



Childhood Obesity Prevention

Business Plan

July 2018 - June 2019



Health
South Eastern Sydney
Local Health District

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Abbreviations

AG4F	Aboriginal Go4Fun
BFHI	Baby Friendly Health Initiative
CALD	Culturally and linguistically diverse
DOE	Department of Education
FACS	Family and Community Services
GHiP	Get Health in Pregnancy
GP	General Practitioner
HCI	Healthy Children Initiative
ISLHD	Illawarra Shoalhaven Local Health District
LGA	Local Government Area
LHD	Local Health District
MOH	Ministry of Health
NGO	Non-Government Organisation
NSW	New South Wales
OPH	Office of Preventative Health
OSCH	Out of School Hours Care
CESPHN	Central and Eastern Sydney Primary Health Network
SCHN	Sydney Children's Hospital Network
SESLHD	South Eastern Sydney Local Health District
SLHD	Sydney Local Health District
SPANS	School Physical Activity and Nutrition Survey
WSLHD	Western Sydney Local Health District



A plan for action

South Eastern Sydney Local Health District (SESLHD) is committed to improving the health and wellbeing of children across our communities. Our District is committed to contributing to the achievement of the Premier's Priority to reduce childhood overweight and obesity rates by five percentage points by 2025. This plan outlines key actions that will be implemented over the coming 12 months in order to lay the foundation for ongoing intensive and well integrated local action to prevent and reduce childhood overweight and obesity.

Our population

The residential population of SESLHD was around 871,000 in the 2016 census and is projected to increase to about 890,000 by 2021 and 930,000 by 2031. The population has significant social and cultural diversity, with sizeable Aboriginal populations, and a large share of some of NSW's high risk populations, including homeless people, marginalised youth, and people who inject drugs. Thus the overall profile, showing the SESLHD population as being relatively advantaged overall compared to the rest of NSW, masks groups who have significant disadvantage, with some suburbs among the least advantaged in the state and 17 of the 200 suburbs more socioeconomic disadvantaged than the average (i.e. SEIFA < 1000) (SESLHD, 2015).

In terms of housing, Randwick LGA has the largest number of public housing dwellings, whereas Botany in Bayside LGA has the highest percentage of public housing dwellings. Within these areas, there are particular suburbs which have an even higher proportion of public housing, such as in Daceyville (Botany Bay LGA) with about 71% of all homes being public housing.

Source: Data provided by SESLHD Planning Unit

Children living in South Eastern Sydney

Children aged up to 14 years make up 15% of the SESLHD population, with 6% of those children aged 0-4 years (the early years). As a raw figure, the highest number of children aged 0-4 years live in the Sutherland Shire, Bayside and Georges River LGAs.

It is estimated that 20,000 children live in low income families. Table 1 presents the numbers of children living in each LGA.

TABLE 1: Population of children 0-14 years

LGA*	Total population	# 0-4	# 5-9	# 10-14	Total # 0-14 yrs	% 0-14 yrs
Sutherland	218,464	13,624	14,354	13,676	41,654	19.1
Bayside	156,058	9,551	8,429	7,371	25,351	16.2
Georges River	146,841	8,556	8,267	7,798	24,621	16.8
Randwick	140,660	7,645	7,225	6,089	20,959	14.9
Waverley	66,812	4,154	3,658	2,897	10,709	16.0
Woollahra	54,240	2,771	2,921	2,782	8,474	15.6
Sydney (Inner and East)	88,559	2965	1,712	1,290	5,967	6.74
TOTAL	871,634	49,266	46566	41,903	129,261	14.8
% of population	100%	5.7	5.3	4.8	14.8	

Source: Australian Bureau of Statistics (ABS), Census 2016.

*Listed in decreasing order of population of 0-14 Year olds

Patterns of overweight and obesity

Estimates of the prevalence of childhood obesity vary according to the measurement method, whether this is objectively or based on parent report. NSW Government primarily uses parental report data, from the NSW Child Health Survey (NSW Government. Health Stats NSW, 2018). This data shows that the prevalence of childhood overweight and obesity in NSW children aged 5 to 16 years was 22.0% in 2015. The prevalence of overweight and obesity has remained relatively stable in NSW primary school aged children since 2007. The Schools Physical Activity and Nutrition Surveys (SPANS) conducted over the period 1998 to 2015 use objective measurements, and have found that the rates of overweight and obesity are increasing in adolescents (Hardy et al, 2017). Analyses of SPANS 2010 have shown that students from low SES backgrounds, compared with high SES students, are more likely to be overweight or obese; and this pattern holds for some related risk behaviours (Hardy et al, 2013). This data has also been used to explore cultural differences in prevalence, with Middle Eastern students of all socio-economic levels having higher prevalence of overweight and obesity than the NSW average (Hardy et al, 2013). While a large proportion of these children were from low SES backgrounds, the prevalence of overweight /obesity was higher than English background low SES peers (Hardy et al, 2013) (see Table 2).

TABLE 2: Selected patterns in prevalence of overweight and obesity

Sub-group	Prevalence		
Children 5-16 yrs, overweight + obesity 2016	22%		
Adolescents 12 -17 yrs, overweight + obesity 2014, SESLHD+ SLHD,& ISLHD	16.6%		
Low SES* English speaking, overweight + obese			
Boys, 2010	24.6		
Girls	27.6		
Middle Eastern primary school students	Low SES*	Mid SES*	High SES*
Boys 2010, Overweight+ obese	39.4	41.2	23.2
Girls 2010, Overweight + obese	34.0	28.8	26.4

Source: Hardy et al, 2016.

Between 1997 and 2010 there was a proportionally greater increase in prevalence of overweight and obesity in Aboriginal children in NSW compared to their non-Aboriginal counterparts. Unhealthy risk behaviours were frequent among Aboriginal children, but particularly lack of breakfast daily, excessive screen time and soft drink consumption (Hardy et al 2014).

* Socio-Economic Status



The factors that influence childhood overweight and obesity

Sound evidence exists that many household, community and environmental factors influence children's food consumption and energy expenditure (WHO, 2003; Government Office for Science, 2010) such as:

- Access to affordable physical activity opportunities
- Access to affordable healthy food and drink choices
- Larger than recommended portion sizes have become 'normal', thus fostering over-consumption
- Having energy-dense nutrient poor foods and drinks available at home
- Unrestricted access to screen time at home, which increases the likelihood of increased food consumption and sedentary time.

While we don't have specific information about these factors for children living in SESLHD, there is some information about NSW students. In terms of food availability at home, the prevalence of usually having soft drinks available in the home was significantly higher amongst primary school aged children (21% compared to 7%) and adolescents (37% compared to 20%) from Middle Eastern backgrounds compared to other children/ adolescents. This is important, as national data shows that over 60% of sugar sweetened beverages are consumed at home, and those children who had soft drink at home were five times as likely to be high consumers (Hardy et al, 2016b).

Evidence shows that children with a TV in their bedroom are at greatest risk of becoming overweight or obese, have lower academic performance and reduced /poorer sleep. The School Physical Activity and Nutrition Survey (SPANS) found that having a TV in the bedroom was more prevalent among children from low (26%) and middle (21%) socio-economic backgrounds, compared to those from higher Socio-economic backgrounds (11%) (Hardy et al, 2016b).

Some of these household practices and parental views form an important focus for brief advice by health professionals, when communicated sensitively and appropriately to the family circumstances.

A framework for action

A Framework has been developed to guide action to prevent and reduce childhood overweight and obesity across SESLHD. The Framework is based on the substantial foundation of programs and policies that are currently being implemented in NSW and SESLHD.

Structure of the framework

The Framework addresses a wide range of social factors contributing to overweight and obesity, as well as more immediate behavioural influences. At the same time, the Framework is solution-oriented, and seeks to reflect the ways solutions are organised and implemented – the settings and agencies through which facilitating changes can be made (see Figure 1).

FIGURE 1: Three streams of action

Stream 1 Building health sector organisational capacity		Stream 2 Community partnership development	Stream 3 Children's everyday settings
Clinical Services	Early Intervention services	Local government, other agencies, communities, business	Schools, childcare, playgroups, sports
Weight status assessment, advice, referral	Weight status assessment, advice, referral	Amenity of the built environment for active living: open spaces, active play & active transport	Healthy eating, active living policies and practices
Weight management programs & referral (including pregnant women)	Support healthy choices in the early years	Accessibility/affordability of healthy food	Enhances family-oriented initiatives in disadvantaged communities/settings
		Using social networks to promote family wellbeing	
		Co-produce and co-deliver initiatives with communities	

The Framework's three streams of action comprise:

1

Building health sector organisational capacity

promoting an integrated effort with actions implemented through health service settings and roles, promoting health literacy around healthy eating, active living, sleep and related factors, as well as providing appropriate referrals and clinical services.

2

Community partnership development

fostering collaborations across local government, community agencies, community members and businesses to:

- (a) improve the amenity of the built environment for active living;
- (b) promote accessibility of healthy food choices;
- (c) using social networks to engage more disadvantaged people in promoting their families' wellbeing; and
- (d) co-produce and co-deliver initiatives with community members, building on community strengths.

3

Children's everyday settings

sustaining and strengthening a health-facilitating systems approach in schools, childcare, and sports settings through implementing key policies and practices.

What do we want to achieve?

A key aim of this Framework is to contribute to achievement of the Premier's target 'to reduce rate of overweight and obesity of children and young people (5-16 years) by 5 percent over 10 years (by 2025)'. At the same time, the Framework seeks to contribute to more general health improvement, 'to improve the wellbeing and health status of children and adolescents in SESLHD' and reduce health inequities.

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Stream 1

Stream 1: Building health sector organisational capacity		
1.1 Increase access to weight management advice and services across SESLHD for children and families		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none">• Deliver Go4Fun and <i>Aboriginal Go4Fun</i> programs across SESLHD• Participate in the Healthy Beginnings (CHAT) research trial• Participate in the online <i>Time2bHealthy</i> (online) and <i>Healthy Habits</i> (telephone-based) program evaluation• Deliver <i>Yhunger</i> training workshops for youth services and provide small grant funding• Implement the <i>Breastfeeding in NSW Policy</i>• Maintain Baby Friendly Health Initiative (BFHI) accreditation for all SESLHD hospitals and Child and Family Health Centres <p>WHAT WE WILL DO:</p> <ul style="list-style-type: none">> Investigate feasibility to establish child specific weight management services for overweight or obese children residing in SESLHD> Develop links between SESLHD and Sydney Children's Hospital Network (SCHN's) newly appointed Network Weight Management Services Navigation Co-ordinator, to assist SCHN patients/families and staff to navigate the available and most appropriate interventions and services for weight management	<ul style="list-style-type: none">• Referral pathways developed	<p>Office of Preventative Health (OPH) and Ministry of Health (MoH)</p> <p>SESLHD facilities and services (e.g. Clinical teams, Primary and Integrated Health, Allied Health, Nursing and Midwifery), Central & Eastern Sydney Primary Health Network (CESPHN), General Practitioners (GPs)</p>

SESLHD action plan: Stream 1

Stream 1: Building health sector organisational capacity		
1.2 Increase referrals to available early intervention and weight management programs such as Get Healthy in Pregnancy and Go4Fun programs		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none"> Contribute to the Ministry of Health (MoH) Service Agreement requirements by increasing the number of <i>Get Healthy in Pregnancy</i> (GHiP) and Go4Fun participants in SESLHD referred by health practitioners Promote <i>Go4Fun</i> and <i>Aboriginal Go4Fun (AG4F)</i> through Oral Health Service, GP clinics and PHN Promote referrals to the GHiP service through maternity services <p>WHAT WE WILL DO:</p> <ul style="list-style-type: none"> > Develop referral pathways for children identified as above a healthy weight (e.g. SLHD weight management clinic, Go4Fun, TEAM program) > Develop the SESLHD & SCHN Child and Family Health Equity and Violence Abuse and Neglect Response Committee > SESLHD clinical staff, GPs and other allied health professionals to promote referral to GHiP, Go4Fun and AG4F 	<ul style="list-style-type: none"> Increased number of Go4Fun participants in SESLHD referred by health practitioners Increased number of Get Healthy in Pregnancy (GHiP) participants in SESLHD referred by health practitioners 	<p>OPH and MoH</p> <p>SESLHD facilities and services (e.g. clinical teams, Primary and Integrated Health, Allied Health, Nursing and Midwifery, Child and Family Health),</p> <p>CESPHN,</p> <p>GPs,</p> <p>Other health professionals</p>

SESLHD action plan: Stream 1

Stream 1: Building health sector organisational capacity		
1.3 Increase routine weight and height measurement, brief advice and referral of children above a healthy weight range by SESLHD health professionals		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none"> • 55% of children presenting to SESLHD health services have a weight and height measurement recorded within 24 hours of admission in eMR within a three month period, at least once within the previous 90 days • Participate in state-wide Routine Heights and Weights Measurement expert working group • Promote <i>Weight4KIDS</i> training to all clinical staff across SESLHD • Provide brief intervention and dietary advice for children and families attending oral health services <p>WHAT WE WILL DO:</p> <ul style="list-style-type: none"> > Convene a working group to initiate a coordinated, district-wide approach to implementation of the 'routine weight assessment and advice' intervention mandated by MOH > Complete equipment review and establish measurement stations in all settings that routinely see children > Continue to promote <i>Weight4KIDS</i> training to all clinical staff across SESLHD 	<ul style="list-style-type: none"> • Increased proportion of children with height and weight measurement recorded • Increased health practitioner referrals to appropriate programs and services (e.g. <i>Go4Fun</i> and <i>AG4F</i>) • Increased number of clinical staff completed <i>Weight4KIDS</i> training 	<p>MoH</p> <p>SESLHD facilities and services (e.g. clinical teams, Primary and Integrated Health, Allied Health, Nursing and Midwifery, Child and Family Health)</p>

Stream 2

Stream 2: Community partnership development		
2.1 Develop and implement locally relevant and appropriate solutions to improve health outcomes for children and families		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none"> • Deliver Communities at the Centre: <i>A Place-Based Equity and Well-Being in Maroubra Initiative</i> with Randwick Local Government Area (LGA), CESP HN, The Deli NGO & Family and Community Services (FACS) and community members • Fund and implement the <i>Doing it differently</i> community grants initiative with Bayside Council • Provide <i>Connecting Children, Families and Communities</i> funding to early childhood education and care services in the South Randwick area • Invest in the <i>Cultural Support Program</i> and provide culturally appropriate nutrition training to bilingual community educators • Promote breastfeeding and healthy infant and child feeding practices through Child and Family Health Centres, home visiting support, provision of breastfeeding drop in sessions to support new mothers and delivery of infant feeding education sessions • Provide Multicultural Health Service grant funding to address health concerns within local CALD communities (e.g. promotion of healthy infant and child feeding practices in the Nepalese and Bangladeshi communities) • Promote water as a drink and healthy food choices through clinical services (e.g. infotainment packages played in oral health clinic waiting rooms) • Work in partnership with local government to promote healthy lifestyles and the <i>Make Healthy Normal</i> social marketing campaign • Implement the <i>Let's Read-Early Literacy</i> initiative in partnership with council and NGOs • Provide funding to NGOs to embed promotion of healthy eating and physical activity into existing child and youth focused programs (e.g. WEAVE Kool Kids Club, Kooloorra, Get Active with CALD youth) 	<ul style="list-style-type: none"> • Additional child and family focused initiatives and activities delivered through place based initiatives • Grant funding provided to community projects with a focus on child and family health and wellbeing 	<p>Councils</p> <p>FACS</p> <p>CESPHN</p> <p>Local community</p> <p>NGOs</p>

SESLHD action plan: Stream 2

Stream 2: Community partnership development

2.1 Develop and implement locally relevant and appropriate solutions to improve health outcomes for children and families

KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE WILL DO:</p> <ul style="list-style-type: none">> Build upon existing place based initiatives to provide local actions that promote healthy eating and physical activity for children (e.g. supported/pop up playgroups, breakfast programs for children experiencing food insecurity, work with council to increase access to physical activity infrastructure)> Implement a model of care that promotes sustained Child and Family Health services and follow up for vulnerable families (e.g. CALD, socially disadvantaged and Aboriginal families)> Continue to provide grants to community groups to implement local initiatives focused upon children and families> Explore opportunities to work with bilingual GPs to increase weight assessment, advice and referrals of CALD children/ families> Build personal health skills through Cultural Support Program (bilingual community educators) and volunteer recruitment and training> Explore use of digital technologies to develop a social marketing campaign and build upon the existing Make Healthy Normal campaign to raise awareness of childhood overweight and obesity in local communities, particularly those at increased risk> Explore co-commissioning opportunities with key stakeholders and community partners (e.g. CESP HN, local councils, other LHDs)	<ul style="list-style-type: none">• Initiatives and actions planned and developed	<p>Councils</p> <p>FACs</p> <p>CESPHN</p> <p>Local community</p> <p>NGOs</p>

SESLHD action plan: Stream 2

Stream 2: Community partnership development		
2.2 Engage communities in the development of local strategies to prevent childhood overweight and obesity		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none"> Engage with communities through established forums and protocols: <ul style="list-style-type: none"> SESLHD Board of Community Partnership Committee SESLHD Multicultural Steering Committee SESLHD Consumer and Community Council Community engagement and partnerships protocols Convene SESLHD Early Years Collaborative Deliver Yhunger training workshops and small grants for youth services <p>WHAT WE WILL DO:</p> <ul style="list-style-type: none"> > Convene community forums to map obesogenic systems across SESLHD and identify asset based approaches to influencing healthy system change > Identify locations where there is a need for food security initiatives, or where there are opportunities to strengthen action (drawing on existing LHD expertise) 	<ul style="list-style-type: none"> Community forums convened 	<p>Councils</p> <p>NGOs</p> <p>Community (e.g. parents/families)</p> <p>Local businesses</p> <p>Department of Education (DoE)</p> <p>FACS</p> <p>CESPHN</p> <p>Sporting clubs and facilities</p>

Stream 3

Stream 3: Children's everyday setting		
3.1 Strengthen promotion of healthy eating and physical activity through children's everyday settings		
KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
<p>WHAT WE DO:</p> <ul style="list-style-type: none"> • Implement the <i>Munch & Move</i> and <i>Live Life Well @ School</i> programs with intensive support models implemented in areas of high social disadvantage • Intensive focus upon provision of support to primary schools to implement the <i>NSW Healthy School Canteen Strategy</i> • Provide small grant funding to support healthy eating and active living policies and practices in OOSH services and supported playgroups in the South Maroubra area • Undertake health screening in selected primary schools and in intensive English centres in high schools • Pilot intensive promotion of Active Travel across selected primary schools <p>WHAT WE WILL DO:</p> <ul style="list-style-type: none"> > Continue intensive implementation of HCI programs in areas of high social disadvantage > Continue and extend implementation of targeted efforts to promote healthy eating and activity in OOSH services and supported playgroups > Investigate opportunities for whole of school /community initiatives in high schools with Intensive English Centres, using key resources from existing initiatives, including those addressing consumption of sugar sweetened beverages, as a partnership with Multicultural Health Service, Health Promotion Service and schools. 	<ul style="list-style-type: none"> • Increased implementation of HCI programs by schools and services in areas of high disadvantage • Increased implementation of <i>NSW Healthy School Canteen Strategy</i> 	<p>DoE</p> <p>Councils</p> <p>Community (e.g Parents/families)</p>

SESLHD action plan: Stream 3

Stream 3: Children's everyday setting

3.2 Increase the provision of healthy food and drink at local sporting clubs

KEY STRATEGIES	SUCCESS MEASURES	KEY PARTNERS
WHAT WE WILL DO: <ul style="list-style-type: none">> Partner with local councils to engage sports clubs across SESLHD> Promote Finish with the Right Stuff healthy canteen online training to sports club managers and canteen staff	<ul style="list-style-type: none">• Number of sports clubs engaged and trained	Councils Office of Sport Local sporting clubs Local sports facilities

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