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Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 1: To increase the capacity of relevant Geelong organisations to promote healthy eating and physical activity: Implementation strategies, process evaluation, lessons learned and recommendations for future practice.



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This report was produced for The *Romp & Chomp* Project.

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activity: Implementation strategies, process evaluation, lessons learned and recommendations for
future practice.

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This project was broad in its reach and partnerships. Like any project there will be comings and goings, as staff left and others arrived. We acknowledge the contribution of many others who have contributed to this project in a myriad of ways over time. Thank you. It would not have been possible without each and every contribution.

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Executive Summary

Introduction

Overweight and obesity is a major global and national public health problem because of its high and rapidly increasing prevalence and its association with a large range of chronic diseases. To date, there are limited studies examining the effectiveness of interventions to prevent obesity in preschool children. *Romp & Chomp* was a community-wide obesity prevention demonstration project conducted in the Barwon-South Western region of Victoria, Australia from 2005-2008 with a target group of 12,000 children aged 0-5 years. The project funding for implementation was \$111,000 over 4 years, and the intervention had an environmental and community capacity building approach to childhood obesity prevention. This report details the capacity building of the *Romp & Chomp* project and evaluates the effectiveness of the community capacity building strategies.

Methods

The evaluation comprised a mixed methods study which utilises 3 data sources. The qualitative methods included document analysis (the *Romp & Chomp* action plan) of which data was mapped to the NSW health capacity building framework and thematic analysis of semi-structured key informant (KI) interviews (n=16). The quantitative data was collected using the Community Capacity Index (CCI). Data triangulation was used.

Results

The framework's domains: Partnerships, Leadership, Resource Allocation, Workforce Development and Organisational Development, were only partly addressed by the project action plan and a significant result was the lack of project activities in the Leadership domain. The majority of project capacity building activities addressed the Partnerships, Organisational Development and Resource Allocation domains. The KI interviews provided evidence of a number of positive project activities including the establishment of sustainable partnerships, use of specialist advice, and integration of activities into ongoing formal training for early childhood workers. A clear picture also emerged regarding the negative impact of the lack of appropriate funding for a project of this size and complexity, incomplete documentation, changing governance structures, lack of ongoing high level leadership and lack of clear communication strategies across the range of project partners and stakeholders. The quantitative CCI showed that the project implementation network achieved a moderate level of capacity to support healthy eating and physical activity in this community (all answers were rated as either 2 and 3 out of a possible 4 at all levels and in all domains).

Conclusion

Romp & Chomp was a large-scale complex community based intervention. These results demonstrate an increase in the capacity of organisations, settings and services in the Geelong community to support healthy eating and physical activity for young children. Despite these positive findings this study highlights the complexity of public health interventions of this kind and the importance of project management, leadership, and governance and communication structures throughout the life of the project. This is despite the challenges of staff changes in the project and partner organisations that inevitably occur. Further, we advocate the use of a capacity building framework for the development and monitoring of comprehensive action plans for community-based public health interventions to ensure capacity building activities are spread across all domains, but predominately on leadership.

Background to *Romp & Chomp*

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

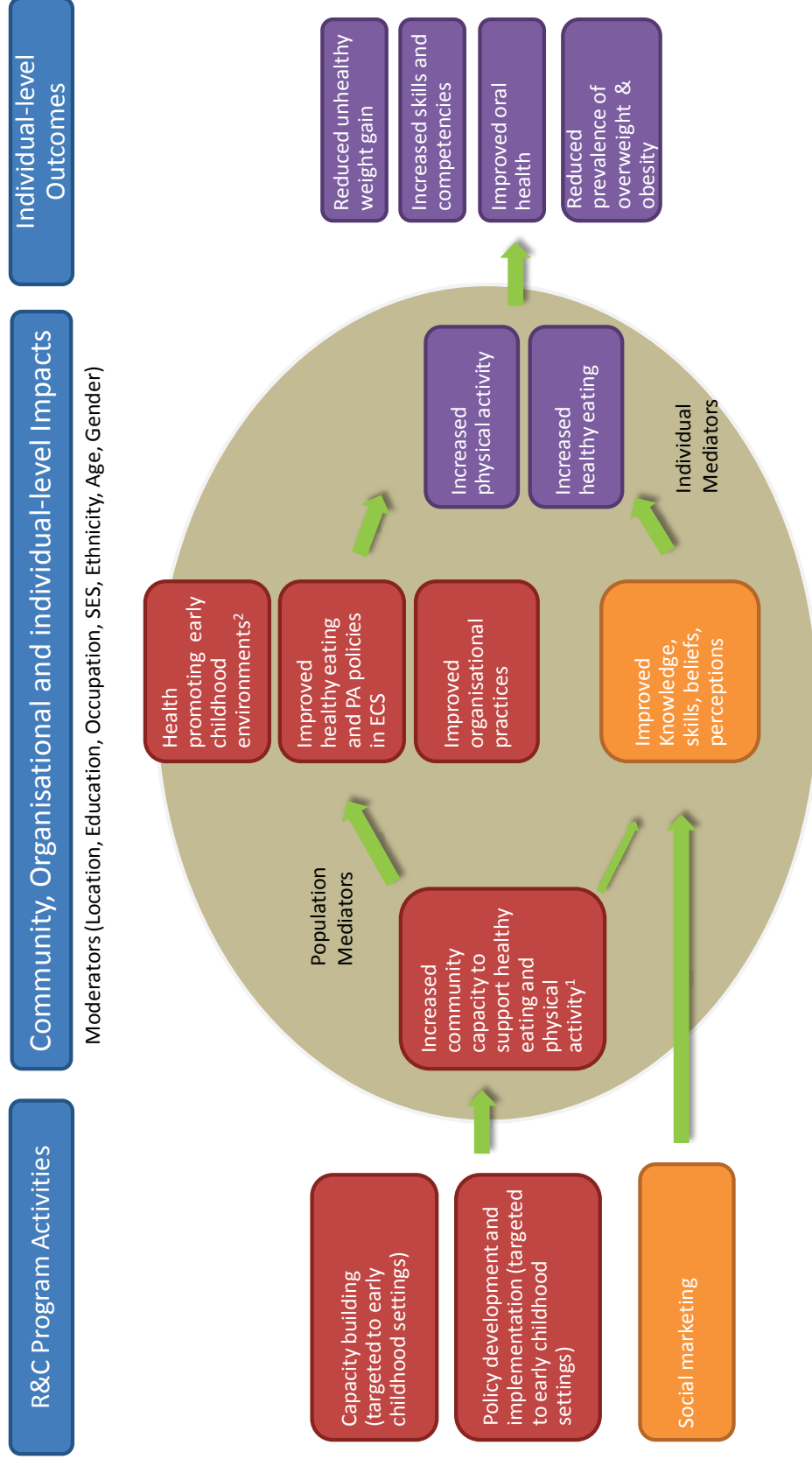
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families. The project funding for implementation was \$111,000 over 4 years.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources , partnerships

2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1 Romp & Chomp Logic Model

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and '*Kids- Go for your life*' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & <i>Romp & Chomp</i> Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & <i>Romp & Chomp</i> Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & <i>Romp & Chomp</i> Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & <i>Romp & Chomp</i> Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 *Romp & Chomp* Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-Go For Your Life' (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Romp & Chomp Financial (cash) Contributions

Implementation

Year	Amount	Funding Body
2004/5	\$50,000	Department of Human Services (BSW)
	\$3,600	Leisure Networks
	\$2,000	Primary Care Partnership (PCP) - APP
2005/6	\$50,000	Department of Human Services (BSW)
	\$3,600	Leisure Networks
	\$ 2,000	Primary Care Partnership (PCP) - APP
Total	\$111,200	

Evaluation

Year	Amount	Funding Body
2007/8	\$50,000	Department of Human Services (BSW)
2009	\$44,000	Department of Human Services
	\$5,000	Deakin University
Total	\$97,000	

Fellowships and scholarships:

Melanie Nichols was supported by an Australian Research Council scholarship (with contributions of \$2,500 per year from Barwon Health and COGG) to undertake a PhD into behavioural and environmental factors related to overweight and obesity in early childhood (total value: \$90,000)

Colin Bell (2003-6) and Andrea de Silva-Sanigorski (2007-8) were supported by a VicHealth Fellowship for their work across the three Sentinel Site obesity prevention demonstration projects.

Introduction

Overweight and obesity is a major global public health problem because of its high and rapidly increasing prevalence and its association with a large range of chronic diseases (1-4). This can lead to significantly lower quality of life and for the first time in centuries the current generation's life expectancy might be lower than that of the previous generation (5).

The problem of excess adiposity and its consequences do not only affect adults, but also young children. Research shows that in the year 2000, worldwide, 22 million children of 5 years or younger were overweight or obese (6). In Australia childhood obesity is not well documented with the last national survey conducted in 1995. At that time the prevalence of obesity and overweight among children aged 7-15 doubled in 10 years to over 20% (7). The health status in adults is even worse and a recent report about Australian adults stated that 72% of all middle-aged males and 58% of all middle-aged females are overweight or obese (8). But because it has been proven to be difficult in adults to reduce weight once they are overweight, children are considered the priority population for intervention strategies in obesity prevention. In addition, children are more accessible through the educational settings (9).

Researchers have some knowledge about what should work in health promotion related to obesity prevention based on theory and evidence, however many positive results were found not to be sustainable (10). According to Hawe, attention has now switched to the questions:

1. How can we take our knowledge about what 'works' in health promotion and build a system to enact this expertise?
2. When a program 'works' how can we act to ensure that its effects are sustainable? and
3. A better or higher level indicator of a program's success might be that the intervention provides the community or the partner organisation with more competence, not only to address the health problem (overweight and obesity), but also to tackle other health issues.

All of these questions are part of the capacity building process, which she described as "an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over" (11).

Smith has described Capacity Building in the WHO health promotion glossary as "the development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion"(12). A good example of a Capacity Building framework, which encapsulates these criteria, was developed by the New South Wales Health Department (see figure 2).

It provides a useful tool for developing a comprehensive action plan aimed at increasing community capacity(13).

In the context of the increasing childhood obesity and the lack of effective prevention strategies, the Sentinel Site for Obesity Prevention was established in 2002 by Deakin University and the Department of Human Services (DHS), and three community-based obesity prevention demonstration projects were developed. *Romp & Chomp* was one of these projects and was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe targeting approximately 12,000 children aged 0-5 years and their families. The intervention was conducted from 2004 to 2008 and activities were strongly focused on capacity building and involved predominately environmental and settings based strategies. For *Romp & Chomp* capacity building meant bringing leadership, training and funding into the community (inputs) as catalysts for a cyclic and expanding process of community and organisational change (14). This report evaluates the ability of the *Romp & Chomp* project to build the community's capacity to promote healthy eating and physical activity.

Capacity building framework key action areas

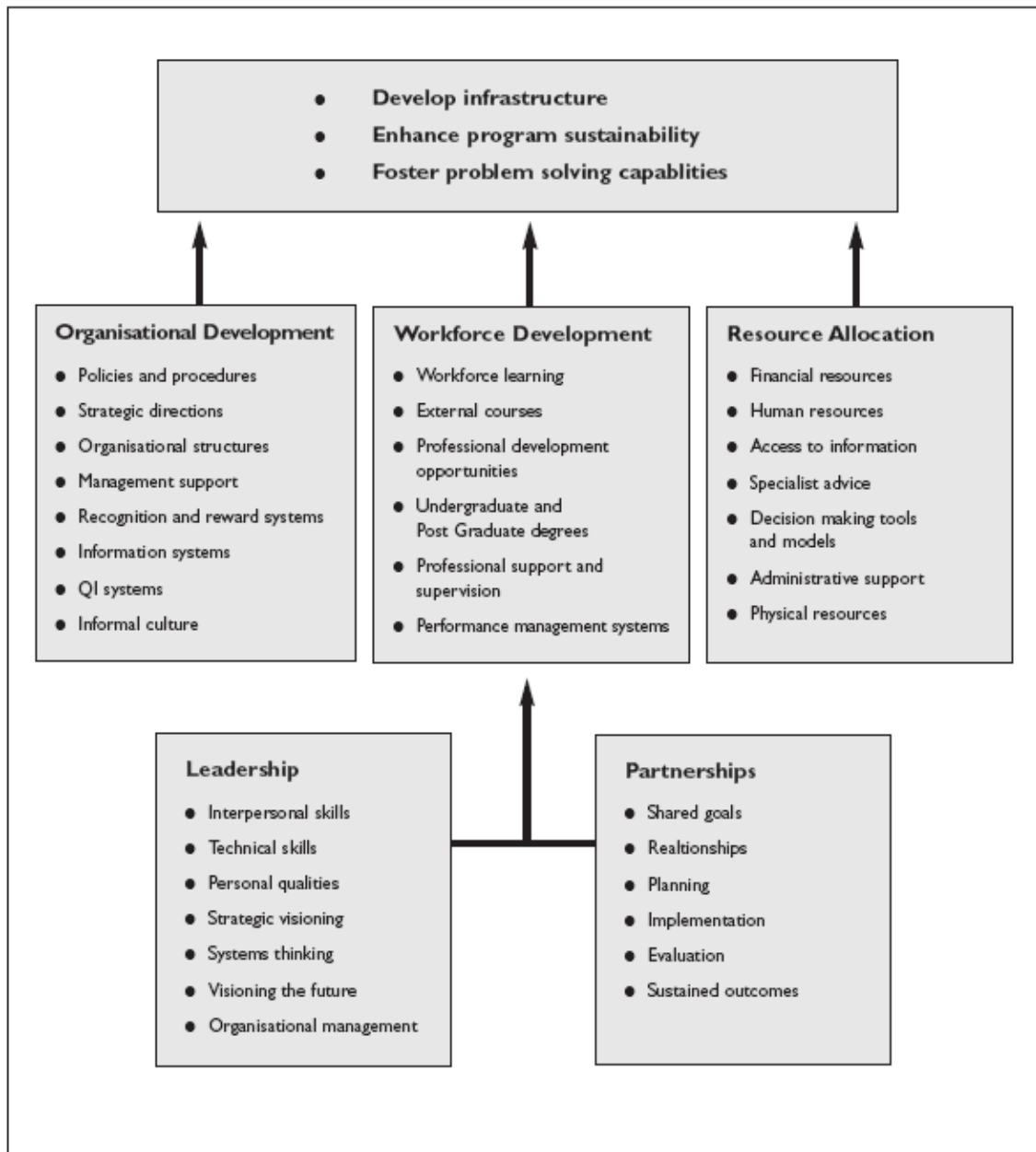


Figure 2 NSW Health Capacity building Framework

Methods

ANGELO process

The first step to build capacity was organising a two day Project Development Workshop for key stakeholders and the early childhood education and care community of Geelong.

Guest speakers were invited to present on day one and provided professional development on early childhood nutrition, physical activity and obesity prevention. The workshop conducted on day two allowed participants to hear evidence-based practice for interventions on obesity prevention. It also allowed participants to develop a project action plan for obesity prevention based on their experience and expertise combined with best practice recommendations. The workshop was presented and conducted by Deakin University based on the ANGELO (Analysis Grid of Elements Linked to Obesity) framework and methodology (Figure 3).

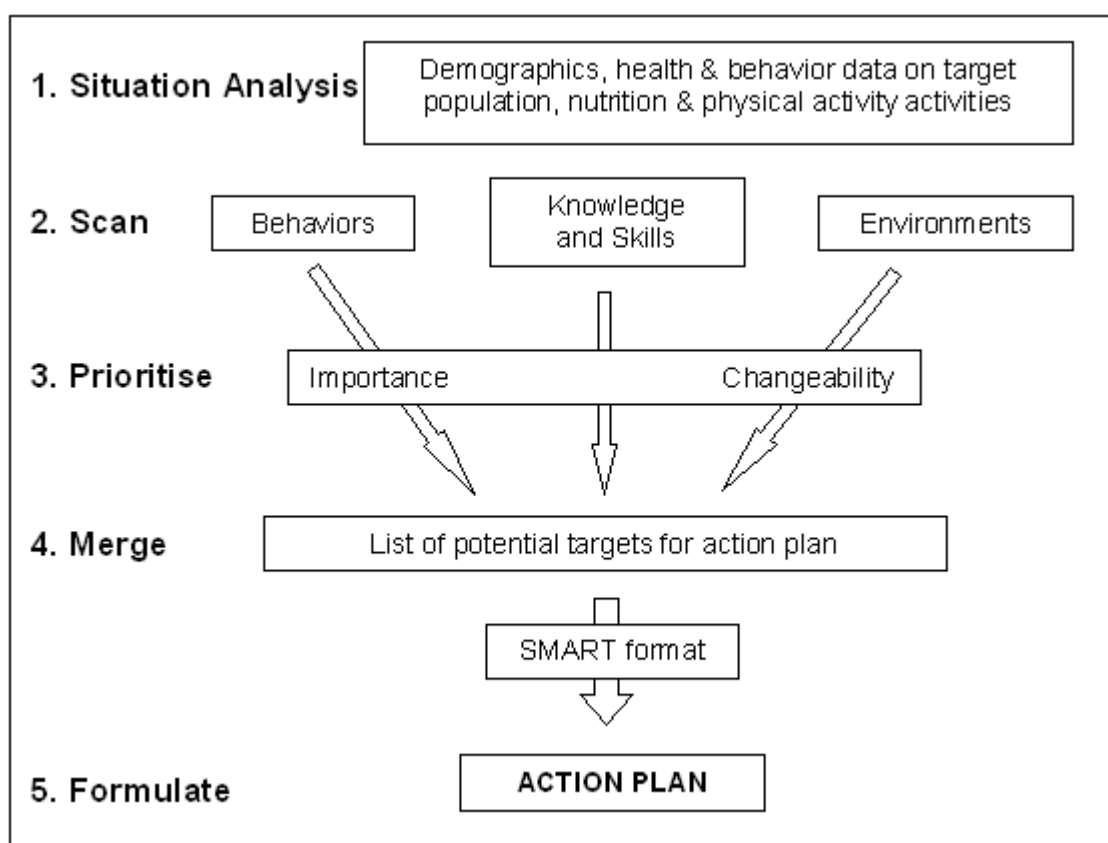


Figure 3 The use of the ANGELO framework to identify priority elements for an action plan

The ANGELO Framework was originally developed to dissect environments that drive the obesity epidemic (15). It was subsequently expanded to include non-environmental elements (potential behaviours and knowledge/skill gaps) that require addressing and is now used to help identify solutions.

Elements for behavioural change, knowledge (e.g. misunderstandings, myths) and skills to be addressed, and environmental barriers to be considered, including socio-cultural elements, were listed on worksheets (appendix 1.A). The worksheets were formulated on evidence from the literature, and knowledge of experts. They contained a list of up to 18 potential behaviours, up to 18 knowledge and skill gaps and 24 environmental barriers in 5 settings relevant to the target population, with space to add additional or new elements suggested by participants.

The intended outcome of the workshop on the second day was the formulation of a draft action plan for obesity prevention for the Project which would form the basis for intervention activities over the duration of the project.

Action Plan

The central aim of *Romp & Chomp* that was formulated was *to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in under 5s.*

This aim was subdivided into 8 different objectives;

- Objective 1: *To increase the capacity of relevant Geelong organisations to promote healthy eating and active play*
- Objective 2: *To increase the awareness of the project's key messages in homes and early childhood settings.*
- Objective 3: *To evaluate the process, impact and outcomes of the project*
- Objective 4: *To significantly decrease consumption of high sugar drinks and promote consumption of water and milk.*
- Objective 5: *To significantly decrease consumption of energy dense snacks and increase consumption of fruit and vegetables*
- Objective 6: *To significantly increase active play at home & decrease TV viewing time*
- Objective 7: *To increase structured active play in kindergarten and child care settings*
- Objective 8: *To achieve an integrated population growth monitoring program within Maternal & Child Health and school health systems*

Subsequent strategies were developed and actions were planned to support the objectives. This constitutes the project action plan (appendix 1.B)

Development of Community Capacity Building strategies

The strategies for objective 1 were developed based on evidence available from the literature, previous experiences and knowledge within the project group and consultation with early childhood workers across the 4 services (kindergartens, Long Day Care, Family Day Care and Maternal & Child Health). A specific capacity building framework was not used to direct the development of this objective.

Table 3 Overview of the *Romp & Chomp* Capacity Building intervention strategies

- | |
|---|
| <ul style="list-style-type: none">• To establish project management, coordination and strategic alliances that support the implementation and sustainability of the project• To be professionally accountable for activities of the project.• To create linkages with relevant community action plans.• To identify resources that support the promotion of active play and healthy food• To identify funding and additional resources to support the project• To identify and develop partnerships with early childhood leaders (champions)• To update and maintain budget allocation and progress of expenditure. |
|---|

Document analysis

All available *Romp & Chomp* documentation was examined for this report. The documents included steering and management committee minutes, action plan versions, grant applications, protocols, ANGELO processes, focus group evaluations and project reports. The information determined from these documents was used to prepare the questions for the semi-structured key informant interviews.

Triangulation

Triangulation (multiple methods of data collection) was used to increase confidence in the research findings. This involved integrating the results from 3 mixed methods (interviews with Key Informants (KIs), a capacity building evaluation checklist [the Community Capacity Index] and the assessment of the *Romp & Chomp* action plan) to determine the degree of consistency in the results. Inconsistency was not seen to weaken credibility, but rather viewed as informative and illuminative (16, 17).

Key informant interviews

To assess the change in the ability of the community network implementing this project to support healthy eating and physical activity for children into the future, 16 interviews with KIs were conducted.

The KIs were identified by the current evaluation manager and included individuals from each of the partner organisations who had worked closely with *Romp & Chomp* or had a significant influence on the project. The KIs were informed about the upcoming process evaluation by email and invited to participate in an interview and to fill out a capacity building checklist. Of the sixteen stakeholders approached, fifteen were accessible and were interviewed. Two researchers conducted the semi-structured interviews together to ensure consistency. The questions related to the interviewee's role and experiences within the project, communication within and between the two committees, sustainability of partnerships and advice for current and future projects of a similar nature. The interviews were transcribed and verified by an independent researcher. Thematic analysis of the transcriptions was conducted and also verified by a second researcher.

Community Capacity Index

The *Community Capacity Index (CCI)* was used to assess and measure community capacity at the end of the project. This is a validated tool (18) and examines community capacity within 4 domains: Network Partnerships, Knowledge Transfer, Problem Solving and Infrastructure (see figure 4). For each of the first 3 domains there are three levels of capacity, with the third being the highest level. As the activities and abilities of a network accumulate, so the level of the operation of the network increases. Within each of the four domains there were items capturing individual indicators and summary or aggregated indicators for community capacity. The response categories to indicate the network's capacity to achieve a range of criteria were: not at all/very limited; somewhat; substantial or almost entirely/entirely and the higher the achieved capacity the greater the sustainability of the network (figure 4). The fourth domain Infrastructure, which is divided into four sub-domains: Policy Investments, Financial Investments, Human/Intellectual Investments and Social Investments, also indicates sustainability. All KIs were asked to complete the CCI prior to their interview. A response rate of 50% was achieved and the outcomes of the aggregated questions in each domain were analysed.

Action Plan Assessment

For the assessment of the *Romp & Chomp* action plan, the NSW Capacity Building Framework was used (see figure 2). The framework was developed to guide the development of effective capacity building practice within health promotion. The framework contains five domains of which the first two (Enhancement of Partnerships and Enhancement of Leadership) need to be in place before Resource allocation, Workforce development and Organisational development can be addressed. In this report the framework is used as a tool to evaluate the intervention strategies designed to build community capacity (objective 1) by mapping the intended actions from the project action plan into the 5 domains of this capacity building framework (a method developed by A Simmons). The process was performed by two researchers independently (AS, FdG).

Domain 1 Network Partnerships	Domain 2 Knowledge Transfer	Domain 3 Problem Solving	Domain 4 Infrastructure
Levels of Capacity			
<u>First Level Capacity</u> The network has capacity to identify the organisations and groups with resources to implement/sustain a program	<u>First Level Capacity</u> The network has capacity to develop a program that meets local needs	<u>First Level Capacity</u> There is capacity within the network to work together to solve problems	Policy Investments The network has capacity to develop program related policy
<u>Second Level Capacity</u> The network has capacity to deliver a program	<u>Second Level Capacity</u> The network has capacity to transfer knowledge in order to achieve the desired outcomes/implement a program within a network	<u>Second Level Capacity</u> There is the capacity to identify and overcome problems encountered in achieving the desired outcomes	Financial Investments The network has capacity to develop financial capital
<u>Third Level Capacity</u> There is a sustainable network established to maintain and resource a program	<u>Third Level Capacity</u> The network has capacity to integrate a program into the mainstream practices of the network partners	<u>Third Level Capacity</u> There is capacity to sustain flexible problem solving	Human/Intellectual Investments The network has capacity to develop human/intellectual capital
			Social Investments The network has capacity to develop social capital

Increasing Capacity

Figure 4 Structure of the Community Capacity Index

OBJECTIVE 1 To increase the capacity of relevant Geelong organisations to promote healthy eating and physical activity 15

Results

Action Plan assessment and KI interviews

The qualitative results from the action plan assessment and the interviews are presented under the domains from the NSW Capacity Building Framework to determine which areas of capacity building had the highest investment and where there may have been gaps in the intervention strategies.

Table 4 Actions described in *Romp & Chomp* action plan scored against the NSW Framework

NSW Framework Domains	Score ^a per domain
Partnerships	21/53 (40%)
Leadership	0/53 (0%)
Resource Allocation	12/53 (23%)
Workforce development	4/53 (8%)
Organisational Development	16/53 (30%)

In total there were 53 capacity building actions documented in the action plan. The score per domain is the proportion of actions in the action plan within each of the NSW Framework domains.

Partnerships

As shown in table 2, 40% of all strategies in the *Romp & Chomp* action plan were about building partnerships and specifically the strategies were across the first two elements of the Partnership domain only (shared goals (11%) and relationships (28%)). Multiple appropriate partners were identified and relationships were established by documenting agreements (e.g. Steering Committee's Terms of Reference). Contacts were maintained with other projects (e.g. *Start Right Eat Right* and *Best Start*) and organisations (e.g. DHS, Food Safety Victoria). The ANGELO workshop at the start of the project, during which the 8 objectives were developed by the KIs, contributed to building partnerships by identifying common goals and creating and building new partnerships. There were no documented strategies addressing planning and implementation, evaluation and sustainability elements of the partnerships.

One of the overall themes derived from the KI interviews highlighted that it was a great achievement to get all the big 'players' from Geelong working together and because of the partnerships established with other projects, greater achievements could be made (more reach by sharing resources). *'If it was Romp & Chomp alone...then we might have done five kinders. Smiles for Miles*

partnership was really important because they provide us with the resources...'. As well, sustainable relationships have arisen: 'We've already got Romp & Chomp...we looked at bringing this all together in a more strategic approach and that became the basis for developing the Children's Health and Wellbeing strategy group'. This is a broad network of organisations and people interested in the wellbeing, health promotion and disease prevention in children, and most of the Romp & Chomp partners are now part of this ongoing group (see appendix 1.C). Stakeholders also identified a sustainable relationship between Barwon Health and Geelong Kindergarten Association (GKA), and between early childhood settings and allied health workers; '...I believe now we have been there long enough and if staff members moved on that they (early child workers) would still seek a person within the organisation'.

The more negative reactions reflect the lack of processes and protocols that could have facilitated better partnerships (e.g. communication protocols). *'It is fantastic to have a project with a lot of scope, but it got very messy';* the more partners, the more difficult the project got. Another theme from the majority of the interviewees was that they thought the cooperation between the partners did not go smoothly because of philosophical differences about how to roll out the projects (*Romp & Chomp, S4M and KGFYL*) and clashing personalities. *'...we're dealing with large organisations and inevitably multiple personalities with different ideas about how things should be done'.* According to the interviewees, there was no real cohesion between the projects, *'Like I had things, I have to do to meet my target, and they have things they have to do, so it's like everyone trying to compete in a sense...'*. The fact that partner organisations tried to hold onto the ownership and branding of their projects also disturbed partnerships. On a management committee level most members thought it was more important to get the health messages out than the names and logos of the projects: *'...It was around messages more than around branding'.*

Leadership

To run a good project, it is necessary to have people with leadership qualities in place at every level of the program who are willing to grow leadership in others (13). This can be enhanced by developing strategies, which fall under the seven elements of the second domain shown in table 2. As can be observed in this table, there were no strategies or actions in place to build leadership within *Romp & Chomp*. And this was one of the most frequently mentioned problems during the interviews: a lack of leadership *'What leadership was there?'*. It should be noted that through the life of the project there were five different project co-ordinators trying to implement the project action plan during the 4 years.

Resource Allocation

A significant proportion (23 %) of the actions in the project plan aggregated under the Resource Allocation domain, including identifying financial resources (6%), access to information (6%) and specialist advice (4%). The project was able to identify and use resources that supported the promotion of active play and healthy eating by reviewing evidence in the literature, establishing contacts and partnerships with experts in the field and by doing focus groups. The administrative support was covered in the action to maintain a budget report. Decision making tools and models and physical resources were not integrated into the action plan.

A lack of resources and funding was a major point of frustration for most of the interviewees at both levels, steering and management committee. *‘There hasn’t been sufficient funding. It’s just been bits and pieces all the way along...and I think that’s impacted on the projects effectiveness and people’s commitment to it a bit too’*. The frustrations were exacerbated by the opposition some management committee members met when trying to apply for more funding and by the lack of budget transparency. *‘If you don’t have a transparent and open budget....Because it actually effected decision making in one case’*. Some interviewees at the steering committee level saw a lack of funding as potentially positive; *‘Try it on a total shoe string budget...in some ways it was an advantage because that’s closer to the real world’* and it can therefore demonstrate interesting outcomes.

With regards to the specialist advice element, it was good to have experts involved, like researchers and health deliverers and the advice was applied well. *‘...working with Deakin University around setting up a project that’s robust and has got plans, good planning, good evaluation, good use of local data, you know it’s just fantastic’*. Though there were also a few negative responses concerning the lack of respect shown to other partners’ expert knowledge: *‘...we put our point across the way children learn, I mean that is our area of expertise, but I felt that was overruled’*.

Workforce development

Workforce development refers to the processes that help to ensure that the people working within the project have the abilities and commitment to contribute to the projects goals and covered 8% of the strategies in the action plan. The first element of this domain is ‘workforce learning’ (2%). This on the job learning can be achieved in two ways: incidental learning and informal learning. The ANGELO workshops assisted in the informal learning by increasing skills in project planning and knowledge about obesity prevention. Several formal learning actions were in place, which can be placed under professional development opportunities (6%). This concerned the training of Early Childhood workers, Allied Health and Barwon Health-Dental workers and coordinators and the attendance at the GKA conference. Another action, which can be categorised under this element, was the incorporation of Active Play, developed by the *Romp & Chomp* project, into the curriculum

of Certificate III in Children's Services at TAFE (see report 7, appendices 7.G and 7.H). There was nothing in place to stimulate and support committee members to do graduate and post graduate studies relevant to health promotion.

The incorporation of Active Play in the TAFE curriculum was viewed as one of the positive and sustainable outcomes from the project. *'...that's sustainable, all early childhood workers are going to learn about structured active play within the program and then they'll get out to the settings'*. The training of the Allied Health and Barwon Health-Dental workers was also seen as a good outcome (see appendix 1.D), *'Another real positive has been in the training and engagement of the allied health professionals in the community health centres to use their health promotion time...I think it's a very smart way of reorienting the existing health services to prevention...'* But some stakeholders think that without retraining them, they will not be able to sustain this work, *'...the down fall was that we didn't get enough time to cement it...it needed another year in 2008 to support the allied health workers, to re-train them...'*

As mentioned earlier when leadership was discussed, some interviewees felt there were people working within the committees who didn't have enough skills and knowledge to do what they had to do, *'...But employ someone educated to implement the project!'* On the steering committee and management committee level, knowledge about Capacity Building and health promotion projects seemed to be lacking in certain partners, *'...those senior managers need to go to a capacity building training, around what is required to build capacity, how to measure it, how to set up structures'*.

Organisational development

Organisational development refers to the processes that ensure that the structures, systems, policies, procedures and practices of the project and its partners reflect its purpose, role, values and objectives; and ensures that change is managed effectively (13). Approximately 30% of all the actions were associated with this domain under the following elements: policies and procedures (2%), organisational structures (9%), management support (11%) and information systems (8%). The first action was the development of the action plan. This resulted in the following two organisational development strategies; the establishment of project management, coordination and strategic alliances that support the implementation and sustainability of the project; and to be professionally accountable for activities of the project. The intended actions which endorsed these strategies had to contribute to (1) the building of organisational structures, management support and information structures for monitoring and evaluation, (2) documentation of management committee structure, (3) development of project coordinator project brief, responsibilities and reporting structures, (4) development of protocols for management committee (communication, media and decision making protocols), (5) accountability of coordinators to Barwon Health, (6) accountability of Deakin University for the project budget, (7) feedback provided by coordinators to

management and steering committee through meetings and minutes and (8) reviewing structures and membership of the steering committee. There were no strategies to support quality improvement systems or to contribute to recognition and reward systems or informal cultures.

The interviews confirmed the positive outcomes of establishment and sustainability of healthy food and drink policies in early childhood settings (see reports 4 & 5, appendices 4.A and 5.A). Healthy weight and active play promotion actions and population health approaches are now integrated in the core business of most of the partners and intervention settings (see see report 7, appendix 7.J), *'projects like Romp & Chomp, KGFYL are part of our action strategies around enhancing our children's health and wellbeing'*.

But the interviewees gave a lot of negative responses regarding the lack of organisational structures and management support. It was, for most stakeholders, not clear what peoples' and committees' roles and accountabilities were, *'we do need to be a lot clearer about the roles and functions of what those groups are there to do'*.

A commonly used example of this was the issue about the management committee being called the management committee. Steering committee members had difficulties with it because it implied, according to them, that the management committee could manage staff and make decisions without consulting their managers; *'...we have this group, notionally called the management group, but it can't actually assume a management responsibility, because it's not structured that way'*. The management committee on the other hand saw their name as a representation of their duty to manage the project and felt they were kept on too tight a rein; *'When you've got people that are managers and are quite capable of making those decisions....are we supposed to be just steering the project and not making decisions?'* Another frustration for many stakeholders was the lack steering committee meetings, which slowed down processes. *'The steering committee, who never met, never did much steering'*.

Community Capacity Index

Figures 5-8 show the results from the CCI. In Network Partnerships there is a downwards slope across the levels. For this domain level 1 relates to the ability of the network to identify the organisations/groups with resources to implement/sustain a program scored the highest, followed by level 2 (related to the network's capacity to deliver the program), and level 3 (related to sustainability of the network to maintain and resource a program) scored lowest.

(see figure 5). One of the most notable findings is that the three capacity levels within the domain Knowledge Transfer have relatively close results and are the highest scores compared to the other domains (see figure 6). The outcomes for Problem Solving are also reasonably close, but the

scoring is between 2.5 and 2.8, so within this domain the capacity is only achieved 'somewhat' (see figure 7). In summary, each level in these three domains generally scored below 3, suggesting that the achieved capacity is not yet substantial. Figure 8 shows the rating of the Infrastructure Investments. The financial achieved capacity scored the lowest, with higher scores for achieved capacity for policy, human/intellectual and social investments, although they were still below the 'substantial' level.

□

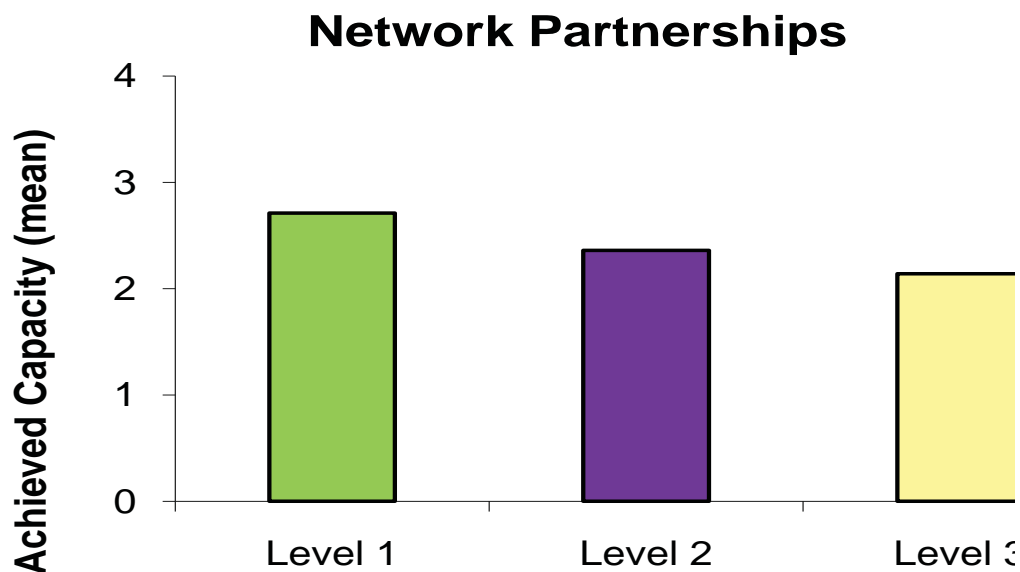


Figure 5 Mean achieved Capacity in the 3 levels of Network Partnerships

□

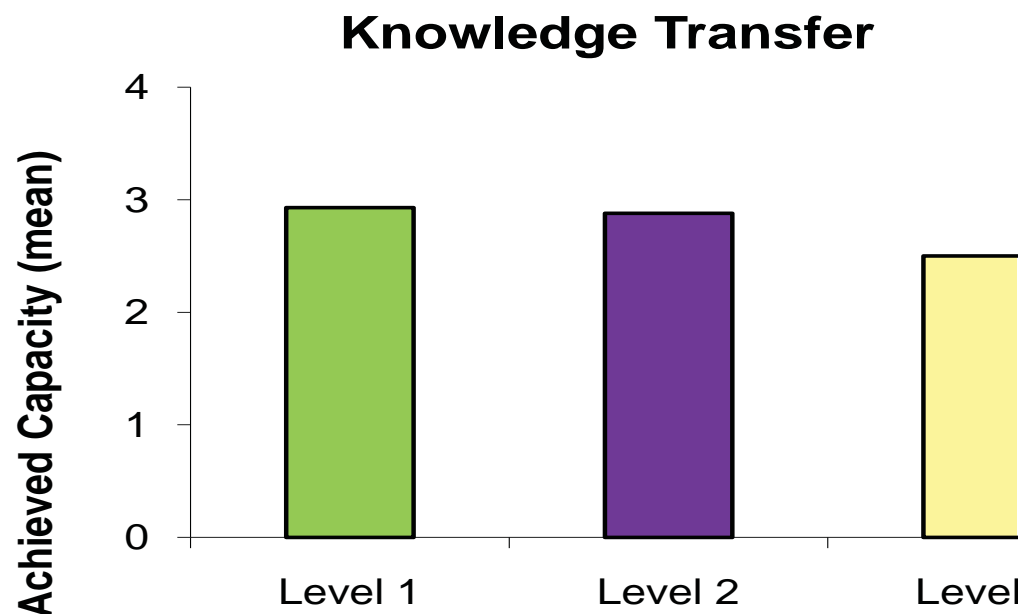


Figure 6 Mean achieved Capacity in the 3 levels of Knowledge Transfer

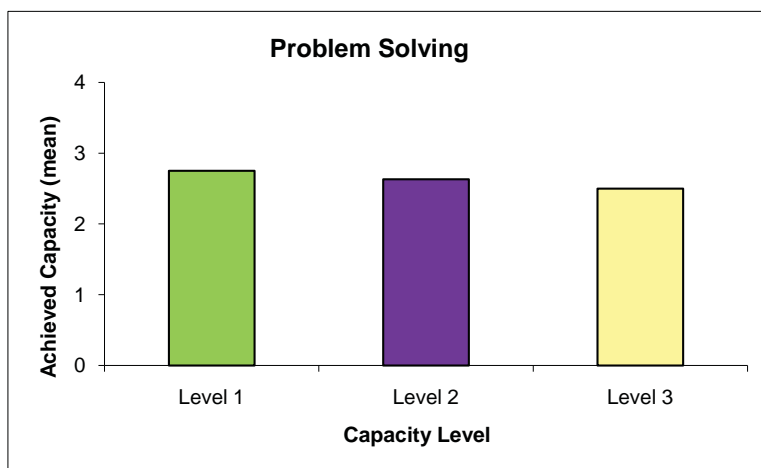


Figure 7 Mean achieved Capacity in the 3 levels of Problem Solving

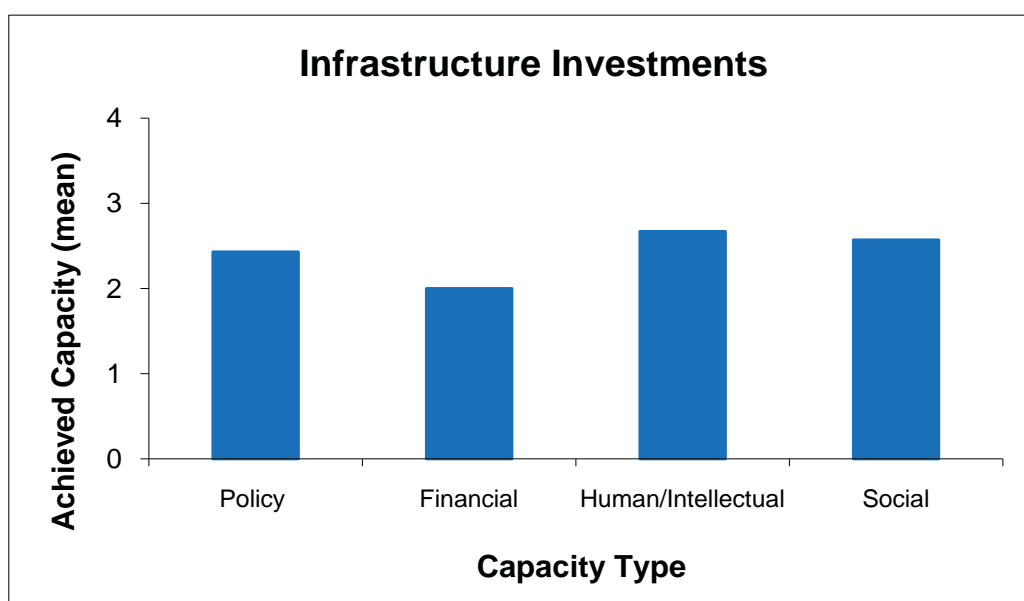


Figure 8 Mean achieved capacity of the 4 types of Infrastructure Investments

Discussion

Romp & Chomp was a large-scale complex community-wide intervention and these results demonstrate an increase in the capacity of organisations, settings and services in the Geelong community to support healthy eating and physical activity for young children. The majority of project capacity building activities addressed the 'Partnerships' and 'Organisational Development and Resource Allocation' domains, however this study reports that significant aspects of capacity building were not addressed in the project action plan, particularly in the Leadership domain. There is; however, evidence of a number of positive capacity building activities within the project, including the establishment of sustainable partnerships, use of specialist advice, and integration of activities into ongoing formal training for early childhood workers. A clear picture also emerged regarding the negative impact of the lack of appropriate funding for a project of this size and complexity, incomplete documentation, changing governance structures, lack of ongoing high level leadership and lack of clear communication between the project partner and stakeholder organisations. The quantitative CCI did show that the project implementation network achieved a moderate level of capacity to support healthy eating and physical activity in this community.

It is evident that a high performing, cohesive, clear and transparent partnership was not fully achieved through the implementation of the *Romp & Chomp* project, despite initial strategies for partnership building and some success with capacity building. According to the KIs, the more partners that became involved in the project, the more difficult and complex the project became. The findings from this study highlight the need to take time at the beginning of a complex project such as this to set up the structures and protocols to ensure effective communication, and clear roles and responsibilities across and within partner organisations.

As a result of participating in *Romp & Chomp*, the large health service that participated (Barwon Health) identified that they lacked a measure of the projects' impact within their own (health) goals, and, indeed, project involvement had not been planned for within agency criteria. That is, the project was identified as a valuable health project, and had some remarkable achievements, but there was no means to measure how the project fitted within Barwon Health's specific goals ... 'Why did Barwon Health participate in this project, at this time, in these circumstances?' It was recommended (and has since commenced post-event) that a document be prepared that identifies:

1. Barwon Health, Health Promotion objectives, and where *Romp & Chomp* fits in
2. Barwon Health contributions to the project
3. Specific issues faced by Barwon Health: known prior to, and discovered as a result of engagement in this project

4. Specific recommendations for future project participation by the Barwon health

It is recommended that partner agencies take some time at the commencement of a project to identify why they are participating, in order to:

- enhance project engagement and commitment
- enable a clear view by all partners, as to what agencies are able to commit, under what circumstances, and why, and
- ensure individual agency reporting requirements are met

It is also important to assess the performance of the partnership throughout the life of the project through a formal process and to address issues as they arise. Inter-organisational collaboration and partnership is difficult and needs to be addressed specifically and as a priority throughout a complex project.

Although a clear project aim and specific objectives were agreed and articulated there was a strong perception of lack of leadership in the project on several levels. The perceptions were consistent across the three evaluation methods with consequences attributed to this lack of leadership by the KIs, including a lack of communication and direction, staff resignations and changes, frustration, insufficient implementation and negative feelings amongst the members of the project team that were not addressed and subsequently destabilised the project team. Leadership appears to be an aspect of capacity building that was not addressed prior to or during the project and these findings lead us to recommend specific training in leadership for project leaders and investment in strategies to increase group cohesion, team building, collaboration and project management across organisations.

A lack of resources and funding was a major point of frustration for most of the KIs and it was thought to directly affect project implementation. Despite this; however, there was a common feeling of pride among the KIs about the achievements that were made in the absence of financial resources and the feeling that lack of funding is always a reality which must be accommodated. The project team overcame lack of finances partly with resource reallocation and an increased degree of in kind support and personal input and commitment. However, not all partners thought the in-kind support and financial resources were evenly distributed, which affected relationships. More transparent resource allocation and documented contributions may have prevented some of the frustration and enhanced collaboration between the organisations.

Important gains were made in the area of workforce development as a result of *Romp & Chomp*. The training of future childcare workers in nutrition and active play through the curriculum at TAFE

is a sustainable and potentially cost-effective method of capacity building. The training of allied health professionals to support child care workers and kindergartens to implement health promotion programs was also a good outcome, and this aspect of the project has become integrated into the state-wide *KGFYL* health promotion project, increasing its sustainability (see Appendix 1.E for development of *KGFYL* resources).

There were distinct strategies in the project action plan to enhance organisational development; however the results demonstrate that a number of important issues were not addressed. Two significant issues that have surfaced were: unclear and undocumented roles and responsibilities, and Terms of Reference (ToR) that were not updated despite changes in the composition of the project team during the life of the project. These issues were felt to have slowed down project implementation and strained relationships. A frequently cited example of this was the issue about the management committee's name. Another frustration for many stakeholders was the lack of communication within the committees and especially between the two. The management committee met monthly and minutes were drawn up, however the outcomes of a number of additional meetings that occurred outside the formal committee meetings were not always well communicated. The steering committee met bimonthly at the start of the project, but over time the number of meetings declined and eventually stopped. Not all minutes were available and communication between committees was lacking. Because of the infrequency of the steering committee meetings and the management committee's reliance on these meetings occurring regularly, KIs felt processes were delayed. In such a complex community intervention, where four large and bureaucratic organisations were involved and working in partnership with many smaller organisations and services, strategies to enhance collaboration across and within organisations, and clear and formal structures for communications may have increased the functioning of the network and increased capacity building within the project.

Despite the large number of issues that were reported through this evaluation there were genuine feelings that a number of good outcomes were achieved and that lasting changes have resulted. Key areas of improvement were in partnerships, knowledge transfer and problem solving. Policy, human/intellectual and social investments also reached a moderate level. With more time and documentation, a higher level of capacity may be achieved.

Limitations

This evaluation study has several potential limitations. 1) There was a lack of documentation for some aspects of the implementation however to overcome this problem we used triangulation (3 methods), 2) The response rate for completion of the *Community Capacity Index* was 50% which

was below expectations, however the use of multiple methods and triangulation helped to overcome this limitation, 3) The method of assessing the project action plan against a capacity building framework to determine the extent of capacity building activities was (to our knowledge) a novel application of the NSW Health Capacity Building framework and a recently developed methodology which may need to be tested further in other circumstances.

Conclusions

Romp & Chomp was a large-scale, complex community based intervention and these results demonstrate an increase in the capacity of people, organisations, settings and services in the Geelong community to support healthy eating and physical activity for young children. The intervention aims and objectives were determined by the community in a community-based participatory research design and grounded in strong evidence; however, despite this, the complexity of public health interventions of this kind is clear from this study. Important lessons can be learned regarding the priority that must be placed on project management, leadership, collaboration, funding, governance and communication structures and processes throughout the life of the project. Further, we advocate the use of a capacity building framework for the development and monitoring of action plans for community-based public health interventions to ensure capacity building activities are spread across all domains, but particularly the leadership domain.

Therefore, to answer the question of whether the *Romp & Chomp* project achieved the aim to 'Increase the capacity of relevant organisations in Geelong to promote healthy eating and active play', the outcomes of this study show that this was successful, with a clear increase in capacity reported. Partners were identified, partnerships between big organisations were established and a number of key sustainable outcomes have been achieved. These included implementation of policies in early childhood services, integration of active play into training for early childhood workers, training for allied health professionals to undertake health promotion in community settings, and the establishment of a children's health and wellbeing strategy group within local council. This group includes a broad representation of projects and organisations, many of which were involved in the implementation of *Romp & Chomp*, and has strong credentials at problem solving and addressing health issues within the community.

As one of the interviewees stated '*despite the difficulties...that kind of collaboration is what we need to do more and we just need to get better at it*'.

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Appendices

Appendix 1A: Angelo Worksheets

ANGELO WORKSHEETS

List, score, and prioritise: **The potential behaviours**
 Related gaps in skills and knowledge
 Related environmental barriers

Step 1 Check the **behaviour** items already listed and add others to the list

Step 2 Score each **behaviour** item (*Note: use the full range of the scale*)

Relevance (how much of an issue is it in our situation?)

- 1 = not very relevant to our situation
- 2 = somewhat relevant to our situation
- 3 = very relevant to our situation

Changeability (how easy or hard is to change?)

- 0 = impossible to change
- 1 = very hard to change
- 2 = hard to change
- 3 = possible to change
- 4 = easy to change
- 5 = very easy to change

Impact (if the behaviour changes, what impact will it have on promoting healthy weight?) *These apply to behaviours and will be rated after relevance and changeability has been scored and ranked*

- 1 = low impact (or evidence is relatively weak)
- 2 = medium impact
- 3 = high impact (evidence is relatively strong)

Step 3 Prioritise the **top 5 behaviours** (no ties allowed) by multiplying the scores (RxC) and give points as follows:

Priority	Points
1	5
2	4
3	3
4	2
5	1

Step 4 As a group **add up the scores** for each of the listed behaviours

- Step 5** Consider any **knowledge gaps** (eg misunderstandings, myths) or **lack of skills** related to those behaviours (list, score, prioritise, add up points for the group).
- Step 6** Within the important settings (eg homes, schools, churches, neighbourhoods), identify any **environmental barriers** that might be related to the key behaviours (list, score, prioritise, add up points for the group).
- Step 7** Bring the priority target behaviours, knowledge and skills gaps, and environmental barriers together into an action plan

BEHAVIOURS: STEPS 1, 2, 3

List of potential behaviour patterns to target	Score (Use the whole range of scores)			Rank & points
	Relevance 1-3	Changeability 0-5	Total (RxC)	
1. Increase the number of women who choose to breastfeed				
2. Extend the duration of breastfeeding				
3. Increasing the amount of vegetables eaten				
4. Increasing amount of fruit eaten				
5. Increase the number of times that new foods are offered				
6. Increasing water as the drink of choice				
7. Changing, as child gets older, from high-fat to reduced-fat to low-fat milk				
8. Developing a regular meal pattern				
9. Having healthier snacks between meals				
10. Having cereals and breads that are less processed				
11. Increase the number of children involved in food preparation				
12. Decreasing high fat/sugar snacks (eg crisps, choc teddies, fruit leather, fruit loops)				
13. Decreasing high sugar drinks (cordials, fruit juice, soft drink)				
14. Decreasing high fat dinners (eg fried foods, party pies, takeaways)				
15. Increasing active play				
16. Increasing participation in organised activities (eg dance, swimming)				
17. Increasing active transportation (eg walks with family)				
18. Decreasing TV viewing hours				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

KNOWLEDGE AND SKILLS: STEP 4

What are the gaps in knowledge or skills (of parents or kids) related to the priority behaviours?

List of potential gaps in knowledge or skills	Score (Use the whole range of scores)			Rank & points
	Relevance 1-3	Change-ability 0-5	Total (RxC)	
1. Don't know that breastfeeding protects against overweight				
2. Don't know how many times to try new foods				
3. Don't know appropriate age for introduction of reduced fat milk				
4. Don't know that regular meals are important				
5. Don't know about healthy snack alternatives				
6. Don't know that parents / guardians choose what and when, children choose how much				
7. Don't know about age appropriate foods (eg weaning foods)				
8. Don't know that wholegrain breads and cereals are healthier				
9. Don't have good cooking skills				
10. Don't know that snacks like crisps are fattening				
11. Don't know what are supposed to be the appropriate serving sizes				
12. Don't know that fruit juices and cordials are high in sugar				
13. Don't know which foods are high in fat				
14. Don't know what the PA recommendations are				
15. Don't think that young children should be physically active				
16. Don't know how to access organised activities for young children				
17. Don't know what the recommendations are for watching TV				
18. Lack of training for early childhood service staff in dietary and physical activity guidelines				
19.				
20.				
21.				
22.				

ENVIRONMENT BARRIERS: STEP 5 Environment: Home/family

Environment Type	Environment Setting HOME /FAMILY	Score		Total RxC	Rank & points
		Relevance 1-3	Change -ability 0-5		
Physical – what is / is not available?	Food ▼				
	No Fruit				
	Plenty of high fat snacks				
	Mainly high fat, low veggie meals				
	Availability of high added-sugar drinks				
	Physical Activity ▼				
	Few decent backyards to play in				
	Low ownership of active play equipment (eg sandbox)				
	TV in room				
Economic -what are the financial factors?	TV always on				
	Food ▼				
	Not enough household money for fruit and veg				
	Too much money spent on high fat foods				
	Too much money spent on high sugar foods				
	Physical Activity ▼				
	Not enough household money for recreational/organised activities				
	Not enough instrumental support (transport, gear etc) for PA				

Environment Type	Environment Setting HOME/FAMILY	Score		Total RxC	Rank & points
		Relevance 1-3	Change- ability 0-5		
Policy – what are the rules?	Food ▼				
	Few home rules about eating junk food				
	Few home rules about trying new foods				
	Inappropriate rules about how much children should eat				
	Physical Activity ▼				
	Few home rules about TV viewing				
	Few home rules encouraging active play				
Socio-cultural - what are the attitudes, beliefs, perceptions, values, practices?	Food ▼				
	Family practices not supportive of breastfeeding				
	Family rules about healthy eating not reinforced				
	Family practices not supportive of healthy eating (eg reducing fatty foods and serve sizes, increasing veg & fruit)				
	Physical Activity ▼				
	Family practices not supportive of physical activity (eg active transport, sporting activities, informal activities)				
	Body Size and Appearance ▼				
	Perception that overweight cannot be controlled				
	Perception that children will grow out of puppy fat				

ENVIRONMENT BARRIERS: STEP 5 Environment: Kindergartens

Environment Type	Environment Setting Kindergarten	Score		Total (RxC)	Rank & points
		Relevance 1-3	Changeability 5		
Physical – what is / is not available?	Food ▼				
	No fruit or vegetables provided by kinder				
	No suitable space or equipment for preparing F&V				
	Lack of relevant resources for promoting healthy eating				
	Poor links between kindergarten staff and nutrition and physical activity support services				
	Physical Activity ▼				
	Insufficient outdoor facilities				
	Insufficient indoor facilities				
	Insufficient time for active play				
Economic -what are the financial factors?	Lack of relevant resources promoting active play				
	Food ▼				
	No budget to provide fruit and vegetables				
	No budget to provide equipment for F&V preparation or food storage				
	Dependence on chocolate drives as fundraisers				

	Physical Activity ▼					
	Low budget for active play equipment					
	Low budget for active play resources					
	Lack of funding for in-fill positions					

Environment Type	Environment Setting	Score		Total (RxC)	Rank & points
		Relevance 1-3	Changeability 0-5		
Policy – What are the rules?	Kindergarten				
	Food ▼				
	Food safety rules too restrictive (barrier to preparing healthy choices)				
	Policies on food consumption not consistent across kindergartens				
	Physical Activity ▼				
	Restrictive rules on use of grounds and equipment				
	Public liability reduces access to facilities				
	No effective policies on active play, active transport etc				
Socio-cultural – What are the attitudes, beliefs, perceptions, values, practices?	Food ▼				
	Eating junk food is the norm				
	Lack of support given to kindergarten staff to communicate healthy eating messages to parents				
	Poor adherence to food policy by parents				
	Physical Activity ▼				
	Low priority given to participation in active play				
	Children shouldn't play outside if its too hot, too cold or too wet				

ENVIRONMENT BARRIERS: STEP 5 Environment: Family Day Care / Long Day Care

Environment Type	Environment Setting Day Care	Score		Total (RxC)	Rank & points
		Relevance 1-3	Changeability 0-5		
Physical – What is / is not available?	Food ▼				
	Low provision of fresh fruit and veg				
	Few healthy choices on LDC menus				
	No nutrition training for cooks				
	Little pre- or in-service training for FDC carers in health eating				
	Physical Activity ▼				
	Insufficient indoor facilities				
	Insufficient outdoor facilities				
	Little pre- or in-service training for FDC carers in physical activity				
Economic -what are the financial factors?	Food ▼				
	Fruit and veg are very expensive				
	Low budget for training cooks / carers				
	Physical Activity ▼				
	Low budget for active play equipment				
Policy -what are the rules?	Few financial incentives for promoting active play				
	Food ▼				
	Poorly communicated accreditation and licensing requirements				
	Physical Activity ▼				
	Public liability reduces access to facilities				
	No effective policies on active play, active transport etc				

Socio-cultural -what are the attitudes, beliefs, perceptions, values, practices?	Food ▼					
	Lack of support given to FDC / LDC carers to communicate healthy eating messages to parents					
	Poor adherence to food policy by parents					
	Physical Activity ▼					
	Emphasis on quiet play					

ENVIRONMENT BARRIERS: STEP 5 Environment: Maternal and Child Health Services

Environment Type	Environment Setting Maternal and Child Health Services	Score		Total (RxC)	Rank & points
		Relevance 1-3	Change- ability 0-5		
Physical – what is / is not available?	No monitoring of weight & height beyond age 3 yrs				
	Little self-help information available				
	Few training programs for nurses				
	No programs for management				
	No management guidelines				
	Few links with other early childhood services				
Economic -what are the financial factors?	No appropriate reimbursement systems for o/w management				
Policy -what are the rules?					
Socio-cultural -what are the attitudes, beliefs, perceptions, values, practices?	Under-recognition by health professionals				
	Fear of doing harm (to child or nurse-patient relationship)				
	Belief that 'puppy fat' goes away				
	Uncertainty, low confidence				

ENVIRONMENT BARRIERS: STEP 5 Environment: Neighbourhoods, community organisations

Environment Type	Environment Setting NEIGHBOURHOODS, COMMUNITY ORGANISATIONS (e.g. Sports clubs)	Score		Total (RxC)	Rank & points
		Relevance 1-3	Changeability 0-5		
Physical – what is / is not available?	Physical Activity ▼				
	Low access to parks & open spaces				
	Few safe, attractive playgrounds				
	Often no footpaths				
	Heavy traffic, not enough calming				
	Few organised activities for young children				
Economic -what are the financial factors?	Physical Activity ▼				
	Joining clubs or using recreation facilities is too expensive				
Policy -what are the rules?	Physical Activity ▼				
	Public liability restricts use of facilities				
Socio-cultural -what are the attitudes, beliefs, perceptions, values, practices?	Physical Activity ▼				

MERGE: STEP 6

List the elements with the highest rankings in the table below.

Behaviours	Knowledge, skills	Environments

Action Plan

The Action plan starts with an overall aim (which will be the expected overall outcome of the program) and then articulates specific objectives (which will be the measured impacts of your program). To achieve the objectives, a number of strategies (how to do it) will need to be articulated and under them a number of action steps. These action steps will all need information on timelines, person responsible and have process evaluation indicators. The format of the action plan can be achieved in many ways and you may like to use a format that you are familiar with otherwise use the guide below.

ACTION PLAN

- **Name for the program**
- **Overall aim (or goal: this is a 1 sentence explanation of the program which will be measured as the program's outcome)**
- **Objectives (measurable as program impacts)**

Formulating Aims/Goals and Objectives

Aims/Goals are statements about long-term outcomes.

They usually express long-term changes in behaviour or health status, or changes to economic and environmental conditions.

Objectives elaborate and restate the goals in *operational terms*.

They state what must occur for the goal to be achieved and what the program is meant to achieve immediately after its completion.


They address the factors that cause or contribute to the health need or health issue that is covered in the goal.

A careful analysis of the determinants of the health issue is therefore the starting point for developing objectives.

Objectives should be **SMART**: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime Scale

Elements of SMART Objectives


- **Specific**
 - Is there a precise outcome or behaviour linked with a number (percent, rate, frequency)?
- **Measurable**
 - Is there a system in place to measure progress towards and achievement of objective



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Elements of SMART Objectives


- **Achievable**
 - Can the objective be achieved with a reasonable amount of effort?
- **Relevant**
 - Is the objective relevant to the project goals? To the communities goals?
- **Time-bound**
 - Is there a start and/or finish date?



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SMART Objectives can take different forms

- **Process objectives**
 - To increase the number of primary school children participating traffic safety programs by 50%
- **Outcome objectives**
 - To increase the proportion of primary school children living within 1.5km who walk/cycle to school by 10%



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DRAFT ACTION PLAN

PROJECT NAME:

AIMS:

Objective (impact)	Strategies and actions	Time line	Status	By Whom	Process Evaluation Indicators

Appendix 1.B: Action Plan



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

ACTION PLAN
Version 8 May 2008

Workers :

<i>Abbreviations</i>	<i>Name</i>	<i>Organisation</i>
LvH	Louise van Herwerden	Barwon Health-Project Coordinator
MB	Mark Brennan	Barwon Health-Project Worker
AS	Andrea Sanigorski	Deakin University - Project Manager
MN	Melanie Nichols	Deakin University- Research Assistant
SS	Sharon Sharp	Barwon Health-Smiles 4 Miles Coordinator
MS	Michael Smith	Barwon Health- Director of Dentistry
ASi	Anne Simmons	Deakin University- SSOP
BS	Boyd Swinburn	Deakin University- SSOP
ECM	Early Childhood Managers	City of Greater Geelong
MC	Management Committee	All partnership members
WG	Working Group	All members

Previous Workers

JT	Janet Torode	DHS SCS- Project Co-ordinator
KD	Kathleen Doole	Barwon Health Project Coordinator
CB	Colin Bell	Manager, Sentinel Site for Obesity Prevention

St Comm	Steering Committee	
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Symbols:

✓	completed
➔	in progress
□	not commenced as per schedule
□➔	Commenced, ahead of schedule
✕	not commenced, behind schedule
○	on hold under review

AIM:
To increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in under 5s

- Objective 1:** To increase the capacity of relevant Geelong organisations to promote healthy eating and active play
- Objective 2:** To increase the awareness of the project's key messages in homes and early childhood settings.
- Objective 3:** To evaluate the process, impact and outcomes of the project
- Objective 4:** To significantly decrease consumption of high sugar drinks and promote consumption of water and milk.
- Objective 5:** To significantly decrease consumption of energy dense snacks and increase consumption of fruit
- Objective 6:** To significantly increase active play at home & decrease TV viewing time
- Objective 7:** To increase structured active play in kindergarten and child care settings.
- Objective 8:** To achieve an integrated population growth monitoring program within Maternal & Child Health and school health systems

Objective 1

Capacity Building

To increase the capacity of relevant Geelong organisations to promote healthy eating and physical activity

Evaluation Measures

Process:

- Project structures: stakeholders, Terms of Reference, Committees, meeting minutes
- Project coordinators/workers work plans, diaries, time allocations etc
- Formation of Action Plan, project coordination, project brief
- Versions of the action plans, Gantt charts, and other implementation documents
- Health promotion plans (health services, local Government)
- Training

Impact:

- Development and implementation of resources and strategies
- Influence on other projects
- Health promotion initiatives/activities in the region
- Policies and practices in early childhood settings
- Knowledge and skills of staff in early childhood settings

Outcome:

- Presentations, publications, workforce development
- Organisational changes
- Adoption of resources
- Integration of health promotion strategies into the community/organisations
- Changes in early childhood settings

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.1 To establish project management, coordination and strategic alliances that support the implementation and sustainability of the project	1.1.1 Identify key community stakeholders	St Comm	Mar 04	✓	List of stakeholders
	1.1.2 Establish Interim Project Steering Committee to guide the strategic direction of the project	St Comm	Mar 04	✓	Committee formed, minutes recorded Minutes of meetings to reflect discussion, agreement & implementation Meeting times organised & communicated
	1.1.3 Document Steering Committee Terms of Reference	St Comm	Nov 04	✓	Terms of Reference documented & accepted within meeting minutes
	1.1.4 Document project management structure	St Comm	May 05	✓	Project management resources identified Structure documented & accepted
	1.1.5 Identify available resources to undertake Project Co-ordinator role/s	St Comm	Mar 04	✓	Project Coordinator/s recruited

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
	1.1.6 Development of Project Co-ordinator project brief (inc roles, responsibilities, reporting structures)	LvH, MB	Dec 04	✓	Project Coordinator brief documented
	1.1.7 Development of an initial action plan	St Comm LvH /MB	Nov 04	✓	Draft Action plan written/accepted
	1.1.8 Continue to develop the action plan- as project progresses	LvH /MB	Ongoing	✓	Record all developmental versions of the action plan
	1.1.9 Review of membership and structures of Steering Committee- 1.1.10 St Comm dissolved and incorporated into Children's Health and Well Being Strategy Group (City of Greater Geelong)	St Comm	May 05	✓	Review minuted Amendments enacted

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.2 To be professionally accountable for activities of the project	1.2.1 Regular updates at project management committee meetings Report as required by Steering Committee- no longer active	LvH /MB	Ongoing	✓	Minutes from Management meeting includes a summary of monthly activities 2006
	1.2.2 Romp & Chomp Project coordinators and workers accountable to Barwon Health line managers and Health Promotion Manager- fortnightly meetings	LvH /MB			2007 Management Committee Minutes reflect the action plan
	1.2.3 S4M coordinator accountable to Barwon Health line Management and Health Promotion Manager- fortnightly meetings				Process diary- is actions from fortnightly meetings and updated action plan
	1.2.4 Working Group Established 2007	LvH			Barwon Health, Health Promotion Manager responsible for Romp & Chomp project management and implementation requirements within BH, key contact for project partners and other organisations.
	1.2.5 Romp & Chomp Coordinator to provide feedback to allied health workers who are supporting kindergartens, via site meetings				Romp & Chomp/S4M Project worker and coordinators to provide monthly report via action plan update- to be distributed at management committee meeting
	1.2.6 Romp & Chomp Coordinator to provide quarterly feedback to long day care managers	MB			

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.3 To create linkages with relevant community action plans	1.3.1 CoGG Municipal early Years Plan - Steering Committee representation	JT	Nov 05	✓	Romp & Chomp rep. attendance at MEYP Steering Committee for input into community physical activities (e.g. playgrounds, parks, foot paths)
	1.3.2 Start Right Eat Right – liaison, link with action plan	JT	Oct 04	✓	Romp & Chomp liaised with Lady Gowrie who completed the training in Geelong region Sept-Oct 04. 1 SRER training for the region- 7 LDC trained in CoGG. Romp & Chomp encouraged local LDC centers to access SRER training, via newsletters.
	1.3.3 Best Start – liaison, link with project activities	JT	Oct 04	✓	Romp & Chomp linked with DHS Best Start staff to keep abreast of relevant project activities in Northern suburbs. Best Start rep. invited to Romp & Chomp marketing strategy focus group

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
	1.3.4 Smiles 4 Miles – local committee representation, link with action plan	JT	Oct 04	✓	JT met with KPV and DHSV in Melbourne as all projects had similar project objectives and target group (early childhood) Romp & Chomp consulted DHSV with draft policy development. Romp & Chomp on local S4M steering committee in 2004. Romp & Chomp linked with local S4M worker for BH and developed a partnership document. January 2006 S4M amalgamated with Romp & Chomp Management committee as S4M steering Committee had dissolved.
	1.3.6 Barwon PFC Geelong Area Alliance - participation	KD	July 04	?	
	1.3.7 Kids Go for Your Life-DHS Public Health and Cancer Council and Diabetes Australia	JT/LvH		✓	Romp & Chomp met with KGFYL team, both DHS and Cancer Council/Diabetes Australia. Romp & Chomp member of KGFYL Early Years Working Party

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
	1.3.8 <i>Maintain links with DHS Public Health Unit</i>	JT	Nov 04	✓	JT met DHS Public Health Unit to discuss potential KGFYL partnership and funding.
	1.3.9 Links with DHS Food Safety Victoria				Romp & Chomp presented at DAA Public Health SIG. Food Safety Vic. input and validation of Food Safety policy for Romp & Chomp early childhood setting

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.4 To Identify resources that support the promotion of a) active play b) Healthy food	<p>a) <i>Active play</i></p> <p>1.4.1 <i>Evidence based resource review under taken</i></p> <p>1.4.2 Discussions with key active play agencies</p> <p>1.4.3 <i>Focus groups with early childhood workers to identify resources</i></p> <p>b) Healthy eating 2004</p> <p><i>National Child Nutrition Program and SRER contacts, healthy eating policies literature search</i></p>	<p>LvH</p> <p>LvH</p> <p>LvH</p> <p>MB</p>		<p>✓</p> <p>✓</p>	<p>a) Active play</p> <p>Summary of resources collated Literature search documented.</p> <p>b) Healthy eating</p> <p>Summary of resources collated Literature search documented Existing state wide Nutrition Policies documented.</p>
1.5 To identify funding and additional resources to support the project	<p>1.5.2 Prepare relevant project information to expedite responsiveness to funding opportunities</p> <p>1.5.3 Liaise with DHS and other potential funding bodies</p>	KD, CB	Ongoing	<p>✓</p> <p>✓</p>	<p>Funding applications:</p> <p>2004</p> <p>Telstra funding (unsuccessful)</p> <p>BSW DHS Public Health Unit (successful).</p> <p>2005-2006</p> <p>Liaised with BAC links for funding opportunities.</p> <p>2007</p> <p>VicHealth- Active Participation Grant (PLAY in Parks)</p> <p>Andrea to review Deakin submissions?? PhD??</p>

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.6 To identify and develop partnerships with early childhood leaders (champions)	1.6.1 Establish a Project Working Group (local representatives to address specific project initiatives and support the Action Plan)	JT/KD	January 2006	✓	All early childhood agencies as part of partnership proved a representative for the Management Committee ECS participated in ANGELO process to form Action Plan.
1.7 To update and maintain budget allocation and progress of expenditure	1.7.1 Reconcile invoices against objectives into budget report. 1.7.2 Allocate worker/coordinator time into budget report	AS	January 2007		Deakin University, AS to provide budget updates to Monthly project meeting.

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
1.8 To facilitate professional training across all early childhood settings (including advocacy)	1.8.1 Systematic consultation with setting stakeholders to identify training needs	LvH	2006	✓	Submitted proposal for 3 workshops at Geelong Kindergarten Teachers Conference (not successful)
	1.8.2 Identify availability of training opportunities to enhance self efficacy within settings re healthy eating and active play	LvH	↓	✓	4 settings (M&CH, LDC, FDC, kindergartens) consulted re. training needs using systematic approach
	1.8.3 Support settings to establish sustainable mechanisms for access to ongoing training	LvH	↓	✓	Documentation of training opportunities (e.g. Active Play Program, Allied Health, S4M)
	1.8.4 Identify capacity to influence child care preparation courses (e.g. Gordon TAFE)	LvH	↓	✓	Number of settings supported to establish sustainable means of achieving training needs-how?
	1.8.5 Identify opportunities and facilitate the use of existing regional training programs (Best Start, KPV, SRER)	LvH	↓	✓	
	1.8.6 Identify opportunities for collaborative professional development initiatives	LvH	↓	✓	
	See strategy 4.4 & 5.4 & 7.4 & 8.4				

Objective 2

Awareness Raising

To increase the awareness of the project's key messages
in homes and early childhood settings

Evaluation Measures

Process:

- Festival presence and awareness of community members of project and KM
- Setting awareness of project and KM
- Design, develop and test key messages

Impact:

- Distribution of Social Marketing materials
- Professional Development for workers in ECS

Outcome:

- Recollection of KM messages by parents and staff in ECS
- Increasing awareness of the KM throughout project

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
2.1 To define the key messages	2.1.1 Identify key messages from ANGELO process 2.1.2 Link messages to project aim 2.1.3 Identify consistent messages to support concurrent interventions across settings - eg. Linked to settings policy messages, training, self-help resources, events,	Deakin, JT, LvH, JT LvH		✓ ✓ ✓	ANGELO process pulled out what the participants considered the most important issues regarding under 5's health and wellbeing. These have been linked to the projects key messages around healthy eating/drinking & AP
2.2 To develop and implement a communication plan which supports the community towards healthy eating and active play for under 5s	2.2.1 Develop a communication plan for the project 2.2.2 Identify relevant social marketing interventions and opportunities 2.2.3 Facilitate focus groups to support development & testing of social marketing plan 2.2.4 Prepare budget proposal to support implementation of communication plan 2.2.5 Implement the social marketing plan 2.2.6 Evaluate	LvH/MB LvH LvH LvH, CB LvH, SS, MB Deakin		✓ ✓ ✓ ✓ ✓ ✓	DRAFT Communication Plan and Gant charts developed Budget allocation for social marketing ~ \$20,000 for all resources associated with the plan. Romp & Chomp Characters developed with setting consultation and piloted in settings. Feedback from settings incorporated and social marketing plan edited as appropriate. Festivals for general awareness raising in the wider community. Presentations at setting staff meetings, conferences, prof. Dev. Focus groups at all setting staff meetings completed and summarised for key messages. Media releases for each KM Newsletter for each KM Evaluation conducted 2008

Objective 3

Evaluation

To evaluate the process, impact and outcomes of the project

Evaluation Measures

Process:

- Formative processes recorded by project staff
- Evaluation of training, resource use, kindergarten implementation etc
- Evaluation Plan

Impact:

- Project Progress reports
- EC Settings surveys, Eating and Activity Survey, Community Capacity Index, Maternal Child Health growth data,

Outcome:

- Process Evaluation
- Impact Evaluation
- Outcome Evaluation

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
3.1 Collect process evaluation information	3.1.1 Collect data from ANGELO process	ASi		✓	The ANGELO process was evaluated and a report written 2007-2008 The Action Plan was completed 21/10/08
	3.1.2 Complete formative evaluation of the ANGELO process	ASi		✓	
	3.1.3 Develop & test education and social marketing materials	LvH		✓	
	3.1.4 Maintain a diary of activities				
	3.1.5 Maintain the action plan as project progresses			✓	
3.2 Collect impact evaluation information	3.2.1 Develop setting specific questionnaire	AS, MN		✓	Survey instruments developed, piloted and validated M&CH data obtained from COGG, data cleaned and processes developed for handling and analysis
	3.2.3 Identify sources of M&CH growth monitoring data	AS, MN		✓	
	3.2.3 Establish baseline measurement indicators for setting interventions	AS, MN		✓	
3.3 Collect outcome evaluation information	3.3.1 Develop & undertake the follow-up measurements	AS, MN		✓	Evaluation plan developed, comparison group to be rest of Victoria (selected LGAs) Ethics obtained from DU and DHS Funding obtained from DHS (BSW)

Objective 4

↓Sweet Drinks, ↑Water & Milk

To significantly decrease consumption of high sugar drinks and promote consumption of water and milk

Evaluation Measures

Process:

- Develop SM materials for parents (postcards)
- Obtain water bottles for children

Impact:

- Drinks policies in ECS
- Social Marketing to parents through ECS, festivals, press releases
- Water bottles for children in ECS
- Increased awareness of this Key Message by parents and EC staff

Outcome:

- Policies in LDC, FDC, kindergartens to restrict sweet drinks and promote water
- Reduced proportion of children in ECS that bring sweet drinks
- Reduced proportion of children aged 2 and 3 ½ years that had sweet drinks 'yesterday'
- Reduced amount of sweet drinks consumed 'yesterday' by children aged 2 and 3 ½ years
- Increased amount of water consumed 'yesterday' by children aged 2 and 3 ½ years

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
4.2 Facilitate and support the development and implementation of healthy drinks policies in day care and kindergarten	4.2.1 Scoping other policy review activities (inc DHS, SRER, Smiles 4 miles, etc) - establish links where possible (ie. What else has been done, is under way)	JT/KD Kinder - JT M&CH - JT		✓	Record current recommendations for healthy drinks policy
	4.2.2 Identify 'benchmarks' / best practice	LDC - JT		✓	Record existence of and number of policies sourced
	4.2.3 Collaborate with Best start and SRER programs	FDC - KD		✓	Record of consultation with setting stakeholders
	4.2.4 Settings audit of drinks policies / implementation issues	Health - KD		✓	Documentation of policy implementation issues
	4.2.5 Policy development in collaboration with setting stakeholders	Community - KD		✓	Number of settings supported in policy review / development
	4.2.6 Support policy implementation			✓	Number of settings supported in policy implementation
	4.2.7 Review by follow up audit of policies / implementation issues			✓	Number of new / reviewed policies developed and implemented
	4.2.7 Feedback to setting stakeholders			✓	

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
4.3 Facilitate the availability of appropriate resources on healthy drinks for parents & early childhood service staff	<p>4.3.1 Consultation with setting stakeholders to identify resource needs</p> <p>4.3.2 Identify availability of relevant resources to enhance self efficacy in decision making re healthy drinks (including cost, language, culture, literacy, currency, staff, parents/families, children)</p> <p>4.3.3 Resources- Coke Demo</p>	<p>LvH- all settings</p> <p>LvH</p>	<p>2006</p> <p>2006</p> <p>2006</p> <p>2006</p> <p>2006</p> <p>2006</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Coke demonstration: caffeine (coffee), colouring and flavouring (topping), food acid (vinegar), carbonated water (soda) and sugar (9 teaspoons).</p> <ul style="list-style-type: none"> In 2006/7 (for parents attending in 2007) 32 kindergartens were provided with a 'sweet drink demonstration'. Many of these kinders presented more than one session. (Different groups of children). Parent numbers were not recorded at this time. In 2007/8 (for parents attending in 2008) 38 kindergartens were provided with a 'sweet drink demonstration'. A total of 926 family members attended. Again, any of these kinders presented more than one session. (Different groups of children)
4.4 Support settings to facilitate relevant staff training in reinforcing healthy drinks messages/choices	<p>4.4.1 Identified no need for training around healthy drinks messages/choices</p> <p>See objective 1.3</p>			✓	

Objective 5

↓Snacks, ↑Fruit & Vegies

To significantly decrease energy dense snacks and increase consumption of fruit and vegetables

Evaluation Measures

Process:

- Develop SM materials for parents (postcards)
- Obtain S4M lunch boxes for children through partnership with DHSV

Impact:

- Snack food policies in ECS
- Social Marketing to parents through ECS, festivals, press releases
- S4M lunch boxes for children in ECS
- Increased awareness of this Key Message by parents and EC staff
- Start right, eat right implemented in LDC

Outcome:

- Policies in LDC, FDC, kindergartens to restrict ED snacks and promote fruit and vegetables
- Increased proportion of ECS that have implemented SR,ER
- Reduced proportion of children in ECS that bring ED snacks
- Reduced proportion of children aged 2 and 3 ½ years that had ED snacks 'yesterday'
- Reduced amount of ED snacks consumed 'yesterday' by children aged 2 and 3 ½ years
- Increased amount of vegetables consumed 'yesterday' by children aged 2 and 3 ½ years

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
5.2 To facilitate and support the development and implementation of healthy eating policies in long day care , family day care and kindergarten	5.2.1 Identify 'benchmarks' / best practice	Kinder - LvH		✓	Record current recommendations for healthy eating policy
	5.2.3 Settings audit of drinks policies / implementation issues	M&CH - LvH		N/A	Record existence of and number of policies sourced
	5.2.5 Policy development in collaboration with setting stakeholders	LDC - MB		✓	Record of consultation with setting stakeholders
	5.2.6 Support policy implementation				Documentation of policy implementation issues
	5.2.7 Review by follow up audit of policies / implementation issues	FDC - MB		✓	Number of settings supported in policy review / development
	5.2.7 Feedback to setting stakeholders			review? 5.2.1	Number of settings supported in policy implementation
					Number of new / reviewed policies developed and implemented

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
5.3 Facilitate the availability of appropriate resources on healthy eating for parents	<p>5.3.2 Consultation with setting stakeholders to identify resource needs</p> <p>5.3.3 Identify availability of relevant resources to enhance self efficacy in decision making re healthy eating (including cost, language, culture, literacy, currency, staff, parents/families, children)</p> <p>5.3.4 Support settings to establish sustainable mechanisms for access to resources</p>	<p>Kinder - LvH</p> <p>M&CH - LvH</p> <p>LDC - MB</p> <p>FDC - MB</p>		<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>Documented systematic approach to consultation</p> <p>Number of settings consulted using systematic approach</p> <p>Number of resources identified to meet diversity of needs within settings</p> <p>Number of settings supported to establish sustainable means of achieving resource needs</p>
5.4 Support settings to facilitate relevant staff training in healthy eating choices	See Objective 1.3	<p>Kinder - LvH</p> <p>M&CH - LvH</p> <p>LDC - MB</p> <p>FDC - MB</p>		<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>No need</p> <p>No need</p> <p>SRER</p> <p>No need</p>
5.5 Support early childhood settings to implement food safety regulations	<p>5.5.1 identify relevant legislation / regulations</p> <p>5.5.2 Identify issues of inconsistency of understanding / implementation (eg.DHS Env Health Officers, CSA, etc)</p> <p>5.5.3 Support childhood services to overcome implementation issues</p> <p>5.5.4 Identify progress / opportunities to implement food safety in early childhood settings</p> <p>5.5.5 Inform stakeholders of updated Food safety Act preschool guidelines</p>	<p>JT</p> <p>JT</p> <p>JT</p> <p>JT</p> <p>JT</p>	<p>2004</p> <p>2004</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	

Objective 6

↑Active Play , ↓TV

To significantly increase active play at home & decrease TV viewing time

Evaluation Measures

Process:

- Develop and pilot SM materials for parents (postcards and newsletters)
- Develop series of Active Play 'Tip sheets' for M&CH nurses to distribute

Impact:

- Dissemination of AP 'Tip Sheets' and postcards (18 month visit) through M&CH centres
- Dissemination of Social Marketing (newsletters and postcards) through ECS

Outcome:

- Reduced amount of screen time 'yesterday' by children aged 2 and 3 ½ years
- Increased number of times children aged 2 and 3 ½ years taken 'somewhere' to be physically active
- Decreased proportion of children aged 2 and 3 ½ years who 'usually' choose to spend their free time in inactive pastimes

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
6.2 To support settings increase structured active children	6.2.3 Identify existing resources that encourage play within settings 1.3.3 Identify strategies of Municipal Early Years Plan that support objective 1.3.4 Further consultation with Leisure networks to enhance structured active play.	Kinder - LvH M&CH - LvH LDC - MB FDC - MB		✓ ✓ ✓	‘Train the trainer’ sessions were delivered by Leisure Networks

Objective 7

Active Play in Early Childhood Settings

To increase structured active play in kindergarten and child care settings

Evaluation Measures

Process:

- Develop, pilot and evaluate a structured active play (SAP) resource for ECS
- Develop a training program for EC staff in active play and fundamental movement skills
- Develop an Active Play policy for ECS

Impact:

- Implement the SAP program in ECS, incorporation into the curriculum
- Train EC staff in active play and fundamental movement skills

Outcome:

- Adoption of AP policy in ECS
- Increased time allocated to in active play in sessions
- Increased facilities in ECS to facilitate SAP
- Increased knowledge and skills of SAP and FMS in ECS

Strategies	<u>Actions</u>	By Whom	Timeline	Status	Process Evaluation
7.1 Facilitate and support the introduction of physical activity policies in settings.	7.1.1 Identify other early childhood settings based physical activity initiatives ✓	Kinder - LvH LvH, University Wollongong, Deakin Uni OT depart. M&CH - LvH	Dec 2006	✓	Record current recommendations for physical activity policy
	7.2.2 Identify 'benchmarks' / best practice ✓			✓	Record existence of and number of policies sourced
	7.2.3 Develop Active Play Program for ECS ✓			✓	Record of consultation with setting stakeholders
	7.2.4 Settings audit of physical activity policies ✓			✓	Documentation of policy implementation issues
	7.2.5 Systematic consultation with setting stakeholders to support policy review/development ✓	LDC - MB FDC - MB	7.2.7 Complete by Nov 2007	✓	Number of settings supported in policy review / development
	7.2.6 Policy development in collaboration with setting stakeholders- Dec 2006			✓	Number of settings supported in policy implementation
	7.2.7 Support policy implementation			✓	Number of new / reviewed policies developed and implemented
	7.2.8 Review by follow up audit of policies / implementation issues				
	7.2.9 Feedback to setting stakeholders			✓	

Strategies	Actions	By Whom	Timeline	Status	Process Evaluation
7.4 Support settings to facilitate staff training in active play/play for under 5s	<p>7.4.1 Identify active play training opportunities for each setting</p> <p>7.4.2 Liaise with Leisure Networks to facilitate active play training based on the active play program</p> <p>7.4.3 Identify early childhood certificate courses to include active play training opportunities</p> <p>7.4.4 Include active play program in active play policy in:</p> <p>a) Settings</p> <p>b) Barwon Health/Bellarine Health and CoGG</p>	LvH	2006	✓	In June 2008 all remaining GKA kindergartens had received training. Thus, a total of 40 kindergartens received training, and only 14 kindergartens participating in the Romp & Chomp project had not received training by the conclusion of the project (Barwon Heads, Grovedale East, Williams House, Corio, Corio South, Lara, Norlane West, Rosewall, Anglesea, Geelong West, Jan Juc, Torquay, and Geelong & Torquay Montessori kindergartens).
Implement active play program in settings				✓	<p>Settings were trained in AP and the program implemented on an individual setting basis.</p> <p>In April 2007 copies of the SAPP were delivered to CoGG staff for dissemination to each M&CH, LDC and FDC setting. GKA kindergarten teachers were also provided with a copy of the SAPP during inservice training sessions in August 2007.</p>

Objective 8

Growth Monitoring Program

To achieve an integrated population growth monitoring program within
Maternal & Child Health

Evaluation Measures

Process:

- Process of data extraction and cleaning
- Data handling and analysis programs written
- Training developed for COGG staff

Impact:

- Professional Development of M&CH nurses on measurement and weight classification systems for young children
- Training for COGG staff in use of M&CH monitoring data to track childhood obesity

Outcome:

- Tracking time trends of the prevalence of overweight and obesity in 2 and 3 ½ year old children by COGG

Strategies	<u>Actions</u>	By Whom	Timeline	Status	Process Evaluation
8.1 To strengthen growth monitoring and attendance at M&CH milestones	8.1.1 Identify guidelines currently used 8.1.2 Identify scope of growth monitoring in M&CH 8.1.3 Identify opportunities / capacity to influence growth monitoring using BMI in M&CH 8.1.4 Identify opportunities to integrate & co-ordinate database reporting 8.1.5 Identify percentage attendance at milestones 8.1.6 Advocate the inclusion of BMI charts in the child health record book	Deakin Uni BS BS			
8.2 To facilitate the inclusion of consistent growth monitoring by The School nursing service	8.2.1 Investigate capacity to influence SNS Entry Questionnaire to include BMI 8.2.5 Pilot the use of BMI data at school entry	KD			
8.3 Facilitate and support the availability of resources on growth monitoring for parents	8.3.1 Identify needs 8.3.2 Identify what is available 8.3.3. Identify gaps 8.3.4. Support sustainable capacity development to address gaps	JT/KD			
8.4 Facilitate and support health sector staff to access effective training for their role in growth monitoring	See strategy 1.3	JT/KD			

Appendix 1.C: EYHPIG ToR

Early Years Health Promotion Implementation Group TERMS OF REFERENCE (Draft)

AIM

To provide a regular forum for structured dialogue between partner organisations of the three early years health promotion projects in the Geelong region.

The terms of reference applies to the following initiatives:

- *Romp & Chomp*
- Smiles for Miles
- Kids- ‘Go for your life’

The group will work collaboratively to enhance the services provided to promote supportive environments for the health and well being of children aged under five years of age in Geelong the Geelong region.

OBJECTIVES

- To provide a range of perspectives to inform the development of the projects and support project objectives
- To inform the projects of key issues associated with current and future service delivery in relation to Geelong children under the age of five
- To provide a forum for dissemination of information regarding the activities of each project and opportunities that may arise
- To inform the projects of opportunities to impact on healthy weight within the Geelong under 5s population.
- To monitor the progress of each project in line with action plans
- To represent the interests of project partner organisations

MEMBERSHIP

One nominated representative (or delegate) from the project partner organisations:

▪ City of Greater Geelong - Family Day Care	Debbie Elea Co-ordinator Family Day Care
▪ City of Greater Geelong - Long Day Care	Lisa Demajo Co-ordinator Child Care
▪ City of Greater Geelong - Maternal & Child Health	Maree Crellin Co-ordinator Maternal & Child Health
▪ Deakin University, Sentinel Site for Obesity Prevention	Andrea Sanigorski Romp &Chomp Project Manager
▪ Deakin University, Sentinel Site for Obesity Prevention	Melanie Nichols <i>Romp & Chomp</i> PhD student
▪ Department of Human Services, Barwon South Western Region	Helen Walsh Health Promotion Coordinator
▪ Geelong Kindergarten Association	Janet Park Executive Officer
▪ Leisure Networks	Brooke Williams Healthy Communities Team Leader
▪ Dental Health Services Victoria	Vanessa Phillips Smiles for Miles Region 3 Manager

- | | |
|--|---|
| ▪ Barwon Health: Community Health | Michael Smith
Director of Dentistry |
| ▪ Barwon Health: Community Health | Maree Dertien
Manager, CH Planning & Services Support: |
| ▪ City of Greater Geelong | Amanda Stirrat
Kids 'Go For Your Life' Project Coordinator |
| ▪ Barwon Health- Community Health | Louise van Herwerden
<i>Romp & Chomp</i> Project Coordinator |
| ▪ Barwon Health- Dental Health Service | Sharon Sharp
<i>Smiles 4 Miles</i> Project Coordinator |
| ▪ Barwon Health- Community Health | Mark Brennan
<i>Romp & Chomp</i> Project Worker |

CHAIR

City of Greater Geelong- Maternal and Child Health Services:

QUORUM

A quorum of at least three of the seven partner agencies with a minimum of six individuals present at each meeting

IMPLEMENTATION GROUP SUPPORT

Committee support provided by Project Co-coordinator/s including:

- Recording and distribution of minutes.
- Collaborating with the Chair to compile and distribute agenda and attachments.

MEETING FREQUENCY

To be discussed

2007

20th March 2007

17th April 2007

15th May 2007

19th June 2007

2008

TBA

MEETING LOCATION

City of Greater Geelong – Ariston
245 Pakington Street, Newtown

Date approved:

Review date:

Allied Health Workers Training Package

A
Romp & Comp,
Smiles 4 Miles &
Kids-‘Go for your life’
Partnership

*Working together
with
Early Childhood Services
In the City of Greater Geelong & The Bellarine Peninsula*



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Romp & Chomp

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. As a consequence obesity prevention resources and expertise are being focussed within this region to trial and evaluate innovative demonstration projects.

In 2003, a partnership was formed between DHS, DU, Barwon Health (BH), City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks (LN) to discuss a project target. An interim steering committee was formed from this membership and determined the project would support healthy eating and active play in children under 5. Consultation within the community determined the aim and objectives.

Romp & Chomp's broad aim is to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in under 5s. This will be achieved over a four year period, targeting key settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables 4) less screen time.

Smiles 4Miles

Dental health services Victoria (DHSV) has agreed to take under the management and implementation and evaluation of a targeted under 5 year olds oral health program in Victoria commencing 2004 and continuing for a 4-year period. To address the development of early childhood caries there is a need to focus attention on the prevention and management of the disease through oral health promotion and education, targeted particularly at families (parents and children), careers and allied health professionals and at early childhood settings (including extended families, child care and preschool settings).

Smiles 4 Miles involves the interlinking of two key oral health strategies for preschool aged children:

- Integrated health promotion programs focusing on building capacity and supportive environments in the early childhood sector
- Targeted treatment services focusing on children at highest risk of oral disease.



Smiles 4 Miles is not a treatment-based program. All aspects of the program undertaken, including provision of treatment services, must be underpinned by health promotion principles.

DHSV is committed to supporting local areas to develop programs that are responsive to local needs.

As such, **Smiles 4 Miles** aims to provide a framework on which local programs can be developed in consultation with local stakeholders.



Kids-‘Go for your life’

Kids – ‘Go for your life’ is a state-wide initiative funded by the State Government and managed by Diabetes Australia- Vic and The Cancer Council Victoria. Kids – ‘Go for your life’ is working to support many sectors to create environments where children aged between 0-12 years can enjoy healthy eating and physical activity, every day. Early childhood services play an important role in supporting children to develop regular healthy eating and active play routines.

The **Greater City of Geelong** has been selected as one of 10 local government areas across Victoria for the implementation of the Kids-‘Go for your Life’ initiative.



For further queries contact:

Amanda Stirrat Tel 52270619 Mob 0421 775 344

Email: astirrat@geelongcity.vic.gov.au



1.1.1. *Project Summary of Aims, Goals & Objectives*

	Kids-‘Go for your life’	Romp & Chomp	Smiles 4 Miles
Aims	To create an environment in schools and early childhood settings that support healthy eating and physical activity/active play	To increase the capacity of the Geelong community to promote healthy eating and physical activity and to achieve a healthy weight in under 5's	To provide public oral health services and prevention programs for Victorian preschool aged children
Goal	To increase physical activity participation and healthy eating in children 0-12 years		
Objectives	<p>1. To raise awareness in schools and early childhood settings about the importance of healthy eating and physical activity/active play</p> <p>1.a To build the capacity of member agencies to implement Kids-‘Go for your life’ within the catchment area</p> <p>2. To act as a motivator for schools and early childhood services to make healthy changes and influence policy development at local and state level</p> <p>2.a To increase the number of children's services and Primary schools that are participating in the KGFYL awards program</p> <p>3. To use a health promoting schools approach to achieve change.</p> <p>4. To provide evidence based expert advice and resources to support children's settings in creating healthier environments.</p> <p>4.a To increase parents and families knowledge about healthy eating and physical activity</p> <p>5. To promote clear and consistent key messages and behaviours</p> <p>Key Messages:</p> <ol style="list-style-type: none"> 1. Tap into water everyday 2. Plant Fruit and Veg in your lunch box everyday – 3. Limit ‘sometimes’ foods 4. Move, play and Go everyday – 5. Turn off switch to play 6. Stride and Ride – Increase active transport 	<p>1. To increase the capacity of relevant Geelong organizations to promote healthy eating and physical activity</p> <p>2. To increase the awareness of the project's key messages in homes and early childhood settings</p> <p>3. To evaluate project process, impact outcomes</p> <p>4. To significantly decrease the consumption of high sugar drinks and promote the consumption of water and milk</p> <p>5. To significantly decrease consumption of energy dense snacks and increase the consumption of fruit</p> <p>6. To significantly increase active play at home and decrease TV viewing time</p> <p>7. To increase structured active play in kindergarten and day care settings</p> <p>8. To achieve an integrated population growth monitoring program with maternal and Child Health and school health systems</p> <p>Key Messages:</p> <ol style="list-style-type: none"> 1. Daily Water 2. Daily Fruit and Veg 3. Daily Active Play 4. Less Screen Time 	<p>1. To develop health promotion strategies to prevent or reduce risk of oral disease</p> <p>2. To gain access to families considered at highest risk of oral disease in order to:</p> <p>3. Identify children at highest risk of oral disease and refer appropriately for care</p> <p>Key Messages:</p> <ol style="list-style-type: none"> 1. Drink Well 2. Eat Well 3. Play Well 4. Clean Well 5. Stay Well



1.1.2. Key Messages and Social Marketing

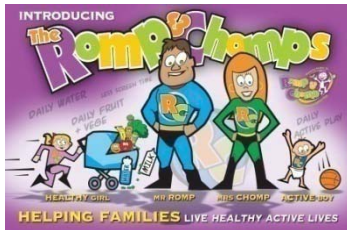
Romp & Chomp Key Messages

- 1) Daily Water Daily 2) Daily Active Play 3) Daily Fruit and Veg 4) Less Screen Time Daily

Resources

- 1) Policies on (Nutrition, Drinks, Food, Food Safety & Active Play) for early childhood settings
Refer to Appendix B, C, D, and E for copies of these policies
- 2) Postcards, Water, Fruit & Vegetables, Healthy Snacks & Active Play

Romp & Chomp Family



Daily Water



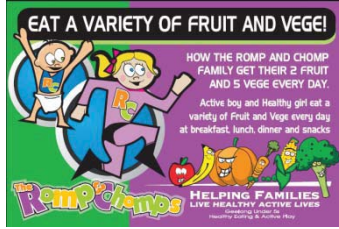
Daily Fruit & Vegetables



Daily Fruit & Vegetables



Daily Fruit & Vegetables



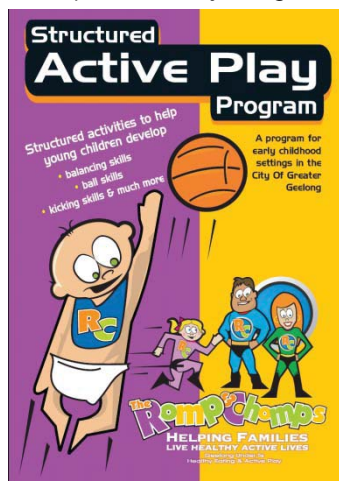
Daily Active Play



3) A4 Posters



4) Active Play Program



5) Activity Newsletters



6) Fundraising Ideas Stickers



7) Energy Dense Snack Displays

Note some Romp & Chomp resources are dependant on funding for 2008.

8) Fridge Magnets & Stickers



Key Messages And Social Marketing cont'd

Smiles 4-Miles Key Messages

- **Drink Well** – promoting water rather than sweet drinks
- **Eat Well** – promoting fresh fruit and vegetables rather than pre-packaged foods that are high in sugar and/or fat
- **Clean Well** – encouraging regular tooth brushing supported by parents/ carers
- **Play Well** – encouraging regular, safe active play
- **Stay Well** – encouraging sun smart behaviour, links to local health services

Resources:

Water Boy Water Bottle

Munch Girl Lunch Pack

Access to Services Poster

Drink Well Fact Sheet

drink well
FACT SHEET FOR PARENTS

While an adequate intake of fluids is important at all ages, what your child drinks can affect their oral health. Encourage your child to drink plenty of tap water. Sugary drinks such as soft drinks, sports drinks, cordials and fruit juices are not important for a healthy diet so try to limit how much of these your child drinks. Milk is an important source of calcium and is preferable to sugary drinks.

Water
Children should be encouraged to drink tap water when they are thirsty. Water is a much better fluid than any other. It is the best choice for your child to drink plenty of tap water. Sugary drinks such as soft drinks, sports drinks, cordials and fruit juices are not important for a healthy diet so try to limit how much of these your child drinks. Milk is an important source of calcium and is preferable to sugary drinks.

Water fluoridation
Fluoride helps protect teeth against decay. It is added to the drinking water in some areas. This is called water fluoridation. The majority of Victorian cities have water with naturally occurring or added fluoride. Fluoride does not have a taste or smell. Therefore, it doesn't alter the taste of your tap water. The only potential side effect is dental fluorosis, but this can be prevented by the correct use of fluoridated toothpaste and by not using fluoride tablets unless recommended by your dental professional. Importantly, water fluoridation is the best and most effective way to protect your child's teeth from decay.

Fluoride and dental decay
Decay can happen to produce acid. When this acid destroys the outer surface of the tooth, it is the potential for tooth decay. Fluoride can help to reduce the amount of acid produced in the mouth and can also repair the tooth surface before any permanent damage occurs.

For more information about water fluoridation contact the Department of Human Services on 1800 657 723 for a brochure or visit www.growwiser.com.au/fluoridation. Your dental professional will also be able to tell you more about fluoride.

Waterboy

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL

Eat Well Fact Sheet

eat well
FACT SHEET FOR PARENTS

Eating a wide variety of nutritious foods is important, especially during childhood when growth and development are occurring. Childhood is a time when eating habits are established, so it is important for parents to encourage healthy eating behaviours that can contribute to good oral health and overall wellbeing.

Foods your child can eat everyday
Foods that should make up the bulk of your child's healthy diet include:

- Fruit, including fresh, frozen and canned (select frozen fruit in natural fruit juice)
- Vegetables, including fresh, raw, steamed and grilled
- Grains and cereals, including rice, pasta, noodles, instant noodles, porridge, oats, bread, and cereal, including cornflakes, crispbreads, crackers, low sugar breakfast cereals, rolled oats, rice cakes, wheat bread, wheat rolls, or bread, multigrain bread
- Cheese slices or sticks, full or plain yogurt (low sugar options and probiotic foods can be a substitute for dairy)
- Lean meat, chicken, fish, turkey, baked beans, tofu, hard boiled eggs
- Nuts, seeds, peanut butter, cheese spread
- Water and plain milk

Who to ask for more information

- Dental, Dental Therapist or Dental Hygienist
- Maternal and Child Health Nurse
- Family Doctor
- Primary School Nurse
- Dietitian

Remember
Healthy, nutritious food and calcium help prevent tooth decay and support overall wellbeing.

Munchgirl

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL

Clean Well Fact Sheet

clean well
FACT SHEET FOR PARENTS

Thorough tooth cleaning with the correct technique is required for the maintenance of healthy teeth and gums. Good oral hygiene at an early age will reduce the likelihood of gum disease later in life. Encourage your child to clean their teeth at least twice a day – after meals and before bed. Most children do not have the coordination to use a toothbrush properly before the age of six or seven. Therefore, you should assist your young child to brush.

Dental decay
Dental decay is a diet related infectious disease and is the most common disease affecting teeth. Decay occurs as a result of the interaction of sugar and plaque to produce acid. Acid dissolves the enamel (outer part) of the tooth. This acid is produced by bacteria in plaque which develops after eating sugars. If plaque is not cleaned away, the bacteria will gradually destroy the enamel and form a cavity. If a cavity is not treated early, the bacteria will spread to the pulp of the tooth. The pulp is the living part of the tooth. If the pulp is exposed, your child will need a root canal or extraction.

Plaque
Throughout the day, a sticky, soft film forms on teeth. This is called plaque. Plaque is made up of bacteria and food particles. If plaque is not removed, it can lead to tooth decay and gum disease. Regular brushing will help remove plaque and prevent tooth decay.

Gum Disease
Gum disease (periodontitis) is caused by plaque build-up on teeth. If plaque is not removed, it can lead to gum disease. Gum disease is a leading cause of tooth loss. Regular brushing will help prevent gum disease.

Who to ask for more information

- Dental, Dental Therapist or Dental Hygienist
- Maternal and Child Health Nurse
- Family Doctor
- Primary School Nurse

Brushboy

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL

Play Well Fact Sheet

play well
FACT SHEET FOR PARENTS

If your child plays football, hockey or any other contact sport where their mouth may be knocked or injured, they need a mouthguard for training and playing. The use of mouthguards in the prevention of injury is well accepted and some sport and recreational activities even require a full-faced helmet or face guard.

Injuries & Accidents
If your child's tooth is damaged or knocked out, it is important to see your dental professional immediately. Injury and accidents can result in both soft and hard tissue damage such as injury to the gum, lip or teeth, tooth fracture, loss of whole tooth and jaw fractures. Dental injuries are the most common type of facial injury that occur during participation in sport.

Mouthguards
The majority of mouth injuries and accidents are preventable if a professionally fitted mouthguard is worn. Professionally fitted mouthguards are those constructed by a dental professional. Mouthguards have been proven to reduce the number and severity of mouth injuries in sport and during training. Significant trauma to permanent teeth can also occur with falls from skateboards, roller skates, trampolines and accidents. Accidents can happen anywhere and research shows that a similar number of accidents occur at home and at school.

Who to ask for more information

- Dental, Dental Therapist, Dental Hygienist or Dental Technician
- Family Doctor
- Primary School Nurse

Depend on the Coach

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL

Stay Well Fact Sheet

stay well
FACT SHEET FOR PARENTS

It is important that your child develops healthy habits from an early age. These include those habits that maintain good oral health such as toothbrushing, a nutritious diet and protection from the sun. Your child's dental professional will suggest how often they should have a dental check-up. Don't delay if your child develops a problem - have it checked immediately.

Dental visits
Dental visits for young children allow early identification of any health problems. Dental professionals, who are likely to examine your child's mouth during a visit, include Dentists, Dental Hygienists and Dental Therapists. A Dental Assistant will usually assist the dental professional. When visiting the dental professional you should discuss the topics of dental visits and seek advice about any oral health concerns you may have.

Dental Sealants
A dental sealant is a tooth-coloured plastic film that is professionally applied to the deep grooves of back teeth where decay most often starts. Sealants form a protective barrier over the grooves and make acids which cause tooth decay (dental caries). Dental sealants assist in preventing the build up of plaque and plaque acids on the external surface of teeth and are one of the best ways to prevent dental decay. A good time to apply dental sealants is before permanent (adult) teeth are fully erupted. Your dental professional will discuss with you whether your child will benefit from dental sealants.

Thumb & Finger Sucking
Most children stop sucking their fingers and/or thumbs between 2 and 4 years of age. However, continued sucking can harm teeth and jaws. If a child continues to suck their thumb or fingers beyond 4-7 years of age, it can cause teeth to grow out of line. This can affect your child's appearance and ability to bite and chew properly. If the habit continues into primary school years, seek advice from a dental professional.

Who to ask for more information

- Dental, Dental Therapist or Dental Hygienist
- Maternal and Child Health Nurse
- Family Doctor
- Primary School Nurse
- General Council of Dentists

Depend on the Coach

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL

Key Messages and Social Marketing cont'd

Drink Well Tip Card



Eat Well Tip Card



Clean Well Tip Card



Play Well Tip Card



Stay Well Tip Card



Fundraising Toothbrushes

Sweet Drinks Demo



Key Messages And Social Marketing cont'd

Kids 'Go for your life' Key Messages



1. Tap into water everyday – Increase water consumption
2. Plant fruit and veg in your lunch box everyday – Increase the consumption of Fruit and Veg
3. Limit 'sometimes' foods – Decrease consumption of high fat, high sugar foods and drinks
4. Move, play and Go – Daily Physical activity – Increase daily physical activity
5. Turn off Switch to Play – Decrease screen time
6. Stride and Ride – Increase active transport

Resources:

Kids Newsletter



Parent Tip Sheets



Newspaper Advertisement



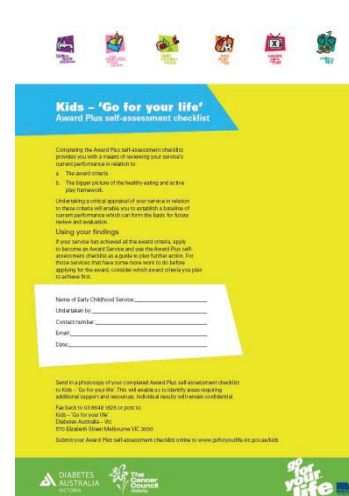
Parent Handouts



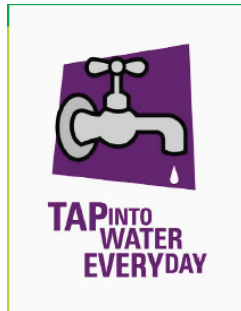
Water Bottle



Self Assessment Checklist



Stickers



Sweet Drinks Displays

How much sugar in 250 ml drinks?



0



5

teaspoons



6

teaspoons

250 ml
Soft
Drink

7

teaspoons



Social Marketing Plan for the three projects for 2007-2008

Time Frame	Key Messages	Resources
Nov-2007 to Feb 2008	Daily Water Drink Well Tap into Water Every Day	<ul style="list-style-type: none"> Sweet Drinks Demos at early years services at enrolment days. These are to be provided by Allied Health & Dental Health Staff. KGFYL Sweet Drinks Displays funded by early years services – Kids are sweet enough ad, Newsletter inserts, magnets A fundraiser for KGFYL water bottles is to be coordinated by the three projects. S4M water bottles to be distributed to target areas as discussed above <i>Romp & Chomp</i> & S4M Water Policy <i>Romp & Chomp</i> Water Postcards (dependant on funds for printing costs) Drink Well tip cards and fact sheets KGFYL strip sheets and tip cards
Nov-2007 to Feb 2008	Daily Fruit & Vege Eat Well Plant Fruit & Veg in your lunch box	<ul style="list-style-type: none"> S4M lunch packs are to be distributed to identified target areas as discussed above. Drink Well Tip Sheets & Tip Cards KGFYL Tip sheet Fruit Break Fundraiser in early years settings coordinated between the three projects. <i>Romp & Chomp</i> & S4M Food, Nutrition & Food Safety Policies <i>Romp & Chomp</i> Fruit & Vege Postcards (dependant on funds)
March to June 2008	Less Screen Time Daily Active Play Play Well Turn Off & Switch to Play	<ul style="list-style-type: none"> KGFYL turn off and switch to play: <ol style="list-style-type: none"> Newspaper advertisements Fridge magnets Newsletters Strip sheet (Fridge magnet, or leaflet) <i>Romp & Chomp</i> Active Play Program Manuals Active Play Policy Festival Attendance Barwon Heads & Poppy Kettle in March 2008 We will need volunteers to help support festival attendance. <i>Romp & Chomp</i> Newsletters and Postcards (dependant on funds for printing costs). Play Well Tip Sheets and Tip cards
March	Settings Surveys	
July to September	Decrease Energy Dense Snacks Clean Well Limit Sometimes Foods	<ul style="list-style-type: none"> KGFYL Limit sometimes foods: <ol style="list-style-type: none"> Newspaper advertisements Fridge magnets Newsletters Strip sheet (Fridge magnet, or leaflet) <i>Romp & Chomp</i> Energy Dense Snack Displays (Dependant on Funding) <i>Romp & Chomp</i> Newsletters and Postcards (dependant on funds for printing costs).
October to December	Evaluation, Settings Surveys	<ul style="list-style-type: none"> COGG Pram stroll Children's Week Pram Stroll (October)



	& Festivals	<ul style="list-style-type: none">• <i>Romp & Chomp</i> Process Evaluation write-up• Setting Surveys
--	------------------------	---



Target Groups & Catchment Areas

The projects have grouped early years settings into clusters within the City of Greater Geelong to ensure consistent roll out of key messages and to enable settings to receive appropriate support. The following areas have been targeted for maximum and minimum interventions, based on the AEDI (Australian Early Development Index).

The target groups for each of the projects do overlap but they are also different.

Please refer to the table below for a summary of the target groups and catchment areas for the three projects.

Identify which projects are in your catchment area.

	Kids-‘Go for your life’	Romp & Chomp	Smiles 4 Miles
Target Group	<ul style="list-style-type: none"> * Families, carers, staff of children aged 0-5 * Children 0-5 * Families, carers, staff of children aged 5-12 * Children 5-12 	<ul style="list-style-type: none"> * Parents, carers and staff of children 0-5 * Children 0-5 	<ul style="list-style-type: none"> * Families and carers of children 0-5 * Children 0-5 years at high risk of oral disease
Catchment Area	City of Greater Geelong with emphasis of the more disadvantaged area i.e. North Geelong Whittington, Portarlington, St Leonards and Lara.	City of Greater Geelong and Bellarine Peninsula Pilot Max Intervention Areas Geelong East/Thompson, Corio & North Geelong Hamlyn Heights/Bell Park/HernHill/Geelong West (4 kindergartens) Portarlington /Leopold Min Intervention Areas Newtown/Highton Belmont/Grovedale Ocean Grove/Barwon Heads Bellarine Peninsula	<ul style="list-style-type: none"> * Pilot in the North Geelong Region (Corio, Norlane, Rosewall) * (working alongside early childhood oral health program ECOHP, which is state wide program)

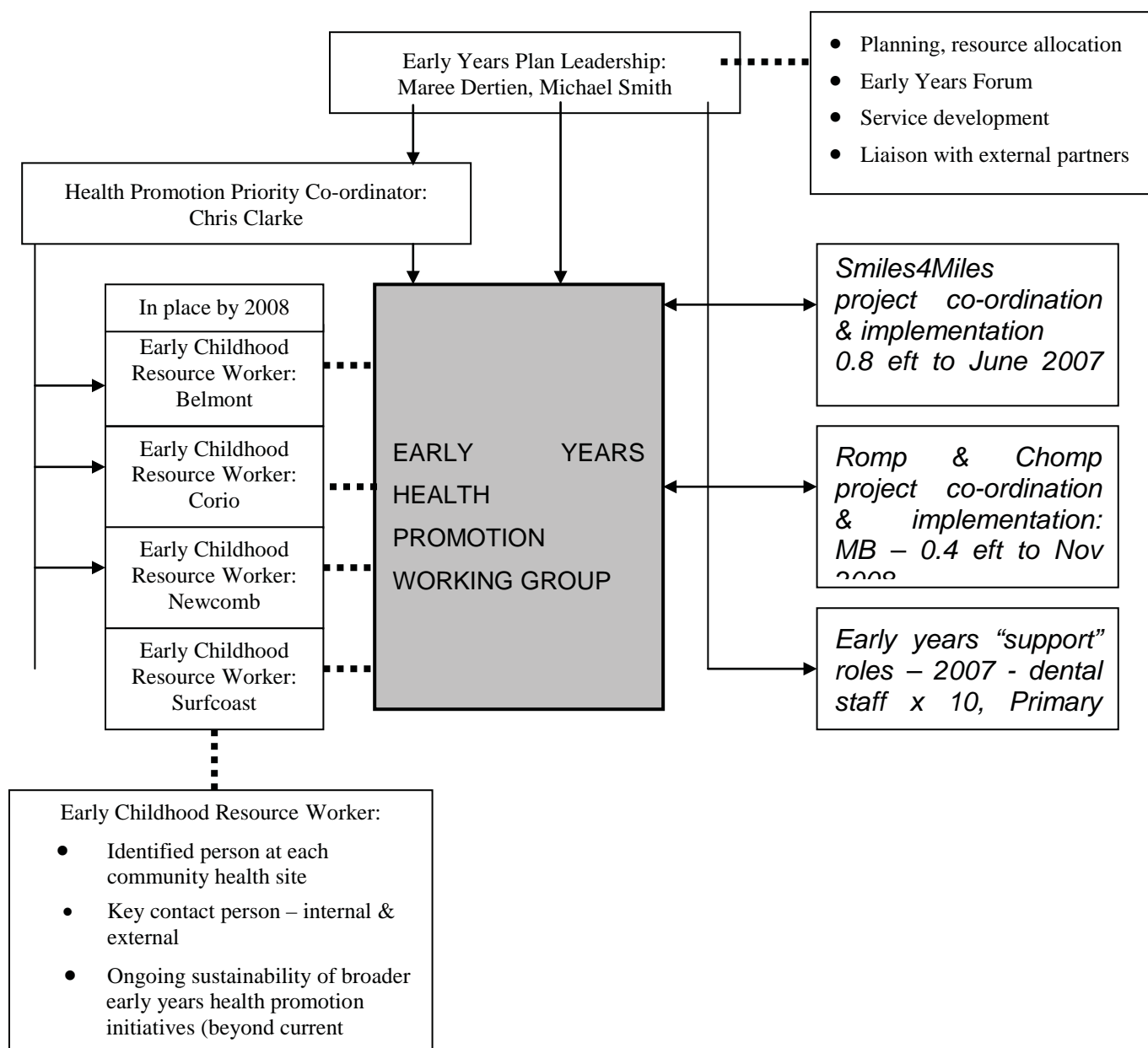
Registration and Certification Requirements

As a result of the partnership between the three projects, all settings receiving resources from any of the three projects need to become a member to Kids-‘Go for your life’ for eligibility for the KGFYL award.

It’s the responsibility of Allied Health and Dental Health staff to prompt early years settings registration for the Kids-“Go For Your Life Award” if it is not already completed. To sign up each early years setting you have to discuss their current level of commitment in the promotion of healthy eating and active play strategies and behaviors. This is a simple Membership Application Form with a tick box questionnaire, which is then followed up by the delivery of a starter pack. The starter pack helps participants to become familiar with the key messages and possible strategies. It also requires participants to complete the award program criteria section in the starter pack in order for the settings to receive the award.



Appendix A: Barwon Health's Early Years Work Force & Management Structure



Appendix B: Early Childhood Services, in the City of Greater Geelong Overview

Map of Barwon Region and Catchment of City of Greater Geelong



Early Childhood Services

City Learning and Care.

The City of Greater Geelong offers a choice of 7 centre based long day care programs strategically located in key population areas though out the Geelong region. The City's Family and Youth Services Department manage the centres.

Types of Care

Full time care - 5 days per week

Daily care - 1-4 days per week

Sessional care - session times vary between centres

Hourly care - as vacancies allow

Occasional care - as vacancies allow

City Learning and Care Centres provide a wide range of services for families. The centres are open from Monday to Friday and vary their hours of operation between 6.30 am and 7.00pm. Please see individual Centre for opening hours.



Appendix B: Early Childhood Services, in the City of Greater Geelong Overview cont'd

The Maternal and Child Health Service

The Maternal and Child Health service provides information, advice and personal support to those caring for babies, and young children, through initial home visits and appointments at Maternal and Child Health Centres. The team, which includes specialist nurses and child health workers, has expertise in normal development and behaviour of children aged 0 - 6 yrs.

Specialist nurses with expertise in maternal and child health carry out health and development reviews to assist with the early recognition and treatment of any problems, which may affect a child's progress. The team also includes Child Health Workers with experience in normal development and behaviour of preschool children.

Health and Development Reviews

- Reviews are recommended at or near the ages of:
 1. 2, 4 and 8 weeks;
 2. 4, 8, 12 and 18 months;
 3. 2 and 3 1/2 years.

New Parent Groups

First time parents are invited to attend new parents groups. These groups aim to provide opportunities to share ideas, establish friendships and gain educational information.

Contact: The Maternal and Child Health Service

Tel: 5227 0742

Family Day Care

Family Day Care (FDC) is an approved and accredited home based child care service for children aged between birth and 12 years of age. It is operated by the City of Greater Geelong, and funded by the Australian Government. The scheme is co-ordinated and monitored by a central co-ordination unit.

FDC provides a safe, secure, caring home environment. A diverse range of environments and activities are provided. The service can be flexible and aims to meet the individual needs of families.

The FDC service operates in accordance with National FDC standards, Accreditation standards and Australian Government guidelines for Family Day Care. State regulations allow for up to four children not attending school, and three attending school, with a maximum of seven children at any one time (including the Care Provider's own children).

Care Providers are:

- Registered with the City of Greater Geelong to provide home based child care, and are therefore not employees of council

Family Day Care City of Greater Geelong

PO Box 104

Geelong VIC 3220

Ph: 03 5227 0805

Email: familydaycare@geelongcity.vic.gov.au



Early Childhood Services, in the City of Greater Geelong Overview cont'd

Kindergartens

The City of Greater Geelong has a large number of excellent kindergartens located throughout the municipality, which aim to develop children's individual social, emotional, intellectual, physical and language abilities in the year prior to commencing primary school. Most kindergarten centres are managed by parent committees, which provide an opportunity for parents to become closely involved in the operation and development of your local kindergarten. Other kindergartens are operated or managed by schools, church organisations, and also provided through some childcare centres.

Kindergarten Programs:

Children enrolled in kindergarten participate in a variety of activities that reflect age appropriate interests and skills, extend their knowledge of themselves and others, and help them to understand their social environment. Children have the opportunity to be involved in creative activities, develop physical skills, increase independence and develop positive self-awareness and confidence.

Contact: Geelong Kindergarten Association: www.gka.org.au Tel: (03) 5222 6965

Kindergarten Parents Victoria: www.kpv.org.au Tel: (03) 9489 3500 or 1300 730119

Department of Human Services: www.dhs.vic.gov.au/commcare Tel: (03) 5226 4540



Appendix C: Policy Overview

Background

There are several template documents available to help guide you in developing a policy that promotes the key messages for an Early Childhood Setting.

The key feature of developing effective policy is that it is developed in consultation with the entire preschool community, not just staff or management.

Policy Implementation

1. Identify a policy that needs to be devised or reviewed by speaking with the early childhood worker. (refer to initial visit and action plan summary as this should identify policy requirements)
2. Develop a working group or work with the existing committee to assist with policy development (eg preschool staff, committee members, parents / carers and local health professional/s)
3. Consider existing barriers to policy development around a healthy preschool environment (eg is the tap water palatable? Is there access to fresh fruit and vegetables in the community?)
4. Review / write draft policy (Appendix), circulate for comment to committee members. Policy needs to reflect all the criteria of the KGFYL award so the service can be deemed as a Health Promoting service.
5. Ensure policy is simplified and incorporated into Parent Information Handbooks.

Kindergartens who change their policies should seek feedback and support from GKA if they are a GKA supported Kindergarten.

For further information see page 34 of *Oral Health Promotion: A resource pack for Children's Services*.
www.dhsv.org.au/resourcepack.pdf

Resources

- *Romp & Chomp* Policies Developed 2006.
 - Food
 - Drinks
 - Food Safety
 - Special dietary needs
 - KGFYL sample policies – Early Years Starter Pack - CD.
 - Frequently Asked Questions and Links
- These policies support all healthy eating, drinks and oral health key messages with an additional statement relating to increasing active transport message.

Refer to *Romp & Chomp* and *Smiles 4 Miles* Resource Pack for Policies



Appendix D: Active Play Overview

"Children who experience success are more likely not only to want to repeat the experience, but to want to take on new or more difficult challenges as well.

Play gives children the opportunity for success." -Rogers & Sawyers, 1988

** Twice the amount of time is spent in screen time than being active*

Research Supporting Active Play In The Early Years

The Australian Government has recently developed Physical Activity Recommendations for Children and Young People. These are that:

- Children and young people should participate in at least 60 minutes (and up to several hours) of moderate- to vigorous-intensity physical activity every day.
- Children and young people should not spend more than 2 hours a day using electronic media for entertainment (eg computer games, Internet, TV), particularly during daylight hours.

The Recommendations are intended to identify the minimum level of physical activity required for good health in children and young people from 5-18 years of age.

Guidelines (The National Association for Sport and Physical Education NASPE)

- Preschoolers should have at least 60 min of structured activity
- Preschoolers should have at least 60 min of unstructured activity, and up to several hours
- Children should not be sedentary for long periods of time, unless they are sleeping

What Is Active Play?

Active Play is about moving, being and doing. Children may engage in active play by themselves or with other children. Play is a serious tool in early childhood education and learning. Active play should be fun and organised in an environment in which children feel safe, supported, motivated and encouraged.

More adult initiated active play promotes children's social development through co-operation, sharing and discussing the activity. It also promotes children's physical development through promoting movement skills in a non-competitive environment. In child initiated active play the child develops the play by exploring playground equipment or outdoor toys and games. Being able to balance, climb, run jump and many other gross motor skills can help to foster an interest in being active physically. For this type of active play, equipment, space and props – including boxes, barrels, mats and pieces of material-should be available for the children to explore in their own way in their own time.

Active play means sharing a stimulating activity together with your child every day. This could involve a variety of play including indoor or outdoor activities that do not involve any screen time.

Having fun and playing together with a child helps a child develop the fundamental movement skills for sports, reading, writing and learning throughout life!

Being Active Is Important Because:

- It helps optimum brain development
- It promotes optimum development of bones and muscles
- Creates a habit of being active that will influence the child in adulthood
- It is an opportunity for social interaction; children learn to co-operate, share, problem solve and resolve conflict
- It increases balance, agility, flexibility, co-ordination and cardio-vascular health
- Increases fine and gross motor skills
- Assists in weight management
- It helps develop communication skills
- It contributes to an energy balance



Fundamental Movement Skills

Why Fundamental Movement Skills?

- Building blocks for all sports and physical activities.
- FMS ability in young children is an indicator of future sport and physical activity participation.
- Teaching FMS helps children see movement skills as something to learn and therefore achievable.
- Children do not develop FMS in the same way that they learn to walk.
- FMS need to be practiced and taught before a child will competently be able to perform each particular skill.
- Teaching games before children have the FMS needed in that game leads to children feeling that they are a failure
- By teaching FMS children are developing the knowledge, skills, understanding and motivation to seek health and physical competence through lifelong involvement in physical activity..

Active Play Program

Adaptable Games For Different Skills	Lessons
Simon says	Catching Lessons
Pit Stop	Gallop Lessons
Use Music	Hop Jump Lessons
Stuck in the Mud	Kick Lessons
What's the Time	Leap Lessons
Mimic Animals	Run Lessons
Corners	Side Gallop Lessons
Eyes to Me	Skip Lessons
Follow the Leader	Striking Lessons
Rabbit Holes	Throw Lessons
Beans	Under hand Roll Lessons
Turning Point	Balancing Lessons

Adaptable Games

These activities are provided to:

- Long Day Care, Kindergartens, Family Day Care staff and Maternal and Child Health Nurses so they can give activities to parents for children to play at home.
- As a source for early childhood care providers to access for ideas and also to go to if they would like to change an activity in a lesson, write new lessons, or as an additional activity.

The adaptable games will include indications to help staff scan the list and see each activities appropriateness for inside, use with older children, and for a child to complete on their own. These activities will be primarily classified by skill.

Skill Development Sessions

There will be two sessions per day for each of the thirteen target skills. Designed for staff to run with a number of children, with a direct focus on developing children's Fundamental Movement Skills ability. Targeting 4 year olds.

Active Play Tips For Dental Health

Injuries to the lips gums, teeth and jaw can contribute to oral health problems. If a permanent tooth is knocked out and is replaced in the socket it has a good chance of survival If it can not be replaced, store the tooth in milk or wrap it in plastic to keep it moist, and seek professional dental advice immediately

For further information refer to Smiles for Miles Tip sheet Play Well (www.dhsv.org.au)



KGfYL – Criteria 6. Move Play and Go

This requires that early years settings have daily program plans that incorporate a variety of indoor and outdoor active play experiences which are planned to encourage all children and cater for a range of abilities for a minimum of 1 hour per day for children over 3 and half hour for toddlers.

Resources

Recreation And Open Space Department, CoGG Ph: 5227 0756
Regional Parenting Service, Family Services department, CoGG Ph: 5227 0742
KGfYL Starter Pack and CD

Websites

<http://www.nncc.org/Curriculum/play.activities.html>
<http://www.preschoolrainbow.org/preschool-outdoor.htm>
<http://www.boowakwala.com/>
<http://www.punkyschildcare.com/category-sitemap.htm>
http://www.bbc.co.uk/parenting/play_and_do/
<http://www.curriculumsupport.nsw.edu.au/PDHPE/index.cfm?u=3&i=22>



Appendix E: Healthy Eating and Drinks Overview

Research Supporting Healthy Eating and Drinks In The Early Years

Overweight and obesity amongst children and the general population are significant public health issues. During the last decade the prevalence of being overweight in Australian children almost doubled, while levels of obesity more than triple with current estimates suggesting that a quarter of all Australian children now overweight or obese.

What Is Healthy Eating And Drinks?

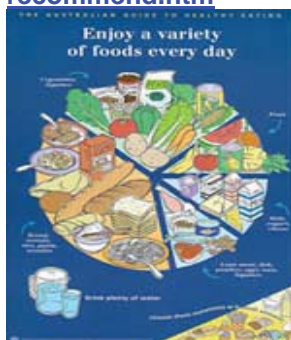
Healthy foods contain vitamins, minerals and fibre. Not-so-healthy foods contain lots of sugar and fat. You need vitamins and minerals to help you grow. This is why you should mostly eat healthy foods.

Food provided in early childhood settings has an important role to play in the growth and development of children, and in the development of sound eating habits

A recent Australian study of 5.000 4-5 year olds found that 16 percent of children consumed little or no fresh fruit or vegetables in a day.

Refer to: Australian Guide to Healthy Eating for children and Adolescents

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-food-recommend.htm>



Food Serve Sizes

- Children have a smaller stomach capacity and higher energy needs.
- They will not be able to eat the same serving **sizes** as adults; however, the emphasis should be on encouraging a variety of different types of vegetables and fruits.
- Some foods such as treats add little to the nutrient intake and should be used sparingly.
- In general, very sweet food such as cakes, biscuits, lollies, soft drinks and fruit juice should not be served on a regular basis in early childhood settings.

SERVE Sizes Guide

Fruit	Vegetables
1 serve =	1 serve =
1 small piece of fruit (plum, apricot, kiwi)	¼- ½ cup cooked vegetables
½- 1 pear, banana, apple, orange	½-1 cup salad vegetables
½- 1 cup tinned/stewed fruit	½-1 small potato
½- 1 cup canned fruit (in natural juice)	¼- ½ cup legumes (e.g. cooked baked beans, peas, lentils)

These serve sizes are a guide only.

Allowances have been made for smaller serving sizes for young children.



Meals For Young Children

Children continue to learn new skills and ideas about food when eating outside the home. They can be involved in preparing their lunch box and helping their carers make healthy lunches. Preparing meals together is a great opportunity to give children positive messages about nutrition, such as 'milk makes your bones strong' or 'bread gives you energy to play'. Suggestions for lunches include:

- Mixed sandwich, fresh fruit and a tub of yoghurt
- Lean meat and salad in pita bread, with dried fruit and a carton of plain milk
- Dairy foods and drinks can be frozen in hot weather and taken to pre school

Healthy snack suggestions

Snacks are an important part of a child's food intake for energy and nutrients. *What* children eat is more important than *when* they eat. Fruit and vegetables are excellent sources of vitamins, minerals and fibre required for healthy bones, teeth, skin, eyes and digestion. Children who snack on lollies and chips may not get all the nutrients needed for good health. Healthy snack suggestions include:

- Fresh fruit or fruit packed in natural juice
- Yoghurt or cheese (low fat dairy products can be offered)
- Fruit bread, bun or muffins
- Bread, rice cakes or crackers with spread
- Vegetable pieces and dip.

Fruit And Vegetables

- All vegetables and fruits are healthy. A diet high in fruit and vegetables can help protect against overweight and obesity, some cancers, diabetes Type 2 and heart disease.
- Children need to learn that they should aim to eat 2 serves of fruit and 5 of vegetables every day.

Ways to Serve Fruit & Vegetables to Children

Young children should be encouraged to eat a wide variety of vegetables and fruit. The protection from diseases begins at an early age. Vegetables and fruit should be a part of all meals and most snacks. Fruit and vegetables may be any colour, shape, texture or variety. They can be fresh, frozen, tinned or dried. They may be raw, cooked, steamed, boiled, micro waved, stir-fried or roasted.

Encourage young children to eat vegetables and fruit in a variety of ways including:

- Fruit and vegetable salads
- Vegetable stir-fries
- Raw fruit and vegetables
- Vegetable soups
- Snack-pack, stewed or canned fruits or dried fruits.

Be careful with fruit juice as it does not contain the same amounts of nutrients as fresh fruit and contains a lot of sugars, even though they may be 'natural'.



Healthy Eating For Healthy Teeth

- If you eat any sugary foods or sweets limit their intake especially between meals
- Frequent consumption of sweet sticky foods can contribute to dental caries (decay)
- It is the frequency of the consumption of sugary foods and drinks that constitutes the risk of dental decay rather than the amount.
- If sugary foods and drinks consumed, they are best eaten at mealtimes rather than between meals

Drinks

- A recent study of 5000 4-5 year olds found that 60 percent of children had fruit juice, soft drink or cordial in a day
- 23 percent of Victorian children, aged 2-12 years, drink more soft drink each day than water.

Healthy Drinks

- Offer water as the main drink every day. Geelong's water supply is not fluoridated, neither is tank or bottled water.
- Plain milk is still important in a child's diet. Reduced fat milk (not skim milk) can be offered to children over 2 years old.
- While milk is important for calcium, too much can lead to poor appetite so a limit of about three glasses per day is recommended.

Breast, Formula and Cow's Milk

- For children less than 12 months old, breast milk or infant formula should be the main drink.
- Offer plain full cream milk only after 12 months, when a child has reduced breastfeeding or formula. For toddlers and older children, water is preferred, so encourage this.
- Early childhood caries (bottle caries) may be caused by inappropriate use of feeding bottles and also the contents of the bottle. A feeding cup should be introduced to the baby by 6-8 months

Sweet Drinks

- Sweet drinks include all fruit juices, soft drinks, flavoured milk, sports drinks and cordials either bought or homemade.
- These drinks contain sugars that are found naturally in fresh fruits, but become very concentrated when made into juice or when used to make soft drinks or cordials.
- Children don't need any fruit juice or other sweet drinks to have a balanced and healthy diet.
- Too many sweet drinks can lead to problems including tooth decay, diarrhoea and small appetite

Resources

- DHSV Drink Well Tip Sheet
- *Romp & Chomp* Daily Water Poster, and postcard
- Go for Your Life – Early Childhood Healthy Eating Drinks Tip Sheets 1300 73 98 99
- KGFYL – Kids are Sweet enough strip sheet



Programs

Resource	Contact Details
" Fun not Fuss with Food " workshop, Queensland Health. It includes a facilitator's manual, PowerPoint presentation, parent resources (10 fact sheets) on CD Rom. Also a video/DVD available.	Phone (07) 30009148 for an order sheet.
' Tucker for Tots ' at Noarlunga Health Services in Adelaide. Nutritionists at Noarlunga	(08) 8384 9266.
" Kids on Track " they have been implementing it using a research model, I think it is currently under trial in pilot sites	Lyza Norton at the Gold Coast Health Service on 0755198211. Lyza_Norton@health.qld.gov.au
What is better food? – a resource for child care centres	Amanda Doyle (Public Health Nutritionist @ Wide Bay CPHUN Amanda_Doyle@health.qld.gov.au www.dhsv.org.au/resourcepack.pdf Dental Health services Victoria DHSV 93411005
Oral Health promotion a resource pack for children's services	

Websites:

Sentinel Site for Obesity Prevention- Childhood Obesity Prevention Projects

<http://www.deakin.edu.au/hmnbs/who-obesity/>

Kids Go for your Life website

<http://www.goforyourlife.vic.gov.au>

www.raisingchildren.net.au/articles/food_portions_pip.html

www.choicefoodforkids.com.au

www.dhhs.tas.gov.au/healthyliving/nutrition/school.php

Better health Channel

<http://www.betterhealth.vic.gov.au/>

<http://www.meerilinga.org.au/Nutrition/LunchBoxWorld.aspx>

<http://www.melbournemarkets.com.au/>

<http://www.health.qld.gov.au/phs/Documents/shpu/19383.pdf>

<http://www.mentone-educational.com.au/>

<http://www.nrahs.nsw.gov.au/population/promotion/nutrition/>

<http://www.nsa.asn.au/>

<http://5aday.webregpro.com/workshop.html#2b>

<http://www.freshforkids.com.au/>

<http://www.chdf.org.au/>

http://www.nt.gov.au/health/comm_health/food_nutrition/list.shtml

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pubhlth-strateg-food-recommend.htm>



Appendix F: Dental Health Overview

Research Supporting Dental Health In The Early Years

- The Victorian oral health promotion strategy 2000-2004
'To raise public awareness of the relationship between oral health with general health'
- Australia national Oral health plan 2004-2013
Health mouth healthy lives
The plan identifies dental caries as the most costly diet-related disease in Australia
- Health promoting pre schools
Forty two percent of children enter primary school with some form of oral disease.

Promoting Dental Health

There are many important reasons for promoting oral health in young children. Good oral health is an essential part of general health and well being, yet it is not widely recognized by the general community. Children's services provide ideal settings through which to promote good oral health. By incorporating oral health into daily programs it creates an environment, which is supportive of good oral health. There is also value in regular discussion about teeth in the learning environment, so that children understand the importance of their teeth and the need to care for them.

- Every child is at risk of developing dental decay.
- The deciduous dentition (first or primary teeth) is important for young children to develop their eating ability, speech patterns, appearance and later guide the eruption and position of their permanent teeth.
- Oral disease is largely preventable and diet is one of the main risk factors. Many children still suffer unnecessarily from the pain and complications of dental decay.

Dental caries (holes in teeth caused by decay) can occur in children as young as 6 to 12 months. Unfortunately, most dental caries are not picked up until the child is about 20 months of age. At present we have 100 people on our General anaesthetic wait list in Geelong, in need of dental treatment. Most less than 3 yrs of age, some as young as 21mths, this can be traumatic for both the infant and parents.

Dental caries can be difficult to detect. The appearance of the caries will depend on how advanced they are and may show up as:

- A dull white band along the gum line this is the initial sign. It signifies demineralisation of the teeth and usually remains undetected by parents.
- A yellow, brown or black collar around the neck of the teeth indicates that the demineralisation has progressed to cavities.
- Teeth that look like brownish black stumps indicate that the infant has advanced cavities.

Dental Health Guidelines

Children who consume high sugar foods and drinks risk tooth decay. Nutrition policies in childcare centres should include dental health guidelines. Key principles should include:

- Baby feeding bottles should not contain sweet drinks.
- Baby feeding bottles should not be used to settle children at rest times.
- Sugary snacks should be limited.
- Children should not get sweet foods as rewards for good behaviour.
- Teeth brushing should be encouraged after meals.



Fluoridation

What is fluoride?

Fluoride is a mineral found in food, water, plants and toothpaste. Brushing with fluoride toothpaste and drinking fluoridated water help to protect teeth against decay. Fluoride is important for strong teeth and is considered safe when consumed at recommended levels in drinking water. Water fluoridation is recommended by leading national and international health organisations. Talk to a dental professional about fluoride supplements

- Geelong is one of the last remaining areas in Victoria to be fluoridated
- Even 30 years after fluoridation, tooth decay is still the most common and the most costly diet-related disease with an economic impact comparable with that of heart disease and diabetes
- It is estimated that for every \$1 that is spent on fluoridation \$12.60 to \$80 is saved on dental treatment costs alone

Water fluoridation

- Water fluoridation helps protect teeth against decay. Tooth decay occurs when acid attacks the surface of the tooth.
- Fluoride can limit the amounts of acid produced in the mouth and help repair any damage before it becomes serious.
- A constant low-level supply of fluoride is best for this. Fluoride in your drinking water is like a constant 'repair kit' for your teeth.

What are the perceived public risks?

Some people have medical and ethical concerns about water fluoridation. These include:

- It's unethical to add anything to community water supplies.
- A belief that water fluoridation causes serious problems such as allergy, bone fractures, birth defects and cancer.

Dental fluorosis

Too much fluoride may cause adult teeth (which are forming underneath) to have white spots (dental fluorosis).

Dental fluorosis cannot develop after teeth are fully formed and does not affect the function of the teeth. Dental fluorosis can occur in areas both with and without water fluoridation.

Safety and water fluoridation

- The best scientific studies show that water fluoridation is a safe and effective way to help protect teeth against decay.
- There is no evidence that fluoride at recommended levels affects bone development or causes hip fractures or cancer.
- Fluoride is added to water in carefully controlled amounts. The total amount of fluoride in the water is monitored on a regular basis.
- Only very small amounts are used. One milligram for every litre of water (1mg/L) has been shown to provide the best dental benefits to the community
- Water fluoridation is supported by leading Australian and worldwide health, medical and dental organisations.



Water fluoridation is recommended by the following organizations:

Public Health Association of Australia
Australian Medical Association
Australian Dental Association
National Health and Medical Research Council
World Health Organization
Australian Institute of Environmental Health
Australian Institute of Health and Welfare

Resources

- Water Fluoridation Information Line 1800 651 723 (Department of Human Services)
- Water Fluoridation Information for health professionals, Vic Gov
- Your dentist
- Your dental therapist
- Dental Health Services Victoria Tel. (03) 9341 1000
- Local water authority
- Dental Health Services Victoria Tel. 1800 833 039

Websites:

http://www.audit.vic.gov.au/reports_par/agp8302.html
www.dhsv.org.au
<http://www.betterhealth.vic.gov.au/>
www.ada.org.au
http://www.arcpoh.adelaide.edu.au/information_frame.html
<http://supertooth.ndk.biz/>
www.adavb.com.au

Oral Health promotion a resource pack for children's services.	www.dhsv.org.au/resourcepack.pdf Dental Health services Victoria DHSV 93411005
Community Care Division Victorian Department of Human Services	www.dhs.vic.gov.au
Better health Channel Oral and dental health	www.betterhealth.vic.gov.au see mouth and teeth
Health promotion unit DHSV	www.dhsv.org.au 93411005
Colgate Oral Care	www.colgatebsbf.com
Victorian Department of human services2000a Evidence based oral health promotion resource for planning No1	www.dhs.vic.gov.au/phd/0001045/index.htm



Appendix H: Stride and Ride component of Kids-‘Go for your life’

To be eligible to receive the state government Kids-‘Go for you life award’ the early years services have to meet additional criteria related to the Stride and Ride message

Stride and Ride Criteria 8.

Age appropriate traffic safety education, including pedestrian and car safety and playing safely, is provided as part of the program to children and their parents/carers in the service.

Reasons for action:

- 72 percent of preschool children are driven to and from preschool services.

The overall message is Stride and Ride, which toddlers and preschoolers usually only do a limited amount. However, this criterion has been included as it is important to encourage attitudes and skills in children to ensure their safety, as they get older.

In traffic and road safety education for babies to 5 year olds, to focus needs to be on using safety restraints in cars, being safe a safe pedestrian and playing safely.

Parents, staff and carers are the key people to help children learn road safety skills and attitudes.

Research shows that children learn behaviours and attitudes from a very early age. The Vic Roads Starting Out Safely Program works with children as young as 6 months old so staff, carers and parents can also begin traffic safety education from an early age.

For a service to meet the criteria they must implement these strategies:

1. Promoting pedestrian and car safety an playing daily in daily practice, when out walking, in the park and in play experiences within the program
2. Implementing the strategies a promoted by VicRoads
3. Promoting children walking if the distance is suitable

What this means is that when working with the service you need to find out what they are doing in terms of traffic education, what information are they giving out to parents and if they are not involved in the Vic Roads Starting Out Safely program then recommend that they become involved.

Contact: VicRoads

Ron Hinkley

180 Fyans st

Geelong, 3220

Tel: 5225 2558 Fax: 5221 6102

Email: ronald.hinkley@roads.vic.gov.au

Resources:

Parent and Carer Road Safety Information Sheets

Stickers: Safety door sticker/Holding hands- keep safe



Appendix I: Evaluation

Thank you for providing feedback on the training package

Please rate the following sections on a scale of 1-4

Poor	Average	Good	Excellent
	1	2	3
			4

Q1. Overview of Early Childhood Services, City of Greater Geelong

1	2	3	4
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Comments _____

Q2. Overview of *Romp & Chomp* and Smiles for Miles & Kids-go for your life Partnership

1	2	3	4
---	---	---	---

Comments _____

Q3. Staff Framework- tools to support working in an early childhood setting

1	2	3	4
---	---	---	---

Comments _____

Q4. Overview Policy

1	2	3	4
---	---	---	---

Comments _____

Q5. Active Play

1	2	3	4
---	---	---	---

Comments _____

Q6. Healthy Eating and Drinks

1	2	3	4
---	---	---	---

Comments _____

Q7. Dental Health

1	2	3	4
---	---	---	---

Comments _____

ANY OTHER COMMENTS?



Scope

This policy applies to all staff, volunteers and students of Kindergarten

Note you can access the policy for distribution purposes at the following link:

GKA Website link:

Policy Statement

..... Kindergarten is committed to ensuring that healthy growth and development of children is a primary consideration in all aspects of service delivery. This policy aims to ensure that the nutritional needs of children are appropriately catered for while attending kindergarten. Additionally, this policy aims to ensure that kindergartens are recognised as a valuable resource to families to enhance knowledge and skills in childhood nutrition and healthy eating habits. This policy provides the guiding principles for ensuring the health and safety in relation to the food consumed by children while attending kindergarten:

1. Healthy Growth And Development

Kindergarten staff support the *Dietary Guidelines for Children and Adolescents in Australia* and recognise that eating a wide variety of nutritious foods is important in childhood and is a primary factor in the development of lifelong healthy eating behaviors. Our kindergarten will support families towards healthy food choices for their children through:

- reinforcing that fruit and vegetables are the 'snack' food to be consumed while attending kindergarten
- reinforcing that commercial 'snack' foods are not recommended at kindergarten
- encouraging families to provide only recommended lunch box items when lunch is provided at kindergarten
- reinforcing that water is the preferred drink for pre-school children
- providing an opportunity for modelling desired eating behaviours for children
- supporting families to overcome barriers to meeting healthy food recommendations for their children in Kindergarten

2. Food Safety

..... Kindergarten recognises the requirements for the safe handling and consumption of food and drinks for children at kindergarten as determined by the Victorian *Food Act 1984* and the *Children's Services Act 1998*. This policy recognises key food safety considerations for kindergartens as identified by the Department of Human Services, Food Safety Victoria Unit:

- Where parents provide food for their child, the kindergarten is not subject to the *Food Act 1984* requirements even if the kindergarten staff or parents cut up the fruit / vegetables and place them on a platter for sharing.



Appendix J: Nutrition Policy At Kindergarten

Scope

This policy applies to all staff, volunteers and students of Kindergarten

Note you can access the policy for distribution purposes at the following link:

GKA Website link:

Food Safety

- When staff or parents prepare the food for the children to share, specific food safety and hygiene practices need to be followed.
- Where the kindergarten is purchasing and providing food as part of the fees charged for attendance, requirements of the Food Act 1984 apply and the kindergarten is required to gain local government registration.

3. Children With Special Needs

..... Kindergarten recognises that individual children may require special consideration in food requirements due to:

- food allergy & intolerance
- specific cultural requirements
- disabilities & medical conditions

This policy will support the inclusion of all children and ensure duty of care in relation to snacks where special consideration is required regarding suitability of food type and texture to accommodate special needs.

Procedures

Procedures to support implementation of this policy are detailed in the following procedure documents:

- Food in Kindergarten
- Drinks in Kindergarten
- Food Safety in Kindergarten
- Special dietary requirements in Kindergarten

Other Documentation

This policy reflects the range of legislative and accreditation requirements and national recommendations regarding the consumption of food and drinks at kindergarten, specifically:

- The Children's Services Regulations 1998
- The Children's Services Act 1996
- The Food Act 1984
- National Health & Medical Research Council Dietary Guidelines for Children and Adolescents in Australia 2003
 - www.nhmrc.gov.au/publications
- National Pre-school Quality Improvement and Accreditation System

Responsibilities

Authorisation

Review Date



Procedures

Relevant Policy

Nutrition Policy

Scope

This procedure applies to all staff of the Kindergarten .

Note you can access the policy for distribution purposes at the following link

GKA Website link:

Rationale

Snacks are important in early childhood and need to contribute essential nutrients for growth and development. Research indicates children do not consume sufficient fruit and vegetables to meet these nutrient needs but they do consume excesses of 'commercial' snacks such as 'health' bars, crisps, confectionary & biscuits which encourage dental decay, unhealthy weight gain and promote a negative message to children regarding appropriate snack foods.

Healthy eating habits are easier to adopt if all children comply with the recommendations.

Procedures

1. Communication:

All families will be fully informed of the Nutrition Policy and associated food procedures when the child is registered for enrolment. This will include:

- A handout briefly outlining the Nutrition Policy recommendations and food procedural requirements
- Written suggestions detailing nutritious and economical suggestions of food to provide for their child
- Inclusion of discussion of healthy snack/lunch alternatives at Parent Information sessions.
- Opportunity to discuss the Nutrition Policy and associated procedures with the Kindergarten Director if desired

2. Recommended food:

Fresh fruit &/or vegetables will be the recommended food for snack during the kindergarten session.

Commercial snack foods (such as 'health' bars, crisps, savoury & sweet biscuits, roll ups and fruit sticks) are discouraged during the kindergarten session.

When the kindergarten session includes lunch, a sandwich with a suitable nutritious filling plus fruit/vegetable is the recommendation.

If discouraged snacks/lunch items are brought to the kindergarten, staff will support parents at the earliest opportunity by:

- discussing the reasons why they are not recommended (eg. high in fat, sugar or salt, encourage dental decay and promote a negative message to children)
- providing suggestions for selecting and preparing recommended choices
- identifying the barriers parents are facing in providing recommended snacks and supporting appropriately

3. Environment:

- Staff/parent will sit with the children at snack/lunch time
- Food will be consumed in an environment that supports an enjoyable, social experience for children.
- The environment will be safe, hygienic with disruptions / distractions to be minimised.
- Children will not be forced to eat but encourage to participate at the table.
- Any food items not consumed by the child will be returned home in the lunchbox to enable parents to send an appropriate quantity



Appendix K: Food At Kindergarten Cont'd

Procedures

Relevant Policy

Nutrition Policy

Scope

This procedure applies to all staff of the Kindergarten .

Note you can access the policy for distribution purposes at the following link

GKA Website link:

4. Time:
 - Snack/lunch times will be scheduled to allow sufficient opportunity for children to consume an adequate amount of food/drink and to enjoy the social engagement with other children, parents and staff.
5. Safety:
 - Staff/parents will sit with and supervise children at snack time.
 - All staff or parents handling the food will adhere to the food safety guidelines.
 - All food will be stored according to food safety requirements on arrival at kindergarten.

Related Procedures

- Drinks at Kindergarten
- Food Safety at Kindergarten
- Special dietary requirements at Kindergarten

Resource handouts

- "What's in your child's lunchbox?"
www.goforyourlife.vic.gov.au
 - "Healthy Eating for pre-schoolers"
 - "Vegetables & fruit for children"
 - "Healthy Lunchbox ideas"

Date of Approval

Review Date

Initially 12 months



POLICY 1 Fruit & Vegetable Snack Policy

Nutritious food is important for your child's growth and development. This policy outlines:

- Recommended healthy snacks at kinder for your child to eat.
- Snacks that are not encouraged at kinder.

Important tips to encourage children to eat fruit and vegetables

- Eat and enjoy a variety of fruit and vegetables yourself.
- Focus on serving lots of different vegetables and fruit, not the amounts.
- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*Acknowledgement: Kids Go for Your Life*)

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot (no added sugar)	Baked potato cubes
Dried fruit mix (small handful): sultanas, apricots, bananas, dates, apple	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in <u>natural juice</u> (no added sugar) e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommos
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Vegetable skewers

NO PACKAGED FOODS-'NUDE FOODS' POLICY

Please do not bring any pre-packaged foods to kindergarten. We want to show our support for a cleaner & greener earth and be an environmentally friendly kindergarten.



Nutritious food is important for your child's growth and development.

This policy outlines:

- Recommended healthy snacks at kinder for your child to eat.
- Snacks that are not encouraged at kinder.

Important tips to encourage children to eat fruit and vegetables

- Eat and enjoy a variety of fruit and vegetables yourself.
- Focus on serving lots of different vegetables and fruit, not the amounts.
- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*Acknowledgement: Kids Go for Your Life*)

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot	Baked potato cubes
Dried fruit mix(small handful): sultanas, apricots, bananas, dates, apple	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in natural juice e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommos
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Vegetable skewers

NO PACKAGED FOODS-'NUDE FOODS' POLICY

Please do not bring any pre-packaged foods to kindergarten. We want to show our support for a cleaner greener earth and be an environmentally friendly kindergarten.



Recommended Sandwich Fillings

Add the following to whole grain, wholemeal, high fibre white or raisin bread. Also try:

Wholemeal wraps, pita pockets, mini pizza bases, rice cakes or wholegrain crackers.

Vegetable Based Fillings	<u>Protein Based Fillings</u>	<u>Combinations</u>
Avocado alfalfa sprouts & tomato	Light/extra light cream cheese with celery and sultanas	Baked beans (drained) with grated light cheese
Grated carrot and sultanas	Smooth peanut butter	Lean ham, light cheese and tomato.
Lettuce, cucumber and hommos/ dip spread	Lean ham and light cheese	Cheese & vegemite Vegemite & alfalfa sprouts
Salad – avocado, sliced lettuce, tomato, cucumber, grated carrot, light cheese	Lean turkey and cranberry sauce.	Light cheese with carrot and low fat mayonnaise.
Hommos with alfalfa sprouts and tomato	Chutney and light tasty cheese.	Lean ham, cheese and pineapple.
Grated vegetables and with avocado spread.	Tuna/salmon with lettuce and low fat mayonnaise	Chopped lean chicken with spread of avocado & lettuce

Sandwich Tips:

- Try cutting sandwiches into small quarters
- Drain salmon/tuna/baked beans before adding to bread
- Freeze sandwiches overnight so they are fresh by lunchtime
-

All food to be sent in insulated lunch box (or with an ice block)



1.1.4. POLICY 3: Fruit & Vege Snacks, Slwiches and Other Alternatives

Nutritious food is important for your child's growth and development. This policy outlines:

- Recommended healthy snacks at kinder for your child to eat.
- Snacks that are not encouraged at kinder.

Important tips to encourage children to eat fruit and vegetables

- Eat and enjoy a variety of fruit and vegetables yourself.
- Focus on serving lots of different vegetables and fruit, not the amounts.
- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*acknowledgement: Kids Go for Your Life*)

NO PACKAGED FOODS-'NUDE FOODS' POLICY

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot	Baked potato cubes
Dried fruit mix(small handful): sultanas, apricots, bananas, dates, apple	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in natural juice e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommos
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Vegetable skewers

NO PACKAGED FOODS-'NUDE FOODS' POLICY

Please do not bring any pre-packaged foods to kindergarten. We want to show our support for a cleaner greener earth and be an environmentally friendly kindergarten.



Recommended Sandwich Fillings

Add the following to whole grain, wholemeal, high fibre white or raisin bread. Also try: Wholemeal wraps, pita pockets, mini pizza bases, rice cakes or wholegrain crackers.

Vegetable Based Fillings	<u>Protein Based Fillings</u>	<u>Combinations</u>
Avocado alfalfa sprouts & tomato	Light/extra light cream cheese with celery and sultanas	Baked beans (drained) with grated light cheese
Grated carrot and sultanas	Smooth peanut butter	Lean ham, light cheese and tomato.
Lettuce, cucumber and hommos/ dip spread	Lean ham and light cheese	Cheese & vegemite Vegemite & alfalfa sprouts
Salad – avocado, sliced lettuce, tomato, cucumber, grated carrot, light cheese	Lean turkey and cranberry sauce.	Light cheese with carrot and low fat mayonnaise.
Hommos with alfalfa sprouts and tomato	Chutney and light tasty cheese.	Lean ham, cheese and pineapple.
Grated vegetables and with avocado spread.	Tuna/salmon with lettuce and low fat mayonnaise	Chopped lean chicken with spread of avocado & lettuce

Sandwich Tips:

- Try cutting sandwiches into small quarters
- Drain salmon/tuna/baked beans before adding to bread
- Freeze sandwiches overnight so they are fresh by lunchtime

All food to be sent in insulated lunch box (or with an ice block)



POLICY 3: Fruit & Vegetables Snacks, Sandwiches and Other Alternatives Cont'd

Breads & Cereals Based	Protein Based	Fruit & Vege Based
Weetbix/vitabrits with margarine and vegemite	Low fat fruit yoghurt	Mini Veggie Frittata
Rice cakes with light cream cheese	Cheese squares	Ricotta, banana and honey
Raisin bread with margarine	Yoghurt	Mini Veggie Muffin
Homemade pita chips dip.	Slice of cheese on wholegrain crackers (eg vita wheat)	Baked potato
Pancake or pikelet (made with wholemeal flour)	Tuna with wholegrain crackers (eg vita wheat)	Baked beans
1 piece of homemade pizza* (made on pita bread/ english muffin with veggie toppings)	1 piece of homemade pizza* (made on pita bread with tuna, cheese, ham, chicken)	Corn fritters

Snacks Not Recommended

- Biscuit and cheese dip packets
- Biscuits with more than 5g total fat/100g (to provide examples)
- Chocolate
- Fruit roll-ups
- Lollies
- Muesli bars
- Packets of chips
- Popcorn with topping (eg butter, icing sugar, coloured popcorn, caramel)

Birthdays

Alternative suggestions to birthday foods include:

- Balloons
- Stickers
- Fake tattoos
- A birthday hat for the day
- Cocktail umbrellas
- A fake cake- you can still sing happy birthday and a child can blow candles out



Procedures

Relevant Policy

Nutrition Policy

Scope

This procedure applies to all staff of the Kindergarten

Note you can access the policy for distribution purposes at the following link

GKA Website link:

Rationale

Water is essential for good health, the best drink to quench thirst, is free from a tap, environmentally friendly and readily available. Sweetened drinks such as cordial, soft drinks and including fruit juices are not recommended. Frequent exposure to sweetened drinks may cause loss of tooth enamel and promote dental decay.

Procedures

6. Communication:

All families will be fully informed of the recommendations of the Nutrition Policy and drinks procedures when the child is registered for enrolment.

This will include:

- A handout outlining the Nutrition Policy and drinks procedural requirements
- Discussion at Parent Information sessions of recommended drinks.
- Opportunity for parents to discuss the Nutrition Policy and recommended drinks with the Kindergarten Director if desired.

7. Recommended drinks:

Water is the recommended drink during kindergarten sessions.

If milk is provided from the home, only **non-flavoured milk** is recommended.

If milk is provided by the kindergarten, there must not be an associated fee unless the kindergarten is registered as a food service provider. (see Food Safety procedure document)
All drinks other than water and milk (including fruit juice, cordial, sports drinks & soft drinks) are discouraged while children are at kindergarten.

If discouraged drinks are brought to the kindergarten, staff will support parents at the earliest opportunity by:

- discussing the reasons why they are not recommended (eg. dental decay, obesity, high in sugar and promote a negative message to children)
- reassuring parents that it is unnecessary to provide additional drinks for their child while at kindergarten
- identifying the barriers parents are facing in supporting the Nutrition Policy

8. Consumption of drinks:

- Water will be available to children on a regular basis throughout the kindergarten session, in particular during hot weather.
- Water will be provided to all children as part of snack/lunch time
- Families will receive information on their child's drinking during the session on request



Appendix L: Drinks At Kindergarten

Procedures

Note you can access the policy for distribution purposes at the following link
GKA Website link:

9. Safety:

Food safety standards will apply when offering water to children, therefore:

- Jugs must have lids
- Cups & jugs must be cleaned and handled in accordance with the hygiene guidelines
- Children must not share cups
- Where water bottles are provided, bottles must be labelled for each individual child, emptied at session end, stored inverted on a rack and washed in soapy water at the end of each week.

Related Procedures

- Food at Kindergarten
- Food Safety at Kindergarten
- Special dietary requirements at Kindergarten

Resource Documents

- www.goforyourlife.vic.gov.au (under “children and families”)
 - “Why no sweet drinks for children”

Date of Approval

Review Date

Initially 12 months



Procedures

Relevant Policy

Nutrition Policy

Note you can access the policy for distribution purposes at the following link
GKA Website link:

Goal:

To meet food safety requirements at kindergarten.

Rationale:

Food poisoning is frequently caused by bacteria from food that has been poorly handled, stored or cooked. Where food handling is involved, irrespective of whether the food is part of a contract of sale or food is provided by parents, it is a requirement of the Child Care Act 1991 that food handlers observe good health and hygiene practices.

Procedures:

Staff must be able to demonstrate that all reasonable precautions and due diligence has been exercised in adhering to food safety practises whether food is provided from the home or kindergarten.

10. Communication:

- All families will be fully informed of the food safety requirements when the child is registered for enrolment
- All families be given the opportunity to discuss aspects of food safety with the Kindergarten Director if desired.
- Personal Hygiene guidelines will be clearly displayed in the food preparation area for the reference of staff and families involved with preparation or distribution of food to children.
- Families will be informed of available cold storage at kindergarten to ensure parents make suitable food choices.

11. When food is provided by parents

- Where children bring fruit or vegetables for snack or bring their own lunch, the kindergarten is not subject to the *Food Act 1984* requirements even if the kindergarten staff or parents cut up the fruit / vegetables and place them on a platter for sharing.
- When staff or parents prepare the food for the children to share, the following practices need to be carried out to ensure the food is safe to eat:
 - Staff / parents to wash & dry hands thoroughly before preparing the food.
 - Children to wash & dry their hands before eating.
 - Children to take the food they touch and not touch other children's food
 - Each table to be provided with a bowl for food scraps for children to use for discarding unwanted or partially eaten food.
 - All children to be supervised when eating
- When food is prepared in the home for sharing at kindergarten
 - parents will be informed of hygiene guidelines and preparation techniques
 - cream containing foods will not be accepted



Appendix M: Food Safety At Kindergarten continued

Procedures

Note you can access the policy for distribution purposes at the following link
GKA Website link:

12. Storage of food

- When perishable items (eg. yoghurt, cheese, meat sandwich fillings) are provided by the kindergarten or family, appropriate temperature storage must be available.

Eg. Refrigerator or insulated lunch packs

13. When food is provided by the kindergarten

The **Food Act 1984** applies where the kindergarten is purchasing and providing the food as part of the fees charged for attendance. If this is the case, the kindergarten requires local government registration and must meet requirements as a registered kitchen.

14. Drinks:

Food safety standards will apply when offering drinks to children :

- Jugs must have lids
- Cups & jugs must be cleaned, handled and stored in accordance with the hygiene guidelines
- Children must not share cups
- Where water bottles are provided, bottles must be labelled for each individual child, emptied at session end, stored inverted on a rack and washed in soapy water at the end of each week.

Related Procedures

- Food at Kindergarten
- Drinks at Kindergarten
- Special dietary requirement at kindergarten

Resource Documents

www.health.vic.gov.au/foodsafety/

- Food Safety Victoria 'Your guide to food safety'
- Food Safety Parent Information Sheet.
- Personal Hygiene guidelines for people working with food

Date of Approval

Review Date

Initially 12 months



Procedures

Relevant Policy

Nutrition Policy

Note you can access the policy for distribution purposes at the following link

GKA Website link:

Rationale

Staff have a duty of care to ensure all reasonable precautions have been exercised in regard to the monitoring of children with special dietary requirements.

Understanding by education is the basis of risk management NOT physically isolating the 'at risk' child.

Allergy: In children, the most common food allergens are peanut, egg and milk. When the reaction involves the respiratory &/or cardiovascular systems it is termed anaphylaxis and requires IMMEDIATE medical attention. The majority of food allergic and anaphylactic reactions occur in pre-school aged children. Eg. Peanut allergy

Disability : Children may present at differing physical and/or intellectual developmental stages that require specific food type, texture or quantity considerations. Eg. Cerebral palsy

Medical conditions: Children may present requiring specialised diets. Eg. Diabetes, Coeliac disease.

Cultural requirements: Children from diverse cultural and religious backgrounds may require specific food requirements or follow specific practices.

Procedures

15. Communication:

Specific details of any dietary restrictions or requirements is to be recorded in the child's enrolment records accompanied by a management plan.

Eg. For a child at risk of food allergy, the management plan will include:

- Documentation provided by a registered medical practitioner
- Contact details of the doctor
- Clear photo identification of the child
- Documentation of any allergic triggers
- Documented description of the signs/symptoms
- Documentation of the first aid response including medication



Appendix N: Special Dietary Needs At Kindergarten

Procedures

Note you can access the policy for distribution purposes at the following link
GKA Website link:

16. Education:

To seek parental consultation to ensure appropriate education of all parents regarding any special requirements due to a child's medical condition or disability

- Education of the child, his/her peers and all staff
- Information to all parents explaining any required food restrictions at kindergarten in the case of food allergy
- Information to explain a medical condition will assist understanding and ensure inclusion of the child

17. Environment:

Ensure the eating area is appropriate:

- Children need to be seated/positioned safely when eating
 - Any at risk child to be closely monitored by staff at eating times
- Avoid any trading/sharing of food
- Ensure all lunch boxes have clear name labels
- Food activities may need to be flexible depending on the presence of a child requiring restrictions to food type or texture
- Simple hygiene measures such as washing bench tops to avoid skin contact to be followed at all times

Related Procedures

- Drinks at Kindergarten
- Food Safety at Kindergarten
- Food at Kindergarten

Resource documents

www.allergy.org.au

- Anaphylaxis management plan
- ASCIA Guidelines for prevention of food anaphylactic reactions in preschools

Date of Approval

Review Date

Initially 12 months



Scope

This policy applies to all staff, volunteers and students caring or educating early childhood settings* in the Greater Geelong Region.

Policy Statement

Early Childhood Settings are committed to providing environments that will enable structured active play and thereby ensures growth and development for young children.

This policy aims to ensure optimal structured active play activities are provided in early childhood settings, to encourage young children to be active and develop fundamental movement skills, which will help them to be confident and enjoy participating in physical activity as they grow into active young people.

Rationale

Children are naturally energetic and active, however recent research shows that Australian children are not being as physically active as they need to be. Early childhood workers and parents need to adopt guidelines and practices, which encourage young children to be physically active.

Active Play for young children simply means being physically active while playing and having fun, with limited rules or organization.

Fundamental Movement Skills are simply the building blocks of more specific, advanced skills required generally in life and in sports activities. Mastering these skills (such as jumping, hopping and side stepping) allows the child to be competent in most aspects of physical activity.

Structured Active Play is important for ALL young children as it helps them develop the fundamental movement skills they will require for life. It is also important because structured active play is how children learn about the world, about how objects move (e.g. balls can be rolled, thrown), and about where to place their bodies for certain actions (e.g. arms out in front to catch a ball). Structured Active Play ensures that ALL children are given practice in the fundamental movement skills. Some children don't develop fundamental movement skills due to some developmental issue and these children usually avoid activities that use these movements. The SAPP actually allows practice and opportunity for all children to engage such activities.

Children who master fundamental movement skills are more likely to willingly try new activities, which increases their confidence and self-esteem. Research shows that children who do not master fundamental movement skills are more likely to lose interest and drop out of physical activity, as they no longer enjoy participating.

Procedures

In early childhood settings*, the following guidelines will assist to promote structured active play activities:

The *Romp & Chomp* Structured Active Play program (SAPP) supports the Active Play Policy.

The SAPP gives young children an opportunity to continue to learn and practice fundamental movement skills within early childhood settings*.

The SAPP can be utilised to guide and facilitate daily structured active play in early childhood settings.



- Program planning: Incorporate the SAPP activities in to each term and ensure each of the 13 activities is covered at least once a week, using the checklist below.
- Equipment: ensure the following equipment is available that supports structured active play:

Simple Tips for Equipment

As equipment can be a barrier in some early childhood settings, particularly Family Day Care, this list of alternative equipment suggestions have been included to assist carers in over coming this hurdle. Be creative, consider what you have available and produce your own ideas should the following suggestions not suit.

OBJECT	ALTERNATIVE SUBSTITUTE
Rolling wedge	prop one side of a couch cushion up on pillows
Beanbags	scrap material sewn in a square or rectangle and stuffed with dried beans, dried corn or sand inside
Buckets	ice-cream containers and boxes
Skittles	empty plastic bottles and cartons
Markers	empty ice-cream containers
Box Car	cut the bottom out of empty boxes (such as banana boxes) and attach straps made from string or strips of fabric to sit over the children's shoulders to help keep the box sitting at hip height
Parachute	an old bed sheet or blanket
Potato Sacks	old pillow cases or they can easily be made out of Hessian material
Building Blocks	empty food or milk cartons
Soccer Goals	simply laying out markers to kick between or cutting the front out of a large box laid on its side
Goal Rings	hula hoops can be secured with tape between the backs of two chairs or simply use an up right box with a hole cut out at the bottom of one side
Horse Sticks	pool noodles, cling-wrap cylinders or any long objects
Totem tennis pole	suspending a tennis ball in an old stocking from a tree branch or veranda cross beam away from any windows

For more ideas on simple activities and tips refer to the 'further resources' page.

Recommendations:

1. time allocated to structured active play be a minimum of **30 minutes** each day in the early childhood setting*. The time can be divided up into 10 and 15-minute active play sessions during the day.
2. Ensure the 30 minutes of structured active play is in addition to free play time
3. Workers should set up the environment to encourage structured active play activities in early childhood settings.
4. Try to ensure that groups for structured active play are not too large. It is important that most of the children are active for most of the time during the structured active play session.



- Integrate some structured active play into children's free play time by providing the children with games they can play during these times. Replication also allows them to learn and remember how to carry out the activities correctly.

The Structured Active Play Program can be accessed via the following web link:
<http://www.deakin.edu.au/hmnbs/who-obesity/>

CHECKLIST

- The checklist enables the Structured Active Play Program to be incorporated into each setting throughout the year.
- Each skill should be completed at least once a term.
- Workers can keep a record of skills completed by ticking a box every time the skills done.

1 ROLLING	1 2 3 4	7 BALL SKILLS	1 2 3 4
Wedge Roll ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Paired Passing ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Beanie Rope Roll	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clean Up	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rolling Stones	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skittles ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Quoits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Hoops	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Poison Ball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 UNDERARM BALL ROLLS	1 2 3 4	8 HOPPING	1 2 3 4
Human Tunnels	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hopscotch Relay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Skittles ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hopping Circuit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bucket Balls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rabbit Holes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Conga Lines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3 RUNNING	1 2 3 4	9 LEAPING	1 2 3 4
Statues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Listen and Leap	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Beanbag Race	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Follow the Leader	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Weaving	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dangerous Waters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Animal Run ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Rhythmic Leaping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Car Races ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Jump Start Race	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 GALLOP	1 2 3 4
Parachute Running ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Horse Race Relay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Cat and Mouse	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Follow the Leader	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fruit Salad	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4 JUMPING	1 2 3 4	11 BATTING	1 2 3 4
Kangaroo Circuit	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Keep It Up	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Jack in the Box Wave ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Totem Tennis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hot Hoops	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Crazy Golf	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Potato Sack Jumping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Conga Lines	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	12 MULTISKILLS	1 2 3 4
Kanga Kanga Joey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mini Circuits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rabbit Race	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Belly Crawling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Bike Pedalling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5 KICKING	1 2 3 4	Musical Chairs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Targets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Painting the Fence ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hot Potato	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Crab Kicking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13 CALMING ACTIVITIES	1 2 3 4
Soccer Goals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heads and Shoulders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Dead Fish ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6 SIDE STEP	1 2 3 4	Parachute Blanket ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ring a Ring a Rosie ★	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wiggle Statues	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Side Step Relay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Simon Says	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Duck Duck Goose	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Torch on the Roof	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



Setting up an environment

- It is important to set up a safe environment for a child to play in and one in which helps them discover more about what their bodies can do.
- Often playing outdoors is the easiest option for children to be able to run around safely and kick and throw balls.
- As children learn to climb it is exciting for them to be able to play in a playground.
- Supervise children closely, especially when climbing and running around as children are still learning these skills and may not perform them very safely yet.
- Adult encouragement is vital. Cheering and verbal encouragement is a fantastic way to support young children as they learn new and exciting skills.

Early Childhood Worker Roles

- Ensure all young children are provided with positive opportunities for movement skill development and improved physical competence.
- Workers need to be positive role models, by participating in the physical activity with the child/children and promoting the importance of regular physical activity for a healthy life.

Resource documents

The *Romp & Chomp* Structured Active Play program

<http://www.deakin.edu.au/hmnbs/who-obesity/>

Other documentation

J. Landy & K. Burrige. Kids with Zip: *A practical resource for promoting active children aged 3-12*. (2002)

L. Campbell & J. Musumeci. Active Children: Healthy now and later. (2005)

Vic Health, Fact Sheet, Children and Play. (2006).

Web links

<http://www.earlychildhoodaustralia.org.au/>

<http://www.playpower.com.au/>

<http://www.goforyourlife.vic.gov.au>

<http://www.dhsv.org.au/>

This Policy was formulated with input from the following:

Romp & Chomp Project Partners

- Barwon Health
- Geelong Kindergarten Association (GKA)
- Leisure Networks
- City Learning and Care Centres, City of Greater Geelong
- Family Day Care, City of Greater Geelong
- Deakin University (School of Exercise and Nutrition Sciences & Occupational Science and Therapy)

Acknowledgments:

Louise van Herwerden, Janet Torode, Mark Brennan, Karen Stagnetti



Appendix 1.E: The development of the *Kids-‘Go for your life’* Resources

THE DEVELOPMENT OF THE ‘KIDS- GO-FOR-YOUR-LIFE’ RESOURCES

Background

Romp & Chomp was a community-based obesity prevention demonstration project targeting preschool children in the Geelong region (~12,000 children under 5 years of age) from 2005 to 2008. A strong focus on sustainable environmental, policy and education-based strategies make this project unique in the fight against childhood obesity. The action plan developed comprised eight objectives that are summarized by five key messages (daily water, daily active play, daily fruit and vegetables, less screen time). Presently 45 kindergartens and 7 long day care centres throughout Geelong and Bellarine Peninsula have activated nutrition, drink and active play policies, and support from local community health workers assists them with implementing and monitoring food, drinks and active play in settings. A structured active play program has been developed and implemented in early childhood settings, supported by active play training for early childhood workers.

The purpose of this project was to take the draft ‘*Romp & Chomp*’ resources developed in the City of Greater Geelong and produce a comprehensive package of tools and resources that are appropriate for use widely across Victoria (including Indigenous and CALD communities), that are age and settings appropriate and that will support early childhood settings to achieve Kids-‘Go for your life’ award status. The resources and tools were developed and piloted in a number of communities.

Aim

The broad aim of *Romp & Chomp* is to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age.

<u>Primary Target Group:</u>	Children aged 0-5 years and their parents and carers at home.
<u>Secondary Target Group:</u>	Early childhood setting workers, coordinators and managers.
<u>Early Childhood Settings:</u>	Long day care, Family Day Care, Kindergartens and Maternal & Child Health services in the Geelong region.



Process

Pilot the Active Play program; Active Play tip sheets for M&CH; ECS assessment tools; template policies for ECS and M&CH Servings guide in the following communities: Indigenous, African, Middle Eastern, disadvantaged, Asian and European communities and conduct an Allied Health Professional training program in 2-3 health services from Local Government Areas with Indigenous and CALD communities.

Evaluation will consist of the piloting phase using feedback/evaluation forms & interviews with key informants; process data; completed assessment tools; and an ability to meet KGFYL award requirements.

Outcome

Active Play Book – Developed for all three early childhood settings.

'Train the Trainer' – A package to train Allied Health Professionals in use of the Active Play Program

Active Play Tip Sheets – Developed for distribution to parents.

Allied Health Training – To be incorporated into the KGFYL professional training program

ECS Tools – A one page audit tool to enable Kids gather some simple data around the early childhood settings

Template Policies – A comprehensive guide to enable early childhood professionals and their settings to develop their own policies (primarily kindergartens)

Photo Servings Guide – A needs assessment photographic resource for use by M&CH professionals to support parents in choosing healthy foods for their children.





Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 2: To increase the awareness of the project's key messages in homes and early childhood settings.



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This report was produced for The *Romp & Chomp* Project.

Parker S, de Groot F, de Silva-Sanigorski AM (2009) PROCESS REPORT FOR OBJECTIVE 2: To increase the awareness of the project's key messages in homes and early childhood settings. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.

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Program evaluation: The Deakin University research and evaluation team comprised: Andrea de Silva-Sanigorski, Melanie Nichols, Lauren Carpenter, Floor de Groot, Narelle Robertson, Peter Kremer, Annie Simmons, Colin Bell, Boyd Swinburn and numerous research students.

The evaluation was also supported by the City of Greater Geelong and the Department of Education & Early Childhood Development (DE&ECD) and the Office for Children.

Editorial Support: Narelle Robertson, Emma Smitten

This project was broad in its reach and partnerships. Like any project there will be comings and goings, as staff left and others arrived. We acknowledge the contribution of many others who have contributed to this project, in a myriad of ways, over time. Thank you. It would not have been possible without each and every contribution.

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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe targeting approximately 12,000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

Within the *Romp & Chomp* project, several stages occurred in order to develop and implement a social marketing plan.

- Firstly the aims and objectives were clearly defined and articulated. This process commenced at a broad-based community forum, and was finalised within the committee of management.
- Secondly, key messages were extrapolated from the aims and objectives. These required 'translation' into take-home messages using clear languages.
- Focus groups of consumers were developed and accessed to ensure messages and materials were meeting marketing objectives.
- Finally, the messages were disseminated.

In order to support the marketing of this project:

- The name '*Romp & Chomp*' was developed as a catchy, easily recalled name that would be associated with all future actions and materials.
- A logo was developed that would be associated with all materials produced by the project.
- Colourful, iconic posters and postcards were developed for each key message and the project generically, to be disseminated to each setting and family within those settings.
- Partnership with the *Smiles 4 Miles* project enabled provision of insulated 'munchgirl' lunch bags and ½ litre clear 'waterboy' drink bottles to each child in kindergartens engaged in the project.
- The *Romp & Chomp* project was displayed within two large community festivals.
- Media releases were supplied to the local paper.

There was an increase in awareness of the project among the parents of young children from 2006 to 2008 (awareness increasing from 23% to 47% in 2008) and awareness of specific key messages also reached a very high level.

Romp & Chomp

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

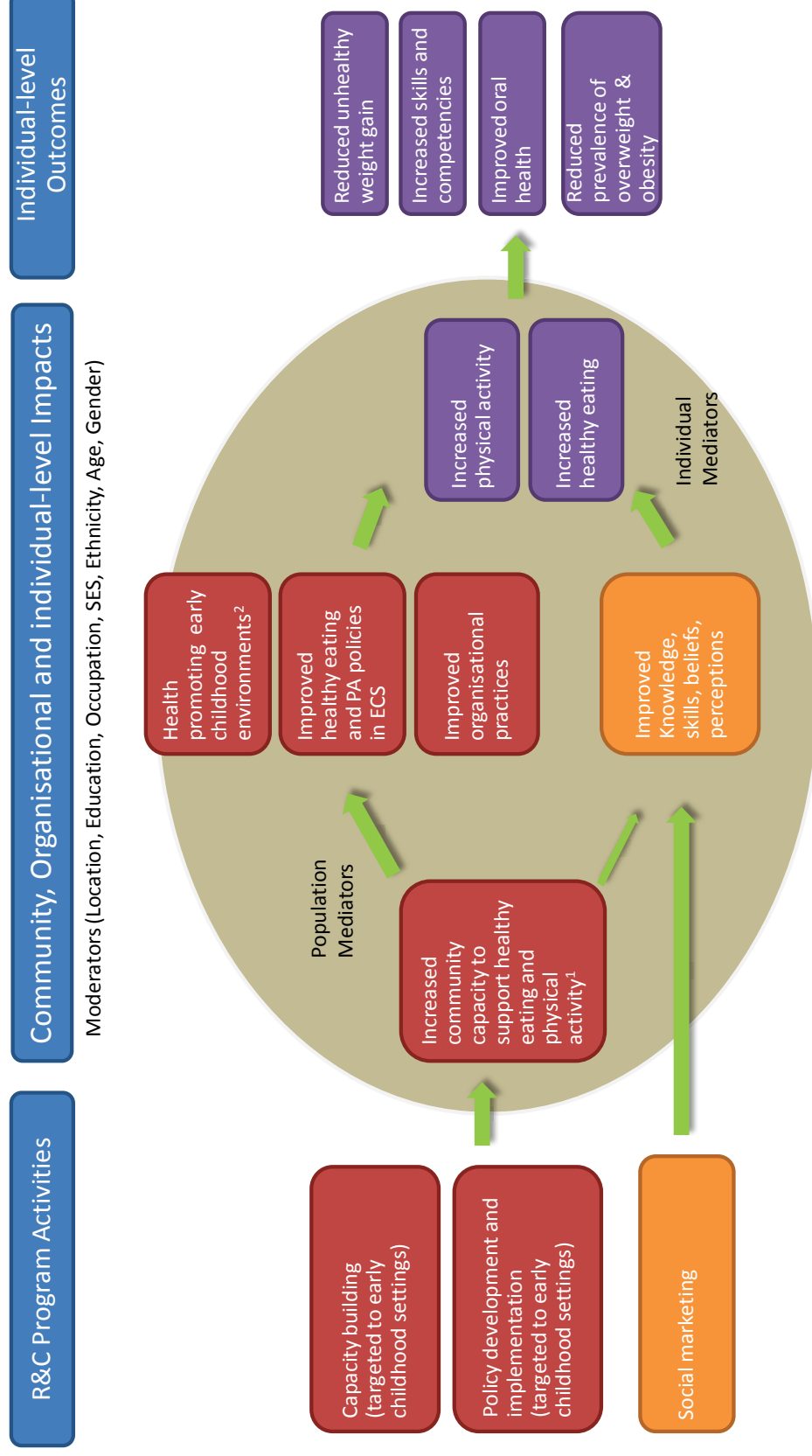
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families. The project funding for implementation was \$111,000 over 4 years.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources, partnerships
2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1: Romp & Chomp Logic Model

Objective 2: To increase awareness of the project's key messages in homes & early childhood settings 7

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and '*Kids- Go for your life*' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 *Romp & Chomp* Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-Go For Your Life' (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Introduction

In order to impact on obesity and oral health concerns, Objective 2 of the *Romp & Chomp* project aimed to increase the awareness of the project's key messages in homes and early childhood settings. For implementation, two strategies were identified, 1) to define the key messages of the project, and 2) to develop and implement a communication plan which supports the community towards healthy eating and active play for under 5s (see strategy development). In addition to local stakeholders, these strategies were developed in partnership with the DHSV *Smiles4Miles* project, and were supported through working in partnership with *Kids- -'Go for your life' (KGFYL)* from 2007.

Social marketing is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing. However, unlike commercial marketing strategies, social marketing is more complex and ambitious in its objectives. Further, the product being 'sold' is more difficult to define and has benefits that could be delayed or difficult to detect (1). In order to achieve defined goals, social marketing needs to: focus on the consumer; harness the involvement of many stakeholders; understand the behaviours the project is trying to influence; and utilise a range of tools simultaneously to encourage behavioural change.

Consumer: the target audience have a primary role in a social marketing campaign. Weinreich (2) suggests that this focus on the 'consumer' gives direction to the elements necessary in the 'marketing mix'. (Weinreich refers to the "four "p's" of marketing: product, price, place, and promotion, and adds four more for social marketing: publics, partnership, policy, and purse strings).

Stakeholders: working with community agencies and other stakeholders enables an increased understanding of barriers to and benefits of behavioural change, gives greater credibility to messages, allows more direct, personal and appropriate access and interventions, and may augment available resources, and expertise (3).

Behavioural focus: Behavioural change is difficult to achieve. Communication and information provision is an important component of any behavioural change strategy as lack of information may be a barrier to change. It offers a supportive environment by influencing beliefs and attitudes. However this is not enough to generate sustained change (4, 5). "Our aim is not to get people to KNOW MORE THINGS. We are trying to get people to CHANGE WHAT THEY DO" (6).

Tools: McKenzie-Mohr (7) identified six categories of behavioural change tools that 'have been extensively researched by social scientists and are known to be effective in promoting behavioural

change' (8). These include obtaining commitment to the change, prompting people to continue the change, shifting norms so the desired behaviour is seen as normal practice, effectively communicating the change, providing incentives to change and making the desired action more convenient

Weinreich (2) outlines 10 actions needed to manage a social marketing campaign. These are: identifying ("segmenting") the audience, communicating with the consumer, know the competition, product positioning (comparisons to the 'competition'), target the consumer within their environment, use a variety of approaches, base program design on experience/ knowledge/ research, test/trial every step, build partnerships, and evaluate.

Strategy Overview

Strategy 2.1

To define key messages

This strategy was developed to inform all partners of current issues and community capacities related to the project, and to develop the project aim and objectives. This would guide the ongoing process of developing and maintaining the project action plan. From this point, key messages would be extrapolated and these, in turn, would be used in community/parent focus groups to develop 'take-home' messages. These messages were clear and in plain-language that could be readily recognised in association with the *Romp & Chomp* project.

In order to achieve this, the following processes occurred:

- Identification of key messages utilising the ANGELO process
- Linking of these messages to the project aim
- Identification of consistent messages to support concurrent interventions activities across settings (e.g. linked to policy messages, training, self-help resources, and events)

Strategy 2.2

To develop and implement a communication plan which supports the community towards healthy eating and active play for under 5s

This strategy was developed to ensure that the key messages would successfully reach the target audience through a variety of settings and services including early childhood settings, community venues, and media.

Within this objective, project coordination was important in supporting the project's implementation. This hinged on excellent communication to establish strategic alliances with community partners and the development of a communication plan that reflected the project aims.

This strategy also requires the development and implementation of a social marketing plan to guide all actions pertaining to the 'marketing' of the *Romp & Chomp* project and key messages.

In order to achieve this, the following processes occurred:

- Development of a project communication plan.
- Identification of relevant social marketing interventions and opportunities.
- Conducting focus groups to support development & testing of the social marketing.
- Budget proposals to support implementation of the communication plan.
- Implementation of the social marketing plan.

Evaluation

In order to establish the effectiveness of the social marketing strategies, community surveys were used within festival settings to evaluate the reach of the project and its key messages. Data from these are provided below within strategy 2.2.

Processes

Strategy 2.1

To define the key messages

In order to define the project aim and objectives project partners, stakeholders and the early childhood education and care community of Geelong were invited to attend a two-day Project Development Workshop on September 1st and 8th 2004 at the Geelong Conference centre. Guest speakers on day one included Family Services Development Officer, COGG; Social Research, Policy and Evaluation Consultant, Leaders of Local Innovative Projects (4), and members of the interim steering committee – Deakin University and Geelong Kindergarten Association (GKA). Day one provided professional development on early childhood nutrition, physical activity and obesity prevention, and enabled all partners to present current directions and innovative practices around healthy eating and active play, before moving toward the ANGELO (Analysis Grid for Environments Linked to Obesity) process on the second day. (For information pertaining to the development or running of an ANGELO workshop, contact Deakin University WHO Collaborating Centre for Obesity Prevention).

The ANGELO workshop was presented and conducted by Deakin University. This process examined environmental influences, target audiences, delineated beliefs and attitudes necessary to achieve behavioural objectives, generated content and the types of messages necessary to achieve attitude change, and identified key areas for action. These process supported the development of the project's aims and specific measurable objectives that would form the basis of the project action plan.

Overall, 32 people attended day one plus a further seven either from the interim steering committee and/or as guest speakers, and 48 participants attended the second day. This representation included all key stakeholders. Evaluation forms were distributed for participants who rated each session and provided feedback.

The intended outcome of the ANGELO workshop was the formulation of a draft action plan for obesity prevention for the project that would form the basis for intervention activities over the duration of the project. This was achieved with input from participants representing the key early childhood education and care sector. This action plan went through 7 drafts over the course of the project before reaching the final 8th version (see report 1: Capacity Building).

The overarching aim of the *Romp & Chomp* project resulting from the ANGELO and consultation process was:

“To increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in under 5s.”

While children aged 0-5 years and their families were identified as the target group, interventions were settings-based, utilising early years settings of kindergartens, family day care, long day care, and Maternal & Child Health centres.

The objectives supporting the aim were developed within ‘SMART’ guidelines (specific, measurable, achievable, realistic and timely), and were:

- Objective 1: To increase the capacity of relevant Geelong organisations to promote healthy eating and active play
- Objective 2: To increase the awareness of the project’s key messages in homes and early childhood settings.
- Objective 3: To evaluate the process, impact and outcomes of the project
- Objective 4: To significantly decrease consumption of high sugar drinks and promote consumption of water and milk.
- Objective 5: To significantly decrease consumption of energy dense snacks and increase consumption of fruit
- Objective 6: To significantly increase active play at home & decrease TV viewing time
- Objective 7: To increase structured active play in kindergarten and childcare settings.
- Objective 8: To achieve an integrated population growth monitoring program within Maternal & Child Health and school health systems

While continuing to shape the action plan over time, the management committee (through consultation) also developed key messages that provided the focus for social marketing activities. These can be summarised as follows:

Overarching Campaign Message
Children under 5 need daily 1) active play and 2) healthy food choices provided
Key messages:
Daily Active Play
Less Screen Time
More Fruit and vegetables
More Water

These were further summarised as: ***'Fruit, Water, Active Play and less TV screen time every Day'***. Initially the key messages were displayed in a star graphic (see below) however this did not proceed to print (see figure 2).

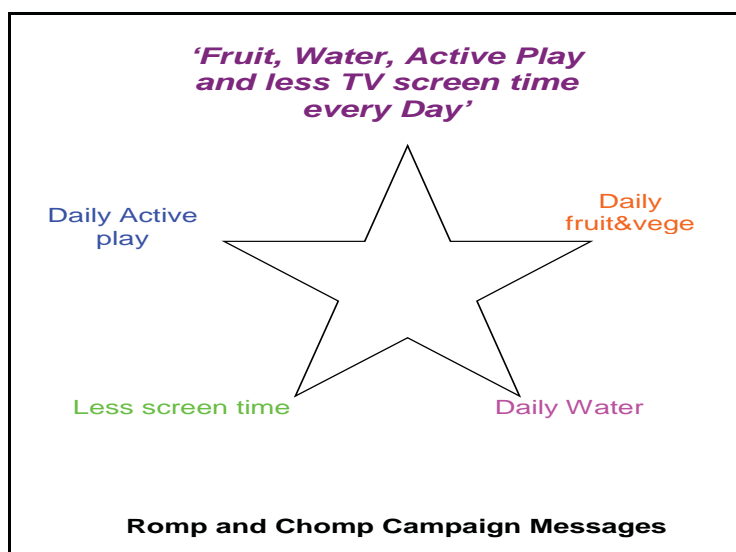


Figure 2 Star Graphic

The key messages were then used to develop the 'take-home' messages, expressed in plain language for community use. These were developed with the support of a parent focus group and completed in December 2005 ready for campaign commencement in Term 1 of 2006 (table 4).

Key Message	Take Home Message	Marketing Slogan
Overarching Message: Children under 5 need daily - 1) Physically active play 2) Healthy food/drink choices	Young children need and enjoy healthy foods and drinks, and being physically active	Romp and Chomp – <i>Helping Families Live Healthy Active Lives</i> (in logo format)
Daily Active Play	<ul style="list-style-type: none"> Play actively everyday within the key setting (For 30-60 minutes every day) 	<i>Romp every day –that means active play!</i>
Less Screen Time	<ul style="list-style-type: none"> Plan how much TV / computer / videos / electronic games you watch in your family Think of other quite activities that do not involve screen time (e.g. drawing, board games) 	TBC
Daily Fruit and vegetables and Less Energy Dense Snacks	<ul style="list-style-type: none"> Children need at least 2 serves of fruit each day (each about the size they could cup in their hand) Limit packaged snacks, chocolate, lollies, cakes, sweet biscuits, muesli bars, fruit bars and fruit snacks to one or less small serves per week Muesli bars, fruit straps and fruit bars are high in sugar and should not be substituted for fruit 	Chomp into 2 Fruit & 5 Vege every Day! A snack that lists fruit or vege that's not fresh fruit or vege is not for lunch boxes
Daily Water and Less Sweet Drinks	<ul style="list-style-type: none"> Water and plain milk are everyday drinks Limit sweet drinks such as juice, cordial and soft drinks are drinks to a small glass or less per day Eat whole fruit, not juice. Even 100% fruit juices, contain as much sugar as soft drinks and cordials 	Drink water and plain milk every day

Table 3 Campaign Messages Expressed as Take Home Messages and Slogans developed in 2005

Summary

- Representatives and staff of agencies providing services to children attended a two-day workshop incorporating an ANGELO process to commence development of the “Under 5s” project aims and objectives and first draft of the action plan
- Subsequent consultation and focus groups developed the project name (*Romp & Chomp*) and key messages and ‘take-home’ messages
- These guided the development of the social marketing plan (see appendix 2.C)

Strategy 2.2

To develop and implement a communication plan which supports the community towards healthy eating and active play for under 5s

Communication Plan

Romp & Chomp was a partnership project that included nearly all early childhood services in the Geelong and Bellarine region (exceptions were private Long Day Care providers, and some individual kindergarten centres). All agencies and services, other than those exceptions listed above, were represented at the management committee level. This provided a wonderful opportunity for project workers and partner agencies to access information, resources and the target group in a manner that was not intrusive into home environments but achieved a significant catchment.

In order to ensure that the key messages would successfully reach the target audience (via the settings and services, community venues, and media), clear lines of communication, responsibilities, and guidelines for media access were developed. A communication plan was developed and became the reference for project workers, stakeholders and internal and external partners about how they would communicate with each other and with the wider Geelong community. It was hoped that the protocol could be applied to all three projects working in unison within the Geelong region:

1. The *Romp and Chomp (R&C)* local initiative.
2. The *Smiles for Miles (S4M)* statewide initiative from DHSV.
3. The *Kids- -Go for your life* '(KGFYL) statewide initiative from DHS.

The communication plan addressed four main areas:

1. Media: referred to branding and co-branding considerations, referencing of partners in communications, approval processes, requests for media comment, response to media (verbal and written) and distribution of all types of media e.g. newsletters, flyers, postcards, abstracts and journals.
2. Stakeholder and Project Coordinator Communication: referring to meetings; minutes from meetings; and presentations and community events where the collaborative efforts of the three projects were discussed.
3. Project coordinator and partner responsibilities, such as: social marketing of key messages, planned activities and events, strategic direction of strategies, resource deliverables, budgets, sustainability of strategies, evaluation, applications for funding, and recording number of services engaged, as well as noting avenues of communication for project workers employed within partner agencies

4. Key contact names and means (phone, fax, and email) for each service represented on the management committee.

(See Appendices)

Social Marketing Plan

In 2005 the committee of management developed a social marketing plan designed to ensure the key messages were disseminated generally to the broad community and specifically to families with children under 6 years of age through early childhood settings.

The aim of the social marketing plan was to increase the community awareness of the *Romp & Chomp* messages.

Four objectives were developed to achieve this:

1. To achieve a high recall of the campaign amongst the target audience
2. To increase the target group's awareness of the *Romp & Chomp* messages
3. To increase the target group's knowledge about, and understanding, of the *Romp & Chomp* messages
4. To increase the target group's confidence in their ability to implement the *Romp & Chomp* messages

These objectives were implemented through three phases:

Phase 1: wherein 'take-home' messages were introduced to increase the awareness of the target group about the new local project. This phase required the most intensive marketing and was implemented in 2006 (January to December).

Phase 2: was designed to maintain the target group's awareness of the project and to consolidate their awareness of the key messages. This phase was implemented in 2007 (January to December)

Phase 3: supported the implementation of specific project strategies. Phases 2 and 3 are tightly linked but were separated in an effort to ensure individual strategies were resourced as they were disseminated through early childhood settings. This phase occurred alongside phase two in the second half of 2007.

Phase 1

In order to raise awareness the project was developed within social marketing guidelines (see table 4) looking at product, promotion and price.

Marketing methods included: advertising via newspaper/radio, press releases, merchandise – logo, stickers, newsletter articles, brochure for alliance organisations, and a media launch. In order to manage media issues the communication plan had developed clear statements about media issues, including issues of branding (project partners and agencies), referencing, sponsorship, approval processes, media liaison personnel, and intellectual property.

PRODUCT (Desired behaviour)	HOW - Promotion (How the idea will be communicated to target group)	COST (Barriers and benefits)
Star Slogan Decide upon test slogans Test slogans with target group Liaise with marketing company Develop graphic	Project team meeting Individual discussions/ focus groups Visits, phone, email Employ 13 th Beach Marketing	Project team time Project team time Proj. Worker time \$1400
Pre-Publicity Press release re funding for project Networking with the settings Connect with parents and workers in child care settings	Press release for paper ANGELO, meetings, data collection Focus groups	Project team time Project team time Project team time
Project Launch Publicity event required	Ministerial Launch of Logo on Banner	\$700
Marketing Portfolio Develop a marketing portfolio to support the implementation of all phases of the R&C campaign.	Further develop the R&C characters "doing" the R&C messages Develop a portfolio of photographs Develop R&C merchandise (eg. stickers, balloons etc) Secure a R&C email address Develop R&C stationary (eg. letterhead, business cards)	\$968 (9 x characters) \$715 \$591 Nil \$915
Tests and Checks Continually check the messages are consistent with the star message, credible, relevant, believable, understandable, evokes the right emotion	Focus groups, individual discussions, self-check (would you or your neighbour read / listen to this?)	Project team time
Who <u>Parents</u> ♦ Inform parents of the upcoming children's newsletters ♦ Inform parents of the R&C messages in the newsletters ♦ Launch 1st Newsletter ♦ Support parents with tips which relate to the topic in the children's newsletters <u>Childhood setting workers</u> ♦ Prepare teachers on the topic of each R&C children's newsletter <u>Children</u> ♦ Increase children's awareness of the R&C messages	♦ Letter to parents attached to ECS newsletter ♦ Letter to parents attached to ECS newsletter ♦ Press release for newspaper ♦ Flier to all early childhood setting workers outlining the monthly message • Develop 4x food and active play activities for children in key settings	Photocopying Photocopying& printing Proj worker time Proj worker time and photocopying Project team time Project team time

Table 4 Phase 1 Social Marketing plan and expected costs

Phase 2

To maintain target group awareness of the project generally and consolidate awareness of the key project messages, the major social marketing tools utilised were through participation in local community festivals, and disseminating information through local papers and radio broadcasts. More detail regarding these areas can be found below.

Focus Groups

Community focus groups and individual consultations were run and utilised to develop the project name (*Romp & Chomp*) and trial take-home messages.

Resource Development

Logo

The *Romp & Chomp* logo was developed with the support of 13th Beach Marketing. This logo became the 'branding tool' associated with the project and was therefore placed on all ensuing materials and communications (see figure 3)



Figure 3 *Romp & Chomp* Logo

Posters, postcards and brochure materials

Partner agencies supplied samples and information of their current resources and materials provided through their programs. Setting staff then contributed to further resource development through existing information (such as M&CH parent group and key visit information) and suggestions for content. For example, the project coordinator attended an M&CH nursing staff meeting on 21/02/06 to brainstorm concepts for resources and increasing community awareness of the *R&C* family. Community forums were also held to introduce proposed ideas and gauge response from parents.

Key messages and content were then developed in conjunction with Paul Kelly, graphic artist. This resulted in the '*Romp & Chomp* family', who depicted a role model family to encourage families with young children to incorporate healthy food, water and activity into their daily lives. The cartoon characters were designed to appeal to children under 5 years of age, and capture their attention, in order to communicate the key project messages.

By May 2006, a series of posters and postcards had been developed with review and feedback by staff within ECS and parents from the community. Each poster addressed a separate key message, with an additional poster introducing the *Romp & Chomp* Family. It was decided to develop three postcards for the 'Fruit and Veg' message as it was agreed that the content required

could not all fit on one card. Subsequently this message was divided into three parts: Why Fruit & Vege?, Eat a variety of Fruit & Vege!, and Lunch box & snack ideas.

By December 2006 CoGG Services (M&CH, FDC, LDC) had received these resources with sufficient postcards for dissemination to all attending families. In addition, by December 2006 38 kindergartens working with the project had received a resource folder containing the posters, postcards and *Smiles4Miles* materials. New kindergartens continued to engage in the project over the next two years, so that by April 2008, a total of 46 kindergartens had received these resources. The resource folder contained subsections identifying the four key messages of: daily water, daily fruit & vegetable, less screen time, and daily active play. These folders were disseminated to kindergartens by Barwon Health and Bellarine Community Health professionals together with suggestions on possible applications and integration of materials into teaching activities.

In 2006, the 38 kindergartens involved at that time received sufficient postcards to give one to every family attending. While the initial intention had been to provide sufficient numbers of these for every family over each year of the project, over 2007/8 these were provided to new kindergarten settings only. This decision was made as other projects were also providing materials (*S4M* from 2006, and *KGFYL* from 2007), and there were limited funds remaining to support continuation of resource production.

Media Releases

Media releases allow social marketing messages to be disseminated broadly throughout the community at minimal cost. However it is necessary to have clear guidelines on accessing media, and channels of communication in order for the messages to reproduce accurately. Thus, as stated earlier, the communication plan included clear statements regarding such issues as: branding, project referencing, agency responsibilities and approval protocols.

Media releases commenced with the project launch on September 27th in Ocean Grove, by The Minister for Children, Sherryl Garbutt. A media release was provided by the minister's office, and four local papers carried the story (Barwon Heads Ocean Grove Times, Ocean Grove Voice, Geelong Independent, and Geelong Advertiser), each with photos. This event was also filmed by an ABC camera crew who used the footage and referred to the *Romp & Chomp* project within a special program examining the childhood obesity issue Generation 'O' on 17th October 2005. Further media releases were planned to coincide with the marketing of each individual key message. On January 30th 2007, a half-page article appeared in the Surf Coast Times entitled 'Promoting Daily Fruit and Vegetables in Lunch Boxes for Pre-school Children', which included information on the project and ideas for healthy snacks and lunches. However there were not

releases for all messages due to time pressures, as media liaison required quite a deal of planning and follow-up.

Articles also appeared in:

- VHETTA – Journal of the home economics and textile teachers association Vol 44, Number 2, 2005. This journal carried a four-page article by Melanie Nichols of Deakin University examining childhood obesity and discussing the *Romp & Chomp* project: aim, objectives and preliminary results
- Department of Human Services 'News Magazine' Vol 5 Number 7 2006. The article discussed *Romp & Chomp* as one of three demonstration projects to be presented at a community conference on August 31st 2006
- 'Quality of Care' magazine 2006/07. This carried a two page, colourful article specifically on the *Romp & Chomp* project, including partnerships, key messages and marketing activities.

One parent contacted the Geelong Independent newspaper with negative comments about the project activities. She stated staff at her kindergarten would send home unhealthy snacks, and that she was concerned children would go hungry. She had stated that she had been provided with a list of healthy options, but was concerned about the cost of this. The headline was '*Kinders in "Nazi" rule on lunches*' by Hamish Heard, and was printed on Friday 16th February 2007. A letter to the editor was written in response, by Fiona Preston, General Manager, S4M Health Promotion, as the article had mentioned the *Smiles 4 Miles* project specifically, and sent on the 20th February. The article incorporating this response was printed on 26th February 2007 ('*Kinder food program defends snacks rules*') and included colour photos of the children at the (named) kinder enjoying healthy snacks. A further commentary was also printed on the following Friday 30th by Peter Farago expressing concern at some foods and drinks being consumed by children, and supporting the project objectives.

Festival Presence

In order to increase the target groups awareness and recall of key messages, and to evaluate these over the time of the project, the management committee agreed to a strategy of placing *Romp & Chomp* marketing resource materials within two local community festivals. The Barwon Heads Festival by the Sea (March) was selected as it targeted general residents in the Bellarine peninsula, but with attendees coming from the broader Geelong region. The Alcoa Poppykettle Festival (April) was selected as it is specifically designed for preschool and early school-aged children throughout the Geelong region. *Romp & Chomp* also supported the *Smiles4Miles* project in their attendance and materials at The World's Greatest Pram Stroll, a physical activity specifically designed to encourage mothers with infants to participate.

Festival presence provided the opportunity for a significant visual display and public interaction and engagement. The stand utilised a large tri-fold screen on which *R & C* and *S4M* information was displayed: large (A2) posters, branded purple and yellow balloons, and written information pertaining to the key messages. 2 large trestles were also used to hold postcards, stickers and promotional, give-away bags which contained a colouring competition, crayons, bubbles, balloons, A4 posters and brochures. The stand also provided activities for children to participate in. Staff attending the stand wore purple t-shirts branded with the *Romp & Chomp* family.

Evaluation ‘Poppy Kettle’ and ‘Barwon Heads Festival by the Sea’, 2006 and 2008

In order to measure the awareness of the *Romp & Chomp* project and its key messages, 2 surveys were presented to parents of preschool children within these festivals; one at baseline in 2006 and one at the end of the project in 2008. Baseline (n=181) and follow-up (n=123) data was collected at the ‘Alcoa Poppy Kettle Festival’ in Geelong and at the ‘Barwon Heads Festival by the Sea’ in Barwon Heads. Only parents with one or more child under 5 years, living in the City of Greater Geelong were included in the study.

The figures below show an increase in awareness among the parents between 2006 and 2008 (awareness increasing from 23% to 47% in 2008, see Figures 4 and 5). Figure 3 shows that in both 2006 and 2008 kindergartens were the main sources of awareness-raising, so parents whose children attend a kindergarten were more likely to have come in contact with the *Romp & Chomp* messages and to be aware of the project. Maternal and Child Health Care, Long Day Care and Family Day Care as sources of awareness decreased.

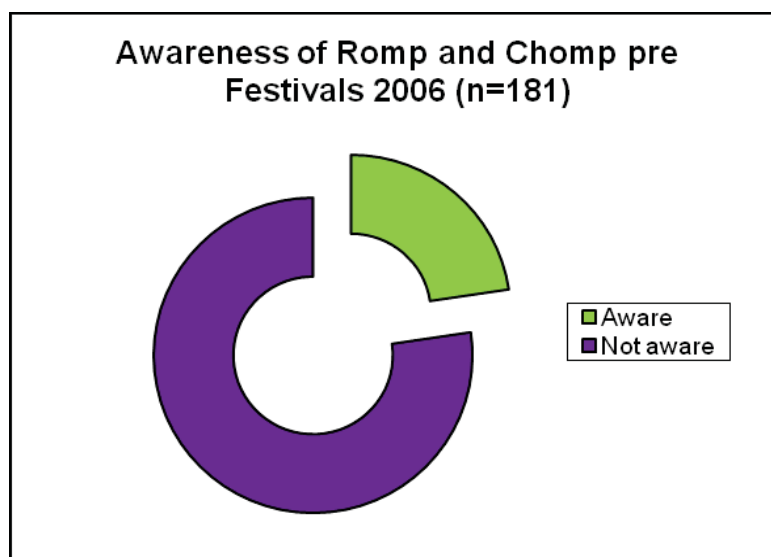


Figure 4 Parental Awareness of Romp & Chomp in 2006

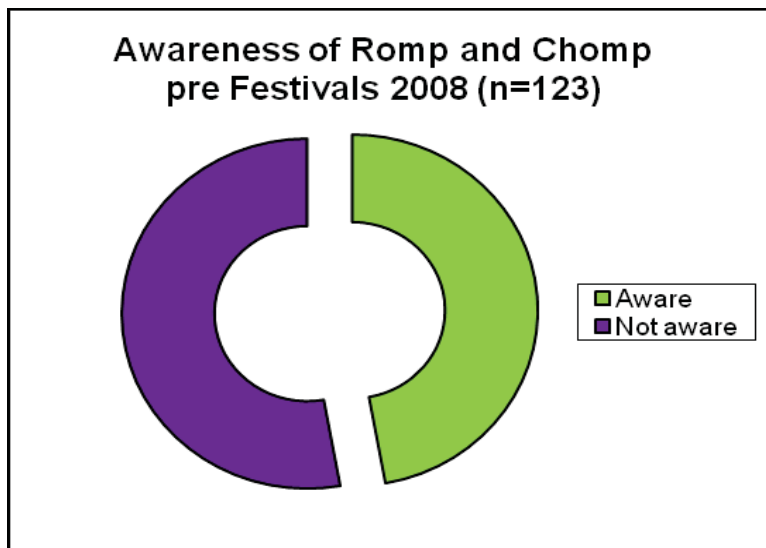


Figure 5 Parental Awareness of Romp & Chomp in 2008

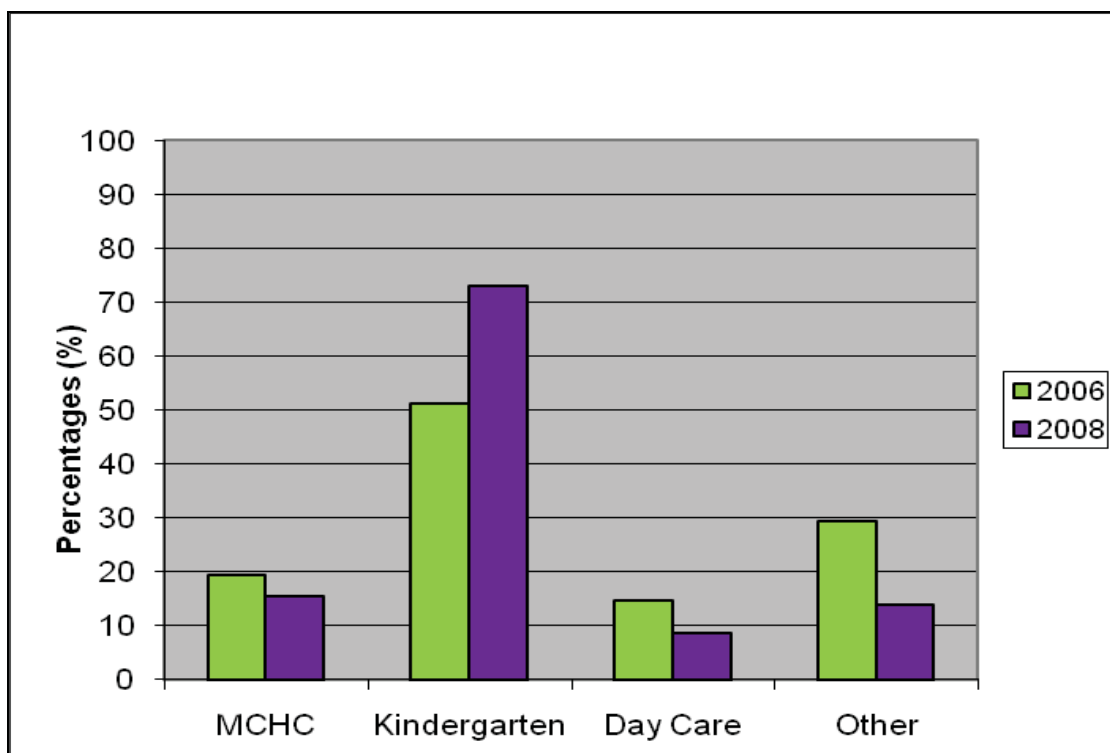


Figure 6 Source of Awareness reported

In 2008 we also asked the parents if they had heard the five *Romp & Chomp* and *Smiles 4 Miles* messages, drink water daily; eat fruit and vegetables daily; play actively everyday; plan how much TV/computer/videos/electronic games you watch in your family; and, clean your teeth well.

Figure 7 shows that parents were very aware of the messages, particularly the first three: daily water (97.6%), daily fruit and vegetables (100%) and daily activity (98.3%). Less screen time was still very well known (84.2%), although this message was not actively implemented in the settings.

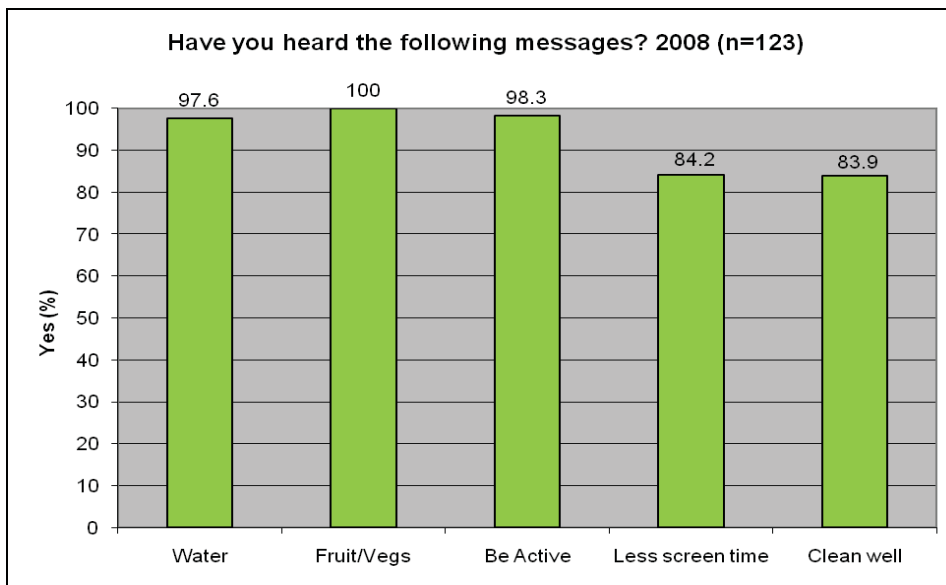


Figure 7 Awareness of the *Romp & Chomp* key messages in 2008

There was a large increase in awareness of the *Romp & Chomp* project; 47% of the parents knew about it in 2008 but its messages were even better known (all 5 above 80% awareness). This implies that parents also received these messages outside the intervention settings. These findings are in line with the Australian and states government's policies and social marketing to try to encourage people to be more active and eat healthier.

Budget

In order to provide the resources and staff time required to meet social marketing objectives, a budget needed to be developed and managed as expenditure occurred. The planned budget can be seen in tables 5 and 6. It should be noted that, due to a tight budget and the partnership of two like projects, each of which also offered resources, the plan below was not continued below the hatched line in 2007, and no expenditure on these resources occurred in 2008.

Message	Resources	Funding
↑ Fruit & Vege	Postcards (parents and children)	\$3,000(6,000)
	Fundraising fact sheet	\$1,500 (1000)
	Fruit & Vege stickers	\$500 (2000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
Less Energy dense snacks	Visual digital displays of fat and sugar in popular high energy snacks then can be used for:	\$500
	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
Less Screen time	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
	Fact sheet (M&CH)	\$1,500 (1000)
	Less Screen time stickers	\$500 (2000)
TOTAL		\$14,000

Table 5 Resource budget plan for 2007

Messages	Resources	Funding
↑ Water & plain milk	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
	Water stickers	\$500 (2000)
Active Play	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
	Active Play Stickers	\$500 (2000)
↑ Fruit & Vege	Postcards (parents and children)	\$1,000 (2,000)
	Fundraising fact sheet	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
	Fruit & Vege stickers	\$500 (2000)
Less Energy dense snacks	Visual digital displays of fat and sugar in popular high energy snacks then can be used for:	\$500
	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
Less Screen time	Postcards (parents and children)	\$1,000 (2,000)
	Newsletter (workers, parents and children)	\$1,500 (1000)
	Fact sheet (M&CH)	\$1,500 (1000)
	Less Screen time stickers	\$500 (2000)
TOTAL		\$16,500

Table 6 Projections for 2008

Summary

- The communication plan addressed media issues and stakeholder and coordinator communication and responsibilities and was an important project document.
- The project name, logo and resources were developed utilising community focus groups and individual consultations.
- Media releases allowed social marketing messages to be disseminated broadly throughout the community at minimal cost
- A settings-based and partnership approach for implementation and dissemination across the COGG ensured wide reach of the social marketing materials
- Festival presence provided the opportunity for a significant visual display and public interaction and engagement. Evaluations from these showed increased awareness of the *Romp & Chomp* project and the key messages to very high levels, over the life of the project.
- Awareness of the key messages increased during the project and reached high levels

Conclusions and Lessons Learned

In all, 47 kindergartens, 7 long day care centres and approximately 70 family day care providers throughout Geelong and the Bellarine Peninsula engaged in the project. Outcomes included: the development and implementations of nutrition, drink and active play policies; linkages with local community health settings, agencies and professional services; connections to like-projects enabling the presentation of awards; increased knowledge and skills around nutrition and physical activity within early childhood services; and access to an array of available materials and resources. There was an increase in awareness of *Romp & Chomp* among the parents of young children from 2006 to 2008 (awareness increasing from 23% to 47% in 2008) and awareness of key messages reached a very high level. The following represents a synthesis of the project evaluation for this objective, including festival evaluation and recommendations for the future.

Partnerships

Working in partnerships with agencies representing a significant number of early childhood services enhanced the effectiveness and efficiency of message development and dissemination. Commencing the process of developing the project by inviting a broad range of community and agency representatives to a 2-day forum provided an excellent opportunity to share knowledge and skills and develop a unified approach to obesity and overweight concerns for young children in the community.

The majority of children within the Geelong and Bellarine region will access one (or several) of the early childhood services working in partnership with the *Romp & Chomp* project. Providing marketing materials through early childhood service providers enabled a clear access point to the target population (under 5s).

Liaison with other (like) programs

Significant strength was added to the *Romp & Chomp* project through working with the *Smiles 4 Miles* and *Kids – ‘Go for your life’* projects. Having the same message presented, at the same time, from three projects enhanced social marketing outcomes: providing multi-sectorial support, a range of resources, and a consistent message disseminated throughout the community. However, some kindergartens experienced confusion over which project was actively working within their setting, and were not clear on how the three projects were working in unison. This confusion particularly surfaced around the issue of achieving the *Kids – ‘Go for your life’* award, wherein many of the actions developed to support the *Romp & Chomp*, and *Smiles 4 Miles* program significantly assisted them in achieving this award, yet teachers expressed concern that this was a third task,

rather than simply an extension of their current actions. Greater support by trained staff may have assisted this, but was restricted by their available time

Community Engagement

Festival presence provided a highly visible means of accessing the community and promoting key messages, as well as providing an opportunity to survey the community on reach of marketing messages. Local kindergartens and childcare centres in the Ocean Grove and Barwon Heads areas received an information pack to inform parents of *Romp & Chomp* presence at the 2006 'Festival by the sea'. Posters and flyers were also put up in local shops. This was not done for future festivals and it is unclear as to whether it impacted on families approaching the stand.

Icon development

The iconography (logo and characters) enabled rapid recognition and recall of the project, and the key messages. Several partners felt there had been insufficient consultation regarding the selection of the *Romp & Chomp* characters, and were not in accord with their selection; however feedback from parents and early childhood workers were prioritised when trying to determine the most suitable iconography.

Media releases

Media protocols were thoroughly developed and understood prior to any media engagement. This ensured all partners were able to present the same message, support those that were presented, and respond in accord to media issues. It is recommended that similar projects utilising media ensure protocols are clear to all parties before commencing marketing strategies.

Media releases allowed a broad reach of the project identity and key messages. While this also garnered a negative comment, this, in turn, prompted community discussion and two media articles in support of the key messages ensued.

Resources

Paper-based resources may have enhanced program recognition and take-home messages, but continued production was unsustainable within the project budget. The show bags, including contents, provided at the original festival cost \$4.40 each, which was unsustainable within a limited budget. Most resources were made available online and could be accessed as desired by settings. While this process was not the intended pathway, it bears consideration for future planning: that is: flooding the market for one year to garner community interest, and designing low-cost follow up access. The small budget to concerns over the viability of the social marketing aspects of the project, however significant support was garnered by working with two other projects.

Risk Management

Loss of project coordinators resulted in some communication issues. While this did not impact strongly on this objective, reporting of the processes was inconsistent and some information had to be sourced after the project conclusion. The absence of a risk management plan considering staff changes resulted in communication difficulties, loss of momentum and reporting problems when these occurred. These issues should be a focus of a risk management plan that is ideally developed early on in projects such as this.

Digest of Services and Projects

Kindergartens	<p>Sometimes referred to as 'preschool', those that meet the following criteria were termed 'kindergartens' for the context of this report:</p> <p>Settings for 3 & 4 year olds providing early educational experiences. Individual sessions can be from 2 to 5½ hours. 3 and 4 year old groups function separately to cater for the educational needs of children at these ages.</p> <p>No kindergartens in this region provides food for the children. All families are responsible for providing for the nutritional needs of their children, but are bound by the policies of each centre as to what is appropriate to provide for the child within the setting.</p> <p>Many kindergartens in this region are managed by a central agency: The Geelong Kindergarten Association (GKA). This agency organises training, employment and some administrative support functions.</p> <p>Those not within GKA are run independently by local community – based committees with the support of kindergarten staff.</p>
Long Day Care	<p>Services providing care, meals, rest/sleep accommodation to children. 7 Long Day Care services are provided and managed by the City of Greater Geelong. These are known as City Early Learning & Care centres. CoGG was a partner agency and all 7 centres participated in this project.</p> <p>CAVEAT: It should be noted that, when referring to long day care services, it applies only to centres managed by the City of Greater Geelong. Non-government day care service providers were invited to participate in the project, but declined.</p>
Family Day Care	<p>This program is funded through federal funds but managed regionally through the City of Greater Geelong. This service provides care within family homes. The carers receive support and training through the CoGG, and are accountable to a number of standards and requirements.</p>
Committee of Management	<p>All partner agencies, representing all settings and like-projects (<i>S4M</i>, <i>KGFYL</i>) were represented on this committee. Monthly meetings occurred and this committee made decisions that impacted directly on the project.</p>
Steering Committee	<p>CEOs or those nominated by CEOs of agencies providing funding or staff support, met on several occasions in order to inform the project of agency capabilities</p>
Smiles 4 Miles (S4M)	<p>Dental Health Services, Victoria, Health Promotion Unit project promoting water consumption, healthy diet, and care for teeth (hygiene and protection). 2004 – ongoing with 0.4 EFT project co-ordinator employed through Barwon Health Dental Services</p>
Kids- 'Go for your life' (KGFYL)	<p>Statewide project promoting water, fruit & veg, limit sometimes food, be active, less screen time, walk/ride to services/settings. Pilot project, 2007 extended into 2008/9. Co-ordinator employed through CoGG.</p>

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Appendices

Appendix 2.A. Flyer for Community Forum 2004

**Deakin University
Barwon Health
City of Greater Geelong
Department of Human Services
Geelong Kindergarten
Association &
Leisure Networks**

..... have formed a partnership
important to building healthy eating
and active play for under 5's.


The project requires
expertise and development
from those working
with the youngest members
of our population.

A free, two-day training session and workshop is being offered to
key stakeholders in early childhood services -

- to provide professional development and build an action plan
for active play and healthy eating for the under 5's in the
Geelong area.

> Come along and have your say on how
healthy eating and active playand HEAPS of it
should be addressed in your setting!


The Project needs a name.
What would you call it?
Put forward your ideas at the workshop!



Date: Wed 1st & 8th
September 2004
Time: 9am—5pm each day
Venue: Geelong Conference Centre


**Under 5's Project
Healthy Eating +
Active Play**

INVITATION: FREE TRAINING
& ACTION DEVELOPMENT



Free registration.....
To register please contact:

**Kath Doole
Project Officer
Phone 5260 3547
during office hours**



Appendix 2.B: Community Forum Program

Program Outline: DAY 1

Project Development Workshop

Wednesday 1st September 9.00am – 5.00pm

Geelong Conference Centre

9.00 – 9.15 **Arrival & Registration**

Session 1 **Welcome, Introductions and Context**
9.15 - 9.30am Kathleen Doole, Project Officer, Barwon Health

Session 2 **Nutrition, Activity and Childhood Obesity**
9.30 - 11.00am Dr Colin Bell, Sentinel Site for Obesity Prevention Project Manager

Morning Tea **11.00 - 11.15 am**

Session 3 **Community Gateways to Healthy Eating & Active Play**
11.15-12.10pm Frank Giggins, Family Services Development Officer, COGG

Session 4 **Active Play in Early Childhood Settings**
12.10-12.30pm Janet Park, Executive Officer, Geelong Kindergarten Association

Lunch **12.30 – 1.15pm**

Session 5 **Policy Options for Creating Healthy Eating and Active Play**
1.15-2.15 pm Dr Meg Montague, Social Research, Policy and Evaluation Consultant

Session 6 **Building Supportive Environments**
2.15 – 3.15 pm Dr Colin Bell, Sentinel Site for Obesity Prevention Project

Afternoon Tea **3.15 - 3.30 pm**

Session 7 **Leaders of Local Innovative Projects**
3.30-4.30 pm Nicole Vinken - Drysdale City Learning & Care
 Physical Activity in a Child Care Setting

 Sharron German - Teacher / Director, William Hovell Pre-school
 Early Childhood Dental Health Program

 Karen Butterworth - Playgroup Consultant, Regional Parenting
 Service: *Playgroups in Our Community*

 Annie O'Loughlin - Team Leader, Children's Services - Department of
 Human Services Barwon South-Western Region: *Start Right Eat*
 Right

Session 8 **Summary and Preparation for Workshops Day 2**
4.30-5.00 pm Dr Colin Bell

5.00pm **Close of Day 1**

Under 5's Project

Healthy Eating + Active Play

Program Outline: DAY 2
Project Development Workshop
9.00am – 5.00pm
Wednesday 1st September 8th 2-004
Geelong Conference Centre

Session 1 9.00 - 9.15 am	Welcome, Introductions and Overview of Format for Day 2 Kathleen Doole, Project Officer, Barwon Health
Session 2 9.15- 10.00 am	Evidence: What works & what doesn't! Professor Boyd Swinburn, Professor of Population Health
Session 3 10.00- 10.30 am	The ANGELO Process Professor Boyd Swinburn

The ANGELO Process – Analysis Grid of Environments Linked to Obesity

The ANGELO Framework is a grid which can be used to 'scan' environmental influences of eating and physical activity patterns.

The environmental influences within the early childhood sector can be categorised as physical, economic, policy or socio-cultural.

You will be guided through the ANGELO process with a group of stakeholders to help identify the majority of these potential environmental influences. This environmental scan will then be rated which distinguishes the high priority areas. These areas, in turn, form the basis of the action plan.

Morning Tea 10.30 – 10.45 am

Session 4 *The ANGELO Workshops*
10.45 - 4.30 pm

Lunch 12.30 – 1.15pm

Afternoon Tea 3.15 – 3.30 pm

Session 5 **Summary**
4.30-5.00 pm

5.00pm **Close of Day 2**

Appendix 2.C Romp & Chomp Key Messages plan for January to June 2006

Romp and Chomp Key Messages January-June 2006

Key Message 1- active play relates to workshop, commonwealth games and feedback received from setting staff				
Key Message 2- water and milk link to Summer months, active play message and links with Smiles 4 Miles				
TIMEFRAME	Activities	Target Group	Resources	Key workers/ Stakeholders
January- February	♦ Social marketing- promotional materials developed by graphic designer	All	Budget allocation ~ \$20,00	R&C Co. Graphic designer
January- February	♦ Water bottles sourced, branded and distributed to <i>key settings that have written water policy implemented only</i>	Settings	Budget Allocation ~ \$2,500	Dental BH R&C Co.
January- February	♦ Research best ways to access parents/families and what other projects exist that have worked in early childhood settings re. active play	-		R Deakin R&C Co.
February	♦ Focus groups with parents- assist with deciding key messages slogans	Parents	Budget allocation ~ \$500	MT Deakin R Deakin R&C Co.
February	♦ Local 'champions' (workers or parents) identified- to be involved in active play and drinks forums, festivals, promoting active play and drinks to other workers/parents and children	Workers/ parents		CoGG Co. R&C Co.
February (1)	♦ Newsletters (2) developed and distributed to all key settings	Workers/ parents	\$1 per copy if distributed pdf format free	St. Deakin (4) R&C Co.
February-March	♦ Active play activities collated from workers ideas in settings	Workers	Part of R&C Co./ CoGG role	R&C Co. CoGG Co.
March→	♦ Promotions at key identified festivals (e.g. Pakington Festival)	All	Budget allocation~ \$500- 800	All
March	♦ Site visit from University of Woolongong staff to assist develop a draft Active play kit/ resource and/or forum	All		MT Deakin R&C Co.
March-April	♦ Prepare Active play forum, training for workers as appropriate	Workers		LN St. Deakin (4) R&C Co.

Appendix 2.D Parent Focus Group Plan

PARENT FOCUS GROUP

PART 1- WHY A PARENT FOCUS GROUPS

Parent input into key messages development occurred early on in the project but no feedback has been obtained on strategies implemented to date from parents.

Purpose:

- To have input from parents on strategies implemented to date
- To have input from parents on strategies yet to be implemented
- To identify barriers and enablers to *R&C* strategies
- To identify and record possible different approaches for strategies in various catchments throughout the region.

PART 2- IMPLEMENTATION OF PARENT FOCUS GROUPS

It would be ideal to implement focus groups across the region and across various settings as highlighted by Table 1 below. However this is not within *Romp & Chomp* current capacity. It is vital to have one focus group from each catchment areas as the varying socio-economic and living conditions need to be taken into account when implementing various strategies.

SETTINGS	CATCHMENT AREA			
	North Geelong	Geelong CBD	East Geelong	Bellarine
Family day Care				
Kindergarten				
Long Day care				
M&CH- parent gp				

Timelines: focus groups to take place in July 2007 (mid intervention)

FOCUS GROUP OUTLINE

- Explain purpose of focus group and how the focus group will be run.
 - Outline 6 questions
1. What do you know about the *Romp & Chomp* project?
 2. What is the hardest thing about:
 - A) getting your children eating fruit & vege and less energy dense snacks?
 - B) getting your children to watch less TV viewing time?
 3. What do you need as parent to:
 - A) increase fruit & vege and eat less energy dense snacks?
 - B) Reduce TV viewing time?
 4. What is the best way for *Romp & Chomp* get information to parents?
 5. How do you feel about these messages:
 - Daily Water and plain milk
Drink water every day and plain milk (how much?)
 - Daily Active Play-
30-60 minutes of structured active play to develop movement skills
 - Daily Fruit & Vege and less energy dense snacks
Eat 2 pieces of fresh fruit and 5 vege a day.
Limit other snacks to 1-2 small serves per week
 - Less screen time
 - Limit screen time to less than 1 hour a day

Appendix 2.E Social Marketing Plan – 1

SECTION 1: SOCIAL MARKETING PLAN DRAFT 1



Aim

To increase the community awareness of the *Romp and Chomp* messages.

Objectives

1. To achieve a high recall of the campaign amongst the target audience
2. To increase the target group's awareness of the *Romp and Chomp* messages
3. To increase the target group's knowledge about and understanding of the *Romp and Chomp* messages
4. To increase the target group's confidence in their ability to implement the *Romp and Chomp* messages
5. To increase the amount of physical activity and healthy eating behaviours that correspond to the *Romp and Chomp* messages

Target Group

Primary Target Group: Children aged 0-5 years and their parents and carers at home.

Secondary Target Group: early childhood setting workers,

Stakeholders: early childhood setting managers, funding bodies, partner organisations, policy and decision makers

Background Information: Primary Target Group.

Motivators and barriers to behaviour change.

Things important to them.

Significant characteristics.

Where in the process of change do the target group sit.

Most appropriate methods and channels of communication.

Background Information: Secondary Target Group: Early Childhood setting workers.

Motivators and barriers to behaviour change.

Things important to them.

Significant characteristics.

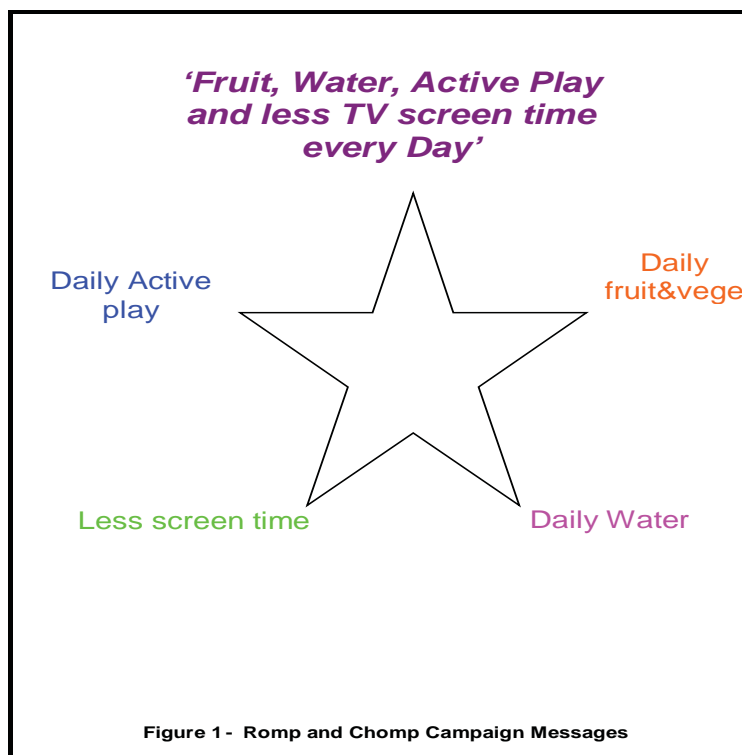
Where in the process of change do the target group sit.

Most appropriate methods and channels of communication.

Campaign Messages

The overarching message of the campaign is that children under 5 need to start being physically active and eating healthy foods daily. This message will be broken down into;

- “Campaign messages” – expressed in project language and for professional use (see figure1)
- “Take-home messages” – expressed in plain language and for use in the community, these indicate clearly what we want people to do (see table 1). These take-home messages will be developed with a parent focus group (Appendix 3).



‘Fruit & Veg, Water, Active Play and less TV screen time every Day’

Methods

Marketing methods vary greatly in terms of cost, time involved and mediums used. Some of the marketing methods that seem reasonable to resource within *Romp and Chomp* capacity are outlined below;

- Paid advertising (newspaper, radio)
- Press releases
- Merchandise (logo, stickers, magnets etc)
- Simple brochures distributed by inserting them in other people's magazines
- Brochure / leaflets mailed out using already established data-bases
- Regular newspaper columns
- Newsletters and Brochures
- Website links and screen savers
- Large scale media launches

Phases

The plan for the *Romp and Chomp* social marketing campaign is mapped over three phases. These phases may overlap each other on a time scale (ie. activities in phases 2 and 3 may be happening concurrently), however the intent of each stage is different.

Phase 1 is the initial phase of the social marketing campaign and intends to increase the awareness of the target group about this new local project. Hopefully, by the end of this phase the target group will know that *Romp & Chomp* is running in Geelong and has a focus on healthy eating and physical activity for children 0-5 years. This phase requires the most intensive marketing over a short period of time. The project's "take-home" messages are introduced in this part of the campaign.

Timeframe: January –December 2006- R&C family introduction and key message awareness raising

Phase 2 will involve building on the awareness established in phase 1. The intention of this phase is to maintain the target group's awareness of the project and to consolidate their awareness of the key messages. As the target group should already have an awareness of the project, the activities of phase 2 do not need to be timetabled as closely together or be as numerous.

Timeframe: January 2007-March 2007- R&C key messages behaviour change strategies implemented

Phase 3 intends to support the implementation of specific project strategies. For example, a social marketing campaign will be developed to increase the public ability to increase active play in children 0-5 years. Phases 2 and 3 are tightly linked but worth separating in the plan in an effort to;

- prevent missing the opportunity to resource individual strategies
- prevent becoming over involved in individual strategies and forgetting to see the broader project picture.

Timeframe: April 2007-December 2007- R&C key messages behaviour change strategies continues

Evaluation

Process Evaluation:

Who-	Deakin University PhD student. and project coordinator
What-	Documentation of the communication process over the project's funding period (eg. methods used, number of newspaper articles, radio interviews, brochures etc), testing of materials with the target groups
When-	Continuous over the course of the project

Impact Evaluation:

Who-	Deakin University Support and Evaluation Team
What-	Include questions that will evaluate the objectives of the communication plan in the 2 nd CATI interview and consider focus groups at the end of the project
When-	At project conclusion

Appendix 2.F Social Marketing Plan - 2

SOCIAL MARKETING PLAN DRAFT 2

Aim

- To increase the awareness of the key messages in homes and early childhood settings

Objectives

- To increase the target group's awareness of the key messages
- To increase the target groups understanding and knowledge of the key messages
- To increase the target groups confidence in their ability to implement the key messages
- To increase the amount of healthy eating and active play behaviours that correspond to the key messages

Target Group

Parents, carers and staff of children 0 – 5years

Children 0 – 5 years

Campaign messages

The overarching message of the campaign is that young children need to eat healthier foods and engage in more active play everyday i.e. **Start under 5 with healthy food and active play**

This message will be divided into the 3 key messages from the action plan and expressed in plain language for “take-home” use in the community.

1 Start under 5 - eat healthy foods and play active

Increase fruit

Increase water

More active play

Less energy dense snacks

Less sweet drinks

Less screen time

2 Decrease overweight and obesity in children

3 Improve long-term health outcomes

Marketing methods

Advertising via newspaper/radio

Press releases

Merchandise – logo, stickers

Newsletter articles

Brochure for alliance organisations

Media launch

Message	Take-home message	Marketing slogan
<u>Overarching.</u> Healthy food and play choices need to start 0-5 years	Healthy eating and active play is important in early childhood	More romp and healthy chomp - start under 5
Drink water & milk - avoid sweet drinks	Water and milk are everyday drinks 3 serves of dairy including milk is the right amount Juice, cordial and soft drink are high in sugar & are NOT everyday drinks	Drink water daily – start under 5
Eat more fruit and less energy dense snacks	Fruit is everyday food Packaged snacks like ‘health’ bars, lollies, crisps and sweet biscuits are high in sugar or fat Package snacks are ‘sometimes’ foods	Every day fruit – start under 5
More active play and less screen time	Active playtime at home everyday Limit screen viewing time at home Planned active playtime at early childhood settings	Play active – start under 5 Limit TV – start < 5

Note:

The overarching message is currently under consideration with immediate stakeholders.

The ‘market slogan’ and ‘take-home message’ will be trialled at a parent focus group during the Social marketing workshop.

Appendix 2.G Social Marketing Plan – Active Play

SOCIAL MARKETING PLAN: Active Play

‘Aim for consistency and continuity’

TARGET AUDIENCE	PLACE TO MARKET
Workers in key settings	LDC, FDC, M&CHC, Kinda's
Parents and carers	Parent groups, playgroups, work, leisure centres (pools, gyms etc), local shops, cafes,
Grandparents	Golf clubs, bowls, pools, bingo, senior citizens, GP practices, CHC's, health services generally
Families\people who engage in active play	sport clubs, parks, leisure centres
Families\people who do no active play	General media (magazines, newspapers, radio etc)

PRODUCT

Active play 60 minutes a day for every family and child under 5 years of age

PRICE

Active play ideas and how to tips

Benefits of active play has to outweigh the cost (effort, time, habits)

Benefit = doesn't take much time, free, fun for entire family, feel good, healthy, reduces stress, sleep better

PLACE

Barriers to active play?

The less people need to go out of their way to change, the more likely they are to make it.

Therefore target places where families with children under 5 are (eg settings, cafes, homes, cars etc)

PROMOTION

‘Active play for 1 hr a day’

Advertisements, media releases

Word of mouth via parents and workers

Car stickers, posters, billboards

Peer educators

CHALLENGE

It's easier to be inactive than active.

(what to market to each target audience)

FOCUS GROUPS

- What does active play mean to you?
- Do you and your family participate in daily active play? (why/why not?)
- What are the barriers to you or your family participating in daily active play?
- What could help you and your family participating in daily active play?
- What could you do now to ensure daily active play for your children under 5 years?
- Would you like info/resources on active play? What type? How would you like it presented?

TEST

R&C family concept

Postcards re. Active play key message with variety of audiences

EVALUATION

- How many posters, postcards etc are disseminated in key settings?
- Number of media articles mentions of R&C family, active play in under 5's?
- Is the target audience(s) aware of key message?
- Is target audience aware of how to increase active play with under 5's? (and how long for?)
- Log number of phone calls, e-mails, queries re R&C for target audience.
- Refer to action plan 'active play' objectives and reflect outcomes
- Do target audience know what active play means for under 5's?

Appendix 2.H Social Marketing Plan - Drinks

SOCIAL MARKETING PLAN- DRINKS

'Aim for consistency and continuity'

TARGET AUDIENCE	PLACE TO MARKET
Workers in key settings	LDC, FDC, M&CHC, Kinda's
Parents and carers	Parent groups, playgroups, work, leisure centres (pools, gyms etc), local shops, cafes,
Grandparents	Golf clubs, bowls, pools, bingo, senior citizens, GP practices, CHC's, health services generally
Families\people who engage in active play	sport clubs, parks, leisure centres
Families\people who do no active play	General media (magazines, newspapers, radio etc)

PRODUCT

PRICE

PLACE

PROMOTION

1.1.1. 'Active play for 1 hr a day'

Advertisements, media releases

Word of mouth via parents and workers

Car stickers, posters, billboards

Peer educators

CHALLENGE

It's easier to be inactive than active.

(What to market to each target audience)

FOCUS GROUPS

- What does active play mean to you?
- Do you and your family participate in daily active play? (why/why not?)
- What are the barriers to you or your family participating in daily active play?
- What could help you and your family participating in daily active play?
- What could you do now to ensure daily active play for your children under 5 years?
- Would you like info/resources on active play? What type? How would you like it presented?

TEST

R&C family concept

Postcards re. Active play key message with variety of audiences

EVALUATION

- How many posters, postcards etc are disseminated in key settings?
- Number of media articles mentions of R&C family, active play in under 5's?
- Is the target audience(s) aware of key message?
- Is target audience aware of how to increase active play with under 5's? (and how long for?)
- Log number of phone calls, e-mails, queries re R&C for target audience.
- Refer to action plan 'active play' objectives and reflect outcomes
- Do target audience know what active play means for under 5's?

Appendix 2.I Social Marketing Plan – Key Messages

SOCIAL MARKETING KEY MESSAGES

Daily Active Play: To Increase Structured Active Play In Kindergarten and Child Care Settings 2007

PRODUCT OR SERVICE (Desired behaviour)	WHERE (Where the target group will perform the desired behaviour)	HOW Promotion (How the idea will be communicated to target group)	COST (Barriers and benefits)	WHO (Partners or secondary target group)	BY WHEN (2007)	OTHER CONCURRENT ACTIVITIES (How R&C works in synergy)
Increase awareness of what structured active play is and why it is important in Early Childhood	Home/Settings	Active play postcards delivered to settings for distribution (1000copies)	\$540 D&P	Parents, children and EC workers	Beginning of Term 2	
	Settings	Active play A4 posters delivered to settings for distribution (1000 copies)	\$340 D&P	Parents and EC workers	Beginning of Term 2	
	Home	Active Play Newsletter delivered to settings -distribution (4,000 copies)	\$1,400 D&P	Parents, children and EC workers	Middle Term 2	
	Festivals: Poppy Kettle, Barwon Head, Corio	Active Play Program Activities	BH staff, R&C co. Time	Parents, children and EC workers	Throughout Term 1 and 2	S4M, Best Start, KGFYL
	Settings	Active Play Program Development Active Play Program, Design & Print	\$4,500 \$5,600 (1,000copies)	Universities : Wollongong, Deakin EC workers	End of Term 2	Honours students to pilot SAPP
Increase capacity of EC workers to facilitate structured active play in early childhood settings	Leisure Networks / EC settings	<u>Active Play Program Training</u> Facilitators- Leisure Networks *ECW 'train the trainer' 1 session *FDC, 2 sessions at night time *Northern suburbs session * Bellarine Peninsula	\$580 LN LN staff time LN staff time BH staff time	EC workers Leisure Networks	End of Term 2	GKTC-SAPP workshop (unsuccessful)
	Gordon Institute Tafe and GATE	Active Play EC Course Training- Certificate III in Early Childhood	R&C Co. Time	EC students Barwon Health staff	End of Term2 (June 25)	
	Settings	Email to all kinder workers regarding roll out of active play in Term 2	R&C Co. time	Barwon Health Allied Health worker	Start of Term 2	

SOCIAL MARKETING KEY MESSAGES

Daily Fruit & Vege: To significantly increase consumption of fruit & vege

PRODUCT (Desired behaviour)	WHERE (Where the target group will perform the desired behaviour)	HOW Promotion (How the idea will be communicated to target group)	COST (Barriers and benefits)	WHO (Partners or secondary target group)	BY WHEN (2007)	OTHER CONCURRENT ACTIVITIES (How R&C works in synergy)
Increase awareness of daily intake of fresh fruit & vege and why it is important in Early Childhood	Home/Settings	<u>Daily Fruit & Vege Postcards Series:</u> 1) Why Fruit & Vege? 2) Eat a Variety of Fruit & Vege 3) Lunch Box & Snack Ideas Postcards delivered to settings for distribution (1000copies)	\$540 D&P \$540 D&P \$540 D&P	Parents, children and EC workers	Beginning of Term 1	Sweet Drinks demonstration S4M Launch-Kinder parent engagement sessions
	Settings	Daily Fruit & Vege A4 posters delivered to settings for distribution (1000 copies)	\$340 D&P	Parents and EC workers	Beginning of Term 1	
	Home	Daily Fruit & Vege Newsletters delivered to settings -distribution (4,000 copies)	\$1,400 D&P	Parents, children and EC workers	Middle Term 3	Possibly KGFYL Media/resources?
	Festivals: Poppy Kettle, Barwon Head, Corio	Daily Fruit & Vege Activities	BH staff, R&C co. Time	Parents, children and EC workers	Throughout Term 1 and 3	S4M, Best Start, KGFYL
Increase capacity of EC workers to promote fruit & vege snacks in early childhood settings						
Increase capacity of low SES areas parents and EC workers to provide fruit & vege for snacks/lunch in early childhood settings						

Appendix 2.J Gantt chart – Phase 1

Gantt Chart for Phase 1 of Social Marketing Campaign

	January 05				February 05				March 05				April 05				May 05				
Tasks	7 th - 11 th	14 th - 18 th	21 st - 25 th	28 th - 1 st	4 th - 8 th	11 th - 15 th	18 th - 22 nd	25 th - 29 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 3 rd	6 th - 10 th	13 th - 17 th	20 th - 24 th	27 th - 31 st	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th - 28 th
Marketing Portfolio																					
Costings for portfolio		✓																			
L.head and b.cards		✓																			
Sort out copyright			✓																		
R&C email			✓																		
Develop characters			✓																		
Merchandise								✓													
Photographs										✓											
Newsletter 1 - snacks																					
Newsletter costings	✓																				
Mock up design				✓																	
Content newsletter					✓																
Content parent letter					✓																
Content parent tips					✓																
Content teacher Intro					✓																
Content teacher notes 1					✓																
Proofs newsletter						✓															
Proofs parent letter						✓															
Proofs teacher flier						✓															
Printing newsletter								✓													
Printing parent letter																					
Printing teacher flier																					
Press release N.paper																					
Parent Letter Release																					

	January 05				February 05				March 05				April 05				May 05				
Tasks	7 th - 11 th	14 th - 18 th	21 st - 25 th	28 th - 1 st	4 th - 8 th	11 th - 15 th	18 th - 22 nd	25 th - 29 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 3 rd	6 th - 10 th	13 th - 17 th	20 th - 24 th	27 th - 31 st	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th - 28 th
Teacher Intro Release								✓	✓		✓										
Newsletter release									✓												
Teacher Notes Release									✓												
Tips in school n.letter											✓										
Newsletter 2 – active transport																					
Content newsletter								✓													
Content teacher flier								✓													
Proofs newsletter									✓												
Proofs teacher flier									✓												
Printing newsletter											✓										
Printing teacher flier											✓										
Newsletter release												✓									
Tips in school n.letter																	✓				
Newsletter 3 – active play																					
Content newsletter													✓								
Content teacher flier													✓								
Proofs newsletter														✓							
Proofs teacher flier														✓							
inting newsletter																	✓				
Printing teacher flier																	✓				
Newsletter release																					
Tips in school n.letter																		✓			✓
Newsletter 4 - drinks																					
Content newsletter																		✓			
Content teacher flier																		✓			
Proofs newsletter																			✓		
Proofs teacher flier																			✓		
Printing newsletter																					✓

Tasks	January 05				February 05				March 05				April 05				May 05				
	7 th - 11 th	14 th - 18 th	21 st - 25 th	28 th - 1 st	4 th - 8 th	11 th - 15 th	18 th - 22 nd	25 th - 29 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 3 rd	6 th - 10 th	13 th - 17 th	20 th - 24 th	27 th - 31 st	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th - 28 th
																				x	
Printing teacher flier																					
Newsletter release																					
Tips in school n.letter																					

Appendix 2.J Gantt chart – Phase 3

Gantt Charts for Phase 3 of Social Marketing Campaign

		February 04				March 04				April 04				May 04				June 04			
Tasks	2 nd - 6 th	9 th - 13 th	16 th - 20 th	23 rd - 27 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 2 nd	5 th - 9 th	12 th - 16 th	19 th - 23 rd	26 th - 30 th	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th 28 th	31 st - 4 th	7 th - 11 th	14 th - 18 th	21 st - 25 th
	Food Retailer Resources																				
	Content for handout																				
	Content for costing tool																				
	Content for media guide																				
	Proofs for handout																				
	Print/Laminate handout																				
	1.1.2. Photocopy costing tool																				
	Photocopy media guide																				
	1.1.3. Community Resources																				
Develop branding																					
Develop slogans																					
Develop 'how often' clause																					
Content for certificate																					
Content for sticker																					
Content for written adverts																					

Tasks	February 04				March 04				April 04				May 04				June 04					
	2 nd - 6 th	9 th - 13 th	16 th - 20 th	23 rd - 27 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 2 nd	5 th - 9 th	12 th - 16 th	19 th - 23 rd	26 th - 30 th	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th 28 th	31 st - 4 th	7 th - 11 th	14 th - 18 th	21 st - 25 th	
Content for radio adverts																						
Content for posters																						
Content for pamphlets																						
Proofs for certificate																						
Proofs for sticker																						
Proofs for written adverts																						
Proofs for radio adverts																						
Proofs for posters																						
Proofs for pamphlets																						
Printing of certificates																						
Printing of sticker																						
Printing of written adverts																						
Printing of posters																						
Printing of pamphlets																						
1.1.4. Write media release																						
1.1.5. Campaign																						
Organise prize cheques																						
Confirm with Mayor																						
Release media statement																						
Mayor launch:																						
- present certificate																						
- present sticker																						
- present prize cheques																						
- in shop posters																						
- in shop pamphlets																						

Tasks	February 04				March 04				April 04				May 04				June 04				
	2 nd - 6 th	9 th - 13 th	16 th - 20 th	23 rd - 27 th	1 st - 5 th	8 th - 12 th	15 th - 19 th	22 nd - 26 th	29 th - 2 nd	5 th - 9 th	12 th - 16 th	19 th - 23 rd	26 th - 30 th	3 rd - 7 th	10 th - 14 th	17 th - 21 st	24 th 28 th	31 st - 4 th	7 th - 11 th	14 th - 18 th	21 st - 25 th
Weekly newspaper adverts																					
Weekly radio adverts																					
Adverts in newsletters																					
Follow-up media release																					

Appendix 2.K Marketing to target audience

	Policies (Food & drinks)	EC Worker Training	EC Course Lectures	Media Releas es	News letters	Post- cards	Fest- ivals	Stickers Bubbles
Children					*	*	*	*
Parent				*	*	*	*	
EC workers	*	*	*	*	*	*	*	
Key Stake holders	*	*	*	*				
Wider community				*			*	

Appendix 2.L Romp & Chomp Festival Presence 2006

The Festival Presence strategy relates back to the project Objective 2.

Objective 2: To increase the awareness of the project's key messages in homes and early childhood settings

Strategies

- Implement communication strategy
- Establish project identity
- Media opportunities
- Collaboration with community activities

TIMELINE	FESTIVAL OUTLINE	ROMP AND CHOMP STRATEGY
March 14th	Barwon Heads Festival By the Sea	
June 24th	Community Voice Conference: Corio	
March 15 th – 26 th	Commonwealth Games (Geelong)	Increasing awareness, marketing
March 31 st – April 2nd	Lara Heritage Festival (Lara)	Increasing awareness, marketing
April 27 th	Alcoa Poppykettle Festival: This children's festival features two fun filled days of entertainment and activities. Celebrations includes: <i>Performances from Circus Oz, Concerts, Children's film and opportunities for children to participate in the arts through workshops and interactive activities</i> Kinder Day = 27 th April 10am – 2pm Includes free lunchtime concert Many kindergartens represented Many free activities for preschoolers	Increasing awareness, marketing
October 7 th	World's Greatest Pram Stroll (Geelong City Council)	Increasing awareness, marketing
October 19 th – 22 nd	Royal Geelong Show	Increasing awareness, marketing
	Geelong Gala Appeal Parade & Family Fun Day	Increasing awareness, marketing
Various Sundays in month	Suburban Markets	Increasing awareness, marketing

Appendix 2.M *Romp & Chomp* Kinder support 2007

HOW ROMP & CHOMP * SMILES 4 MILES* PROGRAMS WILL SUPPORT KINDERGARTENS IN 2007

TERM 1: FOOD AND WATER MESSAGES

Most kindergartens will want to carry out the food and drinks messages in Term 1 to support healthy food and drink policies and get it right at the start of the year.

The program launch and provision of Water Boy and Munch Girl will support these key messages.



TERM 2: ACTIVE PLAY AND MESSAGES

Most kindergartens may want to implement the Active Play Program throughout the year, but commencing in Term 2 is advantageous with milder weather to encourage out door play.

The Active Play Program launch and training will support this key message.



TERM 3: LESS SCREEN TIME

Most kindergartens do not have computers, TV or screens in the setting.

This message will focus on how to reduce screen time at home with resources.



TERM 4: DENTAL HEALTH AND EVALUATION

Term 4 is a consolidation of reviewing all the key messages. Kindergartens will have received dental messages through out the year with healthy eating, drinks messages supporting dental health.

This message will focus on access to the Pre-School Dental Health Program



Appendix 2.N Communication Protocol

Early Years Health Promotion Projects Working Group Communication Protocol

Background:

This document is a reference for project workers, stakeholder's internal and external partners about how they will communicate with each other and the wider community of Geelong. This protocol applies to the following projects;

1. The Romp and Chomp (R&C) local initiative.
2. The Smiles for Miles (S4M) statewide initiative from DHSV.
3. The Kids Go For Your Life (KGFYL) statewide initiative from DHS.

Communication discussed in this protocol includes two main areas:

1. Media:

Media refers to branding and co-branding considerations, referencing of partners in communications, approval processes, requests for media comment, response to media (verbal and written) and distribution of all types of media e.g. newsletters, flyers, postcards, abstracts, and journals.

2. Stakeholder and Project Coordinator Communication:

Stakeholder and project coordinator communication refers to meetings, minutes from meetings, presentations and community events where the collaborative efforts of the three projects are discussed.

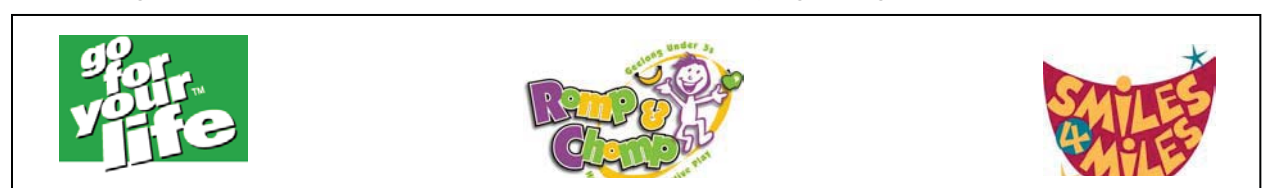
Project Coordinators are to provide a progress report at each ;

- Social marketing of key messages, planned activities and events
- Strategic direction of strategies
- Resource deliverables
- Budgets
- Sustainability of strategies
- Evaluation
- Applications for funding
- Number of services engaged

1. Media

1.1. Branding

- 1.1.1. Projects will promote the logos of their partner projects as shown below. The three logos will appear on all locally produced flyers, newsletters and health information provided to the wider community of Geelong as a minimum requirement.
- 1.1.2. KGFYL and S4M resources developed for state-wide use are not required to co-brand, but locally produced forms and flyers are required to co-brand as stated in section 1.1.1. It is especially important to co-brand when the communication relates to children in early childhood, preschool and family settings.
- 1.1.3. Locally produced stickers, balloons and smaller social marketing materials will not be required to be co-branded as specified in 1.1.1
- 1.1.4. Project developed resources can include their own logo in a larger size if required in addition to the minimum co-branding requirement specified in 1.1.1.
- 1.1.5. Any organisation that sponsors and develops a resource can add their organisational logo and are not required to add the organisational logos of partner agencies. The large number of organisational partners prohibits projects from displaying all logos.



1.2. Referencing Partner Projects

- 1.2.1. *S4M: All projects referencing S4M will bold and italics their full name as shown (Smiles for Miles).*
- 1.2.2. *Romp and Chomp has no referencing requirements.*
- 1.2.3. *KGFYL Amanda and Frank to add.*

1.3. Approval Process

- 1.3.1. *Non-urgent communication is defined as resource materials planned for release e.g. newsletters, flyers, postcards, and resources.*
- 1.3.2. *Urgent communication includes requests and responses to news media e.g. newspaper articles, radio and television interviews.*
- 1.3.3. *Non-urgent communication materials are to be approved by the Early Years Health Promotion Projects Working Group (EYHPPWG). Planned resources must be sent to key contacts as identified below with the agenda for the next EYHPPWG meeting.*
- 1.3.4. *Once approved by the EYHPPWG, non-urgent communication materials will be forwarded to each organisational public relations key contact prior to being sent to print. Organisational and project line management should also be sent a copy as a matter of courtesy which should be arranged by each project coordinator.*
- 1.3.5. *Urgent communication requires each project coordinator to abide by his or her affiliated organisational media policy.*
 - 1.3.5.1. *The R&C project is required to abide by Barwon Health's media policy v1.0.0, which states, "All media requests for information and interviews or comment should be directed to the Public Relations Officer when Romp and Chomp or Barwon Health employees provide comment or an opinion to the media".*
 - 1.3.5.2. *Barwon Health's Public Relations Officer is not required to provide approval for statements of fact regarding R&C's or Barwon Health's involvement in early years health promotion projects as a collaborating partner.*
 - 1.3.5.3. *The S4M Project is required to abide by the ...Sharon, Michael and Vanessa to complete.*
 - 1.3.5.4. *The KGFYL project is required to abide by theAmanda and Frank to complete.*
- 1.3.6. *EYHPPWG members and key contacts will be informed as soon as approval to comment to the media has been granted by the appropriate organisational public relations officer.*
- 1.3.7. *The project coordinators of each project are responsible for seeking approval from their public relations officer in relation to media comment.*
- 1.3.8. *Response letters for printed media comment will be distributed to EYHPPWG members and key contacts. Members and key contacts should provide feedback within 24 hours. The EYHPPWG chairperson will approve the final draft. The final draft will be sent to each projects organisational Public Relations Officer for approval. A copy of the final letter will be sent to the EYHPPWG members and key contacts.*
- 1.3.9. *R&C project workers will not answer interview questions in relation to other projects beyond the fact that they work in collaboration and support each other's key messages. When requested to comment about a partner's project, project workers will always refer to the partner's preferred public relations key contact as outlined below.*

1.4. Intellectual Property

- 1.4.1. *The inclusion of partner logos does not infer any intellectual property rights by partner agencies over resources produced by any other project.*
 - 1.4.1.1. *R&C resources and tools do not have any intellectual property restrictions and therefore can be used by partner agencies if requested in writing and approved by the EYHPPWG. Request for the use of communication resources should be forwarded to the chairperson of the EYHPPWG who will raise it for consideration at the next meeting.*
 - 1.4.1.2. *S4M resources and tools...Sharon and Michael to complete*
 - 1.4.2. *KGFYL resources and toolsAmanda and Frank to complete.*

2. Stakeholder Communication

- a. *Each project will have time at each EYHPPWG meeting to provide a progress report discussing*
 - Budgets
 - Social Marketing of Key Messages
 - Strategic Direction of Strategies
 - Resource Deliverables
 - Sustainability of Strategies
 - Evaluation
 - Applications for Funding
- b. *Minutes of stakeholder and executive meetings discussing any of the three projects should be tabled at the EYHPPWG meeting for comment.*
- c. *Decision-making affecting collaborative efforts of the projects must be made at the EYHPPWG meeting.*

Key Contacts

Kids Go For Your Life

1. *Geelong Project Officer: Amanda Stirrat, Ph: 52270619 or 0421775344 mastirrat@geelongcity.vic.gov.au*
2. *Family Service Development Officer: Frank Giggins, Ph: 5227 0775 or 0414777816 fgiggins@geelongcity.vic.gov.au*
3. *Kids Go For Your Life Public Relations Key Contact ????*

Smiles for Miles

4. *Director of Dentistry, Barwon Health: Michael Smith, Ph: 52603710 michae@barwonhealth.org.au*
5. *Smiles for Miles Geelong Coordinator: Sharon Sharp, Ph: 52732227 sharonsh@barwonhealth.org.au*
6. *Smiles for Miles Region 3 Manager: Vanessa Phillips: ?? Vanessa.Phillips@dhs.vic.gov.au*
7. *Smiles for Miles Public Relations Key Contact: Cara Merritt; Ph: ?? Cara.Merritt@dhs.vic.gov.au*

Deakin University:

8. *Sentinel Site Obesity Prevention Manager: Andrea Sanigorski, Ph: 5227-8369 or 0409197998 andrea.sanigorski@deakin.edu.au*
9. *Deakin University Public Relations Key Contact: PH: ??*

Barwon Health:

10. *R&C Project Coordinator: Louise Van Herwerden, Ph: 52611118, or 0417108256 louisev@barwonhealth.org.au*
11. *Manager, CH Planning & Services Support: Maree Dertien, Ph: 52603546 mareede@barwonhealth.org.au*
12. *Barwon Health's Public Relations Key Contact: Amanda Bavin, Ph: 52267707 or 0414742059 amandak@barwonhealth.org.au*

City of Greater Geelong:

13. *Coordinator, Community Child Health & Family Services, & EYHPPWG Chairperson: Maree Crellin, Ph: 5227 0747, mcrellin@geelongcity.vic.gov.au*
14. *Child Care Coordinator: Lisa Demajo, Ph: 52270797 or 0408324093, ldemajo@geelongcity.vic.gov.au*
15. *Coordinator Family Day Care, Debbie Elea, Ph: 5227 0745, or 0419 891 841 delea@geelongcity.vic.gov.au*
16. *City of Greater Geelong Public Relations Key Contact:*

Department of Human Services Barwon South West:

17. *Health Promotions Coordinator BSW region, Helen Walsh, Ph: 5226-4735 or 0417394161 Helen.Walsh@dhs.vic.gov.au*
18. *DHS Public Relations Key Contact:*

Leisure Networks:

19. *Healthy Communities Manager: Brooke Williams, Ph 5224-9925 brooke@leisurenetworks.org*
- Leisure Network's Public Relations Key Contact:????*

Appendix 2.0 Media Article

Media Article:

COGG Long Day Care and Family Day Care, Tap into Water

Wednesday the 2nd of May

Yesterday, the honourable Lisa Neville "State Minister for Children" presented Councillor Lou Brazier with 1300 *Kids - 'Go for your life'* water bottles. These water bottles will be provided to every child over two years, attending City Learning and Care, Long Day Care and Family Day Care across the Geelong region.

The Kids- 'Go for your life' project in Geelong in partnership with the *Smiles for Miles* and the *Romp & Chomp* projects are promoting water as the preferred daily drink of choice for children.

A recent Australian study of 5,000 4-5 year olds found that 90 percent of children have fruit juice, soft drinks or cordial daily.

Geelong children also having twice the rate of tooth decay in comparison to Melbourne metropolitan children.

These are alarming statistics when you consider the rising rates of overweight and obesity amongst Australian children.

The water bottles are just one of a number of strategies being employed by the three projects to promote water and milk as the only drinks to be consumed by children daily in early years and preschool settings.

Other strategies include promoting the use of water and milk policies in Long Day Care, Family Day Care and Kindergarten settings, allowing children to only consume water and milk.

It's hoped that creating healthy environments as mentioned above will create life long healthy behaviours: which in turn, should reduce the rates of tooth decay, obesity and other preventable health issues. So tap into water today!



MEET AND EAT: Sherryl Garbutt with Lou Brazier and Hamish Peat-King.

Fruit and play keep fat away

NICOLE MAYNE

GEELONG's kindergartens and child care centres have joined the fight against childhood obesity with a new program to promote healthy eating.

The Romp and Chomp pilot program is targeting the nutrition and play habits of 12,000 children aged five and under.

Minister for Children Sherryl Garbutt yesterday launched the three-year, \$50,000 initiative in Ocean Grove.

She said it would give families and staff the support they needed to make healthier diet and lifestyle choices for children in their care, including nutritional guidelines.

"The fight against

childhood obesity needs to be tackled at all levels of the community — and research shows the younger we can influence a child's eating and lifestyle behaviour the better," Ms Garbutt said.

"We all are aware of the growing problem of childhood obesity and its negative impact not only on a child's health and well-being, but on their futures as well."

Key objectives of the project include:

CUTTING consumption of high sugar drinks and promoting water and milk instead.

INCREASING fruit eaten and decreasing the amount of energy dense snacks.

INCREASING active play and reducing television viewing time; and

INCREASING structured active play in kindergartens and day care centres.

Ms Garbutt said research showed young children got one third of their energy from snack foods such as chips and sweet drinks.

"By influencing parents and staff at pre-school and child care services to make healthier food choices and increasing children's level of physical activity, we can play a big part in both establishing behaviour patterns or changing them for the better," she said.

The program is a joint initiative of the Department of Human Services, Deakin University, Barwon Health and the City of Greater Geelong.

Kiddie fat fight for parents, staff

LOCAL parents and child services staff will be the target of a new pilot program tackling childhood obesity.

State Government has chosen kindergartens and childcare centres in Geelong and the Bellarine Peninsula for the pilot program.

The Romp and Chomp pilot will target parents and staff at kindergartens and childcare centres instead of kids in a bid to put children on the path to healthier eating and more physical activity.

Minister for Children Sherryl Garbutt, who launched the pilot at Ocean Grove, said the program had a "unique approach".

The program could expand across Victoria if it was successful in the Geelong and the Bellarine Peninsula, she said.

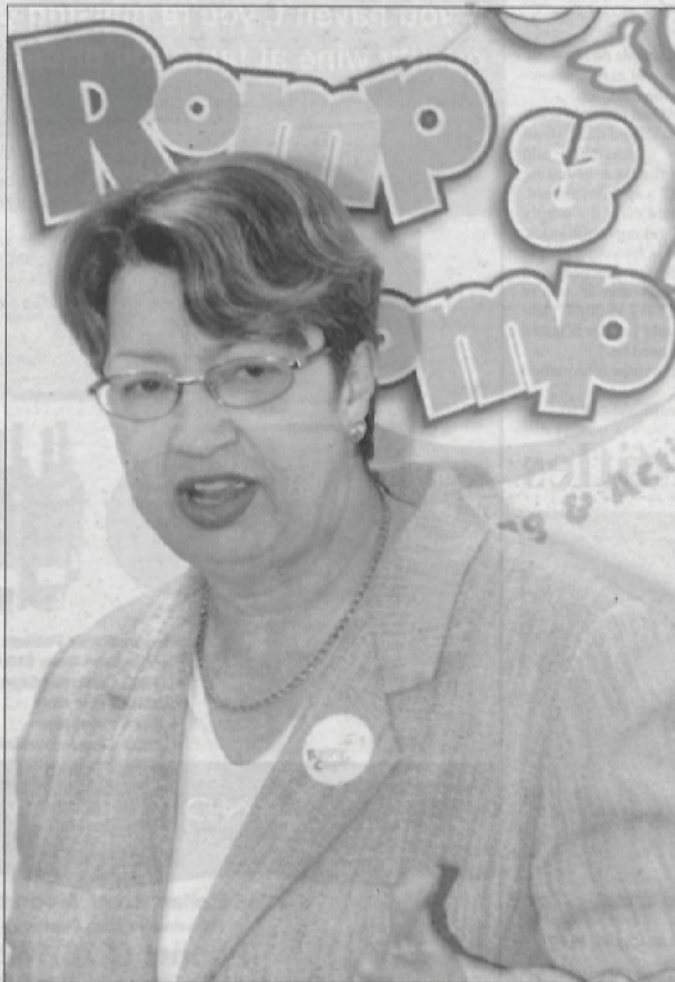
"By influencing parents and staff at preschool and childcare services to make healthier food choices and increasing children's level of physical activity we can play a big part in both establishing behaviour patterns and changing them for the better," Ms Garbutt said.

"The Romp and Chomp pilot program aims to give families and children's services staff the support and information they need to make healthier diet and lifestyle choices for children in their care.

Ms Garbutt said the fight against childhood obesity had to involve "all levels of the community".

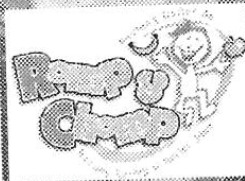
The program would also investigate children's growth patterns and "current practices" at children's services to measure the success of the changes introduced under the pilot.

"We are all aware of the growing problem of childhood obesity and its negative impact not only on children's health and wellbeing but their futures as well," Ms Garbutt said.



Aiming at adults: Sherryl Garbutt launches the Romp and Chomp pilot program at Ocean Grove.
Picture: Mark Farrugia

UNDER FIVES TO ROMP AND CHOMP THEIR WAY TO BETTER HEALTH



The Minister for Children, Sheryl Garbutt, was in Ocean Grove last week with Bellarine MP Lisa Neville to launch a \$50,000 Bracks Government program to tackle childhood obesity by promoting active play and healthy eating for about 12,000 children aged under five living in Geelong and Bellarine.

Ms Garbutt said the three-year *Romp and Chomp* pilot program would target children who attended kindergartens and childcare centres in the region.

"The fight against childhood obesity needs to be tackled at all levels of the community - and research shows the younger we can influence a child's eating and lifestyle behaviour the better," Ms Garbutt said.

"We all are aware of the growing problem of childhood obesity and its negative impact not only on a child's health and wellbeing, but their futures as well."

Research shows young children receive one third of their energy from snack foods such as chips and sweet drinks while a third consume minimal or no fruit and vegetables. And by the age of four, Australian youngsters are already spending an average of two and a half hours in front of the television or computer.

"The *Romp and Chomp* pilot program, to be run in kindergartens and childcare centres in Geelong and Bellarine, aims to give families and children services staff the support and information they need to make healthier diet and lifestyle choices for children in their care."

Ms Garbutt said the program, a community partnership between the Department of Human Services' Barwon South Western region, Deakin University, Barwon Health, and the City of Greater Geelong, had three main elements: prevention, education and research.

"As well as developing nutrition and physical play guidelines, the pilot project will undertake research on children's growth patterns and survey the current practices of early childhood services to measure the success of these planned changes."

"This is a unique approach and if successful, could be a template for similar activities offered in kindergartens and childcare centres across Victoria."

Ms Garbutt said a Nutrition Policy package including guidelines on snacks, drinks, allergies and food safety and Active Play guidelines will be in place in kindergartens in the region next year. She said the package and guidelines would be developed in conjunction with the Geelong Kindergarten Association.

"By influencing parents and staff at preschool and childcare services to make healthier food choices and increasing children's level of physical activity, we can play a big part in both establishing behaviour patterns or changing them for the better."

In the picture at Ocean Grove Primary School are students, teachers and parents with Minister Garbutt and Lisa Neville. ABC television recorded the launch as part of an upcoming Four Corners edition on the issue.

CIACU

PROMOTING BETTER HEALTH THROUGH EDUCATION

ROMP AND CHOMP

A collaborative Geelong community response to childhood obesity

OBESITY is a preventable but escalating condition with about 27% of Australian school children either being overweight or obese. The presence of excess weight can be linked to what children eat and how active they are, which are behaviours established early in life. These behaviours can be strongly influenced by the child's environment. In order to positively influence these behaviours, a partnership approach across a range of organisations has been required to achieve positive and long-term change.

Barwon Health is involved in an innovative, community-wide project called "Romp and Chomp". The project is a Geelong community response to the issue of childhood obesity and improving children's health in this region. It targets 12,000 children under five years old in Geelong and the surrounding community and aims to increase awareness of, and support the community to, increase healthy eating and active play in young children.

"Romp and Chomp is a unique, collaborative response to the childhood obesity crisis. It is all about making healthy eating and active play a fun part of daily life for families in Geelong," said Louise van Herwerden, Romp and Chomp Project Coordinator.

Romp and Chomp project partners include:

- Barwon Health
- City of Greater Geelong
- Deakin University Sentinel Site for Obesity Prevention
- Department of Human Services (Barwon South West Region)
- Geelong Kindergarten Association
- Leisure Networks
- Dental Health Services Victoria.

One aspect of the project involves the Romp and Chomp Family who are a role model family. Through a social marketing campaign, the family encourages all families with young children to make active play and healthy eating part of their everyday lives.

"The cartoon family characters have been specifically designed to appeal to children who are under five years of age and their parents. Once we have captured a family's attention, we are then able to communicate some important but simple messages," said Ms van Herwerden.

Key messages of the Romp and Chomp campaign are:

- daily active play
- daily water
- daily fruit and vegetables
- less screen time.

The overall message is that children under five need to be physically active and eat healthy foods daily. The first step in changing habits is to increase awareness of the need for healthy eating and active play. This is being achieved through regular newsletters, merchandise (e.g. stickers, postcards, magnets), presence at local festivals and presentations, and by working with the local community in early childhood settings such as day care centres and pre-schools.

The success of the project is being evaluated by Deakin University, collecting information at all stages of the project, with Romp and Chomp partners committing support until 2008. The evaluation will see if the project has successfully increased the amount of fruit and vegetables eaten by young children, increased the time children spend being active and also reduced the time



spent in front of the TV or computer. The evaluation will also see if the services that young children use promote healthy eating and active play, and also if pre-school children are putting on weight at a healthy rate.

"Partnerships that focus on children, their families and the services that influence them, will best achieve long-term change, particularly when it comes to promoting healthy eating and active play," Ms van Herwerden concluded.

- For more information about Romp and Chomp contact Louise van Herwerden, Romp and Chomp Project Coordinator on email: Louisev@barwonhealth.org.au or phone 03 5261 1100.

HOW MUCH FRUIT AND VEGE A DAY?

- kids need 2 serves of fruit and 5 serves of vegetables a day - just like adults
- kids will not be able to eat the same serving sizes as adults as they have smaller tummies
- eat a variety of fruits and vegetables - try a rainbow of colours!

Conference to showcase novel obesity program

Visits to sites implementing innovative community-based obesity prevention programs will precede the community-based Obesity Prevention conference in Geelong.

Delegates can see—in action—*Be Active Eat Well* in Colac, *Romp & Chomp* at Surfside Day Care and Kindergarten, *It's Your Move* at Bellarine Secondary College, both in Ocean Grove, and *Fun 'n Healthy in Moreland*.

Be Active Eat Well focuses on children aged between two and 12 through parenting programs, primary school 'fruit breaks', after-school activities and school nutrition and water policies.

Romp & Chomp promotes healthy eating, active play and drinks messages in early childhood services with training for staff, education resources and social marketing messages.

It's Your Move is for adolescents attending secondary school and aimed at encouraging healthy eating patterns and healthy young bodies.

Fun 'n Healthy in Moreland is a school community-based intervention aimed at establishing ongoing shifts in child and family behaviours and school policies and environment.

The pre-conference site visits—with two sets of options—will take place on Thursday, August 31, from Melbourne or Geelong.



The Friday and Saturday, September 1 and 2, conference will be hosted by the WHO Collaborating Centre for Obesity Prevention at Deakin University's Waterfront Campus in Geelong.

It is a satellite conference to the 10th annual International Congress of Obesity and will bring together the expertise and experiences of researchers and practitioners from around the globe—USA, UK, Europe, Asia and the Pacific—in the area of community-based obesity prevention programs.

The conference program

will be relevant to public health and nutrition practitioners, researchers, policy makers, economists and those in the fields of physical activity or education.

Community-based programs from around the world will be shared—in formal and informal settings—and evidence and recommendations for research will be defined.

Practical solutions and learnings will be pooled and discussed in terms of program design through to implementation, evaluation and sustainability.

The Romp & Chomp family promotes daily active play and healthy eating habits for under-fives-year-olds.

The conference is sponsored by the Department Human Services, VicHealth and the Australian Department of Health and Ageing.

• For more information contact Marika Thomson, Deakin Event Management Services, telephone 5227 8114, fax 5227 8151, email marika.thomson@deakin.edu.au or visit <http://www.deakin.edu.au/hmnbs/who-obesity/>.

Visit: www.circleofriends.net.au
 Ring: 0429 4 MUSIC (0429 468742)
 Adult: \$27.50 (\$30 at the door)
 Under 16: \$8.80 (\$10 at the door)
 Under 5: Free

Strictly limited tickets available
 Doors open at 6:30pm, 8pm start
 BYO drinks & nibbles
 (alcohol permitted)

Partners:

PO Box 1452, Horsham, Vic 3402 T 0429 468 742
 E music@circleofriends.net.au W www.circleofriends.net.au

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We take pride in your gardens

PROMOTING DAILY FRUIT AND VEGETABLES IN LUNCH BOXES FOR PRE SCHOOL CHILDREN



A collaborative Geelong community response to

childhood obesity called "Romp and Chomp" is about to kick off for 2007 in early childhood settings such as family and long day care centres and pre-schools. The project aims to help early childhood services promote healthy eating and active play and achieve healthy weight in children under 5 years old.

"We are working closely with kindergartens and child care centres so they start the pre-school year promoting daily fruit and

vegetables, water and active play," said Louise van Herwerden, Romp and Chomp Coordinator.

"In Term 1, we will be assisting early childhood workers with their food and drinks policies and providing resources to promote healthy snacks and lunches for youngsters. Parents are encouraged to provide their preschool children with daily fruit & vegetables in their lunch boxes."

Research indicates eating a variety of fruits and vegetables are important for the establishment of life long healthy eating habits for young children. The nutrients in fruit and vegetables are important for a child's health and development.

Fruit and vegetables provide important nutrients such as vitamins C and E, beta-carotene, folate, fibre and potassium. Best fruit choices to include in lunch boxes include fresh fruits (apricot, grapes, chunks of pineapple, cubes of watermelon, honeydew or rockmelon, mango slices, nectarine, passionfruit cut in half with a spoon, small container of strawberries)

or tinned fruit in natural juice. Dried fruit bars and 'straps' are very high in sugar, low in fibre and stick to teeth causing tooth decay are not suitable alternatives for fruit. Children do not require any fruit juices to have a well-balanced and healthy diet-water and milk are all they need to get them through the day.

Best vegetable choices as a snack or in the lunch box include: strips of yellow, red or green capsicum, cherry tomatoes, cucumber, celery, carrot sticks with dips, mushrooms, corn on the cob and grilled vegetables

DAILY FRUIT & VEGE LUNCH BOX IDEAS

Lunchbox 1
 Water bottle
 Grainy sandwich with cheese
 Corn on the cob
 Strawberries

Lunchbox 2
 Plain milk (UHT)
 Chicken and salad wrap
 Apple

Lunchbox 3
 Plain Milk (UHT)
 Lentil/fish patties
 Cherry tomatoes/Cucumber salad

Lunchbox 4
 Water bottle
 Fried rice (include vegetables)
 Cheese cubes
 Mandarin
 Snacks
 Banana milkshake
 Capsicum slices and hummus dip
 Chunks of pineapple
 Fruit kebabs
 Homemade vegetable soup
 Fill celery sticks with peanut butter or cheese spread
 Zucchini slice

Washing fruit and vegetables in clean water, removes dirt and most bacteria. Equipment used to prepare fruits and vegetables should be cleaned before use.

Reducing the risk of choking for young children

Children under 4 can choke on foods such as apple, carrot, nuts, popcorn and lollies. Avoid small hard bits of food. Grate or cook hard fruit & vegetables to avoid choking in young children.



Your first week is on us.* Enrol now.

Right now, a new family can enrol with ABC Learning Centres at no cost to them for the first week.*



Besides this wonderful offer, you'll also benefit from knowing your child will receive the highest possible standard of early childhood education and care.

Our tailored programs for children aged 6 weeks to 5 years introduce them to the joys of imaginative play, a love of learning and a diverse and exciting range of physical activities. Our experienced and qualified staff work tirelessly to ensure all children receive support and encouragement in a fun and nurturing environment.

To find out more about enrolling your child in a quality care and education program, free call 1800 222 543 (excludes mobiles) from 8:00am to 5:30pm (EST), visit childcare.com.au or call your local centre.

ABC Torquay, 5261 6185
 ABC Totness Street, 4125 4264



* Offer ends Friday 23 February 2007. Offer only applies to families who do not presently have, and have not previously had, a child enrolled at an ABC centre. Offer does not apply to families who have a child enrolled at a child care centre that is not for fee for profit, operated by ABC.

Kinders in 'Nazi' rule on lunches

BY HAMISH HEARD

"LUNCHBOX Nazis" are confiscating snacks such as fruit juice and muesli bars from kinder kids' lunchboxes in a pilot program enforcing healthy eating.

An angry parent yesterday attacked the program at 36 Geelong and Bellarine Peninsula kindergartens as an insulting infringement of parents' rights.

Kerry McKenzie, whose youngest child attends Corio West Kindergarten, said she was angry when told the school would confiscate foods it deemed unhealthy and send them home with children at the end of the day.

"Insulted" parents had labelled kindergarten staff "lunchbox Nazis" after they issued a list of rules specifying acceptable foods under the Smiles for Miles program, Ms McKenzie said.

"It really concerns me that many children may be going hungry because staff at these places are going through the children's lunches and removing or preventing them from having what has been sent by parents for their children to eat," Ms McKenzie said.

Under the rules, children can eat only kindergarten-approved snacks including fresh fruit and vegetables, dry biscuits and certain sandwiches.

A "water-only policy" bans fruit juice, cordial and soft drinks.

"It looks like they're taking away the right of parents to decide how to feed their kids," Ms McKenzie said.

She was upset about the kindergarten stopping her baking biscuits, scones or cakes for her youngest child's lunchbox, as she had done for her eldest children.

"Many parents cannot afford to always have fruit and vegies for snacks every day, especially single-income families," she said.

"They find it hard enough to provide basic meals and a sandwich for each school day and toward the end of their pay week the cupboard is very bare. Often it is only the so-called junk food, that is normally an occasional treat, left for their children to have for lunch."

Minister for Children Lisa Neville said Smiles for Miles was one of two healthy eating pilot programs at local kindergartens and child care centres.

"The programs are trying to educate and inform children about what is healthy and working with parents to help them change their children's habits in terms of what they eat," Ms Neville said.

"Obviously, parents will always play the biggest role in a child's development.

"These requirements only apply when the child is actually in the kindergarten or child care centre."

Kinder food program defends snacks rules

BY HAMISH HEARD

ORGANISERS of a controversial new healthy eating program in local kindergartens have hit back at claims some children could go hungry under the scheme.

Dental Health Services Victoria's Fiona Preston said Smiles4Miles had "no intention" of leaving children short of food at kindergartens.

The *Independent* last week reported parental fury at the pilot Smiles4Miles program in 36 schools throughout Geelong and the Bellarine Peninsula.

An angry parent said many parents felt the program stripped parents of their right to decide what to feed their children. She feared children could go hungry if kindergarten staff confiscated foods banned under the program.

But Ms Preston denied the program stripped parents of their rights.

"There is no intention to see children go hungry as a result of the program's intervention," Ms Preston said.

"Rather, by providing information to parents, the program will help them to understand why healthy snacks are important and which snacks are supportive of good health.

"It will also encourage parents to provide healthy snacks for their children and support the health-related messages being taught through the curriculum."

Fifty-seven per cent of five-year-olds suffered oral disease, while 23 per cent of preschool children were overweight or obese.

Corio West Kindergarten teach Bronwen Malpas also rejected claims in last week's *Independent* that unhealthy food was being confiscated from children.

"We do not confiscate food, any inappropriate snack is sent home," Ms Malpas said.

"We observe what children are eating and encourage them to eat healthy foods and ask them to take any unhealthy food home with them."

Ms Malpas said children at the kindergarten also enjoyed once-a-term "special days" when they were allowed to eat ice cream and "party foods".

Fargs on Friday, page 14



Good for them: Local Dental Health Services of Victoria representative Kay Holwell checks on the progress of four-year-olds Charli, Liam and Hayden in the Smiles4Miles program at Corio West Kindergarten, left, before Liam puts the bite on a healthy addition to his lunchbox, above.

Pictures: Lee Howe



Lesson for all on kindy food

WHAT ever happened to kids getting milk and fruit at kindergarten?

The simple, healthy combination seems to have been the norm around the *Independent* office this week, according to a quick straw poll.

It's a fair question to ask after a Corio parent created a storm last week complaining that her local kindergarten had confiscated snacks deemed unhealthy as part of a pilot program to promote healthy eating.

Kerry McKenzie said the program had stopped her packing home-baked biscuits, scones or cakes in her youngest child's lunchbox.

But kindergarten authorities have been quick to add some other food items to the list of snacks that other parents have packed for their kids in the past – foods deemed unacceptable in the Smiles4Miles program running at a host of pre-schools across Geelong.

The list includes junk food and, unbelievably, cans of Coca-Cola.

In anyone's book, sending a four or five-year-old to kindergarten with a can of Coke seems a sure-fire recipe for the child to head home with a sugar hang-over, not to mention getting really well acquainted with the family dentist.

And that's exactly what organisers of Smiles4Miles want to avoid.

According to Dental Health Services Victoria's website, the program combines preventative strategies and targeted treatment services to ensure better health outcomes, especially for children considered at high risk of oral disease.

Programs used to promote oral health include:

- Eat Well – promoting fresh fruit and vegetables rather than pre-packaged foods that are high in sugar and/or fat;
- Drink Well – promoting water rather than sweet drinks; and
- Clean Well – encouraging regular tooth brushing supported by parents/carers.

Minister for Children and Member for Bellarine Lisa Neville this week told the *Independent* a review of the program with 1800 parents had rec-

Fargs
ON
FRIDAY



PETER FARAGO

ommended it be rolled out across the state.

"It hasn't been imposed. We're working closely with families trying to teach kids and families to eat well," Ms Neville said.

"We're providing guidance of what is good and what's not good to eat. We're not trying to dictate but educate.

"What we want to encourage is a good understanding of the risks of always providing those foods.

"They can be treats but not everyday food."

It's obvious this program is about promoting healthy eating and oral care to young children, not infringing on parents' rights.

Health authorities can't control what parents serve their children at home but if they can encourage youngsters to enjoy eating fruit and vegetables then maybe their parents can cotton on to the message that this can only be a good thing.

And fruit and vegetables aren't that expensive. In fact, loading the menu with fruit and veg instead of processed foods can save money on the weekly shopping bill.

It's not about stripping parents' rights to serve their kids sweet treats but more about getting back to basics and giving children better food to help them grow.

If parents want to bake biscuits and cakes for their kids, maybe serve them as after-school snacks.

In the meantime it seems like it's a welcome return to milk (or water) and fruit at kindergarten.

Geelong Independent, 30th of February 2007

Appendix 2.P Nutrition Newsletter

NUTRITION NEWSLETTER Issue 1: December 2005

IN THIS ISSUE.

Romp and Chomp project overview

Key messages

Yummy Recipes

Active Play Tips

Out and About

ROMP AND CHOMP PROJECT OVERVIEW

Welcome to the new look Romp and Chomp newsletter!

Newsletters will be distributed to parents and workers with children 0-5 years, each Term in 2006,

The Romp and Chomp launch- September 27th 2005

- *The project was officially launched with The Hon Sheryl Garbutt, Minister, Office for Children, at Early Learning and Care Ocean Grove.*
- Articles were featured in The Geelong Independent, Ocean Grove Times and Geelong advertiser. Thank you to all the workers who attended the launch- it was a great success!
- *The ABCs 4 Corners program filmed the launch and used some of the footage featuring children from Early Learning and Care Ocean Grove in their program on October 17th. Communication strategies to inform and support the community towards making healthy food and play choices are in continual development.*

New Project Staff

Barwon Health has a new coordinator, Louise van Herwerden, working with Janet Torode from DHS on Romp and Chomp. If you would like to contact Louise or Janet please do so on:

Louise van Herwerden, email: Louisev@barwonhealth.org.au or call 52611100 (Monday-Wednesday)

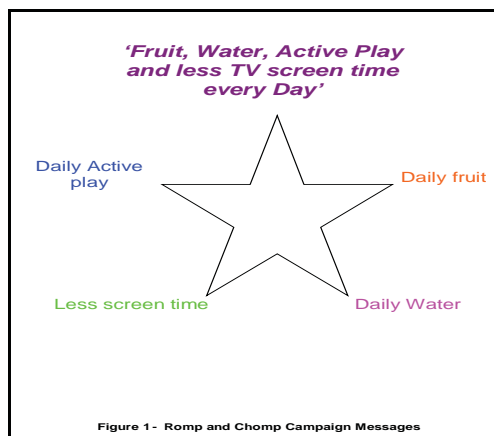
Janet Torode, email: janet.torode@dhs.vic.gov.au or call 52264937

GKA POLICIES

The development of a new drinks policy has been implemented in GKA services for 2006.

KEY MESSAGES

Draft concepts for Romp and Chomp key messages have been devised. These need have input from early childhood workers and parents prior to being finalised by the end of 2005. Any feedback can be sent to Louise van Herwerden, email:louisev@barwonhealth.org.au or call 52611100 (Monday-Wednesday)



1.1.6. FACTS AND FIGURES

1.1.7.

- An enormous amount of data from the M&CH sector has been collected to gather evidence for the growth of children at 2 and 3.5 years. Watch this space for some facts and figures early 2006!
- **Thank you** to M&CH who have been extremely cooperative with the use of their data system. This data is currently being presented at a conference by Melanie Nichols from Deakin University.

YUMMY RECIPES

DATE & WALNUT LOAF (TBC)- Christmas healthy option ? or should we only do a pure fruit/veg recipe?

Ingredients

1 ½ tablespoon butter or margarine
½ cup of sugar
1 egg
1 teaspoon Bi-carb Soda

1 ½ cup Self Raising flour
1 cup boiling water
250 grams dates-chopped
100 grams walnuts-chopped

Method

1. Melt butter; mix in sugar and egg, add Bi-carb Soda.
2. Add flour and boiling water alternately, mix thoroughly, add dates and nuts.
3. Cook in loaf tin approximately 50 minutes to 1 hour at 160-180 degrees

ACTIVE PLAY TIP

- *One active play tip per issue*

OUT AND ABOUT

- *List several resources available for workers/parents around healthy eating and active play for under 5's*

Appendix 2.Q Social Marketing Plan for the three projects for 2007-2008

Time Frame	Key Messages	Resources
Nov-2007 to Feb 2008	Daily Water Drink Well Tap into Water Every Day	<ul style="list-style-type: none"> Sweet Drinks Demos at early years services at enrolment days. These are to be provided by Allied Health & Dental Health Staff. KGFYL Sweet Drinks Displays funded by early years services A fundraiser for KGFYL water bottles is to be coordinated by the three projects. S4M water bottles to be distributed to identified target areas as discussed above R&C & S4M Water Policy R&C Water Postcards (dependant on funds for printing costs) Drink Well Tip Sheets & Tip Cards
Nov-2007 to Feb 2008	Daily Fruit & Vege Eat Well Plant Fruit & Veg in your lunch box	<ul style="list-style-type: none"> S4M lunch packs are to be distributed to identified target areas as discussed above. Drink Well Tip Sheets & Tip Cards Fruit Break Fundraiser in early years settings coordinated between the three projects. R&C & S4M Food, Nutrition & Food Safety Policies R&C Fruit & Vege Postcards (dependant on funds)
March to June 2008	Less Screen Time Daily Active Play Play Well Turn Off & Switch to Play	<ul style="list-style-type: none"> KGFYL turn off and switch to play: <ol style="list-style-type: none"> Newspaper advertisements Fridge magnets Newsletters R&C Active Play Program Manuals Active Play Policy Festival Attendance R&C Newsletters and Postcards (dependant on funds for printing costs). Play Well Tip Sheets and Tip cards
March	Setting Surveys	
July to September	Decrease Energy Dense Snacks Clean Well Limit Sometimes Foods	<ul style="list-style-type: none"> KGFYL Limit sometimes foods: <ol style="list-style-type: none"> Newspaper advertisements Fridge magnets Newsletters Flyers R&C Energy Dense Snack Displays (Dependant on Funding) R&C Newsletters and Postcards (dependant on funds for printing costs).
October to December	Evaluation, Settings Surveys & Festivals	<ul style="list-style-type: none"> COGG Pram stroll Children's Week Pram Stroll R&C Process Evaluation write-up Setting Surveys

Appendix 2.R Geelong Poppykettle Festival



Dental assistant Shae Jenkins at the *Romp & Chomp / Smiles4Miles* stand as part of the social marketing role during the 2007 Geelong Poppykettle Festival



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 3: To evaluate the process, impact and outcomes of the project. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.



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This report was produced for The *Romp & Chomp* Project.

de Silva-Sanigorski A, Robertson N, Nichols M. (2009) PROCESS REPORT FOR OBJECTIVE 3:
To evaluate the process, impact and outcomes of the project. Implementation strategies, process
evaluation, lessons learned and recommendations for future practice.

Acknowledgements

The work contained in this report represents an enormous effort from many people across a number of organisations. Their efforts and contributions are gratefully acknowledged.

Funding: Department of Human Services, City of Greater Geelong, Barwon Health, Deakin University

Program implementation: Several organisations and many staff have contributed to program implementation: Barwon Health, City of Greater Geelong, Geelong Kindergarten Association, Dental Health Services Victoria, Barwon Health-Dental, Leisure Networks, Victorian Government Department of Human Services, Deakin University

Program evaluation: The Deakin University research and evaluation team comprised: Andrea Sanigorski, Melanie Nichols, Lauren Carpenter, Floor de Groot, Narelle Robertson, Peter Kremer, Annie Simmons, Colin Bell, Boyd Swinburn and numerous research students.

The evaluation was also supported by the City of Greater Geelong and the Department of Education & Early Childhood Development (DE&ECD) and the Office for Children.

Editorial Support: Susan Parker, Emma Smitten

This project was broad in its reach and partnerships. Like any project there will be comings and goings, as staff left and others arrived. We acknowledge the contribution of many others who have contributed to this project in a myriad of ways over time. Thank you. It would not have been possible without each and every contribution.

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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe targeting approximately 12,000 children aged 0-5 years and their families. The intervention was conducted from 2004 to 2008 and activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

An important aspect of intervention projects is a comprehensive evaluation that is able to capture a wide range of outcomes. A complex community-based intervention such as *Romp & Chomp* requires data to be collected at multiple levels (particularly individual, settings and community), and in multiple ways (qualitative and quantitative). Evaluation of the process, impacts and outcomes of *Romp & Chomp* have been captured to assist with answering the questions of “*What worked, for whom and why?*” importantly capturing the context of the intervention. This report contains an outline of the evaluation and process and impact data. The main outcome of the effect of the intervention on children’s weight is not reported here as this analysis is still ongoing.

The *Romp & Chomp* intervention activities evolved from consultation with stakeholders and local experts within the community, including early childhood professionals and maternal and child health nurses. Interventions were created to address the individual needs of their services and support early childhood services move toward becoming supportive environments for promoting healthy nutrition and activity in young children. Baseline data were collected in 2005 and were also used to inform the intervention strategies and the development of the project action plan. The evaluation included: *Formative evaluation*, which captures the establishment of the project, engagement of key stakeholders and formation of steering committees and the governance structure; *Process evaluation*, which records the amount of time and costs associated with each objective, the actions taken to implement each strategy, and important learnings along the way; *Impact and outcome evaluation* which measures the effect of the project overall, and each of the objectives of the project action plan. As well as informing the development of the project’s strategies, the baseline data will provide useful local level data about the health of young children in Geelong and their nutrition and activity levels within early childhood services.

The *Romp & Chomp Project* evaluation was multi-level and comprised anthropometry, surveys of nutrition and physical activity behaviours, and environmental surveys in three types of early childhood services: long day care (LDC), family day care (FDC), and kindergartens.

In all, 47 kindergartens and 7 long day care centres and about 70 family day care providers throughout Geelong and the Bellarine Peninsula implemented the project. Although impact and outcome analysis continues, several positive changes have been demonstrated as a result of *Romp & Chomp*.

Preliminary analysis shows that outcomes include: the development and implementation of food, drink and active play policies; linkages with local community health settings, agencies, and professional services; connections with related projects (e.g. *Kids-Go for your life*, *Smiles 4 Miles*, *Start Right Eat Right*) enabling the achievement of awards; increased knowledge and skills around nutrition and physical activity within early childhood services; and access to an array of health promotion materials and resources.

Other substantial impacts include:

- Increases in healthy foods and drinks and reduction in unhealthy items brought to kindergartens;
- Increased (by over 30%) time spent in organised active play during kindergarten session; and,
- Policy implementation in early childhood settings to support healthy eating and active play for young children.

Further evaluation related to individual behaviour change and anthropometry is in progress.

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and 'Kids- Go for your life' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 *Romp & Chomp* Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-‘Go For Your Life’ (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Background to *Romp & Chomp*

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

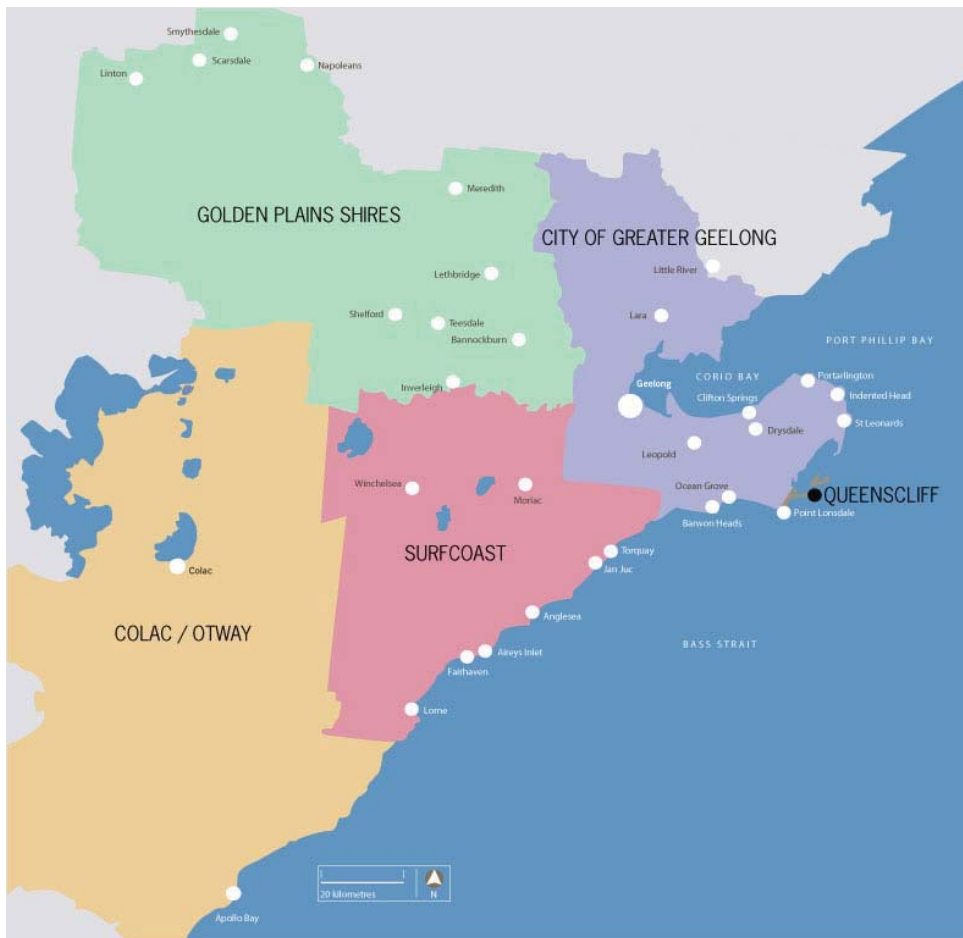
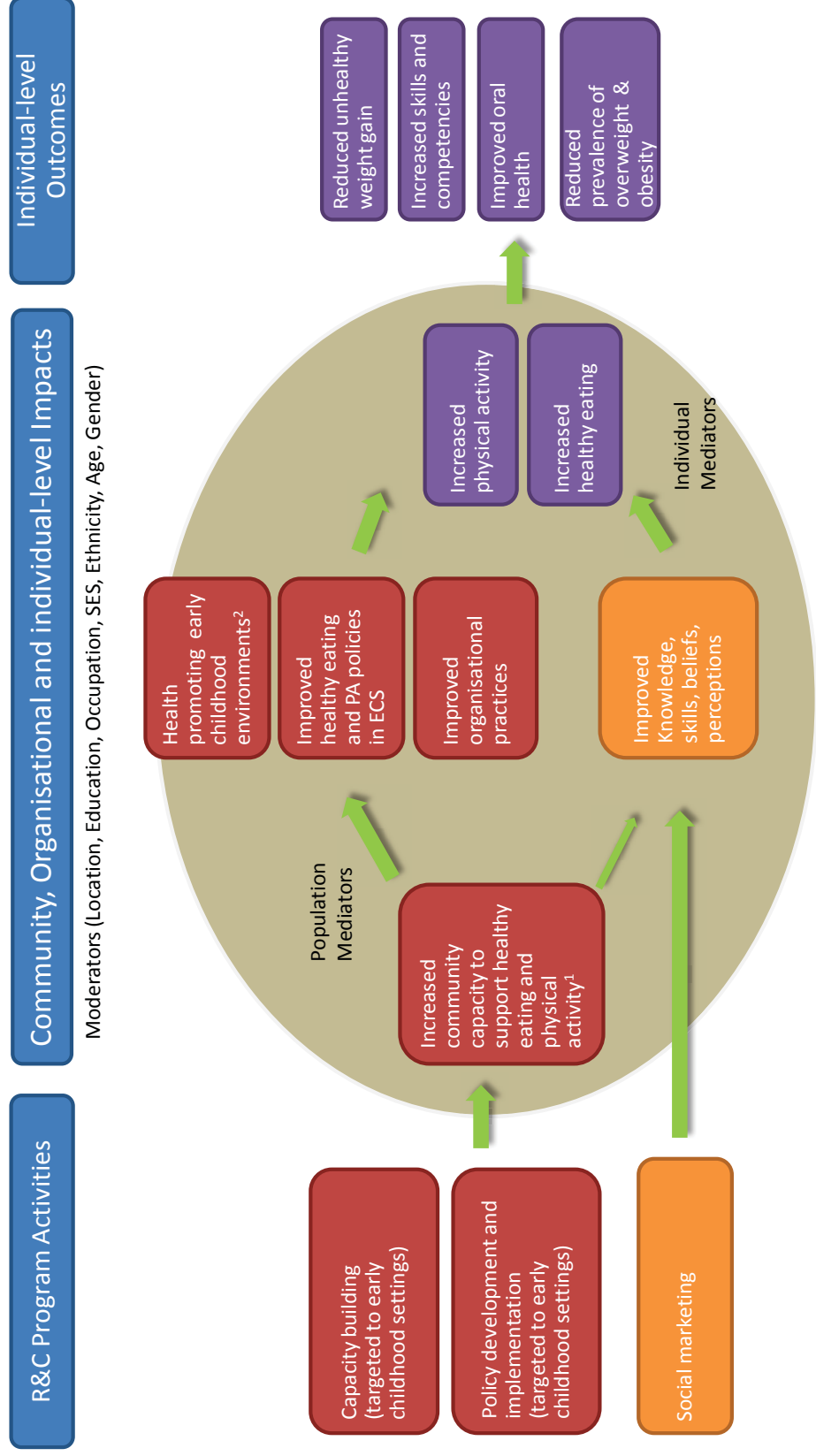


Figure 1: Map of Greater Geelong Region Map of Greater Geelong Region

Logic Model

The Romp & Chomp project was developed within the socio-ecological model of health and the logic model (figure 2) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as Romp & Chomp requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources , partnerships
2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 2 Romp & Chomp Logic Model

Introduction

The *Romp & Chomp* action plan included an evaluation objective (see report 1 for a complete example of the *Romp & Chomp* action plan) and while *Romp & Chomp* captures the process, impact and outcome evaluation (see fig.3) this report deals primarily with the impact and outcome evaluation to determine what worked for who and why? This report details the design, instruments and methods that were used to evaluate the multiple objectives of the *Romp & Chomp*.

Measure	Instrument	When
Process:		
<ul style="list-style-type: none"> Formative processes recorded by project staff 	Project action plan, documents, minutes, interviews	2005-2008
<ul style="list-style-type: none"> Evaluation of training, resource use, kindergarten implementation etc 	Feedback surveys, pilot testing, minutes of meetings	2005-2008
<ul style="list-style-type: none"> Evaluation Plan 		
Impact:		
<ul style="list-style-type: none"> Project Progress reports, social marketing plan, communication plan etc 	Project action plan, documents, minutes, key informant interviews, community survey of awareness of key messages	2005-2008
<ul style="list-style-type: none"> EC Settings surveys 	EC Settings surveys	2005, 07-08
<ul style="list-style-type: none"> Eating and Activity Survey 	Eating and Activity Survey	2005/6, 07/08
<ul style="list-style-type: none"> Community Capacity Index 	Community Capacity Index	2008
<ul style="list-style-type: none"> Maternal Child Health growth data 	Maternal Child Health data	1998-2008
Outcome:		
<ul style="list-style-type: none"> Process Evaluation 	Primary measure: Implementation of the action plan	2005-2008
<ul style="list-style-type: none"> Impact Evaluation 	Primary measures: Behaviour change, improvements in EC settings, increased capacity	2005/6, 2007/8
<ul style="list-style-type: none"> Outcome Evaluation 	Primary measures: weight, BMI, z-BMI, weight status (overweight/obesity) compared to comparison group	2005-2008

Figure 3: Summary of *Romp & Chomp* Evaluation Plan.

Methods

Romp & Chomp used a repeat cross-sectional quasi-experimental design with measurements in the intervention and comparison populations at baseline and after three years of intervention. The intervention site chosen was the City of Greater Geelong (CoGG) and the comparison group comprised a matched samples of other local government areas (LGAs, n=40) with available electronic data on height and weight from the 2 and 3.5 year Maternal Child Health (MCH) 'Key Age and Stage' checks (see objective 8). The project outcome will be assessed by comparing the changes in body mass index and prevalence of overweight and obesity in Geelong against the changes in the other local government areas. These data are not presented here. Other cross-sectional surveys of anthropometry, behavioural patterns and environmental audits in the early childhood settings were done at baseline in the intervention area and follow up after 3 years in both intervention and comparison LGAs. What follows are summaries of the baseline measurements.

Instruments

- Environmental audits: Audit surveys of early childhood settings (kindergarten, LDC, FDC)
- Behaviours: Parent-reported eating and activity behaviours of the child using the Eating and Physical Activity Questionnaire
- Lunchbox Survey [Kindergarten only] Paper based surveys (final survey completed electronically using the Survey Monkey Program) completed by kindergarten teachers.
- Anthropometry: Height and weight from routinely collected MCH data for 2 and 3.5 year 'Key Age and Stage' visits (for those completing the EAS questionnaire)
- Capacity building: Interviews, community capacity index, document analysis (see report 1 for further detail)

Environmental Audit

Background

As a large component of the intervention activities were directed at the early childhood settings, evaluation of the changes at the settings level (policies, practices, attitudes, facilities etc) are important to capture. The settings, surveyed at baseline and follow-up were family day care, long day care and kindergartens.

Methodology

Purpose

The three environmental audit tools for *Romp & Chomp* contain measures of general characteristics of the settings (i.e., number of children cared for) as well as factors in the physical, policy, socio-cultural and economic environments of the setting that may enhance or inhibit efforts to promote healthy eating and active play for children who attend the setting. Several questions also enquire about staff training, resource requirements, confidence and perceived effectiveness in influencing parents.

Source and validation

The survey used in *Romp & Chomp* was adapted from previously used environmental surveys and knowledge of the sector. The instruments were based on the ANGELO (Analysis Grid for Environments Linked to Obesity) framework of obesogenic environments described by Swinburn & Egger [1] incorporating the physical, economic, policy and socio-cultural aspects of environment. The tools were refined during consultation and piloting with key stakeholders within the community and settings. Adaptations of the environmental audits were made after piloting to make them relevant and appropriate for early childhood settings. Many items are common to all three audits and can be compared across settings, however there are also a significant number of questions which are specific to the setting, especially those relating to food provision (as this is different between settings) and questions which were revised after pilot testing for acceptability and appropriateness.

Administration

The early childhood settings audits were posted directly to kindergartens and long day care centres in the Geelong region, and were sent to family day care providers on behalf of researchers by staff at the City of Greater Geelong. Reply paid envelopes were provided for staff to return the survey

directly to Deakin University. Approximately 1 week after the deadline for survey return, a reminder letter was sent to non-responding kindergartens and day care centres by researchers and to all family day care providers. A further 2 weeks later a repeat survey was sent to non-responding kindergartens and long day care centres, but no further follow up was possible for family day care.

For the **baseline Environmental Settings Audits**, the following response rates were obtained:

- Long Day Care (LDC): 73.1% (19/26)
- Family Day Care (FDC): 66.8% (44/66)
- Kindergartens: 74.5% (38/51)

Notes

The survey has been further developed for state-based distribution and was processed by Deakin Computer Assisted Research Facility so that surveys could be electronically scanned to reduce the burden of data entry. The state-wide distribution at follow-up was done by the Office for Children for kindergartens and long day care centres in 33 Local Government Authorities. Family day care surveys were distributed in 20 Local Government Authorities by the councils.

Baseline Results

Nutrition Policy

As can be seen in fig.4, in 2005 95% of LDC and 84% of kindergartens had a written nutrition policy. These policies included restricting sweet drinks while promoting water and milk consumption in addition to encouraging fruit and vegetable consumption. Policies also encouraged teaching healthy nutrition to children and regularly providing parents with healthy nutrition information. Within FDC 0% had an individual written nutrition policy (as they are coordinated by local council, with policies set in a centralised way); however 86% of FDC provided guidelines and suggestions for healthy food for parents that supplied food for their own children (60%) and 33% had strict restrictions on the types of food and drinks allowed in the service (such as plain milk, water, fruit and vegetable).

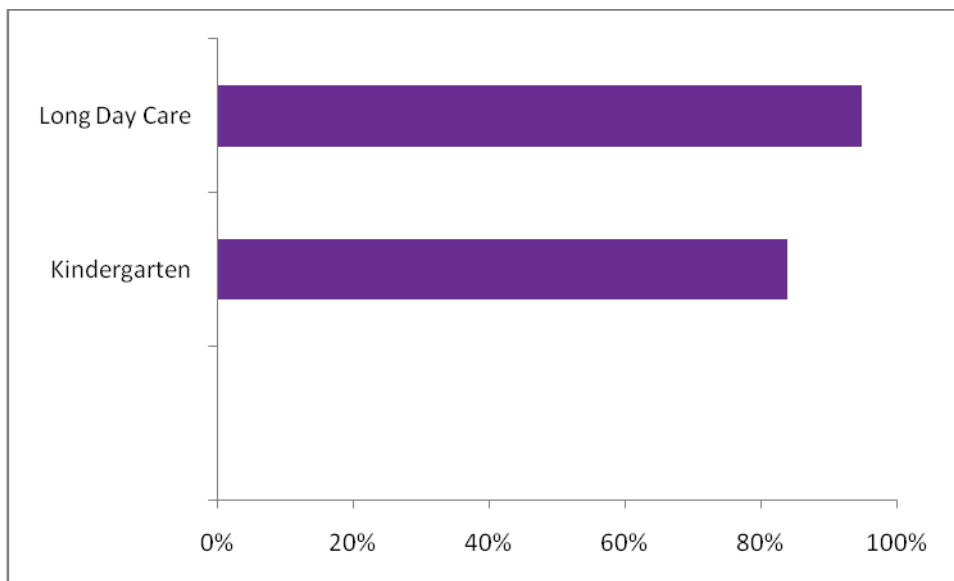


Figure 4: The proportion of settings with a written nutrition policy

Food

As can be seen below, the LDC service provided the majority of the food for children in their care throughout the day, whereas in FDC, food was generally brought from home (see fig.4).

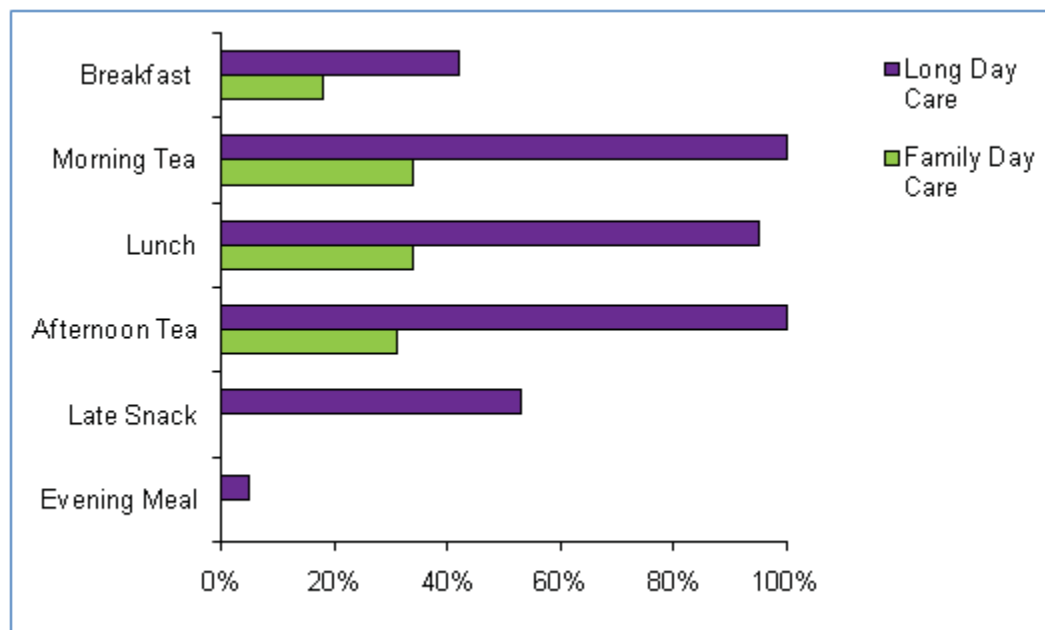


Figure 5: The percentage of meals provided to children by long day care and family day care

In LDC, the food and drinks provided typically included fruit, vegetables, milk and water. In addition, 17% of centres provided sweet biscuits or cake for afternoon tea. The menu was largely decided upon by the centre director or the cook (94%) although contributions to the menu were also made by parents (83%), carers (56%) and dieticians (44%). The vast majority (94%) of children in LDC were never offered food such as lollies and dessert as a reward, treat or comfort

however less than half of LDC offered healthy food at celebrations and special occasions (32% 'rarely/never', 47% 'sometimes').

In FDC, parents usually provided all of the food for their children. However, some carers (52%) chose to provide additional food (see fig. 5) and 33% offered food such as lollies and dessert as a reward, treat or comfort for children (on average 2.3 times per month).

In kindergartens all food was provided by parents and staff in most kindergartens (95%) never offered food such as lollies and dessert as a reward, treat or comfort. Food offered at celebrations and special occasions was reported to be rarely/never (43%) or only sometimes (32%) healthy. With regards to fundraising, 53% of LDC and 55% of kindergartens had chocolate or confectionary fundraising activities.

With regards to intervention activities, the needs of the three services varied greatly. While the majority of LDC centres provided food for the children the majority of children in FDC and all in kindergarten brought their food from home. These differences had implications for the types of written policies needed, the challenges faced by each service in promoting the policies to parents and the content of the policies.

Physical Activity Policy

In 2005, 4 out of 18 LDC (22%) and 1 out of 38 (3%) of kindergartens had a written physical activity policy (see fig. 6). Although there were only few services with policies, in LDC the physical activity policies largely focused on promoting physical activity to develop fundamental motor skills and regularly rotating or varying play equipment. No family day care providers had a written physical activity policy.

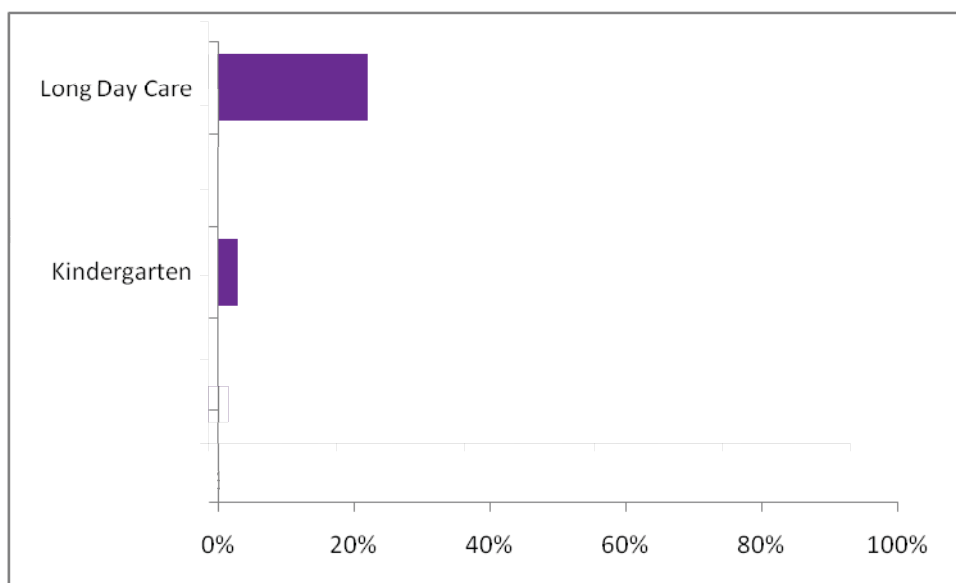


Figure 6: The proportion of settings with a written physical activity policy

From the survey results it was determined that there was a need for written active play policies to be implemented in all services. See report 7 for the active play process evaluation.

Time spent in Active Play

Long day care

- An average of 247 minutes/day allocated for organised active play (in and outside)
- An average of 160 minutes/day allocated for quiet, sitting activities

Almost a quarter of LDC (22%) had a set minimum time for organised active play such as active games, dance and sports-like activities. The average minimum time set by LDC centres for organised active play was 48 minutes per day. In addition, 28% of LDC had a set minimum time that children spent outside each day, which on average was set at 97 minutes per day.

Family day care

- An average of 116 minutes/day allocated for free outside play
- An average of 173 minutes/day allocated for free inside play
- An average of 87 minutes/day allocated for organised active play (in or outside)

39% of FDC had a set minimum time for organised active play. The average minimum time set by FDC provider for organised active play was 55 minutes per day. As well, 47% of FDC had a set minimum time for children to spend outdoors, which on average was set at 83 minutes per day.

More than half of LDC (61%) and FDC (69%) organised and ran structured activities to develop fundamental skills at least once a day. 42% of LDC and 39% of FDC rotated or varied play equipment at least once or twice a day. While only 11% of LDC (2 centres) allowed television/video viewing once per day, 74% of FDC allowed television/video viewing at least once a day. With regards to computer use, 61% of LDC and 77% of FDC did not allow use.

Kindergarten (4 year old kindergarten with an average session time of 231 minutes)

- An average of 79 minutes/session allocated for free outside play
- An average of 83 minutes/session allocated for free inside play
- An average of 39 minutes/session allocated for organised active play (in or outside)

In kindergartens, children had an average of 33 minutes in organised activities, and one third (34%) of kindergartens had a set minimum time for organised activities each day. Despite this, 42% had a set minimum time children spent playing outside each day and on average the minimum was set at 70 minutes/session playing outside. Staff in kindergartens often conducted organised structured activities for the development of fundamental movement skills, with 79% doing so at least once per session. However, only 39% of kindergartens rotated or varied play equipment on a daily basis. Nearly all kindergartens did not allow children to view television/videos (95%) or use computers or electronic games (95%).

These baseline results give a broad picture about what is going on within services in regards to children's activities while in care. As with nutrition, processes of active play differ from service to service. The capacity for services to engage children in active play varied widely due to such factors as age range of the children in care, capacity of staff and the types of environment provided (space, equipment etc.). From these data, strategies were developed with staff within these settings to address the needs of all three services (see report 7).

Outdoor Environment

Long day care and kindergarten

- On average staff rated the outdoor and indoor areas at their settings very highly for space, equipment and shade/shelter (outdoor only).

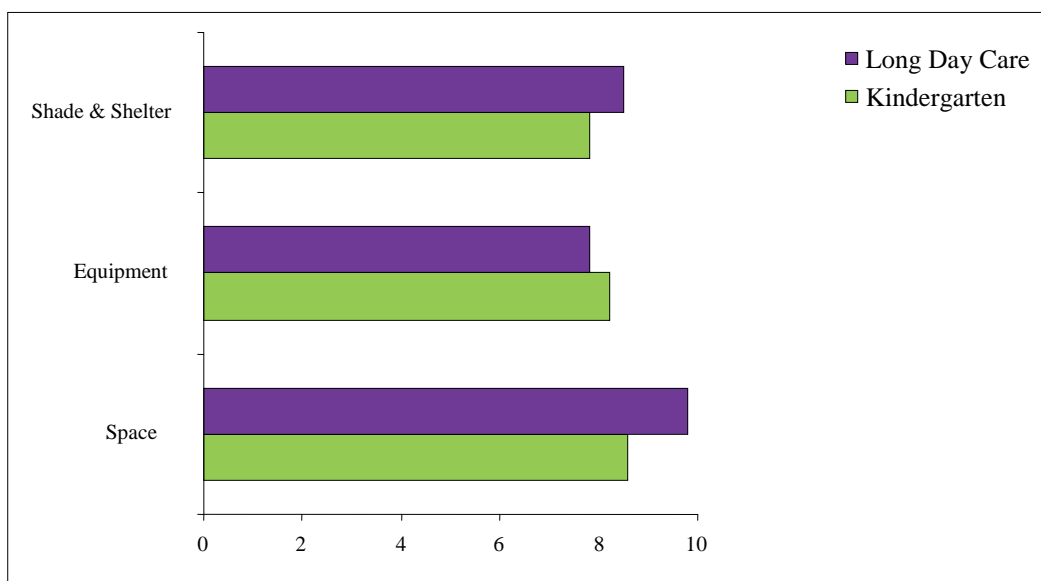


Figure 7: Rating of long day care and kindergarten OUTDOOR facilities (out of 10)

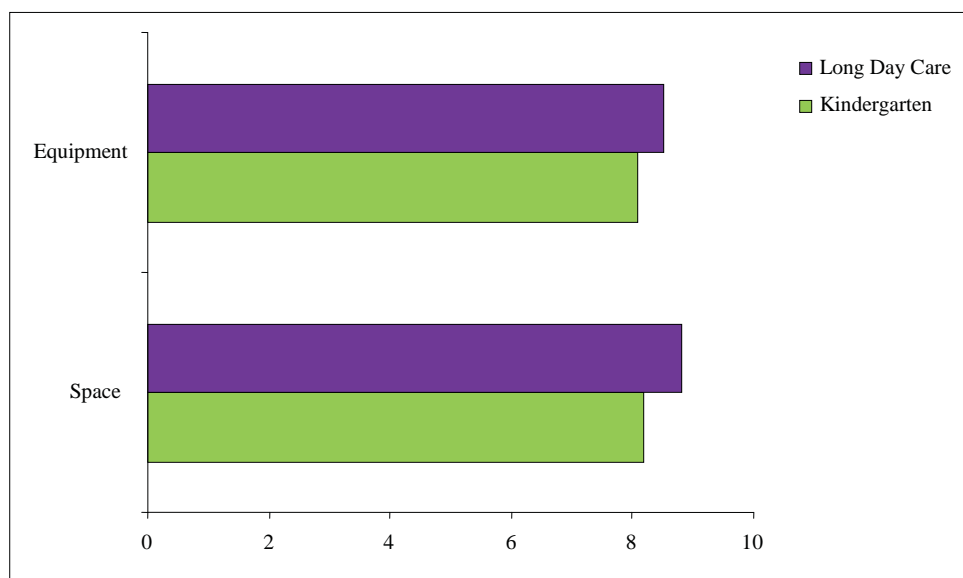


Figure 8: Rating of long day care and kindergarten INDOOR facilities (out of 10)

In general, indoor and outdoor environments were rated highly by all services (see fig. 7 & 8). The type of environment is important to encouraging active play among children but it also one of the more difficult things to change. The active play interventions in *Romp & Chomp* looked at adapting activities to suit the environment or setting up the environment in a way to encourage activity, rather than changing the environment itself.

Staff, Training & Communication

Long day care

- 95% of LDC nutrition and physical activity policies were decided by the centre director, staff members and parents
- 16 % had all carers and 63% had some carers with specific training in food and nutrition for children at long day care
- 11% had all carers and 74% had some carers with specific training in physical activity and movement skills for children at long day care
- Informal conversation was the most common method used to convey information relating to nutrition (used “often” in 90% of centres) and physical activity (83% of centres) to parents

Family day care

- 91% of FDC providers had specific training in food and nutrition for children
- 62% of FDC providers had specific training in physical activity and movement skills for children
- Informal conversation was the most common method used to convey information relating to nutrition (used “often” by 44% of care providers) and physical activity (68% of care providers)

Kindergarten

- 84% of kindergarten nutrition and physical activity policies were decided by the centre director and teachers
- 37% had all staff and 26% had some staff with specific training in food and nutrition for children at kindergarten
- 61% had all staff and 29% had some staff with specific training in physical activity and movement for children at kindergarten
- Kindergarten staff communicated with parents about nutrition in a variety of ways, with the most common being newsletters (used “often” in 50% of kindergartens) and bulletin boards (used “often” in 46% of kindergartens)
- Informal conversation and newsletters were the most common methods of communicating with parents about physical activity (used “often” in 33% and 32% of kindergartens respectively)

In addition, other findings are summarised below:

- Many FDC providers reported difficulty attending specific training or professional development, which was related to their inability to have another carer fill their position.
- FDC providers rated the information and resources available to them in relation to children's nutrition (8/10) and physical activity (7.5/10) highly.
- Many LDC centres reported availability and support for staff to attend specific training and professional development sessions and most LDC respondents also rated highly the information and resources available for staff in relation to children's nutrition (8.1/10) and physical activity (7.8/10).
- Kindergartens often had the most staff with specific training and professional development in nutrition and physical activity for children, however they rated the availability of resources and information relating to nutrition (6.7/10) and physical activity (6.3/10) somewhat lower than the other EC services.

Strategies to provide training during the course of the *Romp & Chomp* project took these needs into account, tailoring the training to suit the individual services (see reports 4 and 5 for nutrition related training and 7 for active play related training implementation).

Eating & Activity Survey

Methodology

Behavioural data related to children's nutrition and activity patterns was collected using a short survey of parents attending the Maternal and Child Health (MCH) nurse services for their child's 2 or 3.5 year old check up.

Sample

All parents or carers of children who attended an MCH centre for a 2 year or 3.5 year 'Key Age and Stage' consultation in Geelong between July 2005 and June 2006 were invited to participate. Completed surveys were returned for 950 children aged 2-4 years from the Greater Geelong area (response rate = 32.4%). The sample was of a somewhat higher socio-economic position than the general population.

Survey

A two page Eating and Activity Survey (EAS) (see appendix 3.B) was used to examine children's eating and activity behaviours likely to be risk or protective factors for obesity development. The survey consisted of questions about demographic characteristics, activity levels and dietary information.

Baseline Results

Active play

Figure 9 shows the number of times parents/carers took their child to be active each week (see fig 8), while figure 10 shows the parent-reported proportion of the types of activities children usually preferred to engage in during their free time (see fig. 10).

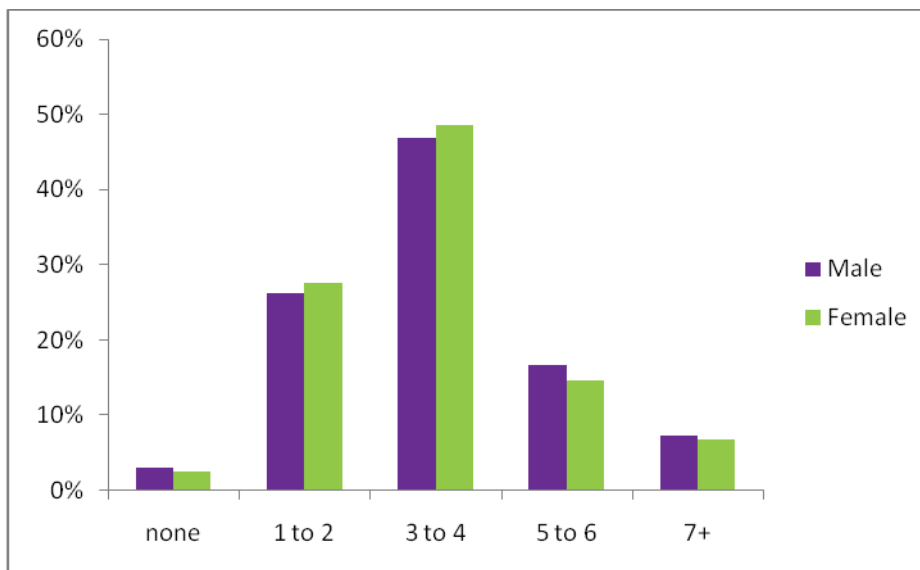


Figure 9: number of occasions children were taken for physical activity in the previous week

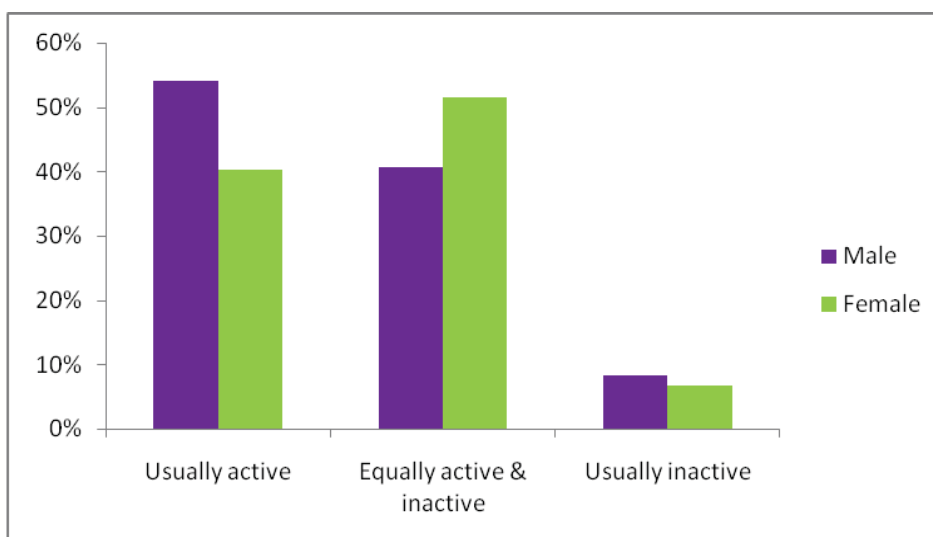


Figure 10: Breakdown by gender of activity type child engaged in during their free time

Only a very small proportion of children were not ever taken to be physically active, whereas a large proportion was taken to be active between 1 and 4 times per week. About half of the young children were reported to usually choose active pastimes during their free time, and a larger proportion of boys were active during their free time when compared with girls. A larger proportion of girls spent time in both active and inactive pastimes equally as often.

Early childhood TV viewing time

Parents of 2 and 3.5 year olds reported on the amount of TV their child viewed on the previous day. This data is presented in figure 11 and figure 12 where is also shown against Socio-Economic Status (SES).

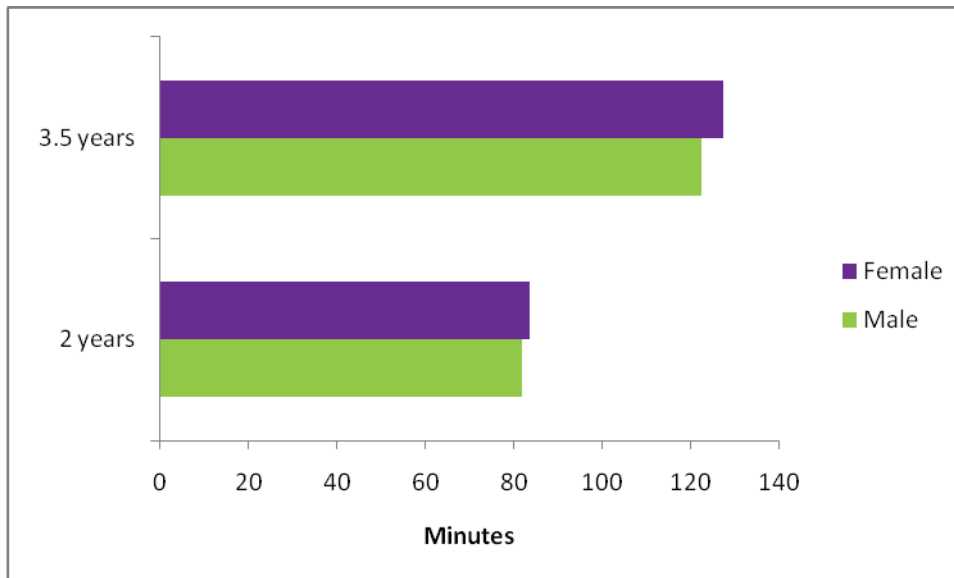


Figure 11: Total TV viewing time on previous day (min.) as reported by parents

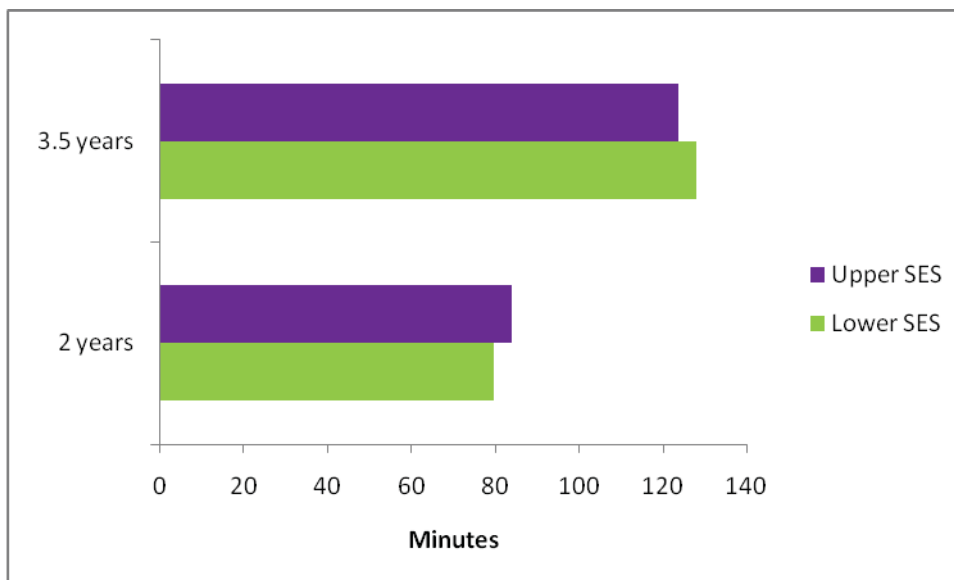


Figure 12: Total TV viewing time on previous day (min.) broken into lower and upper SES

In this sample, 48% of pre-school children watched 2 or more hours of television, which is above the American Academy of Paediatrics recommendations (American Academy of Pediatrics 2001). Objective 6, 'to significantly increase home/ family-based active play and decrease television-viewing time' was the only objective to target behaviour in the home and is consequently

challenging to address and perhaps beyond the capacity of the *Romp & Chomp* project. Further evidence about behaviours and awareness of the television viewing guidelines was collected through focus groups (see report 6).

Lunchbox Survey (kindergarten)

Methodology

All of the kindergartens who actively participated in the *Romp & Chomp* intervention activities completed a series of Lunchbox Surveys (conducted pre and post intervention; see appendices 3.C & 3.D) including an active play survey component (n=43). All surveys were completed by the kindergarten teacher and were paper based, other than the last one which was completed electronically using the Survey Monkey program. Lunchbox surveys in kindergarten settings asked teaching staff to determine the proportion of children bringing a range of food and beverage items on a given day through observation during a snack and/or lunch session. These were conducted four times: November 2006 (Time 1, n=37), March 2007 (Time 2, n=18), November 2007 (Time 3, n=38) and March 2008 (Time 4, n=38). This component of the evaluation was originally part of the Smiles4Miles program evaluation; however the methodology was refined and incorporated into the *Romp & Chomp* evaluation. There are approximately 25 children attending for each kindergarten session.

Results

Drinks

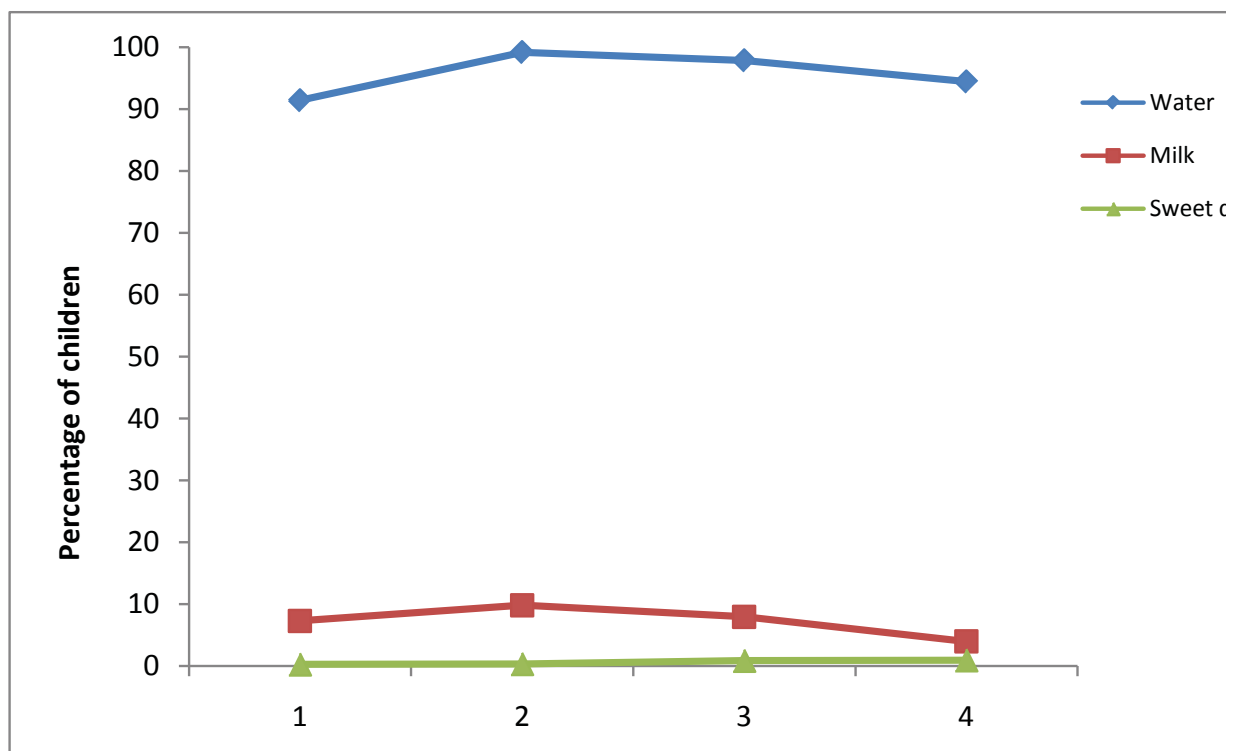


Figure 13: Percentage of children that brought at least one item from each group to kindergartens over time

These results show that virtually all children in kindergartens within the CoGG region took water to drink. There is a very low level of sweet drinks in these settings. The percentage of kindergartens that are 'water only' is encouraging and consequently the percentage of sweet drinks in kindergartens was very low and stayed low (less than 1%, see fig. 13). Plain milk consumption peaked at time 2 with 9.8% having plain milk at kindergarten; at time 4 this had dropped to 4%.

As detailed in process report 4, many kindergartens were already moving toward or had a zero tolerance for sweet drinks in their setting and *Romp & Chomp* provided support and resources for kindergarten staff to embed water only policies in their settings, ensuring sustainability and consistency from year to year.

Food

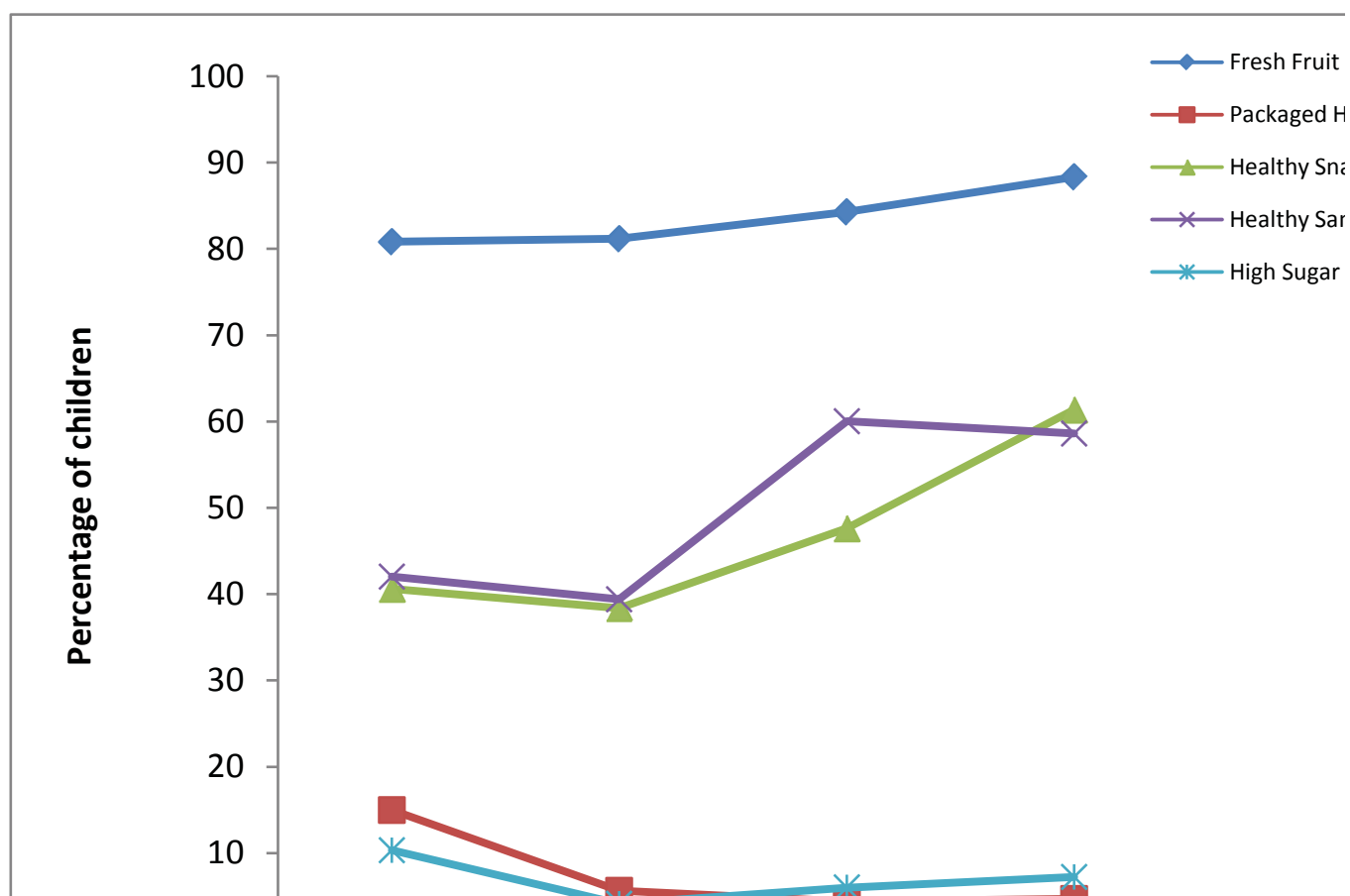


Figure 14: Percentage of children that brought at least one item to kindergartens over time

Figure 14 shows that the proportion of children who took fresh fruit and vegetables to kindergarten increased by 7.5% during the *Romp & Chomp* intervention. Concurrently the proportion of children who took packaged foods high in fat, salt or sugar decreased by an average of 10% from time 1 to time 4 while healthy snacks increased by 20% over the same period.

The number of children who took sandwiches with high sugar fillings was at its lowest point at time 2, dropping from 10% to 4%. From time 3 to time 4, there was a slight increase in children who took sandwiches with high sugar fillings, 6% and 7% respectively. Early childhood staff were given feedback forms (see appendix 3.E) along with the other surveys and according to feedback, as the year draws to a close, they sometimes found inappropriate foods creeping back into children's lunchboxes. Consequently an important learning is the need to reinforce the healthy food and drink messages regularly throughout the year. The consumption of sandwiches with healthy fillings increased from 42% at time 1 to 59% at time 4.

Active Play

Methodology

The active play survey was added to the *Smiles4 Miles* kindergarten survey and subsequently was collected only at 3 time points. Baseline or time 1 was collected in November 2006 (n=33); time 2 in November 2007 (n=38) and the final survey was in March 2008 (n=40). This short survey captured information about activities during the kindergarten session and the adoption of policies relating to active play.

Results

Figure 16 shows that from baseline, organised active play in kindergartens increased by over 30%, an increase that was sustained into the next kinder year (time 3). During this same time, the average session length did not change, free play increased, and indoor active play decreased marginally.

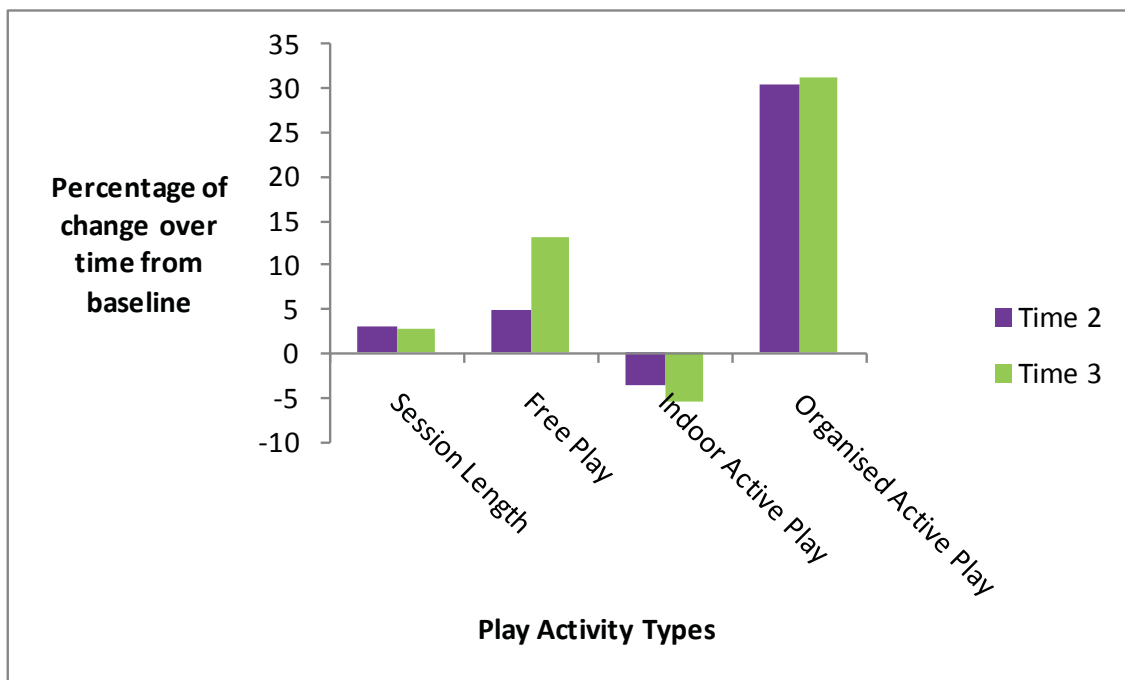


Figure 15: Change over time of kindergarten activities

Structured Active Play in Long Day Care Settings

As a part of the *Romp & Chomp* objective 7: to increase structured active play in kindergarten and childcare settings (see report 7) a number of honours projects (conducted under supervision of Andrea Sanigorski and Karen Stagnitti) were conducted. One explored the effectiveness of the Structured Active Play Program (SAPP) in Long Day Care Settings, (for a summary on the effectiveness of the SAPP in LDC see appendix 3.G. The project was titled 'Physical activity participation of three, four- and five-year old children in a long day care setting: The effectiveness of a structured active play program'). The other project evaluated the SAPP's use on the gross motor development of children from a lower socio-economic status. See appendix 3.H for a summary of the evaluation on the SAPP use on the gross motor development of children from a low SES.

Outcome Evaluation

Intervention group: child anthropometric data

Child anthropometry and demographics (weight, height, age, gender and SES) were obtained from the universal MCH child health data in 2004 and 2007 for Geelong. The details of the development of this database are provided in objective 8.

Comparison group: child anthropometric data

The comparison group is drawn from across Victoria and follows on from the work undertaken in CoGG for objective 8. The use of the child health data for the comparison group was a collaborative effort with the Statewide Outcomes for Children branch in the Office for Children, DE&ECD. The process followed is outlined below:

It was initially determined that a variety of data entry programs and databases are used in Victorian MCH services, and systems vary considerably between LGAs, including a small number of LGAs who do not use electronic data management systems for their Maternal & Child Health growth data. The MaCHS system, as used in Geelong is the most common system, used by about three-quarters of LGAs, with support provided by an external company (Data Systems International, DSI), who support M&CH service managers in each LGA directly.

An agreement was reached between Deakin University and Statewide Outcomes for Children in which the state government funded the development of the database query by DSI and Deakin University provided researcher capacity for the data cleaning, analysis and reporting. In close consultation with researchers at Deakin, DSI developed the MaCHS database query program to extract all of the data into a tab-delimited text file. DSI then distributed this program to managers of MCH in each LGA using MaCHS on a CD, with instructions and a covering letter from the Office for Children. Coordinators of maternal and child health services in each Local Government Area (LGA) using MaCHS (n=60 from a total of 79 LGAs) were requested to run the database query which extracted the required data (described below in table 10) without identifying details. Data were returned by email to the Office for Children in the state government, who then provided the data to researchers at Deakin University. Follow-up by phone calls and emails to managers of non-responding LGAs was conducted by Deakin University research assistants.

Data were extracted for all children who had attended an MCH centre in one of the responding LGAs using the MaCHS database for either a 2 year old or a 3 ½ year old 'key age and stage' consultation during the period from the start of electronic records in that municipality until the 31st December 2007. A number of extra variables were added to the query in addition to those

extracted in the City of Greater Geelong. Several variables were added to identify the LGA and centre from which data were obtained, as well as indigenous status and feeding method at 6 months to enable further analysis of the data in relation to these factors. Data were also extracted in one line per child, to enable linking of the 2 year old and 3.5 year old measurements for each child and therefore analysis of changes in weight status between the two age points. When a family moves to a new area, their file is closed by the LGA or centre they are leaving and transferred to the new centre (whether in the same LGA or a new one). To ensure that no child was represented twice in the data, only data from children with whose files were still 'active' were extracted.

Table 3: Variables extracted for analysis

General variables extracted:	Variables extracted for both 2 year and 3.5 year consultations:
<ul style="list-style-type: none"> - Date of birth - Local Government Area from which data were extracted - Gender - Postcode - Birth weight in grams - Method of feeding at age 6 months - Whether child is indigenous 	<ul style="list-style-type: none"> - Date of consultation - Local Government Area in which the measurements were taken - Maternal and Child Health Centre at which measurements were taken - Height in centimetres - Weight in grams

In total, data for 191,179 children were received from the databases of 41 of the 60 eligible local government areas (68% of eligible, 52% of entire state). Of these, 150,555 were data for the 2 year consultation, 122,202 were data for the 3.5 year consultation and 43% of children (81,578) had data available for both consultations. The length of time from which electronic data was collected in each LGA varied considerably. The earliest data available was for measurements from the 1st July 1998. In 1998, 22 LGAs had data for 2 year old consultations, and 17 had data for 3.5 year consultations. This increased to 28 and 24 respectively in 1999, the first full year of electronic data collection. The details of how many areas were represented each year and how much data were extracted in total for each year is shown below in table 1. The participating LGAs were a mix of metropolitan, regional and rural, and of high and low SES areas. In this larger dataset all extreme values were removed for height, weight and age.

Table 4 Number of children and number of LGAs represented by year of consultation / measurement

Year	2 year old consultations		3.5 year old consultations	
	Total children	Number of LGAs	Total children	Number of LGAs
1998	2,702	22	1,297	17
1999	7,382	28	4,919	24
2000	9,850	32	6,759	28
2001	12,876	35	9,128	31
2002	14,922	37	12,157	34
2003	17,077	39	14,187	35
2004	19,425	40	15,967	39
2005	20,905	40	18,062	40
2006	21,749	41	19,285	41
2007	23,667	41	20,441	41
Total	150,555		122,202	

Of those who attended the 2 year consultation, 87% (131,288) had complete and plausible data (height, weight, age, gender; available and valid according to criteria outlined above) for analysis as did 79% (97,064) of those who attended a 3 ½ year consultation. A total of 61,478 had complete data for both consultations (32% of entire dataset, 75% of those who had attended both consultations).

A large proportion of those excluded from analysis was due to children being aged outside the ranges under analysis at the time of measurements, rather than data quality issues. Further data were missing at various rates for postcode, breastfeeding and indigenous status, therefore reducing the number of cases available for analysis relating to these factors. Table 4 below shows the number of cases with complete data available for general analysis (age, gender, height and weight) and the number available for analyses including SES, breastfeeding or indigenous status, respectively.

Table 5: Number of 2 year olds and 3 ½ year olds available for each type of analysis (not cumulative)

	2 year olds	3 ½ year olds
Age, gender, height & weight	131,288	97,064
- plus postcode (SES)	124,818	91,420
- plus breastfeeding	123,161	84,970
- plus indigenous status	103,265	69,391

Determination of Weight Status

The anthropometric data was available for both the intervention and comparison communities at baseline (2004) and follow-up (2007), and is repeat cross-sectional in nature. This data was used to determine body mass index (BMI), standardised body mass index (zBMI) and weight status (using the IOTF Cole classification (Cole, Bellizzi et al. 2000; Cole, Flegal et al. 2007)) for children who attended their 2 year old and 3.5 year old MCH child health check. This data were then used for outcome analysis, which is currently underway.

Conclusions and Recommendations

Comprehensive and multi-level evaluation of community intervention programs is essential. To do so, a number of assessment tools are needed for formative, process, impact and outcome evaluation. This approach was used for the evaluation of *Romp & Chomp* and further, in an action research model, the baseline data was used to inform the intervention activities in each of the services and contributed toward strengthening the evidence base for future community based obesity prevention projects.

The instruments developed and used in *Romp & Chomp* may be useful for the evaluation of other similar intervention projects although through use of the data we have found refinements that could improve the methods further.

Romp & Chomp helped support kindergartens in the Greater Geelong region who participated in the project to introduce water only and healthy foods policies. The improvements in the foods children brought to kindergarten were encouraging and unhealthy food consumption decreased while the number of healthy foods brought increased. Of particular note was the increase of the number of healthy snacks brought to kindergartens and the corresponding decrease of unhealthy snacks.

The average time spent in organised active play was above 30 minutes per day although only a low proportion of kindergartens had active play policies (1 out of 38). The Geelong Kindergarten Association (GKA) is in the process of implementing a health, nutrition and well being policy, which will incorporate an active play policy. It is important to ensure that the independent kindergartens (those not affiliated with GKA) are also encouraged and supported to introduce similar active play policies.

Further impact and outcome evaluation is currently underway and will be made available in the future.

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Appendices

Appendix 3.A: *Romp & Chomp* Evaluation Plan

Objective 1: **To increase the capacity of relevant Geelong organisations to promote healthy eating and physical activity**

Measure	Instrument	When
Process:		
• Project structures: stakeholders, Terms of Reference, Committees, meeting minutes	Process Data	2005-2008
• Project coordinators/workers work plans, diaries, time allocations etc	Process Data	2005-2008
• Formation of Action Plan, project coordination, project brief	Process Data	2005-2008
• Versions of the action plans, Gantt charts, and other implementation documents	Process Data	2005-2008
• Training of EC workers and allied health professionals	Process Data	2005-2008
• Presentations, publications, workforce development	Process data/Project Progress reports	2005-2008
Impact:		
• Integrated into health promotion plans (health services, local Government)	Process Data	2005-2008
• Improved practices in early childhood settings	Settings Surveys: LDC, FDC, Kinders	2005, 2007, 2008
• Improved confidence of staff in early childhood settings to address issues with parents	Settings Surveys: LDC, FDC, Kinders	2005, 2007, 2008
Outcome:		
• Organisational changes-reorientation of existing staff and Integration of health promotion strategies into the organisation's activities	Key Informant Interviews, Community Capacity Index	2008
• Implementation of HE & PA initiatives in early childhood settings	Settings Surveys: LDC, FDC, Kinders Registrations/awards for K-GFYL Community Capacity Index	2005, 2007, 2008
• Increased number of health promotion initiatives/activities in the region		2008
• Implementation & activation of policies in early childhood settings	Settings Surveys: LDC, FDC, Kinders	2005, 2007, 2008

OBJECTIVE 3: To evaluate the process, impact and outcomes of the project

Objective 2: **To increase the awareness of the project's key messages in homes and early childhood settings**

Measure	Instrument	When
Process:		
<ul style="list-style-type: none"> Design, develop and test key messages Distribution of Social Marketing materials 	Process Data: From invoices for printing and resource inventories, press releases, SM plan	2006-2008
<ul style="list-style-type: none"> Presence at community festivals targeting (young) children 	Process Data	
Impact:		
<ul style="list-style-type: none"> Awareness of <i>Romp & Chomp</i> by parents 	Festival Surveys of Parents (~100 each festival)	2006, 2007, 2008
<ul style="list-style-type: none"> Awareness of <i>Romp & Chomp</i> by staff in ECS 	Settings Surveys Key informant interviews	2006, additional questions need to be added to the FU settings survey to ask about this Surveys at GKA annual conference
Outcome:		
<ul style="list-style-type: none"> Recollection of KM messages by staff in ECS 	Settings Surveys M&CH nurse survey (to be developed)	2006, 2008 additional questions added to survey to ask about this Surveys at GKA annual conference
<ul style="list-style-type: none"> Recollection of KM messages by parents 	Festival Surveys of Parents (~100 each festival)	2006, 2007, 2008

Objective 3: To evaluate the process, impact and outcomes of the project

Measure:	Instrument	When
Process:		
• Formative processes recorded by project staff		2005-2008
• Evaluation of training, resource use, kindergarten implementation etc		2005-2008
• Evaluation Plan		2005-2008
Impact:		
• Project Progress reports, social marketing plan, communication plan etc		
• EC Settings surveys	EC Settings surveys	2005, 2007, 2008
• Eating and Activity Survey	Eating and Activity Survey	2005/6, 2007/8
• Community Capacity Index	Community Capacity Index	2008
• Maternal Child Health growth data	Maternal Child Health growth data	1998-2008
Outcome:		
• Process Evaluation	Primary measure: Implementation of the action plan	2005-2008
• Impact Evaluation	Primary measures: Behaviour change, improvements in EC settings, increased capacity	2005/6, 2007/8
• Outcome Evaluation	Primary outcome measure(s): weight, BMI, z-BMI, decrease in trend (overweight/obesity) compared to comparison groups	2005-2008

Objective 4: To significantly decrease consumption of high sugar drinks and promote consumption of water and milk.

Measure:	Instrument	When
Process:		
<ul style="list-style-type: none"> Develop SM materials for parents (postcards) Obtain water bottles for children Social Marketing to parents through ECS, festivals, press releases Water bottles for children in ECS 	<p>Social Marketing plan</p> <p>Social Marketing plan</p>	<p>2005-2008</p> <p>2005-2008</p>
Impact:		
<ul style="list-style-type: none"> Adoption of drinks policies in ECS Increased awareness of this Key Message by parents and EC staff 	<p>EC Settings Surveys</p> <p>Festival Evaluation Forms</p>	<p>2005, 2008</p> <p>2006, 2007, 2008</p>
Outcome:		
<ul style="list-style-type: none"> Activated policies in LDC, FDC, kindergartens to restrict sweet drinks and promote water Reduced proportion of children in ECS that bring sweet drinks Reduced proportion of children aged 2 and 3 ½ years that had sweet drinks 'yesterday' Reduced amount of sweet drinks consumed 'yesterday' by children aged 2 and 3 ½ years Increased amount of water & milk consumed 'yesterday' by children aged 2 and 3 ½ years 	<p>EC Settings Surveys</p> <p>Kindergarten Surveys on foods and drinks</p> <p>Eating and Activity Survey</p> <p>Eating and Activity Survey</p> <p>Eating and Activity Survey</p>	<p>2005, 2008</p> <p>2006, 2007, 2008</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p>

Objective 5: To significantly decrease consumption of energy dense snacks and increase consumption of fruit and vegetables

Measure	Instrument	When
Process:		
<ul style="list-style-type: none"> Develop SM materials for parents (postcards) Obtain and distribute S4M lunch boxes to children in kindergartens Social Marketing to parents through ECS, festivals, press releases Snack food policies implemented in ECS 	<p>Process Data</p> <p>Process Data , Social Marketing plan</p>	<p>2005-2008</p> <p>2005-2008</p>
Impact:		
<ul style="list-style-type: none"> Awareness of this KM by parents Decreased proportion of children who bring EDS and increased proportion who bring fruit and vegetables to kindergarten Awareness of this Key Message by EC staff Start right, eat right implemented in LDC 	<p>Festival Evaluation Forms</p> <p>Kindergarten Surveys on foods and drinks</p> <p>Settings Survey/ M&CH nurse survey</p> <p>Community capacity Index, Settings surveys</p>	<p>2006, 2007, 2008</p> <p>2006, 2007, 2008</p> <p>2008</p> <p>2008</p>
Outcome:		
<ul style="list-style-type: none"> Activated policies in LDC, FDC, kindergartens to restrict ED snacks and promote fruit and vegetables Increased proportion of ECS that have implemented SR,ER Reduced proportion of children in ECS that bring ED snacks Reduced proportion of children aged 2 and 3 ½ years that had ED snacks 'yesterday' Reduced amount of ED snacks consumed 'yesterday' by children aged 2 and 3 ½ years Increased amount of fruit & vegetables consumed 'yesterday' by children aged 2 and 3 ½ years Reduced proportion of children aged 2 and 3 ½ years that 'usually' have take away 	<p>EC Settings Surveys</p> <p>EC Settings Surveys</p> <p>EC Settings Surveys</p> <p>Eating and Activity Survey</p> <p>Eating and Activity Survey</p> <p>Eating and Activity Survey</p> <p>Eating and Activity Survey</p>	<p>2005, 2008</p> <p>2006, 2007, 2008</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p> <p>2005/6, 2007/8</p>

Objective 6: To significantly increase active play at home & decrease TV viewing time.

Measure	Instrument	When
Process:		
• Develop and pilot SM materials for parents (postcards and newsletters)	Social Marketing plan	2005-2008
• Develop series of Active Play 'Tip sheets' for M&CH nurses to distribute	Process evaluation	2005-2008
• Dissemination of AP 'Tip Sheets' and postcards (18 month visit) through M&CH centres	Social Marketing plan	2005-2008
• Dissemination of Social Marketing (newsletters and postcards) through ECS	Social Marketing plan	2005-2008
Impact:		
Outcome:		
• Reduced amount of screen time 'yesterday' by children aged 2 and 3 ½ years	Eating and Activity Survey	2005/6, 2007/8
• Increased number of times children aged 2 and 3 ½ years taken 'somewhere' to be physically active in the past week	Eating and Activity Survey	2005/6, 2007/8
• Decreased proportion of children aged 2 and 3 ½ years who 'usually' choose to spend their free time in inactive pastimes	Eating and Activity Survey	2005/6, 2007/8

Objective 7: To increase structured active play in kindergarten and child care settings.

Measure	Instrument	When
Process:		
<ul style="list-style-type: none"> Develop, pilot and evaluate a structured active play (SAP) resource for ECS 	Process evaluation SOFIT in LDC	2005-2008 2007 2007
<ul style="list-style-type: none"> Develop a training program for EC staff in active play and fundamental movement skills 	Process evaluation Leisure Networks development records	2005-2008
<ul style="list-style-type: none"> Develop an Active Play policy for ECS 	Process evaluation	2007
Impact:		
<ul style="list-style-type: none"> Implement the SAP program in ECS, incorporation into the curriculum 	EC Settings Surveys	2005, 2008
<ul style="list-style-type: none"> Increased knowledge and skills of EC staff in active play and fundamental movement skills 	EC Settings Surveys, AP surveys for EC staff	2005, 2008
<ul style="list-style-type: none"> Increased equipment in ECS to implement SAP 	EC Settings Surveys	2005, 2008
<ul style="list-style-type: none"> Activation of AP policy in ECS 	EC Settings Surveys	2005, 2008
Outcome:		
<ul style="list-style-type: none"> Increased time allocated to in active play in sessions 	EC Settings Surveys	2005, 2008

Objective 8: To achieve an integrated population growth monitoring program within Maternal & Child Health

Measure	Instrument	When
Process:		
<ul style="list-style-type: none"> • Process of data extraction and cleaning • Data handling and analysis programs written • Professional Development of M&CH nurses on measurement and weight classification systems for young children • Training for COGG staff in use of M&CH monitoring data to track childhood obesity 	Cleaning and analysis documents Stata do files	2005-2007
Impact:		
Outcome:		
<ul style="list-style-type: none"> • Increased technical capacity of COGG staff to measure overweight and obesity in young children • Identified reporting systems for overweight/obesity prevalence in children across the COGG 	Key Informant Interviews Community Capacity Index Key Informant Interviews	2008 2008

Eating and Physical Activity Survey (EAS)

Date ____/____/____ (M / T / W / Th / F)

1. Child's Details:

Date of Birth ____/____/____ Gender: M / F

Postcode:

Birth weight: . kg

Current weight: . kg

Current height: . cm

2. Please indicate how many hours per week your child attends the following, and if she/ he attended yesterday:

	_____ hours per week	Attended yesterday? (please circle) Yes / No
Family Day Care?	_____ hours per week	Yes / No
Long Day Care?	_____ hours per week	Yes / No
Kindergarten?	_____ hours per week	Yes / No
Other? _____ (please specify)	_____ hours per week	Yes / No

3. Yesterday, how long did your child watch TV/videos/DVD or play computer- or video-games at home (or a friend's or relative's home)?

Morning	_____ hrs _____ mins	<input type="checkbox"/> Don't know
Afternoon	_____ hrs _____ mins	<input type="checkbox"/> Don't know
Evening (after 6pm)	_____ hrs _____ mins	<input type="checkbox"/> Don't know

4. Last week, how many times did you or a family member take your child to a playground, park, swimming pool, dance class or other place for physical activity?

_____ times last week

5. What does your child usually do when she / he has a choice about how to spend free time?

- ☐ Usually chooses inactive pastimes (i.e. TV, computer, drawing or reading)
- ☐ Just as likely to choose inactive as active pastimes
- ☐ Usually chooses active pastimes (i.e. outdoor play, dancing, sports)

6. Yesterday, how many servings of the following beverages did your child drink? (See APPENDIX B pictures – one serving equals ½ cup or 125ml)

Fruit juice	Cordial or Soft drink	Water	Plain milk	Flavoured milk
<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6 or more	<input type="checkbox"/> 6 or more	<input type="checkbox"/> 6 or more	<input type="checkbox"/> 6 or more	<input type="checkbox"/> 6 or more
<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

7. Yesterday, how many servings of the following foods did your child have?
(see pictures for examples and serving sizes)

	Vegetables (cooked & raw veg and baked beans)	Packaged snacks (chips, cheezels, muesli bar)	Fruit (fresh, dried and tinned)	Confectionery and/or chocolate	Cake / doughnuts, sweet biscuits and muffins
One Sample Serve =	½ cup cooked vegetables or baked beans or 1 cup salad	20g pkt chips, one fruit strap or 1 muesli bar	1 apple or banana or 1 cup grapes or 1 ½ tbsp sultanas	½ regular chocolate bar or a small handful of lollies	1 small slice cake, ½ iced doughnut or ¼ regular muffin
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/2
	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more	<input type="checkbox"/> 5 or more
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

8. How many serves of vegetables does your child usually eat each day? ("a serve" = ½ cup cooked vegetables, or 1 cup salad vegetables)

_____ serves each day

9. How often does your child eat takeaway or fast-food? (eg. Hot chips, hamburgers, chicken nuggets, sausage rolls, hot dogs, pizza)

- ☐ Less than once per month
- ☐ 1 – 3 times per month
- ☐ Once per week
- ☐ 2 – 4 times per week
- ☐ 5 – 6 times per week
- ☐ Once per day
- ☐ 2 or more times per day

Family Information:

10. Does your child usually live in:

- ☐ A single parent household?
- ☐ A two parent household?
- ☐ Two different households?
- ☐ Other _____

11. a) What is the highest education level of the child's mother?

- ☐ Did not complete high school
- ☐ Completed high school (Year 12)
- ☐ TAFE
- ☐ University
- ☐ Don't know

b) What is the highest education level of the child's father?

- ☐ Did not complete high school
- ☐ Completed high school (Year
- ☐ TAFE
- ☐ University
- ☐ Don't know

Please now place the completed survey and the consent form in the envelope provided and place in the collection box

Thank-you for taking the time to complete this survey, your assistance is greatly appreciated

1. POST LUNCH AND SNACK SURVEY EXAMPLE

Please record the **number of children** that bring at least 1 of the following items.

It is not necessary to record the number of those items brought by each child. E.g. A child brings a juice, a cordial, a roll-up and fruit yoghurt. This would be recorded as 1 under sweet drinks, 1 under packaged high fat/ sugar food and 1 under healthy snacks.

Note:

- Complete the survey on a typical kindergarten session

FOOD ITEM	Day 1 Date:	COMMENTS
WATER		
SWEET DRINKS (i.e. cordial, soft drink, fruit juice, fruit juice drinks, flavoured milk)		
PLAIN MILK		
FRESH FRUIT/ VEG		
PACKAGED HIGH FAT/ SUGAR FOOD (e.g. roll-ups, tiny teddies, muesli bars, potato chips, etc.)		
HEALTHY SNACKS (fruit or plain yoghurt, cheese & dry biscuits)		
SANDWICHES WITH HIGH SUGAR FILLING (e.g. nutella, honey, sprinkles, jam)		
SANDWICHES WITH HEALTHY FILLING (e.g. salads, coldmeats, cheese vegemite)		
OTHER (includes dried fruit - please specify)		
TOTAL no. of children		



Romp and Chomp- Smiles 4 Miles

Appendix 3.D: Post Active Play Survey

EARLY CHILDHOOD SETTING Name:

Date:

Post-Active Play Survey

Please note – ‘active play’ refers to play activities (whether organised or child-directed) in which most of the body is moving

1. Thinking only about the last single session at your early childhood setting, please complete the following:

(If possible please attach an example of your daily program)

- a) How long was the session? _____ hrs _____ mins
b) How much time was allocated to free outside play? _____ hrs _____ mins
c) How much time was allocated to active inside play? _____ hrs _____ mins
d) How much time was allocated to organised active play
(ie active games, sports-like activities)? _____ hrs _____ mins

2. During time allocated to active play (inside or outside), are inactive alternatives offered to children? (i.e. drawing, puzzles etc)

- ☒ Yes
☐ No

3. Please rate the adequacy of the following facilities for promoting physically active play at your early childhood setting, using the scale below:

0 - none 1 – inadequate 2 - adequate 3 - good

	Space	Equipment	Shade & Shelter
Outdoor play area			
Indoor play area			

4. Which of the following does the outside area at your Kindergarten have: (tick all that apply)

- ☐ Open spaces for active play (i.e. running, jumping, ball games)
☐ Climbing equipment
☐ Areas for large group activities (eg organised games, dance)
☐ Equipment or play materials that can be rearranged by children
☐ Equipment or facilities that can be moved by staff to vary the play environment

5. If you have a written physical activity or active play policy, is a copy of this policy provided and explained to parents?

- ☐ Yes
☐ No
☐ Not applicable (do not have written physical activity or active play policy)



Romp and Chomp- Smiles 4 Miles

Appendix 3.E Early Childhood Staff - Feedback

EARLY CHILDHOOD SETTING Name: Date

Q1. What is your understanding of the *Romp & Chomp* Smiles 4 Miles program?

Q2. Did you find the program useful in your setting?

☐ Yes ☐ No

If yes please comment

Q3. Has the program supported your pre-school to promote?

a) Healthy Eating

☐ Yes ☐ No

b) Drinks

☐ Yes ☐ No

c) Active Play

☐ Yes ☐ No

If so how?

Q4. Have you had any feedback from parents?

☐ Yes ☐ No

If so what type of feedback?

Q5. Have you noted any changes since the program began around:

- Snack or lunchbox contents?

- Children's knowledge/attitudes around food, drink and/or active play?

- Children's behaviour?

Q6. How do you feel this program could be improved?

Q7. Do you plan to continue the program key messages in your early childhood setting?

☐ Yes ☐ No



Physical activity participation of three, four- and five-year old children in a long day care setting: The effectiveness of a structured active play program.

A. Wolfe, J. Craige, A. Sanigorski, K. Stagnitti

Abstract

Background/Aim:

The growing number of physically inactive children is of great concern to public and population health and wellbeing. The aim of this study was to examine the effectiveness of a Structured Active Play Program (SAPP) in increasing the physical activity participation of children attending a long day care and kindergarten setting in Victoria.

Methods:

Twenty-five children took part in the study, twenty-one from an experimental group and four from a comparison group at two long day care centres in Victoria. An adapted version of the System for Observing Fitness Instruction Time was used to evaluate the physical activity, lesson context and teacher interactions during free play periods. Base-line measurements were taken, the Structured Active Play program was implemented, and follow-up data collection took place to explore any changes that may have occurred as a result of the program. A case-comparison methodology was used to observe thirty-four 3-year-old children

Results:

Results showed that the implementation of the SAPP was successful in increasing children's moderate-to-vigorous physical activity participation during free play periods. There was little change in teacher interactions as a result of the program, and weather was considered to have minimal effect on the physical activity participation of children during outdoor free play periods. It was shown that the SAPP did have a positive influence on girls' physical activity, and environmental factors such as age of play peers were found to influence children's physical activity participation.

Conclusion:

This study has shown that a physical activity program such as the SAPP has the potential to increase and promote physical activity participation with four- to five- year old children in a long day care setting.

Appendix 3.C The SAPP - Gross motor development of children from a lower SES

The 'Structured Active Play Program': Evaluating its use on the gross motor development of children from a lower socio-economic status

R. Kenna, M. Malakellis, A. Sanigorski, K. Stagnitti

Abstract

Background and Aims:

The fundamental movement skills (FMS) of children in their preschool years need to be well developed to ensure they maintain a positive attitude towards physical activity and instil active lifestyles. Australian children from disadvantaged families are at increased risk of delays in their FMS acquisition, with physical inactivity and obesity as concerning consequences. The aims of this multidisciplinary study were to assess the FMS of disadvantaged children and evaluate how effective a FMS program was at improving skill acquisition when incorporated into a broader childhood development program for disadvantaged families.

Methods:

The FMS of children aged 1.5 to 5 years were assessed by the gross motor component of the Peabody Developmental Motor Scales- 2nd Edition (PDMS-2) before (n=26) and after (n=16) an intervention that integrated FMS activities into a broader program for children from disadvantaged families.

Results:

At base-line the children's locomotion, object manipulation and Gross Motor Quotient (GMQ) scores were significantly below the mean norm-reference of the PDMS-2 ($p < .05$). Improvements were found from base-line to follow-up in the locomotion (8.35 to 9.5; $p = .009$), stationary (9.4 to 10.6; $p = .07$) and object manipulation (8.6 to 9.6; $p = 0.04$) sub-test scores and in the GMQ scores (92.6 to 99.3; $p < .01$) after participation in the intervention program (M= 22.6 weeks; SD= 4.4 weeks)

Conclusion:

This study has found delays in the development of FMS of disadvantaged preschoolers and an intervention of FMS activities to significantly improve these skills, over a relatively short period of time.



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 4: Reducing sweet drinks and increasing water consumption in young children. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.



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Parker S, Robertson N, de Silva-Sanigorski A, (2009) PROCESS REPORT FOR OBJECTIVE 4: Reducing sweet drinks and increasing water consumption in young children. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.

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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliff targeting approximately 12, 000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

Evidence shows that over 20% of Victorian children consume more sweet drinks than water (1), and that this behaviour is often established early in life. In an effort to reduce unhealthy beverage consumption, *Romp & Chomp* targeted water and sweet drink consumption through a settings-based approach.

The main strategies used to implement this objective were:

- Support early childhood settings to develop and implement water-only, or water-and-milk-only policies
- Disseminate paper-based resources promoting the consumption of water and to limit sweet drinks
- Working in partnership with the *Smiles4Miles* project to provide free 'Water Boy' water bottles for water-only use within settings
- Present 'Sweet drink demonstrations' developed by the *Smiles4Miles* project to parents, increasing knowledge and skills related to label-reading to enable understanding of the sugar content in sweet drinks
- Train allied health professionals (AHPs, e.g. physiotherapists, dieticians, speech therapists, occupational therapists) to support these activities in kindergarten settings through the use of their allocated health promotion hours

We are still evaluating the impacts on individual behaviours related to drinks, however, at a settings level, the majority of kindergartens, all COGG LDC and all FDC across the Geelong community have policies in place restricting sweet drinks and promoting water in their settings.

There was already considerable momentum within many partner agencies toward healthy drink consumption within settings. Consequently the strategies were readily implemented within these settings, with strong community support. Implementation was assisted by working in partnership with other health promotion projects being delivered to the same settings, and enabling AHPs from the regional health service to commit time to this project throughout the year. Ensuring the

policies were also consistent with the requirements of the statewide awards program Kids-‘Go for your life’ was important to keep *Romp & Chomp* relevant for the staff within the settings.

Tangible resources such as the water bottles and postcards contributed strongly to the positive results, however having a clearly articulated policy in place across all early childhood settings, and supporting the implementation of these policies was a significant factor in achieving such a strong response across the region. It will be important now to determine if changes in drink consumption have occurred at an individual level and also to examine the sustainable impacts of the policies implemented within the settings.

Background to *Romp & Chomp*

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

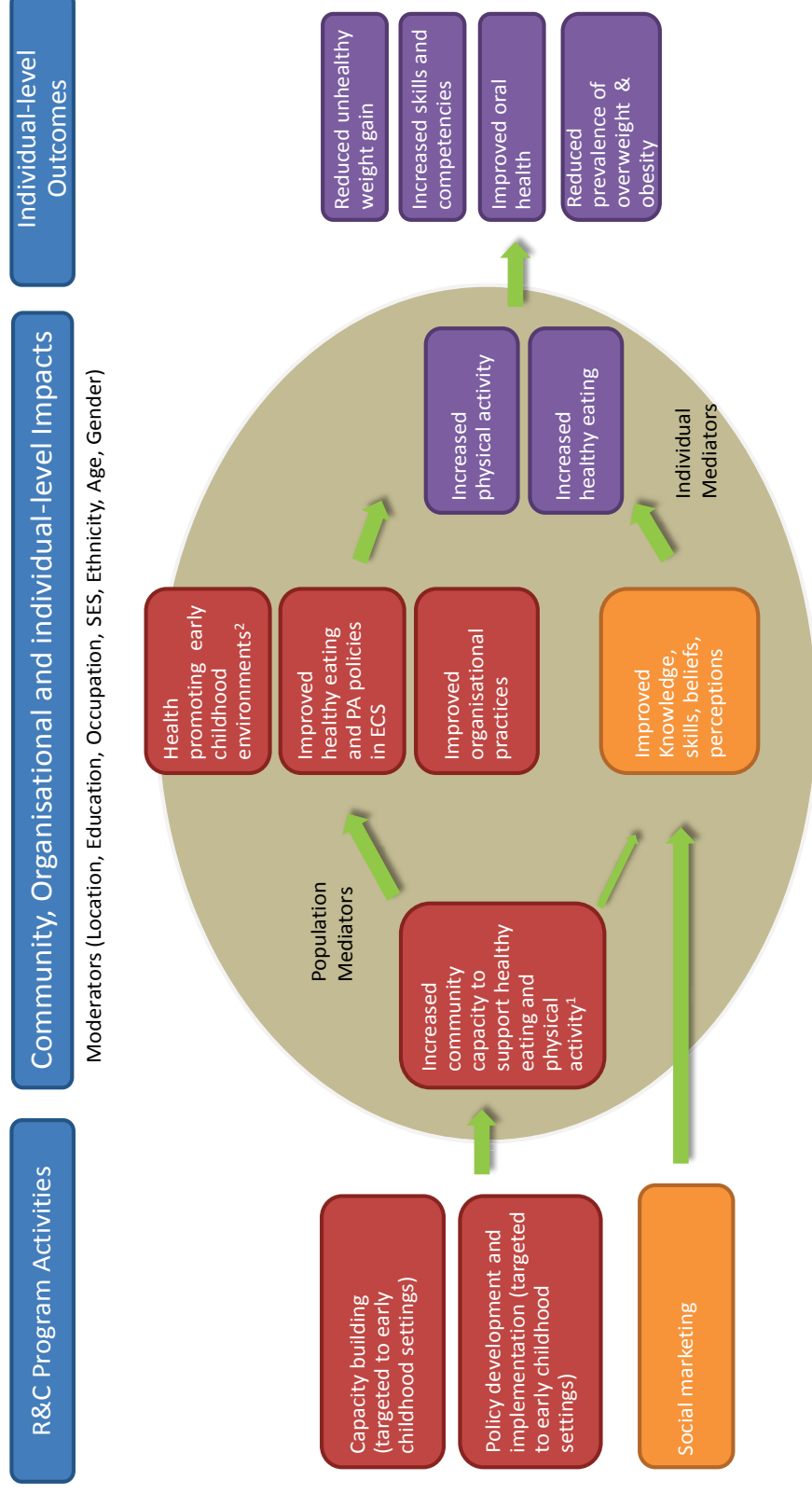
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources , partnerships
2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1 Romp & Chomp Logic Model

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and '*Kids- Go for your life*' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 *Romp & Chomp* Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health
Amanda Stirrat	Coordinator <i>Kids-‘Go For Your Life’ (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Introduction to objective 4

Research has shown that increasing amounts of sweet drinks (fruit juice, fruit drinks, and soft drinks) are associated with increased risk of childhood overweight and obesity (2, 3) and poor oral health.

Current drink patterns of Victorian children have been identified as a significant health concern, specifically in relation to risk factors for tooth decay (4) and childhood overweight and obesity (2, 5). About 60% of Australian children aged 4-5 years have more than one sweet drink per day (6). In Victoria over 20% of children (2–12 years) consume more soft drink each day than water (1).

In order to impact on obesity and oral health concerns, objective 4 of the *Romp & Chomp* project aimed to decrease consumption of high sugar drinks and promote the consumption of water and milk. To achieve this, three strategies were developed, which together provided a broad approach to encouraging reduced consumption of sweet drinks and increased consumption of water and milk in early childhood settings. Firstly, to ensure policy formation within early childhood settings; secondly, to provide a range of materials available to the centres for display, utilised by the children, and handed out to families; and finally to have direct contact with staff and families in order to offer support, information and education regarding reducing sweet drink consumption.

All three strategies were developed in partnership with the DHSV *Smiles4Miles* project, and were supported by Barwon Health primary care & dental health practitioners, who were supported and trained by the *Romp & Chomp* and *Smiles4Miles* project coordinators. The *Smile4Miles* program had commenced work with 6 kindergartens in the northern suburbs of Geelong that were identified as high need – as all 6 kindergartens had reported significant difficulties in community support of a healthy-drink / water-only policy. The strategies were also further supported through working in partnership with *Kids - 'Go for your life' (KGFYL)* from 2007.

Strategy Overview

Strategy 4.1

Facilitate and support the development and implementation of healthy drinks policies in day care and kindergarten

This strategy was created to provide support to early childhood settings to develop and administer policies related to drink consumption within these venues and to enable a consistent response in ECS across the region.

In order to achieve this, the following processes occurred:

- Current recommendations and policies were reviewed with settings and service providers.
- Further policies related in terms of content or settings (Best Start, Start Right Eat Right [SRER], Smile for Miles [S4M]) were sourced and benchmarks were established.
- A policy template was developed in collaboration with settings stakeholders and incorporated into settings.
- Policy implementation was supported within settings by Barwon Health and Bellarine Community Health dental and primary care staff.
- Settings audits were conducted to determine the level of implementation of policies and for program evaluation purposes.

Strategy 4.2

Facilitate the availability of appropriate resources on healthy drinks for parents & early childhood service staff

This strategy was developed to provide material support to ECS to enable them to actively manage their programs in line with their policies.

Posters, postcards and brochure materials

Posters, postcards and brochure materials promoting consumption of water and milk were developed and disseminated to each setting in order to provide educational opportunities and promote discussion about healthy drinks. These were supplemented by the 'waterboy' posters, cards and brochures provided through S4M oral health project. Early childhood staff were actively encouraged and supported by an assigned Barwon Health allied health or dental professional to incorporate 'healthy drinks' into curriculum planning, utilising the materials offered.

In order to achieve this, the following processes occurred:

- A review of resources currently available to enhance self-efficacy in decision making for healthy drinks, including cost, language, culture, literacy, currency, staff, parents/families, and children was to be undertaken.
- Development of a series of posters, brochures and postcards.

- Dissemination of these materials to early childhood venues by Barwon Health-Dental and Allied Health Professionals (AHPs) together with suggestions on possible activities to support the materials.
- Liaison and continued collaboration with the *S4M* project coordinator, who was also employed through Barwon Health-Dental, to enable settings to receive *S4M* and *R&C* paper-based materials in a co-ordinated fashion.

Water bottles

DHSV, through the *S4M* project, had previously developed 'munchgirl' lunch boxes and 'waterboy' water bottles. The water bottles were transparent and designed to hold about 400ml and were offered free of charge to participating kindergartens. These were utilised in conjunction with the *R&C* resources to promote and support the consumption of water in kindergarten settings.

In order to achieve this, the following process occurred:

- Liaison with the *S4M* project coordinator was established and agreement was reached to deliver both programs together at settings. This was to reduce the time burden (and potential confusion) for kindergarten staff and to enable each kindergarten to receive the 'waterboy' water bottles.

Sweet drinks Parent- Engagement Demonstrations

The sweet drink demonstration was developed by *S4M* to provide community / parent education on the sugar content of sweet drinks. It was designed to assist parents to understand how sweet drinks contribute to dental health and weight concerns through providing education on the amount of sugar contained in soft drinks. In order to do this, a presenter would 'make' a caffeinated soft drink, using substances reflecting the constituents of this: coffee (caffeine), vinegar (food acid), chocolate topping (flavouring and colouring), soda (carbonated water) and sugar.

This session also provided the opportunity to present brief background information about the *R&C* and *S4M* projects, and to support the centre to implement water-only or water-&-milk-only policies.

As the demonstration clearly supported objective 4 of the *R&C* project, it was incorporated into the strategies for reducing intake of sweet drinks in kindergartens.

In order to achieve this, the following processes occurred:

- Kindergartens were informed of the parent engagement session and invited to propose dates and times for these to occur in their centre.
- Barwon Health AHPs were assigned to centres as part of their health promotion hours and then coordinated with their Centres to present these sessions to parents.
- 'Advertising' of these sessions was managed by the kindergarten.
- Numbers of attendees were recorded.
- Management and presentation of this session would then be passed on to kindergarten staff to sustain the process in subsequent years.

Strategy 4.3

Support settings to facilitate relevant staff training in reinforcing healthy drinks messages/choices

It was identified at management committee meetings, through discussion with management and representatives of ECS that staff did not require training to reinforce healthy drinks messages as this was established practice in M&CH, day care, and most kindergartens settings.

Evaluation overview

In order to establish the effectiveness of the strategies on reducing intake of sweet drinks, and increasing intake of water and milk in early childhood settings several measures were collected.

- Kindergarten, Long Day Care & Family Day Care were surveyed at the commencement of the project to establish a baseline measure of water/sweet drink consumption and the presence and content of policies in 2005/6 and followed up in November 2007.
- Lunchbox surveys in kindergarten settings asked teaching staff to record the number of children who brought water and sweet drinks into the service. These surveys were conducted four times: November 2006, March 2007, November 2007 and March 2008
- Kindergarten settings were also asked to record, after discussion at group time, the number of children identifying that sweet drinks were unhealthy.
- Through M&CH centres, parents were surveyed to establish the number of children aged 2 and 3 ½ years that had sweet drinks 'yesterday'
- Through M&CH centres, parents were surveyed to establish the number of children aged 2 and 3 ½ years who consumed water 'yesterday'.

Processes

Strategy 4.1

Facilitate and support the development and implementation of healthy drinks policies in day care and kindergarten

Current recommendations and policies present and/or active within settings were reviewed through the use of setting/staff surveys distributed to all long day care centres, Family Day Care service providers and kindergartens across the COGG in September 2005.

By 15th August 2006 final survey responses were as follows:

- 26 surveys completed by Long Day Care (LDC), inclusive of privately funded centres, Response Rate (RR): 73%
- 66 surveys completed by Family Day Care (FDC) providers, RR 67%
- 51 surveys completed by Kindergarten staff, RR 75%

The results from this survey indicated that all settings had policies or had commenced the process of developing policies promoting water and/or milk consumption and restricting access to sweet drinks within the settings. These existed in various formats and some were embedded within broader health policies.

Over 2005, these policies were analysed by project coordinators in terms of their content and effectiveness at informing practices within settings. It was found that (prior to the project implementation) policies currently used within some settings lacked supporting protocols/guidelines to integrate the policy into practice.

Also in 2005, further policies pertaining to water/milk/sweet drinks consumption were sourced from a number of settings and reviewed: Eat Well Victoria Partnership, Primary Care Partnerships – South West, Lady Gowrie Child Care Centre, South Australian dental service, DHS Victoria - including Children's Service Regulations & Community Nutrition unit, Local Councils, Kindergarten Parents Victoria, and local agencies and settings.

Benchmarks were established utilising the Australian Guide to Healthy Eating for Children as the overarching determinant of content, and 'Start Right Eat Right' and *S4M* as key informants. This information was then integrated with current ECS policies to meet the needs of the settings and inform a policy template developed for integration into settings as deemed necessary. Drafts of the policy templates were adjusted in consultation with stakeholders to reach the final draft (see appendix 4.A).

M&CH centres did not require a policy addressing water consumption, as their client group did not stay on site, attending for consultations only, within which nursing staff provide developmental assessments, information & education. These centres were already operating under the National Guidelines for Nutrition, and Promoting Oral Health, providing tip sheets developed by the Department of Human Services (DHS), which ensured consistency of message across centres.

The Family Day Care service also did not require a new policy, as they already utilised a policy developed in line with Department of Human Services (DHS) guidelines. These guidelines clearly stated that water and milk were preferred and that sweet drinks were to be discouraged. Additional tip sheets were also available as required. Thus no alterations or additions were deemed necessary.

Regarding Long Day Care centres, it is important to note that only the City Learning and Care Centres, run through the City of Greater Geelong (CoGG), participated in this project. While private centres were also invited to participate they declined. All CoGG centres had policies in place as part of annual federal requirements for accreditation. These policies included water or milk only and were redeveloped in 2005 as part of the 'Start Right, Eat Right' program. Therefore it was deemed that LDC policies regarding drinks were not needed from R&C.

Within kindergarten settings, an issue that emerged was that while Geelong Kindergarten Association (GKA) provided policy guidelines, individual kindergarten directors developed their own policies in consultation with their parent committee(s), which were subject to annual review and modification. Consequently, the first step was to review and utilise existing policies to inform the development of a policy template. Subsequently, considerable negotiation occurred to embed this newly developed policy template into all GKA kindergartens, to recommend its use for all non-GKA kindergartens, and separate this activity from kindergarten committee actions (i.e. it would not be subject to annual modification). The GKA board approved the recommended policy and all kindergartens received this policy late in 2006 (GKA agreed to allow non-GKA kindergartens to access and adapt these policies for their use).

In 2007, an overarching 'Health and Wellbeing Policy' was also developed by GKA to enable their kindergartens to meet the requirements of the statewide *Kids- 'Go for your life' (KGFYL)* award program.

Policy implementation within venues was supported by Barwon Health and Bellarine Community Health dental and primary-care professionals. These individuals had received half-day training, developed and presented by the co-ordinators of the R&C and S4M projects. Content of this training included information on both of these, and the KGFYL, projects, specifically the target groups, aims, objectives, strategies, key messages, social marketing, resources, measurements and activities (such as the sweet drink demonstration). Barwon Health and Bellarine Community

Health dental and primary-care professionals were available to ECS should there be questions regarding implementation of policies, or concerns regarding practical issues. Staff reported that few issues arose as the water-only, or water-and-milk-only policy was readily integrated into settings and practices.

By the end of 2007, all participating kindergartens had incorporated a policy pertaining to increasing water or milk consumption and reducing sweet drink consumption.

Summary

- Prior to the commencement of the *R&C* project, there was considerable momentum in many early childhood settings within the Geelong and Bellarine region toward the development and inclusion of policies and documents supporting increased consumption of water and milk, and decreased consumption of sweet drinks.
- Many settings had, or were in the process of developing, their own policies and practices around settings-based drink consumption and there was broad agency and community support toward water consumption.
- *Romp & Chomp* offered the opportunity to build on the health promotion work of *S4M* and develop a coordinated response to the community to ensure consistency across settings.
- Building on initial momentum within settings, this strategy was subsequently quite easily and quickly achieved in all participating settings.

Strategy 4.2

Facilitate the availability of appropriate resources on healthy drinks for parents & early childhood service staff

Posters, postcards and brochure materials

Partner agencies provided samples and information of their current resources and materials provided through their programs. Setting staff then contributed to further resource development through existing information (such as M&CH parent group and key visit information) and suggestions for content that may be useful to them. For example, the project coordinator attended a M&CH nurses staff meeting on 21/02/06 to brainstorm concepts for drinks resources and increasing community awareness of the *R&C* family. Community forums were also held to introduce proposed ideas and gauge response from parents. Key message and content were then developed in conjunction with Paul Kelly, graphic artist.

By May 2006, a poster and a series of postcards had been developed with review and feedback by staff within ECS. One poster was titled 'Daily Water' and contained brief information on avoiding sweetened or flavoured drinks. On the front, the postcard encouraged water and plain milk with a discouragement of flavoured milk, soft drinks, sports drinks, cordials and fruit juices. The back provided further detail on why these choices were encouraged (or discouraged accordingly).

By December 2006 CoGG Services (M&CH, FDC, and LDC) had received these resources with sufficient postcards for dissemination to all attending families. In addition, by December 2006, 38 kindergartens working with the project had received a resource folder containing the 'Daily Water' poster, brochures and postcards. New kindergartens continued to engage in the project over the next two years, so that by April 2008, a total of 46 kindergartens had received these resources. The folder contained subsections identifying the four objectives of: daily water, daily fruit & vegetable, less screen time, and daily active play. These folders were disseminated to kindergartens by Barwon Health and Bellarine Community Health professionals together with suggestions on possible applications. The *R&C* and *S4M* posters, postcards and brochures for increased water and milk consumption were presented as a single unit

In 2006, 38 kindergartens involved at that time also received sufficient postcards to give one of each to every family attending. While the initial intention had been to provide sufficient numbers of these for every family over each year of the project, over 2007/8 these were provided to new kindergarten settings only. This decision was made as other projects were also providing materials (*S4M* from 2006, and *KGFYL* from 2007), and there were limited funds remaining to support continuation of resource production. Kindergartens were also provided with the link to access all materials on-line at <http://www.deakin.edu.au/hmnbs/who-obesity/ssop/ssop-projects-under5s.php>, one step towards sustainability and the ability to produce materials in a number and format that suits individual settings.

Further support from like projects:

The *R&C* resources were further supported by:

Liaison with the *Smiles4Miles (S4M)* project coordinator was established in November 2005, and agreement to provide both programs together at preschool venues enabled each preschool to receive *S4M* and *R&C* paper-based materials at the one time and reduce the burden on kindergarten staff. The *S4M* project coordinator was invited to participate in the *R&C* management meetings from February 2006, and met fortnightly with the *R&C* project coordinator to discuss resource and training issues.

All kindergartens in the region were able to become a member of *KGFYL* from 2007 and subsequently receive all resources associated with this project, which included two messages supporting this *R&C* objective: 'Plant Fruit & Veg in your Lunchbox', and 'Limit Sometimes Foods'.

In June 2007, CoGG Long Day Care, and Family Day Care services were provided with further R&C posters, and postcards, together with *Kids- 'Go for your life'* 'Tap Into Water' stickers and 'No Sweet Drinks' tip sheet pads, for dissemination to families.

Water bottles

In 2005 an approach was made to Dental Health Services Victoria (DSHV) to provide water bottles to regional early childhood settings. DSHV agreed to provide these on the condition that: these would be disseminated to kindergarten settings only (as this was the scope of their project); they would remain at the kindergarten for use on site; they would be given out in conjunction with other related materials that provide information; and required survey data was collected. The *Smiles4Miles (S4M)* project had commenced in 6 kindergartens in the northern suburbs of the Geelong region, and had a project co-ordinator in place employed through Barwon Health.

Liaison with the *S4M* project coordinator was established in November 2005, and the two project co-ordinators were able to quickly establish accord and practices in order to meet the requirements of both projects. Agreement to provide both programs together enabled kindergartens (only) to receive the *S4M* 'waterboy' water bottles from January 2007.

- In 2006 kindergartens were invited to order sufficient (lunch boxes and) water bottles for each child enrolled for the following year.
- These orders were placed with DHSV and delivered to the project coordinators in 2006 to distribute to all participating kindergartens for 2007. This was found to be a logistical challenge, and in 2007 (for 2008) resources were disseminated from DHSV directly to the kindergartens.
- In late 2006 (for 2007) 31 kindergartens received a total of 1818 water bottles.
- In late 2007 (for 2008) 46 kindergartens were involved in the program, 3 kindergartens declined water bottles as the students had alternate means of accessing water on site, therefore 43 kindergartens received a total of 2531 water bottles.
- As the *S4M* program continues beyond the length of the *R&C* project, kindergartens will continue to be able to access water bottles beyond 2008 with support from Barwon Health and GKA.

Additional water bottles for children attending Long Day Care and Family Day care were sourced and provided through the *Kids- 'Go for your life'* project in April of 2007.

Provision of water bottles was an immediate physical and visual prompt to consume water. As well as providing water bottles the success of this outcome was enhanced by:

- Providing them at no cost;

- Making them small so that they did not become weighty for the young children, or appear to promote unachievable amounts of water consumption; and,
- They were clear, which enabled teaching staff to detect alternative drinks (e.g. juice) or additions (e.g. cordials), and to monitor water consumption in order to encourage it. For instance one teacher would encourage children to 'drink to waterboy's head, now to his middle, now to his toes'.
- Children are now consuming water throughout the whole session rather than only at designated snack and meal times.
- Their presence assists and reinforces curriculum content.
- In many kindergartens, at the end of the session, unused water is being tipped onto plants. This also raises environmental awareness for children.

The cost of providing water bottles would have been beyond the capabilities of the *R&C* project alone as total costs for *S4M* resources (water bottle, lunch bag & paper resources) were around \$17,000 per annum over the three years of the project. Drink bottles from settings other than kindergartens were provided through the *Kids- 'Go for your life'* project.

Summary

- In late 2005 *Smiles4Miles* commenced working in partnership with *Romp & Chomp* and resources from both projects were delivered to kindergartens;
- *Romp & Chomp* resources were completed and ready for dissemination in 2006;
- In 2007, the Statewide *Kids- 'Go for your life'* project also commenced in the region and this project also provided resources promoting increased water consumption and decreased sweet drink consumption which resulted in added resources and support for ECS;
- The ability to provide a coordinated response to the community and consistency within settings across all projects was an integral part of *R&C*;
- It was also worthwhile having a range of different types of resources, as not all resources are appropriate for all settings; and,
- Working with partner projects enabled *R&C* to achieve outcomes that may not have been possible as a stand-alone project.

Strategy 4.3

Support settings to facilitate relevant staff training in reinforcing healthy drinks messages/choices

Settings-based training

All CoGG Long Day Care centres had commenced implementation of the '*Start Right, Eat Right*' program through the Lady Gowrie Child Care Centre prior to the commencement of the *R&C* project. The '*Start Right, Eat Right*' program is a benchmark program providing information and education on nutrition within early childhood care settings. Thus no further training was required for LDC staff participating in the project.

FDC services received annual nutrition professional development sessions provided through the city of Greater Geelong. Thus no further training was required.

M&CH practices are embedded into statewide standards for practice (education focus) and do not provide food or liquids on site. Thus no further training was required.

Kindergarten settings, also, had already commenced practices in line with water/milk-only policies, and did not identify the need for further staff training. Further information and support were provided to GKA kindergarten staff within the context of their allocated training days. This occurred through attendance at these days by the *R&C* and *S4M* coordinators in order to disseminate resources and inform kindergarten staff on: research pertaining to sweet drink consumption and results; possible curriculum applications; and family involvement. The coordinators were also available to respond to queries or concerns raised by kindergarten staff.

There was, clearly, substantial momentum already occurring in the early childhood sector toward supporting increased water and milk consumption and decreased sweet drink consumption. This could be seen in the presence of these statements already existing within policies, and in the area of requirements for staff training. All sectors had commenced staff training or integrated practices into services that were in line with policy directions. The *R&C* project provided a means to integrate, communicate and coordinate these actions across the early childhood sector.

Training allied health and dental professionals to support settings

Nominated Barwon Health and Bellarine Community Health presenters were provided with training to enable them to support kindergartens to: integrate and apply water-only (or water-and-milk-only) policies; utilise resources within curriculum; and to engage parents in this process. The training package was developed by the two project co-ordinators, based on the DHSV information provided

on sweet drink demonstrations, and expanded to incorporate information on the development, objectives and key messages of the three partner projects (*R&C, S4M and KGFYL*).

Two training sessions were provided, each for one half day: one for dental therapists in October 2006, and one for allied health professionals in November 2006. A training booklet and resources were provided to each attendee. Feedback from this day was generally very positive, with most staff expressing confidence to work with kindergartens through presenting the sweet drink demonstration and supporting them to integrate the key messages into the kindergarten setting.

Parent Engagement Sessions

As part of the partnership agreement with the *S4M* project, agreement to provide both programs together enabled each kindergarten engaged in the project/s to receive a 'sweet drink' demonstration.

This involved a designated Bellarine Community Health or Barwon Health allied or dental health professional attending kindergarten settings and presenting to groups of parents at a time agreed between the worker and the kindergarten teacher. Thus these presentations could occur at engagement sessions, or at drop-off and collection times. They were a 10 – 15 minute activity wherein the presenter 'made' a can of caffeinated soft drink (such as a Coke-a-Cola or Pepsi) using implied contents of these: caffeine (coffee), colouring and flavouring (topping), food acid (vinegar), carbonated water (soda) and sugar (9 teaspoons). This was accompanied by discussion on reading food and drinks labels, and also looked at other products (e.g. tetra-packs, pop-tops, flavoured waters)

There has been variability in kindergarten support for the parent engagement sessions. Some staff presented concerns regarding timing and organisation of these, and parent attendance. Other factors that may contribute to this are: support received from Barwon Health professionals – particularly where staff changes have occurred, centre staff engagement in the process, staff confidence in the project and processes, staff understanding of the value of parent engagement, and staff skills and confidence in parent engagement.

The purpose of this presentation was not only to inform parents of the energy content of sweet drinks and to advise them on reading food labels, but to also engage parents in the process of supporting the policies and actions within the kindergarten promoting water/milk only and reducing sweet drink consumption.

- In 2005 the (Barwon Health) *S4M* coordinator had presented these sessions to 6 kindergartens already working with the *S4M* project;
- In 2006, following partnership of the two projects, an allied health training package was developed jointly by the *S4M* and *R&C* project coordinators to inform Barwon Health allied and

dental health professionals of the processes and practices around the projects, and the sweet drink demonstration. Kindergartens were then assigned to Barwon Health allied health or dental staff by project coordinators;

- Barwon Health professionals then coordinated their availability with kindergartens in order to present these sessions to parents;
- Kindergartens were informed of the parent engagement session and invited to propose dates and times for these to occur. They were encouraged to prioritise these for broadest reach. That is, to select times when parents had to attend rather than were choosing to attend, such as: orientation sessions, collection times, AGMs, etc;
- ‘Advertising’ of these sessions was managed by the kindergarten and staff. A flyer made and sent out to participating kindergartens;
- In 2006/7 (for parents attending in 2007) 32 kindergartens were provided with a ‘sweet drink demonstration’. Many of these kindergartens presented more than one session. (Different groups of children). Parent numbers were not recorded at this time; and,
- In 2007/8 (for parents attending in 2008) 38 kindergartens were provided with a ‘sweet drink demonstration’. A total of 926 family members attended. Again, any of these kindergartens presented more than one session. (Different groups of children).

In order to integrate parent engagement sessions into ongoing, sustainable practice, it is intended that the management and presentation of the sweet-drink demonstration sessions will be passed on to kindergarten staff. In order to increase the capacity of kindergarten staff to do this, a presentation and materials on parent engagement and the ‘sweet drink demonstration’ were given to GKA kindergarten staff at the GKA information day on 6th October 2008, and the *S4M* coordinator shall continue to support those kindergartens requiring further assistance and training.

Summary

- There was considerable community momentum in place toward healthy drink consumption in early childhood settings. Thus this strategy adapted to respond to the needs of the community.
- Some agencies had completed appropriate training, making further training unnecessary, and other agencies had structures in place to support training already. By working within community strengths and practices this strategy was achieved, albeit in a roundabout way.
- To integrate parent engagement sessions into ongoing, sustainable practice, it is the management and presentation of the sweet-drink demonstration sessions is being passed on to kindergarten staff.

Timeline of Processes

	<u>2005</u>		<u>2006</u>		<u>2007</u>	<u>2008</u>
<u>Policy</u>						
Policy review						
Survey						
Benchmarking						
Template formation						
Discussion						
Final draft						
Dissemination						
<u>Resources</u>						
Development						
Comment/Discussion						
Dissemination						
S4M Coordination						
Survey integration						
Water bottle dissemination						
<u>Training</u>						
GKA Support Sessions (Water)						
Sweet Drink demonstration Staff training						
Sweet Drink demonstrations in kindergartens						

Table 3 Timeline of Processes

Lessons Learned & Recommendations for future practice

In all, 47 kindergartens, 7 long day care centres and about 70 family day care providers throughout Geelong and the Bellarine Peninsula engaged in the project. Outcomes included: the development and implementation of nutrition, drink and active play policies; linkages with local community health settings, agencies, and professional services; connections to like-projects enabling the presentation of awards; increased knowledge and skills around nutrition and physical activity within early childhood services; and access to an array of available materials and resources. The following represent a synthesis of the process evaluation for this objective, including KI interviews and document analysis, with recommendations for future projects.

Partnerships

Working in partnership with agencies representing a significant number of early childhood services enhanced the efficiency and effectiveness of message development and dissemination, and ensured implementation accorded with practices and requirements of those services. Subsequently the messages of 'water-only' (or water-and-milk-only) and 'reduce sweet drinks' were quickly and easily integrated into policies and practices.

Working within settings

Knowing that the majority of children under 5 in the Geelong / Bellarine region accessed one or more early childhood service enabled the project to target these services in order to reach and engage the target audience. The early childhood sector already had considerable momentum in developing healthy drinks policies and practices. Targeting this as an early objective enabled early success for the project and it is likely that the *R&C* messages reached the majority of the target population. The committee of management felt the key message of 'water' advice was well disseminated and integrated into practice.

Liaison with other programs

The breadth of early childhood settings represented within the *Romp & Chomp* Management committee ensured that a unified approach was achieved quickly. Having a number of services represented (GKA, LDC, M&CH, FDC) also ensured the development of specific and appropriate strategies and enabled rapid dissemination to a broad number of settings and supported uptake of developments.

Significant strength was added to this objective by working with the *Smiles4Miles* project. This project had a strong focus on increasing water and reducing sweet drink consumption and it was through this project that water bottles were provided. Later, linkages with the *Kids-‘Go for your life’* project also provided materials and information toward this objective. Having consistent messages presented at the same time, from three projects is evidence of strong agency support for this measure which enabled an increased reach of this key message across the community. This approach also provides broad support to community settings, and gives weight to the core messages and interventions. However, some kindergartens experienced confusion over which project was actively working within their setting and were unclear about how the three projects were working together. This confusion particularly surfaced around the issue of achieving the *Kids – ‘Go for your life’* award, wherein many of the actions developed to support the *Romp & Chomp*, and *Smiles 4 Miles* program significantly assisted them in achieving this award, yet teachers expressed concern that this was a third task, rather than simply an extension of their current actions. Greater communication with kindergarten staff may have assisted this, but was restricted by their available time.

Policy development and integration

Achieving accord on implementing water and milk-only policies within venues was enhanced because many settings had already commenced development of similar policies and practices. The *R&C* project encouraged putting these policies into practice, and for those practices to be consistent across settings. Developing a like-policy across settings and supporting implementation ensured a good response to this objective. Practices according with policies are now well integrated and active within all settings.

Water access

As a result of implementing policies, providing water bottles, and supporting staff training, all CoGG LDC and FDC settings, and most kindergartens, now permit children to access water at any time during the day, not just at designated meal/snack times. Water consumption within settings has increased (specific findings are reported within outcome measures report).

Clear, smaller-sized water bottles identified specifically as water-only, supported children’s acceptance and enthusiasm for increasing water consumption. The clear bottles enabled settings staff to quickly establish when other substances had been brought and replace these with water. They could also monitor, and therefore encourage, water consumption.

However, as the water bottles were identical, kindergarten teachers had to spend time on measures to assist children identify their own bottle. (Names alone are insufficient, as most children

of this age cannot read). Further, most kindergartens have opted for the water bottles to remain at kindergarten to prevent loss. This, however, means the teacher and/or assistant are required to wash, dry and store the bottles after every session, and then refill them prior to the next session. The use of water bottles to promote water consumption in settings was effective however consideration should be given to reducing time commitments of teaching staff for cleaning and identification.

Social Marketing

This objective sought to increase water consumption and reduce sweet drink consumption. As the Committee of Management agreed to focus on positive messages over negative ones, there was subsequently a greater focus on promoting water than reducing sweet drinks.

Having a range of resource materials enhanced the effectiveness of social marketing, allowed multiple means to 'carry the message' and also allowed for variations within settings. That is, what works within one setting may not translate within another. Having different resources on offer can overcome these issues. Paper-based resources may have enhanced the program recognition and take-home messages, but continued production was unsustainable within the project budget. The resources were however made available online and could be accessed as desired by settings. While this process was not the intended pathway, it bears consideration for future planning, such as flooding the market for one year to garner community interest, and designing low-cost follow up options. The small budget potentially affected the availability of resources, and significant support was garnered by working with two other projects. Placing resources on-line enables sustainable practices when the project concludes.

The paper-based water/sweet drink materials were distributed to all settings and promoted as an encouragement for a health focus for each term. However there was no scope to develop these into an appropriate (for setting) curriculum framework, which may have embedded these strategies further into kindergartens and thereby ensured sustainability.

More consideration also needed to occur around parent engagement, training and activities. Providing social marketing materials was insufficient to garner strong parental support for the program. As a result, a minority of parents presented a negative response in the media at the time of initial policy adoption. Future programs should consider parent engagement sessions on both healthy drinks and healthy foods and training should be offered to staff for engaging parents.

Risk Management

Loss of project coordinators resulted in some communication issues. While this did not impact strongly on implementation of this objective, reporting of the processes was inconsistent and some information had to be sourced after the project conclusion. Change of staff within settings also caused some difficulty in that new staff required support in order to 'catch up' with actions pertaining to the project/s, and this support was variable. In *R&C*, the absence of a risk management plan considering this resulted in communication difficulties and loss of momentum when staffing changes occurred. These issues should be a focus of a risk management plan that is ideally developed early on in a project such as this.

Digest of Services and Projects

Kindergartens

Sometimes referred to as 'preschool', those that meet the following criteria were termed 'kindergartens' for the context of this report:

Settings for 3 & 4 year olds providing early educational experiences. Individual sessions can be from 2 to 5½ hours. 3 and 4 year old groups function separately to cater for the educational needs of children at these ages.

No kindergartens in this region provide food for the children. All families are responsible for providing for the nutritional needs of their children, but are bound by the policies of each centre as to what is appropriate to provide for the child within the setting.

Many kindergartens in this region are managed by a central agency: The Geelong Kindergarten Association (**GKA**). This agency organises training, employment and some administrative support functions.

Those not within GKA are run independently by local community – based committees with the support of kindergarten staff.

Long Day Care

Services providing care, meals, rest/sleep accommodation to children. 7 Long Day Care services are provided and managed by the City of Greater Geelong. These are known as City Early Learning & Care centres. CoGG was a partner agency and all 7 centres participated in this project.

CAVEAT: It should be noted that, when referring to long day care services, it applies **only** to centres managed by the City of Greater Geelong. Non-government day care service providers were invited to participate in the project, but declined.

Family Day Care

This program is funded through federal funds but managed regionally through the City of Greater Geelong. This service provides care within family homes. The carers receive support and training through the CoGG, and are accountable to a number of standards and requirements.

Committee of Management

All partner agencies, representing all settings and like-projects (*S4M*, *KGFYL*) were represented on this committee. Monthly meetings occurred and this committee made decisions that impacted directly on the project.

Steering Committee

CEOs or those nominated by CEOs of agencies providing funding or staff support, met on several occasions in order to inform the project of agency capabilities

Smiles 4 Miles (S4M)

Dental Health Services, Victoria, Health Promotion Unit project promoting water consumption, healthy diet, and care for teeth (hygiene and protection). 2004 – Ongoing with a 0.4 EFT project co-ordinator employed through Barwon Health Dental Services

Kids 'Go for your life' (KGFYL)

Statewide project promoting water, fruit & veg, limit sometimes food, be active, less screen time, walk/ride to services/settings. Pilot project, 2007 extended into 2008/9. Co-ordinator employed through CoGG.

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Appendices

Appendix 4.A Policy Template

DRINKS AT KINDERGARTEN

Procedures

Relevant Policy

Nutrition Policy

Scope

This procedure applies to all staff of the Kindergarten

Rationale

Water is essential for good health, the best drink to quench thirst, is free from a tap, environmentally friendly and readily available. Sweetened drinks such as cordial, soft drinks and including fruit juices are not recommended. Frequent exposure to sweetened drinks may cause loss of tooth enamel and promote dental decay.

Procedures

1. Communication:

All families will be fully informed of the recommendations of the Nutrition Policy and drinks procedures when the child is registered for enrolment.

This will include:

- A handout outlining the Nutrition Policy and drinks procedural requirements
- Discussion at Parent Information sessions of recommended drinks.
- Opportunity for parents to discuss the Nutrition Policy and recommended drinks with the Kindergarten Director if desired.

2. Recommended drinks:

Water is the recommended drink during kindergarten sessions.

If milk is provided from the home, only **non-flavoured milk** is recommended.

If milk is provided by the kindergarten, there must not be an associated fee unless the kindergarten is registered as a food service provider. (see Food Safety procedure document)

All drinks other than water and milk (including fruit juice, cordial, sports drinks & soft drinks) are discouraged while children are at kindergarten.

If discouraged drinks are brought to the kindergarten, staff will support parents at the earliest opportunity by:

- Discussing the reasons why they are not recommended (e.g. dental decay, obesity, high in sugar and promote a negative message to children).
- Reassuring parents that it is unnecessary to provide additional drinks for their child while at kindergarten.
- Identifying the barriers parents are facing in supporting the Nutrition Policy.

3. Consumption of drinks:

- Water will be available to children on a regular basis throughout the kindergarten session, in particular during hot weather.
- Water will be provided to all children as part of snack/lunch time
- Families will receive information on their child's drinking during the session on request

DRINKS AT KINDERGARTEN

Procedures

4. Safety:

Food safety standards will apply when offering water to children, therefore:

- Jugs must have lids
- Cups & jugs must be cleaned and handled in accordance with the hygiene guidelines
- Children must not share cups
- Where water bottles are provided, bottles must be labeled for each individual child, emptied at session end, stored inverted on a rack and washed in soapy water at the end of each week.

Related Procedures

- Food at Kindergarten
- Food Safety at Kindergarten
- Special dietary requirements at Kindergarten

Resource Documents

- www.goforyourlife.vic.gov.au (under “children and families”)
- *“Why no sweet drinks for children”*

Date of Approval


Review Date

Initially 12 months



Appendix 4.C Daily Water Postcard
(Approximate size)






live healthy active lives by including:


DAILY WATER

- Offer water as the main drink every day.
- Plain milk is still important in a child's diet. Reduced fat milk (not skim milk) can be offered to children over 2 years old.
- While milk is important for calcium, too much can lead to poor appetite so a limit of about three glasses per day is recommended.

SWEET DRINKS 

- Sweet drinks should be avoided as they can reduce a child's appetite and increase the risk of tooth decay.
- Sweet drinks include all fruit juices, soft drinks, cordials, flavoured mineral waters and sports drinks either bought or home made.
- Children do not require any fruit juices or other sweet drinks to have a well-balanced and healthy diet.

* Published by the Romp & Chomp project - healthy eating & active play for Geelong families with children 0-5 years.
Supported by Deakin University, Barwon Health, CHS, CoSG, GKA and LaSalle Networks contact:
LOURBEVA@BarwonHealth.org.au ©2016



Appendix 4.D *Smiles4Miles* Tip Sheet for Parents (Reduced from A4 size)



FACT SHEET FOR PARENTS

While an adequate intake of fluids is important at all ages, what your child drinks can affect their oral health. Encourage your child to drink plenty of tap water. Sugary drinks such as soft drinks, sports drinks, cordials and fruit juices are not important for a healthy diet so try to limit how much of these your child drinks. Milk is an important source of calcium and is preferable to sugary drinks.

Water

Children should be encouraged to drink tap water when they are thirsty. Water is a much better thirst quencher than fruit juice and sweetened drinks, as these are acidic and water is not. Encourage water as the drink of choice between meals.

Fluoride and dental decay

Bacteria use sugars to produce acid. When this acid destroys the outer surface of the tooth there is the potential for tooth decay (cavities). Fluoride can limit the amount of acid produced in the mouth and can also repair the tooth surface before any permanent damage occurs.

Water fluoridation

Fluoride helps protect teeth against decay. It is added to the drinking water in some areas - this is called water fluoridation. The majority of Victorian drink water with either naturally occurring or added fluoride. Fluoride does not have a taste or smell. Therefore, it doesn't alter the taste of your tap water. The only potential side effect is dental fluorosis*, but this can be prevented by the correct use of fluoride toothpaste and by not using fluoride tablets unless recommended by your dental professional. Importantly, water fluoridation is the least likely source of fluoride to contribute to fluorosis.

For more information about water fluoridation contact the Department of Human Services on 1800 651 723 for a brochure or visit www.teeth.vic.gov.au/visits/consultations/fluoridation. Your dental professional will also be able to tell you more about fluoride.

*Dental fluorosis appears as white or brown lines or patches on the surface of the teeth. It is caused by too much fluoride in the diet during tooth development. It is not a disease and does not affect the health of the teeth.

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL



waterboy™

Appendix 4.E Smiles 4 Miles Tip Sheet for Parents
(Reduced from A4 size)



DRINK WELL
TIP CARD FOR PARENTS

Healthy drinks are important for healthy teeth

- ★ Encourage your child to drink plenty of tap water*.
- ★ Plain milk is preferable to flavoured milk.
- ★ Avoid acidic and sugary drinks such as soft drinks, sports drinks, cordials and fruit juice.

*especially if fluoridated



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DRINK WELL
TIP CARD FOR PARENTS

Drinks that your child should have everyday

- ★ water
- ★ milk (soy-based calcium enriched drinks can be a substitute for dairy)

Milk can be used to make a great afternoon snack - try combining it with fresh fruit in a blender or with a mixer to make a smoothie.

Drinks that your child should only have sometimes

- ★ fruit juice (offer a piece of fresh fruit instead)
- ★ fruit juice drinks
- ★ cordials
- ★ soft drinks
- ★ syrup drinks
- ★ sports drinks



Capital Health
health promotion

Health Promotion - Royal North Australia of Melbourne
220 Swanston St. Carlton, Victoria 3053
Tel: 03 9347 1000 www.rnabw.org.au

Appendix 4.F Media Article

COGG Long Day Care and Family Day Care, Tap into Water

Wednesday the 2nd of May 2007

Yesterday, The honourable Lisa Neville "State Minister for Children" presented Councillor Lou Brazier with 1300 Kids- 'Go for your Life' water bottles. These water bottles will be provided to every child over two years, attending City Learning and Care, Long Day Care and Family Day Care across the Geelong region.

The Kids- 'Go for your life' project in Geelong in partnership with the *Smiles for Miles* and the Romp and Chomp projects are promoting water as the preferred daily drink of choice for children.

A recent Australian study of 5,000 4-5 year olds found that 90 percent of children have fruit juice, soft drinks or cordial daily.

Geelong children also having twice the rate of tooth decay in comparison to Melbourne metropolitan children.

These are alarming statistics when you consider the rising rates of overweight and obesity amongst Australian children.

The water bottles are just one of a number of strategies being employed by the three projects to promote water and milk as the only drinks to be consumed by children daily in early years and preschool settings.

Other strategies include promoting the use of water and milk policies in Long Day Care, Family Day Care and Kindergarten settings, allowing children to only consume water and milk.

It's hoped that creating healthy environments as mentioned above will create life long healthy behaviours: which in turn, should reduce the rates of tooth decay, obesity and other preventable health issues. So tap into water today!

GKA Parent Engagement Session ***‘Sweet Drink Demonstration’***

BACKGROUND for presenters

The sweet drink demonstrations assist your kindergarten to support healthy food and drink choices.

This kindergarten has healthy food and drink policies and the demonstration supports the kindergartens’ excellent work.

The demonstration highlights the importance for young children to drink ‘Daily Water’, instead of drinking sweet drinks. The demonstration also enables discussions about reading food labels.

The Sweet Drink Demonstration can help both children and parents make healthier drink and food choices.

As part of the programs children may receive a ‘Water Boy’ water bottle that will stay at kindergarten and also a ‘Munch Girl’ lunch/snack pack (*not all kindergartens choose to provide the children with Water Boy or Munch Girl*).

The Munch Girl lunch box will only have a piece of fruit or vege or a healthy sandwich in the box.

The Water Boy bottle will only have plain water in the bottle.

Lunch boxes or water bottles are not given out if there has not been a presentation to the parents of the kindergarten.

STEPS: Introducing the Kindergarten Launch-Parent Session.

TICK OFF THE BOXES AS YOU DISCUSS EACH POINT – To Ensure the Main Points Are Made

- 1) Introduce yourself ☐
- 2) The kindergarten receives support from:
Smiles 4 Miles oral health program- A program to improve the oral health of children in Geelong it is a state wide Dental Health Services Victoria program
As part of the program your child will receive a 'Water Boy' water bottle that will stay at kindergarten and also a 'Munch Girl' lunch/snack pack ☐
Kids Go For Your Life- A comprehensive, statewide public initiative to promote healthy eating, physical activity, to create healthy habits for life.
- 3) This kindergarten has healthy food and drink policies and the programs are here to support the kindergartens excellent work. ☐
- 4) The key messages of the programs include promoting healthy eating and drinks, active play, dental health and a healthy weight for children in early childhood settings. ☐
- 5) Information supporting key messages will be provided to kindergartens and go home during the year. Children, by the end of the year, will understand 'sometimes' and 'preferred' foods and drinks.
- 6) Offer information on access to the dental service available to children and provide the 'Access to Dental' service flyer ☐

The kindergarten sweet drinks demonstration aims to raise awareness of sugars in drinks and also to discuss food labels.

MAKING A 'SOFT DRINK'

Ingredients

A bowl of sugar
375ml of soda water
Vinegar
Chocolate or caramel topping
Coffee (if caffeinated)
A tall glass or jug

INSTRUCTIONS

To make a can of cola soft drink:

Into a jug place

- | | | |
|--|--|--------------------------|
| 1. Add a dash of topping. | <i>Explain this is to represent flavour & colour</i> | <input type="checkbox"/> |
| 2. Then add a dash of vinegar. | <i>Explain this is to represent acid</i> | <input type="checkbox"/> |
| 3. Then add a spoon of coffee. | <i>Explain this is to represent caffeine</i> | <input type="checkbox"/> |
| 4. Pour 375ml (approx) soda water into the jug. | | <input type="checkbox"/> |
| 5. Add 9.5 teaspoons of sugar. | <i>Ask the parents to guess the amount.</i> | <input type="checkbox"/> |
| 6. Make an equal pile of sugar (9.5 teaspoons) next to the glass of jug. | | <input type="checkbox"/> |

Note: This is a representation and these are not all the real ingredients.

Discussion

- Make the simple statement -
'Would you make yourself or your child a drink and add this amount of sugar?' ☐
- Discuss with parents why soft drink is not a healthy drink choice. ☐
- Why would water be a better choice?
- Get parents to guess how much sugar is in: (*show the samples*) ☐
 - A can of soft drink (375ml) and bottle (600ml)?
 - A of pop up fruit drink (250 ml)?
- Explain that *sometimes and preferred drinks and food* will be discussed at kindergarten during the year. ☐

READING SUGAR CONTENT IN FOODS OR DRINKS

This label reading activity can be done with snacks such as muesli bars, fruit wraps and sweet spreads such as chocolate spread, jams, and honey.

This can be done at the end of the sweet drinks demonstration and also to be used by workers as a demonstration for parents during the year or to be included in the newsletters.

To work out how many teaspoons of sugar to add, simply look on the nutrition panel for the number of grams of sugar per serve.

Approximately

4 grams of sugar = 1 teaspoon

5 grams of fat = 1 teaspoon

Nutritional Information		
1 serve = 375 ml can		
ENERGY	Per Serve 780kj	Per 100g 320kj
PROTEIN	0.0g	3.3g
CARBOHYDRATE		
- Total	1.1g	3.0g
- Sugars	44g sugar per 375ml	1.1g

With 44g of sugar per serve, this means there are 11 teaspoons of sugar in this product

A common mistake is to confuse serving size and the measure for 'per 100 grams'



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 5: To significantly decrease energy dense snacks and increase consumption of fruit and vegetables. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.



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Parker S, Robertson N, de Silva-Sanigorski A, (2009) PROCESS REPORT FOR OBJECTIVE 5: To significantly decrease energy dense snacks and increase consumption of fruit and vegetables. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.

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Program evaluation: The Deakin University research and evaluation team comprised: Andrea de Silva-Sanigorski, Melanie Nichols, Lauren Carpenter, Floor de Groot, Narelle Robertson, Peter Kremer, Annie Simmons, Colin Bell, Boyd Swinburn and numerous research students.

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Editorial Support: Floor De Groot, Emma Smitten

This project was broad in its reach and partnerships. Like any project there will be comings and goings, as staff left and others arrived. We acknowledge the contribution of many others who have contributed to this project, in a myriad of ways, over time. Thank you. It would not have been possible without each and every contribution.

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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe targeting approximately 12,000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

Recent National data shows that while about 70% of 2-4 year olds met their recommended serves of fruit, only 14% met their vegetable recommendations (1). In an effort to promote children's healthy weight, the *Romp & Chomp* project targeted fruit and vegetable consumption and energy-dense food consumption through a settings-based approach.

To achieve the objective of increasing fruit and vegetable and decreasing consumption of energy dense, nutrient poor snack foods, early childhood settings were supported to:

1. Develop and implement policies requiring healthy food consumption.

Within kindergartens this could be a choice of either:

- Fruit and Vegetable snack only
 - Fruit, Vegetable and Healthy Sandwich, or
 - Fruit, Vegetable, Sandwich and Healthy Alternative
2. Disseminate paper-based resources providing information promoting fruit and vegetable consumption
 3. Work in partnership with the *Smiles4Miles* project to provide free insulated 'Munch Girl' lunch bags/boxes for healthy snack-only use within settings
 4. Provide an 'energy dense snack display' for use in early childhood settings to inform families of the sugar and fat content of foods promoted as 'health bars' (e.g. muesli bars and alternatives).

There was already considerable momentum within many partner agencies toward healthy food consumption within settings. Tangible resources such as the lunch bags and displays contributed strongly toward the positive results, however having a clearly articulated policy in place across all early childhood settings and supporting the implementation of these policies was a significant factor in achieving such a strong response across the region. However there was an issue where a small, number of parents opposed these changes, particularly within kindergarten settings. At this stage, healthy food consumption in intervention kindergartens has increased (specific findings are reported within report 3); however impacts in relation to a comparison group have not yet been evaluated. Further work is also recommended to ensure sustainability of these effects and continuing to support settings to provide information and skill-building activities for children and their families about the concerns related to energy dense food consumption.

Romp & Chomp

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

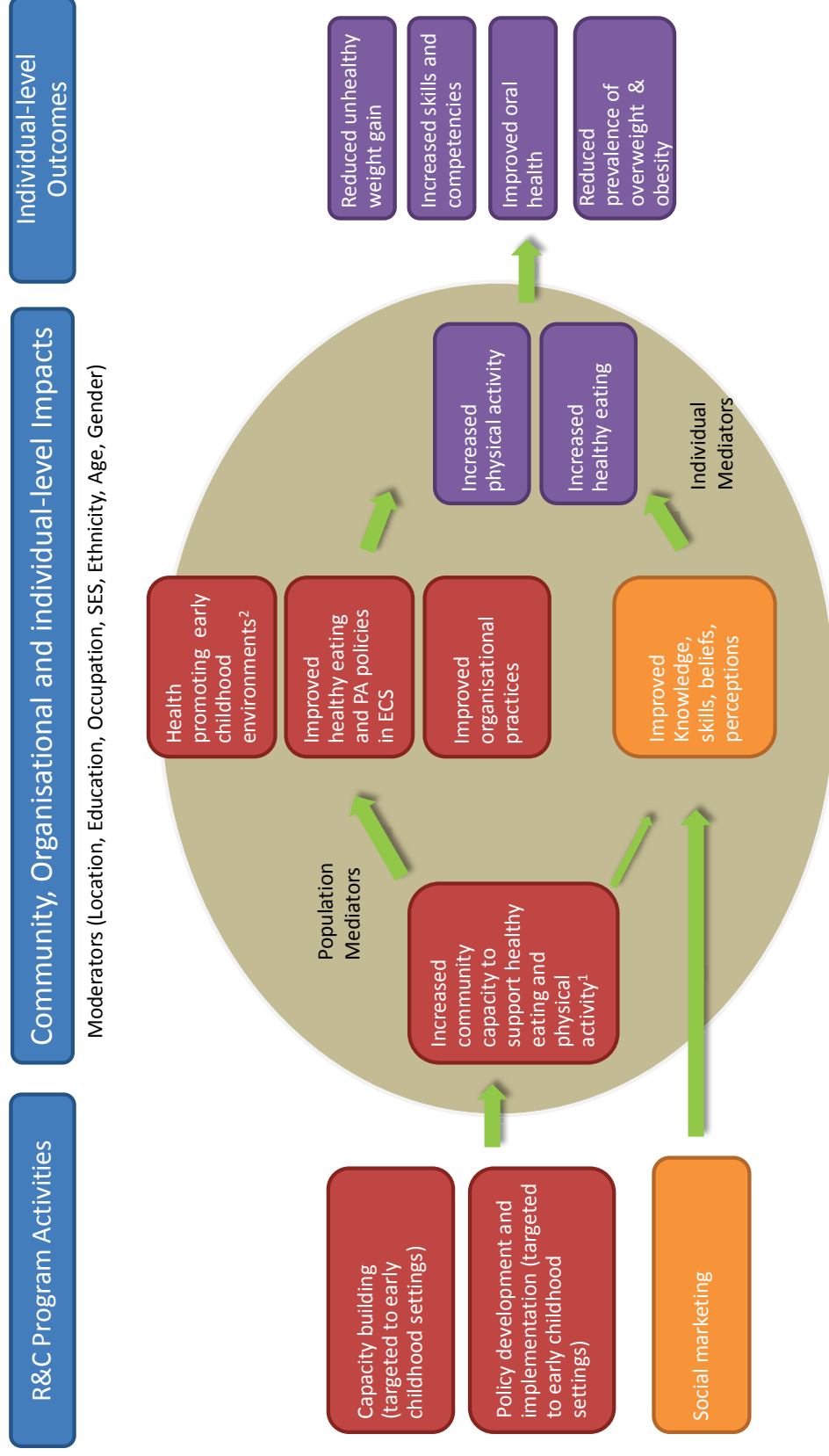
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources, partnerships

2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1 Romp & Chomp Logic Model

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and 'Kids- Go for your life' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 *Romp & Chomp* Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-‘Go For Your Life’ (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
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Introduction

Evidence indicates that poor nutrition in early childhood is associated with later health issues including obesity, cardiovascular disease and diabetes (2-4).

The 2007 National Nutrition survey (1) found that the majority of children aged 2-3 years eat below the recommendations for vegetables and in excess of the recommendations for salt, fat and sugar. Only 14% of 2-3 year olds had met their vegetable recommendations and 70% of children 2-12 years met the fruit recommendations, when fruit juice was excluded (1). This is clearly less than the recommended 2 servings of fruit and 5 of vegetables every day.

Foods with high energy density, but low nutrients appear to be linked to being overweight and obese. Replacing these snack foods with fruits and vegetables can help lower the amount of fat, salt and sugar consumed, increase nutrients to the diet, and reduce overall energy intake (5).

In order to impact on obesity and health concerns, objective 5 of the *Romp & Chomp* project aimed to decrease consumption of energy dense foods and promote the consumption of fruit and vegetables.

In order to achieve this, four strategies were developed, which provided a broad approach to encouraging reduced consumption of energy-dense foods and increased consumption of fruit and vegetables in early childhood settings. The strategies were aimed at influencing the community, EC setting, and the home via social marketing materials, visual displays in settings and parent engagement sessions.

All four strategies were developed in partnership with the DHSV *Smiles4Miles* project, and were supported by Barwon Health primary care & dental health workers, who were trained by the *Romp & Chomp* and *Smiles4Miles* project coordinators to assist with project implementation.

Strategy Overview

Strategy 5.1

Facilitate and support the development and implementation of healthy eating policies in long day care, family day care and kindergarten

This strategy was to provide support to early childhood settings to develop and administer policies; enhancing their ability to promote consumption of healthy food within their venues, and ensure a consistent response across the region.

In order to achieve this, the following processes occurred:

- Current recommendations for healthy foods policy were reviewed with settings and service providers.
- Further policies related in terms of content or settings were sourced and benchmarks established.
- Consultation with setting stakeholders
- Policies were developed and disseminated to settings
- Policy implementation was supported within settings by Barwon Health-Dental and primary care staff

Strategy 5.2

Facilitate the availability of appropriate resources on healthy eating for parents and early childhood service staff

This strategy was developed to provide material support to early childhood settings enabling them to actively implement health promotion programs in line with their policies.

Posters, postcards and brochure materials

Posters, postcards and brochure materials promoting consumption of fruit and vegetables were developed and disseminated to each setting to provide educational opportunities and promote discussion with children, families and staff about healthy foods. These were supplemented by the 'munchgirl' posters, cards and brochures provided through the *Smiles 4 Miles* dental health project. Kindergarten staff were actively encouraged by their assigned Barwon Health worker to incorporate "eat more fruit and vegetables" into curriculum planning, utilising the materials offered.

In order to achieve this, the following processes occurred:

- Consultation with setting stakeholders to identify resource needs.
- Identification of relevant resources to enhance self efficacy in decision making re healthy eating, including cost, language, culture, literacy, currency, staff, parents/families, and children.
- Identification of a number of resources to meet the diversity of needs within settings.

- Liaison with the *Smiles4Miles* project coordinator to enable settings to receive *S4M* and *R&C* paper-based materials in a coordinated fashion.
- Provide a project resource folder containing subsections identifying the four objectives of daily water, daily fruit & vegetable, less screen time, and daily active play, and containing the *R&C* and *S4M* posters, postcards and brochures, as a single resource folder. These folders were disseminated to preschools by Barwon Health workers together with suggestions for possible application.
- These materials were also made available to parents through attendance at local festivals.

Lunch Bags

The *Smiles4Miles* project (DHSV) had developed (munchgirl) lunch bags and (waterboy) water bottles. The lunch bags were originally tinted hard plastic. These were found to be too large, with families reporting they felt they needed to fill them. Also it did not assist in maintaining food temperatures. The revised version was an insulated cooler bag with a Velcro flap at the top. These were available at no cost to families within kindergartens who were part of the health promotion programs. These were utilised in conjunction with the *Romp & Chomp* project to support the consumption of fruit and vegetables in preschool venues.

In order to achieve this, the following processes occurred:

- Consultation with the *Smiles4Miles* project coordinator to enable each kindergarten to receive the 'munchgirl' lunch bags.
- Support for settings by Barwon Health workers to inform staff and families that this lunch bag was being provided for use in conjunction with healthy food choices.
- Kindergartens were to invited to order sufficient lunch bags (and water bottles) for each child enrolled to attend for the following year.

Energy Dense foods display

In order to reduce the intake of energy dense foods, a series of posters was developed that showed the sugar and fat content of typical snack and fruit bars, as these were often present in children's lunchboxes, often in place of fresh fruit and vegetables.

To achieve this, the following processes occurred:

- Consultation with stakeholders to identify the target snack foods commonly present in children's lunch boxes in place of fruit and vegetables, and to identify an appropriate display form
- Consultation with dietetic staff regarding nutritional information.
- Resource development
- Dissemination of the new resource to early childhood settings facilitated by the relevant service managers and other stakeholders (e.g. GKA).

Strategy 5.3

Support settings to facilitate relevant staff training in healthy eating choices

This strategy was developed to increase staff knowledge regarding healthy food options, and skills in promoting a supportive healthy eating environment within their settings.

In order to achieve this, the following processes occurred:

- Identification of staff training needs
- Development of appropriate training content, and identification of training agency
- Staff training as required
- Evaluation of training workshop

Strategy 5.4

Support early childhood settings to implement food safety regulations

This strategy was developed to increase staff knowledge and skills regarding food safety regulations.

In order to achieve this, the following processes occurred:

- Identification of relevant legislation and regulations
- Identification of issues of inconsistency of understanding / implementation (e.g. DHS Environmental Health Officers, CSA, etc)
- Supporting EC services to overcome implementation issues
- Identification of opportunities to implement food safety in early childhood settings
- Informing stakeholders of updated Food safety Act preschool guidelines

Evaluation

In order to establish the effectiveness of the strategies for reducing intake of energy dense foods, and increasing healthy foods in early childhood settings, several measures occurred:

- The presence of policies restricting healthy food in early childhood settings was through the Eating & Activity Survey the Lunchbox Survey Tools (see report 3).
- Long Day Care & Family Day Care were surveyed at the commencement of the project to establish a baseline measure of energy dense food consumption in 2005/6, and again in November 2007 to determine changes after the intervention.
- Lunchbox surveys in preschool settings asked teaching staff to record the number of children bringing fruit, vegetables, healthy options and energy dense foods four times: November 2006, March 2007, November 2007 and March 2008.
- Kindergarten settings were also asked to discover, through group discussion, the number of children identifying health concerns of energy dense ("sometimes") foods.
- Through M&CH centres, parents were surveyed to measure the number of children aged 2 and 3½ that consumed energy-dense snacks and vegetables 'yesterday' in 2005/6 and 2007/8.

(See report 3 for further details on evaluation processes)

Processes

Strategy 5.1

Facilitate and support the development and implementation of healthy eating policies in long day care, family day care and kindergarten

Current recommendations and policies present and/or active within settings were reviewed through the use of setting/staff surveys distributed to all long day care centres, Family Day Care service providers and kindergartens across the CoGG in September 2005.

By 15th August 2006, final survey responses were as follows:

- 26 surveys completed by Long Day Care (LDC), inclusive of privately funded centres, Response Rate (RR): 73%
- 66 surveys completed by Family Day Care (FDC) providers, RR 67%
- 51 surveys completed by Kindergarten staff, RR 75%

The results from this survey showed that in 2005, 93% of settings (18/19 LDC, 32/38 KG, and all FDC) had policies or had commenced the process of developing policies promoting healthy food consumption. Only family day care policy documents discussed restricting access to sweetened or high fat foods within the settings. These were presented in various formats and some were embedded within broader health policies.

During 2005, these policies were analysed by project coordinators in terms of their content and effectiveness at informing practices within settings. It was found that (prior to the project implementation) policies currently used within some settings lacked supporting protocols/guidelines to integrate the policy into practice.

Also in 2005, further policies pertaining to healthy food consumption were sourced from a number of settings (Eat Well Victoria Partnership, Primary Care Partnerships – South West, Lady Gowrie Child Care Centre, South Australian dental service, DHS Victoria - including Children's Service Regulations & Community Nutrition unit, Local Councils, Kindergarten Parents Victoria, and local agencies and settings) and reviewed.

Benchmarks were established utilising the Australian Guide to Healthy Eating for Children as the overarching determinant of content, with input from '*Start Right Eat Right*' (Lady Gowrie centre), and *Smiles 4 Miles* (Dental Health Services Victoria). This information was integrated with current settings policies in order to meet the needs of the settings, and inform the development of a policy template for implementation into settings as deemed necessary. Drafts of the policy templates were revised in consultation with stakeholders and after pilot testing with settings staff to reach the final draft.

M&CH centres did not require a policy addressing nutrition, as their client group does not stay on site, attending for consultations only, within which nursing staff provide developmental assessments, information & education. These centres were already operating under the National Guidelines for Nutrition, and Promoting Oral Health, providing tip sheets provided by the Department of Human Services (DHS), which ensured consistency of messages across centres.

The Family Day Care service also did not require a new policy, as they already adopted a policy developed in line with Department of Human Services (DHS) guidelines, which clearly states that healthy foods are preferred and that energy dense foods are to be limited. Additional tip sheets were also available as required. Thus no alterations or additions were required

Regarding Long Day Care centres, it is important to note that only the City Learning and Care Centres, run through the City of Greater Geelong (CoGG), participated in this aspect of the project. While private centres may have benefited from the development of this policy, we cannot gauge this. CoGG centres have policies in place as part of annual federal requirements for accreditation. These policies include promoting fruit and vegetables, and were redesigned in 2005 in line with the '*Start Right, Eat Right*' program. Thus LDC policies related to this objective were not needed from R&C.

Within kindergarten settings, an issue that emerged was that while Geelong Kindergarten Association (GKA) provided policy guidelines, individual kindergarten directors developed their own policies in consultation with their parent committee(s) These policies were subject to annual review and modification. Consequently, the first step was to review and utilise existing policies to inform the development of a policy template. Subsequently considerable negotiation occurred to embed this newly developed policy template into all GKA kindergartens, to recommend its use for all non-GKA kindergartens, and separate this activity from kindergarten committee actions (i.e. it would not be subject to annual modification).

All kindergartens within this region required the children to provide their own food. All kindergartens work with the support of parent management committees and policy decisions (at the commencement of this project) were made by this parent committee with input by setting staff. Some

kindergartens have only morning or afternoon sessions and therefore require the children to bring a snack only. Some settings provide (a) session/s that continue over a lunch period, and therefore require a snack and lunch to be provided. Establishing policies within kindergartens required support from qualified nutritional experts, in order to meet the varied needs of different kindergarten settings and local community concerns. In order to meet these varying needs and to offer choice to the staff and parent bodies, education and information sessions were provided through the GKA board, staff in-services & AGMs, supported by the *R&C* and *S4M* coordinators.

Three separate optional policies were developed in discussion with GKA and setting staff:

- a) Fruit and Vegetable snack only;
- b) Fruit, Vegetable and Healthy Sandwich; and,
- c) Fruit, Vegetable, Sandwich and Healthy Alternative.

Within each of these policies was the suggestion to target “nude foods”. This refers to unpackaged food. Most packaged foods are high in sugar, fats, and/or salt and are less healthy than unpackaged foods, which tend to be fruit and vegetables. This terminology was used to encourage healthy choices in a way that can be easily conveyed to parents, and is a catch phrase that promotes recall and is less confronting.

Each individual policy incorporated suggestions of food choices within the category selected. Within the Geelong Kindergarten Association, all three policies were presented under an overarching ‘Wellbeing’ Policy document. Kindergartens could then select the policy that most suited and the needs of the setting and community while still achieving a reduction in energy dense snack consumption within the setting.

Information regarding the policies was distributed to all parents within the ‘Parent Booklet’ provided by kindergartens to families attending their centre. Surveys presented and collated by GKA indicated that the majority of parents felt the parent information booklets provided a good source of information about their kindergarten. Thus, placing the nutrition policy within the parent booklet ensured that every family was aware of these policies.

The GKA board approved the recommended policy and all kindergartens received this policy late in 2006 (GKA agreed to allow non-GKA kindergartens to access and adapt these policies for their use). In 2007, an overarching ‘Health and Wellbeing Policy’ was also developed by GKA to enable their kindergartens to meet the requirements of the statewide *Kids- ‘Go for your life’ (KGFYL)* award program.

Most kindergartens experienced few difficulties in integrating these policies into practice. Some experienced opposition from some families, and one parent approached the media and the headline ‘Food Nazi’s’ appeared in the local paper (see media reports, report 2). Wider parent engagement

and other supportive measures may have been useful prior to integrating the policies into all settings to avoid this backlash.

Policy implementation within venues was supported by Barwon Health and Bellarine Community Health dental and primary-care professionals. These individuals had received a half-day training developed and presented by the co-ordinators of the *R&C* and *S4M* projects. Content of this training included information on both of these, and the *KGFYL* projects (target groups, aims, objectives, strategies, and key messages), social marketing, resources, measurements and activities such as the sweet drink demonstration. Barwon Health and Bellarine Community Health dental and primary-care professionals were then available to early childhood settings should there be questions regarding implementation of policies, or concerns regarding practical issues. By the end of 2007, all participating settings had incorporated a policy pertaining to increasing fruit and vegetable consumption and reducing energy dense food consumption. Implementation of these policies was not straightforward and some kindergartens continue to experience parental opposition and some teachers have reported parental confrontation.

Summary

- Prior to the commencement of the *R&C* project, there was considerable momentum in many early childhood settings within the Geelong and Bellarine region toward the development and inclusion of policies and documents.
- Many settings had, or were in the process of developing, their own policies and practices around settings-based nutrition and there was broad agency and community support.
- Integrating nutrition policies into kindergartens was complex and the partnership between stakeholders and other projects was crucial to the success of this, particularly the efforts of Geelong Kindergarten Association.
- The inclusion of policies into parent booklets ensured families were aware of the policies and assisted implementation, although other support mechanisms for kindergarten staff are needed as there was some adverse media and community discontent. Suggestions include: additional parent engagement sessions and social marketing directly to families, simple 'fact-sheets' for teachers to meet the concerns of families; additional support/training for teachers on working with families, engaging parents, and managing confrontation.

Strategy 5.2

Facilitate the availability of appropriate resources on healthy eating for parents

Posters, postcards and brochure materials

Partner agencies provided information and examples of current resources and materials provided through their settings. Setting staff were consulted and contributed to resource development by providing information of what is already available in their settings/services (such as M&CH parent groups and universal child health Key Age & Stage information) and suggestions for content that may be useful to them. Community forums were held to introduce the proposed ideas and gauge responses.

Results from the baseline survey of settings showed that early childhood staff in day care settings were reasonably happy with available resources on nutrition (scoring 8.1 out of 10), while kindergartens were less happy, scoring availability of resources as 6.7/10. This led to consultation and subsequently the development and provision of the energy dense snack display to kindergartens (see below).

In 2005 a lunchbox brochure was developed by for R&C, which was disseminated at festivals (Poppykettle – Geelong, Festival-by-the-sea – Barwon Heads) later that year. The brochure was made available on the website on 18/07/06 and was superseded by the posters and postcards developed for this objective later in the project in conjunction with Paul Kelly, graphic artist.

By May 2006, posters and a series of postcards had been drafted and sent to settings for comment during the following 6 months. These included encouragement to consume more fruit and vegetables, together with ideas on varying types and presentations of healthy foods. A brief summary is given below:

A nutrition poster entitled 'Daily Fruit and Vege' contained brief information on avoiding sweetened foods.

- 3 postcards supporting the key message of 'Daily Fruit and Vege'
- Why Fruit & Vege?
 - Containing information on why fruit and vegetables are important for children's health and development on the front, and information on number of serves and serving sizes on the back, as well as ideas on offering variety
- Eat a variety of Fruit & Vege!
 - The front suggested consuming fruit at every meal and snack. The back offered ideas for how fruit and vegetables may be offered at these times, as well as warnings about fruit sticks, fruit bars and fruit juices

➤ Lunch box & snack ideas

- The front of this postcard asked the question: What types of fruit and vege do healthy girl and active boy include for lunch and snacks? The back offered a variety of suggestions for including fruit and vegetables for lunch and snack, and some information on cleaning and preparing fruit and vegetables.

By December 2006 CoGG Services (M&CH, FDC, and LDC) had received:

- A *Romp & Chomp* 'Daily Fruit & Veg' A4 poster
- Sufficient postcards for each family to receive one each of:
 - Why Fruit & Veg?
 - Lunch Box & Snack Ideas
 - Eat a Variety of Fruit & Veg
 - The Energy Dense Snacks display (see below) via e-mail so that it could be printed within the centres.

Also by December 2006 38 kindergartens working with the project had received a resource folder containing the 'Daily Fruit and Vege poster, brochures and postcards. New kindergartens continued to engage in the project over the next two years, so that by April 2008; a total of 46 kindergartens had received these resources. The folder contained subsections identifying the four objectives of: daily water, daily fruit & vege, less screen time, and daily active play. These folders were disseminated to preschools by Barwon Health and Bellarine Community Health professionals together with suggestions on possible applications

In 2006, the 38 kindergartens involved at that time also received sufficient postcards to give one of each to every family attending. While the initial intention had been to provide sufficient numbers of these for every family over each year of the project, over 2007/8 these were provided to new kindergarten settings only. This decision was made as other projects were also providing materials (*S4M* from 2006, and *KGFYL* from 2007), and there were limited funds remaining to support continuation of resource production. Kindergartens were also provided with the link to access all materials on-line at <http://www.deakin.edu.au/hmnbs/who-obesity/ssop/ssop-projects-under5s.php>, one step towards sustainability and the ability to produce materials in a number and format that suits individual settings.

Further support from like (health promotion) projects:

The *R&C* resources were further supported by:

Liaison with the *Smiles4Miles (S4M)* project coordinator established in November 2005, and an agreement to provide both programs together at preschool venues enabled each preschool to receive *S4M* and *R&C* paper-based materials at the one time and reduce the burden on kindergarten staff. The *S4M* project coordinator was invited to participate in the *R&C* management meetings from February 2006, and met fortnightly with the *R&C* project coordinator to discuss resource and training issues.

All kindergartens in the region were able to become a member of *KGFYL* from 2007 and subsequently receive all resources associated with this project, which included two messages supporting this *R&C* objective: 'Plant Fruit & Veg in your Lunchbox', and 'Limit Sometimes Foods', promoting increased fruit & vegetable and decreased energy dense snack consumption. While this was a 'doubling up' of materials, it increased the ability to reach more families in the target group, and provided a more sustainable platform for resources for use in EC settings and services. In 2007, CoGG services, and kindergartens in the Bellarine region (eastern part of the target region) were also provided with access to a display developed by the Community Nutrition Unit, DHHS Tasmania entitled the 'Lunch Box Dilemma'.

Energy Dense foods display

Results from the baseline survey of settings showed that there was a need for more resources related to nutrition. Liaison with a small group of setting stakeholders identified energy-dense snack foods frequently brought by children to their ECS in place of fruit and vegetables, and an appropriate display form was agreed upon. A series of laminated A4 posters (photos) that could be placed on a wall/window for display was developed. In Barwon Health and Bellarine Community Health centre dietetic staff, were heavily involved in the development of this resource and incorporated the nutritional information (fat and sugar content).

Five types of bar (three muesli, one rice-pop and one fruit strap) were photographed with cubed measures illustrating fat and sugar content, and written information regarding these measures.

The display was trialled with a group of kindergarten teachers and their feedback was used to develop the final resource. Comment was made that additions to this display could compare these bars, marketed as healthy options, to the sugar content of a lolly bar (eg. a 'redskin') and to the sugar and fat content of a vegetable or piece of fruit, as presenting the bars only did not provide a point of comparison. While this would offer more information it was decided that, for this display it was better to maintain a simpler message for greater impact. Additions could be made by

kindergarten staff as they wished. The laminated series of posters were then disseminated to early childhood settings in November of 2007. Hard copies were sent to every kindergarten, and e-copies were sent to LDC. This reflected needs identified in the settings survey and by staff and stakeholders.

Lunch Bags

In 2005 an approach was made to Dental Health Services, Victoria (DSHV) to provide water bottles to regional early childhood settings to support the water message associated with Objective 4. DSHV agreed to provide these to kindergarten settings only (as this was the scope of their project), and required survey data collected. At that time it was noted that the *S4M* project also offered lunch boxes with their project, which had commenced in 6 kindergartens in the northern suburbs of the Geelong region, and had a project co-ordinator in place employed through Barwon Health.

Liaison with the *S4M* project coordinator was established in November 2005, and the two project co-ordinators were able to quickly establish accord and practices to meet the requirements of both projects. Agreement to provide both programs together at kindergartens (only) enabled them to receive the *S4M* 'munchgirl' lunch bags from January 2007. The lunch bags were not available to other services, however this was not viewed as a barrier.

Kindergartens were invited to order sufficient 'munchgirl' lunch bags (and water bottles) for each child enrolled for the following year. The orders were placed with DHSV and delivered to the project coordinators in 2006 to distribute to all participating kindergartens for 2007. This was found to be a logistical challenge, and in 2007 (for 2008) resources were disseminated from DHSV directly to the kindergartens. In 2007, 38 kindergartens received 2194 lunch bags and in 2008, 47 Kindergartens received 2826 lunch bags. As the *S4M* program continues beyond the length of the *R&C* project, kindergartens will continue to be able to access lunch bags beyond 2008 with support from Barwon Health and GKA.

Provision of the insulated lunch bags was an immediate physical and visual reminder for the children to consume fruit, vegetables and healthy snacks as was discussed in the kinder sessions. As well as providing lunch bags the success of this outcome was enhanced by:

- Providing them at no cost;
- Assisting to reinforce curriculum content;
- using insulating materials so that foods retained their freshness for longer, and encouraged selection of non-packaged foods; and,
- The small size which meant that they were easily managed by the children and also encouraged normal serving sizes because there was no need to 'fill up' a large lunch box.

- the encouragement in many kindergartens, to use non-packaged foods which was also seen as being environmentally friendly and therefore met dual needs.

The cost of providing lunch bags would have been beyond the capabilities of the *R&C* project alone as total costs for *S4M* resources (water bottle, lunch bag & paper resources) were around \$17,000 per annum over the three years of the project.

Summary

- *Romp & Chomp* resources were developed, piloted and finalised through a process of stakeholder consultation and feedback from parents and EC workers which ensured their appropriateness and acceptability.
- A co-ordinated approach of resource dissemination from all similar health promotion projects occurring in the region at the same time (*Smiles4Miles* in 2006 and later with *Kids- 'Go for your life'* in 2007) resulted in a significantly increased impact, as the same message was being clearly disseminated and supported by a large number of agencies, although it was also seen as important to have a range of different types of resources, as not all could be easily adjusted to all settings
- Working with partner projects enabled *R&C* to achieve outcomes that may not have been possible as a stand-alone project.

Strategy 5.3

Support settings to facilitate relevant staff training in healthy eating choices.

Settings-based training

All CoGG City Early Learning & Care centres had already commenced implementation of the '*Start Right, Eat Right*' (SRER) program through the Lady Gowrie Centre, and were awarded the SRER award in April 2005. This is a benchmark program providing information and education on nutrition within early childhood long day care settings. Thus no further training was required for LDC staff participating in the project.

FDC services received annual professional development nutrition sessions. These were provided through the city of Greater Geelong and therefore no further training was deemed necessary.

M&CH practices are embedded into statewide standards for practice (education focus) and do not provide food or liquids on site. Thus no further training was deemed necessary.

It was agreed to support GKA kindergartens through accessing their regular in-services at the commencement of terms. This meant it did not require staff relief and had a large reach, as all GKA staff, are expected to attend these days. Targeted training subsequently occurred on all objectives over three years in this way and included: policy formation, policy options, nutrition options, energy dense snacks and label reading (to understand nutritional content), and parent engagement. All training was presented jointly by R&C and S4M co-ordinators, (together with Leisure Networks for training associated with Physical Activity (see report 7).

Non-GKA kindergarten staff was supported by Bellarine and Barwon Health AH professionals, but no targeted nutrition-specific training was offered to this group.

It was proposed that the Obesity Prevention Short Course provided by Deakin University would be of benefit to the Committee of Management members and settings representatives. The cost of this, plus backfill for staff was agreed to within the budget. It did not go ahead however because, although the need for training was identified, this course was not seen to be the appropriate choice. Although the course provided information it did not build capacity to inform staff actions, or to provide parent information and support. However the opportunity to attend a social marketing course presented by Rob Donovan became available and the Committee decided to utilise funds for this as it was felt to be the area that would provide the most benefit.

Linkages with other projects offered further staff support and training. KGFYL provided self-directed learning opportunities through the materials provided to staff, and web-based information. They also

conducted training for allied and dental health professionals through their health professionals network, and the *S4M* co-ordinator provided individual consultation to some lead kindergartens

Training allied health and dental professionals to support settings

Nominated Barwon Health and Bellarine Community Health presenters were provided with training to enable them to support kindergartens to integrate and apply the nutrition policies; utilise resources within curriculum; and to engage parents in this process. The training package was developed by the two project co-ordinators, based on the DHSV information provided on sweet drink demonstrations, and expanded to incorporate information on the development, objectives and key messages of the three partner projects (*R&C*, *S4M* and *KGFYL*).

Two training sessions were provided, each for one half day: one for dental therapists in October 2006, and one for allied health professionals in November 2006. A training booklet and resources were provided to each attendee. Feedback from this day was generally very positive, with most staff expressing confidence to work with and supporting them to integrate the key messages into the kindergarten setting.

Summary

- There was considerable community momentum in place toward healthy food consumption in early childhood settings.
- This strategy was adapted to respond to the needs of the community as some agencies had completed appropriate training and others already had structures in place to support training.
- Working with community strengths and practices enabled this strategy to be achieved, ensuring that staff within EC settings and services had access to training to support children's healthy eating.

Strategy 5.4

Support early childhood settings to implement food safety regulations

Food safety regulations apply only to those centres providing and serving food. Thus, within the scope of this project only Long Day Care centres are affected. Here, again, appropriate training had been completed by LDC services, and it was not necessary to pursue this further.

Timeline of Processes

	<u>2005</u>		<u>2006</u>		<u>2007</u>	<u>2008</u>
<u>Policy</u>						
Policy review						
Survey						
Benchmarking						
Template formation						
Discussion						
Final draft						
Dissemination						
GKA Health & Wellbeing						
<u>Resources</u>						
Development						
Comment/Discussion						
Dissemination						
Energy Dense snack display development						
Energy Dense snack display dissemination						
S4M Coordination						
Survey integration						
Lunch Bag dissemination						
<u>Training</u>						
GKA Support Sessions (Fruit & Veg)						

Table 3 Timeline of Processes

Lessons Learned and Recommendations for future practice

In all, 47 kindergartens, 7 long day care centres and all Family Day Care throughout Geelong and the Bellarine Peninsula participated in the project. Outcomes included: the development and implementation of nutrition, drink and active play policies; linkages with local community health settings, agencies, and professional services; connections to like-projects enabling the presentation of awards; increased knowledge and skills around nutrition and physical activity within early childhood services; and access to an array of available materials and resources. At this stage we can report that healthy food consumption in intervention kindergartens has increased (specific findings are reported within report 3); however impacts in relation to a comparison group have not yet been performed. The following represents a synthesis of the process evaluation for this objective, including KI interviews and document analysis, with recommendations for future projects.

Partnerships

Working in partnership with agencies representing a significant number of early childhood services enhanced the efficiency and effectiveness of message development and dissemination, and ensured implementation accorded with practices and requirements of those services.

Working within settings

Knowing that the majority of children under 5 in the Geelong / Bellarine region accessed one or more early childhood services, enabled the project to target these services in order to reach and engage the target audience. The early childhood sector already had considerable momentum in developing healthy nutrition practices and targeting this as an early objective enabled early success for the project. It is likely that the R&C messages reached the majority of the target population and the committee of management felt the key message of “healthy eating” advice was well disseminated and integrated into practice.

Liaison with other programs

The breadth of early childhood settings represented within the *Romp & Chomp* Management committee ensured that a unified approach was achieved quickly. Having a number of services represented (GKA, LDC, M&CH, FDC) also ensured the development of specific and appropriate strategies and enabled rapid dissemination to a broad number of settings and supported uptake of developments.

Significant strength was added to this objective by working with the *Smiles4Miles* project. This project had a strong focus on increasing consumption of fruit and vegetables and reducing sugar intake (Eat Well). It was through this project that lunch bags were provided. Later, linkages with the *Kids-‘Go for your life’* project also provided materials and information toward this objective.

Having consistent messages presented at the same time, from three projects is evidence of strong agency support. This enabled an increased reach of this key message across the community. This approach also provides broad support to community settings, and gives weight to the core messages and interventions. However, some kindergartens experienced confusion over which project was actively working within their setting and were unclear about how the three projects were working together. This confusion particularly surfaced around the issue of achieving the *Kids – 'Go for your life'* award, wherein many of the actions developed to support the *Romp & Chomp*, and *Smiles 4 Miles* program significantly assisted them in achieving this award; however, yet teachers expressed concern that this was a third task, rather than simply an extension of their current actions. Greater communication with kindergarten staff may have assisted this, but was restricted by their available time.

Policy development and integration

Achieving accord on implementing healthy food policies within settings was enhanced in that many had already commenced development of similar policies and practices. The *R&C* project encouraged putting these policies into practice, and for those practices to be consistent across settings. Developing like-policy across settings and supporting implementation was complex but ensured a good response to this objective. Kindergarten staff, were supported by developing three alternative policies that could be selected by the kindergarten committees: Fruit and Vegetable only; Fruit Vegetable and Healthy Sandwich; and Fruit Vegetable and Healthy Alternative. The Geelong Kindergarten Association has embedded these into their orientation practices and handbook.

Resources

Lunch Bags

Padded, small-sized cooler bags, sealed with Velcro identified specifically as healthy-food-only, supported children's acceptance and enthusiasm regarding healthy food consumption. The bags enabled foods to stay fresh and maintain their appeal.

Energy dense snack display

The energy dense snack display helped to clarify health concerns in foods advertised as healthy alternatives. These often have higher levels of sugar and fats, (e.g. muesli bars and fruit straps). This enabled staff to explain to families why these foods were not considered a healthy snack option.

Social Marketing

Implementation and measurement of this objective was complicated by having two actions within the one objective: that of increasing fruit and vegetable intake, and that of reducing energy dense snack consumption. Given the decision by the committee of management to present positive messages (“do”) over negative ones (“don’t”), there was subsequently more activity done on promoting fruit and vegetables than reducing energy dense snacks. The major developments marketed increased fruit and vegetable consumption. However, with the exception of the ‘Energy Dense snack display’ there was little information on the health issues pertaining to energy dense food consumption. This could be developed in future program considerations. It is recommended that future projects either identify the one objective to focus on, or identify the two parts as separate objectives.

Having a range of resource materials enhances the effectiveness of social marketing, allowing multiple means to ‘carry the message’ and also allows for variations within settings. That is, what works within one setting may not translate within another. Having different resources on offer can overcome these issues. Paper-based resources may have enhanced the program recognition and take-home messages, but continued production was unsustainable within the project budget. The resources were however made available online and could be accessed as desired by settings. While this process was not the intended pathway, it bears consideration for future planning, such as flooding the market for one year to garner community interest, and designing low-cost follow up options. The small budget potentially affected the availability of resources, and significant support was garnered by working with two other projects. Placing resources on-line also enables sustainable practices when the project concludes.

The paper-based fruit and vegetable materials were distributed to all settings and promoted as an encouragement for a health focus for each term. However there was no scope to develop these into an appropriate (for setting) curriculum framework, which may have embedded these strategies further into kindergartens and thereby ensured sustainability.

More consideration also needed to occur around parent engagement, training and activities. While staff in all centres, were supportive of the changes, they sometimes met with opposition or confusion on the part of the parents. One parent contacted the news, labelling the preschool teacher a “food Nazi”. This indicates that there may have been insufficient marketing of this message prior to its placement within early childhood settings, and insufficient support to families regarding what constituted healthy, normal portions, and why some restrictions on foods applied within their settings. Future programs should consider parent engagement sessions on both healthy drinks and healthy foods and training should be offered to staff for engaging parents.

Risk Management

Loss of project coordinators resulted in some communication issues. While this did not impact strongly on implementation of this objective, reporting of the processes was inconsistent and some information had to be sourced after the project conclusion. Change of staff within settings also caused some difficulty in that new staff required support in order to 'catch up' with actions pertaining to the project/s, and this support was variable. In *R&C*, the absence of a risk management plan considering this resulted in communication difficulties and loss of momentum when staffing changes occurred. These issues should be a focus of a risk management plan that is ideally developed early on in a project such as this.

Digest of Services and Projects

Kindergartens: Sometimes referred to as 'preschool settings, those that meet the following criteria were termed 'kindergartens' for the context of this report:

Settings for 3 & 4 year olds providing early educational experiences; individual sessions can be from 2 to four hours. 3 and 4 year old groups function separately to cater for the educational needs of children at these ages.

No kindergartens in this region provide food for the children. All families are responsible for providing nutritional needs of their children, but are bound by the policies of each centre as to what is appropriate to provide for the child within the setting.

Many kindergartens in this region are supported by a central agency: The Geelong Kindergarten Association (G.K.A.). This agency organises training, employment and some administrative support functions. Those not within GKA are run independently by local community – based committees with the support of kindergarten staff.

Long Day Care: Services providing care, meals, rest/sleep accommodation to children. 7 Long Day Care services are provided and managed by the City of Greater Geelong. These are known as City Learning & Care centres. CoGG was a partner agency and all 7 centres participated in this project.

(Caveat) It should be noted that, when referring to long day care services, it applies only to centres managed by the City of Greater Geelong. Non-government day care service providers were invited to participate in the project, but declined.

Family Day Care: This program is funded through federal funds but managed regionally through the City of Greater Geelong. This service provides care within family homes. The carers receive support and training through the CoGG, and are accountable to a number of standards and requirements.

Committee of Management: All partner agencies, representing all settings and like-projects (S4M, KGFYL) were represented on this committee. Monthly meetings occurred and this committee made decisions that impacted directly on the project.

Reference Group: CEOs of partner agencies met on several occasions in order to inform the project of agency capabilities

Smiles 4 Miles (S4M): Dental Health Services Victoria, Health Promotion Unit project promoting water consumption, healthy diet, and care for teeth (hygiene and protection). 2004 – ongoing with 0.4 EFT project co-ordinator employed through Barwon Health Dental Services

Kids -'Go for your life' (KGFYL): Statewide project promoting water, fruit & veg, limit sometimes food, be active, less screen time, walk/ride to services/settings. Pilot project, 2007 extended into 2008/9. Co-ordinator employed through CoGG.

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Appendices

Appendix 5.A Three policies developed for kindergartens with the GKA

1.

Fruit & Vegetable Snack GKA



During 2008 we will be taking part in three local projects that support healthy food and water at kindergarten. As part of these projects your child may be provided with a drink bottle (WATER BOY) and a lunch box (MUNCH GIRL) to use to bring their snack to kindergarten.

Nutritious food is important for your child's growth and development.

Listed below are the:

- Recommended healthy snacks at kindergarten for your child to eat.
- Snacks that are not encouraged at kindergarten.
- Alternative suggestions to food birthday treats

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot (no added sugar)	Baked potato cubes
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in <u>natural juice</u> (no added sugar) e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommus
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Dried fruit mix (small handful): sultanas, apricots, bananas, dates, apple	Vegetable skewers

Snacks Not Recommended

- Biscuit and cheese dip packets
- Biscuits with more than 5g total fat/100g
- Chocolate
- Fruit roll-ups
- Lollies
- Muesli bars
- Packets of chips
- Popcorn with topping (eg butter, icing sugar, coloured popcorn, caramel)



Birthdays

Alternative suggestions to birthday foods include:

- Balloons
- Stickers
- Fake tattoos
- A birthday hat for the day
- Cocktail umbrellas
- A fake cake- you can still sing happy birthday and a child can blow candles out

Important tips to encourage children to eat fruit and vegetables

- Eat and enjoy a variety of fruit and vegetables yourself.
- Focus on serving lots of different vegetables and fruit, not the amounts.
- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*Acknowledgement: Kids Go for Your Life*)

Relevant Policy & Procedure

- GKA Nutrition Policy
- GKA Food at Kindergarten Policy
- GKA Health, Nutrition and Wellbeing Policy

NO PACKAGED FOODS-‘NUDE FOODS’ POLICY

Please do not bring any pre-packaged foods to kindergarten. We want to show our support for a cleaner greener earth and be an environmentally friendly kindergarten

2. Fruit & Vegetable Snacks & Sandwich GKA

During 2008 we will be taking part in three local projects that support healthy food and water at kindergarten. As part of these projects your child will be provided with a drink bottle (WATER BOY) and a lunch box (MUNCH GIRL) to use to bring their snack and lunch to kindergarten.



Nutritious food is important for your child's growth and development.

Listed below are the:

- Recommended healthy snacks and lunch options for your child to eat at kindergarten.
- Snacks that are not encouraged at kindergarten.
- Alternative suggestions to food birthday treats

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot	Baked potato cubes
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in natural juice e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommus
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Dried fruit mix(small handful): sultanas, apricots, bananas, dates, apple	Vegetable skewers

Snacks Not Recommended

- Biscuit and cheese dip packets
- Biscuits with more than 5g total fat/100g
- Chocolate
- Fruit roll-ups
- Lollies
- Muesli bars
- Packets of chips
- Popcorn with topping (eg butter, icing sugar, coloured popcorn, caramel)

Fruit & Vegetable Snacks & Sandwich GKA

Recommended Sandwich Fillings

Add the following to whole grain, wholemeal, high fibre white or raisin bread. Also try: Wholemeal wraps, pita pockets, mini pizza bases, rice cakes or wholegrain crackers.



Vegetable Based Fillings	Protein Based Fillings	Combinations
Avocado alfalfa sprouts & tomato	Light/extra light cream cheese with celery and sultanas	Baked beans (drained) with grated light cheese
Grated carrot and sultanas	Smooth peanut butter	Lean ham, light cheese and tomato.
Lettuce, cucumber and hommos/ dip spread	Lean ham and light cheese	Cheese & vegemite Vegemite & alfalfa sprouts
Salad – avocado, sliced lettuce, tomato, cucumber, grated carrot, light cheese	Lean turkey and cranberry sauce.	Light cheese with carrot and low fat mayonnaise.
Hommos with alfalfa sprouts and tomato	Chutney and light tasty cheese.	Lean ham, cheese and pineapple.
Grated vegetables and with avocado spread.	Tuna/salmon with lettuce and low fat mayonnaise	Chopped lean chicken with spread of avocado & lettuce

Sandwich Tips:

- Try cutting sandwiches into small quarters
 - Drain salmon/tuna/baked beans before adding to bread
 - Freeze sandwiches overnight so they are fresh by lunchtime
- All food to be sent in insulated lunch box provided (MUNCH GIRL)

Birthdays

Alternative suggestions to birthday foods include:

- Balloons
- Stickers
- Fake tattoos
- A birthday hat for the day
- Cocktail umbrellas
- A fake cake- you can still sing happy birthday and a child can blow candles out

Important tips to encourage children to eat fruit and vegetables

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- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*Acknowledgement: Kids Go for Your Life*)

Relevant Policy & Procedure

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- GKA Food at Kindergarten Policy
- GKA Health, Nutrition and Wellbeing Policy

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3. Fruit and Vegetable Snack, Sandwich and Alternative Choices GKA

During 2008 we will be taking part in three local projects that support healthy food and water at kindergarten. As part of these projects your child will be provided with a drink bottle (WATER BOY) and a lunch box (MUNCH GIRL) to use to bring their snack and lunch to kindergarten.



Nutritious food is important for your child's growth and development.

Listed below are the:

- Recommended healthy snacks and lunch options for your child to eat at kindergarten
- Snacks that are not encouraged at kindergarten.
- Alternative suggestions to food birthday treats

Recommended Fruit & Veggie Snacks

FRUIT	VEGGIES
A piece of fresh fruit	Cob of corn (small)
Stewed fruit: apple, apricot	Baked potato cubes
Portable fruit: - ½ kiwi fruit with spoon - orange in small quarters	Veggie sticks: cut up examples include: - celery - carrot/baby carrot - snow peas - red & green capsicum. - broccoli bits
Fruit balls - watermelon balls - rockmelon balls - grapes (red/green) - cherry tomato	Veggie Finger salad - cherry tomatoes - lettuce - snow peas - carrot - capsicum (red/green)
Tinned fruit in natural juice e.g. peach, pears, plums, fruit salad, pineapple.	Cucumber or zucchini sticks with hommos
Berry Mix: raspberries, strawberries, blueberries	sliced vegetables with salsa or dips
Fruit salad: bite size varieties of fruits (eg strawberries, rockmelon, watermelon, pineapple, orange)	Bean sprouts
Frozen Fruities: - frozen grapes - frozen bananas	Mini antipasto- lightly marinated mushrooms, tomatoes, eggplant
Dried fruit mix(small handful): sultanas, apricots, bananas, dates, apple	Vegetable skewers

Snacks Not Recommended

- Biscuit and cheese dip packets
- Biscuits with more than 5g total fat/100g
- Chocolate
- Fruit roll-ups
- Lollies
- Muesli bars
- Packets of chips
- Popcorn with topping (eg butter, icing sugar, coloured popcorn, caramel)

Important tips to encourage children to eat fruit and vegetables

- Eat and enjoy a variety of fruit and vegetables yourself.
- Focus on serving lots of different vegetables and fruit, not the amounts.
- Try and offer fruit and vegetables at each meal and snack.
- Involve children in decisions about vegetables and fruit purchasing
- Keep offering fruit and vegetables even when children avoid eating them.
- Remember to praise your child for healthy eating. (*acknowledgement: Kids Go for Your Life*)

Fruit and Vegetable Snack, Sandwich and Alternative Choices GKA

Recommended Sandwich Fillings

Add the following to whole grain, wholemeal, high fibre white or raisin bread. Also try: Wholemeal wraps, pita pockets, mini pizza bases, rice cakes or wholegrain crackers.



Vegetable Based Fillings	Protein Based Fillings	Combinations
Avocado alfalfa sprouts & tomato	Light/extra light cream cheese with celery and sultanas	Baked beans (drained) with grated light cheese
Grated carrot and sultanas	Smooth peanut butter	Lean ham, light cheese and tomato.
Lettuce, cucumber and hommus/ dip spread	Lean ham and light cheese	Cheese & vegemite Vegemite & alfalfa sprouts
Salad – avocado, sliced lettuce, tomato, cucumber, grated carrot, light cheese	Lean turkey and cranberry sauce.	Light cheese with carrot and low fat mayonnaise.
Hommus with alfalfa sprouts and tomato	Chutney and light tasty cheese.	Lean ham, cheese and pineapple.
Grated vegetables and with avocado spread.	Tuna/salmon with lettuce and low fat mayonnaise	Chopped lean chicken with spread of avocado & lettuce

Sandwich Tips:

- Try cutting sandwiches into small quarters
- Drain salmon/tuna/baked beans before adding to bread
- Freeze sandwiches overnight so they are fresh by lunchtime

Other Recommended snacks and lunch ideas

Breads & Cereals Based	Protein Based	Fruit & Vege Based
Weetbix/Vitabrits with margarine and vegemite	Low fat fruit yoghurt	Mini Veggie Frittata
Rice cakes with light cream cheese	Cheese squares	Ricotta, banana and honey
Raisin bread with margarine	Yoghurt	Mini Veggie Muffin
Homemade pita chips dip.	Slice of cheese on wholegrain crackers (eg vita wheat)	Baked potato
Pancake or pikelet (made with wholemeal flour)	Tuna with wholegrain crackers (eg vita wheat)	Baked beans
1 piece of homemade pizza* (made on pita bread/ English muffin with veggie toppings)	1 piece of homemade pizza* (made on pita bread with tuna, cheese, ham, chicken)	Corn fritters

1.1.1. All food to be sent in insulated lunch box provided (MUNCH GIRL)

Birthdays

Alternative suggestions to birthday foods include:

- Balloons
- Stickers
- Fake tattoos
- A birthday hat for the day
- Cocktail umbrellas
- A fake cake- you can still sing happy birthday and a child can blow candles

Relevant Policy & Procedure

- GKA Nutrition Policy
- GKA Food at Kindergarten Policy
- GKA Health, Nutrition and Wellbeing Policy

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Appendix 5.C Why Fruit & Veg postcard

(Approximate size)



Why Fruit & Vege?

The nutrients in fruit and vegetables are important for a child's health and development.

Eating a variety of fruits and vegetables is important for life long healthy eating habits for young children. Fruit and Vegetables provide important nutrients such as vitamins C and E, folate, fibre and potassium.

The Romp & Chomps

HELPING FAMILIES LIVE HEALTHY ACTIVE LIVES
Geelong Under 5s
Healthy Eating & Active Play

HOW MUCH FRUIT AND VEGE A DAY?

- Kids need 2 serves Fruit and 5 serves Vegetables a day, just like adults.
- Kids will not be able to eat the same serving sizes as adults as they have smaller tummies.
- Eat a variety of fruit and vege, try a rainbow of colours.

SERVE Sizes Guide

Fruit 1 serve =

- 1 small piece of fruit (plum, apricot, kiwi)
- $\frac{1}{2}$ - 1 pear, banana, apple, orange
- $\frac{1}{2}$ - 1 cup tinned/stewed fruit
- $\frac{1}{2}$ - 1 cup canned fruit (in natural juice)

Vegetables 1 serve =

- $\frac{1}{4}$ - $\frac{1}{2}$ cup cooked vegetables
- $\frac{1}{2}$ - 1 cup salad vegetables
- $\frac{1}{2}$ - 1 small potato
- $\frac{1}{4}$ - $\frac{1}{2}$ cup legumes (e.g. cooked baked beans, peas, lentils)



These serve sizes are a guide only. Allowances have been made for smaller serving sizes for young children.



live healthy active lives by including:

Chomp Into FRUIT

- Share a platter of cut up fruit, Fruit kebabs, Frozen fruit
- Tinned or stewed fruit & fruit based deserts eg. Banana/apple fritters/pancakes



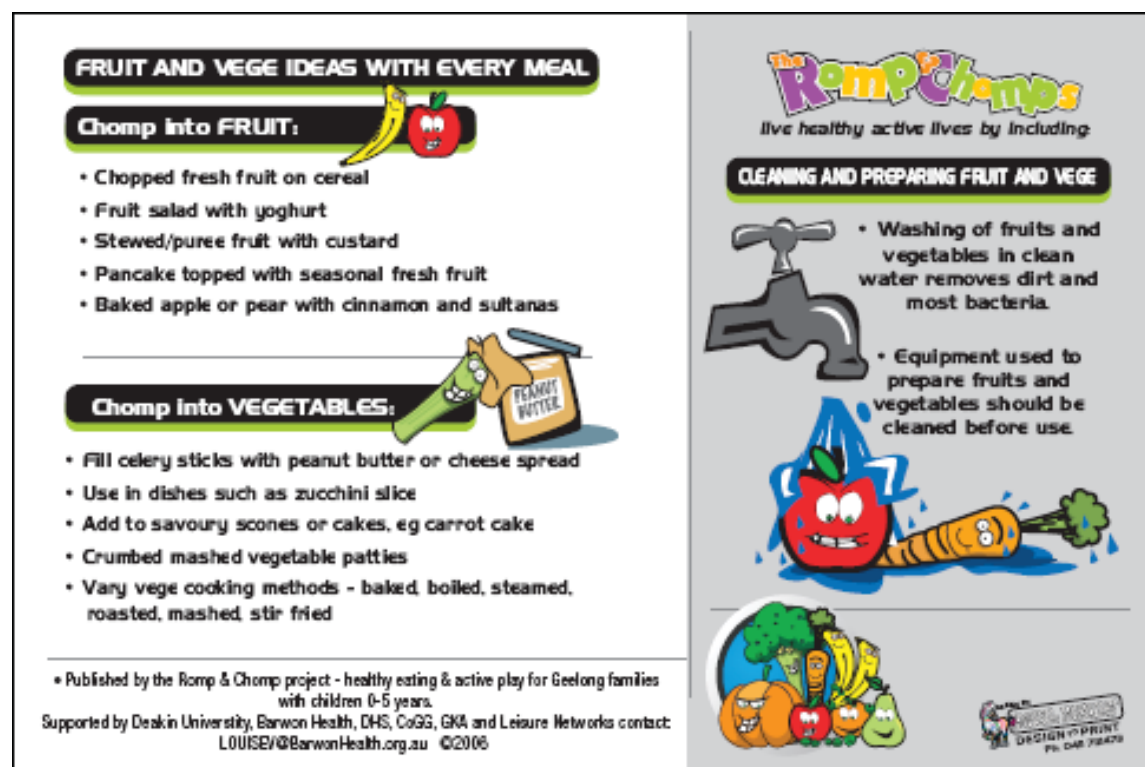
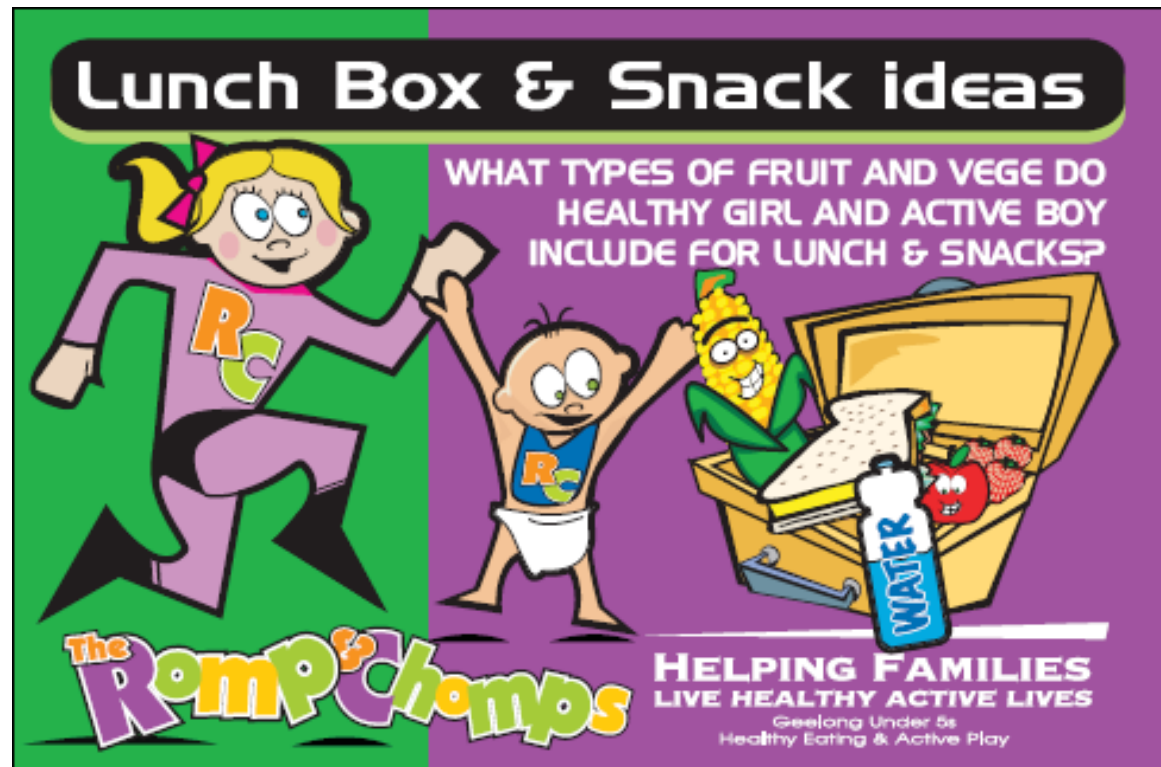
Chomp Into VEGETABLES

- Serve raw or partially cooked vegetables with dips, eg. hummus, tzatziki or egg plant dip
- Vegetable soups - minestrone, pumpkin, potato and leek are popular with kids

• Published by the Romp & Chomp project - healthy eating & active play for Geelong families with children 0-5 years.
Supported by Deakin University, Barwon Health, DHS, CoGG, GKA and Leisure Networks contact: LOUISE@BarwonHealth.org.au ©2006

Appendix 5.D Lunch Box & Snack Ideas postcard

(Approximate size)




Appendix 5.E Eat a Variety of Fruit & Veg postcard

(Approximate size)



FRUIT AND VEGE IDEAS WITH EVERY MEAL


Chomp Into FRUIT : 

BREAKFAST - chopped fresh fruit or with yoghurt

LUNCH - Fruit muffins (mashed banana, stewed or grated apple, berries, dried fruit)

DINNER - dessert of fresh fruit with custard

SNACKS - Fruit smoothie - blend fruit with milk and yoghurt

Chomp into VEGETABLES : 

BREAKFAST - Omelette with mushrooms and cheese


LUNCH - Include grated or thinly sliced vegetables in sandwiches or pitta bread fillings

DINNER - Add grated or finely chopped vegetables to hamburgers, mince, casseroles, stews or bolognese sauce

SNACKS - vege sticks with dip

• Published by the Romp & Chomp project - healthy eating & active play for Geelong families with children 0-5 years.
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EAT FRESH FRUIT

 • Fruit sticks, fruit bars, roll ups are not suitable alternatives for fruit **X**


These are high in sugar, low in nutrients and fibre

• Children do not need any fruit juices to have a healthy diet

AVOID CHOKING

• Avoid small hard bits of food

• Grate or cook hard fruit & veges to avoid choking in toddlers



DESIGN & PRINT BY GKA HEALTH

Aim:

To illustrate in photos the fat and sugar content of unhealthy/popular snack bars for children.

Objectives:

1. To photograph *Uncle Toby's Roll Ups* bars and illustrate 3 grams of total fat and 28 grams of sugar per 100g in cubes beneath the snack product;
2. To photograph *Kellogg's LCMs* bars and illustrate 10 grams of total fat and 30 grams of sugar per 100g in cubes beneath the snack product;
3. To photograph *Uncle Toby's Original Crunch muesli* bars and illustrate 19 grams of total fat and 18 grams of sugar per bar in cubes beneath snack product;
4. To photograph *Kellogg's K-Time Twists* bars and illustrate 4 grams of total fat and 38 grams of sugar per bar in cubes beneath snack product;
5. To illustrate grams of fat with cubes of cheese (1 cube = 2g fat).
6. To illustrate grams of sugar with cubes of sugar (1 cube = 2g sugar).
7. To obtain feedback on how the photographs are interpreted by a representative sample of people.

Method:

1/ Selection of Food Packages to Photograph

These bars were selected because they:

- Represent a cross section of the variety of bars available today;
- Are easily recognisable to children, parents, kinder teachers etc;
- Are marketed toward children and parents;
- Are high in fat and/or sugar;
- Have nutritional claims on packaging;
- Are often considered appropriate everyday food choices for children
- Are commonly eaten by children (knowledge from Paediatric Dietitian consultations and kinder teachers).

Refer to appendix 1 for nutritional information of selected snack bars.

2/ Pricing and purchasing of snack bars/equipment

ITEM	APPROX PRICE
Cheese	\$10.90
Sugar cubes (1 sml pkt 450g)	\$4.80
LCMs bars (1 pkt of 8)	\$4.39
Uncle Toby's Roll ups (1 pkt of 8)	\$2.99
K-Time Twists (1 pkt of 6)	\$3.96
Uncle Toby's original crunch muesli bar (1pkt of 6)	\$3.48
SUBTOTAL	\$30.50
EQUIPMENT	
Digital Camera (Sally Stapleton's personal digital camera)	N/A
Coloured cardboard backing	
- large purple sheet (gloss)	\$3.00
- medium gold sheet (matt)	\$1.00
- small (A4) green sheet (matt)	\$0.50
Total for cardboard:	\$4.50
Printing of photos as resource	Nil information on cost received
Printing of handouts/cards for parents	N/A
TOTAL	\$35.00

3/ Production of 'bar photographs'

- many different photos (approx 150 photos)
 - all 4 bars together
 - 2 bars compared
 - of each bar
 - differing angles
 - just fat
 - just sugar shown
 - differing colours in background (eg purple/green and purple & green)
 - with wrappings on and off
- initial photos were illustrating fat and sugar content per serve
- initial photos showing 1 cube of fat/sugar = 1g
- final photos illustrating fat and sugar content per 100g
- final photos showing 1 cube = 2g
(as not enough space to photograph 1 cube = 1g)

4/ Focus Group testing of photos with kinder teachers and parents

Aim of focus group:

To obtain feedback on how a sample group of parents and kinder teachers interpret and understand the energy dense snack photos

Focus group questions and answers can be found in appendix 2

Discussion:

Differing Serve sizes of bars

Initial photos illustrated fat and sugar content of bars *per serve* (i.e. per bar).

Reasoning behind this initial approach:

- children consume a bar and not '100g' of the product (usually greater than one bar)
- photos would clearly show that bars are not equal in size i.e. it would be obvious that the smaller bars (eg roll-up) would have lower levels of fat and sugar because of they would appear a smaller size.

Much discussion occurred between Dietitian members of the Romp and Chomp energy dense snacks project team about production of the photos. Multiple drafts of the photos were completed before they were presented to the focus group for feedback. One of the changes involved the re-naming of the 'energy dense snack foods' to 'high fat, high sugar snacks' as the new title conveyed the message clearer. The presentation to the kinders and the display kit for printing was also thoroughly edited and analysed to ensure the right messages would be conveyed about the 'high fat, high sugar snack foods' in the display.

Appendix 1:

Snack bars chosen for illustration:

Kelloggs LCMs Bars		
	Per serve (20g)	Per 100g
Fat (total)	2.3g	10.3g
Sugar	6.6g	30.0g

Kelloggs K-Time Twists 97% Fat Free		
	Per serve (37g)	Per 100g
Fat (total)	1.3g	3.5g
Sugar	14.1g	38.1g

Uncle Toby's Original Crunch Muesli bars		
	Per serve (20g)	Per 100g
Fat (total)	3.9g	19.3g
Sugar	3.6g	18.0g

Uncle Toby's Roll-ups		
	Per serve (15.6g)	Per 100g
Fat (total)	0.5g	2.9g
Sugar	4.4g	28.0g

Appendix 2:

Focus group questions:

- Initial reactions when looking at 4-bar comparison. (What do you think this photo is telling you? =prompt question).
- Do you recognise these products?
- What do the yellow squares represent?
- What do the white squares represent?
- Would you recommend any of these bars to the children?
- What do you think about these snacks bars?
- General comments/discussion.

Appendix 5.G Energy Dense Snack display

(Reduced from original)

High Fat, High Sugar Snacks



High Fat High Sugar Snacks

The aim of this display is to show parents and kids how much fat and sugar are in these bars so that healthier snacks can be chosen.



High Fat High Sugar Snacks

- High fat, high sugar snacks are energy dense
- They provide a lot of energy in a small serve
- They are 'sometimes' or 'extra' foods & should not be eaten daily



High Fat High Sugar Snacks

- They do not provide many nutrients
- Not much fibre
- Not many vitamins and minerals



High Fat High Sugar Snacks

- Photos illustrate total fat and total sugar content of each bar per 100g
- Amounts of total fat and total sugar are noted under each bar (rounded to the nearest whole number)



Key



= 2g Total Fat *

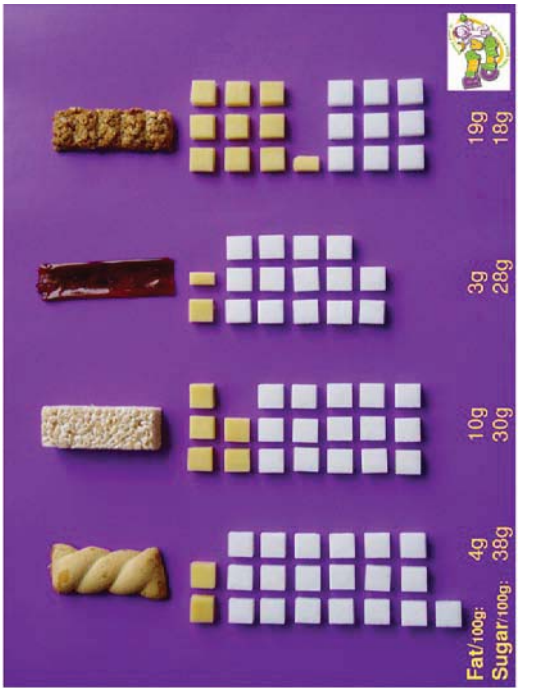
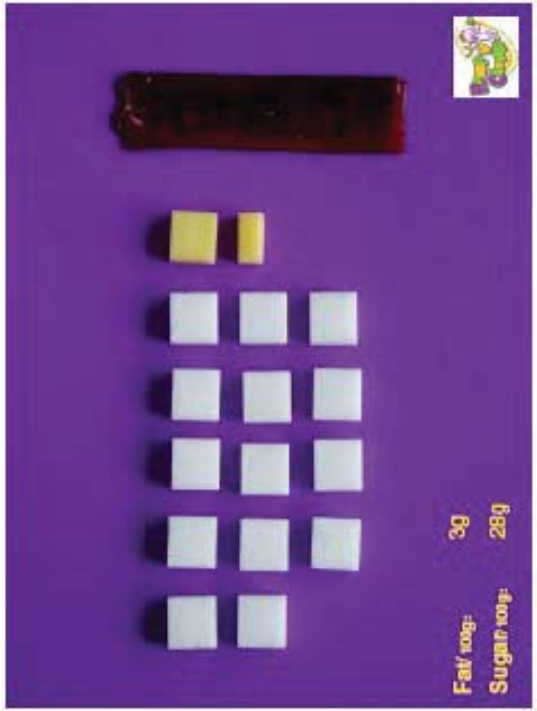
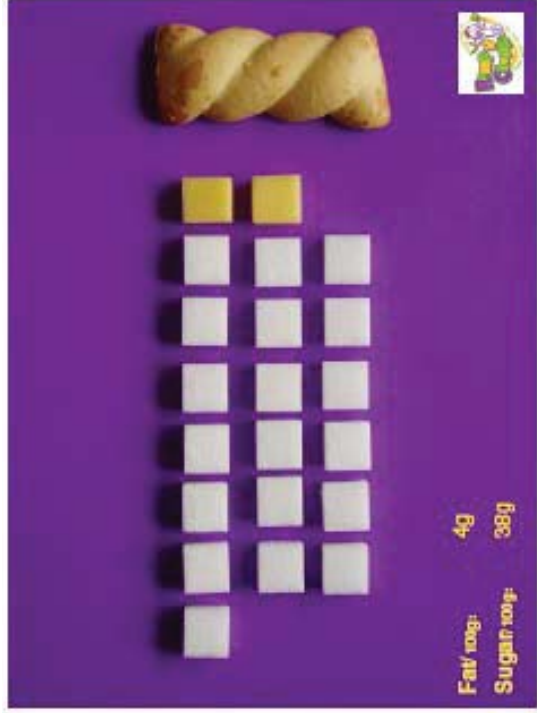
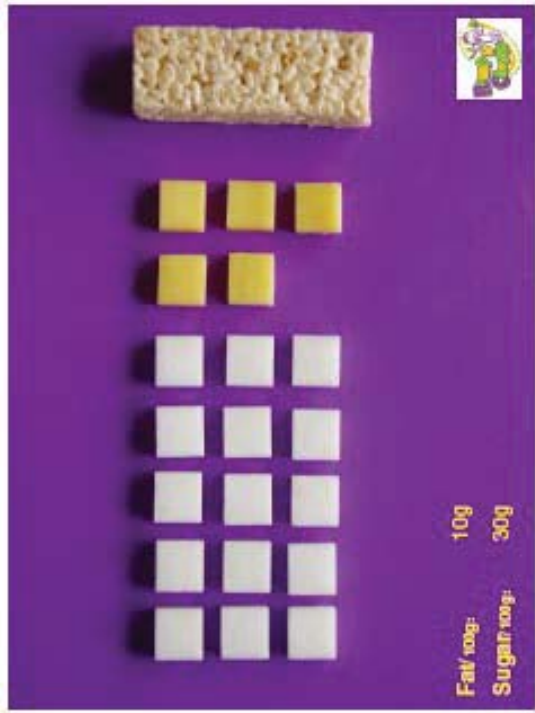
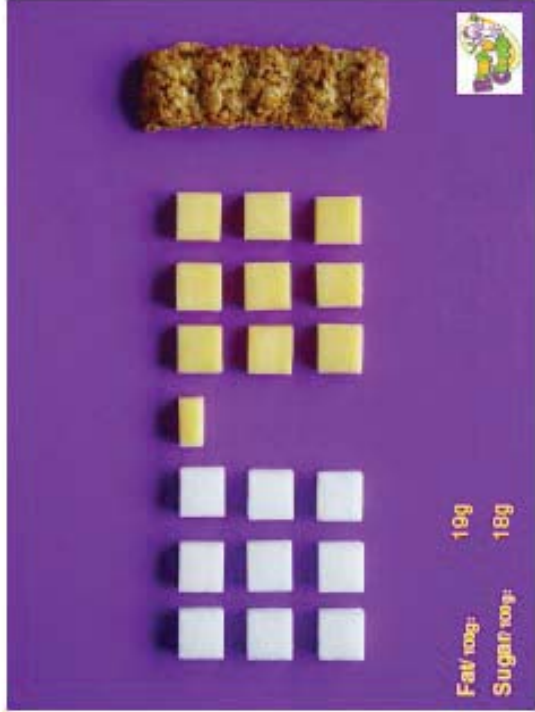


= 2g Total Sugar ^

* = 1 teaspoon total fat (5g)
^ = 1 teaspoon sugar (4g)



Energy Dense Snack display – continued
(Reduced from original)



1. Initial reactions when looking at 4-bar comparison:

'Twists have much more sugar/starch'	'Great visual tool. Bit of a wow factor'
'Surprising'	'I couldn't believe how much sugar and fat was in them all'
'So much sugar'	"Shock with the amount of fat and sugar'
'Not surprised'	'I was amazed that the roll up had least amount of fat and sugar- I always assumed it had the most!!'
'Eye opener'	'Heaps of sugar'
'Confusing'	'Has an impact'
'Good visual'	'Very surprised'
	'Does sugar cube represent complex starch as well?'

2. Recognition of products:

14 out of 16 kindergarten teachers recognized all the products correctly

Bar A: Roll up

Bar C: LCM

Bar B: Twist

Bar D: Muesli Bar

3. All kindergarten teachers recognized the yellow squares are for fat

4. All kindergarten teachers recognized the white squares are for sugar.

5. Kindergarten teachers general feedback on these snack bars:

'None are healthy'	'I don't allow them into my centre, families know how I feel about them'
'Not as healthy as fresh fruit & veg'	'Surprising as to sugar and fat content'
Expensive, full of sugar, no nutrition'	The bars are about as healthy as a Tim Tam!'
Expensive, unhealthy, full of sugar'	Expensive, high in sugar and low in nutrition'
'No nutritional value in them'	'Poor quality, cost too much for what they are- fruit & veggies cheapest and better for you'
'Sometimes food'	'Not appropriate to be included as health snacks'
'Not nutritious'	'Not for everyday- sometimes. Not for kinder!'

6. Would kindergarten teachers recommend any of these bars to the children?

2 **YES**- 'only muesli bars as I thought they were the healthiest' and 'only as a special treat'

14 **NO**- obviously no nutritional value, too much fat/sugar

Other Comments from discussions with kindergarten teachers:

1. 'I wouldn't recommend them but if choosing would take the fruit strap'
2. 'A comparison with fresh fruit and plain sweet biscuits would be useful'
3. A cost comparison to healthy snacks would be useful

Appendix 5.I Ready Reckoner

Product	Muesli Bar Yoghurt Coated Uncle Tobys	Muesli Bar Yoghurt Coated IXL	Muesli Bar Yoghurt Coated Sanitarium	Muesli Bar Yoghurt Coated Daydawn	Muesli Bar Choco Uncle Tobys	Muesli Bar Choco Mother Earth	Muesli Bar baked Uncle Tobys	Muesli Bar baked Kellogs Twist	Muesli Bar baked Coles Farm	LCM Bar Kellogs	Breakfast Bar Uncle Tobys	Breakfast Bar Carmans	Breakfast Bar Ski
Unit Size g	31	35	25	31	34	33	38	37	38	20	37	45	27
Number per packet	8	8	8	8	6	8	6	6	6	6	6	6	6
Energy KJ per 100g	1730	1694	1760	1752	1795	1740	1170	1454	1270	1744	1550	1820	1730
Fat g per 100g	13.1	13.6	10.8	12.8	12.8	15.6	2.7	2.9	3	11.2	7.8	18.3	11.6
Sugar g per 100g	30.5	37.9	32.6	37	23.6	29.5	42.2	37.2	27.9	33.1	23.1	18.6	31

Appendix 5.J Eating and Activity Questionnaire

Eating and Activity Questionnaire									
Date ____/____/____ (M / T / W / Th / F)									
1. Child's Details:									
Date of Birth ____/____/____		Gender: M / F		Postcode ____		Birth weight ____kg		Current weight ____kg	
2. Please indicate how many hours per week your child attends the following, and if she / he attended yesterday:									
Play Group?		____ hours per week		____ hours per week		____ hours per week		____ hours per week	
Family Day Care?		____ hours per week		____ hours per week		____ hours per week		____ hours per week	
Long Day Care?		____ hours per week		____ hours per week		____ hours per week		____ hours per week	
Kindergarten?		____ hours per week		____ hours per week		____ hours per week		____ hours per week	
Other? ____		____ hours per week		____ hours per week		____ hours per week		____ hours per week	
3. Yesterday, how long did your child watch TV/videos/DVD or play computer- or video-games at home (or a friend's or relative's home)?									
Morning		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins	
Afternoon		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins	
Evening (after 6pm)		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins		____ hrs ____ mins	
4. Last week, how many times did you or a family member take your child to a playground, park, swimming pool, dance class or other place for physical activity?									
		____ times last week		____ times last week		____ times last week		____ times last week	
4. What does your child usually do when she / he has a choice about how to spend free time?									
<input type="checkbox"/> Usually chooses inactive pastimes (ie TV, computer, drawing or reading)									
<input type="checkbox"/> Just as likely to choose inactive as active pastimes									
<input type="checkbox"/> Usually chooses active pastimes (ie outdoor play, dancing, sports)									
5. Yesterday, how many servings of the following beverages did your child drink? (see pictures – one serving equals ½ cup or 125ml)									
Fruit juice		Cordial or soft drink		Water		Plain milk		Flavoured milk	
None		None		None		None		None	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5		5		5		5		5	
6 or more		6 or more		6 or more		6 or more		6 or more	
Don't know		Don't know		Don't know		Don't know		Don't know	

6. Yesterday, how many servings of the following foods did your child have? (see pictures for examples and serving sizes)									
Packaged snacks (chips, muesli bar)		Confectionary and/or chocolate		Fruit (fresh, dried and tinned)		Vegetables (cooked & raw veg and baked beans)		Cake / doughnuts, sweet biscuits and muffins	
20g pkt chips, one fruit strap or 1 muesli bar		½ regular chocolate bar or a small handful of lollies		1 apple or banana or 1 cup grapes or 1 ½ tsp sultanas		½ cup cooked veg or 1 cup baked beans or 1 cup salad		1 small slice cake, ½ iced doughnut or ¼ regular muffin	
None		None		None		None		None	
½		½		½		½		½	
1		1		1		1		1	
2		2		2		2		2	
3		3		3		3		3	
4		4		4		4		4	
5 or more		5 or more		5 or more		5 or more		5 or more	
Don't know		Don't know		Don't know		Don't know		Don't know	
7. How many serves of vegetables does your child usually eat each day? ("a serve" = ½ cup cooked vegetables, or 1 cup salad vegetables)									
_____ serves each day									
8. How often does your child eat takeaway or fast-food? (eg. Hot chips, hamburgers, chicken nuggets, sausage rolls, hot dogs, pizza)									
<input type="checkbox"/> Less than once per month									
<input type="checkbox"/> 1 – 3 times per month									
<input type="checkbox"/> Once per week									
<input type="checkbox"/> 2 – 4 times per week									
<input type="checkbox"/> 5 – 6 times per week									
<input type="checkbox"/> Once per day									
<input type="checkbox"/> 2 or more times per day									
Family Information:									
9. Does your child usually live in:									
<input type="checkbox"/> A single parent household?									
<input type="checkbox"/> Two parent households?									
<input type="checkbox"/> A two parent household?									
<input type="checkbox"/> Other _____									
10. a) What is the highest education level of the child's mother?									
<input type="checkbox"/> Did not complete high school									
<input type="checkbox"/> Completed high school (Year 12)									
<input type="checkbox"/> TAFE									
<input type="checkbox"/> University									
<input type="checkbox"/> Don't know									
b) What is the highest education level of the child's father?									
<input type="checkbox"/> Did not complete high school									
<input type="checkbox"/> Completed high school (Year 12)									
<input type="checkbox"/> TAFE									
<input type="checkbox"/> University									
<input type="checkbox"/> Don't know									
Please now place the completed survey and the consent form in the envelope provided and place in the responses box									
<i>Thank-you for taking the time to complete this survey. Your assistance is greatly appreciated</i>									

Question 6: How many servings of...?

Note: Each picture shows an example of one serving of each food type

Vegetables: 1 serve = 1/2 cup cooked vegetables (... or baked beans or 1 cup of salad)



Fruit: 1 serve = 1 banana or apple, 2 kiwi fruit, 1 cup fruit pieces or 1 1/2 tablespoons of dried fruit



Packaged Snacks: 1 serve = a small (multi pack) packet or adult handful of chips or cheeseels, one muesli bar, fruit bar etc.



Confectionery and chocolate: 1 Serve = 1 row of chocolate from a family block or 1/2 a regular chocolate bar or a small handful of lollies.

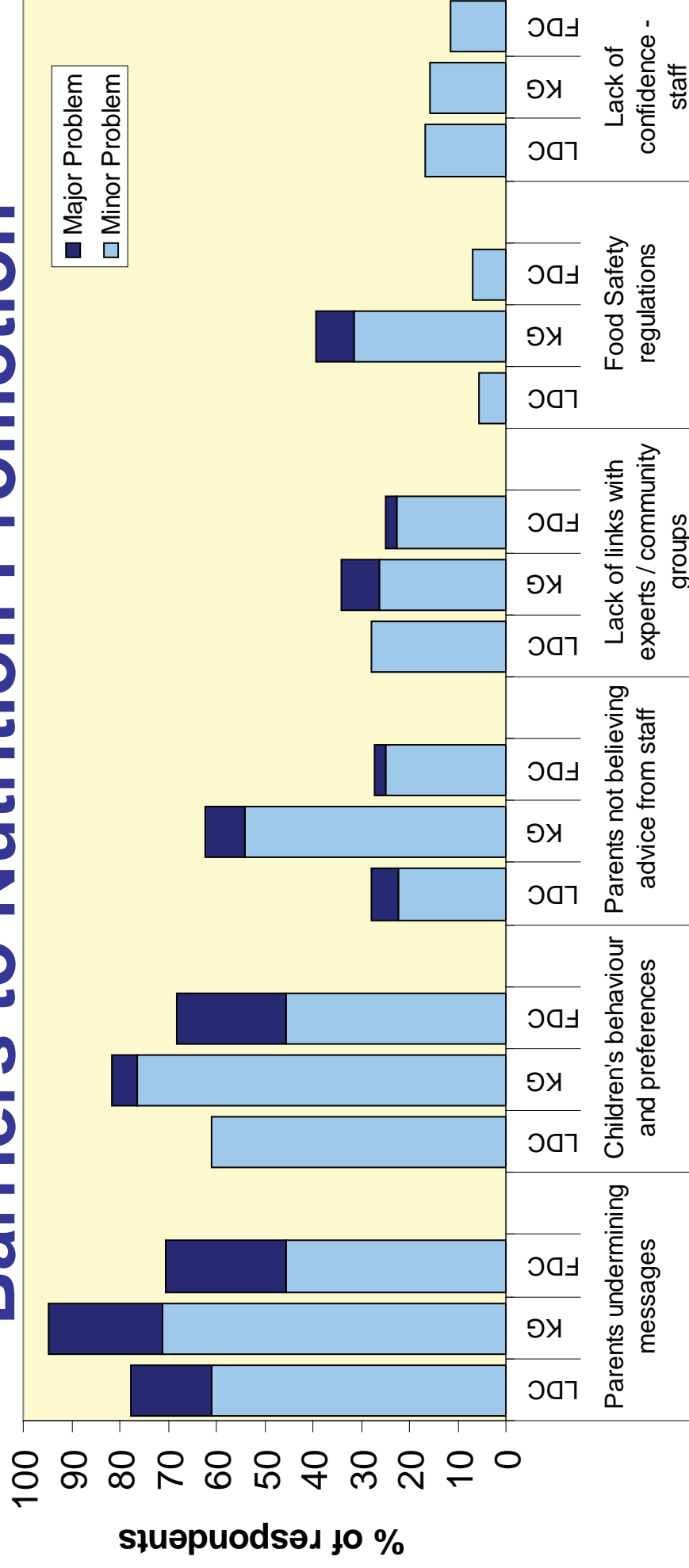


Cake, doughnuts, sweet biscuits etc:

1 Serve = 2-3 plain sweet biscuits, a small doughnut, a small slice of cake or 1/4 of a large muffin.



Barriers to Nutrition Promotion



(Reduced from A4 size)

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eat well
TIP CARD FOR PARENTS

Healthy foods are important for healthy teeth

- ★ Your child should enjoy a wide variety of nutritious foods.
- ★ Limit the amount of sugary foods and sweets your child eats. If your child eats sweet sticky foods, they are best eaten at mealtimes rather than between meals.
- ★ Encourage your child to enjoy healthy snacks.

MAUNCHING!

EAT WELL • DRINK WELL • CLEAN WELL • PLAY WELL • STAY WELL



eat well
TIP CARD FOR PARENTS

Offer healthy snacks between mealtimes such as...

- ★ fresh fruit pieces and/or yogurt
- ★ cheese and dry biscuits
- ★ chopped vegetables
- ★ sandwiches

Some great, easy to prepare meal ideas include:

- ★ feed or flip burgers
- ★ baked beans or porridge topped on toast
- ★ chicken or beef mince or stir-fry with vegetables
- ★ spaghetti, hot/paste or pasta with vegetables and a cheese sauce

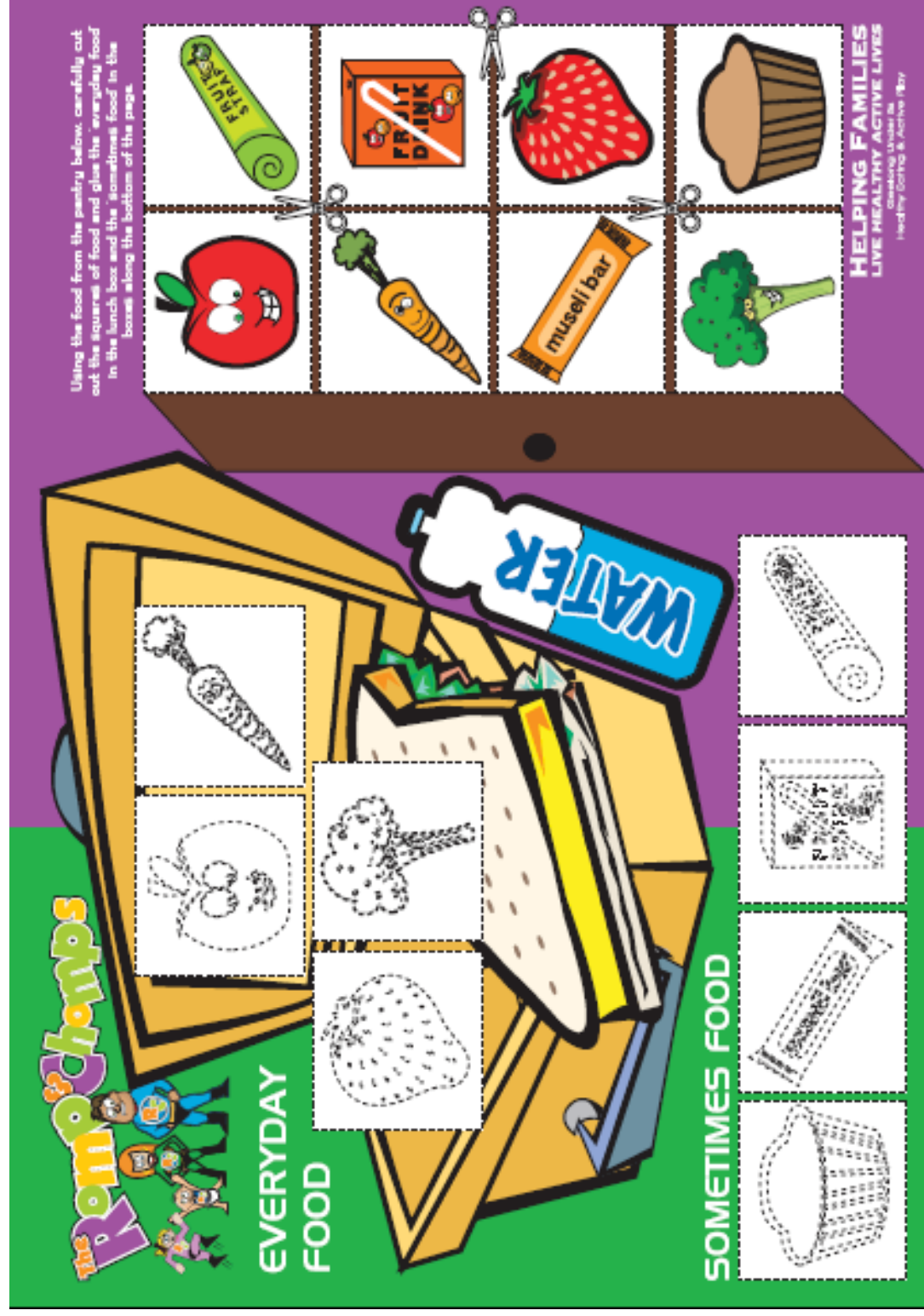
Consume fruit, vegetables, bread, pasta, dairy (milk-based) calcium enriched foods can be a substitute for dairy). Also, avoid fast food, sugary, salty and greasy foods to maintain a healthy snack and meal for your child.

Foods that your child should only eat sometimes

- ★ sweetened breakfast cereals
- ★ fast food, fried snacks and baked fruit
- ★ instant noodle or noodle bars that are high in sugar
- ★ cake and biscuits
- ★ chocolate and lollies
- ★ sweet spreads such as jam or honey
- ★ hot chips and potato chips or crisps
- ★ sweet pies and sausage rolls
- ★ ice cream and dairy desserts



Smiles 4 Miles
1800 Parents - Play Clean Well • Stay Well
2500-2500, 2500-2500
2500-2500, 2500-2500





Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

OBJECTIVE 6: To significantly increase home & family-based active play & decrease TV viewing time. Implementation strategies and recommendations for future practice.



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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe targeting approximately 12,000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

This report details objective 6, focussing on the aspects of this objective related to limiting home-based screen time (TV/computer/DVD-videos/electronic games). The report comprises the results of a needs assessment via a literature review, focus groups (with parents and other stakeholders) and recommendations for implementation of a screen time strategy for obesity prevention programs. Unfortunately the recommendations were not implemented in *Romp & Chomp* due to limited capacity and time however the information contains important findings that are useful for others conducting similar interventions or health promotion programs, and advocacy groups.

The literature review revealed a strong association between screen time and childhood obesity and a high need for intervention. Surveys of parents and results from the focus groups provided compelling evidence that Geelong preschoolers are exceeding the Australian screen time guidelines from an early age. This is particularly worrying given the current environment where Australia has more TV advertisements per hour for unhealthy foods than other countries, and the growing reach of internet advertising to children. Parents and stakeholders also recognised both individual and environmental factors as contributing to the amount of screen time viewed by preschoolers. The commonly reported factors included 'using TV as a baby sitter', 'time restraints of modern day lifestyles', 'TV food advertisements', and 'inappropriate outdoor environments'.

Despite much debate, this mixed methods study resulted in a final recommendation for a multi-component intervention program in a variety of settings and involving the whole community. The components would include at least: a promotional campaign; strategies to increase parents' knowledge, skills and competencies related to limiting children's time spent in screen-based activities; and advocacy for restrictions on advertising of unhealthy foods and marketing of unhealthy products to children. Policies restricting screen-based activities in early childhood settings and services would also be an important adjunct to such a strategy.

Romp & Chomp

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

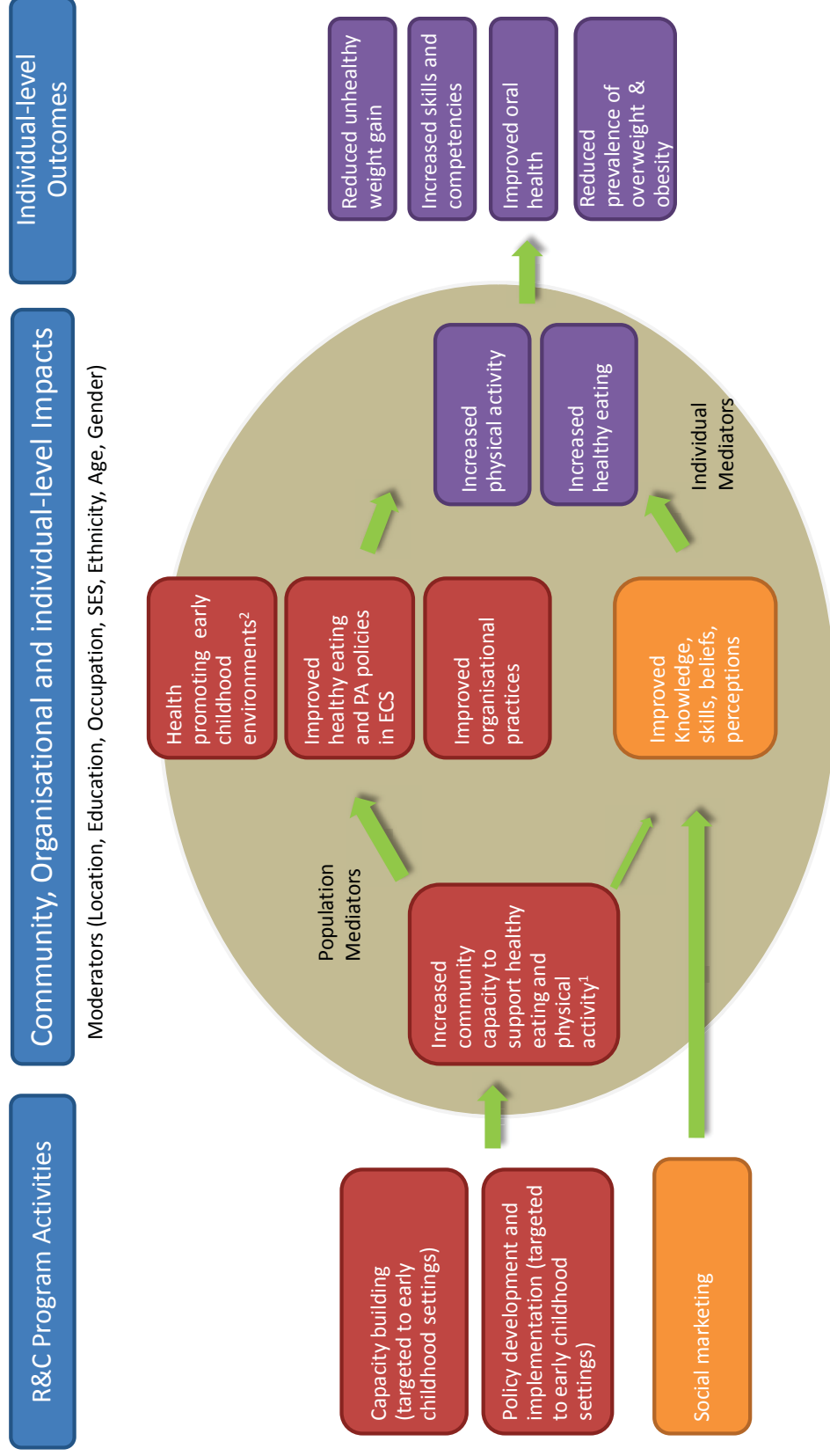
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources, partnerships

2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1: Romp & Chomp Logic Model

OBJECTIVE 6: To significantly increase home & family-based active play & decrease TV viewing time. 3

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and '*Kids- Go for your life*' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 Romp & Chomp Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-‘Go For Your Life’ (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Methods

Literature review

Literature relating to the relationship between screen time and childhood obesity was explored via published journals, reputable internet sources and internal health centre documentation.

Mind Mapping Exercise

Key stakeholders were invited to complete a Mind-Mapping Exercise (Appendix 6.A) on the factors affecting screen time behaviours of preschoolers and their families in the CoGG. Responses were collated and analysed.

Focus groups

A. Recruitment of participants

Focus group parents were convenience sampled from each of these 4 childcare settings within the CoGG-

1. Kindergartens*
2. Long Day Care
3. Family Day Care
4. Maternal and Child Health*

Key personnel from the childcare settings were contacted via phone to discuss information regarding the focus group (i.e. time, date, location), and asked to promote a Recruitment Flyer (Appendix 6.B). It was only possible to recruit from 2 of these settings due to practicality and recruitment issues (*).

B. Development of the Focus Group Program

The Focus Group Program (Appendix 6.C) was developed based on information gained from the literature review.

C. Development of Pre-Focus Group Questionnaire, Post-Focus Group Evaluation Form, R&C Information Flyer and Post-Focus Group Journal

A Pre-Focus Group Questionnaire (Appendix 6.D) was developed to gain information about the participant's demographics, household inventory, and children's household screen time viewing habits.

A Post-Focus Group Evaluation Form (Appendix 6.E) was developed to assess the effectiveness of the focus group.

Information about *R&C* was incorporated into a flyer (Appendix 6.F) to help participants develop background knowledge about the project.

A Post-Focus Group Journal (Appendix 6.G) was developed to allow focus group leaders to evaluate each session.

D. Focus Groups

The focus groups aimed to run for ~1-2 hours. On arrival, parents were asked to fill out the Pre-Focus Group Questionnaire and read the '*R&C* Information Flyer'. The focus group leaders introduced the project and informed participants about focus group rules.

Participants were also asked if they felt comfortable using a tape-recorder for data analysis purposes only. The group leaders completed the Post-Focus Group Journal. The findings from these focus groups were qualitatively and quantitatively analysed.

Forum

A. Recruitment of Participants

Key stakeholders were contacted via e-mail to participate in a forum to gain their views on different strategies proposed to limit screen time.

B. Development of the Forum Program, Post-Forum Evaluation Form and Post-Forum Journal

The Forum Program was based on information from the literature review and focus group findings. The Post- Forum Evaluation Form (Appendix 6.H) and Post-Forum Journal (Appendix 6.I) were developed to assess the effectiveness of the forum.

C. Forum

The forum aimed to run for ~1 hour, and was tape-recorded. The views of key-stakeholders were qualitatively analysed.

Needs Assessment Findings

Literature Review Findings

Normative Need

The factors that have been found to influence the quality and quantity of screen time viewing, as well as the secondary effects they have on eating and physical activity behaviours in preschoolers were reviewed as part of the student project and are summarised below:

Screen Time

The development of childhood obesity is complicated and multi-factorial, with screen time being identified as one independent modifiable risk factor (1-8). Bryant et al. (9) proposed 4 main mechanisms by which TV impacts weight gain:

1. TV displaces time spent doing physical activity
2. TV promotes in-between meal snacking, thus increasing daily caloric intake
3. TV food advertising influences children's food choice, attitudes and beliefs
4. TV viewing decreases metabolic rate (MET)

TV advertising

Randomised Control Trials (RCTs) have shown that cumulative TV exposure to food advertisements promotes beliefs and attitudes supportive of those foods most heavily represented in food advertisements, and thus influences children's food preferences (3, 10-12) and food intake, independent of other factors (10, 13-16). Within Australia, exposure to food advertisements (which are dominated by high fat, high sugar and fast food products) has been proven to produce incorrect nutritional beliefs among children, as they contradict the Australian Guidelines to Healthy Eating (3, 6, 17, 18). The Institute of Medicine (19), concluded that exposure to TV advertisements may have a strong influence on children's tendency toward increased obesity and chronic disease.

Physical activity

Physical inactivity is an independent risk factor for the development of obesity (1). Research confirms high amounts of screen time are associated with less physical activity and higher BMIs in children (1, 4, 6, 7).

Family environments

The family environment and parenting encompass an array of factors contributing to increased screen time, including:

- Household inventory (e.g. number and position of TVs) (8);
- Role modelling (e.g. parents/siblings screen time behaviours, eating meals in front of TV) (20);
- Maternal education level (21);
- Time allowance to supervise children in alternative activities (e.g. imaginary and active play, arts and crafts, etc) (20);
- Social Economic Status (SES) (22); and,
- Lack of rules governing screen time activities (23).

Comparative Need

The Australian screen time recommendations for children aged 5-18 years old are that 'Children & young people should not spend more than 2 hours a day using electronic media for entertainment (e.g. computer games, internet, TV), particularly during sunlight hours' (24).

Compared to the Australian screen time recommendations, the American screen time guidelines specifically target preschool-aged children:

- 'No television viewing for children under the age of 2 years';
- 'No more than 1-2 hours of TV and video per day for children older than 2 years'
- 'Parents should monitor programming, view with their children and adolescents, and encourage alternative entertainment, such as reading, athletics, hobbies, and creative play' (25)

Preliminary research supports these recommendations, showing that preschoolers who watch >3 hours of TV/day are 50% more likely to become obese than children who watch <2 hours/day (26). The Centre of Health Promotion (18) found that Australian preschoolers watch >3 hours of TV/day, exceeding the recommendations and increasing their risk of becoming obese. Interestingly, recent American national data shows American preschoolers watch less screen time/day (on average 1 hour 19 minutes TV and 1 hour 18 minutes DVDs per day) than Australian preschoolers (27).

The Centre for Health Promotion also found that Australia has the highest rate of food advertisements within in the world (12/hour), more than the USA (11/hour) and the UK

(10/hour). Australia has the highest rate of increase in childhood obesity, twice the rate of USA and three times the rate of the UK, furthermore stressing a comparative need (28).

Felt Need

Quebec and Sweden have banned TV food advertising during children viewing hours, illustrating a felt need at an international level (29). At a national level, advocacy groups such as The Parent's Jury, Young Media Association, Obesity Policy Coalition and the Coalition on Food Advertising to Children (CFAC) have expressed a felt need, advocating for stricter food advertising regulations. Additionally, programs such as *R&C*, *Eat Well Be Active*, *Kids- 'Go for your life'* and *Be Active Eat Well* have incorporated decreasing screen time as an objective within their childhood obesity prevention programs, illustrating a collaborative felt need.

At a local level, a felt need is yet to be established. This component of *R&C* endeavours to establish a felt need within the target area.

Strategies

There are fewer than 25 published studies internationally on interventions to prevent childhood obesity (32). There are even fewer studies that have investigated limiting screen time amongst preschoolers/children. It has been acknowledged that programs aimed at limiting screen time activities at home are challenging, as these activities have become an integrated part of modern society (27).

Appendix 6.J discusses some of the strategy, program and intervention studies aimed at limiting the amount of screen-based activities in children (preschoolers included) that have been trialled, including:

- Promotional campaigns (e.g. pamphlets, posters, turn off TV weeks);
- Community-organised programs (promoting alternative activities);
- TV allowances/budgets; and
- Parent education sessions

Interventions aimed at a family level have been proven to be the most appropriate and effective approach in changing children's screen time behaviours (20, 33, 34). Of the 25 published obesity prevention studies, a systematic review of 13 of these studies assessing the cost effectiveness versus health benefits found that the greatest health and cost benefit was likely to be achieved by the 'Reduction of TV advertising of high fat and/or high sugar foods and drinks to children' (35).

Mind Mapping Exercise

Below is a summary of findings from the focus groups, Appendix 6.K shows all responses from key stakeholders.

Table 3 Commonly reported answers from Mind Mapping Exercise

1. Contributing factors and behaviours, which influence quantity and quality of screen time viewing of preschools and their families at home	2. Secondary effects of screen time viewing on eating behaviours and physical activity of preschoolers and their families at home	Factors affecting both 1. & 2.
<ul style="list-style-type: none"> Lack of awareness/ understanding of the negative consequences of increased screen time on children's health/ development * Decreased knowledge of the amount of screen time their children do Decreased playing area (smaller back gardens) The use of television as a 'babysitter', due to decreased parent time (2 working parents)* Parents as role models 	<ul style="list-style-type: none"> Tendency to have more sedentary lifestyle* 	<ul style="list-style-type: none"> Television advertisements impacting children's/families eating habits*

More than 2 reported answers in a column were included as a 'commonly reported answer'.

* Denotes if an answer was reported in more than 1 column.

Table 4: Focus Group Results

Cohort demographics	
Number of participants in Focus group	
Number of participants: Glastonbury Family & Child Services	4
Number of participants: Alexander Thomson Kindergarten	4
<i>Total number of parents participating in focus group</i>	8
Family and Children	
Average Age of preschooler(s)	3 years
Number of families with more than one child	7 (88%)
Number of families with two or more children 5 years or under	6 (75%)
Number of family with adolescent aged siblings (12-18 years)	1 (13%)

Table 5: Pre-Focus Group Questionnaire Findings

Question	Findings
Average number of TVs within the house	2
Average number of other screen-based devices in the house	3
Percentage of children with screen-based devices in bedroom	38%
On average, how many hours each day does your	None 0 (0%)

child spend on TV viewing/DVD video	<div><1 hour 1 (12%)</div> <div>1-2 hours 4 (50%)</div> <div>3-4 hours 3 (38%)</div> <div>5+ hours 0 (0%)</div>
On average, how many hours each day does your child spend on electronic games	<div>None 7 (88%)</div> <div><1 hour 1 (12%)</div> <div>1-2 hours 0 (0%)</div> <div>3-4 hours 0 (0%)</div> <div>5+ hours 0 (0%)</div>
On average, how many hours each day does your child spend on the computer	<div>None 3 (38%)</div> <div>< 1 hour 4 (50%)</div> <div>1-2 hours 0 (0%)</div> <div>3-4 hours 1 (12%)</div> <div>5+ hours 0 (0%)</div>
Do you think your child's screen time viewing is	<div>Not a lot 0 (0%)</div> <div>Normal 4 (50%)</div> <div>A lot 4 (50%)</div> <div>Excessive 0 (0%)</div>
Do you have any household rules about screen time for your child?	<div>Yes 5 (62%)</div> <div>No 3 (38%)</div>
Household rules include	<ul style="list-style-type: none"> • No TV when eating tea • No TV before school • No TV/playstation until jobs are done after school • No TV/playstation after dinner, except on weekends • 1 hr at a time on playstation for weekends • Only ABC kids from 8am-10am Monday and Wednesday • Only 1 DVD at weekend • Have timer for computer • TV can be off as punishment • No 'scary' movies after 5pm • No TV until ready for school • Only G and PG-rated shows / movies
Are these rules regularly enforced?	<div>Yes 5 (100%)</div>
Would you feel confident about introducing household rules to limit your child's screen time?	<div>Yes 8 (100%)</div>
Apart from on the focus group invite, have you seen the below <i>Romp and Chomp</i> poster before?	<div>Yes 2 (25%)</div> <div>No 6 (75%)</div>
Where parents have seen the <i>R&C</i> screen time poster	<ul style="list-style-type: none"> • School expo • Kinder

Table 6: Focus Group responses

Aims	Findings/Responses
QUESTION 1: Screen time guidelines	
<i>To determine parents' awareness of the Australian screen time guidelines.</i>	Awareness of screen time guidelines: <ul style="list-style-type: none"> • The majority of parents were not aware of what the current Australian screen time guidelines are
<i>To determine parents' opinions upon screen time guidelines (Australia vs. American).</i>	Screen time guidelines opinions: <ul style="list-style-type: none"> • Most parents thought both Australian and American guidelines were reasonable • Some parents thought the American screen time guidelines were not realistic – 'You'll find it hard for any parent to say that it's realistic'
<i>To establish if these guidelines are a reasonable and realistic aim for parents within the CoGG.</i>	Other comments from discussion: <ul style="list-style-type: none"> • TV quality – 'It depends upon what you're showing them, ABC kids is ok to an extent' • TV quantity – '2 hours is a lot'
QUESTION 2: Screen time and childhood obesity	
<i>To gauge parents' opinions and level of concern about the current screen time hours and rates of overweight/ obesity of preschoolers.</i>	Initial responses and opinions on hearing ~20% of preschoolers in CoGG are overweight/obese: <ul style="list-style-type: none"> • 'That's shocking!' 'It's really scary!', 'that's just foul!', 'I'm stunned!', 'just amazing!', 'that's a lot!' • Level of awareness – 'You see kids at school/preschool who are overweight/obese', 'Haven't noticed it in preschool, more so seen in primary school' • Acknowledgement of other factors contributing to child's weight – 'It's what people feed their kids too' • Acknowledgement of parents responsibility for child's weight – 'Bottom line, it's (parents) choices' Initial responses and opinions on hearing children are spending ~3hours/day watching TV: <ul style="list-style-type: none"> • Most parents were not shocked that preschoolers spent on average of 1 hr over the Australian screen time recommendations, and thought this was normal • Parents thought that with this age group (and usual routines) the number of hours can easily exceed the screen time recommendations – 'Morning, midday and before bed, this easily adds up to 3 hours', 'Preschoolers watch more than primary school kids because they've got it (TV) on throughout the day'
<i>To establish parents' level of awareness between the link between childhood obesity and screen time.</i>	Parents identified the following factors as the main influencing TV viewing and a child's weight: <ul style="list-style-type: none"> • TV ads – asking for foods advertised, want toy from McDonald Happy Meal (not the meal itself) • No exercise • Eating whilst watching TV • Easy form of entertainment when parent is tired – 'Get comfortable in front of TV, especially if kids are quiet and happy, you to leave them (to) get some peace and quiet'

QUESTION 3: Factors influencing the amount of screen time	
<i>To engage parent's views on factors that affect the amount of screen time preschoolers watch at home.</i>	Common responses included: <ul style="list-style-type: none"> • TV as a 'babysitter'- Cheap, easy & safe form of entertainment • Outdoor environment e.g. weather, small yard, safety • TV as a means of family time – watching a movie together • Type of TV program – movie or show
<i>To determine which factors are perceived to be the most influential in determining the amount of screen time their child watches at home.</i>	Out of the factors presented to the focus groups (appendix IV) below outlines in order the most influential factors affecting the amount of screen time their child watches at home: <ol style="list-style-type: none"> 1. Inappropriate outdoor environment – 3 (37%) 2. Time restraints of modern lifestyle – 2.5 (31%) 3. Number and position of TVs – 1 (13%) 4. Family influences – 1 (13%) 5. Hard to get child to do alternative activities – 0.5 (6%)
QUESTION 4: Potential Strategies	
<i>To obtain parents' views on limiting screen time as a potential strategy to help preschoolers achieve and maintain a healthy weight.</i>	Responses included: <ul style="list-style-type: none"> • Has to be part of a strategy to reduce childhood obesity – 'not on it's own', 'It would have to be in conjunction with healthy eating and a healthy lifestyle'
<i>To determine parents' views on the effectiveness of possible strategies to decrease screen time of preschoolers in the CoGG.</i>	Responses included: <p><i>Promotional campaigns:</i></p> <ul style="list-style-type: none"> • 'People throw away pamphlets' • Don't have time to read pamphlets • Flyers would need to be 'confrontational', 'succinct and short' if they are to be effective • Good for increasing awareness, but if parents don't acknowledge their children have a problem then a pamphlet won't change their actions <p><i>TV allowances/budgets:</i></p> <ul style="list-style-type: none"> • Preschoolers are too young to understand • Parents still have to work with the children - 'Its still a case of being vigilant' • Has the potential to be a reward/punishment • Parents should have control over the amount of screen time their children have not an allowances/budgets- ' what's wrong with parents saying how long they watch TV for?' <p><i>Community organised programs:</i></p> <ul style="list-style-type: none"> • 'Yes, definitely' • 'If free, yes, would 100% do it' • A community program is a safe alternative activity as, 'we don't let our kids out the front gate anymore' • 'Kids just need to have those alternative activities' • 'Too long we've let them watch television' <p><i>Parents education sessions:</i></p> <ul style="list-style-type: none"> • 'Good idea, it would work'

	<ul style="list-style-type: none"> • 'No, think all (parents) are too busy, just way too busy' • 'There is education out there, just obviously not getting through (to parents)' • 'You know as parents if your child watches too much (TV) or eats crap food' <p><i>Dance DVD:</i></p> <ul style="list-style-type: none"> • 'Yes, kids would watch it' • Contradiction – 'But it encourages TV', 'I think that contradicts the whole program', 'Defeats the purpose' • 'It gets them (the children) going (moving)' • 'There are too many other kid's DVDs on the market, like the wiggles, Hi-Five....'
<i>To engage parents views on alternative strategies to implement within the CoGG.</i>	<p>Alternative strategies included:</p> <ul style="list-style-type: none"> • Using childhood obesity as a confrontational 'shock-tactic' to increase awareness of the affects of screen time • 'Confrontational poster...short and succinct' • TV advertisement promoting children to switch off TV and play – 'What is your child doing now?' • Maternal and child health nurse screening – addressing childhood obesity early and providing support and referrals to a dietitian. • Toy wagon – toys for hire from school/council for use over the weekend • Affordable alternative activities programs. E.g., sporting clubs
<i>To determine the most effective strategy parents identified that would work for their child at home.</i>	<ul style="list-style-type: none"> • It was hard for parents to identify 1 of the discussed strategies as what they thought would be the most effective strategies to work for their child(ren) at home
QUESTION 5: Screen time opinions	
<i>To determine parent's views upon screen time being considered a social norm.</i>	<p>Responses included:</p> <ul style="list-style-type: none"> • All parents agreed screen time is considered a normal leisure activity • Apart from being a social norm screen time has other uses – 'I use it as a wind-down time for the kids', 'Keeps the kids out of mischief' • Feelings of guilt – 'I feel bad, but I've got no choice', 'Not necessarily the right thing to do'
<i>To determine if parents' considered screen time as a factor, which can contribute to overweight/obesity, before the focus group.</i>	<p>Responses included:</p> <ul style="list-style-type: none"> • Most parents considered screen time as a factor which can contribute to childhood overweight/obesity – 'I think it's just common sense'
<i>To gauge if parents' opinion about limiting screen time had changed from the start to the end of the focus group.</i>	<p>Responses included:</p> <ul style="list-style-type: none"> • Most parents agreed that this focus group increased their awareness about screen time. • Some felt motivated to be more vigilant on the guidelines – 'I will try and implement the two hours'

Forum Findings

Table 7: Forum Cohort

Cohort demographic	
Number of key stakeholders invited	24
Number of Key stakeholders attended	6
Key stakeholder professions	Dietitian (2) Health promotion officer (1) Deakin research assistant (1) Healthy Community Manager (1) Coordinator Family Day Care (1)

Table 8: Forum responses

Strategy	Discussion
Strategies proposed to focus group parents (with their responses presented to the forum participants)	
<i>Promotional Campaign to increase awareness</i>	Responses included: <ul style="list-style-type: none"> • People get too much information – ‘bit of an overload’ • ‘Things aimed at children are the best things, things they get to take away and can use (with family)’ • ‘Needs to be back up with resources, something tangible, they need to see a demonstration or get a training package to back up a piece of paper’ • ‘A lot of research shows campaigns don’t work in isolation’ • ‘Increasing awareness before you go about behavioural change’
<i>TV allowance/budgets</i>	Responses included: <ul style="list-style-type: none"> • ‘No different to saying your child can watch one show per day’...’but it’s a bit of a novelty’ • ‘The concept is very effective and directed at the child to make a choice’ • The reward/punishment is ‘a good thing, not bad’ • ‘I think the problem likely lies with the parents who want to change the rules half way through the week when they (the child) has run out of tokens’ • ‘I see that as something worth trailing’ • When asked whether this strategy would be realistic within R&C they commented that ‘You would have to do further work if you were to implement it’
<i>Community Organised programs</i>	Responses included: <ul style="list-style-type: none"> • ‘It’s not going to be effective, as there are already set groups (such as Glastonbury)’ • ‘It’s not for whole communities, I’m not sure what you would do or who would actually be doing it’ • ‘Isn’t the issue screen time at home, (so) it should be how to address it (limiting screen time) at home’ • Programs that are free or at a low cost are not realistic • Even if it does limit screen time cause at these programs,

	'you're still going to put the kids in front of the TV in the morning or when cooking dinner...'
<i>Parents education sessions</i>	Responses included: <ul style="list-style-type: none"> • 'More and more parents are attending the parents resource unit (education sessions at the family day centres)'... 'although (we are sometimes) preaching to the converted'... If it is, 'how do you get to those groups that aren't going to go to any of these (sessions)...that's the bottom line of any education program' • 'Could have merit incorporating into some programs, such as Glastonbury or Bethany, instead of stand alone programs' • Again, 'it's about parenting'
<i>Dance DVD</i>	<ul style="list-style-type: none"> • All key stakeholders agreed that this strategy was a contradiction to reducing screen time
Alternative strategies proposed by parents	
<i>TV advertisements encouraging children to turn off the TV and play</i>	<ul style="list-style-type: none"> • Key stakeholders agreed it would be an effective strategy, but outside the realms of the R&C project
<i>Maternal and child health obesity screening and referral</i>	Responses included: <ul style="list-style-type: none"> • Maternal and Child Health Nurses (MCHN) are already too overloaded with work – 'they have more and more lumped on their workload' • Still dependent upon parents reporting (amounts of TV watched) correctly'
<i>Toy wagon/library</i>	<ul style="list-style-type: none"> • Key stakeholders agreed this has already been done & does not need to be trialled again
Comments on alternative strategies from key stakeholders within forum discussion	
<ul style="list-style-type: none"> • Multi-setting approach would be the most effective way <ul style="list-style-type: none"> ○ It is a combination of getting the 'limiting screen time' message through teachers, giving parents additional information (e.g., poster/flyers) to make parent's aware, as well as the pressure from kids on parents about these messages they've learnt within their childcare settings. ○ 'It has to be uniform from parents and teachers...It's a very simple message' • A broader TV advertisement campaign <ul style="list-style-type: none"> ○ 'The more you hear these messages the more it tends to infiltrate and parents do take up on things' • 'Preschoolers are a hard target group' • Thoughts on Colac's 'Be Active, Eat Well' project: <ul style="list-style-type: none"> ○ Thought power down week was effective...'it forces people to look at alternative activities' ○ The multiple strategy within this project was also effective – screen time worksheets at schools, alternative outside activities/game 	

Evaluation

The evaluation from this project shows increased capacity of the CoGG and the key stakeholders to implement a strategy, which aims to limit home-based screen time amongst preschoolers via a comprehensive needs assessment including a literature review, focus groups and forum.

The tables below summarise the evaluation process, impact and outcomes for this project. Full data for the following can be found in the appendices:

- Focus group and forum participants' Post-Evaluation Forms (appendix 6.L);
- Post-Focus Group and Forum Journals (appendix 6.M); and
- Budget for this project (appendix 6.N).

NEEDS ASSESSMENT EVALUATION

Table 9: Literature review evaluation

Literature Review		
	Criteria	Evaluation
Process	<ul style="list-style-type: none">• N/A	<ul style="list-style-type: none">• N/A
Impact	<ul style="list-style-type: none">• Were the best practice and evidence-based interventions identified in order to enable key stakeholders to make informed decisions on potential strategies to implement in the CoGG?	<ul style="list-style-type: none">• 54 reputable sources were used to inform key stakeholders of best practice and evidence-based interventions, allowing them to make informed decisions. These included:<ul style="list-style-type: none">○ Recent & renowned electronic journals;○ Official organisation web sites;○ Current statistics
Outcome	<ul style="list-style-type: none">• N/A	<ul style="list-style-type: none">• N/A

Table 10: Focus group evaluation

Focus Groups		
	Criteria	Evaluation
Process	<ul style="list-style-type: none"> Was the focus group program appropriate and user friendly to allow relevant information to be collected? 	<ul style="list-style-type: none"> The focus group program was appropriate to collect information, as parents understood the questions. This is supported by the participants responses, which showed that all participants: <ul style="list-style-type: none"> Either agreed (43%) or strongly agreed (57%) that they felt comfortable expressing their views Either agreed (57%) or strongly agreed (43%) that the focus group ran smoothly Either agreed (43%) or strongly agreed (57%) that the focus group leaders were approachable
	<ul style="list-style-type: none"> Were these methods time-effective and completed within the timeframe allocated? 	<ul style="list-style-type: none"> All focus groups ran for an hour, and thus were time-effective
	<ul style="list-style-type: none"> Were the ethical considerations of the focus group met? 	<ul style="list-style-type: none"> All participants were informed of the ethical considerations of the focus group (i.e. confidentiality of responses) Vocal permission was obtained to tape record responses for data analysis purposes only The majority of participants agreed (14%) / strongly agreed (72%) that they were aware of the focus group ethical considerations/rules
Impact	<ul style="list-style-type: none"> Were the focus groups able to obtain a representative felt need and define the issue at a local level? 	<ul style="list-style-type: none"> Although we did meet our objective as we ran 2 focus groups with 4 participants in each (both were of different demographics) this did not develop a strong representative felt need (due to the small cohort) but did in fact define the issue at a local level. We feel we would require additional focus groups to develop a stronger representative felt need, have time permitted.
	<ul style="list-style-type: none"> Was there anything that could have been done differently to have formed a stronger felt need amongst the community of the COGG? 	<ul style="list-style-type: none"> More focus groups could have been organised to gain a stronger and more representative felt need. However, this was beyond the realms of our study due to time restraints Timetable focus groups outside of school holiday period (unrealistic in this study due to time restraints),
Outcome	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

Table 11: Forum evaluation

Forum		
	Criteria	Evaluation
Process	<ul style="list-style-type: none"> Were we able to provide a conducive environment for open discussion in the forum? 	<ul style="list-style-type: none"> The forum provided a conducive environment for open discussion as: <ul style="list-style-type: none"> All participants either agreed (83%) or strongly agreed (17%) with this statement
	<ul style="list-style-type: none"> Was the forum completed within the timeframe allocated? 	<ul style="list-style-type: none"> The forum ran for 1 hour, and thus was time-effective
	<ul style="list-style-type: none"> Were the ethical considerations of the forum met? 	<ul style="list-style-type: none"> All participants agreed to be tape-recorded for data analysis purposes only
Impact	<ul style="list-style-type: none"> Was the forum effective in obtaining views from key stakeholders, to define the issue at a local level? 	<ul style="list-style-type: none"> Yes, the forum gave us a clear overview of what strategies would be realistic within the CoGG, and provided additional discussion on effective ways to implement these strategies, enabling us to define the issue at a local level.
Outcome	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

Table 12: Evaluation of Recommendations

Recommendations		
	Criteria	Evaluation
Process	<ul style="list-style-type: none"> Were the results and recommendations from the needs assessment clearly communicated and presented to the <i>R&C</i> staff and other key stakeholders? 	<ul style="list-style-type: none"> The final project report will be handed over to and discussed with <i>R&C</i> staff The final project report will be made available for all key-stakeholders via an electronic version
Impact	<ul style="list-style-type: none"> Did we identify and tailor strategies to suit the resources of the stakeholders? 	<ul style="list-style-type: none"> Via the comprehensive needs assessment we feel we were able to recommend potential strategies <i>R&C</i> can pilot (and implement) that best suits the CoGG to limit home-based screen time activities within preschoolers.
Outcome	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A

Discussion

Amount of screen time and screen time guidelines

Findings from the surveys and focus groups revealed that the majority of preschoolers living in the CoGG watched between 1-2 hours of TV/day (50%), spent virtually no time on electronic games (88%), and spent <1 hour on computer games/day (50%). The focus group findings also revealed preschoolers from the lower SES focus group viewed more screen time than the higher SES focus group. Evidence supports these findings, showing that SES is inversely related to levels of screen time viewing in children (22).

These results are consistent with Australian data, which found Australian preschoolers are spending >3 hours/day on screen time (26). One contributing factor may be related to the finding that all parents reported to be unaware of the Australian screen time guidelines. Similarly, an American study conducted by Vandewater et al. (27) also found low awareness of screen time guidelines, with only 6% of parents (with children <2yrs old) aware of the guidelines. Although the focus group cohorts were small, these findings demonstrate a need to increase awareness about screen time guidelines amongst parents.

Factors influencing screen time

The Mind Mapping Exercise and focus groups produced similar responses regarding factors affecting the amount of screen time viewed by preschoolers. Commonly reported factors included, 'TV as a baby sitter' due to time restraints of modern day lifestyles, 'TV food advertisements', and 'inappropriate outdoor environments'. These factors are also recognised within the literature (3, 10-12, 22, 36), illustrating a collaborative need for a strategy to combat these factors in order to be effective.

Strategies

There were inconsistencies found between the forum and focus group findings regarding strategies that would be most effective in limiting screen time in preschoolers in the CoGG. One stakeholder felt that the differences in findings might be due to parent's limited knowledge on what is realistic.

Promotional campaigns

Stakeholders agreed 'campaigns don't work in isolation'. This statement is supported by the parents responses in the focus group, as well as by research (37). Parents and key stakeholders did note however, that promotional campaigns have the potential to be effective if done in conjunction with other strategies or backed up by tangible resources.

TV allowances/budget

Focus group participants thought preschoolers were too young to understand this concept, while stakeholders thought that the concept would be very effective in helping children take onus of their screen time behaviours. Studies support key stakeholders opinions, illustrating positive outcomes of TV allowances/budgets in decreasing screen time amongst preschoolers (33). Additionally, TV allowances/budget are part of a family centred program that have been proven to be the most appropriate and effective approach in changing children's screen time behaviours (20, 33).

Community organised programs

Again, there were opposing views held by parents and stakeholders on this strategy. The difference in opinions observed was likely due to parents being unaware of the policies and regulations associated with the development of these programs. Stakeholders pointed out that it was unrealistic that a community organised program would be available at a low or free cost, and that it didn't solve the problem of decreasing screen time at home, and thus should not be recommended as a strategy. Literature evaluating the effect of community-organised programs is limited. Results of a study by Baker et al. (38) contradicts the views of the key stakeholders, concluding that an 'initiative to plan and provide alternative activities to television viewing was a community solution to the problem of childhood overweight and obesity'. However, this study had limitations, as no outcome measures were evaluated and sample size was small.

Parent education sessions

The Majority of focus group and forum participants agreed that parent education sessions would effectively increase awareness. Key stakeholders pointed out that screen time education sessions could be incorporated into other community education programs, which would also educate parents on other factors impacting the development of childhood obesity, and therefore more effective in decreasing rates of childhood obesity. It is important to note however, that the majority of parents (62%) reported having household rules governing screen time, which are regularly enforced (100%). This demonstrates a need to educate parents on the associations between screen time and obesity, as well as on alternative activities that can be done instead of screen time, instead of focusing on how to implement screen time rules. The effectiveness of parent education sessions were further validated by the focus group participants, with the majority of parents strongly agreed (72%) that the focus group increased their awareness of the link between screen time and childhood obesity, with parents stating that they would try to limit their preschoolers screen time. Furthermore, studies provide evidence that when parents are involved in counselling sessions there is an improvement in their children's weight status, as they can provide a

mechanism for role modelling (39-41). This was also supported by key stakeholders who stated that decreasing screen time is a 'parenting issue', and therefore a strategy needs to incorporate parents as well as their children.

Dance DVD

Vandewater et al. (27) states 'Media and technology are here to stay, and are virtually guaranteed to play an ever-increasing role in daily life, even among the very young'. As screen time has become a social norm, literature has recognised that developing an effective strategy that results in decreases in screen time is challenging (27). Thus, although a dance DVD contradicts the aim of decreasing screen time, it acknowledges that screen based activities will unlikely change, and therefore tries to alleviate the problems of physical inactivity and TV food advertisements whilst watching TV. Although some parents supported this notion, all participants (focus group and forum) strongly agreed that it would be a direct contradiction to 'decreasing screen time', and should not be recommended as a screen time strategy.

Summary of recommended strategies

Recommendations for possible future strategies directed at reducing screen time/exposure in children are as follow:

A multi-component strategy approach with a combination of the following activities:

Promotional Campaign

Promotional campaigns should aim to promote consistent messages to the whole community including teachers, parents and preschoolers, and should include a combination of the following:

- Short, succinct and confrontational posters / pamphlets (placed in a childcare setting, rather than in mail-outs);
- Screen time resources that preschoolers can take home and use with their family (e.g. TV egg timers, magnets, tokens for TV allowances / budget);
- Preschool setting screen time curriculum (e.g. activities, games, competitions)
- Parent information tool kits (e.g. screen time and obesity facts and guidelines, alternative activities preschoolers can do, information regarding relevant childcare screen time activities preschoolers are involved in); and
- Turn off TV time periods (e.g. 'Switch Off Turn to Play' and 'TV Power Down Week'). To be promoted within childcare settings in the weeks preceding and post the 'Turn off TV period', and should be carried out for a minimum of a month.

Parent Sessions to increase knowledge, skills and competencies

Parent sessions should be incorporated into already existing parenting programs within the CoGG (e.g. Parent Resource Unit and the 'Triple P' program) to:

- Increase awareness on the associations between screen time and childhood obesity
- provide parents with alternative safe and developmentally appropriate activities for preschoolers
- increase knowledge of parents on other factors that impact the development of childhood obesity (e.g. food, physical activity)
- increase parents skills to implement and enforce household screen time rules

Advocacy

In addition, there is clearly a need to create a more supportive environment to enable children to maintain a healthy weight from an early age. Support for advocacy groups emphasising the need for stricter TV and internet-based food advertising guidelines, and

restrictions on marketing of unhealthy products to children - ultimately advocating for a total ban is an important part of population-level obesity prevention intervention activities, as is increasing awareness of these issues at the local level.

Summary

Although parents and stakeholders had conflicting responses regarding the most effective strategy that should be recommended, all groups acknowledged the other factors (not just screen time) influence the development and prevention of childhood obesity, and expressed the need for a multi-component strategy. Stakeholders also emphasised the importance of involving the whole community, including preschoolers, parents, teachers and other community members in order to consolidate the message. The Institute of Medicine (2005) supports the above concepts, recommending that a multi-component intervention program, focusing on more than one strategy, using a variety of settings, and involving parents and other adults such as teachers, is likely to be effective in preventing overweight/obesity. Furthermore, stakeholders highlighted the need to initially target specific groups that view high amounts of screen time, before tackling the whole community. Findings from the needs assessment suggest that the screen time strategy should initially be targeted toward lower SES families due to their associated higher screen time viewings, although most of the families involved had excessive levels – suggesting that a population-level strategy is also necessary.

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Appendices

Appendix 6.A: Mind mapping Exercise

Factors Affecting Screen Time Viewing and associated Eating and Physical Activity Behaviour of Preschoolers and their Families In the CoGG

Name:

Position:

Organisation:

Contact Details:

Please fill in the blank boxes below with what you think are the factors affecting the two identified issue identified below

1. To identify contributing factors and behaviours, which influences the quantity and quality of screen time viewing of preschoolers and their families at **home** in the City of Greater Geelong by October 2007

2. To identify the secondary effects of screen time viewing on eating behaviour and physical activity of preschoolers and their families at **home** in the City of Greater Geelong by October 2007

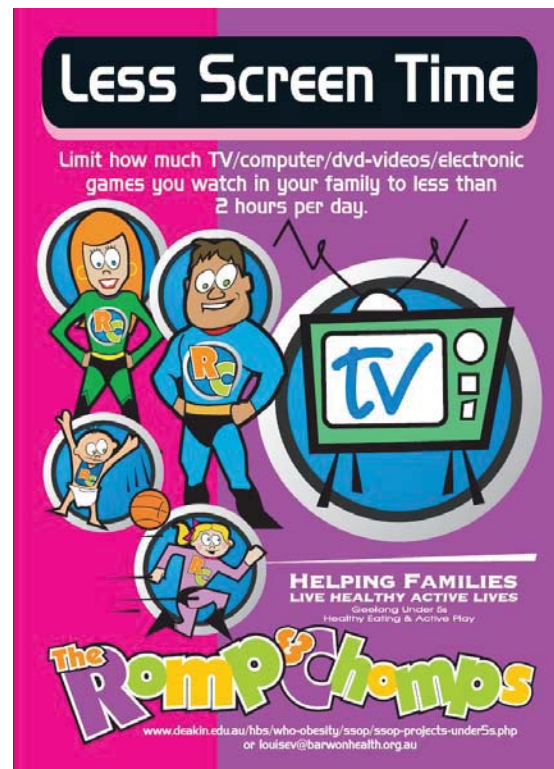
We are interested in your opinion based on your experience with children aged 1-5 years in the City of Greater Geelong. If you have evidence you would like to quote in support of your identified factors please do so, but it is not a requirement and can just be anecdotal.

Email: the completed map to: frawley@deakin.edu.au or
Fax the completed map to: 52603780 Attention Fiona & Taryn Nutrition Students
by Thursday the 6th of September.

Appendix 6.B: Example Recruitment Flyer for focus groups

ROMP & CHOMP

Requesting parents for focus group on TV viewing in preschoolers



As part of the *Romp and Chomp* Project, **we need your views on preschooler's home TV viewing.** Your views are of great value in helping us support and promote healthy weight of preschoolers within the Geelong Community.

Date: Thursday 20th September, 2007

Time: 11:45am-12:45pm (1 hour before pick up)



SNACKS & REFRESHMENTS PROVIDED



Please speak to Jody if you have any further queries

Appendix 6.C: Focus Group Program

Hi everyone, we are final year Deakin University Nutrition and Dietetic students, doing a 6-week placement at the Belmont Community Health Centre. Firstly, thank you for coming and giving up your time. Please feel free to help yourselves to the snacks throughout the session.

A focus group is a group discussion on one particular topic, which allows researchers to gain a better understanding of the health issue at a local, or community, level. Today we will be specifically looking at is decreasing screen time in preschoolers, screen time includes watching television/video/DVD, computer activities (games/internet), DVD/video/electronic games e.g. play station. Decreasing screen time is one of *R&Cs* key messages. In front you, you should have some pamphlets, there is one with some information on *Romp and Chomp*, there is also a questionnaire you have all filled out prior to starting, if you haven't please do so, and there is also an evaluation form that we would really appreciate if it was filled out at the end of this session.

To start

- Ethical considerations
 - Just to let you know, all responses you give will be kept private and confidential
 - Everything discussed today should remain within the focus group in order to keep things confidential
 - Does anyone mind if we use a tape recorder?
- Before we start, there's a few rules when running a focus group:
 - The expectation that all members of the group will have a say
 - People should not speak at the same time
 - People should say what they think and not what they think someone else wants to hear; and
 - That there are no right or wrong answers
- If you feel uncomfortable at any stage please let us know

Introductions

To start if we could go around and if everyone can introduce themselves tell us one thing about yourself, and one thing about your child.

QUESTION 1: Screen time guidelines

Aims:

1. *To determine parents' awareness of the Australian screen time guidelines.*
2. *To determine parents' opinions upon screen time guidelines (Australia vs. American)*
3. *To establish if these guidelines are a reasonable and realistic aim for parents within the CoGG.*

Q1a. Does anyone know what the current Australian screen time recommendations are for children under 5?

Q1b. The Australian screen time recommendations (put out by the Government Department of Health and Ageing) are based on the Australian physical activity guidelines that state:

- 'Children and young people should not spend more than 2 hours a day using electronic media for entertainment (eg. Computer games, Internet, TV), particularly during sunlight hours'

1. *How do you feel about this guideline?*
2. *Do you think this is a reasonable and/or realistic guideline?*

Q1c. The American screen time guidelines recommend:

- *'No television viewing for children under the age of 2 years'; and*
- *'No more than 1-2 hours of TV and video per day for children older than two years'*

In **comparison** to the Australian guidelines

1. How do you feel about these guidelines?
2. Do you think this is a reasonable and/or realistic guideline?

QUESTION 2: Screen time and childhood obesity

Aims:

1. *To gauge parents' opinions and level of concern about the current screen time hours and rates of overweight/ obesity of preschoolers*
2. *To establish parents' level of awareness between the link between childhood obesity and screen time.*

Q2a. Screen time has been linked to increased rates of childhood obesity. Currently within the CoGG ~20% of 2-year olds and 3 ½ year olds are classified as overweight or obese.

- What are your initial thoughts on this?

Q2b. A survey conducted in 2002 by the Centre of Health Promotion found that children of preschool aged watched an average of just over 3 hours of TV per day (one hour over the recommendations)

- What are your initial thoughts on this?

Q2c. What do you consider to be the main factors that link TV viewing and unhealthy weight gain in preschool children?

QUESTION 3: Factors influencing the amount of screen time

Aims:

- 1. To engage parent's views on factors that affect the amount of screen time preschoolers watch at home*
- 2. To determine which factors are perceived to be the most influential in determining the amount of screen time their child watches at home.*

Q3a. As parents, what factors do you feel influence the amount of time your children spend on screen time activities at home?

Q3b. On the board there are some factors (from the literature) that might affect the amount of screen time your children watches at home:

- Number of screen time devices (TVs, DVD, computer, play station, etc) within household, position of these (e.g., bedroom)
- Inappropriate outdoor environment – (small backyard, safety issues, etc.)
- Hard to get child to do alternative activities – (e.g., drawing, active play, etc)
- Time restraints of modern lifestyle – (TV easy and quiet entertainment while you make dinner/do other household chores, etc)
- Family influences – (older siblings, watches TV at meal time)
- Other (e.g., household rules)

Which of these factors do you feel most affects the amount of screen time your child watches at home?

QUESTION 4: Potential strategies

Aims:

- 1. To obtain parents' views on limiting screen time as a potential strategy to help preschoolers achieve and maintain a healthy weight*
- 2. To determine parents' views on the effectiveness of possible strategies to decrease screen time of preschoolers in the CoGG.*
- 3. To engage parents views on alternative strategies to implement within the CoGG*
- 4. To determine the most effective strategy parents identified that would work for their child at home.*

Q4a. Do you think that if a strategy was implemented that aimed at decreasing screen time among pre-schoolers, that it would help pre-schoolers achieve or maintain a healthy weight?

Q4b. Now we are going to discuss some strategies that aim to limit home based screen time amongst pre-schoolers. Prompts: do you think they are reasonable and realistic? Do you think they will be effective?

1. Promotional Campaigns to increase awareness to limit screen time (such as *R&C* which included stickers for kids, posters, etc, or turn off TV night)
2. TV allowances/budgets (e.g., fake money and tokens for timers)
3. Community organised programs with alternative activities to minimise screen time (e.g., active play sessions on weekends)
4. Education sessions (e.g., about the link between screen time and childhood obesity and/or how to make and implement household rules regarding screen time)
5. Dance DVD that kept the kids moving while watching TV

Q4c. Are there any other strategies you can think of that would help (or currently helps) your family limit screen time?

Q4d. Of these strategies just discussed, which one would you find (or have you found) would be the most effective in helping yourself and your child meet the screen time guidelines?

QUESTION 5: Screen time opinions

Aims:

1. *To determine parent's views upon screen time being considered a social norm.*
2. *To determine if parents' considered screen time as a factor, which can contribute to overweight/obesity, before the focus group*
3. *To gauge if parents' opinions about limiting screen time had changed from the start to the end of the focus group.*

Q5a. Would you consider screen time to be a normal leisure activity for children?

Q5b. Before this focus group, did you consider screen time as factor which can contribute to overweight/obesity?

Q5c. Has your opinion changed about what is an appropriate amount of screen time for preschoolers from the start to the end of this focus group?

Appendix 6.D: Pre-Focus Group Questionnaire

Screen time includes the following activities: TV, DVD & video-viewing, Computer and electronic games (e.g., playstation)

Personal Details:

Suburb _____

Number of children _____ Ages _____

Questions:

Q1. Number of TV's within the house:

0 1 2 3 4 5+ (please circle)

Q2. Number of other screen time devices (e.g., computers, DVD player, video player, playstation etc) in the house:

0 1 2 3 4 5+ (please circle)

Q3. Does your child have a TV/computer/electronic game in their bedroom?

Yes ☐ **No** ☐

Please specify which device(s) _____

Q4. On *average*, how many *hours each day* does your child spend on following screen time activities?

TV viewing/DVD video

None ☐ Less than 1hr ☐ 1-2 hrs ☐ 3-4hrs ☐ 5+hrs ☐

Electronic games

None ☐ Less than 1hr ☐ 1-2 hrs ☐ 3-4hrs ☐ 5+hrs ☐

Computer

None ☐ Less than 1hr ☐ 1-2 hrs ☐ 3-4hrs ☐ 5+hrs ☐

Q5. Do you think your child's screen time viewing is:

Not a lot ☐ Normal ☐ A lot ☐ Excessive ☐

Q6a. Do you have any household rules about screen time for your child?

Yes ☐ **No** ☐ (if no, go to question 7)

If so please specify:

Q6b. Are these rules regularly enforced? **Yes** ☐ **No** ☐

Q7. Would you feel confident about introducing household rules to limit your child's screen time? **Yes** ☐ **No** ☐

Q8. Apart from on the focus group invite and information sheet, have you seen the below *Romp and Chomp* poster before?

Yes ☐ **No** ☐ If yes, where? _____



Thank you

Appendix 6.E: Post-Focus Group Evaluation Form

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The aim of the focus group was clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The aim of the focus group leader's project was clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I was aware of the information I was expected to give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was aware of the rules of the focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt comfortable expressing my views and/opinions with the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The focus group ran for an appropriate length of time for me to express my views and/opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The focus group ran smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The focus group leaders were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The focus group increased my awareness of the link between screen time and childhood obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments

★ Thank you for your time ★

Appendix6.F: *Romp & Chomp* Information Flyer



Romp and Chomp is a four yearlong project that focuses on helping Geelong families with children under the age of five years lead healthy active lives. *Romp and Chomp's* key messages include:

★ Daily fruit & vegetable intake ★



★ Daily water & less sweet drinks ★



★ Daily active play ★



★ Less screen time ★



Appendix 6.G: Post-Focus Group Journal

Day: _____

Date: _____

Focus Group: _____

Time started: _____

Time finished: _____

Number of participants: _____

Main findings:

Good aspects of the focus group:

Bad aspects about the focus group:

Things that could have been done differently/better:

Things we should do in the next focus group (that went well in this focus group):

Overall, did we achieve what we set out to achieve? If yes, what? If not, why not?

Appendix 6.H: Post-Forum Evaluation Form

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The aim of the forum was clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The aim of the forum group leader's project was clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The forum created a conducive environment for discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was aware of the information I was expected to give	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The forum ran for an appropriate length of time for me to express my views and/ opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The forum ran smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The forum leaders were approachable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The forum increased my awareness of the link between screen time and childhood obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The forum gave me a clear overview of strategies that limit screen time at home amongst preschoolers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments



Thank you for your time



Appendix 6.I: Post-Forum Journal

Day: _____

Date: _____

Time started: _____

Time finished: _____

Number of key-stakeholders invited: _____

Number of key stakeholders expected to attend: _____

Number of key stakeholders present: _____

Main findings:

Good aspects of the forum:

Bad aspects about the forum:

Things that could have been done differently/better:

Overall, did we achieve what we set out to achieve? If yes, what? If not, why not?

Appendix 6.J: Trialled Strategies within the Literature

Strategy/ Program/ Intervention	Target group	How strategy/ program/ intervention targets screen time	Outcome &/or Evaluation?
Promotional Campaign to increase awareness			
Switch off-play intervention (2006) (Part of the Kids Go For Your Life (KGFYL))	KGFYL target group for social marketing: 2-12 years	<ul style="list-style-type: none"> Social marketing: ↑ the awareness of the American Paediatric screen time guidelines via health professionals, community organisations, schools, early childhood settings, individuals & families 	<ul style="list-style-type: none"> No evaluation on the social marketing available
	Children aged 10 years	<ul style="list-style-type: none"> 'Switch-play', a 19-lesson (9 month) intervention where children were randomised into either a behaviour modification (BM) (encourages to ↓ screen-based behaviours & identify alternative activities), a Fundamental Motor Skills (FMS) group (focused on mastery of six skills: run, throw, dodge, strike, vertical jump and kick) a combined BM and FMS group, or a control group (usual classroom lessons) 	<ul style="list-style-type: none"> Children who reported asking their parents to switch off the TV & play with them spent ↑ time viewing TV (19.9mins/day), compared with children who reported never/rarely asking their parent to switch off the TV & play. Children who believed that they could watch just 1 hr of TV/day spent ↓ time viewing TV (-26.8 min/day) than children who did not believe they could watch just 1 hr/day
Eat Well Be Active (EWBA) (2006-2010) South Australian Government, Department of Health	Young people aged 0-18 years Based in two community: <ul style="list-style-type: none"> Morphett Vale (population 24,000) Murray Bridge (population 18,000) 	<ul style="list-style-type: none"> A healthy weight strategy which including ↓ screen time as an objective in under 5's. It includes: <ul style="list-style-type: none"> Training staff within early years settings (preschools, childcare centres and family day care) on information awareness of the guidelines Supporting parenting skills (e.g. TV rules) 	Yet to be evaluated
Reducing Children's TV Viewing to Prevent Obesity: A Randomised Controlled Trial. (Robinson, 1999)	Third and 4 th grade children of an elementary school (Mean age 8.9 years)	<ul style="list-style-type: none"> 18-lessons, 6-month classroom curriculum to ↓ TV, videotape & video game use, & included: <ul style="list-style-type: none"> Self-monitoring of screen time; Screen time turn off challenge for 10 days; 7hr/ week budget; Lessons to become 'intelligent viewers' by being more selective with their screen time; & Lessons help children advocate for reducing media use Newsletters to help motivate parents help their children get involved with these strategies 	Compared to controls, children in the intervention group had: <ul style="list-style-type: none"> Statistically significant ↓ in BMI, weight circumferences & hip-to-waist ratios Statistically significant ↓ in children's reported TV viewing & meals eaten in front of the TV

Strategy/ Program/ Intervention	Target group	How strategy/ program/ intervention targets screen time	Outcome &/or Evaluation?
Be Active Eat Well (BAEW) (Joint initiative by Deakin University (DU), Department of Human Services (DHS)) (2002-2006) (Zutphen et al. 2007)	Children in Colac aged 4-12 years	<ul style="list-style-type: none"> The 1st whole-community approach (yet to be published) designed to provide the opportunity, resources & support to build a community's capacity to achieve a healthy weight, which includes <i>significantly decreasing time spent watching TV & playing on computers or electronic games</i>, by: <ul style="list-style-type: none"> Raising parental awareness Develop & promote the implementation of a 'switch-off' curriculum based program; & Develop guidelines & information packages for parents <p>This was done via:</p> <ul style="list-style-type: none"> Posters, pamphlets, newsletters School curricular screen time activities Colac's Power Down Week (including a media release) Practical ideas for alternative activities to screen time 	<ul style="list-style-type: none"> Almost 100% of Colac parents surveyed had heard of BAEW, (33% had heard 'Less screen time' message) Colac children were ↓ likely to play electronic games Preliminary results show ↑ in weight & waist of Colac children were ↓ than for the comparison children During TV's power down week: <ul style="list-style-type: none"> 89-95% were able to ↓ screen time to ≤2 hrs; 60% of families watched ↓ TV than normal Future recommendations for the Power Down Week were to extend it to a longer time frame (to be more effective) Children who lived in a family with tight rules governing TV (22%), or who never watched TV during dinner (34%), or had only one TV in the household (22%) or had no TV in their bedroom (81%) had significantly less screen time than their counterparts. Overweight children had significantly more screen time than healthy weight children (99±3.1 mins vs. 92±1.9 min).
TV allowance/budget			
'Decreasing Household Television time: A pilot study of a combined behavioural and environmental intervention' (Gorin et al. 2006)	6 families (pilot study)	<ul style="list-style-type: none"> 8 week program An environmental manipulation involving placing TV Allowances (programmed to turn off power after family members had watched 75% of their baseline hours) on all TV's within the homes Also included a kit with behavioural strategies for ↓ TV time 	<ul style="list-style-type: none"> A significant ↓ in TV viewing hrs (97.5hrs ↓ to 3.7 hrs/day), with 50% of families ↓ their viewing times by ≥ 50%. Acceptability of the intervention was high, with 100% of families reporting they would recommend the TV Allowance to others
Community organised programs			
Glastonbury Parents Learning Actively with Youngsters (PLAY)	Children aged 6 months – 4 yrs	<ul style="list-style-type: none"> A PLAY mentor visits the parent (& child) at home 1/week to introduce games & activities parents can do with their children at home. This provides 	<ul style="list-style-type: none"> No evaluation available

(Glastonbury Child and Family Services, Geelong City)		developmental alternative activities for the parent & child to do instead of screen-based activities	
Strategy/ Program/ Intervention	Target group	How strategy/ program/ intervention targets screen time	Outcome &/or Evaluation?
'An asset-based community intervention to reduce television viewing in New York state' (Baker et al. 2007)	Preschool-aged children (& their families) in rural, upstate New York	<ul style="list-style-type: none"> By establishing asset-based community partnerships supporting an array of alternative after-school & weekend community activities (to TV viewing) in the weeks preceding, during & following a designated 'TV Turn-off' week 	<ul style="list-style-type: none"> The study concluded that methods of asset-based community development are an effective way to engage community participation in public health initiatives
Parents education programs			
'Primary Care Intervention to Reduce Television Viewing in African-American Children' (Ford et al., 2002)	7-12 yr old African-American children	<ul style="list-style-type: none"> The study randomised participants to receive counselling alone or counselling plus a behavioural intervention that included an electronic time manager 	<ul style="list-style-type: none"> Both intervention groups reported similar ↓ in children's TV, videotape & video game use (-13.7 hrs/ week). The behavioural intervention group reported significantly greater ↑ in organised physical activity (Δ's of +2.5 hrs/week) & nearly significantly greater ↑ in playing outside (Δ's of +1hr/week)

Appendix 6.K: Mind Mapping Responses from Key Stakeholders

Factors Affecting Screen Time Viewing and associated Eating and Physical Activity Behaviour of Preschoolers and their Families in the CoGG:

1. To identify contributing factors and behaviours, which influences the quantity and quality of screen time viewing of preschoolers and their families at **home** in the City of Greater Geelong by October 2007
2. To identify the secondary effects of screen time viewing on eating behaviour and physical activity of preschoolers and their families at **home** in the City of Greater Geelong by October 2007
3. Factors affecting both 1. & 2

Key (for responses):

Mark Brennan	Project officer (<i>Romp and Chomp</i>)
Lisa Demajo	Child Care Co-ordinator (long day care) (CoGG)
Brooke Connolly	Healthy Communities Team Leader (Leisure networks)
Sally Stapleton	Dietitian (Belmont Community Health Centre, Barwon Health)
Beth Kershaw	PLAY team leader (Glastonbury Family and Child Services)
Louise Van Herweden	Health Promotion (Bellarine Community Health Services)
Debbie Elea	Child Care Co-ordinator (family day care) (CoGG)
Amanda Stirrat	Project officer (Kids-'Go for your life')

Screen time

1. Quantity and quality of screen time viewing	2. Secondary effects of screen time viewing on eating behaviour and physical activity	3. Factors affecting both 1. & 2.
<ul style="list-style-type: none"> - Number of TVs within the house - The presence of TVs within the bedrooms of families - Channel choice - Lack of quality children's programs - Quality – ABC kids as opposed to commercial TV with advertisements - Parents not watching what children are watching often – as in different TV viewing areas 	<ul style="list-style-type: none"> - Association of eating dense food with watching TV 	<ul style="list-style-type: none"> - Time slot of viewing - Location and number of TVs/Computers games etc. – increased usage when in bedrooms - Belief that buying lots of DVD's is good for their children - Research has shown that babies who watch supposedly educational DVD's are not absorbing language at the rate that a baby interacting with a parent would. Every hour of TV means 6 – 8 less words (The Age) - Having access to TV/computer in the bedroom of children

Food Advertising

1. Quantity and quality of screen time viewing	2. Secondary effects of screen time viewing on eating behaviour and physical activity	3. Factors affecting both 1. & 2.
<ul style="list-style-type: none"> - TV shows/advertisements targeting students around meal times and key after-school time slots 	<ul style="list-style-type: none"> - Number of food related advertisements screened in children's viewing times - Inactivity during viewing creates a sense of hunger particularly when food advertising is so prevalent - Food advertising and marketing influence on what children 'demand' to eat and hassle their parents - 'Brainwashing' advertising techniques of particular fast food companies - False advertising by food companies about 'low fat' products. Not acknowledging the sugar content of energy dense snacks. Families believing they are providing a healthy alternative - TV advertising of foods in children, viewing times 	<ul style="list-style-type: none"> - Children's prime time frequency of advertising, e.g., high-energy food, toy, play stations. - Screen time influencing the choices families make in their eating habits – fast food advertising, etc. - Energy dense diet – Children/parents viewing energy dense foods as part of a normal diet secondary to increased exposure to advertising of this food in children's viewing hours. Poor food choices as they get older and become more independent. Healthy choices are not the easy choices. - Commercial TV viewing exposes children to a range of junk food that they otherwise would be unaware of

Active play and alternative activities

1. Quantity and quality of screen time viewing	2. Secondary effects of screen time viewing on eating behaviour and physical activity	3. Factors affecting both 1. & 2.
<ul style="list-style-type: none"> - Perceived importance of education - Not enough time to supervise children's activities and complete home duties - Stranger Danger – parents concerned children are unsafe playing outside unsupervised & parents do not have the time to supervise children all the time - Big Houses, small blocks – children have no room to play in their own backyards anymore and playing on the street/in parks is perceived as unsafe. - Lack of knowledge of what else children could be doing besides watching TV - Smaller yards – no playing area for children 	<ul style="list-style-type: none"> - Access to other opportunities for entertainment or involvement in the community - Less likely to be physical active later in life - Factors associated with not participating in physical activities (obesity, diabetes, CVD, mental health issues) - Tendency to have a preference for a more sedentary lifestyle throughout their life - Poor motor development – secondary to screen activities displacing time for learning of age-appropriate activities that promote development. Children possibly grow up with less confidence/skill in sport/physical activity - Passively watching TV means that children are not engaging in active play outside. Traditional toys that involve physical activity are not the ones advertised on TV as they are cheap, such as skipping ropes, hula hoops, balls, Frisbee's etc., The expensive electronic games are advertised. - Children are not being stimulated intellectually or physically while passively viewing a screen - Parents 'too tired' or 'too busy' to engage in physical activity with their children - Children less motivated to do any sort of physical activity play as it is easier to watch something 	<ul style="list-style-type: none"> - Less time spent being physical active - Access to other opportunities for entertainment or involvement in the community. - Sedentary behaviour (decreased activity) by increased screen time - Less physical activity because parents feeling that it is unsafe for children to play outside

Parenting and Family Environment:

1. Quantity and quality of screen time viewing	2. Secondary effects of screen time viewing on eating behaviour and physical activity	3. Factors affecting both 1. & 2.
<ul style="list-style-type: none"> - Watching TV at meal times - Family uni make up, e.g., dual parent, single parent, blended families, and extended families. - Number of children in family e.g., siblings of varying ages (primary and secondary school) - Time of parents (busy cooking dinner, reading with primary aged siblings) working, studying, etc. - Time Management – families sitting kids in front of TV while they do things (cook, clean, work, etc) - Influence of parents on activity of young people – i.e., if parents do not place high importance on being active, they will not place it as a priority for their children - Lack of knowledge/ understanding of negative consequences of increased TV viewing on children's health/development - Maternal education level (the lower the level of education achieved by the mother the more TV her children tend to watch) - Parental TV viewing habits - The materialistic age – Parents may see computer games as something their children should be able to have. Most children having some form of computer game and those without one will play with a friend/neighbour - Eating meals in front of the TV - Busy lifestyles of parents – TV easy and quiet entertainment for children - Most parents are not actively monitoring amount of screen time their children do - Lack of understanding that children should not watch adult programs such as boxing and motorbike racing, etc. - Lack of awareness of the detrimental affects of TV viewing on young children - Working parents (poor time) - Older siblings (increase screen time) - Parents 'rules' around TV/Screen time (when, how much screen time) - Parents trying to keep children happy and trying to 'keep up with the Jones' with the latest technology - Parents not understanding the impact of certain TV programs (violence on the news etc) - Parents busy at the end of the day, home from work, preparing dinner, Easy to occupy the children with TV. - Parent TV viewing children see it as a normal thing to do - TV used as a babysitter to keep them quiet. 	<ul style="list-style-type: none"> - Eating behaviours of parents while watching TV - Behaviour management / Time management (babysitter) - Food being eating in front of TV - Parents working (both) longer hours - less time for physical activity/ time taken when home to prepare meals/get organised for the next day – so easier to have children entertained by TV. - Meals being served in front of the TV and not at the dinner table. 	<ul style="list-style-type: none"> - Positive and negative role modelling of health behaviours - Maternal education level - Peer pressure to be up to date with what's happening of the 'favourite' TV shows - Education/understanding of parents - Use of TV as a babysitter in the absence of other strategies. - Grandparents influence - Meals and snacks in front of TV so less family meals and increased energy intake - Easier to let children watch TV rather than have an argument

Other

1. Quantity and quality of screen time viewing	2. Secondary effects of screen time viewing on eating behaviour and physical activity	3. Factors affecting both 1. & 2.
<ul style="list-style-type: none"> - \$ - TV is a cheap form of entertainment for families 		<ul style="list-style-type: none"> - Level of disadvantage and family income - Possible nutritional deficiencies and associated poor growth/development. - Less likely to be 'creative' cook, experience with food

Appendix 6.L: Focus Group and Forum Evaluation Findings

Post-Focus Group Evaluation Findings:

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The aim of the focus group was clearly explained	-	-	-	43%	57%
The aim of the focus group leader's project was clearly explained	-	-	-	57%	43%
I was aware of the information I was expected to give	-	-	-	57%	43%
I was aware of the rules of the focus group	-	-	14%	43%	43%
I felt comfortable expressing my views and opinions with the focus group	-	-	-	43%	57%
The focus group ran for an appropriate length of time for me to express my views and opinions	-	-	-	57%	43%
The focus group ran smoothly	-	-	-	57%	43%
The focus group leaders were approachable	-	-	-	43%	57%
The focus group increased my awareness of the link between screen time and childhood obesity	14%	-	-	14%	72%

Post-Forum Evaluation Findings:

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
The aim of the forum was clearly explained	-	17%	-	33%	50%
The aim of the forum group leader's project was clearly explained	-	20%	20%	20%	40%
The forum created a conducive environment for discussion	-	-	-	83%	17%
I was aware of the information I was expected to give	-	-	—	67%	33%
The forum ran for an appropriate length of time for me to express my views and/ opinions	-	-	-	60%	40%
The forum ran smoothly	-	-	-	17%	83%
The forum leaders were approachable	-	-	-	50%	50%
The forum increased my awareness of the link between screen time and childhood obesity	-	50%	33%	17%	-
The forum gave me a clear overview of strategies that limit screen time at home amongst preschoolers	-	33%	-	67%	—

Appendix 6.M: Focus Group and Forum Journal Findings

Focus Group Journal (number 1):

Day: Wednesday

Date: 19.09.07

Focus Group: Glastonbury

Time started: 3:00pm

Time finished: 3:45pm

Number of participants: 4

Main findings:

- Parents of low socio economic status (SES) have very busy lives (both working parents, house chores etc.). These parents have time restraints and TV is an easy form of entertainment;
- 'TV as a babysitter' is a huge factor influencing the amount of time children watch TV, especially with low SES families with time restraints (and study commitments);
- 1 strategy will not solve the problem. Multiple strategies are needed to try and combat the obesity epidemic amongst preschoolers, not just decreasing screen time; and
- A community organised program, if organised at a low price or free, would be the best strategy to try and limit screen time amongst preschoolers.

Good aspects of the focus group:

- The environment was conducive to discussion;
- Participants felt comfortable voicing their opinions, as evident by the vast amount of discussion produced;
- Gained a lot of information; and
- Ran within the time frame (45 minutes).

Bad aspects about the focus group:

- Small cohort, we were expecting more participants who didn't show up;
- Children were present during the focus group, distracting participants as well as leaders;
- At the end of the session, parents felt guilty that they had let their preschool aged children watch so much TV in the past; and
- Opinions only representative of low SES families.

Things that could have been done differently/better:

- More time could have been given between questions, to allow for more time for responses;
- Less leading questions and more open ended questions with prompting (as required)

Things we should do in the next focus group (that went well in this focus group):

- All participants introduce themselves at the beginning of the focus groups (makes participants feel comfortable);
- Inform parents that there is no right/wrong answer and they will not be judged; and
- Encourage open discussion.

Focus Group Journal (number 2):

Day: Thursday

Date: 20.9.07

Focus Group: Alexander Thomson Kindergarten (Belmont)

Time started: 12:00pm

Time finished: 1:00pm

Number of participants: 4

Main findings:

- The main factors that affect the amount of TV preschool aged children watch include:
 - TV as a babysitter;
 - Family environment (amount and position of TVs); and
 - Lack of alternative activities
- Pamphlets are not the most effective strategy to increase awareness, unless they are short, succinct and confrontational.
- The most effective strategy that would help limit screen time include:
 - TV advertisements that promote less screen time; and
 - Changing the rules and regulations government food advertisements during children's viewing hours.

Good aspects of the focus group:

- There was a lot of discussion;
- Strong and contrasting view points;
- Participants felt comfortable voicing their opinions, as evident by the vast amount of discussion produced;
- Participants suggested and discussed new ideas that had not been illustrated in the literature;
- Open ended questions.

Bad aspects about the focus group:

- Limited to only SES (high SES);
- The discussion went off track for a while; and
- The participants had very strong opinions and didn't like when their opinion was questioned.

Things that could have been done differently/better:

- When participants went off track, we could have tried harder to bring them back to the topic.

Things we should do in the next focus group (that went well in this focus group):

- N/A as this was the last focus group.

Overall, did we achieve what we set out to achieve? If yes, what? If not, why not?

- Yes! We got a lot of relevant, interesting and specific information. Now have a better understanding of factors that enable preschoolers to view a high amount of screen time. This will help in developing realistic recommendations for a strategy *Romp & Chomp* should implement.

Forum Journal:

Day: Monday

Date: 1.10.07

Time started: 2:15pm

Time finished: 3:00pm

Number of key-stakeholders invited: 24

Number of key stakeholders expected to attend: 6-8

Number of key stakeholders present: 6

Main findings:

- The responses from the key-stakeholders, regarding strategies, contradicted the focus group findings
- Key-stakeholders were uniform on the following:
 - A community organised program would be unrealistic, and probably wouldn't work;
 - A dance DVD contradicts less screen time so shouldn't be a recommendation;
 - Parent education sessions: 'preaching to the converted';
 - Promotional campaigns are not effective if done on their own;
 - A strategy needs to incorporate different strategies not just one- e.g. a promotional campaign, plus education sessions, plus turn off TV weeks (should be run for at least 1 month as 1 week of turn off TV did not work); and
 - The strategy should be targeted to a specific group and the recommendations should be specific rather than broad (i.e. if the low SES watch more TV (and literature shows low SES watch more TV) the strategy should target the low SES group rather than the whole of CoGG)

Good aspects of the forum:

- Good turn out (all participants who said they would come came);
- Uniform responses;
- Expert opinions; and
- Clarified a lot of issues, and will ultimately help make recommendations based on not only sound evidence, but also expert opinions.

Bad aspects about the forum:

- Invited 24 stakeholders, only 6 came (25% turnout).

Things that could have been done differently/better:

- Could have tried to make more discussion (this was hard due to the uniform responses); and
- We should have asked for everyone to introduce themselves.

Overall, did we achieve what we set out to achieve? If yes, what? If not, why not?

Yes we did! However, it would have been preferable if more stakeholders came, to get an even wider range of different professions viewpoints.



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

OBJECTIVE 7: To increase structured active play in kindergarten and childcare settings.

Implementation strategies, process evaluation, lessons learned and recommendations for future practice.



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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe, targeting approximately 12, 000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

While data investigating the impact of physical activity behaviours on overweight and obesity is limited, it is apparent that early positive physical activity experiences predispose people to participate in physical activity in later years [1, 2] and it is well documented and accepted that participating in physical activity over the life span has broad, positive health impacts. Factors for consideration for the *Romp & Chomp* project included: the importance of movement skill development for young children and barriers and facilitators for early childhood activity. In order to address health concerns associated with reduced levels of physical activity, Objective 7 of the *Romp & Chomp* project aimed to increase structured active play in early childhood settings.

There was found to be a marked absence of specific policies and policy developments around physical activity in early childhood settings. Thus there emerged the need to support early childhood settings, not only to develop active play policies, but also to implement them into practices. Training and staff support also emerged as a priority in order to achieve this objective.

It became apparent that the early childhood sector required a resource to increase their knowledge, skills, and ability to provide opportunities for structured active play for children in a range of settings. The development of the Structured Active Play Program (SAPP) was a significant achievement as it provided a resource that informed settings staff about age-appropriate physical activity and fundamental movement skills. The SAPP also enabled access to a range of options for activities and environments, and provided a checklist to support program planning. This resource has been identified by the *Kids-‘Go for your life’ (KGFYL)* program as of significant benefit, and additional work has been done to adapt the *Romp & Chomp* program to make it suitable for a wider population and make it available to all early childhood settings state-wide through this statewide program. Training in structured active play is also to be incorporated into undergraduate teaching of future early childhood workers through Deakin University.

Working in partnership with the local specialist agency Leisure Networks allowed the project to access staff that had prior knowledge and skills in physical activity training, and provided the return benefit of broadening their skill base to an earlier age group. This enabled continued support for this population group across a range of areas. Training for staff to implement the SAPP was provided for a significant number of staff within a range of early childhood settings (long day care, family day care and kindergartens).

Incorporating training into early childhood courses increased the likelihood that physical activities (and fundamental movement skills: FMS) will continue to feature in planning daily activities within early childhood settings. Dissemination of the resource and training package through *KGFYL* also increased the potential for early childhood staff across the state to support active play and the development of FMS and increases sustainability of these strategies.

Background to *Romp & Chomp*

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. Subsequently, obesity prevention resources and expertise were focussed within the BSW region to trial and evaluate innovative demonstration projects for obesity prevention. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region (see figure 1).

The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the City of Greater Geelong and the Borough of Queenscliffe. The project was conducted from 2004-2008 and targeted the 12,000 children aged from 0 to 5 years of age and their families.

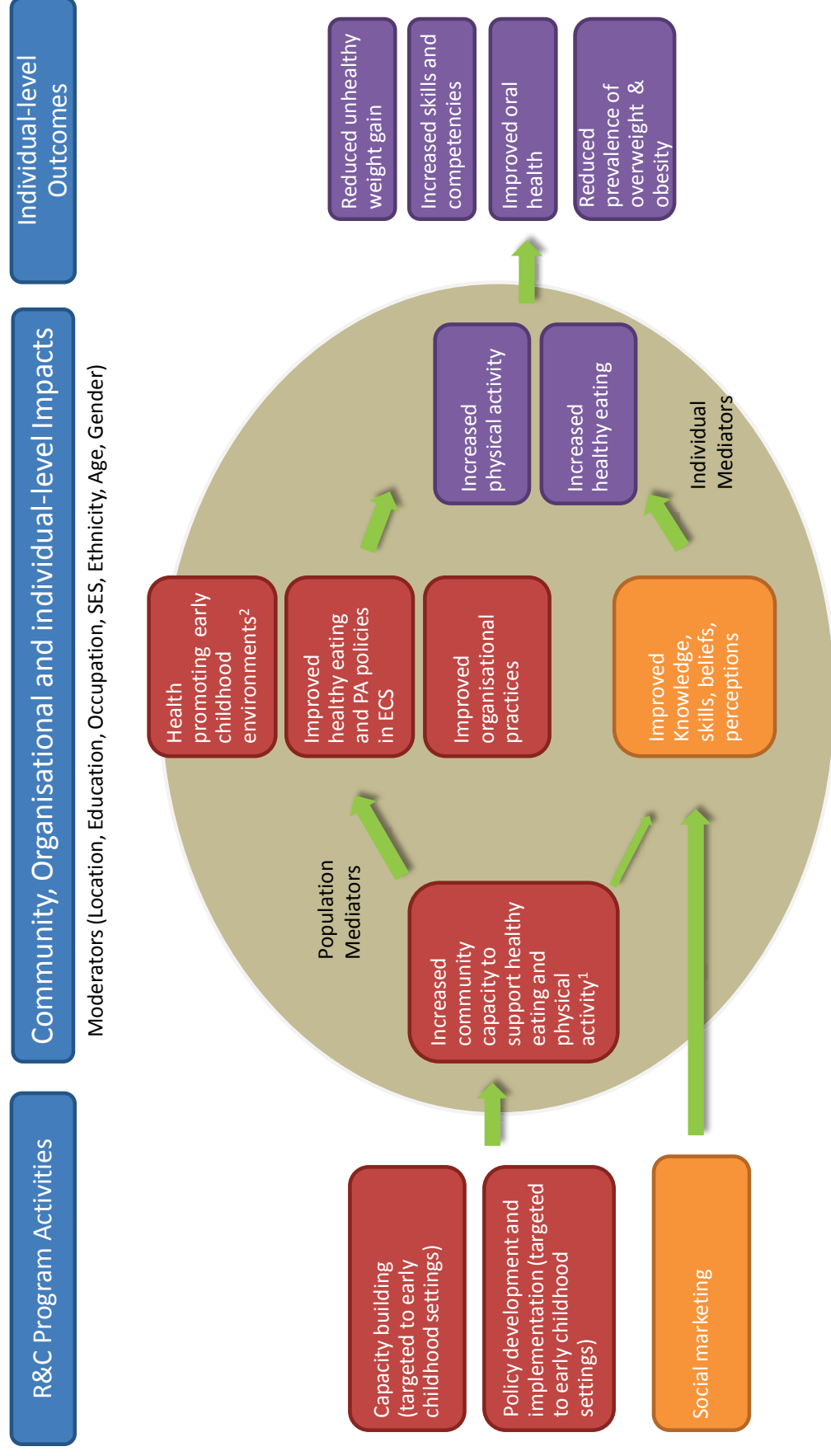
The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved through a series of 8 objectives and targeting community and early childhood settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables, and 4) less screen time.

Throughout the project, *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders (see below, tables 2 & 3), oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 1) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.

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1. Capacity is leadership, skills, knowledge, structures, resources, partnerships
2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1 Romp & Chomp Logic Model

Governance Structure

In 2003 the Department of Human Services provided funding to address health concerns related to obesity in the Barwon-South West region. The Sentinel Site for Obesity Prevention at Deakin University was to support the development of, coordinate and evaluate three regional demonstration projects: *Be Active, Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp had a target group of over 12,000 children aged 0-5 years in the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It was a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and 'Kids- Go for your life' projects to improve health and weight outcomes.

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 *Romp & Chomp* Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	CoGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2004 - 2007

Table 2 Romp & Chomp Management Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Amanda Stirrat	Coordinator <i>Kids-Go For Your Life' (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC

Introduction

The increasing prevalence of overweight and obesity within the Australian population is a concern, with overweight children often becoming overweight adults [3, 4]. While data investigating the impact of physical activity behaviours on overweight and obesity is limited it is apparent that early positive physical activity experiences will predispose people to participate in physical activity in later years [1, 2], and it is well documented and accepted that participating in physical activity over the life span has broad, positive health impacts.

Importance of movement skill development for young children: Fundamental movement skills are basic movement patterns (catch, throw, kick etc.) that can be adapted, combined and refined to provide a foundation for lifetime sporting, recreational and physical activities [5-7]. It is generally agreed that body control activities (e.g. balance), manipulation opportunities with a variety of equipment, and both locomotor and non-locomotor activities should form the basis of a young child's preschool movement experience [5, 8, 9]

Barriers and facilitators for early childhood movement: Literature exploring physical activity levels of children placed in care environments is limited. Some investigations looked at the daily activity patterns of three-to-five-year-old children attending day care, finding little time is spent engaged in vigorous activity and most time is devoted to sedentary or low-level activity[7, 10-12] While higher levels of physical activity have been associated with outdoor play[10, 13, 14], this does not mean that children will naturally engage in an ideal range of physical activities in outdoor environments. Taggart and Keegan[15] found children in centres rarely engaged in the fundamental movement skills of kicking, catching or striking, while the dominant behaviours were climbing, jumping and running. This is consistent with other research which found that balls and bean bags for throwing, using a bat/racquet, and kicking activities were not commonly provided at early childhood centres [16] and that equipment commonly requested for purchase by preschool teachers would not facilitate fundamental movement skills requiring object control [17].

Adult presence influences the activity patterns of children during outdoor play: Interaction and encouragement from adult carers promotes increased activity in skills of catching, throwing, kicking, and using bats and children participate in fundamental movement skills for longer when an adult is present [15].

In order to address health concerns associated with reduced levels of physical activity, Objective 7 of the *Romp & Chomp* project aimed to increase structured active play in early childhood settings.

In order to achieve this, three strategies were developed. These resulted in the development of a structured active play program designed for early childhood settings; the development of active play policies for EC settings, and active play training opportunities for EC workers and settings staff. Together, the strategies provided a broad approach supporting early childhood staff to offer and encourage active play opportunities, and enhance physical skill development in children in early childhood settings.

This objective required significant support from all partner agencies. The school of Occupational Science & Therapy at Deakin University significantly contributed to the development of the Structured Active Play (SAP) program and Leisure Networks provided training to implement the newly developed resource into early childhood settings

Strategy Overview

Strategy 7.1

Facilitate and support the introduction of physical activity policies in settings

This strategy was developed to provide support to early childhood settings to develop and administer policies supporting their ability to incorporate structured active play activities within these venues, and to enable a consistent response across the region.

In order to achieve this, the following processes occurred:

- Identification of settings based physical activity policies and initiatives.
- Review of current recommendations and policies for physical activity with settings and service providers.
- Sourcing additional policies related in terms of content or settings (*Best Start, SRER, S4M*) to establish benchmarks.
- Development of a policy template in collaboration with settings staff and stakeholders, and piloting of the policy implementation into settings.
- Support for policy implementation within kindergartens by Barwon Health dental and primary care staff.
- settings audits to establish the level of policy implementation

Strategy 7.2

Support settings to facilitate staff training in active play/play for under 5s

This strategy was developed to increase skills and knowledge of EC staff to support their ability to develop and/or implement structured (and unstructured) active play activities within these venues.

In order to achieve this, the following processes occurred:

- Development, pilot testing and evaluation of a structured active play (SAP) resource for Early Childhood Settings.
- Identification of active play training opportunities for each setting.
- Engagement of a qualified training agency to develop age-appropriate physical activity content, and implement training.
- Consultation with Leisure Networks to facilitate active play training based on the active play program.
- Identification of early childhood certificate courses to include active play training opportunities and ensure sustainability.

Strategy 7.3

Implement Structured Active Play Program in settings

This strategy was developed to ensure ongoing implementation of structured active play in early childhood settings.

- Development, pilot testing and evaluation of a training package to enable integration of the structured active play (SAP) program into Early Childhood Settings.
- Facilitation for training of settings staff in active play/play for under 5s.
- Integration of the structured active play program into existing certificated training courses for all facilitators, mentors and trainees involved in the delivery of preschool services by partner agencies.

Evaluation

In order to establish the effectiveness of the strategies on incorporating structured active play in early childhood settings several measures occurred (see report 3).

- The presence of policies supporting structured active play in early childhood settings was noted and recorded, as a part of the Survey Tools.
- Long Day Care & Family Day Care were surveyed at the commencement of the project to establish a baseline measure of structured active play activities in 2005/6, and followed up in November 2007.
- Surveys in kindergartens whereby teaching staff recorded the details of the amount of time spent in free and structured play, inside and outside in a typical session. The surveys were conducted four times: November 2006, March 2007, November 2007 and March 2008
- A two page Eating and Activity Survey (E&AS) was used to examine children's eating and activity behaviours likely to be risk or protective factors for obesity development. The survey consisted of questions about demographic characteristics, activity levels and dietary information.
- In 2007, 2 honours projects were conducted to evaluate the effectiveness of the SAPP in the Long Day Care setting supervised by Karen Stagnitti and Andrea Sanigorski (appendix 7.K).

Processes

Strategy 7.1

Facilitate and support the introduction of physical activity policies in settings

As part of the consultative process, current recommendations and policies in use within settings were reviewed, with settings staff and service providers. All early childhood settings (FDC, LDC, and Kindergartens) considered and incorporated physical activities and development of physical skills into planning. However, initial survey findings showed that only 5% of early childhood settings had an active play/physical activity policy (4/18 LDC, 1/38 KG, and 0 FDC). Those that were in existence, focussed on ensuring time allocation to outside play, or pertained to other knowledge and skills that incorporated activity, such as games and music, and were guided by environmental and safety issues. Thus there was clearly the need to develop policies around physical activity for early childhood settings that incorporated structured planned activities with relevance to child development in addition to free play.

Within settings, there appeared to be less understanding of the context for, and possible content of, such policies. This was in the presence of a very high saturation, and implementation of nutrition policies. Thus there emerged the need to support early childhood settings, not only to develop active play policies, but also to implement them into practices. Training and staff support also emerged as a priority in order to achieve this objective.

Current recommendations for physical activity in the early years were reviewed and, again, these were very limited in the number and scope. Further, there was a lack of consistency around application of guidelines for physical activity for children. Wollongong University was found to be the lead agency in this area, having produced some recommendations within recent studies for school aged children.

Consultation occurred with setting stakeholders in order to develop a policy template that could be incorporated into settings. It was noted that these policies had to allow for large variations in skills that would be encountered in childcare settings, particularly within the FDC settings. A draft policy template was developed. A second round of surveys assayed whether the policies were adopted and implemented in ECS. This was incomplete at the time of the loss of the two project co-ordinators and is currently unclear.

Despite this, both LDC and FDC continue to incorporate planning for active play within ongoing practices, and while no GKA kindergarten has a separate Active Play policy in place, in 2007, an overarching 'Health and Wellbeing Policy' was developed by GKA to enable their kindergartens to meet the requirements of the Kids- 'Go for your life' (KGFYL) award. This policy incorporates statements related to ensuring active play within kindergarten settings. Through this policy 3 kindergartens had incorporated active play statements into policy documents by March 2007 and in March 2008 this had risen to 8 kindergartens. The final outcome and comparison with other parts of the State is currently being determined.

Despite incomplete implementation in 2008 there is a heightened awareness of the need for policies related to active play, and a willingness to incorporate statements pertaining to active play into current policy documentation. Further, *Kids- 'Go for your life'* requires such statements in order to apply the (*Kids- 'Go for your life'*) award to the setting, and these have now been awarded to 8 kindergartens in the Geelong (and surrounding) region.

Summary

- There was a marked absence of specific policies and policy developments around physical activity in early childhood settings.
- It was important to develop the policy in partnership with those settings/services who were to implement it to ensure relevance and acceptability.
- Training and staff support related to active play also emerged as a priority area
- This strategy was not fully implemented in that *Romp & Chomp* Active Play policies were not widely implemented in 2008.
- A number of agencies, including Kids- 'Go for your life' have reviewed the draft policy developed by *Romp & Chomp* and incorporated aspects of the document into broader policies for early childhood settings.

Strategy 7.2

Support settings to facilitate staff training in active play/play for under 5s

In order to establish active play training needs for each setting, each setting was surveyed in 2005 to establish their current knowledge, resources, perceived barriers and activities.

Resource: Structured Active Play Program (SAPP)

The Committee of Management utilised the information gathered through the baseline settings surveys to propose the development of a program containing developmental information, and age-appropriate information. As the University of Wollongong had previous experience in this field, Colin Bell from Deakin University contacted Tony Oakley from Wollongong University (as there was an established collaborative relationship identified) in order to commence development of a booklet targeting physical activities appropriate for 0-5 year old children. The activities would revolve around 11 gross motor skills (balancing, galloping, running, hopping, jumping, catching, kicking, leaping, skipping, striking, and throwing). A comprehensive draft resource was developed after meeting with EC workers and stakeholders and was subsequently sent out for review. The feedback was that the presented product was targeted at an older group of children and more appropriate for use within primary school settings. It was found to be unsuitable for use in early childhood settings with children aged from 0-5 years. The important formative data collected by the University of Wollongong had recently been published [18].

Subsequently, in 2006, Associate Professor Karen Stagnitti, paediatric occupational therapist at Deakin University specialising in children's play and development was invited to prepare a resource with content to suit a younger age group. Assoc. Prof Stagnitti was selected as she has published broadly on issues of early childhood play and activity, and she was known to Andrea Sanigorski for her work in this area.

The final version took into consideration Karen Stagnitti's knowledge of developmentally appropriate activities and the Committee of Management's experience and knowledge of settings-based issues. It was also designed to be visually appealing and easier to follow, with minimal wording-as this was strong feedback from EC workers. The program was further developed for family day care settings with an additional section dedicated to explaining the importance of setting up a flexible and inviting gross motor environment for children, providing some ideas for facilitating such an environment, and more adaptable games they could use. In addition, a section related to equipment and alternatives was included to ensure that the program did not require the use of equipment that would need to be purchased, but could in fact use household items.

A forum was held with M&CH services to inform the development of tip sheets suitable for younger children and parents. Responses indicated the need for:

- Clear definitions of 'active play' and other terms used
- Specific recommendations regarding type and amount of activity for parents and staff
- Linkages to developmental milestones
- Easily understood, accessible visual information
- The need for activities that could occur indoors
- The need to look at 'safe' play
- Demonstrations of active play
- Support for staff and families (nuclear and extended)
- Finding opportunities for play
- Encouraging whole-family activity

Tip sheets for use by M&CH nurses to provide to parents was not completed as part of *Romp & Chomp*, however additional funding from DHS to complete this task, for dissemination through *Kids-Go for your life*, enabled this to be achieved in 2008. The recommendations from the M&CH nurse forum were used to inform the further development of the play program. A small print run of 1500 tips sheets occurred in February 2009 and were disseminated to FDC, LDC and M&CH Settings as well as other local agencies in the region, Glastonbury Child and Family Services, Wathaurong Aboriginal Co-operative and internally within Deakin.

Adaptations for children less than two years were incorporated and a developmental guide to fundamental movement skills and activities targeting these was also included. Activities were piloted within early childhood settings as they were developed with the activities, instructions and language used all altered as required.

The Structured Active Play Program (SAPP) was subsequently produced in October 2006 [19] . *Romp & Chomp* funded a sample run of booklets and Leisure networks provided subsequent funding for printing of sufficient booklets to disseminate to all early childhood settings participating in the *Romp & Chomp* project. In April 2007 copies of the SAPP were delivered to CoGG staff for dissemination to each M&CH, LDC and FDC setting. GKA kindergarten teachers were also provided with a copy of the SAPP during in-service training sessions in August 2007. Leisure Networks provide further copies of the SAPP during training sessions to all participants.

This resource has been identified by the *KGFYL* program as of significant benefit, and Deakin University was employed to adapt this program to ensure it was appropriate for use in communities with cultural diversity, pilot the new program, incorporate new logos and images and then complete the resource. It is based on the original *Romp & Chomp* resource and will

now be made available to early childhood settings statewide, with training and support through the *KGFYL* Health professionals' network [20].

Identify Active Play Training Opportunities for each Setting

Training requirements for each setting were found to vary.

M&CH services do not interact with children other than to assess developmental attainments and consult with families. Thus it was felt that the most appropriate assistance would be in the form of developing 'Tip Sheets' that could be given to parents containing appropriate activities for developmental stages. Training was not required in order to achieve this.

FDC services required evening sessions to enable care providers to attend training, and training was required to provide information on a broad range of ages, and how to adapt the program for implementation into a variety of environments (as all the carer's homes are set up differently).

LDC services would be unable to release all staff simultaneously to attend training. Subsequently a 'Train the Trainer' model was developed in order to train a representative from each centre who could then pass the information and skills to others within that centre.

Kindergartens manage large groups of children of similar age. Thus training provided to them could be directed to these age groups and include settings-based activities suitable for individuals or (small or large) groups. However staff access was difficult as different centers had different hours of operation, and there was little time allowance for training. Thus training for GKA staff was incorporated into their (previously arranged) term training days. Non-GKA staff could access alternate sessions as conducted by Leisure Networks regionally.

Engage a Qualified Training Agency to Develop Age Appropriate Physical Activity Content and Implement Training

Leisure Networks (Association inc.) was a partner agency in the *Romp & Chomp* project. This organisation takes a community development approach in identifying barriers and addressing needs and service gaps. This occurs through a capacity building approach with the overall aim being to create sustainable outcomes for identified issues. Their priorities include to: increase involvement of sport and recreation in community building activities, and to encourage more people to be physically active and healthy. Consequently, Leisure Networks were well qualified to develop and manage training required across settings. However they were not experienced in providing services for children younger than school age. Wollongong University was engaged to present a 'Train-the Trainer' session based on their program, for all *Romp & Chomp* partners that could then be modified by Leisure Networks to accord with the aims of the SAP program and meet the needs of a younger population.

Liaise with Leisure Networks to Facilitate Active Play Training Based on the Active Play Program

Wollongong University had developed a physical activity program for school-age services. This was found to be unsuitable for use in preschool settings. Subsequently, Deakin University developed content to suit a younger age group in order to produce the 'Structured Active Play Program' (see RESOURCE: BOOKLET above). On 25th August 2006, Wollongong University were funded to provide training on fundamental movement skills in primary school settings to members of partner agencies in order to support the development of training appropriate for a range of early childhood settings. Leisure networks subsequently agreed to be the lead agency in the development and implementation of this training (see strategy 3: "Implementation": following)

Identify Early Childhood Certificate Courses to Include Active Play Training Opportunities

Geelong Adult Training & Education (GATE) and The Gordon Institute both provide certificate III training in early childhood services. Graduates from these courses go on to work in early childhood care settings. They do not work in kindergarten settings. The project co-ordinator worked with Gordon staff to arrange a trial presentation by Leisure Networks. Due to resignation of both coordinators at that time, no further contact was made with GATE. However, Karen Stagnitti is involved in the Bachelor of Early Childhood Education offered by Deakin University, and she has made efforts to factor into this course training related to active play to undergraduates – who will subsequently go on to work in EC services.

Summary

- The early childhood sector required a resource to increase their knowledge, skills, and confidence in providing structured active play activities for children.
- Given the array of child services in the early childhood sector it was necessary to develop an appropriate resource and training.
- Working in partnership with agencies allowed the project to access staff that already had knowledge and skills in physical activity training, and also provided benefits for staff at Leisure Networks.
- The Structured Active Play Program provided a tool that informed settings staff about physical activity and fundamental movement skills during early childhood, and enabled easy access to a range of options for activities and environments, and a checklist to support program planning.
- This resource has been adapted and will now be made available to early childhood settings statewide, with training and support through the *KGFYL* Health professionals' network.

Strategy 7.3

Implement active play program in settings

Training

Significant liaison with Leisure Networks occurred from July 2006 to facilitate training based on the Structured Active Play Program developed by Deakin University. Leisure networks incorporated this training (development and session presentations) within agency activities, thereby reducing costs to the project. Thus, while Leisure Networks charged a fee per training session, there was no direct cost to the participants, and free training was provided to early childhood services in the lower socio-economic areas (Corio/Norlane region).

By November 2006, two streams of training were developed:

- 1) A 'Train the Trainer' model. Leisure Networks would work with staff representing agencies so that they could train others within their agency to run active play programs and develop fundamental movement skills. These were also utilised to train allied health staff to support early childhood settings
 - a. This model was utilised for staff of long day care settings. 12 staff representing CoGG LDC attended this workshop.
 - b. Barwon Health Allied Health workers (10) and one Bellarine Community Health centre worker also attended this session (presented on 14th March 2007, 1230 – 1600hrs at Leisure Networks in Geelong). Survey findings showed participants rated the training highly, with most committed to incorporating physical activity and fundamental movement skills into their practices
- 2) Setting Training Options. This involved direct training by Leisure Networks to early childhood workers.
 - a. two evening sessions were presented to FDC workers. 75% of FDC staff attended this, and all received a copy of the structured active play booklet. These sessions were presented on March 21st (18 attendees) and April 18th (21 attendees) from 7-9pm at Leisure Networks Survey findings showed all participants found the training of significant benefit and were committed to incorporating physical activity and fundamental movement skills into their practices.
 - b. A session for kindergarten workers in the northern suburbs of the Geelong region (low socio-economic region) was presented on 30th March, 1230 – 1600hrs, at Cloverdale Community Centre, Corio. 7 kindergartens were represented, and 3 allied health workers also attended.

- c. A session was presented to 5 kindergartens on the Bellarine peninsula (Portarlington, Woodlands, Surfside, Ocean Grove and Queenscliff) by Barwon Health staff in June 2007.
- d. 2 workshops were presented within the 2007 kindergarten conference and a whole-of-group presentation was again given to GKA staff in 2008 within their term (compulsory) meetings.

Each workshop was designed to develop knowledge and skills as follows:

- Background Information
- Benefits of Physical Activity
- Fundamental Movement Skills
- Gross Motor Skill Development
- Practical Sessions
- Observing/Teaching Fundamental Movement Skills
- Inclusiveness

By June 2007, 16 kindergartens (Anglesea, Beacon Point/Clifton Springs, Breakwater, Flinders Lara, Fyans Park, Greenville, Grovedale, Ocean Grove, Portarlington, Queenscliff, St Lukes, Surfside, Thomson, William Hovell, William Parker & Woodlands), 12 staff representing CoGG LDC centers, 39 FDC workers, 10 Barwon Health staff members, one Bellarine Community Health Centre Allied Health worker, and the coordinator of the (Geelong) *Kids- 'Go for your life'* project had completed SAPP training.

M&CH staff did not attend for training, as they do not offer supervised active play activities. However, a series of tip sheets was developed for them to give out as appropriate within consultations.

By June 2008 all remaining GKA kindergartens had received training. Thus, a total of 40 kindergartens received training, and only 13 kindergartens participating in the *Romp & Chomp* project had not received training by the conclusion of the project (Barwon Heads, Williams House, Corio, Corio South, Lara, Norlane West, Rosewall, Anglesea, Geelong West, Jan Juc, Torquay, and Geelong & Torquay Montessori kindergartens).

In 2007, 2 honours projects were conducted in long day care to determine the effectiveness of the SAPP to increase activity in 3 and 4 year old children. These studies showed both increased moderate-to-vigorous activity in older children, increased activity in girls, and positive changes in the environment and teacher interactions with children in the long day care setting. The results of these studies are summarized in appendix 7.K.

Integration of SAPP into EC Courses

With the aim of including the SAPP in Early Childhood courses throughout the Geelong region, the *Romp & Chomp* coordinator identified early childhood certificate courses within the Geelong region that would be appropriate to include active play training opportunities. These included the certificate III childcare education courses within The Gordon Institute (TAFE) and G.A.T.E (Geelong Adult Education & Training), and early childhood education (kindergarten teaching) at Deakin University

As the training organisation for the SAPP, Leisure Networks facilitated incorporation of SAPP training into the existing Early childhood Course within the Gordon TAFE Certificate III early childhood course. A trial presentation to 12 students occurred on June 25th, 2007, from 1030 – 1200 hrs. Students reported that they found it useful and practical and most students expressed commitment to teaching physical activity and fundamental movement skills. Unfortunately, as both project coordinators resigned from their roles and were not replaced at this time, no follow-up actions occurred to integrate the SAPP into ongoing Cert. III early childhood courses at the Gordon, and no trial occurred at GATE. However, Professor Karen Stagnitti, who was the significant contributor to the Structured Active Play Program and resource booklet, provides lectures to early childhood education students at Deakin University and intends to integrate active play education into ongoing curriculum from 2009.

Leisure Networks continue to revise the SAPP training package as required and now offer training in structured active play in early childhood settings state-wide.

SAPP Utilised into Other Projects

Glastonbury Child and Family Services (GC&FS)

GC&FS reviewed the structured active play program, recognising the program could be modified, and incorporated this into its current “*Parents Learning Actively with Youngsters (PLAY)*” and “*Play in the Parks*” programs in Geelong and Colac. They applied successfully for a VicHealth Active Participation grant in order to increase the amount of physical activity incorporated into these programs. Leisure Networks provided training to their 15 Glastonbury staff in Norlane (northern suburb, disadvantaged community) on November 15th 2007, and to 10 staff in Colac on May 1st 2008).

Kids – ‘Go for your life’

The SAPP has been adapted and integrated into the *KGFYL*, statewide program, and should become available to all early childhood settings across the state in 2009.

Summary

- Provision of a variety of training options enabled the SAPP resource to be incorporated into a range of settings.
- With the support of partner agencies (Leisure Networks, CoGG, GKA, Bellarine Health) training was provided for a significant number of early childhood settings and staff.
- Access to a local agency with strong skills in training around physical activity (Leisure Networks) was a great asset in ensuring that training was local, flexible, and financially viable.
- Incorporating training into early childhood courses increases the likelihood that physical activities (and fundamental movement skills) will continue to feature in planning daily activities within early childhood settings.
- The SAPP was found to be effective at increasing active play in long day care, with positive changes also seen in the environment and teacher interactions with children.

Timeline of Processes

	<u>2005</u>		<u>2006</u>		<u>2007</u>		<u>2008</u>
<u>Policy</u>							
Policy review							
Survey							
Benchmarking							
Template formation							
Settings discussion							
Final draft							
Dissemination						Did not eventuate	
<u>Marketing Resources</u>							
Development							
Comment/Discussion							
Dissemination							
<u>Program Development</u>							
Development							
Trials in settings							
Production							
Dissemination							
<u>Training</u>							
Training development							
Presentations							
<u>Integration into Cert III Courses</u>							
Trial							
Ongoing inclusion						Did not eventuate	

Conclusions & Lessons Learned

In all, 47 kindergartens, 7 long day care centres and about 70 family day care providers throughout Geelong and the Bellarine Peninsula participated in the project. Outcomes included: the development and implementation of nutrition, drink and active play policies; linkages with local community health settings, agencies, and professional services; connections to like-projects enabling the presentation of awards; increased knowledge and skills around nutrition and physical activity within early childhood services; and access to an array of available materials and resources. Specifically there was also an increase of more than 30% in time allocated for organised active play in kindergarten sessions during the intervention period. The following represent a synthesis of the process evaluation for this objective, including KI interviews and document analysis, with recommendations for future projects.

Partnerships

Working in partnership with agencies representing a significant number of early childhood services enhanced the efficiency and effectiveness of message development and dissemination, and ensured implementation accorded with practices and requirements of those services.

Significant strength was added to this objective by working with the School of Occupational Science & Therapy within Deakin University, in order to develop the SAPP, and Leisure Networks, Healthy Communities team. Leisure Networks is a not-for-profit agency supporting access to activity. They were able to provide training and support for the Structured Active Play Program, and have been able to absorb this role into their ongoing practice. Later linkages with the *Kids- 'Go for your life'* project provided materials and information, and continue to support the initiatives of this objective, and enable sustainability of the learnings from this component of *Romp & Chomp*.

The SAPP has significantly contributed to further developments in two other health promotion programs: Glastonbury "*Parents Learning Actively with Youngsters (PLAY)*" and '*Play in the Parks*' programs in Geelong and Colac; and *Kids- 'Go for your life'* active play program (in Victoria). This was the result of the network of agencies involved in *Romp & Chomp* and the partnership approach taken. Ongoing dissemination of project activities also ensured that those working in early childhood in Victoria were aware of the project and often liaised with *Romp & Chomp* before developing additional health promotion resources related to nutrition and active play –to avoid duplication.

Identifying local capacity to become engaged or partner in the project enables clear understanding of objectives and the target group. and in achieved excellent outcomes in this project. Important learnings from *Romp & Chomp* would be to:

1. Examine local options thoroughly prior to engaging external agencies that do not have as clear knowledge of, or engagement with, the project.
2. If using remote agencies, incorporate clear guidelines and expectations inserted into an agreement to ensure the product meets expectations or, if not, does not incur a cost
3. Ensure skill transfer to others in the community if engaging outside experts, to ensure sustainability of activities.

Working within settings

This objective was specifically focused on settings and considerable consultation, negotiation and piloting was required before a final SAPP and policy were developed. It was important to ensure that each setting and service was involved in their development so that the resources were appropriate and useful. In addition, these steps ensured ownership of the resources by the early childhood workers which increased the likelihood that they would be used. The committee of management felt the key message of “active play” advice was well disseminated and integrated into practice.

Liaison with other programs

The breadth of early childhood settings represented within the *Romp & Chomp* Management committee ensured that a unified approach was achieved quickly. Having a number of services represented (GKA, LDC, M&CH, FDC) also ensured the development of specific and appropriate strategies and enabled rapid dissemination to a broad number of settings and supported uptake of developments.

Policy development and integration

Achieving accord on implementing physical activity policies within venues was interrupted due to the loss of project coordination, and remains incomplete as Active Play policies have not been incorporated into early childhood settings. However there is a heightened awareness of the need for these, and a willingness to incorporate statements pertaining to active play into current policy documentation, and/or that required to achieve the *Kids-‘Go for you life’* award. Ensuring that the *Romp & Chomp* project activities were consistent with this larger, statewide program extended the usefulness of the project for early childhood settings, and enabled them to gain recognition and access to ongoing support.

Training

Providing targeted training to early childhood groups enabled settings to integrate activities into their settings and programs. The training provider (Leisure Networks) stated they had clear benefits in that they were now capable of working within a younger sector than previously. Leisure Networks continue to continue ongoing training, beyond the life of the project.

Social Marketing

Developing the SAPP program and providing a reference booklet that identifies the development of physical skills, and presents simple activities was crucial. This enabled early childhood staff to increase their knowledge, skills and confidence, and provided the incentive to utilise a variety of age-appropriate activities within their settings and curriculum.

The paper-based active play were distributed to all settings and promoted as an encouragement for a health focus for each term. However there was no scope to develop these into an appropriate (for setting) curriculum framework, which may have embedded these strategies further into kindergartens and thereby ensured sustainability.

Risk Management

Loss of project coordinators resulted in loss of momentum and some communication issues. This impacted strongly on this objective in that

- Integration of policies was not achieved, with some partners expressing dissatisfaction that this has been left open with no result.
- Integration of SAPP training into early childhood courses was trialled but went no further
- Reporting of the processes was inconsistent and some information had to be sourced after the project conclusion.

The loss of project coordinators highlights the complexity of working on such a large scale and the pressures of constant negotiation required for effective collaboration and partnership. In *Romp & Chomp*, the absence of a risk management plan considering this resulted in communication difficulties and loss of momentum when staffing changes occurred. These issues should be a focus of a risk management plan that is ideally developed early on in a project such as this.

Digest of Services and Projects

Kindergartens: Sometimes referred to as 'preschool settings, those that meet the following criteria were termed 'kindergartens' for the context of this report:

Settings for 3 & 4 year olds providing early educational experiences; individual sessions can be from 2 to four hours. 3 and 4 year old groups function separately to cater for the educational needs of children at these ages.

No kindergartens in this region provide food for the children. All families are responsible for providing nutritional needs of their children, but are bound by the policies of each centre as to what is appropriate to provide for the child within the setting.

Many kindergartens in this region are supported by a central agency: The Geelong Kindergarten Association (G.K.A.). This agency organises training, employment and some administrative support functions. Those not within GKA are run independently by local community – based committees with the support of kindergarten staff.

Long Day Care: Services providing care, meals, rest/sleep accommodation to children. 7 Long Day Care services are provided and managed by the City of Greater Geelong. These are known as City Learning & Care centres. CoGG was a partner agency and all 7 centres participated in this project.

(Caveat) It should be noted that, when referring to long day care services, it applies only to centres managed by the City of Greater Geelong. Non-government day care service providers were invited to participate in the project, but declined.

Family Day Care: This program is funded through federal funds but managed regionally through the City of Greater Geelong. This service provides care within family homes. The carers receive support and training through the CoGG, and are accountable to a number of standards and requirements.

Committee of Management: All partner agencies, representing all settings and like-projects (S4M, KGFYL) were represented on this committee. Monthly meetings occurred and this committee made decisions that impacted directly on the project.

Reference Group: CEOs of partner agencies met on several occasions in order to inform the project of agency capabilities

Smiles 4 Miles (S4M): Dental Health Services Victoria, Health Promotion Unit project promoting water consumption, healthy diet, and care for teeth (hygiene and protection). 2004 – ongoing with 0.4 EFT project co-ordinator employed through Barwon Health Dental Services

Kids -'Go for your life' (KGFYL): Statewide project promoting water, fruit & veg, limit sometimes food, be active, less screen time, walk/ride to services/settings. Pilot project, 2007 extended into 2008/9. Co-ordinator employed through CoGG.

Structured Active Play Program: A program designed for children in early childhood settings that support the development of fundamental motor skills at appropriate stages and within structured activities. The program is encompassed within a booklet and includes adaptations for environment, discussion on ensuring inclusiveness, tip sheets for under threes

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Appendices

Appendix 7.A Sample Response: M&CH Active Play and Drinks Questionnaire

ACTIVE PLAY AND DRINKS QUESTIONS M&CHC STAFF MEETING 11.01.06
--

1. DO YOU PROVIDE ANY ADVICE REGARDING ACTIVE PLAY TO PARENTS?

If yes- what type of advice and resources do you provide?

Not much, apart from playgroup info and local parks and playground

2. DO YOU PROVIDE ANY ADVICE REGARDING DRINKS TO PARENTS?

If yes- what type of advice and resources do you provide?

Yes, at least every visit. Stress milk and water only and all handouts given in COGG handouts

3. WHAT KIND OF RESOURCES WOULD ASSIST YOU IN PROVIDING ADVICE OR INFORMATION REGARDING:

1) ACTIVE PLAY

Definition, how this differs from other types of play and playgroup

Parent ideas how to set this up and encourage the child

2) DRINKS

Nil

4. WHO DO YOU THINK ROMP AND CHOMP SHOULD TARGET TO ENCOURAGE ACTIVE PLAY AND WATER DRINKS FOR YOUNG CHILDREN ATTENDING M&CHC APPOINTMENTS?

Local govt. parks and gardens caretakers, Barwon water, taps at playgrounds

5. WHAT BARRIERS CAN YOU IDENTIFY FOR YOUNG CHILDREN AND PARENTS AROUND:

1) ACTIVE PLAY

Space, good role modeling; local equipment in towns, cost

2) DRINKS

??? Seems easy to me but I guess kids have tantrums for sweet drinks if provided

xxxxxxxxxxxxxxxxxxxx

Maternal and Child health Nurse
City of Greater Geelong

Appendix 7.B M&CH Fact sheet/Tip Sheet development

M&CH Fact Sheet Development 14/11/2007

Fact sheet One: 8 week visit (2 & 4 week visit deemed not appropriate)

- What is active play and why is it important?
- What are fundamental movement skills (brief) and why are they important? (e.g. children who can't perform certain skills are less likely to participate) – include visuals, include brief information on influences on the 'whole child' (social, speech etc). This information may be repeated in later fact sheets for emphasis.
- Provide brief tips on how to be active at this age (e.g. changing positions, provide stimulating environment – with caution)
- Brief overview of what is to come in the following fact sheets – how best your child can develop active play habits/lifestyle

Fact sheet Two – Seven: 4 months to 3.5 years (general format the same, content will vary depending on age)

- Tips for minimising screen time and increasing active play to prevent sedentary habits developing (e.g. creative rest time – drawing, playdough and other fine motor activities)
- Information on setting up environments to facilitate active play – stimulating and inviting (e.g. boxes, adult modelling, providing safe space etc)
- Include activities to help enhance skills and therefore increase participation (some activities adapted from the Active Play Program and other resources)

Points to note from today's meeting with the M&CH nurses

- Not to include any form of developmental checklist as this is already covered in checkups and other resources provided at visits, however the nurses suggested that we consider the information provided in their checklists and link it in with the fact sheets (e.g. activities in fact sheet link with developmental info provided at the same visit)
- Nurses suggested that we be wary of parents' perceptions of the word 'obesity' – try not to use as it has negative connotations
- Use minimal wording – diagrams where possible
- Lots of examples – e.g. don't just use terms like 'floor play', use specific examples
- Nurses suggested we look at Mary Sheridan's book on play to possibly use as a resource for activities
- Suggestion that we should possibly use a footnote on each fact sheets to relay key messages such as how to incorporate imaginary play into gross motor activities
- Suggestion to include a few resources for further information (minimal – quality not quantity of resources), e.g. CoGG pamphlets on bike riding, playgrounds, playgroups, swimming lessons, gym lessons etc

Appendix 7.C SAPP Program – Settings feedback

ACTIVE PLAY PROGRAM FEEDBACK

WHICH SETTING ARE YOU FROM? :

- ☐ MATERNAL & CHILD HEALTH
☐ LONG DAY CARE

- ☐ FAMILY DAY CARE
☐ KINDERGARTEN

NUMBER OF WORKERS WHO HAD INPUT INTO FEEDBACK SURVEY =

PLEASE PROVIDE FEEDBACK ON THE DRAFT ACTIVE PLAY PROGRAM (attached)

1. Overall does the active play program appear suitable for the children in your setting?

☐ Yes

☐ No- why not? _____

2. Does the active play program appear user friendly for you as a worker?

☐ Yes

☐ No- why not? _____

Comments _____

3. What age range do you think the Active Play program is suitable for?

☐ 0-1 yrs

☐ 2-3 yrs

☐ + 5 yrs

☐ 1-2 yrs

☐ 3-5 yrs

☐ Other _____

4. Is there sufficient information in the active play program?

☐ Yes

☐ No- please comment _____

5. Are there any other active play skills you would like included in the program?

6. Is the overall format of the Lessons and Skill Activities Table suitable for you as a worker?

- Lessons 1 and 2

☐ Yes ☐ No

- Skills Activities Table

☐ Yes ☐ No

Please comment _____

7. Any other comments on the appropriateness of activities in the setting you work?

PLEASE RETURN TO:

Barwon Health Community Health Centre
100 Surf coast Hwy
Torquay 3228

RETURN BY

FRIDAY 30th June 2006

Romp & Chomp

Active Play Program Workshop

'Train the Trainer'

A WORKSHOP FACILITATED BY LEISURE NETWORKS

Date: **Wednesday March 14th**

Venue: **Leisure Networks**

Time: **12.30pm - 4:00pm**

RSVP: 26th February

Leisure Networks

Paul Elshaug/Brooke Williams

ph: 5224 9923/5224 9925

email: paul@leisurenetworks.org OR brooke@leisurenetworks.org

◆ WORKSHOP IS LIMITED TO 20 PLACES SO BE QUICK! ◆

THE WORKSHOP WILL SUPPORT THE IMPLEMENTATION OF THE ROMP AND CHOMP ACTIVE PLAY PROGRAM IN EARLY CHILDHOOD SETTINGS IN 2007.

The workshop will provide knowledge and skills around active play for young children including:

- **Background Information**
- **Benefits of Physical Activity**
- **Fundamental Movement Skills**
- **Gross Motor Skill Development**
- **Practical Sessions**
- **Observing/Teaching Fundamental Movement Skills**
- **Inclusiveness**

Upon completing the workshop you will be able to train other workers in your workplace about active play in early childhood, using the *Romp & Chomp* Active Play program.

AGREEMENT

The following is a running sheet to track the agreements for all parties as the training concept develops and rolls out in 2007.

ROMP & CHOMP

Romp & Chomp to provide:

- Administration, linkages and support to Leisure Networks as required.
- Associated expenses where necessary to provide training to settings.
- Contact with Karen Stagnetti, OT Department Deakin University.

Leisure Networks will provide:

- The training model and implement the training for the various settings, adapting where necessary for the setting (e.g. family day care needs).
- Leisure Networks will charge a fee, as per previously discussed, per training session. There may be a cost directly to the participants.
- Free training to early childhood services Corio–Norlane region.

TIMELINES

MONTH	ACTIONS
JANUARY	Draft training package completed by Leisure Networks
FEBRUARY	APP Train the Trainer to be completed by Leisure Networks
MARCH	Prepare and finalise launch and training in ECS for April/May Train the Trainer Workshop by Leisure Networks
APRIL	APP Launch (Start of Term 2) APP Training for ECS Northern Region of Geelong: <ul style="list-style-type: none">– Training via SPAN who will support roll out APP in the North– Family Day Care providers Workshops
MAY	APP Training for Kinders and Long day care across the region

WORKSHOP DATES

1) Train the Trainer Workshop

Wednesday March 14, 12.30pm – 4.00pm at Leisure Networks

2) Family Day Care Providers Workshop Evening Sessions

Wednesdays on March 21st and April 18th from 7-9pm at Leisure Networks

Follow UP

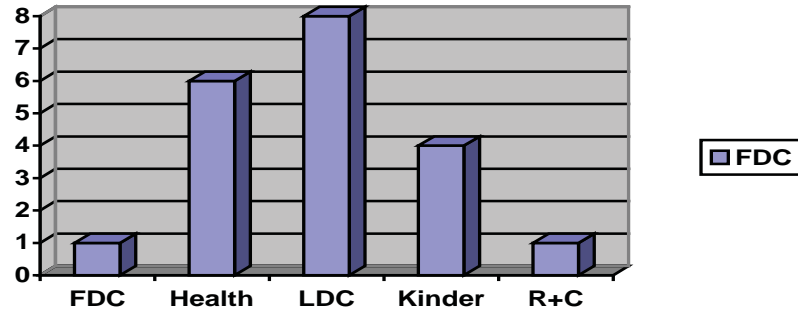
Publishing ISBN and cost recovery for selling the program

Ensuring the training program goes along side the APP with distribution and launch

Appendix 7.E Survey Results: SAPP Training

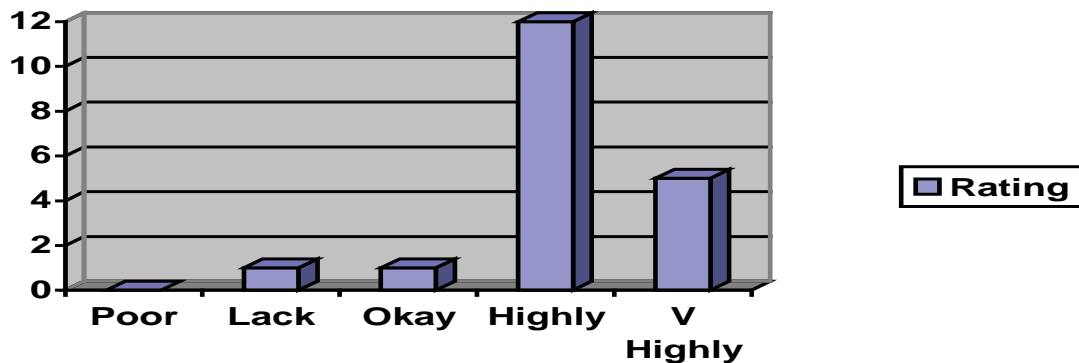
Survey Results from Train the Trainer

Where are people from??



How would you rate each session??			
	Not Useful	Useful	Very Useful
Background info	0	12	12
FMS	0	7	17
Gross Motor	0	8	15
Resource Use	0	11	13
Group Activity	1	12	12
Inclusiveness	0	11	13
Prac Session	0	10	14

1. Overall how would you rate the session?



2. Rate your understanding of Fundamental Movement Skills

	Non Existent	Minimal	Adequate	Strong	Very Strong
Prior	3	5	5	8	3
Following	0	0	4	10	10

3. Rate your understanding of the importance of teaching PA

	Non Existent	Minimal	Adequate	Strong	Very Strong
Prior	1	1	6	9	7
Following	0	0	2	6	16

4. Rate your understanding of the ways in which you could teach PA

	Non Existent	Minimal	Adequate	Strong	Very Strong
Prior	0	2	11	8	3
Following	0	0	2	8	14

5. Rate your confidence in your ability to teach PA and FMS

	Non Existent	Minimal	Adequate	Strong	Very Strong
Prior	1	2	8	8	5
Following	0	0	4	10	10

6. Rate your ability to plan for individual differences of children in your class when teaching FMS

	Non Existent	Minimal	Adequate	Strong	Very Strong
Prior	3	1	8	9	1
Following	0	0	4	9	9

7. Prior to the workshop, opportunities for physical activity for your students took the form of:

Physical Activity Opportunity	0-2 yrs	2-3 yrs	3-5 yrs
Games/activities/free play 3-5 days per week	5	3	13
Games/activities/free play < than 3 days week	1	1	0

On the days involving these sessions

Games/activities/free play for more than 1 hour	5	2	12
Games/activities/free play for less than 1 hour	1	2	1

After considering learning from today's workshop:

Games/activities/free play 3-5 days per week	5	3	13
Games/activities/free play < than 3 days week	1	1	0

Games/activities/free play for more than 1 hour	6	3	13
Games/activities/free play for less than 1 hour	0	0	0

8. As a result of the workshop, has your;

Enthusiasm towards teaching PA and FMS

Not changed (4) Increased a little (5) Increased a lot (15)

Commitment towards teaching FMS and PA

Not changed (3) Increased a little (6) Increased a lot (15)

Appendix 7.F Sample slides: SAPP Training





ACTIVE PLAY WORKSHOP

Presented By: Leisure Networks






Workshop Agenda

1. Background Information
2. Benefits of Physical Activity
3. Fundamental Movement Skills
4. Teaching Fundamental Movement Skills
5. Gross Motor Skill Development
6. Inclusiveness
7. Break
8. How to use the Resource and Select Activities
9. Group Activity
10. Practical Session
11. Conclusion and Evaluation



Background Information

- Obesity within Australian society is increasing
- Key contributing factors: changes in diet and physical activity levels
- Children are naturally energetic and active, yet research shows that Australian children are increasingly sedentary and do not engage in recommended levels of physical activity
- Early childhood settings have been shown to greatly influence children's habits and decisions






Fundamental Movement Skills

Locomotor
Move one place to another or project body up
- Examples?

Non-locomotor
Without appreciable movement from place to place
- Examples?




Manipulative
Involve contact with an object -usually hands or feet
- Examples?



Gross Motor Skill Development

Development between 3 - 4 years

- Balances on 1 leg with hands on hip
- Walks 10 feet pushing and pulling a wagon
- Stands on tiptoe for 10 seconds
- Kicks a large ball when ball has been rolled to them
- Runs and changes direction without stopping
- Maintains momentum on swing



How to Use the Resource

- Consider the following:
 - Your setting (space, safety, indoor/outdoor)
 - Children's age groups
 - Modification for children's abilities
 - Number of participants
 - Available equipment
 - Time
- Select Activities...



Appendix 7.G Planning for sustainability

SUSTAINABILITY OF *ROMP* & *CHOMP*'S STRUCTURED ACTIVE PLAY PROGRAM (SAPP)

LEISURE NETWORKS INVOLVEMENT WITH THE SAPP

Background

SAPP development and roll out in ECS

LN role in this process

ROMP & *CHOMP* role in this process

Aim

To include the SAPP in Early childhood courses throughout the Geelong region

Objectives

Leisure Networks to facilitate incorporation of SAPP training in the Early childhood Courses in Geelong, namely Gordon TAFE Certificate II early childhood courses and GATE Early childhood Courses.

Leisure Networks to revise SAPP Training package as required

Strategies

Leisure Networks to complete the SAPP training for the Gordon TAFE, Certificate III Early Childhood course, in June 2007.

Leisure Networks to devise a process to incorporate the SAPP Training within early childhood courses in the region.

Romp & *Chomp* coordinator will identify other early childhood courses in the region by July 2007.

Outcomes

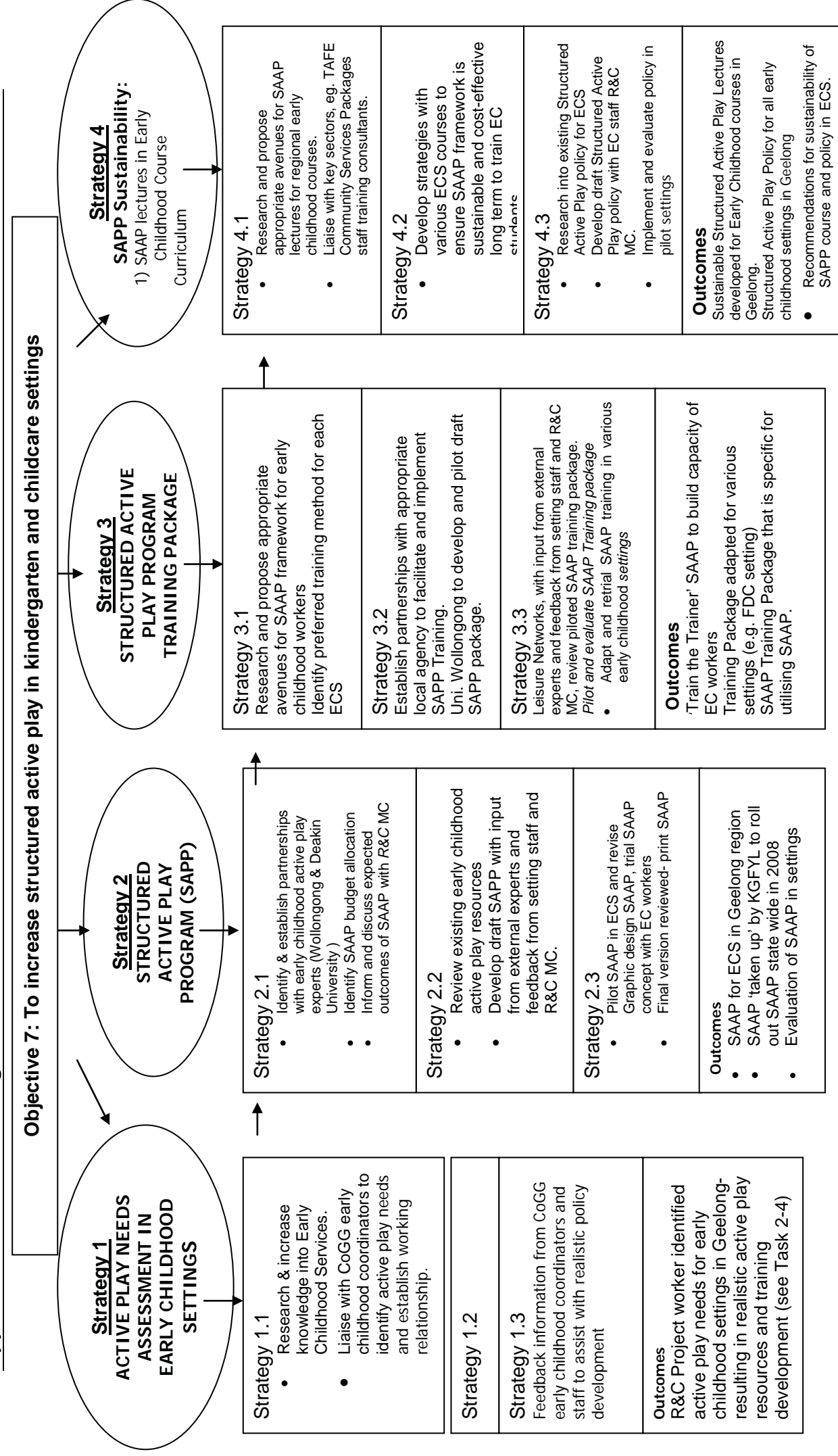
That the Structured Active Play Training package developed by Leisure Networks be incorporated in the Early Childhood Courses in Geelong, namely Gordon TAFE Certificate III Early Childhood courses and GATE Early childhood courses.

Certificate III Early Childhood Course at Gordon TAFE and GATE to allocate ½ days training to SAPP for students

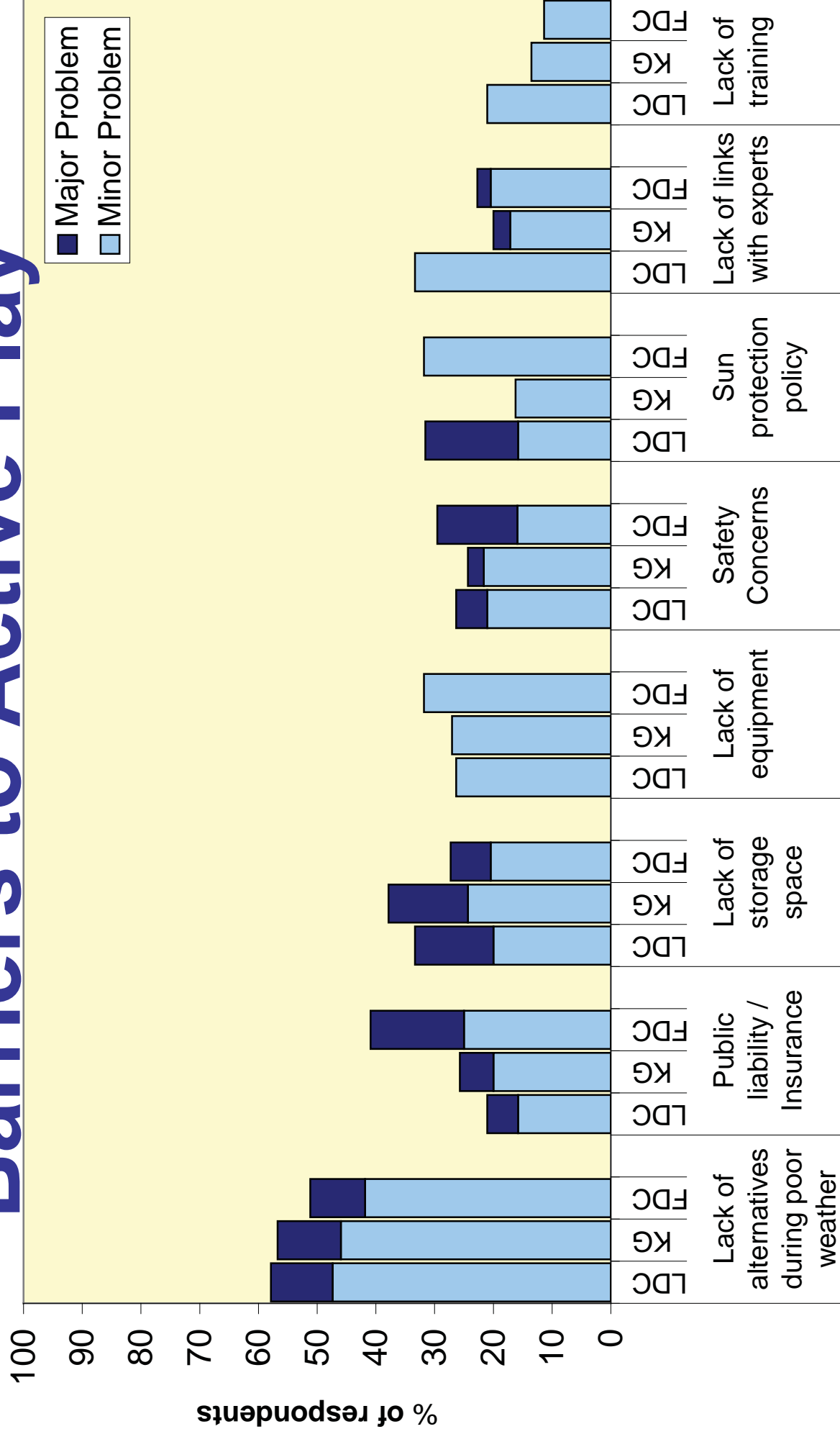
Leisure Networks facilitate the SAPP training and be recognised as leading trainers for SAPP in early childhood.

Leisure Networks able to facilitate the SAPP training state wide in structured active play in early childhood settings.

Appendix 7.H SAPP Planning



Barriers to Active Play



ACTIVE PLAY POLICY (Nov 2007)

Active Play Policy for Early Childhood Settings: Kindergartens, Long day care and Family day care

Scope

This policy applies to all staff, volunteers and students caring or educating early childhood settings* in the Greater Geelong Region.

Policy Statement

Early Childhood Settings are committed to providing environments that will enable structured active play and thereby ensures growth and development for young children.

This policy aims to ensure optimal structured active play activities are provided in early childhood settings, to encourage children to be active and develop fundamental movement skills, which will help them to be confident and enjoy participating in physical activity as they grow into active young people.

Rationale

Children are naturally energetic and active, however recent research shows that Australian children are not being as physically active as they need to be. Early childhood workers and parents need to adopt guidelines and practices, which encourage young children to be physically active.

Active Play for young children simply means being physically active while playing and having fun, with limited rules or organization.

Fundamental Movement Skills are simply the building blocks of more specific, advanced skills required generally in life and in sports activities. Mastering these skills (such as jumping, hopping and side stepping) allows the child to be competent in most aspects of physical activity.

Structured Active Play is important for ALL young children as it helps them develop the fundamental movement skills they will require for life. It is also important because structured active play is how children learn about the world, about how objects move (e.g. balls can be rolled, thrown), and about where to place their bodies for certain actions (e.g. arms out in front to catch a ball). Structured Active Play ensures that ALL children are given practice in the fundamental movement skills. Some children don't develop fundamental movement skills due to some developmental issue and these children usually avoid activities that use these movements. The SAPP actually allows practice and opportunity for all children to engage such activities.

Children who master fundamental movement skills are more likely to willingly try new activities, which increases their confidence and self-esteem. Research shows that children who do not master fundamental movement skills are more likely to lose interest and drop out of physical activity, as they no longer enjoy participating.

Procedures

In early childhood settings*, the following guidelines will assist to promote structured active play activities:

The *Romp & Chomp* Structured Active Play program (SAPP) supports the Active Play Policy.

The SAPP gives young children an opportunity to continue to learn and practice fundamental movement skills within early childhood settings*.

The SAPP can be utilised to guide and facilitate daily structured active play in early childhood settings.

- Program planning: Incorporate the SAPP activities in to each term and ensure each of the 13 activities is covered at least once a week, using the checklist below.
- Equipment: ensure the following equipment is available that supports structured active play:

Insert equipment table here

Recommendations:

1. Time allocated to structured active play be a minimum of 30 minutes each day in the early childhood setting*. The time can be divided up into 10 and 15-minute active play sessions during the day.
2. Ensure the 30 minutes of structured active play is in addition to free play time
3. Workers should set up the environment to encourage structured active play activities in early childhood settings.
4. Try to ensure that groups for structured active play are not too large. It is important that most of the children are active for most of the time during the structured active play session.
5. Integrate some structured active play into children's free play time by providing the children with games they can play during these times. Replication also allows them to learn and remember how to carry out the activities correctly.

CHECKLIST **Insert checklist here**

Setting up an environment

- It is important to set up a safe environment for a child to play in and one in which helps them discover more about what their bodies can do.
- Often playing outdoors is the easiest option for children to be able to run around safely and kick and throw balls.
- As children learn to climb it is exciting for them to be able to play in a playground.
- Supervise children closely, especially when climbing and running around as children are still learning these skills and may not perform them very safely yet.
- Adult encouragement is vital. Cheering and verbal encouragement is a fantastic way to support young children as they learn new and exciting skills.

Early Childhood Worker Roles

- Ensure all young children are provided with positive opportunities for movement skill development and improved physical competence.
- Workers need to be positive role models, by participating in the physical activity with the child/children and promoting the importance of regular physical activity for a healthy life.

Resource documents

The *Romp & Chomp* Structured Active Play program: <http://www.deakin.edu.au/hmnbs/who-obesity/>

Other documentation

J Landy & K Burridge (2002) Kids with Zip: *A practical resource for promoting active children aged 3-12*
L Campbell & J Musumeci. (2005) Active Children: Healthy now and later. Vic Health, Fact Sheet, Children and Play.

Web links

<http://www.earlychildhoodaustralia.org.au/>
<http://www.playpower.com.au/>
<http://www.goforyourlife.vic.gov.au>
<http://www.dhsv.org.au/>

This Policy was formulated with input from the *Romp & Chomp* Project Partners

- Barwon Health
- Geelong Kindergarten Association (GKA)
- Leisure Networks
- Family Day Care, City of Greater Geelong
- City Learning and Care Centres, CoGG
- Deakin University Schools of Exercise & Nutrition Sciences and Occupational Science & Therapy

Acknowledgments: Louise van Herwerden, Janet Torode, Mark Brennan, Karen Stagnitti

Appendix 7.K Honours Projects 2007 – Abstracts

Physical Activity of 3-year-old children: Evaluating the Structured Active Play Program in Long Day Care Settings

Jayne Craig, Karen Stagnitti, Andrea Sanigorski

Background/Aim: Physical activity is important for maintaining normal growth and development during childhood. The aims of this study were to: (i) determine if the Structured Active Play Program (SAPP) increased children's physical activity during free play, within long day care settings, and (ii) to determine if there were any factors of the long day care environments that related to physical activity participation for 3-year-old children.

Methods: A case-comparison methodology was used to observe thirty-four 3-year-old children, within long day care settings in Geelong, during outdoor free play using the System for Observing Fitness Instruction Time (SOFIT). The SAPP was implemented for 8 weeks in the experimental group. Children from the experimental group and comparison group were observed at pre and post stages.

Results: Although no significant results were found for physical activity between or within groups at pre or post observations, the SAPP did have a positive influence on girls' physical activity, equipment, teacher initiated and child initiated activities. Environmental factors such as age of play peers were found to influence children's physical activity participation.

Conclusions: The findings highlight the need for occupational therapists to continue to be actively involved in community-based, physical activity interventions in order to improve the health of Australian children.

Physical activity participation of four- and five-year old children in a long day care setting: The effectiveness of a structured active play program.

Amy Wolfe, Karen Stagnitti, Andrea Sanigorski

Background/Aim:

The growing number of physically inactive children is of great concern to public and population health and wellbeing. The aim of this study was to examine the effectiveness of a Structured Active Play Program (SAPP) in increasing the physical activity participation of children attending a long day care setting in Victoria.

Methods:

Twenty-five children took part in the study, twenty-one from an experimental group and four from a comparison group at two long day care centers in Victoria. An adapted version of the System for Observing Fitness Instruction Time was used to evaluate the physical activity, lesson context and teacher interactions during free play periods. Base-line measurements were taken, the Structured Active Play program was implemented, and follow-up data collection took place to explore any changes that may have occurred as a result of the program.

Results:

Results showed that the implementation of the SAPP was successful in increasing children's moderate-to-vigorous physical activity participation during free play periods. There was little change in teacher interactions as a result of the program, and weather was considered to have minimal effect on the physical activity participation of children during outdoor free play periods.

Conclusion:

This study has shown that a physical activity program such as the SAPP has the potential to increase and promote physical activity participation with four- to five- year old children in a long day care setting.



Romp & Chomp

Healthy Eating + Active Play for Geelong Under 5s

PROCESS REPORT FOR OBJECTIVE 8: To achieve an integrated population growth monitoring program within Maternal & Child Health



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This report was produced for The *Romp & Chomp* Project.

Nichols M, Crellin M & de Silva-Sanigorski A (2009) PROCESS REPORT FOR OBJECTIVE 8:
To achieve an integrated population growth monitoring program within Maternal & Child Health

Acknowledgements

The work contained in this report represents an enormous effort from many people across a number of organisations. Their efforts and contributions are gratefully acknowledged.

Funding: Department of Human Services, City of Greater Geelong, Barwon Health, Deakin University

Program implementation: Several organisations and many staff have contributed to program implementation:

Barwon Health, City of Greater Geelong, Geelong Kindergarten Association, Dental Health Services Victoria, Barwon Health-Dental, Leisure Networks, Victorian Government Department of Human Services, Deakin University

Program evaluation: The Deakin University research and evaluation team comprised: Andrea Sanigorski, Melanie Nichols, Lauren Carpenter, Floor de Groot, Narelle Robertson, Peter Kremer, Annie Simmons, Colin Bell, Boyd Swinburn and numerous research students.

The evaluation was also supported by the City of Greater Geelong and the Department of Education & Early Childhood Development (DE&ECD) and the Office for Children.

Editorial Support: Narelle Robertson, Susan Parker, Emma Smitten

This project was broad in its reach and partnerships. Like any project there will be comings and goings, as staff left and others arrived. We acknowledge the contribution of many others who have contributed to this project, in a myriad of ways, over time. Thank you. It would not have been possible without each and every contribution.

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Executive Summary

Romp & Chomp was a community-based and community-wide obesity prevention project conducted in the City of Greater Geelong and the Borough of Queenscliffe, targeting approximately 12, 000 children aged 0-5 years and their families. The project funding for implementation was \$111,000 over 4 years (2004-8), and implementation activities were strongly focused on capacity building and involved predominately environmental and settings based strategies.

At present the prevalence of overweight and obesity in young children is not well documented. Regular and reliable prevalence data would enhance our understanding of the extent and nature of the problem, and changes over time, which then enables the development of appropriate public health interventions. At the moment, a national system providing such data does not exist in Australia; however growth monitoring for infants and preschool children do exist in each state of Australia. In Victoria, children have their height and weight routinely measured by maternal and child health nurses at 10 key age and stage visits from birth to age 3 ½ years. This data have important public health utility and can provide valuable information for practitioners, policy- and decision-makers, program evaluators and researchers.

The value of such a system for monitoring secular trends in weight status is dependent on a range of factors and in this objective of *Romp & Chomp* we explored the use of the Maternal and Child Health (MCH) routinely collected data for both monitoring secular trends in childhood overweight and obesity, and also for program evaluation. This objective was completed by the evaluation and support group within the WHO collaborating centre for obesity prevention at Deakin University, in partnership with the City of Greater Geelong (COGG) MCH service and the State Government Office for Children.

Important outcomes from the work include:

- the development of partnerships between research academics, local government service providers and state government to access and make use of this child health data
- the development of protocols for use of the MCH data to monitor trends in childhood overweight and obesity and program evaluation
- the use of MCH data to determine the anthropometric outcomes from the *Romp & Chomp* intervention (ongoing)
- piloting the use of this data to monitor trends in the prevalence of overweight and obesity over time.

The work conducted under this objective has provided strong evidence that the large volume of child health data collected across the City of Greater Geelong is consistent and of high quality and can provide valuable information for a range of users including practitioners, health service providers, policy- and decision-makers, program evaluators and researchers.

In addition, based on the findings from this research we make a number of recommendations:

- The implementation of quality control measures at all levels of data collection, processing, cleaning and analysis using standardised protocols to ensure high quality data that can be compared across the State, and in time, across Australia.
- The implementation of a standardised electronic MCH data collection system across all LGAs in Victoria.
- The use of child growth monitoring data and proportion of children who have a healthy weight as key indicators within annual reporting requirements for local and state government
- Increased and enhanced knowledge translation and exchange between government, service providers and the community to 'close the data loop' by providing evidence to support best practice and inform policy and decision making related to childhood overweight and obesity at a population level.

Background to *Romp & Chomp*

The Deakin University (DU) Sentinel Site for Obesity Prevention was established in the Barwon-South Western Region with funding from the Department of Human Services (DHS) and the Department of Health and Ageing. As a consequence obesity prevention resources and expertise were being focussed within this region to trial and evaluate innovative demonstration projects. This site was within the WHO Collaborating Centre for Obesity Prevention.

In 2003, an interim steering committee was formed from a collaboration between DHS, DU, Barwon Health, City of Greater Geelong (COGG), Geelong Kindergarten Association (GKA) and Leisure Networks and it was determined that one demonstration project would support healthy eating and active play in children under 5 years within the Geelong region.

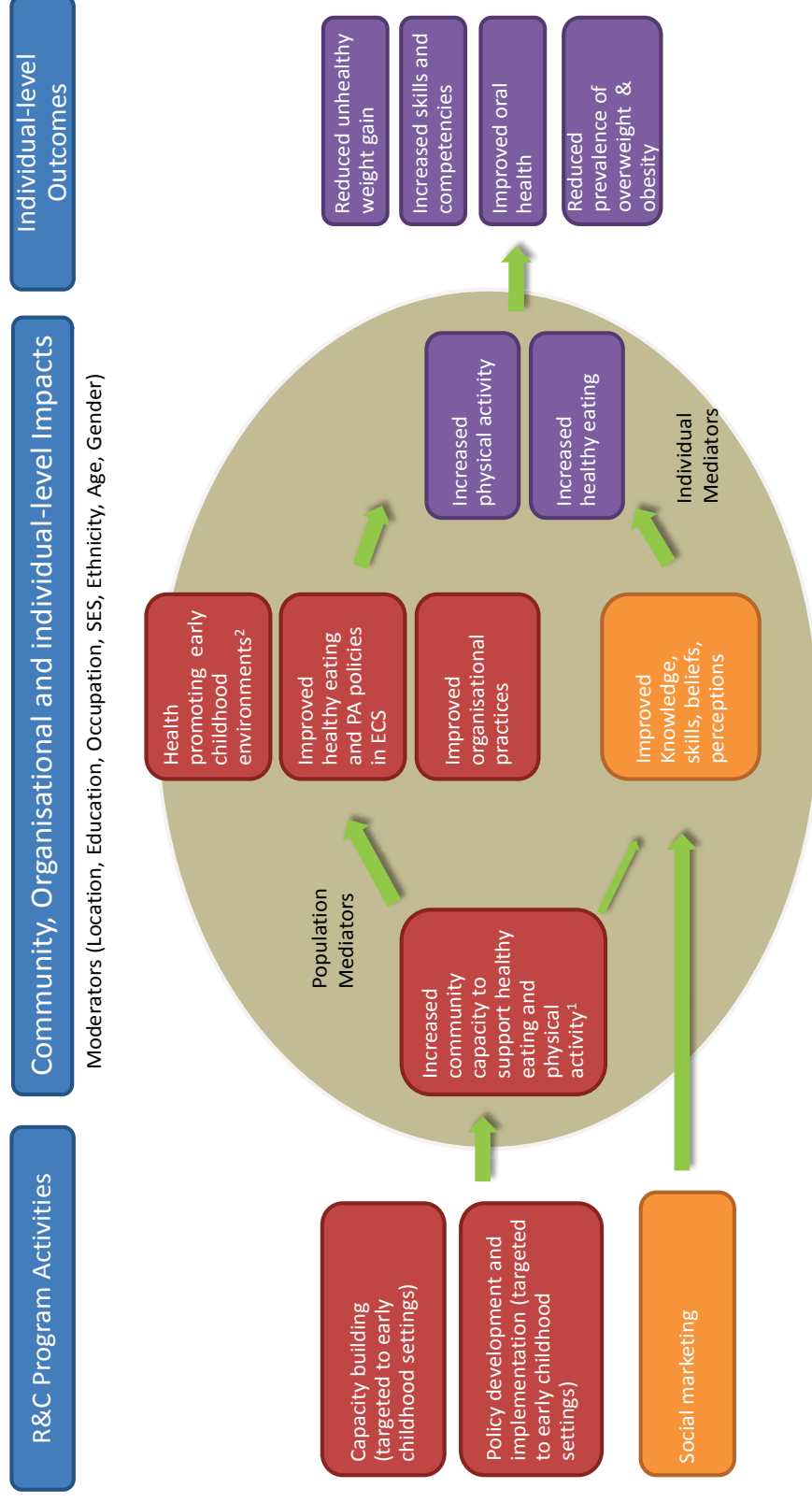
The *Romp & Chomp* project was subsequently developed as a community-based and community-wide obesity prevention demonstration project targeting preschool children in the Geelong region and Borough of Queenscliff targeting about 12,000 children under 5 years of age from 2004 to 2008.

The broad aim of the *Romp & Chomp* project was to increase the capacity of the Geelong community to promote healthy eating and active play and to achieve healthy weight in children less than 5 years of age. This was to be achieved by targeting key settings with four key messages; 1) daily active play 2) daily water and less sweet drinks 3) daily fruit and vegetables 4) less screen time.

Throughout the project *Romp & Chomp* was supported by a number of key community organisations. A management committee of stakeholders, oversaw the implementation of the action plan and assisted the project coordinators (employed through Barwon Health and DHS) to fulfil their duties.

Logic Model development

The *Romp & Chomp* project was developed within the socio-ecological model of health and the logic model (figure 2) is therefore multi-level and multi-setting. From this basis, the evaluation was also designed to measure all aspects of the project and a complex project such as *Romp & Chomp* requires a multi-level design. The evaluation is repeat cross-sectional with a control group and draws on existing population data as well as data collected specifically for this program evaluation.



1. Capacity is leadership, skills, knowledge, structures, resources, partnerships
2. Environments (built, social, economic, policy) include community-based organisations, early childhood services, homes, neighbourhoods, health services

Figure 1 Romp & Chomp Logic Model

Governance Structure

In 2003 the Department of Human Services provided funding to target health concerns related to obesity in the Barwon-South West region. The Sentinel Obesity Site at Deakin University was to support the development of, coordinate and evaluate three regional projects-*Be Active*, *Eat Well* (4-12 year olds), *It's Your Move!* (12-18 year olds) and *Romp & Chomp* (0-5 year olds).

Romp & Chomp – Had a target group of over 12,000 children aged 0-5 years in an area of the city of Geelong and surrounding areas, including the Bellarine Peninsula and Borough of Queenscliffe. It is a partnership project targeting early childhood settings throughout this region, working together with the *Smiles 4 Miles* and *Kids 'Go for your life'* projects to improve health and weight outcomes.

The Romp & Chomp project management structure:

The Steering committee contained members of partner organisations at, or equal to, CEO level, in order to ensure management support for the project. This committee met infrequently and comprised the following:

Person	Role	Agency	Tenure
Anna Fletcher	General Manager, Community & Mental Health	Barwon Health	2004 - 2007
Nola Ganly	Manager, Community Partnerships	Barwon South-Western Regional Office, DHS	2004 - 2006
Donna Mant-Smith	Manager, Family Services	City of Greater Geelong (CoGG)	To June 2005
Annie O'Loughlin	Manager, Early Years	Barwon South-Western Regional Office, Department of Human Services (DHS)	2006 - 2008
Boyd Swinburn	Professor, Population Health	Deakin University, WHO Collaborating Centre for Obesity Prevention (WHO CC)	2004 - 2008
Robert Were	Manager, Family Services	City of Greater Geelong (CoGG)	2005 - 2007

Table 1 Romp and Chomp Steering Committee members

The Management committee contained members of partner organisations who had direct management responsibilities of early years services/agencies. This committee met monthly and comprised:

Person	Role	Agency	Tenure
Colin Bell	Research Fellow & Project Manager	Deakin University, WHO CC	2004 - 2006
Mark Brennan	Dietitian & R&C Project worker	Barwon Health <i>EFT: 0.4</i>	2006 - 2007
Brooke Connolly	Healthy Communities Team Leader	Leisure Networks	2005 - 2008
Maree Crellin	Co-ordinator Maternal & Child Health Services	COGG	2004 - 2008
Lisa Demajo	Co-ordinator City Learning & Care Services	CoGG	2004 - 2008
Kathleen Doole	Community Health Nurse & R&C Project Co-Coordinator	Barwon Health <i>EFT: 0.5</i>	2004 - 2006
Debbie Elea	Co-ordinator Family Day Care Services	CoGG	2004 - 2008
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC	2005 - 2007
Janet Park	Executive Officer	Geelong Kindergarten Association (GKA)	2005 - 2008
Andrea Sanigorski	Research Fellow & Project Manager	Deakin University, WHO CC	2005 - 2008
Janet Torode	Dietitian & R&C Project Co-Coordinator	DHS <i>EFT: 0.5</i>	2004 - 2006
Louise VanHerwerden	Dietitian & R&C Project Coordinator	Barwon Health <i>EFT: 0.6</i>	2006 - 2007
Helen Walsh	Regional Health Promotion Officer	DHS	2005 - 2007

Table 2 *Romp & Chomp* Steering Committee members

The Management committee also included representatives from other health promoting projects active within the region:

Person	Role	Agency
Sharon Sharp	Coordinator <i>Smiles4Miles (S4M)</i>	Barwon Health-Dental
Vanessa Philips	Health Promotion Officer	Dental Health Services Victoria
Amanda Stirrat	Coordinator <i>Kids-‘Go For Your Life’ (KGFYL)</i>	CoGG

As all coordinators had left the project prior to completion, the final activities and write up of the process report was completed by:

Person	Role	Agency
Floor De Groot	International intern & Research Assistant	Free University of Amsterdam & Deakin University WHO CC
Melanie Nichols	Research Assistant & PhD Student	Deakin University, WHO CC
Susan Parker	Health Educator	Barwon Health
Narelle Robertson	Research Assistant	Deakin University, WHO CC
Andrea Sanigorski	Research Fellow & Project Manager 2006 - 2008	Deakin University, WHO CC

Introduction to objective 8

As one of the biggest health threats facing Australian children, it is vital that the prevalence of obesity is regularly monitored. Presently, very little is known about overweight and obesity prevalence in young children. An ongoing source of reliable prevalence data is required to understand the extent and characteristics of the problem over time, and if prevention and intervention efforts are required. Currently, a national system providing such data does not exist in Australia.

Growth monitoring of infants and preschool children does occur in each state of Australia and generally includes anthropometric measurements taken by a nurse at scheduled intervals up to age 4, but there is some variation in the ages of measurement and the coverage obtained in each state. In Victoria, children have their height and weight routinely measured by maternal and child health nurses at 10 key age and stage visits from birth to age 3 ½ years.

A range of research papers have been published with international and Australian height and weight data [1-3][4] with measurements (and in some cases a variety of socio-demographic factors) collected from preschool children in the course of routine health and growth assessments. These studies have demonstrated the significant potential for routine measurements to provide valuable monitoring data to practitioners, decision makers and researchers.

The value of such a system for monitoring secular trends in weight status is dependent on a range of factors, including: the proportion of children included in the dataset (i.e. the percentage of children who attend the scheduled health assessments); the representativeness of the sample, the quality of the measurements themselves, and the method of data storage. Determining the useability of the child growth monitoring data in the City of Greater Geelong was the primary aim of the activities undertaken for this objective, which were primarily completed by the evaluation and support team from Deakin University, in partnership with the Maternal and Child Health service in Geelong and the State Government Office for Children.

Strategy Overview

As this objective was exploratory in nature, the strategies evolved considerably throughout the Romp & Chomp intervention period. Detailed below are the strategies that emerged during the course of the project, in relation to using routine growth measurements for monitoring overweight and obesity prevalence at a population level. Strategies relating to growth monitoring through the school nursing service were abandoned as they were not considered feasible within the capacity and scope of the Romp & Chomp program.

Strategy 8.1: To strengthen growth monitoring and attendance at M&CH milestones

- Process: to work with Maternal and Child Health Service in the City of Greater Geelong to examine the potential for using routine growth measurements for monitoring overweight and obesity prevalence.

This process was developed to guide the overall objective by exploring the ways in which growth data were collected, recorded and stored at the local government level. At the beginning of the Romp & Chomp project, little was known about these processes and data, and no formal links between either state, or local government and researchers for examination of these data had been established.

- Process: To the extent possible, access and analyse available growth monitoring data to determine data quality and prevalence and trends of overweight and obesity in the City of Greater Geelong.

This process followed on from the previous one to access the available data and conduct analyses that would determine the usefulness of the data for the purposes of population monitoring. The analysis was also designed to provide estimates of prevalence and trends in overweight and obesity among preschool aged children in Geelong.

- Process: provide feedback to participating Local Government Areas relating to the results of the process and analysis and provide support for further use of available data

This process was essential to inform future practice

Strategy 8.2: To facilitate the inclusion of consistent growth monitoring by the school nursing system

This strategy was deemed not feasible within the capacity of the project

Strategy 8.3: Facilitate and support the availability of resources on growth monitoring for parents

This strategy was deemed not feasible within the capacity of the project

Strategy 8.4: Facilitate and support health sector staff to access effective training for their role in growth monitoring

This strategy was deemed not feasible within the capacity of the project

Strategy 8.5: Linking with kind

This strategy formed a part of the recommendations for a future consistent approach to growth monitoring. It was not deemed feasible to execute this strategy during the life of the project.

Processes

Strategy 8.1

Process: work with Maternal and Child Health Service in the City of Greater Geelong to examine the potential for using routine growth measurements for monitoring overweight and obesity prevalence.

The major activity within this strategy was consultation and discussion with staff members from the City of Greater Geelong's Maternal and Child Health Service and the service manager. These consultations provided a large amount of information about the type of data collected, the way that the data are entered and stored and the structure of the database itself.

In line with State government procedures, in the COGG height and weight are measured (in addition to other measures) for most children at each of the KA&S consultations they attend by Maternal and Child Health Nurses. The measurements are entered into the child's health record book (kept by parents) and into the electronic health record located within a central council database. The growth measurements from a particular consultation can therefore be linked to measurements taken at other consultations, and to all of the available socio-demographic characteristics of the child or family that are held in the database. The database is linked across the City of Greater Geelong which allows records from any of the 22 MCH centres to be accessed.

For this objective, growth data from two KA&S consultations (2 year old and 3.5 year old) were accessed to test the quality and usefulness of the data for program evaluation and monitoring of overweight and obesity prevalence in children. These are visits number 9 and 10, the final two scheduled visits. These visits were chosen primarily because before the age of 2 years, no international classification for overweight and obesity is available for use in epidemiological or population health studies[5]. Data on the number and percentage of children attending KA&S consultations are reported annually to the State Government (the Office for Children within the Department of Human Services at the time, which later relocated to the newly formed Department of Education and Early Childhood Development) and these reports (which are available online) provide an indication of the level of coverage of the population for each of the KA&S consultations. Across Victoria, approximately 60 to 65% of children attend their scheduled visit for 2 years of age and approximately 50% attend the 3.5 year consultation, although there are some year to year variations and substantial variations between different local government areas.

It was established that data from the central database (called MaCHs) could be extracted by running a database query. Database queries were regularly run by MCH manager and her staff

centrally at the Council to provide mandatory reports to the Department of Human Services on attendance rates and breastfeeding rates at the end of each financial year. A number of routine reports inbuilt into the system were regularly run and used as a management tool to assess progress on participation rate targets however to gain access to the specific data assistance was required and given by the Information Technology Department staff with additional support for the Family Services Department administration team. .

Confidentiality of the data was a very important concern for both researchers and MCH staff and identifying details such as name, or address were not included in any data extraction. The child's date of birth and date of measurement were required however, to accurately calculate the child's age at the date of measurement, for comparison to age- and gender-specific growth standards and definitions of overweight and obesity. As this could not be avoided, it was agreed that it would be included, and then removed after necessary calculations for analysis had been made. Ethics approval for this study was gained from Deakin University and the Department of Human Services Human research Ethics Committees.

Summary

The work conducted for this strategy identified that there is significant potential to accessing and analysing data from MCH consultations for monitoring childhood overweight and obesity prevalence in the population. The lower attendance rates at the 2 year and 3.5 year consultations may be a limitation to the dataset, however it was unknown whether there was a systematic bias in the characteristics of children or families who did or did not attend the consultations. There was considerable enthusiasm from both nurses and coordination staff members in MCH in CoGG for accessing and analysing the data and it was viewed as a good use of their collected data and carefully maintained records to support ongoing population health strategies and planning.

Process: to the extent possible, access and analyse available growth monitoring data to determine data quality and prevalence and trends of overweight and obesity in the City of Greater Geelong.

After the discussions described above to scope the potential for using routine MCH data for population monitoring, a list of required variables was compiled and supplied to Maree Crellin, Co-ordinator, MCH service for the City of Greater Geelong (CoGG).

The data that were selected for examination included the following variables:

Table 3: Variables extracted for analysis

General variables extracted:	Variables extracted for both 2 year and 3.5 year consultations:
<ul style="list-style-type: none">- Date of birth- Gender- Postcode- Birth weight in grams	<ul style="list-style-type: none">- Date of consultation- Height in centimetres- Weight in grams

The requested data were supplied to the Deakin research team in two Microsoft Excel files, one for 2 year old KA&S and one for 3.5 year old KA&S consultations. There was no identifying number available which would have allowed researchers to link the data between the two files. The dataset (received in late 2004), included children who attended MCH consultations between 1/7/1998 (the beginning of electronic records in this system) and 30/6/2004.

Data cleaning was then conducted to remove inaccurate, implausible or incomplete data or records from the file. The tables on the following pages (tables 4-6 for 2 year old children and tables 7-9 for 3.5 year old children) detail the steps taken and the data excluded for various reasons from the final file for analysis, as well as some summary statistics for age, height, weight and BMI. Note that where 'corrections' are specified, this relates to data that could obviously be corrected by a change in the units or decimal point (i.e. where weight had been entered in kilograms rather than grams). If there was any doubt about possible corrections the data were excluded and not used.

2 year olds (visit number 9)

Table 4: Total 3-5 year olds (visit number 9)

Total	1998	1999	2000	2001	2002	2003	2004
Total number of records	9788	1488	1521	1515	1469	1545	1593
Response rate ¹	65	63	64	65	74	63	64
Number of U sex	27	6	6	1	1	4	2
Number of males	5068	747	795	775	752	817	831
Number of females	4693	735	720	739	716	724	760
Number of corrections to weight	228	77	45	14	7	8	4
Number of corrections to height	2	0	1	0	0	0	1
Missing Weight	299	21	66	45	45	32	35
Missing Height	386	28	82	59	62	45	47
COMPLETE RECORDS	7404	1123	1133	1154	1084	1178	1229

Table 5: Total MALE 3-5 year olds (visit number 9)

Males	Total	1998	1999	2000	2001	2002	2003	2004
Corrections to weight	120	45	37	25	4	3	5	1
Corrections to height	1	0	0	1	0	0	0	0
Missing Weight	159	14	27	37	19	28	18	16
Missing Height	202	17	33	46	24	37	24	21
Total missing either (no BMI)	221	19	40	47	26	39	25	25
Implausible BMI ²	15	3	3	3	0	2	2	2
Age outside range ³	1028	74	138	161	160	155	172	168
Age misclassified ⁴	54	1	8	16	10	10	4	5
COMPLETE RECORDS	3828	262	568	589	586	560	622	641
Mean age (yrs)	2.1 (0.2)	2.1 (0.1)	2.1 (0.2)	2.1 (0.2)	2.1 (0.1)	2.1 (0.2)	2.1 (0.2)	2.1 (0.1)
Mean weight (kg)	13.6 (1.6)	13.6 (1.6)	13.6 (1.7)	13.7 (1.7)	13.6 (1.6)	13.6 (1.6)	13.6 (1.6)	13.7 (1.7)
Mean Height (cm)	89.7 (0.04)	89.5 (0.04)	89.9 (0.04)	89.8 (0.04)	89.6 (0.04)	90.1 (0.04)	89.4 (0.04)	89.6 (0.04)
Mean BMI (kg/m ²)	16.9 (1.5)	17.0 (1.4)	16.8 (1.5)	17.0 (1.5)	16.9 (1.5)	16.8 (1.4)	17.0 (1.4)	17.0 (1.5)

¹ Response rates are by financial year (July–June), beginning with 1997/98

² Implausible BMI was defined as <10kg/m² or >27 kgm²

³ 'Age outside range' includes children aged under two years at the time of consultation

⁴ 'Age misclassified' included children aged 3-5 years at the time of consultation, who were reclassified into the 3-5 year old database

Table 6: Total FEMALE 3-5 year olds (visit number 9)

Females	Total	1998	1999	2000	2001	2002	2003	2004
Corrections to weight	108	28	40	20	10	4	3	3
Corrections to height	1	0	0	0	0	0	0	1
Missing Weight	140	7	28	29	26	17	14	19
Missing Height	184	11	30	36	35	25	21	26
Total missing either (no BMI)	192	11	33	38	36	25	21	28
Implausible BMI	9	1	1	2	0	2	1	2
Age outside range	942	48	151	138	138	166	152	149
Age misclassified	53	0	6	20	8	8	5	6
COMPLETE RECORDS	3576	241	555	544	568	524	556	588
Mean age (yrs)	2.1 (0.2)	2.1 (0.2)	2.1 (0.2)	2.1 (0.1)	2.1 (0.2)	2.1 (0.2)	2.1 (0.2)	2.1 (0.2)
Mean weight (kg)	13.0 (1.7)	13.0 (1.7)	13.0 (1.7)	12.9 (1.7)	13.0 (1.6)	13.0 (1.6)	13.1 (1.7)	13.0 (1.6)
Mean Height (cm)	88.4 (0.04)	88.5 (0.04)	88.6 (0.06)	88.4 (0.04)	88.6 (0.04)	88.6 (0.04)	88.3 (0.04)	88.1 (0.04)
Mean BMI (kg/m ²)	16.6 (1.5)	16.5 (1.4)	16.5 (1.6)	16.5 (1.6)	16.5 (1.5)	16.5 (1.5)	16.7 (1.5)	16.7 (1.5)

3-5 year olds (visit number 10)

Table 7: Total 3-5 year olds (visit number 10)

Total	1998	1999	2000	2001	2002	2003	2004
Total	5779	420	875	926	880	985	859
Response rate ⁵ %	50	50	48	55	50	52	50
Number of U sex	117	35	63	7	2	4	4
Number of males	2861	203	402	464	453	507	419
Number of females	2801	182	410	455	425	474	436
Number of corrections to weight	261	91	73	63	15	11	4
Number of corrections to height	12	1	2	0	4	1	1
Missing Weight	115	18	18	19	20	13	11
Missing Height	147	20	26	27	22	16	20
COMPLETE RECORDS	5531	362	789	898	860	970	837

Table 8: Total MALE 3-5 year olds (visit number 10)

Males	Total	1998	1999	2000	2001	2002	2003	2004
Corrections to weight	139	53	34	37	7	4	3	1
Corrections to height	6	0	0	0	2	1	3	0
Missing Weight	67	13	10	9	12	8	7	8
Missing Height	79	11	16	14	12	8	8	10
Total missing either (no BMI)	83	13	16	14	13	8	8	11
Implausible BMI ⁶	3	0	1	0	1	0	1	0
Age outside range ⁷	1	0	0	0	0	0	1	0
Age misclassified ⁸	4	0	0	0	2	2	0	0
COMPLETE RECORDS	2792	190	388	453	443	501	406	411
Mean age (yrs)	3.7 (0.22)	3.7 (0.24)	3.7 (0.24)	3.7 (0.23)	3.7 (0.21)	3.7 (0.20)	3.7 (0.22)	3.7 (0.23)
Mean weight (kg)	17.3 (2.4)	17.2 (1.5)	17.2 (2.5)	17.5 (2.6)	17.2 (2.3)	17.3 (2.4)	17.2 (2.3)	17.3 (2.3)
Mean Height (cm)	102.7 (0.05)	102.0 (0.05)	102.4 (0.05)	103.2 (0.05)	102.9 (0.04)	102.8 (0.05)	102.4 (0.05)	102.5 (0.05)
Mean BMI (kg/m2)	16.4 (1.6)	16.5 (1.6)	16.4 (1.7)	16.3 (1.6)	16.2 (1.6)	16.3 (1.5)	16.4 (1.5)	16.5 (1.5)

⁵ Response rates are by financial year (July–June), beginning with 1997/98

⁶ Implausible BMI was defined as <10kg/m² or >27 kg/m²

⁷ 'Age outside range' includes children aged under two years at the time of consultation

⁸ 'Age misclassified' included children aged 2 to <3 years at the time of consultation, who were reclassified into the 2 year old database

Table 9: Total FEMALE 3-5 year olds (visit number 10)

Females	Total	1998	1999	2000	2001	2002	2003	2004
Corrections to weight	122	38	39	26	8	7	1	3
Corrections to height	6	1	2	0	2	0	0	1
Missing Weight	48	5	8	10	8	5	4	8
Missing Height	68	9	10	13	10	8	8	10
Total missing either (no BMI)	68	9	10	13	10	8	8	10
Implausible BMI	6	0	2	0	1	0	2	1
Age outside range	1	0	0	1	0	0	0	0
Age misclassified	4	2	1	0	0	0	0	1
COMPLETE RECORDS	2739	172	401	445	417	469	409	426
Mean age (yrs)	3.7 (0.2)	3.7 (0.2)	3.7 (0.3)	3.7 (0.2)	3.7 (0.2)	3.7 (0.2)	3.7 (0.2)	3.7 (0.2)
Mean weight (kg)	16.8 (2.5)	16.9 (2.3)	16.7 (2.4)	16.9 (2.6)	16.8 (2.5)	16.7 (2.5)	16.9 (2.4)	16.8 (2.4)
Mean Height (cm)	101.6 (0.05)	101.6 (0.04)	101.6 (0.05)	101.6 (0.05)	101.7 (0.05)	101.8 (0.04)	101.6 (0.04)	101.4 (0.04)
Mean BMI (kg/m2)	16.2 (1.7)	16.3 (1.5)	16.2 (1.5)	16.3 (1.8)	16.2 (1.7)	16.1 (1.6)	16.3 (1.7)	16.2 (1.6)

The tables above clearly show that the number of errors and corrections reduced significantly over the period that the data were collected. This was important feedback to users of the system and suggested that increased familiarity with the system and improvements to the user interface decreased rates of errors and missing data.

Preliminary results from this study were presented at a number of forums, including a presentation to all Maternal and Child Health Nurses in CoGG in January 2006, the Barwon-South Western Regional Nutrition Network, and an academic forum on Data Linkage and new research using existing data sources. Data analysed at this stage were also included in an abstract submitted to the Australasian Society for the Study of Obesity (ASSO) National Scientific Meeting which was accepted for presentation as a poster at the conference in October 2005 (see appendix 1).

Summary

The majority of data extracted and analysed was of high quality and could be used for analysis of prevalence and trends of overweight and obesity in the City of Greater Geelong. The results of the analysis were of great interest to both practitioners and researchers and demonstrated the significant capacity of such data use. The initial data problems underscored the importance of both detailed checking of the data before commencing analysis and of having expert input into the process and analysis. If the process of using the available data for population monitoring is to be incorporated into a system operated by either state government or individual LGAs, important steps need to be taken to ensure the completeness and quality of the data extracted.

Process: provide feedback to the COGG of the process and analysis and provide support for further use of available data

In the City of Greater Geelong, feedback has been provided on an ongoing basis about the use and analysis of the data through both formal and informal channels. As noted above, preliminary findings have been presented to Geelong Maternal and Child Health nurses at their monthly meetings (in January 2006 and March 2008). Final results have also been prepared and provided to Maree Crellin, manager of Maternal and Child Health in Geelong (April 2009) for inclusion in the COGG Annual Plan to provide an indicator of 3.5 year old children who have a BMI in the healthy weight range.

Further Outcomes

As a result of the lessons learnt in the Geelong project, researchers from Deakin University approached the Office for Children to expand the analysis of routinely collected MCH data state-wide, primarily to provide an anthropometric data for a comparison group, to the COGG intervention group. The then Office for Children undertook the development of software for the extraction of the data across all LGAs and in total, data for 191,179 children were received from the databases of 41 of the 60 eligible local government areas (68% of eligible, 52% of entire state). Of these, 150,555 were data for the 2 year consultation, 122,202 were data for the 3.5 year consultation and 43% of children (81,578) had data available for both consultations. A total of 61,478 had complete data for both consultations (32% of entire dataset, 75% of those who had attended both consultations). The process and use of this data is detailed in process report 3 related to the evaluation design.

The data extracted and analysed for this strategy formed an important part of the PhD thesis of Melanie Nichols, which examined a range of issues relating to early childhood obesity.

Lessons Learned & Recommendations for future practice

This exploratory work completed as part of Romp & Chomp has been extremely valuable and will inform future practice, policy and research. Important outcomes from this objective include: the development of partnerships between research academics, local government service providers, and the state government to develop and pilot this use of routinely collected child health data; and the development of protocols for use of this MCH data to monitor trends in childhood overweight and obesity. This work has shown that the large volume of MCH data that is consistently collected and of a high quality can provide valuable information for a range of users including practitioners, health service providers, policy- and decision-makers, program evaluators, and researchers.

In addition, based on the findings from this research we make the following recommendations:

- The implementation of quality control measures at all levels of data collection, processing, cleaning and analysis using standardised protocols to ensure high quality data that can be compared across the State and over time across Australia.
- The implementation of a standardised electronic M&CH data collection system across all LGAs in Victoria and the co-ordination of this database for use by government, public health practitioners and researchers for program evaluation and population monitoring.
- The use of child growth monitoring data and proportion of children who have a healthy weight as key indicators within annual reporting requirements for local and state government (currently reporting only includes attendance rates and rates of breastfeeding)
- Increased and enhanced knowledge translation and exchange between government, service providers and the community to 'close the data loop' by providing evidence to support ongoing best practice and inform policy and decision making related to childhood overweight and obesity at a population level.

Digest of Services and Projects

Kindergartens

Sometimes referred to as 'preschool', those that meet the following criteria were termed 'kindergartens' for the context of this report:

Settings for 3 & 4 year olds providing early educational experiences. Individual sessions can be from 2 to 5½ hours. 3 and 4 year old groups function separately to cater for the educational needs of children at these ages.

No kindergartens in this region provide food for the children. All families are responsible for providing for the nutritional needs of their children, but are bound by the policies of each centre as to what is appropriate to provide for the child within the setting.

Many kindergartens in this region are managed by a central agency: The Geelong Kindergarten Association (**G.K.A.**). This agency organises training, employment and some administrative support functions.

Those not within GKA are run independently by local community – based committees with the support of kindergarten staff.

Long Day Care

Services providing care, meals, rest/sleep accommodation to children. 7 Long Day Care services are provided and managed by the City of Greater Geelong. These are known as City Early Learning & Care centres. CoGG was a partner agency and all 7 centres participated in this project.

CAVEAT: It should be noted that, when referring to long day care services, it applies **only** to centres managed by the City of Greater Geelong. Non-government day care service providers were invited to participate in the project, but declined.

Family Day Care

This program is funded through federal funds but managed regionally through the City of Greater Geelong. This service provides care within family homes. The carers receive support and training through the CoGG, and are accountable to a number of standards and requirements.

Committee of Management

All partner agencies, representing all settings and like-projects (*S4M*, *KGFYL*) were represented on this committee. Monthly meetings occurred and this committee made decisions that impacted directly on the project.

Steering Committee

C.E.O's or those nominated by CEO's of agencies providing funding or staff support, met on several occasions in order to inform the project of agency capabilities

Smiles 4 Miles (S4M)

Dental Health Services, Victoria, Health Promotion Unit project promoting water consumption, healthy diet, and care for teeth (hygiene and protection). 2004 – Ongoing with a 0.4 EFT project co-ordinator employed through Barwon Health Dental Services

Kids 'Go for your life' (KGFYL)

Statewide project promoting water, fruit & veg, limit sometimes food, be active, less screen time, walk/ride to services/settings. Pilot project, 2007 extended into 2008/9. Co-ordinator employed through CoGG.

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Appendices

Appendix A Poster presented at ASSO Annual Scientific Meeting 2005

Prevalence of Overweight and Obesity in 2 year old and 3-5 year old Children in the Greater Geelong Region

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Background and aim: Children aged under five are among the most measured group of the population with height and weight taken regularly at routine visits to Maternal and Child Health Centres. Surprisingly, these data have not previously been used to monitor secular trends in prevalence of overweight and obesity. The aim of this study was to investigate the prevalence of overweight and obesity in children aged under five in the Greater Geelong region, to explore the potential for measurements routinely collected by Maternal and Child Health nurses to be used for population monitoring and to evaluate the relationship between two methods of defining overweight and obesity in young children.

Methods and participants: 15,567 de-identified records of height, weight, date of birth, sex and postcode data were extracted from the City of Greater Geelong database for children who had attended the 2 year or 3.5 year "Key Age and Stage" visit at a Maternal and Child Health centre in the region between 1998 and 2004. Data were cleaned and age and BMI score (kg/m²) were calculated and overweight and obesity were determined using the cut-points recommended by Cole et al (1) and also using the CDC classifications (2). Average age of children attending the 2 year visit was 2.1 years and the 3.5 year visit was 3.7 years. 51.2% of cases were male children. The average response rates to 2 year old and 3.5 year old visits are 65% and 50% respectively.

Results: *Prevalence* Of the cases extracted, 12,935 (83%), had useable records for all of height, weight, age and sex. Overall the average prevalence of overweight and obesity, by Cole et al's criteria, over the seven years was 15.9% (12.6% overweight and 3.2% obese). The prevalence was 15% for 2 year olds and 17% for 3 to 5 year olds, and was higher in girls (17.3%) than in boys (14.5%). Mean BMI was positively correlated with year of consultation in 2 year old girls between 1998 and 2004 (Spearman's $r = 0.76$ $p = 0.004$) but not in the other groups examined (Figures 1 & 2).

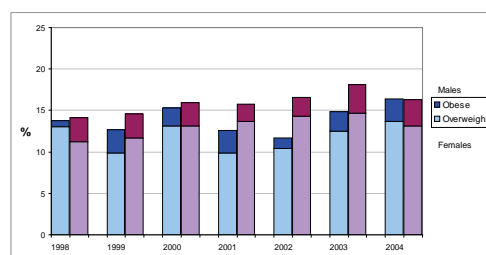


Figure 1: Prevalence of overweight and obesity in 2 year old children by gender and year of consultation (n = 7404)

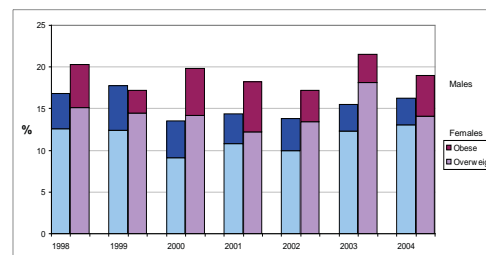


Figure 2: Prevalence of overweight and obesity in 3-5 year old children by gender and year of consultation (n = 5531)

		Cole et al, 2000			CDC		
		O/W	Obese	Total	O/W	Obese	Total
2 year olds	Boys	11.7	2.2	12.9	13.6	6.1	19.7
	Girls	13.3	2.8	16.2	11.5	6.5	18.0
3-5 year olds	Boys	11.3	3.9	15.2	14.0	12.1	26.1
	Girls	14.4	4.5	18.9	16.0	11.8	27.8

Table 1: Prevalence of overweight and obesity comparing CDC and Cole et al classification criteria

Comparison of Classification Criteria Use of the CDC criteria for classification of overweight and obesity gave overall higher estimates of the prevalence of children above a healthy weight in all groups, and much higher estimates of obesity rates. Among children classified as healthy weight by Cole et al, 7% were in the overweight category according to CDC criteria. Of the children classified as overweight by Cole et al criteria, 43% were obese according to CDC criteria (see Table 1).

Conclusions: Overall, the prevalence of overweight and obesity is not as high in preschool children as that documented for primary school aged children. In 2 year old children a trend of increasing mean BMI over time was identified in girls but not in boys. No change was identified in the prevalence of excess weight in 3-5 year old children. There are important issues about the criteria used to define overweight and obesity in 2 to 5 year olds due to the highly non-linear pattern of BMI-for-age curves in this age group and discrepancies between classification methods. Nevertheless, there is significant potential for routinely collected Maternal and Child Health data to be used for monitoring secular trends in obesity prevalence in young children.

References:

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