers messages that are consistent with those included across all interventions.

Ongoing evaluation will allow the campaign to respond to changing awareness and attitudes in the target group as well as identify specific sub-groups for whom the campaign messages are not resonating so that messages and delivery channels can be altered accordingly.

This campaign takes account of the role of parents/carers in influencing the health-related lifestyle behaviours of children and links well with the proposed *Social Marketing to Young People* campaign. Parents will be involved in the continued formative research that will inform this intervention.

7. **Target group(s):** There are two primary target groups of the *Social Marketing to Children and their Families* campaign:

- parents/carers of primary school-aged children (5-12 years); and
- primary school-aged children between 5-12 years old.

A secondary target group of this campaign are parents/carers of young people aged 13-17 years who will also be targeted through *Social Marketing to Young People*. It is likely that some parents/carers of primary school-aged children will also have adolescent children and therefore there will be cross over between these campaigns.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

NSW Health will work collaboratively with the Cancer Institute NSW to develop and deliver campaign messages to families. The Cancer Institute NSW has extensive experience in social marketing campaigns and has expressed an interest in working in partnership to develop and deliver this campaign. In addition, NSW Health will work in collaboration with the Multicultural Health Communication Service, the Aboriginal Health and Medical Research Council and other key groups to ensure that campaign messages and the way in which they are delivered are appropriate for CALD, Aboriginal and socially disadvantaged populations. This will also be informed by the *Social Inclusion Engagement Service* which is described later in this Implementation Plan.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader National Prevention Partnership. This will include program specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
The campaign is not delivered within the proposed time frame and within available resources	<p>Program specific working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of the *Social Marketing to Children and their Families* campaign will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Social Marketing to Children and their Families* will include process and impact evaluation, and an analysis of the costs involved in delivering the campaign against the results achieved.

- **Process evaluation** will include measuring the awareness of *Social Marketing to Children and their Families*. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement. This is likely to include the dose of marketing delivered, parent/carer awareness of the campaign and specific messages.
- **Impact evaluation** will include measuring changes in parent/carer attitudes, knowledge, efficacy and behaviours in relation to the key messages of the campaign. It is likely to also include a measure of support by parents for their children to adopt a healthy lifestyle, and information in relation to changes made to the home environments.
- **Economic evaluation** will assess the costs of delivering *Social Marketing to Children and their Families*.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for the *Social Marketing to Children and their Families* campaign will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** In order for NSW to deliver this campaign a combination of existing and newly developed administrative infrastructure will be required.

- NSW Health will work in collaboration with the Cancer Institute NSW to commission the development of an appropriate social marketing strategy which utilises social media and appropriate modes of message delivery. The implementation of campaign strategies will be managed internally by NSW Health using existing staffing capacity.
- NSW Health will use existing infrastructure within the Area Health Services as well as non-government organisations to develop and deliver support activities to underpin the ongoing success of this campaign.
- Additional administrative infrastructure is also likely to be required to fulfil a coordination role within the central health agency. The role of any additional staff will include:
 - a) support and manage the overall development of the Campaign and resources;
 - b) manage formative research and creative concept testing processes;
 - c) manage procurement and ongoing contracts with external providers and creative agencies;
 - d) lead strategic overarching stakeholder engagement and management and as part of the NPAPH processes;
 - e) ensure social inclusion is embedded into the Campaign through development and delivery;
 - f) contribute to the development and implementation of ongoing monitoring and supporting the national evaluation (including the national evaluation if appropriate/required);
 - g) contribute to ongoing reporting as part of the NPAPH; and
 - h) participate in and report to appropriate committees as part of the NPAPH.

12. **Implementation schedule:**

Table 17: Implementation schedule

Deliverable and milestone	Due date			
(i) Communications strategy developed including mass and digital media	Aug 2011			
(ii) Agency brief developed and creative pitches made	Sept 2011			
(iii) Concept testing undertaken with target audience	Oct 2011- Feb 2012			
(iv) Creative executions finalised for execution and placement	April 2012			
(v) End of school year campaign implemented	Oct-Nov 2012	Oct-Nov 2013	Oct-Nov 2014	
(vi) Beginning of school year campaign implemented		Feb-March 2013	Feb-March 2014	Feb-March 2015
(vii) Mid-school year campaign implemented		May-June 2013	May-June 2014	May-June 2015
(viii) Campaign messages reviewed and appropriate changes made	Ongoing from April 2012	Ongoing from April 2012	Ongoing from April 2012	Ongoing from April 2012
(ix) Evaluation activities undertaken	Ongoing	Ongoing	Ongoing	Ongoing

Notes: This campaign links closely with Social Marketing to Young People and therefore the development and testing of concepts as well as the bursts of campaign activity will occur simultaneously.

13. **Responsible officer and contact details:**

Centre for Health Advancement
NSW Department of Health
LMB 961
North Sydney NSW 2059
Ph + 61 2 9391 9622
Fax +61 2 9391 9579
CHA@doh.health.nsw.gov.au

14. **Activity budget:**

Table 18: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

Activity 5.2: Obesity Prevention Service for Overweight Children (Go4Fun®)

1. **Overview:** The *Obesity Prevention Service for Overweight Children (Go4Fun®)* addresses childhood overweight and obesity by assisting children with existing overweight and obesity and their parents/carers to develop a long lasting and healthy approach to living. This targeted secondary prevention service provides education on healthy eating, physical activity and limiting small screen time and seeks to develop skills required to make healthy lifestyle choices.

Children who are overweight or obese and their parents/carers attend face-to-face sessions with health professionals over 10 weeks. The interactive service incorporates practical learning to assist children and their parents/carers, to acquire knowledge and develop skills central to the adoption of healthy lifestyles. The Service aims to:

- modify family lifestyles and improve parenting skills around healthy eating, physical activity and sedentary small screen behaviours;
- promote healthy weight and weight management through sustainable behaviour change;
- encourage, inform and improve children’s food choices and eating behaviours;
- encourage, inform and improve children’s physical activity skills and behaviours; and
- increase children’s sense of well-being, confidence and self-esteem.

2. **Outputs:**

Description	Quantity	Timeframe
Go4Fun® service delivered to overweight and obese children and their parents/carers in all Area Health Services.	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	July 2011-June 2012 July 2012-June 2015
Ensure the Go4Fun® service has an equity focus.		July 2011-2015
Develop a culturally-appropriate Go4Fun® service for Aboriginal families.		July 2011 July 2011- June 2015
'Graduate Program' delivered to children and parents/carers who have completed Go4Fun®.		July 2011-June 2015

3. **Outcomes:**

Short term	Medium term	Long term
Improved dietary habits of participating children.	The BMI of participating children will decrease	BMI and waist circumference of participating children will be maintained within a healthy range.
Participating children will increase time they spend being physically active.	The waist circumference of participating children will decrease	
Reduction in sedentary (particularly small screen) time of participating children.		
Increase sense of wellbeing, confidence and self-esteem of participating children	Increased self-confidence and self-esteem of participating children is enhanced and maintained	Increased self-confidence and self-esteem maintained.
Parent/carer knowledge and skills around healthy eating, physical activity and sedentary small screen behaviours will improve	Participating parents/carers efficacy to improve the lifestyle adopted by the family will increase Participating parents/carers will apply their new knowledge and skills to improve the lifestyle adopted by the family	Participating families will achieve and maintain a healthy lifestyle in the longer-term

4. **Rationale:** Unhealthy diets and physical inactivity are major risk factors for a number of chronic diseases including cardiovascular disease, diabetes, stroke and cancer. Significantly, young people who are overweight or obese have a 25 to 50% chance of becoming overweight adults. This rate may increase to as much as 78% in older obese young people⁵⁵. Research in NSW has shown that the proportion of school-aged children who are overweight or obese has increased markedly over recent decades. In 2004, 25% of boys and 23.3% of girls in NSW were either overweight or obese⁵⁶.

The importance of universal preventive strategies is certainly acknowledged and required however, there is growing evidence and support for the role that secondary prevention strategies and programs have in managing a public health issue that has such high prevalence^{57 58}. Importantly secondary prevention programs also provide an opportunity to support other programs aimed at preventing childhood obesity through their ability to specifically target and support high risk and vulnerable groups^{59 60}.

⁵⁵ Must A and Strauss R. (1999). Risk and consequences of childhood and adolescent obesity. *International Journal of Obesity* 23 (Suppl 2): S2 –S11

⁵⁶ Booth M et al. (2006). *NSW Schools Physical activity and Nutrition Survey (SPANS) 2004: Full Report*. Sydney: NSW Department of Health and NSW Centre for Overweight and Obesity.

⁵⁷ Wake MA, McCallum Z (2004) Secondary prevention of overweight in primary school children: what place for general practice?. *MJA* 181 (2) 82 - 84

⁵⁸ Dehghan M, Akhtar-Danesh N, Merchant AT (2005) Childhood obesity, prevalence and prevention. *Nutrition Journal*, 4:24

⁵⁹ Muller MJ, Asbeck I, Mast M et al (2001) Prevention of Obesity – more than an intervention. Concept and first results of KOPS. *Int J Obes Relat Metab Disord*. 24 s66-74.

⁶⁰ Doak CM, Visscher TLS, Renders CM & Seidell JC (2006) The prevention of overweight and obesity in children and adults: a review of interventions and programs. *Obesity Reviews* 7: 111- 136

Many commercial providers offer face-to-face nutrition, physical activity or healthy weight advice but these services tend to primarily address the needs of adults. In contrast, *Go4Fun*® aims to address the needs of overweight and obese children (7 to 13 years) and their parents/carers by assisting them to develop a long-lasting healthy approach to living. Research suggests that parental involvement is crucial for the implementation and maintenance of new health behaviours in younger children⁶¹. It is also important to note that aside from *Go4Fun* there are no Government programs being offered to this important target group.

Parents serve as important health-related role models for their children. They model appropriate behaviours and act as gatekeepers to both opportunities and barriers, and are the major sources of reinforcement in children's lives.

Go4Fun® is an existing Service delivered in three of the eight Area Health Services in NSW. The Service uses current and proven evidence-based overweight and obesity research, as well as effective program strategies, to ensure success. With an emphasis on practical and fun based learning, the *Go4Fun*® is designed to deliver sustained improvements in families' diets, fitness levels and overall health.

Go4Fun® is based on the United Kingdom's Mind, Exercise, Nutrition...Do it! (MEND) program, but has been modified to ensure it is applicable to the Australian context. MEND Australia provides the program infrastructure (including a comprehensive database), resources (training manuals, activity equipment, handouts), and training to Area Health Service health professionals and support to Area Health Services to implement the Program in NSW.

Internationally, results from the MEND program have been very positive with the program showing a decrease in children's body mass index and other indicators including decreased waist circumference as well as improved cardiovascular fitness^{62 63}. Early evaluation data from the NSW program is showing great promise. In terms of quantitative results, the following has been achieved:

- waist circumference decreased by 2.2 cm;
- BMI decreased from 27.1kg/m² to 26.4kg/m² (an average 0.7 BMI unit reduction);
- 6.3 hour decrease in sedentary activities per week;
- average increase of 4.8 hrs per week in physical activity; and
- an increase in the number of days of moderate physical activity from 1.5 days to 3.3 days per week.

As part of the NPAPH, *Go4Fun*® will be rolled out to all 8 Area Health Services in NSW. In addition, a 'Graduate Program' will be offered to families who have completed the 10 week *Go4Fun*® program.

As part of the expansion of this Service there will be an increased focus on disadvantaged groups, particularly Aboriginal communities. It is proposed that a specific *Go4Fun*® service for Aboriginal families be developed and rolled out in all Area Health Services. This will form a key component of the *Social Inclusion Engagement Service* and will be developed in close consultation with key stakeholders, including Aboriginal groups. CALD organisations as well as groups working with socially disadvantaged children and their families will also be consulted regarding modifications required to increase the accessibility of this Service for these populations of children and their families.

⁶¹ Cheryl L et al. (1988). Parental Involvement with Children's Health Promotion: The Minnesota Home Team. *American Journal of Public Health* 78 (9): 1156 – 1160.

⁶² Sacher PM et al. (2007a). The MEND RCT: Effectiveness of Health Outcomes in Obese Children. *International Journal of Obesity* 31: S1.

⁶³ Sacher PM et al. (2007b). The MEND Trial: Sustained Improvements in health Outcomes in Obese Children at One Year. *Obesity* 15:A92.

5. **Contribution to performance benchmarks:**

How <i>Go4Fun</i> will contribute	NPP Performance benchmark
<p>Decreased BMI and waist circumference of participating children.</p> <p>Increased availability of healthy food choices in the home environment and decreased availability of less healthy food choices particularly energy dense nutrient poor foods and sugar-sweetened drinks.</p> <p>Parents of participating children will encourage and promote consumption of a healthy diet including decreased consumption of energy-dense nutrient poor foods, and sugar sweetened drinks; increased consumption of fibre rich foods and fruit and vegetables.</p> <p>Improved dietary habits of participating children including decreased consumption of energy-dense nutrient poor foods, and sugar-sweetened drinks; increased consumption of fibre rich foods and fruit and vegetables.</p> <p>Participating children will decrease their time spent engaging in sedentary activities particularly small screen recreation.</p> <p>Participating children will increase the amount of time they spend engaging in of physical activity.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Increased availability of fruit and vegetables within the homes of participating children.</p> <p>Parents of participating children will promote and encourage consumption of fruits and vegetables.</p> <p>Participating children will increase their daily consumption of fruit and vegetables.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

How <i>Go4Fun</i> will contribute	NPP Performance benchmark
<p>Parents of participating children will encourage and support their children to participate in physical activity and limit the time spent engaging in sedentary behaviours, particularly small screen recreation.</p> <p>Participating children will increase the amount of time they spend participating in structured and unstructured physical activity each day.</p> <p>Participating children will decrease the time they spend engaging in sedentary activities, particularly small screen recreation.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** This is an effective evidence-based secondary prevention Service targeted to children who are overweight and obese and their parents. International evidence, as well as initial unpublished results from NSW, demonstrates the effectiveness of this high intensity Service.

The current approach to the delivery of this Service within the Area Health Services already has a strong equity focus. Area Health Services have identified populations with a high prevalence of overweight and obesity and delivered the Service in a targeted manner based on need. Further as part of the *Social Inclusion Engagement Service*, additional strategies will be identified and embedded into *Go4Fun*® to ensure it is accessible to population groups with specific needs.

This service directly targets and reaches parents/carers as well as children who are overweight and obese. Thus, it takes account of the importance of parents/carers in achieving a healthy lifestyle and includes parent/carer specific strategies to support parents/carers to establish and maintain a healthy lifestyle within the home setting. This will benefit not only the children participating in *Go4Fun*® but also all children and young people within the family unit.

7. **Target group(s):** The *Obesity Prevention Service for Overweight Children* has a two key target groups:

- children aged 7-13 years of age who are overweight or obese; and
- parents/carers of children from 7-13 years of age who are overweight or obese.

Appropriate screening and assessment of potential participants ensures that participants are selected against the eligibility criteria of the program to ensure their suitability for the *Go4Fun*® Service. Selection into the *Go4Fun*® is determined by the presence of one or more of the following risk factors: overweight or obesity, poor diet or physical inactivity.

Go4Fun® is promoted and will continue to be promoted to and in communities with a greater prevalence of overweight and obesity. Accordingly those from lower socioeconomic groups and other disadvantaged groups have been identified as important sub-targets for the program. This includes Aboriginal people, people from culturally and linguistically diverse communities and rural and remote communities.

Health professionals, community health providers and schools are all considered important referrers to the program.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the NPAPH.

Specifically, in relation to *Go4Fun*®, ongoing consultation on this intervention involves key stakeholders including:

- MEND Australia Pty Ltd;
- Area Health Services;
- schools;
- general practice;
- NGOs and not-for-profit organisations; and
- local government.

This ongoing consultation will continue as delivery of this service is expanded as part of the NPAPH. NSW Health is also consulting with relevant organisations to ensure that *Go4Fun*® meets the needs of and is relevant to children from Aboriginal children as well as those from culturally and linguistically diverse backgrounds, the socially disadvantaged and those living in rural and remote communities. This will occur as part of the *Social Inclusion Engagement Service* of the NPAPH.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include intervention specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Potential risk	Management strategy
<p>Low participant numbers recruited to <i>Go4Fun</i></p>	<p>A recruitment and marketing strategy for AHSs implementing the program has been developed by MEND in consultation with NSW Health. Standardised promotional materials are available to advertise the program.</p> <p>Use of private providers/NGOs to deliver the program maximises capacity and reach in communities.</p> <p>Identifying and engaging key referral agencies will assist in ongoing program promotion and boost referrals.</p>
<p>Low recruitment/retention of program facilitators</p>	<p>Targeted recruitment of facilitators to ensure commitment and intention to deliver <i>Go4Fun</i>®.</p> <p>Ongoing support provided to facilitators from the AHS Program Manager and MEND.</p>
<p>Loss of fidelity when AHS sub-contract the delivery of <i>Go4Fun</i>® to NGOs</p>	<p>A standardised process for engaging NGOs will be developed and NSW Health approves all contracts between AHSs and NGOs.</p> <p>NGOs have access to all standardised MEND infrastructure and are expected to use this infrastructure. Program fidelity will be monitored as part of the evaluation.</p>
<p>The service is not provided within the proposed time frame and within available resources</p>	<p>Program working groups will be established to develop project plans, prioritise tasks and deliverables, monitor implementation progress as well as identify and respond to implementation issues in a timely manner.</p> <p>Working groups will report to an overarching Advisory Group being established as part of the NPAPH governance structures.</p>

Potential risk	Management strategy
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** An independent external evaluation for *Go4Fun*® commenced in school Term 2 2010 and is due to be completed in school Term 3, 2011. The evaluation will collect information from children and parents/carers on height and weight and waist circumference (physically measured) as well as secondary measures such on health behaviours (specifically physical activity and nutrition) and mental health (confidence and self-esteem).

As the program is expanded under the NPAPH, the evaluation of *Go4Fun*® will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The evaluation of *Go4Fun*® will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the Service against the results achieved.

- **Process evaluation** will include measuring the adoption of *Go4Fun*® and the extent to which it has been delivered as intended. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement. This is likely to include measures of program fidelity, participant numbers, where the intervention is delivered and referral pathways.
- **Impact evaluation** has already been undertaken as part of the existing evaluation of *Go4Fun*®. However objective measures of weight and self-reported measures on a range of health behaviours are a standard part of the intervention and so these will also be collected.
- **Economic evaluation** will assess the costs of delivering *Go4Fun*®.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for *Go4Fun*® will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will build incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** In order for NSW to deliver this Service a combination of existing and newly developed training and support infrastructure will be required.

- MEND Australia currently provide the soft infrastructure for *Go4Fun*® which includes: manuals and resources for Area Health Services, operational management and monitoring database (OMMS) and training for program facilitators. This infrastructure forms the basis of delivering the Service and collecting associated evaluation information.
- As *Go4Fun*® expands, additional infrastructure may be required to deliver the Service. Because *Go4Fun*® is intensive and requires participants to attend 2 face-to-face sessions a week over the period of 10-weeks, the capacity of health professionals delivering the group sessions will have limitations and as it currently stands may not meet future demand. The need for any additional infrastructure will be reviewed on an ongoing basis and take into account a range of contextual issues in each delivery site e.g. current and future demand, location in respect to other sites.

12. **Implementation schedule:**

Table19: Implementation schedule

Deliverable and milestone	Due date
(i) Implementation of the <i>Go4Fun</i> ® program in all 8 AHSs in NSW	July 2011-June 2015
(ii) Roll out of Aboriginal specific <i>Go4Fun</i> ® program in all AHSs	July 2011-June 2015
(iii) Roll out of the MEND graduate program to all AHSs	July 2011-June 2015
(iv) Development of the Aboriginal specific <i>Go4Fun</i> ® program	July 2012
(v) Implementation of strategies to address social inclusion	July 2012
(vi) Ongoing program monitoring and evaluation	Ongoing
(vii) Resources revised	As required

Notes:

13. **Responsible officer and contact details:**

Centre for Health Advancement

NSW Department of Health

LMB 961

North Sydney NSW 2059

Ph: + 61 2 9391 9622

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CHA@doh.health.nsw.gov.au

14. **Activity budget:**

Table 20: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

PROGRAM OVERVIEW AND OBJECTIVE

Social Inclusion Program

1. The objectives of this program are to:
 - ensure equity issues are appropriately identified, prioritised and addressed across the NPAPH;
 - ensure that services are designed and implemented in a manner that is relevant to and meets the needs of Aboriginal as well and other identified populations;
 - ensure that when required appropriately and/or specific strategies are within the various services are implemented to meet the needs of Aboriginal as well as and other identified populations;
 - ensure that population groups with specific needs are not further disadvantaged as a consequence of the NPAPH;
 - promote longer-term sustainability of equity focused approaches implemented in the NPAPH; and
 - engage appropriate stakeholders to address equity issues through the NPAPH.

2. The *Social Inclusion* Program involves the following activity:

Social Inclusion Engagement Service

3. The senior contact officer for this program is:

Centre for Health Advancement
NSW Department of Health
LMB 961
North Sydney NSW 2059
Ph + 61 2 9391 9622
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CHA@doh.health.nsw.gov.au

Activity 6.1: Social Inclusion Engagement Service

1. **Overview:** The focus of the *Social Inclusion Engagement Service* will be to ensure equity issues and the barriers, enablers and needs of Aboriginal children and young people as well as those from other identified vulnerable populations are appropriately addressed across the NPAPH. This includes ensuring that the manner in which services are designed and delivered, as well as resources developed to support them, are appropriate. In line with national and state government directions, the primary focus of the *Social Inclusion Engagement Service* will be Aboriginal children and young people.

An Aboriginal Advisory Committee will be established and key stakeholders from other identified vulnerable populations will be engaged as part of the broader governance structures to guide best-practice approaches and processes to address issues of access and equity through the NPAPH.

The role of the Aboriginal Advisory Committee will be to support the NPAPH as a whole for lifestyle related health behaviours in Aboriginal people as well as identifying specific structures and ensure input from Aboriginal people and communities is considered. The Committee and other stakeholders will work in partnership with NSW Health, and relevant stakeholders, to guide and oversee the following:

- identification of the barriers experienced by Aboriginal and other identified vulnerable populations and sub-groups to equitable access to and participation in NPAPH services;
- mapping healthy eating and physical activity programs specific and available to Aboriginal people, and mapping of those available to other identified vulnerable populations across NSW;
- ensuring and overseeing appropriate consultation processes across all NPAPH services;
- ensuring appropriate and relevant adaptation of services so the needs of Aboriginal people and other identified vulnerable populations are adequately addressed;
- ensuring processes to address equity are embedded across all NPAPH services and that culturally appropriate protocols are developed to address the needs of Aboriginal people;
- development and delivery of specific and/or additional services and/or service delivery models as part of the NPAPH to meet the needs of Aboriginal people and other identified vulnerable populations; and
- ongoing monitoring and evaluation of the NPAPH in relation to the health outcomes of target Aboriginal people as well as other identified vulnerable populations and sub-groups.

The Aboriginal Advisory Committee and key stakeholders from other identified vulnerable populations will be part of and link into broader NPAPH governance structures and will meet regularly. Clear terms of reference will be developed and will be reviewed annually. Consequently, the *Social Inclusion Engagement Service* and the work of this Committee will remain relevant throughout the NPAPH.

2. **Outputs:**

Description	Quantity	Timeframe
Aboriginal Advisory Committee with key stakeholder representatives established and terms of reference established	<i>This information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes</i>	Sept 2011 and revised annually until June 2015
Key stakeholders from Aboriginal and other identified vulnerable populations represented in NPAPH governance structures		Sept 2011 and revised annually until June 2015
Social Inclusion work plan relevant to Aboriginal people developed and a work plan for other identified vulnerable populations developed		Dec 2011 and then ongoing until June 2015
Mapping healthy eating and physical activity programs that target Aboriginal children and young people and mapping of programs for other identified vulnerable populations		Dec 2011
Identification of barriers experienced by Aboriginal and also other identified vulnerable populations in accessing and participating in health promotion activities		Dec 2011 and then ongoing until June 2015
Mainstream NPAPH services adapted with regard to addressing equity issues faced by Aboriginal children and young people as well as other identified vulnerable populations		July 2012 - June 2015
Additional services to meet needs of Aboriginal children and young people and other identified vulnerable populations developed, delivered and evaluated		Dec 2012 – June 2015
Equity considerations embedded across evaluation activities		July 2011 - June 2015

3. **Outcomes:**

Short term	Medium term	Long term
<p>Services will address the needs of children and young people from Aboriginal as well as other identified populations</p> <p>Services with parental components will address the needs of parents/carers from Aboriginal as well as other identified populations</p>	<p>Increased proportion of children and young people who are Aboriginal or from other identified populations have access to NPAPH services which promote healthy weight, healthy eating and physical activity</p> <p>Increased proportion of children and young people who are Aboriginal and/or from other identified populations access to NPAPH services that include a parental component</p>	<p>Increased proportion of children and young people who are Aboriginal or from other identified populations participate in NPAPH services which promote healthy weight, healthy eating and physical activity</p> <p>Increased proportion of children and young people from Aboriginal and other identified populations achieve a healthy weight range</p> <p>Increased proportion of children and young people from Aboriginal and other identified populations consume a healthy diet</p> <p>Increased proportion of children and young people from Aboriginal and other identified populations are physically active</p>

4. **Rationale:** The Scoping Statement and Guiding Principles for both the Healthy Children and Healthy Worker Initiatives clearly identify access and equity as key considerations for the design, development, delivery and evaluation of NPAPH services. These Principles emphasise that individuals, families and populations should not be further disadvantaged as a consequence of the NPAPH. In developing, delivering and evaluation the NPAPH initiatives, jurisdictions are encouraged to:

- considering a range of factors impacting on reach of interventions and access to services;
- identifying enablers and barriers to participation in health promotion services; and
- reducing barriers to access and/or increase opportunities to access and participate in services.

While health promotion workers are committed to addressing issues of access and equity when delivering services, in reality achieving this can be difficult⁶⁴. While unintentional, health promotion efforts intended to improve health in disadvantaged populations often improve the health of more advantaged populations and consequently increase the gap in health status between the most advantaged and least advantaged populations within the community⁶⁵. Experts suggest that there is a need to develop and implement strategies to ensure that universal services meet the needs of priority populations in a salient manner⁵⁴. They suggest that equity be a key consideration at all stages of a health promotion program from design and development through to implementation and evaluation⁵⁵. Further, equity considerations should extend beyond equity of access and include equity of opportunity and measuring the equity of impacts and outcomes for the various sub-populations facing health inequalities⁶⁶.

A number of best-practice principles have been identified for addressing the needs of Aboriginal and other vulnerable population groups when designing, delivering and evaluating health promotion services. These include:

- working across settings with consideration to dimensions relevant to equity that are appropriate to the setting and well as the target population (embedding equity approaches);
- targeting specific communities as the population (i.e. geographical areas or cultural groups);
- targeting areas and communities or populations where there is the greatest need;
- building collaborative relationships and taking a partnership approach to the design, delivery and evaluation of services;
- developing and delivering services that address the needs of specific groups and/or lifespan stages⁵⁴.

Consistent and strong feedback was received from stakeholders in response to the Healthy Children Discussion paper regarding the need to strengthen equity approaches as part of the NPAPH⁶⁷. While there was support for embedding equity across all NPAPH services, stakeholders recommended that NSW Health engage in much greater consultation with key stakeholders to support the appropriate development of services and resources.

⁶⁴ Waters CR et al. (2009). *Evidence summary: Achieving equity in community-based obesity prevention interventions for children and Adolescents*. Geelong: CO-OPS Secretariat, Deakin University.

⁶⁵ Tugwell P et al. (2006). Cochrane and Campbell collaborations; and health equity. *Lancet* 365: 1128 -1130.

⁶⁶ Boyn M. (2009). *Enhancing Equity-Based Planning for Health Promotion*. Melbourne: VicHealth

⁶⁷ Newson R. (2010) *Report on the Consultation Process for the NSW Healthy Children's Discussion Paper* (unpublished Departmental report)

A number of best-practice solutions were suggested to better identify and address equity issues as part of the NPAPH including:

- scoping and analysing the reach of universal mainstream programs and developing specific programs where gaps and/or needs are identified for particular population groups and/or in specific settings;
- ensuring the needs of Aboriginal communities as well as identified vulnerable populations are addressed in each of the universal services as well as developing services that specifically target the needs of Aboriginal communities and identified vulnerable populations;
- identify existing services that effectively meet the needs of Aboriginal and other identified vulnerable population groups and deliver these more broadly when feasible and appropriate;
- allowing sufficient flexibility for services to engage with Aboriginal and other identified vulnerable populations and meet their needs in an appropriate and sustainable manner;
- increase the focus on Aboriginal people and consult with relevant Aboriginal organisations and communities in a comprehensive manner through the NPAPH; and
- developing processes to ensure Aboriginal communities have input into planning of the NPAPH as a whole as well as specific services; and
- ensuring that evaluations take account of target population groups and measure impacts in these groups.

The Social Inclusion Toolkit, developed by the Commonwealth Government⁶⁸ recommends the following steps to promote social inclusion as part of policy and program design and delivery:

- identifying groups at risk of exclusion;
- analysing the nature and causes of disadvantage and exclusion;
- strengthening protective factors and reducing risk factors;
- working across agencies and originations to coordinate efforts across all sectors;
- designing or redesigning delivery systems and promoting change in culture; and
- establishing a clear implementation plan and monitoring delivery.

Including the *Social Inclusion Engagement Service* which includes the establishment of an Aboriginal Advisory Committee and incorporating the needs of other identified vulnerable populations into service delivery, will support NSW Health to apply best-practice principles to address issues of access and equity across the NPAPH. They will also promote collaborative action to address the needs of Aboriginal people as well as other identified vulnerable populations across NSW. In doing so NSW will appropriately identify and meet the needs of less advantaged children, young people and workers in a relevant, salient and sustainable manner and contribute to improved health outcomes for all populations.

⁶⁸ Commonwealth of Australia (2009). *The Australian Public Service Social Inclusion policy design and delivery toolkit*. Canberra: Commonwealth of Australia.

5. **Contribution to performance benchmarks:**

<i>Social Inclusion Engagement Strategy contribution</i>	NPP Performance benchmark
<p>Children and young people from target populations will have equitable access to participate in services in the NPAPH which promote healthy weight.</p> <p>Parents/carers and communities from target populations will have equitable access NPAPH services promoting healthy eating and healthy weight that include a parental component.</p> <p>Children and young people from target populations will decrease their consumption of energy-dense nutrient poor foods and sugar-sweetened drinks.</p> <p>Children and young people from target populations will increase their consumption of healthy snacks and other healthy food options.</p> <p>Increase in the proportion of children and young people from target populations engaging in sufficient physical activity</p> <p>The time children and young people from target populations spend engaging in small screen recreation will decrease.</p> <p>Children and young people from target populations will achieve a healthy weight.</p>	<p>Increase in the proportion of children at unhealthy weight held at less than 5% from baseline for each State by 2013; proportion of children at unhealthy weight returned to baseline level by 2015.</p>
<p>Children and young people from target populations will have equitable access to NPAPH services which promote consumption of fruit and vegetables.</p> <p>Parents/carers and communities from target populations will have equitable access to those aspects of NPAPH services promoting fruit and vegetable consumption that include a parental component.</p> <p>Children and young people from target populations increase their consumption of fruit and vegetables.</p>	<p>Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; and 0.6 for fruits and 1.5 for vegetables by 2015.</p>

<i>Social Inclusion Strategy contribution</i>	NPP Performance benchmark
<p>Children and young people from target populations will have equitable access to NPAPH services promoting physical activity and limited small screen time</p> <p>Parents/carers and communities from target populations will have equitable access to those aspects of NPAPH services promoting physical activity and limited small screen time that include a parental component.</p> <p>Parents/carers and communities from target populations will develop awareness, knowledge, efficacy and skills to support their children to be physically active and limit their screen time.</p> <p>Increase in the proportion of children and young people from target populations engaging in sufficient physical activity</p> <p>The time children and young people from target populations spend engaging in small screen recreation will decrease.</p>	<p>Increase in the proportion of children participating in at least 60 minutes of moderate physical activity each day of 5% from baseline by 2013; and 15% from baseline by 2015.</p>

6. **Policy consistency:** Through the *Social Inclusion Engagement Service* the needs of Aboriginal as well as other identified vulnerable populations will be considered when planning and delivering NPAPH services. The Scoping Statement and Guiding Principles for both the Healthy Children and Healthy Worker Initiatives identify access and equity as key considerations in the design, development, delivery and evaluation of NPAPH services. Emphasis is given to reinforcing messages that individuals, families and populations should not be further disadvantaged as a consequence of the NPAPH. Jurisdictions are encouraged to:

- consider a range of factors impacting on reach of interventions and access to interventions;
- identify enablers and barriers to participation in health promotion interventions; and
- reduce barriers to access and/or increase opportunities to access and participate in interventions.

Through the *Social Inclusion Strategy* the needs of children and young people from Aboriginal communities and other identified populations will be identified and addressed across all NPAPH services. It provides scope for additional specific services to be delivered to target groups when a need or gap is identified, or when opportunities arise to deliver a service found to be successful in certain populations on a broader scale. This opportunity to tailor services and enhance existing effective services is in keeping with the overall NPAPH policy principles and will maximise the effectiveness of services targeting specific populations.

The *Social Inclusion Engagement Service* will allow NSW Health to strategically identify, consider and address the needs of children and young people as well as parents/carers from Aboriginal and CALD communities, as well as those living with a disability, living in rural/remote areas and the socially disadvantaged.

7. **Target group(s):** The needs of children and young people from a range of population groups will be identified, prioritised and addressed through the *Social Inclusion Engagement Service* as part of the NPAPH.

The primary target groups for the Social Inclusion Strategy include, but will not necessarily be limited to children and young people:

- who are Aboriginal or Torres Strait Islander;
- from Culturally and Linguistically Diverse backgrounds;
- living in rural and remote areas of NSW;
- who are socially disadvantaged; and
- who are living with a disability.

In addition, the secondary target groups of this strategy will include:

- parents/carers of children and young people whose needs are identified and met through this strategy;
- broader family members of the children and young people targeted; and
- communities in which those children and young people who are targeted live.

The secondary target groups will be particularly important in the implementation of this service, especially for Aboriginal children and young people for whom the concept and role of family and community in health is crucial.

8. **Stakeholder engagement:** NSW Health has undertaken considerable consultation with a range of key stakeholders for the purpose of:

- facilitating discussion and commentary on the NSW Healthy Children Initiative including the appropriateness, efficacy and relevance of services included in this Implementation Plan;
- harnessing support for services which require multiple implementation partners; and
- ensuring appropriate engagement and support for the NSW Healthy Children Initiative.

Consultation has included stakeholders internal to NSW Health, Area Health Services, other NSW Government Departments, non-government organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Prevention Partnership.

Stakeholder engagement and collaboration with key stakeholders will underpin the successful integration of the Social Inclusion Strategy across all NPAPH services. Consequently, a key strategy will be the establishment of the Social Inclusion Advisory Committee and Aboriginal Advisory Committee with representatives from a wide range of stakeholder groups. Feedback received from ongoing consultation processes undertaken to date indicates a very high level of support for this approach, with many groups specifically identifying the need for a formal mechanism to address issues of equity and social inclusion as part of the NPAPH.

Additionally, NSW Health will establish a formal governance structure as part of the NSW Healthy Children Initiative and the broader NPAPH. This will include service specific working groups as well as higher level advisory and steering groups involving internal and external stakeholders.

9. **Risk identification and management:**

Risk	Management Strategy
Services are not provided within the proposed time frame and within available resources	<p>The establishment of an Aboriginal Advisory Committee and processes to engage stakeholders representing other identified vulnerable populations will underpin this service. A plan will be developed which will identify and prioritise tasks, strategies and deliverables, monitor progress as well as identify and respond to implementation issues in a timely manner.</p> <p>The <i>Social Inclusion Engagement Service</i> will link into the program specific working groups being established as part of the NPAPH governance structures.</p>
Interventions across the NPAPH are siloed and fragmented	NSW Health is establishing a comprehensive governance structure and will put into place practical strategies e.g. working groups, networks, to encourage cross-service communications and identify synergies and linkages across the NPAPH.

10. **Evaluation:** The evaluation of the *Social Inclusion Engagement Service* will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

The of the *Social Inclusion Engagement Service* will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering strategies as part of this Service against the results achieved.

- **Process evaluation** will include measuring access to, reach and uptake of Healthy Children Initiatives in population groups specifically targeted as part of the *Social Inclusion Engagement Service*.
- **Impact evaluation** will include measuring changes in parent/carer attitudes, knowledge, efficacy and behaviours and the effects of interventions on the health-related behaviours of children and young people in populations targeted through the *Social Inclusion Engagement Service*.
- **Economic evaluation** will assess the costs of modifying and/or delivering separate interventions as part of the *Social Inclusion Engagement Service*.

NSW Health is establishing a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NPAPH.

The final evaluation plan for the *Social Inclusion Engagement Service* will be designed with regard to the overarching national NPAPH evaluation activities as they are more fully articulated. It will incorporate and contribute to national evaluation activities for the NPAPH where feasible and appropriate.

11. **Infrastructure:** In order for NSW to deliver this service a combination of existing and newly developed administrative infrastructure will be required.
- NSW Health will establish an Aboriginal Advisory Committee as well as put into place structures to consider and address the needs of other identified vulnerable populations. At present infrastructure implications for this work of this Committee are unknown.
 - Where feasible and appropriate NSW Health will use existing infrastructure within the Area Health Services, non-government organisations and organisations working with target populations to develop and deliver services as part of the Social Inclusion Strategy.

12. **Implementation schedule:**

Table 21: Implementation schedule

Deliverable and milestone	Due date
i. Social Inclusion Advisory Committee and Aboriginal Advisory Committee established	Sept 2011
ii. Identification of target populations and sub-populations with equity issues	Dec 2011 and until 2015
iii. Identification of barriers and enablers experienced by children and young people from identified populations in accessing and participating in health promotion services	Dec 2011 and until 2015
iv. Social Inclusion Strategy Work Plan developed, including components relevant to Aboriginal communities and other identified populations	Dec 2011 and annually
v. Mapping existing health promotion services targeting these populations	July 2012 – June 2013
vi. Existing services enhanced and modified then delivered to specific populations as per the Social Inclusion Strategy work plan components	July 2012 - June 2015
vii. New services designed and developed with regard to equity issues, where required, feasible and appropriate	July 2012 - June 2015
viii. Monitoring and evaluation	July 2011-June 2015

13. **Responsible officer and contact details:**

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14. **Activity budget:**

Table 4: Activity project budget (\$ million) exclusive of GST

This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

1. The Commonwealth is responsible for reviewing the State's performance against the program and activity outputs and outcomes specified in this Implementation Plan and providing any consequential financial contribution to the State for that performance.

Role of the State

2. The State is responsible for all aspects of program implementation, including:
 - (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
 - (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and
 - (c) meeting all conditions of the National Partnership including providing detailed annual report against milestones and timelines contained in this Implementation Plan, performance reports against the National Partnership benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.
3. The State agrees to participate in the Healthies Steering Committee or other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative, if relevant.

PERFORMANCE REPORTING

4. The State will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2013 and 31 December 2014:
 - Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
 - Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
 - Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.
 - Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
 - Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.

- Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state by 2013; 15 per cent from baseline by 2015.
 - Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.
5. The requirements of performance reports will be mutually agreed following confirmation of the specifications for measuring performance benchmarks by the Australian Health Minister's Conference.
 6. The performance reports are due within two months of the end of the relevant period.

National Partnership Agreement on Preventive Health

HEALTHY CHILDREN

Scoping Statement and Guiding Policy Principles

PART 1: INTRODUCTION AND OVERVIEW

1.1 Purpose

This document, developed in consultation with states and territories, is designed to provide guidance in developing jurisdictional implementation plans and support a consistent approach to the implementation of the Healthy Children initiative under the National Partnership Agreement on Preventive Health (NPAPH).

1.2 Objectives

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings. The NPAPH provides funding for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focusing on improving poor nutrition, and increasing physical inactivity. For adults also focusing on smoking cessation and reducing harmful and hazardous alcohol consumption;
- social marketing for adults aimed at reducing obesity and tobacco use; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, including the National Preventive Health Agency and research fund.

1.3 Outputs

To realise these objectives, the Healthy Children initiative will fund states and territories to deliver a range of programs:

- a) building on existing efforts currently in place, while adapting them to suit demographic and other factors in play at various sites;
- b) covering physical activity, healthy eating, primary and secondary prevention;
- c) in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, and children and family centres; and

- d) including family based interventions, settings based interventions, environmental strategies in and around schools, and breastfeeding support interventions.

1.4 Evidence Base

The interim results of the Australian Bureau of Statistics *National Health Survey 2007-08* show the proportion of combined overweight or obese children aged 5 -17 years increased from 20.8 per cent in 1995 to 24.9 per cent in 2007-08.⁶⁹ Further, results from the 2007 *Australian National Children's Nutrition and Physical Activity Survey* indicate that:

- the proportion of children meeting the guidelines for fruit intake (1-3 serves per day depending on age group and gender) declines with age (61 per cent for 4-8 year olds, 51 per cent for 9-13 year olds and 1- 2 per cent for 14-16 year olds); and
- the proportion of children meeting the guidelines for vegetable intake (2-4 serves per day depending on age group and gender) decreases with age (22 per cent for 4-8 year olds, 14 per cent for 9-13 year olds and 5 per cent for 14-16 year olds).⁷⁰

Key factors emerging from the international and national literature that can determine the success and sustainability of health promotion programs suitable for children and young people include:

- *Well established project planning and implementation* ensures the identified needs and interests of children are met. A participatory approach to planning the program structure and content involving the key influencers in children's lives is beneficial.
- *Recognition of the role of the family and community and involvement in key activities.*
- *A focus on good nutrition and physical activity.*
- *Structural support for healthy lifestyles* including safe places and spaces for physical activity and increased access to healthy food.
- *Effective and consistent communication* of the aims and purpose of the program to build positive engagement.
- *Multi-component programs* can ensure a variety of behavioural risk factors, issues and strategies are addressed to engage greater numbers of children and young people with different preferences and health needs and ensure lasting change.
- *Monitoring and evaluation* of all program components should be established during program planning and inception.

PART 2: HEALTHY CHILDREN

Terminology, Scoping Statement and Guiding Policy Principles

2.1 Terminology

For the purposes of the Healthy Children initiative in the NPAPH, the following terms are defined:

Access and equity is about ensuring that individuals, families and populations are not further disadvantaged in a health and social sense through the programs and activities delivered as part of the NPAPH. It requires consideration of a range of factors that can impact on access to, reach of and appropriateness of programs for certain populations, removing or reducing barriers to health and access to health-based activities. Programs must support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. There are a number of interacting factors that must be considered in addressing access and equity, for example:

- the size of the organisation or setting and relative capacity to access, take up, participate in and/or be reached by programs and implement programs;

⁶⁹ Australian Bureau of Statistics (2009); National Health Survey 2007-08 – Summary of results, Canberra

⁷⁰ Australian National University (2007); Children's Nutrition and Physical Activity Survey – Fact Sheet – Key Findings 2007, Canberra

- consideration of the characteristics of children and young people, and their families at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals (for example, were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit*.⁷¹

Children, for the purposes of this initiative, are defined as children and young people from birth to 16 years of age. Young people between the ages of 16 and 18 years are included in the definition of children if they are not participating in higher education as this setting is best addressed by the Healthy Communities and Healthy Workers initiatives.

Healthy living programs, in the context of this initiative, are those programs that cover physical activity and healthy eating. The use of the term 'program(s)' is inclusive of activities targeting individuals, groups of individuals and of activities that are of an organisational wide, enabling or capacity building nature. This may include policy enhancement, system change and minor supporting infrastructure improvements directly related to the implementation in the specific setting that are made to facilitate and support the health of children and young people and associated with behavioural change. The following language will be used to describe the hierarchy of elements of the NPAPH:

1. NPAPH initiatives, such as Healthy Children;
2. jurisdictional programs (i.e., state and territory programs or activities implemented according to an agreed plan); and
3. activities within jurisdictional programs; local government programs or pilot programs..

Primary and secondary prevention definitions are drawn from *The Language of Prevention*, National Public Health Partnership (2006)⁷² and in the context of the Healthy Children initiative mean:

- *Primary prevention* - limiting the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departure from good health, control exposure to risk and promote factors that are protective of good health; and
- *Secondary prevention* – reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

Quality assurance framework, accreditation and standards or other relevant material are already in place and/or currently being developed by the Australian Government under the NPAPH. Programs and program providers will be encouraged to have regards to relevant accreditation processes in order to receive funding under the initiative from jurisdictions.

⁷¹ www.socialinclusion.gov.au/Documents/SIToolKit.pdf

⁷² National Public Health Partnership (2006), *The Language of Prevention*, Melbourne.

2.2 Scope

Consistent with the objectives and expected outcomes of the NPAPH, the policy scope for the Healthy Children initiative is summarised below:

- 2.2.1 The focus of the initiative is the prevention of lifestyle related chronic disease through addressing the modifiable lifestyle risk factors of poor nutrition and physical inactivity through sustained behaviour change for children and young people.
- 2.2.2 The primary target group is children and young people and program funding should be directed to these groups taking into account the key role and involvement of the family, particularly parents. Setting based initiatives may involve making the environment more supportive of healthy lifestyles. For example, food and physical activity policies, training of relevant health professionals, curriculum development and activities that target children and their families directly or indirectly through a child care or school setting, and child behaviours through combined parent/child interventions.
- 2.2.3 Substantial built environment or infrastructure improvements are beyond the scope of the NPAPH and this initiative.
- 2.2.4 Mental health is not included as a performance benchmark under the NPAPH. While programs may have a mental health element, this should not be the sole focus of the program.
- 2.2.5 Programs should ensure a positive body image is promoted and that emphasis is on a healthy lifestyle. This should involve consideration of the target audience for programs and individuals and groups who may be vulnerable to forming a negative body image. For example, programs that target groups such as teenage girls may need different support and messages than programs for very young children or for primary school aged children.
- 2.2.6 Programs should focus on preventive health activities and the promotion of healthy behaviour. Programs with a tertiary management focus (i.e., the clinical management of existing chronic conditions) are not within the preventive scope of this initiative. However, individuals already participating in tertiary treatment programs are not to be excluded. Note that only preventive programs may attract funding.
- 2.2.7 New and innovative programs can be implemented where gaps exist for children and young people, and their families, or existing programs can be adapted or extended to suit demographic and other factors.
- 2.2.8 Programs can be delivered in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, children and family centres and potentially other less formal settings such as play groups or youth sporting groups.
- 2.2.9 Programs may take the form of settings based initiatives, strategies in and around schools and early childhood settings, and breastfeeding support interventions. Programs must focus on delivery of activities within the defined setting. Delivery of program activities exclusively in the home is not within the scope of the initiative.
- 2.2.10 Programs should actively support breastfeeding, where relevant.

2.3 Policy Principles

General

- 2.2.1 Programs under the initiative should be focused on primary and secondary prevention.
- 2.2.2 Funding for programs should be invested in:
 - significant enhancements or expansions to existing program(s) that have already demonstrated they are efficacious;

- new programs that have demonstrated efficacy elsewhere that are directly translatable to the initiative setting;
 - programs that can demonstrate significant innovation and/or promise from initial results, but lack formal evidence to demonstrate effectiveness; and/or
 - programs that have a high likelihood of being sustainable beyond the funding received under this initiative (should the program be effective and there is a demonstrated continuing need).
- 2.2.3 Programs should reflect the requirements of the Australian Government's *Social Inclusion Toolkit*.
- 2.2.4 Access and equity in terms of both access to programs and equity of outcomes as a result of participation in programs must be a key consideration.
- 2.2.5 Participation in NPAPH programs is voluntary. However, the voluntary participation requirement does not override specifications of existing or new setting-based legislative requirements or policies (e.g., food supply, curriculum, and requirements for physical activity).
- 2.2.6 Programs and associated evaluations should not further stigmatise obesity and other applicable health conditions and behaviours and should promote a positive body image. Programs should also consider the potential for any negative body image messages and have appropriate management strategies in place.
- 2.2.7 Measures must be in place to protect the privacy of individuals as appropriate. Programs must comply with applicable legislation in relation to consent to collect personal and health information and the use, access, storage and disclosure of this information.
- 2.2.8 Program providers may be expected to comply with specified requirements, including quality assurance frameworks, standards or other guidance in existence or currently being developed under the NPAPH.
- 2.2.9 Programs should be developed and implemented in consideration of relevant local enablers and barriers (i.e. appropriate stakeholder consultation and support, infrastructure issues and different industry and workforce requirements).
- 2.2.10 Funding under the initiative may be used to extend existing programs or create new programs. However, the duplication of funding already allocated at a state and territory level, or by an organisation should not be permitted.
- 2.2.11 Programs will not be funded if they support, promote or utilise sponsorship of food or beverage products considered to be high in sugar, salt and saturated fat, or of tobacco and/or alcohol or promote sedentary behaviour.
- 2.2.12 Consistency and complementarity with programs already in place should be considered. An assessment of possible efficiencies and effectiveness should be undertaken that recognises activities in other settings (i.e. the community and workplaces).
- 2.2.13 Programs should have monitoring systems in place to ensure they are capable of reporting in an accurate and timely way on the achievement of program outputs in accordance with performance monitoring and evaluation requirements under the NPAPH.
- 2.2.14 Programs should have mechanisms in place for continuous quality improvement. Monitoring and evaluation arrangements should, where possible, be developed to help facilitate evaluation at a national level.

And specifically for the Healthy Children initiative

- 2.2.15 Programs that have a clinical risk assessment component should have identified clear and appropriate referral pathways in place that include complementary support activities that aim to address and lead to a reduction in identified lifestyle risk factors.
- 2.2.16 Programs should emphasise the importance of healthy lifestyles, good nutrition and regular physical activity and should include a comprehensive mix of interventions. This includes both

universal approaches and targeted interventions for children and young people who may be at high risk of overweight/obesity, physical inactivity and/or have poor nutrition.

- 2.2.17 Consideration should be given to populations of children and young people at higher risk of overweight or obesity, physical inactivity and/or poor nutrition, in particular socioeconomically disadvantaged populations and Aboriginal and Torres Strait Islander communities.
- 2.2.18 Programs should complement existing effective programs and policies for children and young people.
- 2.2.19 Programs should explicitly support breastfeeding where relevant.
- 2.2.20 Programs should comply with requirements for working with children and young people in each state and territory.
- 2.2.21 Programs must be safe and appropriate for children and young people and their parents and families.