

Executive Summary of the Third Progress Report, Jan 2007

The South Australian Department of Health has allocated \$1.5 million over three years to the *eat well be active* (EWBA) Community Programs. EWBA comprises two linked projects – one in Morphett Vale (southern metropolitan Adelaide population 23,500) implemented by Southern Primary Health and one in the Rural City of Murray Bridge (Hills Mallee country southern region population 17,000) implemented by Murray Mallee Community Health Service. EWBA aims to contribute to the healthy weight of children, young people (0-18 years) and their families through increasing healthy eating and physical activity. The programs recognise the importance of addressing environmental factors, working in partnership across sectors and using a community development approach when looking to produce sustainable change at the community level.

The EWBA programs are consistent with both National and State frameworks for the prevention of overweight and obesity and significantly contribute to current action including the Australian Better Health Initiative and state and regional activity in the area. The programs also exist within a significant international context for addressing overweight. Recent calls to action such as *Obesity prevention: the case for action* (1) and the World Health Assembly *Global Strategy on Diet, Physical Activity and Health* (2) signify the importance of population obesity prevention that addresses contributing environmental factors. Recent outcomes from similar projects nationally and internationally indicate that such evidence-based community-level approaches are successful in obesity prevention.

Relevant and acceptable Action Plans for the EWBA communities were developed following a significant consultation process strengthened with the best available evidence of effective consultation practice and EWBA guiding principles including sustainability, equity and intersectoral partnerships. The EWBA Action Plan framework (Fig 1) depicts the four key messages that are addressed by the portfolio of strategies across the range of settings in which children, young people and their families live and learn.



Figure 1. EWBA Action Plan framework

The implementation of the EWBA Action Plans commenced in February 2006 and has engaged with 7 child care centres, Family Day Care field workers, 12 preschools, 21 primary schools, 6 high schools, 20 school canteens, 8 indigenous agencies, 6 welfare agencies, 2 local councils, 6 youth agencies, 2 community centres, recreation providers, breastfeeding associations, community groups and members, parents, children and young people across the two communities.

Over half of the EWBA Action Plans have already been implemented in 2006 and will be strengthened further and also complemented with the remaining strategies in 2007 and beyond. Examples of key action implementation in 2006 across both sites include;

- *Policy* – individual school healthy eating guidelines, Family Day Care physical activity guidelines and child care centre nutrition accreditation
- *Infrastructure* – installation of drinking water facilities in education sites, creating healthy school canteens, supporting community active spaces and breastfeeding friendly locations
- *Workforce development* – over 15 sessions in a range of healthy eating and physical activity skills for teachers, canteen workers, out-of-school-hours-care staff, parent committees, early childhood workers, welfare, health and youth agency staff
- *Peer education* – eight-week training program for 24 community members, including indigenous members, in basic nutrition and physical activity to share with families through practical activities and local advocacy
- *Community development* – development and facilitation of 6 EWBA local Action Groups to provide project direction and advice, supporting local food action groups and strengthening partnerships between local agencies
- *Resources* – healthy eating curriculum and physical activity resources, active play packs
- *Promotion & Marketing* – involvement in local community events, EWBA launches, media attention, local, state and national newsletters and presentations and three international conference presentations.

A comprehensive EWBA evaluation framework was developed by the EWBA Evaluation and Support Team including project staff and EWBA University Academics and was informed by similar interstate projects. The mixed methodology evaluation is a cross-sectional pre post design with comparison groups that compares the EWBA rural and metropolitan communities with one rural and one metropolitan community that do not receive the intervention. Co-existing with quantitative data collection is the qualitative evaluation that seeks to capture what has been done, understand what contributed to changes and provide insights into practice. Evaluative processes include empowerment evaluation, audit enquiry, action research and stakeholder reflections.

Key outcome measures of children include weight status, eating and physical activity behaviour plus attitudes, knowledge and skills. In addition to outcomes at the child level, changes in attitudes, knowledge, skills and behaviours related to eating and physical activity of caregivers including parents, early childhood workers and teachers will be measured. At the environmental level, a suite of measures will monitor changes in the environment (such as policy, infrastructure, social norms and costs) and in a range of settings including the home, early childhood agencies, schools and community facilities.

Baseline evaluation measures have been collected across the EWBA intervention and comparison communities for;

- 1726 Year 5-7 children (physical measures and/or survey completion)
- 926 parents
- 252 primary school teachers

- 27 primary schools principals and 9 high school principals
- 23 school canteens and 11 out-of-school-hours-care facilities
- 18 pre-schools
- 15 Family day care providers
- 9 child care centres

Data collection and collation occurred between September 2006 to January 2007. Data description and analysis has commenced and the results of this baseline data collection are expected to be disseminated to policy makers, researchers and the community in the first part of 2007.

Due to unavoidable costs and time delays in the evaluation component of the project, further funding of \$352,000 has been sought from PMC to allow an eleven month extension to the project. This additional funding will allow post-project data collection two years after baseline data collection including anthropometric measures of both intervention and comparison sites. While in principle support has been committed by PMC, official approval is still being confirmed at the time of the production of this report.

**Implemented by Southern Primary Health of Southern Adelaide Health Service
and Murray Mallee Community Health Service**