

Health promotion strategies

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Editorial—promoting children’s health



Welcome to the first Health Promotion Strategies bulletin for 2007. This bulletin highlights the importance of health promotion for children.

The Victorian Government has made a continuing commitment to improving the health, development, learning, safety and wellbeing of children across the state. The announcement of a Minister for Children, and the establishment of an Office for Children and the Victorian Children’s Council, as well as government policies such as A Fairer Victoria, highlight a focus on meeting the needs of all children. Through its Outcomes Framework, the government has articulated the outcomes important for children, their families and communities.

The recently published *State of Victoria’s Children report 2006*, based on the Outcomes Framework, tells us how Victoria’s children (aged 0–18) are faring based on up-to-date evidence (see article on page 2). Overall, the report paints a positive outlook for the wellbeing of Victoria’s children. It reveals that young Victorians are developing well against a number of indicators of health and wellbeing, safety, development and learning.

However, the report also cautions of some health concerns, such as obesity, eating disorders and mental ill health. The evidence also shows some inequalities in outcomes for distinct groups of children.

It will be important to consider a range of strategies that will improve outcomes for children and address inequalities. An important strategy will be to focus on preventing problems and promoting health and wellbeing. Public Health and the Office for Children have undertaken a number of projects to tackle some of this burden, bringing together health promotion strategies (for example oral health promotion) and universal services for children such as the Maternal and Child Health Service.

Another example is Kids—‘Go for your life’, a major component of the Victorian ‘Go for your life’ strategy, which is managed by Diabetes Australia—Victoria and The Cancer Council Victoria. This statewide program supports schools and early years settings in creating healthier environments that promote healthy eating and physical activity; and involves parents and health professionals to provide the greatest capacity for health promotion and obesity prevention.

This bulletin provides some excellent and practical examples of promoting children’s health and I hope that the articles will encourage you to identify potential links and opportunities in your work.

Dr Robert Hall
Director, Public Health
Chief Health officer

Gill Callister
Executive Director
Office for Children

Kids—‘Go for your life’

Kids—‘Go for your life’ recently launched a statewide healthy eating and physical activity network for health professionals to support them in delivering the Kids—‘Go for your life’ program in their local communities.

Members of the Professional Network will join forces to create a consistent and coordinated approach to supporting and promoting healthy eating and physical activity to Victorian children. Members will be provided with clear directions, strategies and resources to access and motivate early childhood services, primary schools, local communities and families to create healthy habits for life.

Kids—‘Go for your life’ aims to prevent and reduce childhood overweight and obesity by supporting children’s settings such as child care centres, kindergartens, family

day care schemes and primary schools, as well as local communities, health professionals and families in the promotion of healthy eating and physical activity to children everyday. The intent of this initiative is for children to establish healthy habits at an early age so the principles of good health are taken from childhood, through their teenage years and into adulthood.

Kids—‘Go for your life’ recognises that local health professionals are a driving force behind positive changes to the eating behaviours and physical activity levels of Victorian children. Overweight and obesity is the number one public health concern in Victoria and many health professionals are already making positive changes in their local area with innovative health promotion strategies.

Kids—‘Go for your life’ can support this work by:

- Providing a statewide strategy for action within children’s settings through the Kids—‘Go for your life’ Award Program.
- Providing parent tip sheets developed by the Royal Children’s Hospital, as part of the *Filling the Gaps* program.
- Linking health professionals and providing opportunities for networking and sharing ideas and strategies.

Regional Health Professional forums will be run from February to March 2007. Specific nutrition and active play forums will also be held for local dietitians and maternal and child health nurses.

Partnering programs include Fruit + Veg in Schools, Go For Your Life Healthy Canteen Advisory Service, Start Right Eat Right and Smiles 4 Miles.

The key healthy messages of Kids—‘Go for your life’ are:

- **Tap into water every day**—Promoting water consumption
- **Plant fruit and veg in your lunchbox**—Increasing consumption of fruit and vegetables
- **Limit sometimes foods—target soft drinks, chips, chocolates, and lollies**—Decreasing consumption of high-energy foods and drinks
- **Move, Play and Go every day**—Increasing active play and physical activity
- **Turn off, Switch to Play**—Decreasing screen time (television, electronic games, computers)
- **Stride and Ride**—Increasing active transport

The Kids—‘Go for your life’ initiative is jointly managed by Diabetes Australia—Vic and The Cancer Council Victoria.

For further information about the Health Professionals Network, please contact Michelle Chiller on (03) 9635 5537.

The state of Victoria’s children

For the first time in Victoria, data from government departments and academics has been collated to give a comprehensive overview of the health, development, learning, safety and wellbeing of Victoria’s children and young people.

The *State of Victoria’s children report* focuses on outcomes for all children and young people (aged 0–18) and for those from four priority populations: Indigenous children; children with a disability; children from culturally and linguistically diverse backgrounds, including refugees; and children affected by chronic disadvantage, including children in out-of-home care.

In general, the report shows that Victoria’s children and young people are faring very well on a broad range of outcome areas. However, issues of concern include the increasing prevalence of overweight and obesity; oral health in rural areas; mental

health and wellbeing; the financial stresses experienced by sole parents; and outcomes for Indigenous children.

The report provides an evidence base for the development and evaluation of policy recommendations. It offers an accessible source of information for people working in local government, community agencies and across health, education and community services. A series of annual updates are planned.

The report can be downloaded from www.officeforchildren.vic.gov.au or ordered from stateofvictoriaschildren@dhs.vic.gov.au

Further information

Contact: Suzanne Hood
Office for Children
Tel: (03) 9096 0267
Email: Suzanne.Hood@dhs.vic.gov.au

Koori Bubs Swim Program

Winner Victorian Public Healthcare Award 2006—Excellence in Prevention and Early Intervention

The Koori Bubs Swim Program is part of a capacity building project that aims to increase the health and wellbeing of the local Koori communities of Lake Tyers Aboriginal Trust and Lakes Entrance. The project aims to increase the ability of the communities to identify and address their health needs, and to increase the capacity of local health services to assist these communities.

Launched in 2004, the successful weekly program targeting Koori children aged 0–5 and their families/carers, was identified through consultation with the local Koori community, a review of local and national burden of disease data, and Gippsland Lakes Community Health service data.

‘There is solid evidence for promoting and enhancing physical activity opportunities for the whole community, with the health gains well documented,’ explained Jane Christie, Health Promotion Coordinator at Gippsland Lakes Community Health. ‘This evidence is supported by burden of disease data for the Indigenous population showing a higher than average incidence of diseases associated with physical inactivity, such as type-2 diabetes and cardiovascular disease. Furthermore, drowning rates for Indigenous children are three times higher than for the general population, making it the second most common cause of injury death in the 0–5 age group¹. These statistics inspired the development of the Koori Bubs Swim Program.’

By participating in the program, Koori children have increased their level of physical activity and their connection to the community. Mothers now report that their children have fewer colds, are far more confident in the water, and benefit socially from the group interaction.

Recently, the Koori Bubs Swim Program expanded to the neighbouring community



of Bairnsdale where it also enjoys success.

Gippsland Lakes Community Health recognises the importance of partnerships with the Bung Yarnda Childcare Centre and YMCA, and more recently with the

Gippsland and East Gippsland Aboriginal Co-op and Kilmany Uniting Care as a result of the program’s expansion to Bairnsdale.

Go For Your Life, which predominantly funds the program, will provide continued support until 2008. A more comprehensive report on this program is available at our website www.glch.org.au/news

Further information

Contact: Jane Christie,
Health Promotion Coordinator
Gippsland Lakes Community Health
Email: janec@glch.org.au
Tel: (03) 5155 8300

1st Serve—life and health through tennis

Tennis Victoria is striving to be a leader in children’s health by developing a program that doesn’t just teach children how to hit forehands and backhands, but promotes the benefits of positive health, fitness and life skills.

Tennis Victoria’s innovative 1st Serve program, developed with support from VicHealth, introduces children aged five to ten years to tennis and promotes positive life, health and fitness messages.

Qualified coaches run the eight-week program at local tennis clubs. The coaches encourage children to complete fun, health or fitness challenges between lessons. For example, for the ‘Fruit Fiesta’ challenge, participants are encouraged to eat at least seven pieces of fresh fruit; for ‘Stepping Out’, participants are challenged to complete three 20-minute walks between coaching lessons. Each participant receives a challenge sticker book in which parents reward a child who successfully completes a health/fitness challenge with a well done sticker. The tennis coach stamps the sticker book once the child has completed each challenge, providing further positive reinforcement.

Each 1st Serve lesson carries a theme such as sportsmanship, teamwork, encouragement or perseverance. Coaches emphasise these life skills through specially developed activities run during lessons.

Recently, Tennis Victoria ran a Statewide 1st Serve Registration Day at 44 tennis clubs across the state. Each participant who enrolled received a free tennis racquet, sticker challenge book and a certificate of participation. A total of 1,096 children enrolled in the 1st Serve program. Of these 1st Serve participants, 784 have remained in the sport and have re-enrolled for a further term of coaching (a retention rate of 71.5 per cent). These results reflect how the concept and overall benefits of the program are valued by children and their parents.

Tennis Victoria was recently awarded the 2006 Vicsport State Sports Association Innovation Award for 1st Serve.

Further information

Contact: Tim Hatzi
Tennis Victoria
Tel: (03) 8420 8420
Email: tim.hatzi@tennisvic.com.au

Stonnington’s award-winning Nutrition Policy

‘It’s Not Just The Food—It’s The Heart of The Service’, a City of Stonnington project, received a Heart Foundation Kellogg Local Government Award in 2006 for Implementation of Plans and Policies to Support Heart Health, Best Overall Award for Victoria and was highly commended nationally.

Implemented by council’s Child Care Services, the project uses a range of strategies to promote healthy lifestyle habits in children who attend the council’s long day care centres at Princes Close Child Care Centre, Prahran and Hornbrook Child Care Centre, Windsor.

‘Our Child Care Services are proactive in developing smart lifestyle habits in children under five who attend our child care services. This means supporting families to develop healthy eating habits, positive meal experiences and the ability to make smart choices,’ said Cr Anne O’Shea, Mayor of the City of Stonnington.

‘Council’s Nutrition and Mealtime Policy has been adopted with the philosophy that caring for children is more than just providing food during the day.’

The City of Stonnington’s Nutrition and Mealtime Policy includes:

- **Food cultivation**
Children grow vegetables, creating an awareness of the origins of the food we eat and how plants are cared for and maintained.
- **Encouraging social interaction and discussion**
Children are encouraged to talk at mealtimes, during preparation, planning the menu, tending the vegetable garden and in a group.

- **Understanding differences**
Children are taught about cultural foods (kosher, halal), vegetarianism and food allergies.
- **Food preparation**
Children participate in preparing food, which is effective in building positive self-esteem and calming challenging behaviours.
- **Delivering nutrition information to parents**
Parents and families receive nutritional information, in languages other than English where appropriate.
- **Physical activity**
Children are taught that, when combined with a healthy diet, physical activity is vital to everyone’s happiness and wellbeing.
- **Sustainability issues**
Children learn about environmental initiatives including water saving, recycling, composting and worm farms.
- **The power of the kitchen**
The kitchen has been identified as an effective hub for addressing a range of issues including parenting and communication skills.
- **Positive eating experiences**
Staff at Stonnington Child Care centres are encouraged to set an example for children.

Further information

Contact: Gillian Barclay
City of Stonnington
Tel: (03) 8290 3417
Email: gbarclay@stonnington.vic.gov.au
Website: www.stonnington.vic.gov.au

COOKing in Knox



Parents of Knox will unite in the fight against childhood obesity as part of—the new COOK Project (Challenging Obesity Of Kids). Funded by Knox Community Health Service and Knox City Council and supported by the Knox Family Care Network, this pilot project aims to empower parents with knowledge and skills in healthy eating, shopping and food preparation.

Six sessions for parents will be run by an accredited practising dietitian, focusing on *The Australian Guide to Healthy Eating*, label reading, shopping on a budget, healthy lunchboxes, food hygiene and healthy cooking.

‘Parents play a pivotal role in developing eating habits of children. Our sessions aim to improve parents’ knowledge, confidence and skills in healthy eating. The groups will also provide social opportunities for local families,’ said Simone Roberts, COOK Project Officer.

A reference group, comprising representatives from playgroups, Maternal Child and Health, Knox Community Health Service, St Josephs Primary School Boronia and a local parent, supports and informs the project.

Following completion of the pilot, a project report, including evaluation, will be available for other organisations to implement the model.

Further information

Contact: Simone Roberts
COOK Project Officer
Tel: (03) 9757 6259
Email: simone.roberts@kchs.org.au



Health Promoting Schools in Drouin

Move Your Feet, Watch What You Eat is a partnership project developed between West Gippsland Healthcare Group, Central West Gippsland PCP, Dental Health Services Victoria and ten schools within the Drouin Cluster.

The project links schools to Victorian Government programs such as Kids Go for Your Life and the Healthy Canteen Advisory Service. The project has a solid evidence base and efforts are largely focused on sustainable outcomes through training and policy development.

Achievements to date:

- A healthy eating and physical activity teacher training package has been developed. A broad range of representatives from six schools attended a professional development workshop. Evaluation responses were very positive, with all schools indicating their commitment to implementing the

Health Promoting Schools framework. The package will be rolled out to another primary school cluster, using the Drouin cluster schools as mentors.

- Working groups from eight schools attended a policy/action plan workshop. All schools have committed to developing a healthy school policy and have joined the Kids Go for Your Life program.
- Every school is provided with two newsletter snippets per fortnight focusing on healthy eating and physical activity. Evaluation shows that all schools are including these in their newsletters.

Strategic support has been offered to each school to finalise their policy or implement identified strategies that include:

- fruit and veg classroom breaks
- water bottles in the classroom
- edible school gardens

- ‘paddock to plate’ and nutrition curriculum blocks
- healthier canteen menus
- participating in the Active After Schools program
- increasing focus on healthy school fundraising initiatives.



The school cluster format provided a successful model for implementing the Health Promoting Schools framework and the Drouin cluster manager has worked effectively with the schools involved.

Further information

Contact: Julia McCartan
West Gippsland Healthcare Group
Tel: (03) 5623 4488
Email: julia.mccartan@wghg.com.au

The early years—Doveton Connect

It is now well recognised that positive experiences in the first few years of a child’s life are critical in promoting optimal health and educational outcomes. It is also accepted that children born into disadvantaged communities or vulnerable families often have the poorest developmental outcomes of all. Characteristically, it is these families with the greatest need who are least likely or able to access universal and/or specialist support services.

Doveton Connect, a partnership between Good Beginnings Australia, Doveton North Primary School, Cardinia Casey Community Health and Best Start, was established to improve outcomes for local children by engaging and supporting families and by challenging traditional approaches to service delivery.

Doveton Connect emerged from a realisation that children and families in

Doveton were not accessing local health (maternal and child health, community health) and early education (kindergarten, playgroups, mothers groups) services. Subsequently, these children were entering school significantly behind their peers.

The project has taken a health promotion/prevention approach and an integrated and flexible model of service provision, which is inclusive and readily accessible. The project has also sought to enhance communication between service providers and create efficient referral pathways.

A major element of the project was educating and training local service providers. It was recognised that if services were to reflect and meet the needs of the local community, service providers needed to understand generational disadvantage and how to effectively engage with marginalised groups.

Also critical was the development of the Doveton North Family Resource Centre (DNFRC). Built by Dandenong Rotary Club, the centre is based on the ‘community hub model’, which has been used extensively in disadvantaged communities throughout the USA. Community hubs serve as a one-stop shop where families can access a comprehensive and integrated range of services.

The DNFRC and its outreach facilities offer a range of services including maternal and child health, facilitated playgroups and new mothers groups, and specialist allied health services.

Further information

Contact: Jacquie McBride
Cardinia Casey Community Health
Tel: (03) 8768 5100
Email: Jacquie.McBride@southernhealth.org.au

Exploring the link between environment and childhood diet and activity

Childhood is an important time for the development of healthy eating and physical activity, and while the environment is often blamed for poor dietary choices and low levels of physical activity among adults, little research has focused on children.

In 2005–06, a team from Deakin University received Public Health Research funding from the Department of Human Services to examine relationships between the built environment and children’s eating behaviours, physical activity and obesity.

The study used a Geographic Information System (GIS) to map food outlets and physical activity destinations within the urban neighbourhoods of 807 children aged 5–6 and 10–12 years. The features of the neighbourhood environment were then compared to existing information about the children’s eating behaviours, physical activity and weight status.

Overall, few aspects of the built environment were related to children’s eating behaviours, physical activity or

weight status. However, some of the findings included:

- The further younger children lived from restaurants, cafés and takeaways, the less often they ate takeaway or fast food.
- The further older children lived from fast food outlets, the more frequently they consumed fruit and vegetables.
- The amount of public open space available appeared to promote physical activity among younger children, and reduce the likelihood of being overweight or obese among older children.
- The closer younger children lived to a walking or cycling track, the higher their levels of physical activity.
- The greater the total length of all walking/cycling tracks and the more BMX facilities within the local neighbourhood, the less likely older children were to be overweight or obese.
- Older children who needed to cross a busy road en route to physical activity destinations were more likely to be

physically active; in contrast, younger children were less likely to be active.

- There were no relationships between physical activity and indicators of street design, population density, crime or land use.

As this is one of the first studies to use a GIS to examine associations between the built environment and children’s eating, physical activity and weight status, the findings need to be confirmed in other samples of children.

A summary of the research findings and the full report are available at:

<http://www.health.vic.gov.au/localgov/>

Further information

Contact: Dr Anna Timperio
Centre for Physical Activity
and Nutrition Research
Deakin University
Tel: (03) 9251 7165
Email: anna.timperio@deakin.edu.au

Smiles4Miles takes off

Hundreds of Victorian preschoolers are smiling since participating in the Smiles4Miles (S4M) program. S4M was born out of a critical need to improve the oral health of Victorian preschool aged children, especially in areas of social disadvantage.

This initiative of Dental Health Services Victoria (DHSV) relies on the partnerships it develops with local community groups. Together they deliver oral health messages and tailor programs to meet the needs of 17 targeted sites across Victoria. With the invaluable support of local Primary Care Partnerships, the program brings a range of children’s services, health professionals and families together to inspire the healthy behaviours necessary to improve and maintain good oral health amongst



children. The preschoolers (and their parents) learn about nutrition and healthy drinking and hygiene habits. Those identified as being at risk of oral disease are referred for assessment and/or treatment.

S4M is a strategically targeted component of the broader Early Childhood Oral Health Program, which seeks to provide timely and preventative oral health care to all Victorian children before they reach

primary school age. It incorporates a training program for maternal and child health nurses, children’s services directors, peer educators, and other education and health professionals to equip them with the knowledge and skills to identify and refer children at risk and provide families with oral health advice.

With the important message of ‘oral health for better health’, S4M is a rapidly growing initiative, reaching more children, families and communities each day.

Further information

Contact: Fiona Preston or Susie White
Dental Health Services Victoria
Tel: (03) 9341 1135

Protecting sight and skin from the sun

UV radiation can cause short and long term eye damage with conditions ranging from mild irritation to acute photokeratopathy, also known as sunburn of the cornea or snowblindness. Long-term exposure to UV rays can lead to cataracts and skin cancer of the eyelids and around the eyes.

According to SunSmart and Vision 2020 Australia, wearing sunglasses that meet Australian Standards (category 2, 3 or 4) and a broad-brimmed hat can reduce UV radiation exposure to the eyes by up to 98 per cent.

Eye damage from UV radiation builds over time, so it is important to adopt SunSmart

measures from an early age. 'If adults demonstrate sun protective behaviour themselves, children are more likely to use sun protection through their lifetimes,' said Ms Kylie Strong, SunSmart Program Manager.

Sunglasses are available for babies and toddlers with soft elastic to keep them in place. Toy or fashion glasses do not meet the requirements for sunglasses under the Australian Standards and should not be used to provide sun protection. As some young children may be reluctant to wear sunglasses, you can still protect their eyes by avoiding peak UV radiation times, putting on a hat, and staying in the shade.

SunSmart recommends five steps to protect against sun damage when the SunSmart UV Alert indicates the UV Index is at 3 or above:

1. Slip on some sun-protective clothing—that covers as much skin as possible.
2. Slop on SPF30+ sunscreen—make sure it is broad spectrum and water resistant. Put it on 20 minutes before you go outdoors and every two hours afterwards. Sunscreen should never be used to extend the time you spend in the sun.
3. Slap on a hat—that protects your face, head, neck and ears.
4. Seek shade.
5. Slide on some sunglasses—make sure they meet Australian Standards.

And remember, extra care should be taken between 10am to 3pm when UV index levels reach their peak. For more tips on saving your sight, please visit Vision 2020 Australia's www.saveyoursight.org.au

Creating a cycling culture

Frankston City Council's Active Transport Project found that involving school communities and students was an effective way to develop successful transport programs.

With funding from Council and VicHealth's Walking School Bus Plus program, the Active Transport Project worked with the Seaford North Primary School community to develop a cycling to school program. The school community was already fundraising for a new bike shed and was keen to make sure that the shed, when built, would be well used.

A Bike Committee was formed, comprising students from each year level who already rode to school. Over two meetings, a number of issues were discussed including why it is fun to ride to school, what prevents some children from riding, possible improvements to the routes used by children and programs that would work in the school.

The children appreciated being asked for their input and took ownership of the project from an early stage. They requested a passport challenge, where children received a passport that was stamped each time they rode to school. Once the passport was completed (50 trips), children would receive a reward for their efforts.

This program was relatively inexpensive to set up, and the children delegated a number of tasks between themselves, including generating student interest and

participation, designing posters and assisting with the project launch.

The number of students who rode to school was beyond everyone's expectations. The Bike Shed regularly overflowed on the days after the launch. Data was collected pre and post implementation. On 9 March 2006, a fine and sunny school day, 33 children rode their bikes to school. On 16 May 2006, a cold and wet day, 86 children rode to school. Importantly, 30 car trips per day were saved.

Project findings included:

- **Build on available strengths.** Seaford North is perfect for cycling—with cycle tracks and quiet streets.
- **Student ownership** across all stages is vital to achieving high participation rates and increasing project sustainability.
- **Offer the students ideas, but listen to their wishes.** They know what they want and what would work in their school.
- Each community is different, so **approaches need to be tailored.**

Further information

Contact: Christine Burrows
Frankston City Council
Tel: (03) 9784 1895
Email: christine.burrows@frankston.vic.gov.au

Further information

SunSmart website:
www.sunsmart.com.au
Cancer Council Helpline
Tel: 13 11 20



Release of the *Victorian Sexually Transmissible Infections Strategy 2006–2009*

The Public Health Branch of the Department of Human Services (DHS) has released the *Victorian Sexually Transmissible Infections Strategy 2006–2009*, the first strategy of its kind in Victoria.

The strategy seeks to address the trend of annual increases in most notifiable sexually transmissible infections (STIs) in Victoria since 1999, particularly chlamydia, gonorrhoea and syphilis. With a focus on these three infections, this strategy aims to improve the overall sexual health and wellbeing of Victorians by

reducing STIs in the community. In addition the strategy identifies priority populations to be targeted.

The Blood-Borne Viruses/Sexually Transmissible Infections (BBV/STI) Program developed the strategy in partnership with the Ministerial Advisory Committee on Blood-Borne and Sexually Transmissible Infections.

The release of the Victorian STI Strategy coincides with the extension of the *Victorian HIV/AIDS Strategy 2002–2004* and *Victorian Hepatitis C Strategy*

2002–2004. Both strategies have been extended to 2009.

DHS will continue to lead the strong collaborative partnership between government agencies, local government, health care professionals, researchers and the broader health and community sector to ensure the effective implementation of these strategies.

The importance of the strategy has received even higher prominence with the recent announcement that sexual and reproductive health has received endorsement by the Minister for Health as one of DHS' seven health promotion priority issues for 2007–12.

To download a copy of the strategies visit: <http://www.health.vic.gov.au/ideas>, or contact Dr Danny Csutoros, Medical Adviser, BBV/STI Program on 9096 5170 for more information.

Be Active Eat Well in Colac

The Colac Be Active Eat Well (BAEW) project is a whole of community demonstration project which is showing remarkable results in promoting healthy eating and physical activity in primary school aged children, and in reducing unhealthy weight gain.

This four-year project compared the growth of 1,800 Colac children involved in intervention activities, to 800 other children, who weren't involved in the program, from the Barwon South West Region.

The whole of community project involved parents, schools, government, fast food outlets, recreation services and the local media.

A range of anti-obesity initiatives were trialled, including informing parents about healthier lunchboxes, introducing fruit breaks at school, establishing an after-school activity program involving local sporting clubs, walk to school days and a 'TV power-down' program which educated kids about alternatives to television watching. Even fast food outlets contributed by altering the types of oils they use to cook their foods.

Some encouraging results amongst the intervention group include:

- Smaller increases in weight and waist circumference were recorded over 3 years when compared to the comparison children. The average difference in weight was just over 1kg and in waist measurement was just over 3cm.
- 21.4% reduction in TV viewing.
- 68.2% reduction in consumption of sweet drinks.
- 57.1% increase in the amount of healthier food in lunchboxes.
- 67.9% increase in the number of kids participating in after school activity programs.

Further information

Contact: Kathy McConell
Health Promotion and Chronic Disease Prevention Section
Tel: (03) 9096 5154
Email: kathy.mcconell@dhs.vic.gov.au

About this Publication

Editorial Committee

Health Promotion and Chronic Disease Prevention Section, Public Health Branch; Statewide Outcomes Branch, Office for Children.

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The **March 2007** edition will focus on CALD and multi faith context health promotion. Contributions are most welcome. The deadline for articles is 28 February.

Please contact Spiro Iliopoulos to contribute or for further information regarding this publication on Telephone: (03) 9096 5753
Email: spiro.iliopoulos@dhs.vic.gov.au