



**Health**  
South Eastern Sydney  
Local Health District

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# Childhood Obesity Prevention

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## Annual Report

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July 2018 – June 2019





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**Publication date:** January 2020

# Abbreviations

<b>AG4F:</b>	Aboriginal Go4Fun
<b>BFHI:</b>	Baby-Friendly Hospital Initiative
<b>BHIEC:</b>	Beverley Hills Intensive English Centre
<b>CALD:</b>	Culturally and Linguistically Diverse
<b>CESPHN:</b>	Central and Eastern Sydney Primary Health Network
<b>CHAT:</b>	Communicating Healthy Beginnings Advice by Telephone study
<b>COMAC:</b>	Communities at the Centre
<b>ECEC:</b>	Early Childhood Education and Care services
<b>FACS:</b>	Family and Community Services
<b>FMS:</b>	Fundamental Movement Skills
<b>GHiP:</b>	Get Healthy in Pregnancy
<b>GHS:</b>	Get Healthy Service
<b>GP:</b>	General Practitioner
<b>IPARVAN:</b>	Integrated Prevention and Response to Violence, Abuse and Neglect
<b>KPI:</b>	Key Performance Indicator
<b>LGA:</b>	Local Government Area
<b>LHD:</b>	Local Health District
<b>LLW@S:</b>	Live Life Well @ School
<b>NGO:</b>	Non-government Organisation
<b>NSW:</b>	New South Wales
<b>OSHC:</b>	Out of School Hours Care
<b>SCHN:</b>	Sydney Children's Hospital Network
<b>SES:</b>	Socioeconomic Status
<b>SESLHD:</b>	South Eastern Sydney Local Health District
<b>SPANS:</b>	School Physical Activity and Nutrition Survey

# Executive Summary

In response to the NSW Premier's Priority (2015-2019) to reduce rates of childhood obesity, a Framework for action was developed to guide and facilitate a coordinated approach to prevent and address childhood obesity across South Eastern Sydney Local Health District (SESLHD).

This report reflects upon the actions and outcomes of the first year (2018-2019) of SESLHD's coordinated approach to prevent and address childhood obesity.

## What we set out to achieve

Contribute to the achievement of the NSW Premier's Priority (2015-2019) to reduce childhood overweight and obesity rates by five percentage points by 2025. The Framework also seeks to improve the wellbeing and health status of children and adolescents and reduce health inequities.

## Key Achievements 2018-2019

### Stream 1: Building health sector organisational capacity



**Breastfeeding in NSW Policy and Baby Friendly Health Initiative** accreditation achieved.



**60%** of children received growth assessments.



**1 930** health professional referrals to weight management and prevention programs.



**Participated in research** contributing to childhood obesity prevention evidence base.

### Stream 2: Community partnership development



Over **80** community projects funded to enable children and families to lead healthy and active lives.



Support program co-developed with Nepali and Bangladeshi communities to improve infant and child feeding practices.



**100%** of dental clinics promote healthy food and drink messages.



**Four** local councils collaborated on the Make Healthy Normal campaign.

### Stream 3: Children's everyday settings



**83%** of early childhood services participate in Munch & Move.



**Increased implementation** of the NSW Healthy School Canteen Strategy: Six workshops, 74 staff trained, >70 menu reviews.



**80%** of primary schools participate in Live Life Well @ School.



**Strengthened promotion** of healthy eating and physical activity in Out of School Hours Care and Supported Playgroup settings.

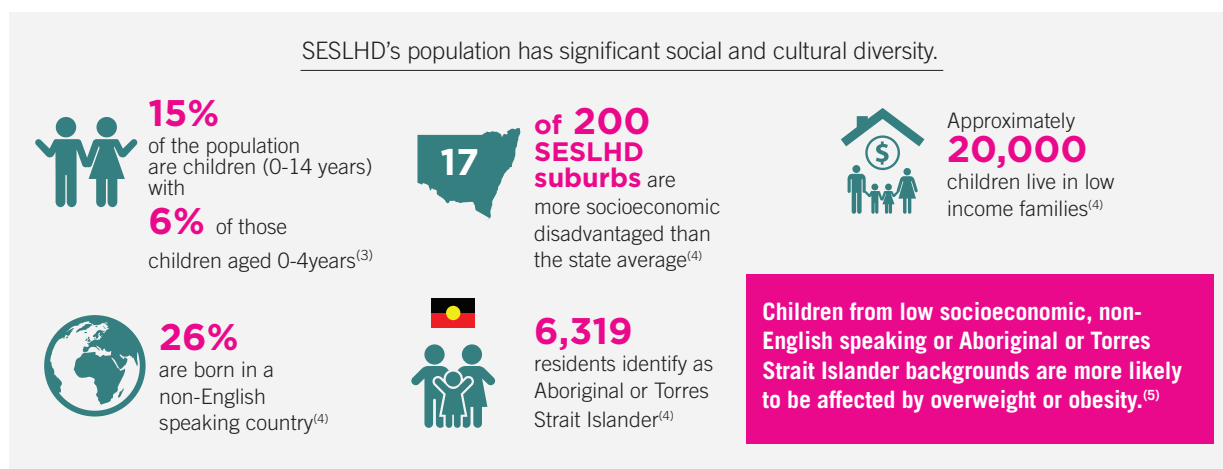
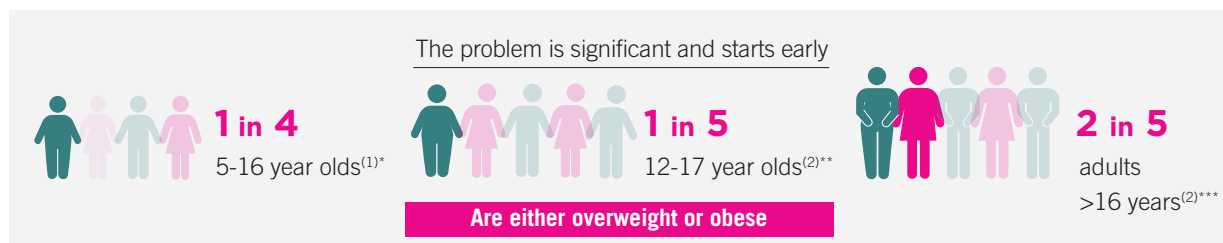
# Introduction



**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 (2015-2019) to reduce childhood overweight and obesity rates by five percentage points by 2025.**

The 2018–2019 Childhood Obesity Prevention business plan outlines key actions for implementation over 12 months. This lays the foundation for ongoing intensive and well integrated local actions to prevent and reduce childhood overweight and obesity as outlined in the Framework to Prevent and Address Childhood Obesity.

## Our population



Notes: \* State wide data  
 \*\* Adolescent data combines Sydney, South Eastern Sydney and Illawarra Shoalhaven Local Health Districts.  
 \*\*\* South Eastern Sydney Local Health District data.

## The Framework

The Framework addresses a wide range of social factors contributing to overweight and obesity, as well as more immediate behavioural influences. 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. The Framework’s three streams of action reflect a systems change approach within health services, across communities and community stakeholders, and children’s settings.

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 clinical services and appropriate referrals.

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 we set out to achieve

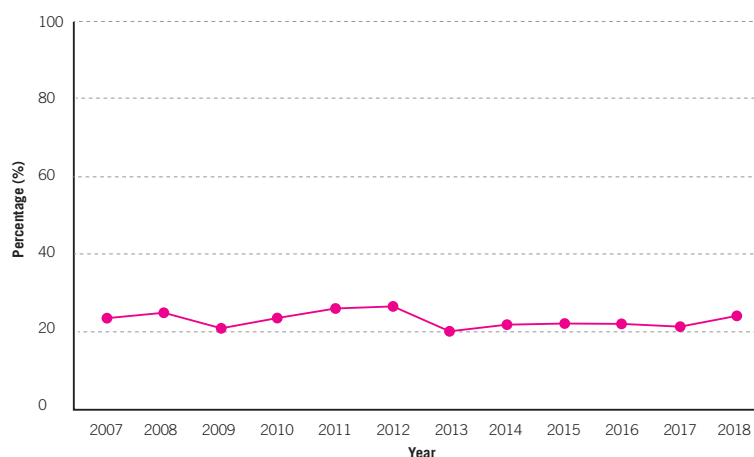
A key aim of the Framework is to contribute to achievement of the Premier's target (2015-2019) 'to reduce rate of overweight and obesity of children and young people (5-16 years) by five percentage points over 10 years (by 2025)'. At the same time, the Framework seeks to contribute to more general health improvement, 'to improve the wellbeing and health status of children and adolescents in SESLHD and reduce health inequities'.

## How we are tracking

Data for overweight and obesity in children is not yet available for SESLHD 2018–2019. NSW wide data provides the best estimate for SESLHD children and adolescents.

The prevalence of overweight and obesity in NSW children aged 5 to 16 years was 24% in 2018. The trend for overweight and obesity has remained relatively stable in NSW since 2009 however, the prevalence remains high and is a cause for concern (2).

Overweight and obesity in children aged 5-16 years, NSW 2007-2018



Source: HealthStats NSW overweight and obesity in children aged 5-16 years, NSW 2007–2018.

## Health risk factors and burden of disease

Risk factors such as tobacco use, physical inactivity and poor eating patterns can have a detrimental effect on health. Almost one-third of the overall disease burden in Australia could be prevented by reducing exposure to these risk factors and other modifiable risk factors.

Overweight and obesity was estimated to be the third greatest risk factor contributing to Australia's total health burden accounting for 7.5%, after tobacco smoking (7.8% of the total health burden) and high blood pressure (7.6% of the total health burden) (2). Other risk factors such as physical inactivity and low fruit and vegetable consumption were found to be responsible for 6.6% and 2.1% respectively of the total burden of disease and injury in Australia.

In 2017–2018 only 18.5% of SESLHD children aged 5 – 15 years achieved adequate levels of physical activity, below the NSW average (24.2%). Eating habits of SESLHD children are also poor with only 9.8% of children aged 2 – 15 years achieving the recommended daily consumption of vegetables and 62.4% achieving the recommended daily fruit intake (2). Whilst there is currently no data available for weight related behaviours in SESLHD for 2018–2019, rates of SESLHD children meeting adequate physical activity levels has been declining since 2008. Fruit and vegetable consumption is low and has remained relatively stable since 2003. Poor weight related behaviours of children in SESLHD remains a cause for concern.



## Key Achievements 2018–2019

### Stream 1: Building health sector organisational capacity



**Breastfeeding in NSW Policy and Baby Friendly Health Initiative** accreditation achieved.



**60%** of children received growth assessments.



**1 930** health professional referrals to weight management and prevention programs.



**Participated in research** contributing to childhood obesity prevention evidence base.

### Stream 2: Community partnership development



Over **80** community projects funded to enable children and families to lead healthy and active lives.



Support program co-developed with Nepali and Bangladeshi communities to improve infant and child feeding practices.



**100%** of dental clinics promote healthy food and drink messages.



**Four** local councils collaborated on the Make Healthy Normal campaign.

### Stream 3: Children's everyday settings



**83%** of early childhood services participate in Munch & Move.



**Increased implementation** of the NSW Healthy School Canteen Strategy: Six workshops, 74 staff trained, >70 menu reviews.



**80%** of primary schools participate in Live Life Well @ School.



**Strengthened promotion** of healthy eating and physical activity in Out of School Hours Care and Supported Playgroup settings.

## Community feedback

'My son would never have tried green vegetables at home, but he did in the 'group food challenge' at Go4Fun and would try something different each week. I can't believe it. Thank you this has been great for us!  
– **Parent, Aboriginal Go4Fun.**

'My coach is very understanding and offers dietary changes which are small but very easy to maintain which is exactly what I need'  
– **Jennifer, 40, Get Healthy Service.**

'Sessions were extremely interactive and materials/resources provided were appropriate for our group of children' – **Educator, Munch & Move Fundamental Movement Skills pilot program.**

'My children's favourite part of playgroup is the yoga at the end, they love trying new positions and then practice at home' – **Parent, Lexington Place supported playgroup.**

'So much valuable sharing and plenty of opportunities for sharing between services' – **Youth service provider, Yhunger workshop.**

# Outcomes



## Stream 1 Outcomes:

### 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.

Strategy	Success Measure
1.1 Increase access to weight management advice and services across SESLHD for children and families.	Referral pathways developed
What we did	Outcomes for our community
<b>Increased access to weight management advice and services across SESLHD throughout the lifespan.</b>	<p>Increased community and health practitioner awareness of available weight management services including:</p> <ul style="list-style-type: none"> <li>• Get Healthy in Pregnancy (GHiP) for pregnant women aged &gt;16 years</li> <li>• Time for Healthy Habits for children aged 2 – 6 years</li> <li>• Go4Fun for children aged 7-13 years</li> <li>• Think Eat And Move (TEAM) for adolescents aged 13-17 years</li> <li>• Get Healthy Service (GHS) for adults and children &gt;16 years</li> </ul>
<b>16 Go4Fun programs and One Aboriginal Go4Fun program delivered.</b>	<ul style="list-style-type: none"> <li>• 197 children above or well above a healthy weight and their families have participated in Go4Fun, achieving 87% completion rate.</li> <li>• Seven children and their families participated in Aboriginal Go4Fun, achieving 100% completion rate. Families reported increased confidence in choosing and preparing healthy foods at the end of the program.</li> </ul>
<b>Assisted in the development and pilot of Get Healthy Chinese.</b>	<ul style="list-style-type: none"> <li>• Chinese Get Healthy Service piloted in South Eastern Sydney and Sydney LHD and fully integrated into State Get Healthy Service.</li> </ul>
<b>Participated in research consortium of two Translational Research Grants: Communicating Healthy Beginnings Advice by Telephone (CHAT) and Time for Healthy Habits.</b>	<ul style="list-style-type: none"> <li>• Two year CHAT data collection completed: 797 telephone surveys and 666 home visit measurements completed. The program promotes healthy eating and physical activity among mothers and their babies under two years of age.</li> <li>• Cultural re-design of Healthy Beginnings for Arabic-speaking and Chinese-speaking mums trialled. 75% of participants rated the service as excellent.</li> <li>• 110 SESLHD parents and carers expressed interest in participating in the Time for Healthy Habits program. The program supports parents to implement healthy lifestyle behaviours for children 2 – 6 years of age.</li> </ul>

In addition we have increased access to weight management advice and services across SESLHD by implementing the Breastfeeding in NSW Policy and achieving the Baby Friendly Health Initiative (BFHI) reaccreditation for Child and Family community services. SESLHD remain the only community service in NSW and one of two Australia wide to be accredited. Policy continues to drive clinical practice around protecting, promoting and supporting breastfeeding in a sustained way.

Strategy	Success Measure
<p><b>1.2</b> Increase referrals to available early intervention and weight management programs such as Get Healthy in Pregnancy and Go4Fun programs.</p>	<p>Increased number of Go4Fun and Get Healthy in Pregnancy (GHiP) participants in SESLHD referred by health practitioners.</p>
What we did	Outcomes for our community
<p><b>Promote Go4Fun and Aboriginal Go4Fun through SESLHD clinical staff, GP clinics, allied health professionals and the CESPNN.</b></p>	<ul style="list-style-type: none"> <li>• 74 health practitioner referrals were made to Go4Fun contributing to KPI targets being exceeded. Health practitioner referrals accounted for 38% of total recruitment sources compared to only 24% in 2017–2018 financial year.</li> </ul>
<p><b>Promote referrals to Get Healthy Service (GHS) and Get Healthy in Pregnancy (GHiP) through maternity services.</b></p>	<ul style="list-style-type: none"> <li>• 1 224 health practitioner referrals were made to GHS, achieving 127% of the referral target.</li> <li>• 611 health practitioner referrals were made to GHiP, 56% more referrals than 2017– 2018 financial year.</li> </ul>
<p><b>Working group convened to review referral pathways for children identified as above a healthy weight in SESLHD.</b></p>	<ul style="list-style-type: none"> <li>• The model of care for weight assessment and management in children above a healthy weight was revised to accurately reflect SESLHD referral options including local support services in an effort to streamline referral pathways.</li> </ul>

**In 2018–2019, a total of 1 930 health practitioner referrals were made to available early intervention and weight management programs including Get Healthy Service, Get Healthy in Pregnancy, Think, Eat and Move (TEAM) and Go4Fun.**

**In addition we have built on what we do by establishing the SESLHD & Sydney Children Hospital Network (SCHN) Child and Family Health Equity and Violence Abuse and Neglect Response Committee. This committee provides ongoing governance for the First 2000 Days Framework, Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework and Childhood Obesity Initiatives.**

<b>Strategy</b> <b>1.3</b> Increase routine weight and height measurement, brief advice and referral of children above a healthy weight range by SESLHD health professionals.	<b>Success Measure</b> <ul style="list-style-type: none"> <li>• Increased proportion of children with height and weight measurement recorded</li> <li>• Increased health practitioner referrals to appropriate programs and services (e.g. Go4Fun and AG4F)</li> <li>• Increased number of clinical staff completed Weight4KIDS training</li> </ul>
<b>What we did</b>	<b>Outcomes for our community</b>
<b>Representatives from across the District routinely participate in the weight and height working groups including:</b> <ul style="list-style-type: none"> <li>• Routine advice and clinical service delivery</li> <li>• Paediatric weight management sub-committee.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical champions engaged to lead implementation across inpatient, outpatient and community settings.</li> </ul>
<b>Conduct equipment reviews and established measurement stations in all settings that routinely see children.</b>	<ul style="list-style-type: none"> <li>• Equipment audit and measurement stations complete for St George Hospital, The Sutherland Hospital, Community and Oral Health settings.</li> </ul>
<b>Provide staff education to accurately measure height/length and weight measurements of children and sensitively raising the issue of weight management, advice and referral with families.</b>	<ul style="list-style-type: none"> <li>• 167 Weight4KIDS Core module completions throughout 2018–2019 (increased from 29 in 2017/18).</li> <li>• 76 health professionals attended 5 face to face ‘Can You Raise the Issue’ trainings delivered at St George Hospital and The Sutherland Hospital.</li> </ul>
<b>Communication of new policy directive, staff engagement and training and ongoing targeted support.</b>	<ul style="list-style-type: none"> <li>• Increased proportion of children presenting to SESLHD health services with a weight/height measurement recorded in eMR by 6% achieving the SESLHD service improvement measure of 60%.</li> </ul>

## Case Study

### Routine Growth Assessments of Children

Embedding growth assessment, advice and referral into routine paediatric care represents good clinical care and enables early intervention to occur if a child's growth trajectory is deviating away from a healthy weight, preventing immediate and long term health implications. It is now mandatory for all children who come in contact with NSW Health Facilities to have their growth assessed.

**SESLHD achieved the 2018-2019 service improvement measure target of 60% of children's height/length and weight measurements recorded.**

This is an example of an integrated effort across the district to build health sector organisational capacity to increase routine weight and height measurement in children, offer brief advice and refer to an appropriate weight management service.

#### What we did

- **Clinical champions engaged** to lead implementation activities across the district
- **Equipment reviewed** and procured where required
- **Measurement stations established** to enable staff to conduct measurements
- **243 staff trained** to confidently perform growth assessments and sensitively talk to families.

It is important to acknowledge the contribution of Oral Health Services as early adopters of the initiative. From July 2018 – October 2019 oral health staff performed 43 growth assessments which led to:

- 20 Go4Fun referrals
- 18 General Practitioner referrals
- 4 Get Healthy Service referrals
- 2394 dietary advice item numbers recorded.



## Stream 2 Outcomes:

### 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.

Strategy	Success Measure
<b>2.1.</b> Develop and implement locally relevant and appropriate solutions to improve health outcomes for children and families	<ul style="list-style-type: none"> <li>• Additional child and family focused initiatives and activities delivered through place based initiatives</li> <li>• Grant funding provided to community projects with a focus on child and family health and wellbeing</li> <li>• Initiatives and actions planned and developed</li> </ul>
What we did	Outcomes for our community
<b>Delivered a place-based equity and well-being initiative (Communities at the Centre) in Maroubra and surrounding suburbs.</b> <ul style="list-style-type: none"> <li>• Delivered weekly supported playgroups, healthy cooking programs and community gardening group at the Hub at Lexington Place.</li> <li>• Provided funding to non-government organisations (NGOs) to embed healthy lifestyle behaviours into existing child and youth focused programs as part of the community engagement outreach activities in South Coogee and Chifley.</li> </ul>	<ul style="list-style-type: none"> <li>• 48 families with 71 children attended the playgroups supporting children's early development needs.</li> <li>• Parents and grandparents attended a free six week healthy cooking program to learn how to make nutritious meals on a limited budget.</li> <li>• Community garden established, facilitated by an Aboriginal Officer from the Royal Botanical Gardens.</li> <li>• Community members received healthy foodstuffs from OzHarvest.</li> <li>• 35 vulnerable and 'at risk' children (7-14 years) living in social housing areas attended the weekly after-school programs WEAVE Kool Kids Club in Chifley and Koolooro in Malabar. Children reported increased knowledge related to healthy eating and physical activity.</li> </ul>
<b>Doing It Differently and Healthy Children Healthy Communities grant initiatives launched.</b>	<ul style="list-style-type: none"> <li>• Five projects that include components on healthy eating, active living were funded as part of the Doing It Different Grants Initiative in Bayside LGA.</li> <li>• 12 projects were awarded Healthy Children Healthy Communities grant funding to strengthen community action to encourage and facilitate children and families to lead healthy and active lives.</li> </ul>
<b>Healthy lifestyle messages widely promoted through clinical services and local government.</b>	<ul style="list-style-type: none"> <li>• 100% of dental clinics display 'Drink tap water' posters.</li> <li>• Sippy cups promoting water as the drink of choice provided to children and families attending Narrangy Booris and C&amp;FHNs.</li> <li>• Dental clinics infotainment and chairside prevention conversations reinforced healthy food and drink messages.</li> <li>• Four local councils within SESLHD promoted the Make Healthy Normal social marketing campaign on their social channels, reaching residents in Bayside, Waverly, Woollahra and Georges River Councils.</li> </ul>

<b>Strategy</b>	<b>Success Measure</b>
2.1. Develop and implement locally relevant and appropriate solutions to improve health outcomes for children and families	<ul style="list-style-type: none"> <li>• Additional child and family focused initiatives and activities delivered through place based initiatives</li> <li>• Grant funding provided to community projects with a focus on child and family health and wellbeing</li> <li>• Initiatives and actions planned and developed</li> </ul>
<b>What we did</b>	<b>Outcomes for our community</b>
<b>Developed and implemented initiatives to improve health outcomes of priority populations.</b> <ul style="list-style-type: none"> <li>• Conducted eight focus groups to identify opportunities to improve infant and child feeding practices in CALD communities.</li> <li>• Improved Child and Family Health services and follow up for vulnerable families.</li> </ul>	<ul style="list-style-type: none"> <li>• Nepali and Bangladeshi Key Health Messages Project (0-5 years) developed. Project, consumer reference and advisory groups established to oversee implementation.</li> <li>• New enhanced funding provided for additional/extended home visiting services for vulnerable families.</li> </ul>
<b>Explored co-commissioning opportunities with key stakeholders and community partners.</b>	<ul style="list-style-type: none"> <li>• CESPHN contributed funding towards the ComaC Initiatives for a Healthy Lifestyles project to increase access to wellbeing initiatives from the Hub and improve healthy eating and physical activity behaviours of local residents.</li> </ul>

In addition, we have implemented locally relevant and appropriate solutions to improve the health outcomes of children and families through promotion of early childhood developmental surveillance and referrals to Child and Family Health Nursing. We partnered with CESPHN to provide a professional development workshop for General Practitioners' and practice nurses on early childhood developmental surveillance tools.

<b>Strategy</b>	<b>Success Measure</b>
2.2. Engage communities in the development of local strategies to prevent childhood overweight and obesity	<ul style="list-style-type: none"> <li>• Community forums convened</li> </ul>
<b>What we did</b>	<b>Outcomes for our community</b>
<b>Five Yhunger training workshops delivered to build youth services' capacity to develop local strategies in food security, nutrition and physical activity.</b>	<ul style="list-style-type: none"> <li>• 70 participants from 36 youth services attended the workshops.</li> <li>• 15 grants were allocated to support development of physical activity and/or healthy eating policies and practices and enhance engagement of youth.</li> <li>• Reached a potential of 8,000 vulnerable young people.</li> </ul>
<b>Completed scoping for community forum to map obesogenic systems.</b>	<ul style="list-style-type: none"> <li>• Liaised with South Western Sydney Local Health District to develop a model for the community forum based off the Change4Campbelltown systems approach initiative.</li> <li>• Formed partnership with Chinese Australian Services Society to engage with the Chinese community in Hurstville.</li> </ul>



## Case Study

### Supporting the disadvantaged population in Maroubra



The place-based equity and wellbeing initiative delivered in Maroubra and surrounding suburbs aims to improve wellbeing, build community resilience and reduce inequities within a generation. Developed in collaboration with Randwick Local Government Area (LGA), CESP HN, The Deli NGO and Family and Community Services (FACS), the Communities at the Centre (ComaC) initiative is co-produced and co-delivered with the community.

A number of initiatives identified by the community related to healthy eating and active living including:

- **Supported playgroups** to empower families to support young children's development through participation in a variety of developmental appropriate play
- **Delivery of healthy food stuffs** by OzHarvest
- **Community-led gardening group**, facilitated by the Aboriginal Officer from Royal Botanical Garden. Herbs and vegetables were harvested for meals and snacks and used in the healthy eating and cooking program
- **Healthy eating and cooking program** run to engage and connect people in the kitchen and teach the community about healthy and affordable meals
- **After school nutrition and physical activity program** integrated into existing child and youth focused support to establish healthy lifestyle behaviours.

## Stream 3 Outcomes:

### Children's everyday settings

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

Strategy	Success Measure
<b>3.1.</b> Strengthen promotion of healthy eating and physical activity through children's everyday settings	<ul style="list-style-type: none"> <li>Increased implementation of the NSW Healthy Children Initiative programs by schools and services in areas of disadvantage</li> <li>Increased implementation of NSW Healthy School Canteen Strategy</li> </ul>
What we did	Outcomes for our community
<b>Increased implementation of Munch &amp; Move</b> <ul style="list-style-type: none"> <li><b>14 early childcare centres located in areas of high social disadvantage participated in the Munch &amp; Move Fundamental movement Skills (FMS) intensive support pilot project.</b></li> </ul>	<ul style="list-style-type: none"> <li>83% of early childhood services participated in Munch &amp; Move.</li> <li>Increased the number of services that have implemented 65% or more of Munch &amp; Move practices by 6% (from 74% in Q1 to 80% in Q4) exceeding the Key Performance Indicator (KPI) target of 65%.</li> <li>Educators reported increased educator knowledge, confidence, motivation, skills and increased frequency of FMS following the FMS workshops. Early childhood education and care services also increased implementation of best practice elements related to FMS development including increased frequency of detecting and correcting children's technique and increased proportion of educator's role modelling physical activity.</li> </ul>
<b>Increased implementation of Live Life Well @ School (LLW@S)</b> <ul style="list-style-type: none"> <li><b>33 grants were provided to schools in areas of social disadvantage to support implementation of healthy eating and physical activity initiatives.</b></li> </ul>	<ul style="list-style-type: none"> <li>80% of primary schools participated in LLW@S (156 schools).</li> <li>Increased the number of schools that have achieved 65% or more of the LLW@S practices by 25% (from 36% in Q1 to 61% in Q4) exceeding the KPI target of 60% (Q4).</li> <li>Key outcomes from the grants included student led projects to develop vegetable gardens and composting programs; healthy eating projects teaching students how to harvest fresh produce and enable paddock to plate projects; and environmental and sustainable education projects.</li> </ul>
<b>Increased implementation of the NSW Healthy School Canteen Strategy</b> <ul style="list-style-type: none"> <li><b>Six canteen workshops delivered to support schools with implementation.</b></li> <li><b>Over 70 menu checks have been completed.</b></li> </ul>	<ul style="list-style-type: none"> <li>74 staff attended the support workshops.</li> <li>32 primary school canteens achieved compliance with the NSW Healthy School Canteen Strategy.</li> <li>A further 59 canteens are actively working with health promotion officers to implement required changes for transition to the Healthy School Canteen Strategy by December 2019.</li> </ul>

Strategy	Success Measure
3.1. Strengthen promotion of healthy eating and physical activity through children's everyday settings	<ul style="list-style-type: none"> <li>Increased implementation of the NSW Healthy Children Initiative programs by schools and services in areas of disadvantage</li> <li>Increased implementation of NSW Healthy School Canteen Strategy</li> </ul>
What we did	Outcomes for our community
<p><b>Promoted healthy eating and physical activity in Out of School Hours Care (OSHC) services and Supported Playgroups</b></p> <ul style="list-style-type: none"> <li>Distributed the Eat Smart Play Smart manual to 177 OSHC services and provided support to promote manual implementation and encourage uptake of online training.</li> <li>Distributed resources to 10 supported playgroup organisations and provided support to distribute resources to parents/carers and staff.</li> <li>Provided grant funding to 11 OSHC services and four supported playgroups in areas of disadvantage in South Maroubra.</li> </ul>	<ul style="list-style-type: none"> <li>60% of the engaged OSHC services have provided a new type of food and/or healthy eating activity.</li> <li>45% of the engaged OSHC services incorporated more active play into their programs.</li> <li>100% of the engaged supported playgroups reported distribution of healthy eating and active play resources to their families.</li> <li>Grants supported OSHC services and playgroups in areas of disadvantage in South Maroubra with a focus on implementing healthy eating and active living policies and practices.</li> </ul>
<p><b>Initial planning of an active travel project to support schools to create environments which encourage and enable students to be active while travelling to and from school.</b></p>	<ul style="list-style-type: none"> <li>Two primary schools engaged to participate in the pilot project.</li> <li>Consulted each school community to collect pre-data to inform the development of schools' active travel plan.</li> <li>Partnered with the Bicycle Network to draft the active travel plans.</li> </ul>
<p><b>Commenced 'Healthy Lifestyle Project' at Beverley Hills Intensive English Centre to increase engagement of students in health promoting behaviours.</b></p>	<ul style="list-style-type: none"> <li>72 students engaged in health promoting activities.</li> <li>Improvements seen in key health behaviours including healthy snack and drink choices, physical activity and sleep.</li> <li>86% of students involved reported they would continue with the changes once they left school.</li> </ul>

Strategy	Success Measure
3.2. Increase the provision of healthy food and drink at local sporting clubs	<ul style="list-style-type: none"> <li>Number of sports clubs engage and trained</li> </ul>
What we did	Outcomes for our community
Strategies to increase the provision of healthy food and drink at local sporting clubs have not commenced.	

## Case Study

### Fundamental Movement Skills Pilot Project

In 2018–2019, the SESLHD Munch & Move team partnered with the Latin Football School to deliver physical activity sessions incorporating the Fundamental Movement Skills (FMS) in 10 early childhood education and care services (ECEC). This pilot project had an equity focus, where eligible services were recruited from lower socioeconomic/disadvantaged areas in SESLHD and were not meeting the Munch & Move desirable practice eight (providing daily opportunities for children to practice the FMS).

**The project successfully increased the number of early childhood education and care services providing FMS opportunities for children aged three to five years on a daily basis.**

The project increased:

- Educator's knowledge, confidence and skill levels to deliver FMS
- Educator's motivation to teach FMS
- Frequency of FMS delivery
- Frequency of detecting and correcting children's technique
- Proportion of educator's role modelling physical activity

Findings indicate that an intensive support model to promote the provision of physical activity, specifically FMS related experiences is useful and effective for ECEC services. Due to the success of this pilot project, the Munch & Move team intend to expand the project to additional services.



## Case Study

### Beverley Hills Intensive English Centre Healthy Lifestyle Project



The 'Healthy Lifestyle Project' is a partnership between Priority Populations SESLHD and Beverly Hills Intensive English Centre (BHIEC). The project is a local community driven, whole of school health promotion program which aims to increase engagement of students enrolled at BHIEC in healthy eating and physical activity behaviours. It was developed as an outcome of a school based health screening program which identified an emerging trend of refugee and migrant young people arriving to Australia experiencing overweight and obesity.

A review of the literature on overweight and obesity among adolescent refugees and migrants arriving in Australia and consultation with subject matter experts including school staff, paediatricians, nurses and other health staff was conducted to understand the problem. Solutions were co-designed with teachers, student and parents. Some key initiatives of the project include:

- Cross-curriculum classroom lessons and projects focusing on healthy lifestyle information
- Display of health promotion materials, translated into 8 community languages, around the school and in school newsletters
- Installation of water fountains
- Installation of outdoor table tennis equipment
- "Technology-free Tuesdays"
- "Open Kitchen" to facilitate heating and eating of home-made lunches
- Lunchtime and after school sporting activities
- School gardening program
- Nurse-led health coaching offered to students identified through the health screening program as above or well above a healthy weight.

**The entire student body was engaged in at least one health promoting activity designed to improve key health behaviours including healthy snack and drink choice, physical activity and sleep. 86% of students reported they would continue with the changes once they left school.**

# References

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