Evaluating NSW Get Healthy

Members of PRC are involved in evaluating the exciting new health promotion initiative developed and funded by NSW Health. The NSW Get Healthy Information and Coaching Service is a telephone-based health promotion initiative launched on the 23 February 2009.

The service provides a free, confidential telephone service for NSW adults aged 18 years and over. The initiative aims to help people make lifestyle changes in healthy eating, being physically active and achieving and maintaining a healthy weight. People can choose to receive up to ten coaching calls over six months from a personal Get Healthy Coach, and may access the website for extra tips and daily logs and other tools to help them monitor their progress.

A team of nine investigators from diverse backgrounds will evaluate the program. Led by Dr Philayrath Phongsavan (PH), they will contact a third of participants to survey their reasons for choosing the service, satisfaction with the program, and current physical activity, eating habits, body weight and other related factors. “We use the information then to map whether or not they have changed those behaviours as they progress through the program” said PH.

The evaluators hope to track the progress of a number of participants by asking the same questions later in the program. So far the numbers are encouraging. “We’ve got a very good response rate; over 80% of people we contacted have agreed to be involved in the study so far. So far 1600 people have contacted the service requesting information and materials such as information booklets and 65 percent of these people also opted to receive coaching. The initiative is hitting the right target population which includes people wanting to address their weight issues and who are socio-economically disadvantaged. “It’s good as it’s telling us that we are reaching those people who require assistance and because it’s a free service, it’s more attractive to people who might otherwise not be able to afford a program” said PH. “It’s trying to address the issue of inequity by making sure that such programs are available to those people who need it the most.” Other initial data shows that nearly 3% of the callers have indicated they are of an indigenous background. This is a very important part of the target population and a significant result thus far.

The evaluation data will be used by NSW Health Department to progressively improve the service. For more information, visit www.gethealthynsw.com.au.
From the editor

Welcome to this edition of the Prevention Research Collaboration newsletter! Some of you may recognise me as one of the AusPAnet editors, bringing you regular updates on physical activity matters from across Australia and beyond. This role as a guest editor of the PRC newsletter focuses on work going on around me here in the vibrant PRC environment, across a broader content perspective and it is my pleasure to share it with you.

This newsletter contains an update of recent PRC research projects such as the evaluation of the NSW Get Healthy Information and Coaching Service, an example of an innovative new health promotion campaign. The latest evidence on soft drinks and weight is profiled and practitioners should find the Best Practice Principles for Community-based Obesity Prevention both interesting and useful. You can also hear about the PRC’s involvement in teaching within the School of Public Health at the University of Sydney and reports from recent conferences around the world.

I would like to thank Masters of Health Communication student Claire Harrex, along with the Editorial Team of Lesley King, Louise Farrell and Katherine Jukic for their assistance in the development of this issue.

As always, we welcome your feedback on the newsletter. To contact us please email panorg@health.usyd.edu.au

Rona Macniven

Recent PRC publications


Chapman K, Kelly B, King L. Using a research framework to identify knowledge gaps in research on food marketing to children in Australia. ANZ J Public Health, 2009; 33(3): 253-257


Soft drinks, Weight Status and Health: A Review

A comprehensive review looking at the health effects of soft-drink consumption was published by the Cluster of Public Health Nutrition (CPHN) in June this year.

Soft drinks, Weight Status and Health: A Review; was requested by NSW Health to support evidence-based policy and planning in public health nutrition. The review emphasised that frequent consumption of soft-drinks, among other health consequences, increases the risk of becoming overweight and obese.

While there are other dietary behaviours likely to contribute to people becoming overweight and obese, the report illustrates the particular need to target soft-drink consumption in obesity prevention programs. Dr Anna Rangan, a co-author of the report and a nutritional epidemiologist at CPHN said that: “Soft-drinks are widely consumed by children and young adults, with even toddlers drinking significant amounts”. Apparent consumption data showed in the last 30 to 40 years, soft drink consumption had greatly increased. The highest consumers of soft-drinks in Australia are males 16 to 18 years, with half of this group consuming more than 800 ml per day.

Soft-drinks are well-identified products, easily obtainable and marketed widely. They have no nutritional value other than fluid and are a common source of energy (‘empty’ calories). “Many studies have shown that soft drinks increase energy intake and that this higher energy intake leads to an increase in bodyweight” stated Anna. “There is enough evidence to start taking some action”.

Another major concern was that soft drinks can displace core foods. “Soft-drinks have a tendency to displace milk from the diet” said Dr Vicki Flood, another member of CPHN and co-author of the review. “So as soft drink intake increases, milk intake goes down.” A high level of soft drink consumption was further associated with lower intakes of vitamins A, C and folate, calcium and magnesium.

The review highlights several strategies to help reduce soft drink consumption. Similar to other public health issues, a combination of strategies is needed to provide and maintain behavioural change. “Unless [behavioural changes] are supported by the other strategies it’s not likely they will make a large impact on overall intake. We want individuals to change unhealthy habits but we have to provide the support structure to allow that to occur.” said Vicki.

A condensed version of the review for health professionals contains a section with suitable messages for each particular target group such as parents and caregivers, or high school aged children. The full report is currently available from the NSW Health website and health professional’s version is available from the CPHN website.

The review has already sparked interest from groups thinking of planning initiatives targeting soft drink consumption of high school students in their area. Vicki said: “It gives [health workers] the evidence to support their programs.”

Examples of suitable messages for primary school-aged children

- Limit soft drink consumption to once a week or less, and in small amounts.
- Water and reduced-fat milk are preferred beverages.
- Limit fruit juice consumption to no more than one cup (250ml) per day.
- Water is the best beverage to quench thirst
- Serve water with meals.
- Use a refillable water bottle.

Catching up on conferences

International Society for Behavioral Nutrition and Physical Activity (ISBNPA) Annual Meeting, Lisbon, Portugal 17-20th June 2009

The ISBNPA meeting provides a yearly forum for researchers, practitioners and policy-makers worldwide to exchange and discuss the latest developments in the field. Excellent keynote addresses from international speakers included Shiriki Kumanyika who provided a public health perspective on targeted marketing of high calorie foods and beverages, highlighting the difficulty of developing effective countermarketing strategies and the complexities of working with industry. Ken Resnicow spoke about applying Chaos Theory and Complex Dynamic Systems to the development and evaluation of diet and physical activity programs.

EASO’s European Congress on Obesity (ECO), Amsterdam, 6th - 9th May 2009

The 2009 conference included themes relating to prevention and health promotion; epidemiology and the impact of obesity; and weight and risk management. There was a strong focus on the link between obesity and cancer. Alicia Wolk from Sweden presented on the association between diet and cancer that has been emerging for the past 10-15 years. An overview of obesity-related cancer risk for different cancer sites was discussed.

The presentations covered a broad range of issues, including health inequalities, research methodology, obesity determinants and interventions in different settings and for different populations. Obesity interventions discussed included portion size labelling, front-of-pack food labelling, and interventions in the workplace and primary care. Marjory Moodie from Deakin University presented on the Assessing Cost Effectiveness (ACE) Obesity project which assessed the cost effectiveness of 13 childhood obesity interventions.

27th Dietitians Association of Australia (DAA) National Conference, Darwin, 28th-30th May 2009

There was a strong focus on nutrition and human rights at this year’s conference. Associate Professor Wenche Barth Eide, from the University of Oslo, was one of the key guest speakers, and according to her, a human rights approach (in relation to food and nutrition) is underutilised in the food security debate. Wenche highlighted the importance of a human rights approach to both hunger and obesity, which often occur alongside each other as manifestations of the same process. She suggested that the Millennium Development Goals which relate to the reduction of hunger, and maternal and child mortality, are unlikely to be achieved unless a human rights approach is undertaken.

It is timely to consider a human rights approach to food security in Australia given the recent Commonwealth Government consultation on The National Human Rights Act, as well as the existing federal commitment to improving indigenous health through the Closing the Gap initiative.

Congratulations to Klaus Gebel who won the award for Best Student Oral for his presentation on misperceptions of neighbourhood walkability attributes.

Other highlights included symposia on interventions to promote walking and decrease sitting in the workplace, and cycling as a form of transport. The PRCs were represented by: Hidde van der Ploeg speaking on gestational diabetes and physical activity, sedentary behaviour, overweight and obesity; Louise Hardy presenting on associations between television viewing and consumption of energy-dense foods among children; Adrian Bauman spoke on the unmet need for physical activity promotion and obesity prevention mass media campaigns; and Josephine Chau on self-reported confidence ratings in recall of physical activity as a predictor of the validity and repeatability of questionnaire data.
Over a dozen PRC researchers are sharing their expertise with public health students during semester two, 2009. Staff from the PRC are leading and contributing to five different elective units of study that present our areas of specialised expertise. In these courses we not only seek to disseminate sound knowledge about the topics, but to also provide a practical underpinning for people to work on current public health priority topics in policy and practice settings.

GLOBAL OBESITY and HEALTH PROMOTION
Causes of the global obesity epidemic as well as current knowledge regarding effective preventive interventions are explored in this unit of study. The course covers issues from international and global perspectives, and explore potential health policy and community-level responses.

PUBLIC HEALTH PROGRAM EVALUATION
Students develop skills in planning, conducting and evaluating public health programs with an overall goal to understanding program evaluation from a public health practice and research methodological perspective.

PHYSICAL ACTIVITY and PUBLIC HEALTH
This unit poses physical inactivity as a public health problem and considers the solutions. Measurement and public health surveillance of physical activity is explored along with other issues such as population-level interventions and settings for targeting physical inactivity.

INTRODUCTION TO PUBLIC HEALTH NUTRITION
Students investigate principles of dietary assessment, nutritional epidemiology, dietary guidelines and tools used for nutrition needs assessment. This unit aims to enable public health students to work in public health nutrition in Australia or globally.

INTERNATIONAL HEALTH PROMOTION
In this unit students consider the principles, theory and methods used by health promotion responses to health-related issues. Health promotion activities are explored from local level to the development of national policies. With a strong practical focus, this unit aims to develop knowledge and skills for planning, implementing and evaluating health promotion programs and policies.

“Through the Prevention Research Collaboration, we have developed several new, innovative units of study in the MPH program including in areas of chronic disease prevention and control. The physical activity and public health course is unique in Australia. We also continue to teach in broader areas of health promotion.”
Professor Adrian Bauman, PRC Director

Last year’s Physical Activity and Public Health weekend workshop, combined with an international training course.
A new guide for community-based obesity prevention, developed by Lesley King and Tim Gill was published in May this year, as part of the work of the ‘Collaboration for community-based obesity prevention sites’ (known as CO-OPS).

The guide, titled Best Practice Principles for Community-based Obesity Prevention, provides guiding questions and principles that reflect the wide range of issues that are involved in the process of organising community-based obesity prevention initiatives. The publication is aimed at health promotion officers, local government and non-government project officers who are working in community-based obesity prevention projects.

The principles reflect both research evidence as well as practical experience. During their development, the authors consulted with people involved in projects around Australia. This guide and set of best practice principles identifies issues specific to obesity prevention. For example, there is a principle about ‘positioning and framing’ which emphasises the importance of avoiding victim blaming and stigmatisation in how a project presents or communicates about obesity. For this reason, many initiatives are developed as healthy eating and active living projects.

The Best Practice Principles document is arranged in three parts. The first section details the Principles, and refers to supporting literature and the specific application of that literature to obesity prevention. Part II presents ‘Guiding Questions’ in relation to each principle, and refers program planners to extra resources. There are not always set answers to the questions, and the appropriate response depends on local circumstances and resources. Lastly, Part III gives a set of ‘Short Guiding Questions’, and is designed to be a simple checklist and easy introduction or starting point to the full document.

What’s new about community-based obesity prevention?

Source: King L, Gill T. Best Practice Principles for Community Based Obesity Prevention. 2009; COOPS Secretariat, Deakin University Geelong.

Copies of the guideline can be downloaded from the PANORG website www.health.usyd.edu.au/panorg, the CO-OPS website (www.co-ops.net.au); plus hard copies are available through Deakin University (Corrine Rice, ph: (03) 5227 8484).

### Structure of Best Practice Principles

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Parliamentary Report on Obesity in Australia – Weighing it Up

The recently released parliamentary report on obesity, Weighing It Up, provides a fluent overview of current issues and perspectives on obesity as a health concern for Australia and focuses on future cost implications for Australia’s health system.

Committee members travelled across the country, visiting capital cities, regional areas and rural and remote communities to gather information on current obesity costs. They also held 13 public hearings with doctors, allied health professionals and patients, hospital administrators, health economists, academic experts, urban planning bodies and the food industry. They visited programs in a range of settings and spoke with government officials at all levels about campaigns, policies and activities.

The inquiry has taken place at the same time as the National Preventative Health Taskforce examines the burden of chronic disease caused by obesity, tobacco and alcohol. It aims to complement the Taskforce process in making recommendations for governments, industry, individuals and the broader community in reversing the increasing obesity prevalence.

The twenty recommendations contained in the report include regular and ongoing surveillance and monitoring of weight, diet and physical activity levels through repeat measures of existing and proposed surveys. Another is the development and implementation of long-term, effective, well-targeted social marketing and education campaigns, linked to broader policy responses to obesity. The Active After-school Communities program is cited as one way of improving healthy lifestyles, along with investigating tax incentives to improve the affordability of fresh, healthy food and access to physical activity programs. Research into the effect of the advertising of non-nutritious foods on the eating behaviour of vulnerable groups is also suggested, as well as a review of regulations governing weight loss products and programs. Urban planning guidelines and workplace health promotion are also featured.

The report largely endorses current initiatives that are underway, without questioning or examining whether these are sufficient in scope or scale to reverse major trends towards increased population levels of overweight and obesity. Hopefully the national leadership and innovation that is also required will be picked up by the planned recommendations of the Taskforce.

The Australian Physical Activity Network

The Australian Physical Activity Network, AusPAnet (pronounced oz-par-net), is the first physical activity communication network of its kind in Australia.

AusPAnet provides free access to timely and accurate information about physical activity, from developments in the area to commentaries on the latest research, to upcoming events and conferences. The network has grown to over 3,000 members who see physical activity as part of their role or interest, and who would like to access the most up-to-date physical activity information.

The network is a joint-initiative of the Heart Foundation and the Cluster for Physical Activity and Health at the PRC, and has attracted professionals from across Australia who work in various sectors, such as health, sport and transport.

One fortnightly email will ensure that you know what’s happening in physical activity across Australia and around the world.

To become a member, register your details at: http://auspanet.heartfoundation.com.au
Meet and greet Dr Trinh Thi Hoang Oanh

Trinh Thi Hoang Oanh, a lecturer at the University of Medicine and Pharmacy in Ho Chi Minh City, Vietnam, came to the University of Sydney for further study in 2007.

She spent time working at the PRC, and has completed her PhD on “Physical activity and factors associated with inadequate levels of physical activity in adults in Ho Chi Minh City”, an emerging public health issue in Vietnam.

Oanh enjoyed spending time with and learning from people from different cultures and disciplines at the PRC and in Sydney. Now she plans to use the findings from her PhD to develop an intervention to increase physical activity and reduce sedentary behaviour in government workers in Ho Chi Minh City, with continued involvement from PRC staff.

Meet and greet Paola Espinel

Paola Espinel has been at the PRC for over a year. She was first appointed as a Project Officer for the Australasian Child & Adolescent Obesity Research Network (ACAORN), a role she is still doing. Since February 2009 Paola has also been working as a Research Officer for PANORG on a part-time basis.

Paola completed her medical degree in Colombia and after working for a couple of years as a general practitioner she migrated to Sydney. She moved into Public Health because of her passion for health promotion and health education.

Her main role at PANORG is the coordination of the NSW Children’s Sedentary Physical Activity and Nutrition Survey 2010. She is also involved in other PANORG projects; including the new website.

Paola’s hobbies include photography and travelling. She also enjoys exercising, connecting with her soul, and having a nice piece of dark chocolate!

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