A systems approach to preventing childhood obesity across the perinatal period

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1. The context
62% of Victorians are now overweight or obese

69% don’t get enough physical activity

95% of us don’t eat enough fruit and vegetables

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

Sources: Victorian Health Monitor 2010, Victorian Public Health Survey 2010, Australian Health Survey 2010-2011
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.
NPAPPH 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.
Healthy Together Communities

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3. Healthy children – a systems approach
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.
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

**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

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

**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

**Funding mechanisms**
- Resource allocation for Healthy Together Communities
- Funded initiatives
- Local funding tied to achievement of level of scale across settings
Healthy Together Achievement Program

Health promotion policy for children

Maternal and Child Health

Prevention workforce

Leadership for prevention

Healthy Eating Advisory Service

Victorian Healthy Eating Enterprise

Healthy Food Charter

Health Champions

Food growers, suppliers, retailers

Community resources

Maternal and Child Health

Healthy Living Programs

Healthy Together Achievement Program

Health promotion policy for children

Fresh Food Recovery

Victorian Healthy Eating Enterprise

Healthy Food Charter
4. The INFANT Program
Where the Infant Program came from; how it changed child and parent obesity risk behaviours; and how it can be implemented in your community

Associate Professor Karen Campbell
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
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
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.
Parents influence many:

- Each other
- Government and providers
- Their children
- Other families
- Others in their networks
Parents are important advocates for system change
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)
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.
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 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
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

- The Infant Program website
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 additional nutrition including kilojoules (energy), iron and zinc. Signs your baby is ready for solids include a definite interest in what you are eating, reaching out for food, and an increase in appetite. Babies will also need to be able to sit up with limited support. Formula or breast milk however remain the most important food for your baby until they reach 12 months of age.

How to introduce solids
Acknowledgments

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○ Translation: Department of Health, Victoria

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