



Government
of South Australia
Department of Health



Community Initiatives

First Progress Report to Department of Health Health Promotion SA

April 2005

Compiled by Nadia Mastersson,
Manager, Eat Well Be Active Community Initiatives
Noarlunga Health Services

Noarlunga Health Service, as part of Southern Adelaide Health Service, and
Murray Mallee Community Health Service, as part of Hills Mallee Southern
Regional Health Service



southern
adelaide
health
service



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Community Initiatives

Executive Summary

Overweight and obesity has been identified as an important public health problem and also has serious social and economic impacts. South Australia, consistent with national and international trends, is experiencing a trend of increasing overweight and obesity across the whole population with recent data showing that the increase in weight is starting even before children begin school.

Healthy eating and physical activity are key factors in promoting healthy weight in a community. Changes at a number of levels and in various environments are needed and a whole of community approach that involves a combination of strategies in partnership with a range of stakeholders has the potential to achieve this.

The South Australian Department of Health has allocated \$1.5 million over three years to the Eat Well Be Active (EWBA) Community Initiatives. EWBA comprises two linked projects – one in Morphett Vale (southern metropolitan Adelaide, through Noarlunga Health Services) and one in Murray Bridge (Hills Mallee country southern region, through Murray Mallee Community Health Service) – that aim to contribute to the promotion of healthy weight in children, young people and their families in two demonstration communities through promoting healthy eating and physical activity. EWBA will;

- promote healthy eating and physical activity in partnership with a variety of settings (eg. health, education, welfare, neighbourhoods, food supply, media) by addressing both structural and individual barriers
- determine the key components of a coordinated community approach to promoting physical activity and healthy eating that are sustainable and transferable to other areas
- determine the effectiveness of the community-wide initiatives to improve healthy eating and physical activity levels in the community.

Support and evaluation of the project is an integral component contracted out to a team who will provide high-level advice to EWBA on current best practice strategies and be responsible for the evaluation.

The EWBA staff members including the Manager, Project Coordinators and Administrative Assistants have been selected and all but the Administrative Assistants are currently on board. The Evaluation and Support team have been selected through the open tender process and are likely to commence in April/May 2005. The EWBA Project Management Committee is responsible for coordinating and endorsing the development, implementation, evaluation and sustainability of EWBA and continues to meet monthly. The project's timeframe has been extended until 26 March 2008 in view of the delayed starting times of the EWBA staff and Evaluation Team.

Planning for the project has included the development of several key documents including a communication management protocol, guidelines for intersectoral collaboration and a timeline. Formal project implementation will begin with the commencement of the Evaluation and Support Team and Project Coordinators. Early contact with agencies to assist in the formation of partnerships during the project's consultation phase has commenced with several state and local organisations from a range of sectors and further relationship building will continue in the lead up to the project's consultation phase.

Over the next six months the EWBA project will work towards significant outcomes including hosting 'professional development' healthy weight promotion workshops, consultations around priorities for

action in promoting healthy eating and physical activity and the formation of intersectoral EWBA Local Advisory Groups in each project site to drive local EWBA Action Plans.

Introduction

Overweight and obesity has been identified as an important public health problem. The World Health Organisation (WHO) International Obesity Taskforce has identified that 'societal-level interventions are the key' although these 'may take a long-time to put into place, and even longer to yield results'. Such interventions 'can begin to counteract the powerful forces that lead to steady population weight gain'¹. This approach is consistent with the principles of the Ottawa Charter for Health Promotion and primary health care.

Overweight and obesity is a major health, social and economic concern². Overweight and obesity can cause a wide range of chronic conditions including cardiovascular disease, Type 2 Diabetes, stroke, certain cancers, osteoarthritis, kidney and gallbladder disease, respiratory and musculoskeletal problems and psychosocial issues. Psychosocial issues such as poor self-esteem and social discrimination can lead to poor mental health and social concerns². Children who are overweight have a 50% chance of becoming overweight adults², and obese children also experience higher morbidity and mortality independent of obesity in adulthood³. Economically, obesity has been estimated to cost Australian government and society as much as \$1.3 billion per year².

Weight status is defined using Body Mass Index ($BMI = \frac{\text{weight (kg)}}{\text{height (m)}^2}$). This report uses the definition of adult overweight as a BMI of 25kg/m² or greater and defines obesity as a BMI of 30kg/m² or greater¹. In children, overweight and obesity is defined using WHO International Obesity Taskforce BMI cut-off points⁴.

The prevalence of overweight and obesity in Australia has significantly increased over recent decades. In 1995, 64% and 47% of Australian men and women respectively were overweight or obese and 20% and 21% of Australian boys and girls respectively, aged 2-18 years were overweight or obese⁵.

Overweight is now more common in lower socio-economic and socially disadvantaged groups with Aboriginal and Torres Strait Islander adults being twice as likely to be obese as non-Indigenous Australians².

South Australia, consistent with national and international trends, is experiencing a trend of increasing overweight and obesity across the whole population. In 2002, 61% of South Australian men and 45% of women were overweight and obese, however these figures are likely to be underestimations as the data were self-reported⁶. Data from Child and Youth Health, of the Children, Youth and Women's Health Service, in 2001 clearly show the increase in weight is beginning before children start school, with 16% of four year old boys and 20% of four year old girls classified as overweight. Overweight was also found to be associated with low socioeconomic status and indigenous background⁷.

Healthy eating and physical activity are key factors in promoting healthy weight in a community. 'Poor nutrition, sedentary lifestyles and obesity together are estimated to account for in excess of 10% of the burden of disease, and equal tobacco as being the most-avoidable cause of ill-health in Australia today'².

An increase in the abundance and promotion of energy-dense food and drinks has led to 'passive over-consumption' of energy⁸. This is evident in the increase in a 15% and 11% mean energy intake seen between 1985 and 1995 in 10-15 year old Australian boys and girls respectively⁹. In food terms, this increase is equivalent to the energy derived from 3 - 4 extra slices of bread per day. A picture of children's intake can also be built from the findings that only one in five children (aged 2-12 years) and less than one in ten teenagers (aged 13-18 years) ate the recommended serves of fruit and vegetables each day, and that children (aged 2 - 18) are eating between 4 - 8 serves of non-core foods (eg softdrinks, confectionery, crisps) in a day¹⁰. It is clear that in general, children's eating patterns are not meeting the Dietary Guidelines for children and adolescents in Australia¹¹.

In regards to physical activity, although there is few data available on Australian children, there is evidence of a decrease in active transport such as walking and cycling¹² and a decrease in participation in organised sports¹³. In addition, 55% of Australian children's leisure time is spent on

electronic entertainment (eg computer games, Internet, TV) and children watch an average of 2½ hours of television per day¹³. The Australian Government has recently developed Physical Activity Recommendations for Children and Young People. These include that children and young people should participate in at least 60 minutes (and up to several hours) of moderate to vigorous-intensity physical activity every day and should not spend more than 2 hours a day using electronic media for entertainment¹⁴.

A range of societal and environmental changes are driving these shifts in eating and activity habits and include an increase in electronic entertainment (TV & DVD, computer games) as a leisure activity, an increase in consumption and availability of energy-dense nutrient-poor foods, reduced active transport (such as walking or cycling), increased portion size and frequency of eating outside the home, changes in the physical design of suburbs¹⁵.

Given that changes at a number of levels and in various environments are needed, a whole of community approach that involves a combination of strategies in partnership with a range of stakeholders is important. Strategies that address individual's behaviour alone are not sufficient. Action also needs to target factors in the physical, socio-cultural, economic and policy environments that contribute to overweight¹⁶. By creating environments that are supportive of healthy eating and physical activity, we are also better positioned to access 'at risk' populations such as families of low socioeconomic status and indigenous populations who are more difficult to reach through individual education strategies alone¹⁷. An environmental approach is not only more cost effective and sustainable in the long-term; it also helps to guard against victim blaming and stigmatization of overweight persons¹⁶.

Background to the project

In 2002 the Australian Health Ministers responded to the crisis in rising rates of obesity and established a National Obesity Taskforce to develop a national action plan for tackling overweight and obesity. This action plan, 'Healthy Weight 2008 The National Action Agenda for Children, Young People and their Families'² identified the need to focus on prevention, supportive environments and on young people and their families. The Action Agenda highlights key settings for strategies such as child care, schools and the food supply and also identifies four key national strategies. One of the national strategies is to support 'whole of community' demonstration areas where integrated actions from all the settings are implemented in discrete population areas as potential models for wider long-term implementation and to enhance community ownership and capacity for sustained action.

Following on from this, South Australia's Department of Health (DH) has increased its commitment to promoting healthy weight and the statewide intersectoral task force is currently developing a state strategic plan for promoting healthy weight. As a component of this statewide plan, DH is funding 'whole of community' demonstration projects to promote healthy weight – the Eat Well Be Active (EWBA) Community Initiatives. The EWBA Community Initiatives involve two well-resourced geographically based three-year programs that support healthy eating and increased physical activity. The EWBA Community Initiatives will contribute to the statewide plan by building on existing activities and identifying further opportunities to foster innovation in addressing healthy weight promotion.

A metropolitan and a country community have been selected as the two demonstration communities, and the key differences and similarities between such areas and the transferability of the initiatives will be determined. The EWBA Community Initiatives are not intended as supplementary funding for areas with high levels of need and poor resources, they are however intended to focus on areas of disadvantage which have been shown to experience higher levels of obesity. The two EWBA community demonstration sites selected are:

- Morphett Vale (population 23,500), southern metropolitan Adelaide
- Murray Bridge (population 17,000), Hills Mallee southern country region.

Noarlunga Health Services and Murray Mallee Community Health Service, that service the two communities respectively, have the infrastructure and experience needed to support such a project. Morphett Vale was identified from within the Noarlunga Health Services catchment area, following review of demographic information and consultation with health service managers and key

stakeholders from other sectors including housing, welfare, local government, police, education and community members. Key factors for the selection of Morphett Vale area included;

- an appropriate total population size for the project's comparison to Murray Bridge, including just over 6,000 children aged 0-17 years¹⁸
- a low Index of Relative Socio-economic Disadvantage (IRSD=950-999, compared with Adelaide IRSD=1005)¹⁸
- lower levels of education attained and household incomes; and higher percentages of Indigenous people and Housing Trust rentals compared to the City of Onkaparinga overall¹⁸
- existing infrastructure relevant to the project including shopping complexes, recreational spaces, schools and childcare/kindergartens, neighbourhood house, food retail outlets etc
- links and networks with community agencies developed by NHS, particularly the Village and Woodcroft sites
- a practical project 'boundary' created by the suburb itself.

The two project sites will be able to collaborate throughout the program planning, implementation and evaluation where there will be potential for shared resources, learning and outcomes.

Project Description & Management

Project Outline

The Department of Health (DH) has allocated \$1.5 million over three years to the EWBA Community Initiatives. The initiatives have two components; the first are the community projects and the second is the support and evaluation component.

(1) Community Projects

The EWBA Community Initiatives comprises two linked projects – one in the Southern Metropolitan Adelaide and one in the Hills Mallee Southern Region. This program will develop and implement sustainable environmental changes to promote healthy weight through healthy eating and physical activity and will include strategies across the broad range of physical, social, political and economic environments. EWBA will involve a variety of settings, including health, education, welfare, neighbourhoods, urban planning, food supply and media and will develop partnerships across the sectors.

EWBA Aim

To contribute to the promotion of healthy weight in children, young people and their families in two demonstration communities through promoting healthy eating and physical activity. EWBA will;

EWBA Objectives

- To promote healthy eating and physical activity in partnership with a variety of settings (eg. health, education, welfare, neighbourhoods, food supply, media) by addressing both structural and individual barriers
- To determine the key components of a coordinated community approach to promoting physical activity and healthy eating that are sustainable and transferable to other areas
- To determine the effectiveness of the community-wide initiatives to improve healthy eating and physical activity levels in the community.

(2) Support and Evaluation

A separate but integral component to the project, the support and evaluation (worth \$225,000 of the \$1.5 million) is to be contracted out. The Support and Evaluation Team will be involved from the outset

to provide high level advice to EWBA on current best practice activities and strategies. The team will also be responsible for the overall evaluation and have a key role in appropriate transfer of project results and learning. Evaluation of the EWBA will add to the evidence regarding effective long-term strategies that promote healthy weight. EWBA staff and committees will contribute to the evaluation through collaboration with the Evaluation Team.

Project Guiding Principles

In developing EWBA's action, special attention will be given to the context and challenges facing Australians. Actions should:

- Concentrate on solutions not re-voicing problems, ensuring action on health promoting environments².
- Establish the foundations for long-term and sustainable approaches, recognising that behaviour change is complex, difficult and takes time¹.
- Support work that strategically adds to the evidence base of effective practice¹⁹.
- Engage the whole community promoting healthy weight is everybody's business¹⁹.
- Help those most in need and close the health gap between different population groups²⁰.
- Empower and assist all groups to take action according to their own opportunities and responsibilities²¹.
- Promote the benefits of healthy eating, active living and healthy weight in a positive and inclusive way, avoiding stigmatisation and blaming of individuals².
- Ensure programs of action are inclusive of Aboriginal communities and respect principles articulated through the 'Doing it right' reconciliation framework²².
- Result in effective prevention that needs responses from all parts of society including governments, industry, non-government groups and communities.
- Identify processes and strategies that potentially have applicability across the state.

Project Staffing

The project staff, their key roles and the status of the staff position are outlined below. The five position descriptions are attached in Appendix 1. The organisational chart in Figure 1 indicates reporting relationships for the project staff.

Project Manager (PSO3, 1.0FTE)

- Will manage EWBA, including integration of evaluation and management and support of the Project Coordinators and Administrative Assistants, in order to meet the project outcomes.
- Incumbent: Nadia Mastersson BHSc (Hons) MNutDiet APD.
- Commenced 5/10/04 at 0.6FTE and commenced 1.0FTE from 22/11/05.
- The line of reporting in this position's Job & Person Specification was amended in January 2005, such that the EWBA Manager reports to the NHS Director, Community and Allied Health.

Project Coordinators (PSO2 x 2, 1.0FTE)

- In conjunction with the Project Manager, will implement the EWBA initiative in Morphett Vale/Murray Bridge to meet the project outcomes.
- NHS Incumbent: Melanie Hawke, BAppSc (OccTherapy)
- MMCHS Incumbent: Craig Edwards, BNutDiet BAppSc (HumMov)
- Both Coordinators commenced 29/03/05. NHS Project Coordinator commenced at 0.8FTE and will commence 1.0FTE from 4/7/05.

Project Administrative Assistants (ASO2; NHS 0.6FTE & MMCHS 0.4FTE)

- Will provide administrative and organisational support to EWBA, including to the Project Manager and Coordinators in developing, implementing and administrating EWBA in their site. The Administrative

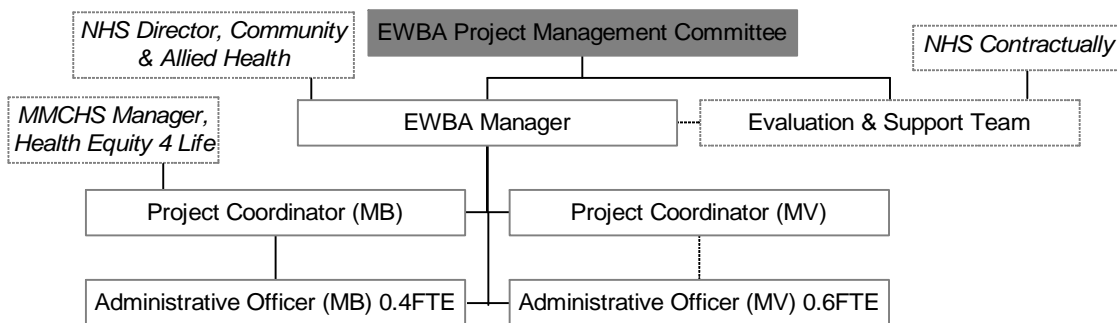
Assistant in NHS will additionally support the Project Manager in coordinating the project across the two sites.

- Selection processes completed in March. Commencement dates to be negotiated around mid-late April 2005.

Evaluation & Support Team

- Will determine the evaluation framework for EWBA process, impact and outcome evaluations, ensure appropriate research transfer strategy occurs and ensure that the findings are comparable with other similar interstate projects.
- Successful Tender Organisation to be notified in April 2005.

Fig 1. Eat Well, Be Active Organisational Chart



MB = Murray Bridge, MV = Morphett Vale.

Project Management Committee

Purpose & Terms of Reference

The purpose of the Project Management Committee is to coordinate and endorse the development, implementation, evaluation and sustainability of EWBA. The Committee's Terms of Reference are attached in Appendix 2.

Membership

Department of Health:

- Mark Williams, Acting Manager of Programs, Health Promotion SA (Committee Chairperson)
- Linda Crutchett, Senior Project Officer Healthy Weight (and EWBA Contractual Project Manager), Health Promotion SA

Noarlunga Health Services:

- Richard Hicks, Director Community & Allied Health
- Marian McAllister, Chief Dietitian-Nutritionist
- Joanne Maiden, Health Promotion Development Coordinator

Murray Mallee Community Health Service/Hills Mallee Southern Regional Health Service:

- Lesley Porter, Manager Health Equity for Life Team, MMCHS
- Fran McFaul, Senior Dietitian, MMCHS
- Andrew Gardner*, Acting Regional Director Primary Health HMSRHS

Committee Observers:

- EWBA Project Manager (Committee Executive Officer)
- EWBA Project Coordinators, NHS and MMCHS
- EWBA Support and Evaluation Team representative

*Andrew Gardner left this HMSRHS position in late March 2005. It is unclear how this position will be filled and discussions need to take place regarding a suitable replacement on the Project Management Committee.

Meetings & key decisions to date

The Project Management Committee has held four meetings between 10 September 2004 and 31 March 2005, with the EWBA Project Manager as the only Observer in attendance at the last two meetings. Meetings are currently scheduled for two hours monthly, with a view to less frequent meetings (minimum quarterly) as the project progresses.

Key decisions made by the Committee to date include:

- Project name
 - ❖ Before commencement of the project, the working title 'Healthy Weight Community Initiative' was used to describe the project. The Project Management Committee renamed the project the *Eat Well Be Active Community Initiatives*. This name is consistent with;
 - the names used in the National and State action plans around nutrition and physical activity and
 - the possibility of South Australia's Healthy Weight Action Plan (currently being developed) being named 'Eat Well Be Active'.
- Project timeframe
 - ❖ The project timeframe, in the original Service Agreements with DH, has been extended to take into account the later starting date of the EWBA Manager and Evaluation and Support Team. The project's final report is now due on the 26th March 2008. The new Schedule of Reporting and Payments (Appendix 3) has been included in a letter of variation to the original DH Service Agreements.
 - ❖ This new timeframe has altered the length of the employment contracts for project staff; with a 3 year 5 month contract with the Project Manager, 2 year 9 month contracts with the Project Coordinators and 2 year 8.5 month contracts with the Administrative Officers.
- EWBA target age group
 - ❖ Consensus was reached to target children, young people and their families (ie 0-18 year olds and their families) in the two project communities because this;
 - Is a preventative measure - attempt to prevent population onset of obesity in adult years.
 - Allows a convergence of resources – significant investment in this area (Department of Education and Children's Service's programs, national guidelines, federally funded programs for schools).
 - Provides accessible settings such as childcare, schools.
 - Recognises the need to limit the target population as the resources are finite and unable to address population in its entirety.

Project Timeline

As described above the project timeline in the original Service Agreements with DH has been extended and the project's final report is now due on the 26th March 2008. Refer to Appendix 4 for the timeline of events and actions related to EWBA.

Communication Management

The Project Management Committee has reviewed a comprehensive EWBA Communications Management Protocol (Appendix 5) developed by the EWBA Manager. The protocol is a living document that will be reviewed and updated as required with new versions provided to DH as part of the Reporting Schedule.

The purposes of the EWBA Communications Management Protocol are to:

- ensure the effective & efficient collection, dissemination and exchange of internal and external project information
- ensure all stakeholders are kept informed in a timely and effective manner
- ensure quality management of all communications
- define the Social Marketing Plan to generate public awareness and support for EWBA and its messages
- define protocols for the management of issues ie risk management, project team communication
- ensure that information disseminated about the communities involved is framed appropriately and agreed to by the communities.

Project Planning

Intersectoral Collaboration & Guidelines

Effective intersectoral action involves the formation of relationships between sectors²³ to take action on an issue in a way that is more effective, efficient or sustainable than could be achieved by a single sector working alone. Working in partnership has been increasingly advocated in health promotion practice, stemming from the Ottawa Charter in 1986. The 'National Action Agenda for Children, Young People and their Families, Healthy Weight 2008'² also identifies the key role of working across sectors and settings and engaging the whole community in the promotion of healthy weight.

In recognition of the importance of intersectoral action in the success of EWBA, the EWBA Manager developed a document, 'Intersectoral action for health - key factors for success for the Eat Well Be Active Community Initiative' (Appendix 6), to guide the development & maintenance of partnerships by the EWBA team. The document outlines the benefits and risks of intersectoral action, key factors for success in intersectoral action and a suggested process for EWBA in forming relationships with other sectors.

Each project site has developed a working list of potential stakeholder agencies to be invited to be involved in the project, including suggested process for making initial contact.

EWBA Morphet Vale

The EWBA Manager and NHS EWBA Working Group have directed initial planning for EWBA Morphet Vale since October 2004. The Working Group currently consists of NHS;

- Director, Community & Allied Health (Chairperson)
- Chief Dietitian-Nutritionist
- Manager, Health & Information Services
- Manager, Village Health Service
- Manager, Woodcroft Health Service
- EWBA Project Manager
- EWBA Project Coordinator, Morphet Vale (joined 29 March 2005).

The NHS EWBA Working Group were responsible for making the final decision regarding the Morphet Vale location of EWBA in Southern metropolitan Adelaide, following review of the demographic information and consultation with other sectors and NHS Managers.

EWBA Murray Bridge

Following an introductory presentation of EWBA to a 'Big Picture Forum' for MMCHS staff in late 2004, a Murray Bridge EWBA Working Group was formed in early 2005 to drive the project's early planning stages.

Current Working Group members include;

- Manager, Health Equity 4 Life Team, MMCHS
- Director, MMCHS
- Senior Dietitian, MMCHS
- Senior Physiotherapist, MMCHS
- Occupational Therapist, MMCHS
- Regional Diabetes Development Worker, MMCHS
- Diabetes Educator, MMCHS
- Community Health Workers, MMCHS
- Acting Regional Director, Primary Health, HMSRHS
- Active Communities Field Officer, HMSRHS
- Active After-School Communities Program, Regional Coordinator, Australian Sports Commission
- EWBA Manager
- EWBA Project Coordinator (joined 4 April 2005)

The membership of the Working Group is not yet finalised, with members representing Indigenous health, MMCHS Youth Health Team, local government and education to be invited to join the working group.

Collaboration between project sites

As the project is in its early stages, the Project Management Committee and EWBA Manager have coordinated a large majority of the project planning on behalf of both project sites. Regular communication between the project sites, in particular between the EWBA Manager and Coordinators, has been clearly outlined to help ensure maximum sharing and collaboration between project sites.

Professional Development

Professional development opportunities for EWBA staff and PMC members thus far have included;

- Obesity Prevention short course (3 days), presented by Deakin University
Attended by NHS Chief Nutritionist-Dietitian (Aug 2004) & EWBA Manager (Oct 2004)
- Conducting Stakeholder Consultations, presented by Working Smarter Inc
Attended by the EWBA Manager, March 2005 (1 day)
- Building community capacity conference, presented by Social Options Australia
To be attended by the EWBA Manager and Project Coordinators, April 2005 (1 day)

The EWBA Manager has also been nominated as a member of the Australian Society for the Study of Obesity (ASSO).

Project Implementation

Formal project implementation has been deferred until the commencement of the Evaluation and Support Team.

Early contact with agencies to assist in the formation of partnerships during the project's consultation phase has been commenced by the EWBA Manager with the following organisations;

Statewide

- Cancer Council of SA
- National Heart Foundation of Australia, SA Division
- Active After School Communities Program
- Office for Recreation and Sport, Be Active
- Women's & Children's Hospital, Centre for Health Promotion
- Department of Education and Children's Services, Eat Well SA Schools Project Officer
- Association of Independent Schools SA
- Catholic Education South Australia

Morphett Vale

- Healthy Cities Noarlunga (including representation from health, housing, indigenous, local government, education and community members)
- Southern Social Planning Alliance (including representation from health, housing, welfare, local government, police and education)
- Onkaparinga Physical Activity Network (including local government, health, education, Active After-school Communities program and Office for Recreation & Sport)
- Department of Education and Children's Services, Southern Range District
- City of Onkaparinga
- Southern Division of General Practice

Murray Bridge

- Active After-School Communities, Regional Coordinator
- Divisions of General Practice, Murray Bridge
- Indigenous Health
- Minya Porli Committee for services for Indigenous children (including representation Child and Youth Health, Health, Indigenous child care centre)

Relationship building with stakeholders will commence in earnest once the timeframe for the project consultation has been determined with the Evaluation and Support Team, so as not to lose stakeholder enthusiasm between initial contact and project commencement.

A draft EWBA information pamphlet has been developed for potential stakeholder agencies to provide key information about the project and how they can be involved. Members of the Project Management Committee have provided feedback on the pamphlet content and format. Final printing of the pamphlet awaits a decision on how HMSRHS and MMCHS will be acknowledged in EWBA and use of photos from the DH photo archive currently under development.

Evaluation

The support and evaluation, worth \$225,000 of the \$1.5 million project budget, was put to open tender on 6 November 2004 with applications closing on 17 January 2005. A selection panel comprising representatives from DH HPSA, NHS and HMSRHS was responsible for short listing, interview and negotiation with the Tender Applicants.

A recommendation to appoint the successful applicant for the EWBA Support and Evaluation Team is likely to be approved in early April, with the Support and Evaluation Team likely to commence in April/May. A draft Service Agreement between NHS (the Client) and the successful Contractor is currently being finalised.

Early Outcomes

Media attention for EWBA was gained opportunistically through the EWBA Manager's Media Spokesperson status with the Dietitians Association of Australia. A 15 minute live-to-air interview with the EWBA Manager was conducted by Adelaide's LifeFM radio station during the station's week-long 'childhood obesity' special. Key themes of the interview included the EWBA project and the importance of addressing environmental factors in the promotion of healthy weight.

EWBA background information and key messages were developed in response to this media contact, and the content will be updated as the project progresses. This information will help to ensure that EWBA communicates consistent messages to the media.

Project Budget

EWBA budget expenditure up to 31 March 2005 has been;

- \$43,234.36 in the NHS budget (Appendix 7)
- \$1156.29 in the MHSRHS budget (Appendix 8)

Despite recent Enterprise Bargaining Agreement salary increases and the change in employment periods of project staff, the EWBA staffing budgets can be covered within the original staffing allocations due to the generous allocation of 23% on-costs for staff. This conclusion has been made following realistic budget forecasting for salary costs which include on-costs for superannuation plus annual leave loading plus an allocation of two weeks salary per full-time staff member per year for backfill (if required) for annual/long-service/sick leave. This forecasting indicates that the NHS staffing budget is sufficient and that the HMSRHS staffing budget allocation will be in surplus by the project's end date. The Project Management Committee will determine when and how this budget surplus is spent.

It has been noted that the HMSRHS budget for EWBA has not included an annual administrative charge. The Project Management Committee decided that HMSRHS could include an annual administrative charge, relative to that charged by NHS, and that this cost would be deducted from the forecasted salary surplus. The new schedule of payments by DH for EWBA, in line with the extended project timeframe, is included in Appendix 3.

Next Steps

The EWBA project will work towards significant outcomes over the next six months. These activities include;

- Continue to build relationships with key stakeholders

- Host 'professional development' workshops on community-wide promotion of healthy weight for key stakeholder agencies and community members in each project site
- Conduct consultations in each project site with key stakeholder agencies and community members around priorities for action in promoting healthy eating and physical activity
- Form an intersectoral EWBA Local Advisory Group in each project site
- Develop local Action Plans for each project site taking into account the current national and international evidence and outcomes from consultations
- Report on the approaches that promote sustainability of community project outcomes
- Work closely with the Support and Evaluation Team around their key tasks of reviewing the literature and developing the evaluation framework, and also work with the Support and Evaluation Team to conduct the workshops, consultations and develop the local Action Plans and sustainability report described above.

Challenges & Reflections

The ability to extend EWBA past the original service agreement date of May 2007 has been an important decision to provide the opportunity for the project to create long-term sustainability and significant outcomes. However this change in timeframe has resulted in an extended period of employment for the Project Manager and slightly reduced employment periods for the Coordinators and Administrative staff. In respect to finances, when these salary changes are considered across both site budgets the cost is equalised.

Due to the lengthy process required to put the Evaluation and Support component of the project to tender, the commencement of project activity has been somewhat delayed. The project has not yet negotiated activity timeframes with the Evaluation Team at a practical level, however the EWBA Manager hopes that stakeholder workshops and consultations could be held around June 2005. This would give EWBA approximately two and a half years to plan and implement activity, with final evaluation data collected over December 2007.

Finally, appropriate EWBA acknowledgements for the partner organisations are being discussed. This process has not been straightforward due to the;

- recent changes to guidelines around DH branding and
- variation in the organisation which signed the EWBA Service Agreement with DH in each project site - that is the health region and the health service signed the Agreement for the Murray Bridge and Morphett Vale project sites respectively.

This issue is to be further discussed at the April 2005 Project Management Committee meeting.

Relevant State and National Activity

The EWBA Manager has met with several key people involved in the *Sentinel Site* obesity prevention projects in Victoria, including Professor Boyd Swinburn and Dr Colin Bell from Deakin University, Tim Bryar (Acting Project Coordinator, Be Active, Eat Well) and Kathy McConnell (DHS VIC). These meetings have assisted in building links between the Victorian and South Australian projects and will support future sharing between projects.

The EWBA Manager has also made contact with the *Moreland Healthy Children* project in Victoria, a five-year obesity prevention research and intervention project based in the primary school setting.

In South Australia, consultation on the SA Healthy Weight Action Plan has taken place and the plan has been submitted to the SA Healthy Weight Taskforce for endorsement.

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Appendices

(available on request)

- Appendix 1** **EWBA position descriptions**
 - EWBA Project Manager, NHS*
 - EWBA Project Coordinator, NHS & MMCHS*
 - EWBA Administrative Officer, NHS & MMCHS*
- Appendix 2** **EWBA Project Management Committee Terms of Reference**
- Appendix 3** **New EWBA Schedule of Reporting and Payments, Department of Health**
- Appendix 4** **EWBA Timeline**
- Appendix 5** **EWBA Communications Management Protocol**
- Appendix 6** **Intersectoral action for health - key factors for success for the Eat Well Be Active Community Initiative**
- Appendix 7** **NHS EWBA Budget Expenditure, to 31 March 2005**
- Appendix 8** **HMSRHS EWBA Budget Expenditure, to 31 March 2005**