

A systems approach to preventing childhood obesity across the perinatal period

Associate Professor Karen Campbell, Deakin University Claire Tobin, Department of Health / DEECD



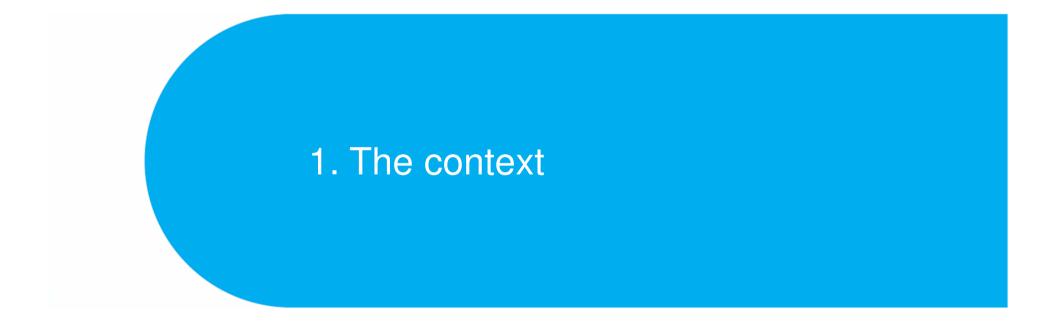
A jointly funded initiative of the State Government of Victoria and the Australian Government.



- 1. The context
- 2. What is Healthy Together Victoria?
- 3. Healthy Children a systems approach
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# 62% of Victorians are now overweight or obese 6

# 69% don't get enough physical activity

# **95%** of us don't eat enough fruit and vegetables

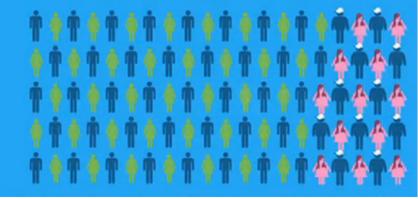
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ources: Victorian Health Monitor 2010, Victorian Public Health Survey 2010, Australian Health Survey 2010-2011

# and now, almost **1** in **4** of our children are also overweight or obese







Healthy Together Victoria is jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health (NPAPH).

Victoria is receiving a total of \$119.8 million from the NPAPH, with an additional \$37.43 million as a possible reward payment. This is met with significant funding from the Victorian Government





# NPAPH benchmarks

- Increase in proportion of children and adults at unhealthy weight held at less than 5% from baseline by 2016 & returned to baseline by 2018
- Increase in mean number of daily serves of fruit and vegetables by 0.2 for fruit and 0.5 for vegetables by 2016 and 0.6 for fruit and 1.5 for vegetables for children & adults by 2018
- Increase in proportion of children and adults doing moderate physical activity, 60 minutes for children and 30 minutes for adults, by 5% by 2016 and by 15% by 2018
- Reduce adult daily smoking by 2% from 2007 national baseline by 2011 and 3.5% by 2013

NB: Alcohol an objective but not a performance measure





# 2. What is Healthy Together Victoria?





Healthy Together Victoria is a complex systems approach to prevention, at scale, and at multiple levels of the system, to impact on population health outcomes.

"The systems approach is a new and more complex way to reduce obesity, but ultimately it promises to be more sustainable and effective."

B. Swinburn and A. Wood (2013) Progress on obesity prevention over 20 years in Australia and New Zealand in *Obesity Reviews*, 14/2, p60-68.

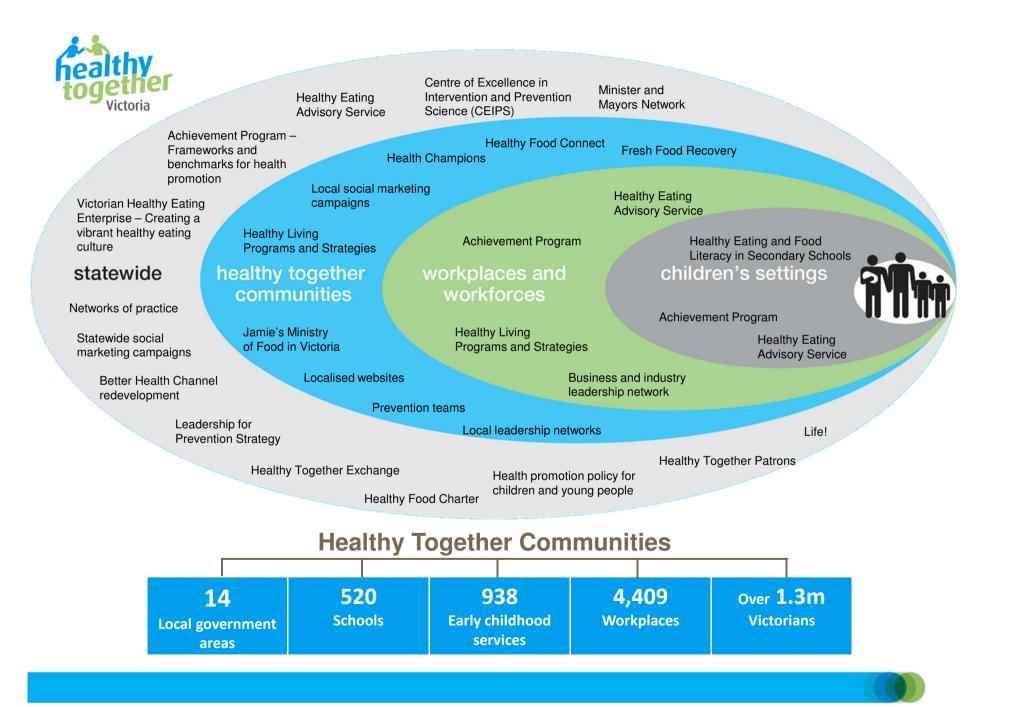






http://www.youtube.com/watch?v=pZU8MYGqm2s



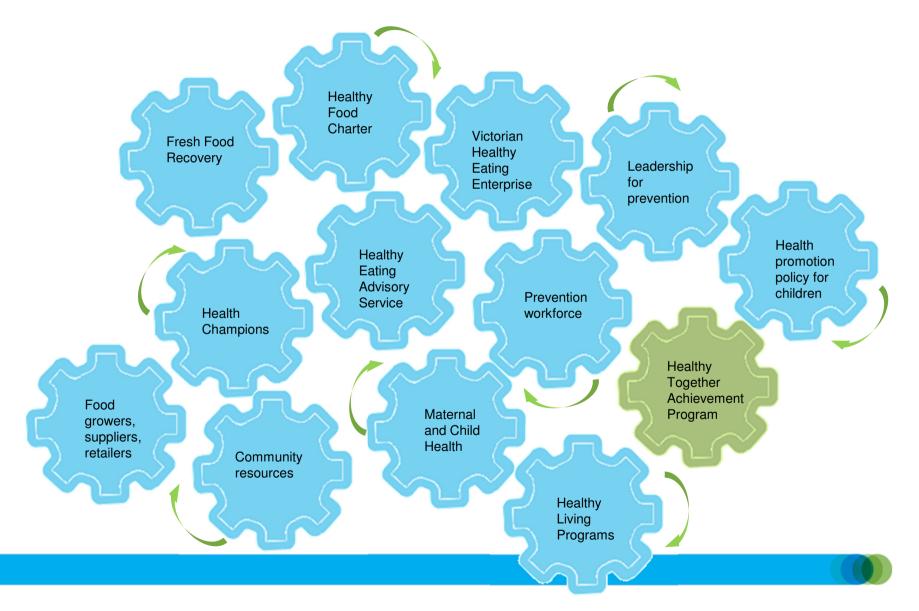




# 3. Healthy children – a systems approach









# together we are creating a healthy early childhood service

### achievement program

# **Creating healthy** environments for learning

# Across the state...

- Over 40% of early childhood services are participating, 67% in Healthy Together Communities
- 26% of Victorian primary schools are participating, 55% in Healthy Together Communities
- This means almost 250,000 Victorian children reached through the Healthy Together Achievement Program.

### NEWS

Program for healthy change gives children a fresh start

centre had overhauled its

Grant McArthur health editor

> PRE-SCHOOLERS are the newest recruits in Victoria's war on obesity, leading the charge to have healthy eating habits. Following in the footsteps of Jamie Oliver, almost 1000 childhood services caring for 80,000 children have signed up to the Napthine Government's health programs.

Children from Port Melbourne's Ada Mary

**A'Beckett Children's Centre** are among the first to sign up and begin making their own nutritious lunches each day. as well as encouraging other centres to register online for the Healthy Together Achievement Program As part of the wider Health Together Victoria program, which is overhauling entire



GEELONG kindergartens are to become part of a program aimed at improving the health and wellbeing of children in the region. The Geelong Kindergarten Association has registered all of its 34 kindergartens to take part in the initiative, which is supported by the Victorian Health Promotion Achieve-ment Program. It is designed to assist schools and early childhood services to create healthier environments for children. The program' priorities include healthy eating, oral and mental health and physical activity, with each kindergarten re-ceiving recognition after meeting certain criteria in each area. Community Develop-ment portfolio holder Kylie Fisher said the policy directly supported the Victorian Health Promotion Achievement Program. ''Our Healthy Together Geelong team have been working with GKA for 12 months to help deliver a program that will benefit the halt will belief the health and wellbeing of children at their cen-Greater Geelong on tre." Cr Fisher said. 5272 5073

a child's life are crucial for learning and setting foundations for future behaviour and health ent wants their child to have the best possible start to life and this includes learning the basics of a healthy lifestyle." Cr Fisher said that b participating in the Victorian Health Pro Program, GKA was sig nalling its commitment to providing a health environment for chil dren at its kinders. "This is importan and we look forward to working through each of the priority areas with the 34 GKA kinders across the re gion," she said. GKA managing di tor Tina Martin said the achievement program would ensure real results and active partici pation by children their families and edu cators. "GKA is pleased to be part of this important initiative," she said Healthy Together Geelong is a council-managed initiative. For more information on Healthy Together Victoria or to partici-pate, contact the City of





# Strengthening the system building blocks

### Leadership & Governance

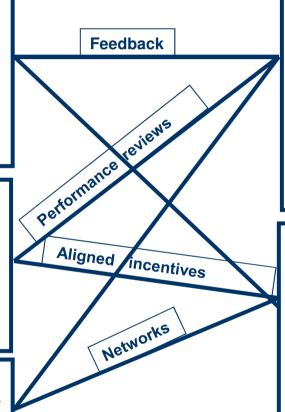
Ministers for Health, Education, Children and Early Childhood Development Healthy Communities Healthy Children Executive Committee Ministers and Mayors Network Local governance groups Benchmarks aligned with DEECD accountability frameworks

### **Partnerships**

DH-DEECD Project Team Position working across DH-DEECD Funded relationships with NGOs School partnerships Principle of community, parent and family engagement

### Funding mechanisms

Resource allocation for Healthy Together Communities Funded initiatives Local funding tied to achievement of level of scale across settings



### Knowledge co-creation

Population intelligence and data profiles Behavioural market research and segmentation Community baseline measurements Approaches based on theory and evidence of effectiveness Evaluation as a systems intervention,

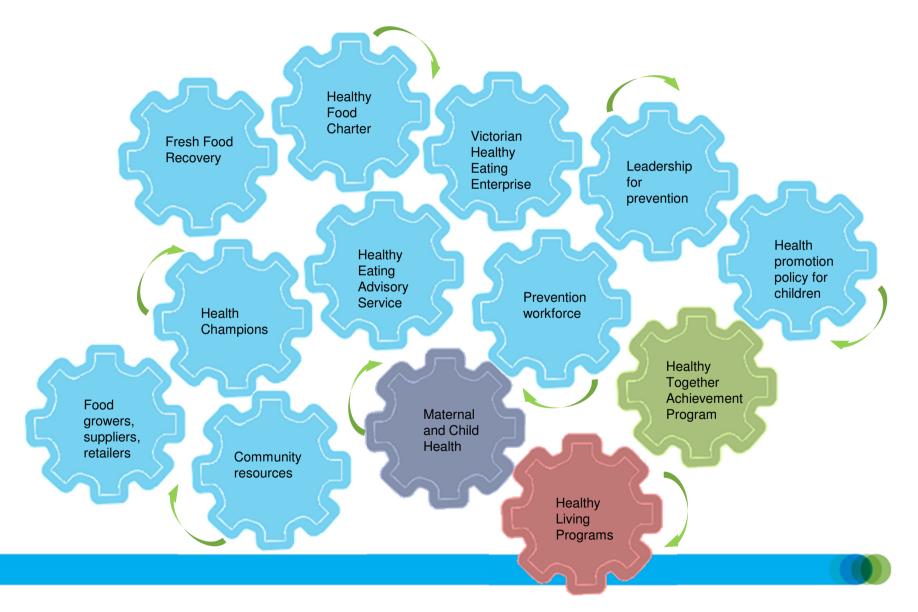
across settings, communities and statewide

### **Dynamic workforce**

Over 90 new positions across 12 HTCs Network approaches and online forums for exchange and learning Collaborating with existing government health workforces (MCH, DH/DEECD Regional staff, School Nurses, ... ) Engagement with other health and community professionals statewide









# 4. The INFANT Program



Supporting parents to promote healthy eating and active play right from the start



Where the Infant Program came from; how it changed child and parent obesity risk behaviours; and how it can be implemented in your community

Infant

Associate Professor Karen Campbell





Supporting parents to promote healthy eating and active play right from the start



**Informed by parents:** extensive qualitative research around what parents want to know in the early years

**Informed by MCH nurses:** qualitative research around what MCH nurses thought about opportunities for obesity prevention from the start of life

**Informed by best evidence:** publication of systematic reviews of evidence



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Supporting parents to promote healthy eating and active play right from the start



Trialed in the highest quality study design (RCT)

- 14 LGAs representing spread of SES
- 542 families from 62 first-time parent groups
- 87% of all approached participated
- 89% finished the program





Infant

# THE INFANT PROGRAM Supporting parents to promote healthy eating and

active play right from the start

Infant



# Why a focus 'right from the start', and why a focus on parents?

Obesity, and obesity risk behaviours: diet, physical activity and sedentariness, are evident very early in life and track across life

Taste preferences (and thus dietary intake patterns) are formed from birth and become difficult to change after the age of three

Parents are accessible, engaged, and actively seeking support and advice regarding how to feed and play with their children

Parenting practices are being established and once in place are more difficult to change – anticipatory support makes sense

Parents are conduits





**Each other** 

**Government and providers** 

**Their children** 

**Parents influence many** 

**Other families** 

**Others in their networks** 

# Parents are important advocates for system change

Supporting parents to promote healthy eating and active play right from the start



## Infant Program Aims to:

- improve parent's confidence, skill, knowledge, support
- improve infant's obesity risk behaviours (diet, physical activity and sedentary behaviour)
- improve parent obesity risk behaviours

## **Infant Program Elements:**

- uses existing social groups (first-time parent groups) plus technologies (all resources on web)
- focus on enablers/barriers to uptake of messages
- focus on discussing issues before needed (anticipatory guidance)
- encourages discussion between Infant sessions
- starts early and continues from 3-18 months (extension to 36 months being trialled in InFANT Extend Research Program)





Infar

Supporting parents to promote healthy eating and active play right from the start



# **Infant Program Outline**

First time parent groups are recruited through Maternal and Child Health nurses (Victorian model)

Program comprises six 90 minute sessions delivered quarterly from 3 to 18 months of age. New research is trialling additional on-line and emailed support for participants over the challenging toddler years (from 18 to 42 months).

Groups focus on how to feed, what to feed, how to play, alternatives to television viewing, and how to model healthy lifestyle behaviours. The focus of each session reflects the developmental phase of the child.

Facilitators promote key knowledge and skills and mediate parent discussions around enablers and barriers to the adoption of key messages.



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Supporting parents to promote healthy eating and active play right from the start



Key messages reflect key themes around healthy eating, active play, parental modelling of eating and physical activity behaviours and parenting styles related to promoting healthy eating and active play.















Infant





Supporting parents to promote healthy eating and active play right from the start



# Infant Program Outcomes for Parents:

- 70% attended 4 or more of 6 scheduled sessions
- 85% reported high program usefulness/relevance
- Parent knowledge and self efficacy increased
- Maternal diet improved

# Infant Program Outcomes for Children:

- Watched less television
- Ate less non-core sweet snacks
- Consumed more fruit and water
- Had improved lifestyle patterns
- Children of younger mothers (<32 years) also ate more vegetables</li>



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## Implementing the Infant Program:

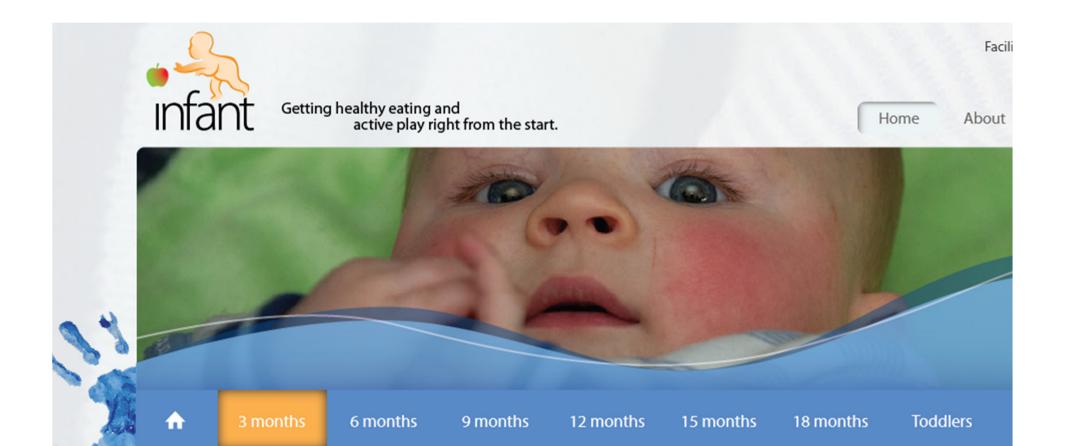
- Forming working relationships with MCH nurses and providing training across LGAs involved in Healthy Together Communities
- Currently we've trained 33 health professionals across 7 LGAs including Whittlesea, Wyndham, Knox, Mallee, Sunraysia, LaTrobe and Dandenong
- <u>The Infant Program website</u>





Infant





# > Getting Healthy Eating Right from 3 Months

### Introducing solids

### When to introduce solids

It is recommended that you delay the introductions of solids to around 6 months of age. Around 6 months is when babies need a nutrition including kilojoules (energy), iron and zinc. Signs your baby is ready for solids include a definite interest in what you are reaching out for food, and an increase in appetite. Babies will also need to be able to sit up with limited support. Formula or brea however remain the most important food for your baby until they reach 12 months of age.

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Associate Professor Karen Campbell Centre for Physical Activity and Nutrition Research Deakin University <u>karen.campbell@deakin.edu.au</u>

> Claire Tobin Senior Project Officer Department of Health/DEECD claire.l.tobin@health.vic.gov.au

