

Mid North Coast

Childhood Obesity Prevention
and Management Action Plan
July 2018 - June 2023

Healthy Children, Healthy Families, Healthy Futures.



Healthy Communities
Mid North Coast





We acknowledge the traditional custodians across the Mid North Coast and pay our respects to the Gumbaynggirr, Dunghutti, Birpai, and Nganyaywana Nations

Healthy Communities Mid North Coast

An initiative of MNCLHD

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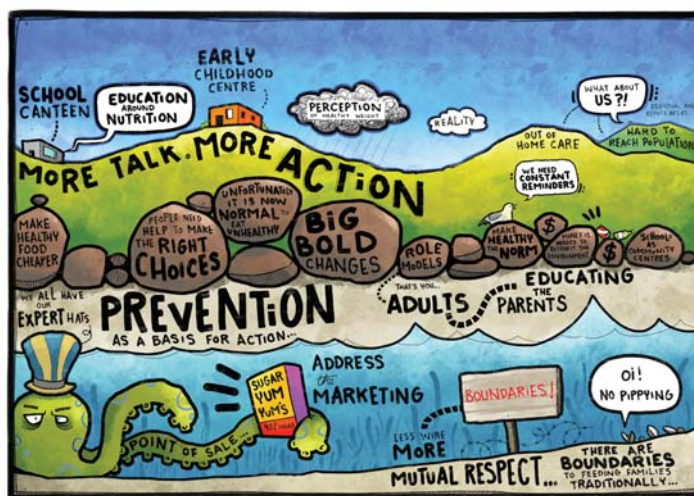
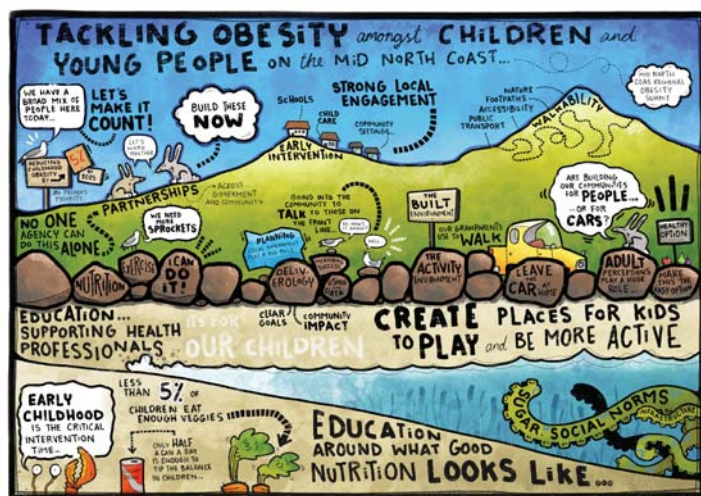
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Mid North Coast Childhood Obesity Prevention and Management Action Plan July 2018 - June 2023

Further copies of this document can be downloaded from the Healthy Communities
Mid North Coast website: www.healthycommunitiesmnc.com.au

Artist: Ray Eckermann (Small Mountains), Action sketch of the key themes identified during
the 2017 Mid North Coast Regional Obesity Summit: Healthy Children and Young People.



Contents

Foreword.....	4	Strategic Priorities – Overview.....	10
Purpose and Scope of the Plan.....	4	1. Childhood and Educational Settings	11
Our Region.....	5	2. Clinical and Related Settings	15
Rationale	6	3. Community Settings.....	19
Strategic Context	6	4. Food Environment and Industry Engagement	22
Healthy Communities Mid North Coast.....	7	5. Activity Environment	24
Overarching Philosophy	7	6. Research and Innovation.....	27
Founding Partners	7	Glossary of Acronyms.....	30
Partners' Statement of Intent	8	Definitions.....	31
Developing the Plan.....	9	References.....	31
Leadership and Governance.....	9		
Monitoring, Reporting and Consumer Engagement			



Foreword

The Healthy Communities Mid North Coast Childhood Obesity Prevention and Management Action Plan outlines a comprehensive approach for addressing childhood obesity on the Mid North Coast. I am immensely proud of the enthusiasm and commitment that our many partners have brought to this challenge. This plan is underwritten by strong regional leadership and a commitment to empowering communities toward better health outcomes. The Healthy Communities Innovation Fund is fundamental to our goal of working directly with communities and will assist us to stimulate and support community driven preventive health initiatives. Implementing this plan in partnership with our key agencies will help us realise our vision of healthy children, healthy families and healthy futures.

Janine Reed
Chair

Healthy Communities Advisory Committee (HCAC)
MNCLHD Governing Board Member



**NSW Premier's Priority
REDUCE CHILDHOOD
OVERWEIGHT and
OBESITY RATES**

5% by 2025

Purpose and Scope of the Plan

The purpose of the Mid North Coast Childhood Obesity Prevention and Management Action Plan (the Plan) is to coordinate cross-agency collaborative actions toward the reduction of childhood obesity on the Mid North Coast, ultimately contributing to the NSW Premier's Priority to reduce childhood overweight and obesity rates by five per cent by 2025 (Premier's Priority).

Our Region - Mid North Coast



Population
207,490

Expected
population growth
17%
from 2011 to 2031

Covers an area of
11,324 km²

5
Local Government
Areas

Relevant age group population proportions in MNCLHD:

12,009
Children aged **0 - 4 yrs**

26,494
Children aged **5 - 14 yrs**

23,022
Children and young people
aged **15 - 24 yrs**

Aboriginal people*
represent

5.8%
of the total MNCLHD
population

Residents identified as
Languages other than
English (LOTE) make up

4.2%
of the total MNCLHD
population

**The Average Index of
Relative Socioeconomic
Disadvantage (IRSD)** for
Australia is 1000, all Local
Government Areas within the
MNCLHD are ranked as
**more disadvantaged than
average.**

Mid North Coast Local Health District: Our Population, North Coast Public Health Unit, July 2015

Rationale

In 2015, more than one in five children on the Mid North Coast were overweight or obese, and there are areas on the Mid North Coast that have obesity rates higher than the NSW average. Most children are not active enough and children's diets are not in line with health guidelines. Australian children obtain more than one third of their kilojoules from junk food and sugary drinks.

Children who are above a healthy weight are more likely to have poorer health and wellbeing compared to children of a healthy weight. These children are also likely to carry excess weight in to adulthood, placing them at increased risk of developing chronic disease in later life.

Childhood obesity is a complex health, social and economic issue that cannot be solved by the health system alone. Only a whole-of-government approach, with a broad range of policies and actions, will reverse childhood overweight and obesity trends. Partnership and cross-agency collaboration is a key component of supporting children and young people and their families to achieve and maintain a healthy weight throughout life.

Childhood overweight and obesity is a strong predictor of adult overweight and obesity and has significant health impacts for children including:

- Higher rates of asthma and obstructive sleep apnoea
- Lower self-esteem
- Bone and joint complications
- Accelerated onset of diabetes and heart disease.

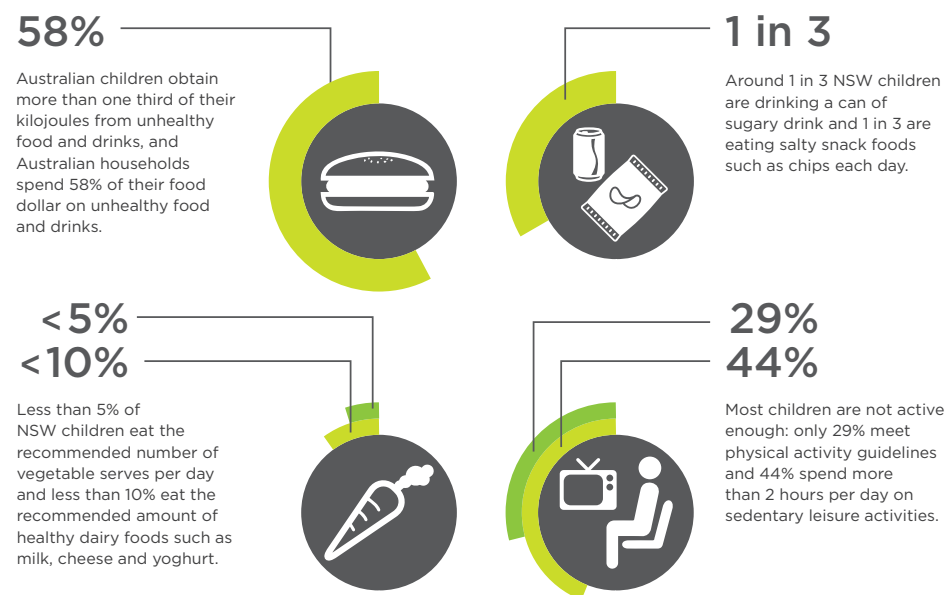
Strategic Context

NSW Health is responsible for leading the implementation of the Premier's Priority and the Plan is therefore informed by the NSW State Health Plan: Towards 2021 Direction One: 'Keeping People Healthy' and the NSW Healthy Eating and Active Living Strategy (2013-2018).

NSW Health recognises that cooperation across Government will lead to optimal achievement of this Priority and this is reflected in the inclusion of multiple government agencies in NSW Health Premier's Priority Childhood Overweight and Obesity Delivery Plan 2016.

The Mid North Coast Childhood Obesity Prevention and Management Action Plan similarly coordinates cross-agency collaborative actions toward the reduction of childhood obesity on the Mid North Coast and also contributes, to varying degrees, to the strategic objectives of partner agencies.

Children's current behaviours are not in line with healthy lifestyle guidelines:



NSW Health Premier's Priority Childhood Overweight and Obesity Delivery Plan 2016

Healthy Communities Mid North Coast

Healthy Communities Mid North Coast (HCMNC) is a collective partnership formed in early 2017 to bring together communities and cross-agency partners in an effort to build a regional leadership model for preventive health on the Mid North Coast. While HCMNC focuses on prevention across the lifespan, childhood obesity was one of the key preventive health issues identified for enhanced effort. The HCMNC preventive health Innovation Fund (initially funded by MNCLHD), seeks to fund and support communities to test and design preventive health interventions, ensuring that consumer expertise in relation to their health is fully appreciated.

Overarching Philosophy

HCMNC is guided in its work by the fundamental philosophy of “Nothing About Us Without Us!” (Latin: “Nihil de nobis, sine nobis”) - and recognises that, where possible, policy should not be determined by any parties without the full and direct participation of members of the group(s) affected by that policy. This involves groups that are often thought to be marginalised from political, social and economic opportunities. In the case of the Plan, this means the need to involve children and young people, parents and families, and the community in the development of the Plan.

Founding Partners

Consumers

Mid North Coast Local Health District

Mid North Coast Aboriginal Health Authority

North Coast Primary Health Network

NSW Department of Premier and Cabinet

Department of Family and Community Services

Department of Planning and Environment

Mid North Coast Department of Education and Communities

Catholic Schools Office Diocese of Lismore

UNSW Rural Clinical School, Port Macquarie

TAFE NSW (Northern Region)

Bellingen Shire Council

Coffs Harbour City Council

Kempsey Shire Council

Nambucca Shire Council

Port Macquarie-Hastings Council



Partners' Statement of Intent

Partners involved in HCMNC are committed to a path of genuine collaboration and cooperation to bring about decisive action to reduce childhood obesity on the Mid North Coast. Partners accept that current approaches need to be intensified. Innovations developed in genuine partnership with affected communities will be required to achieve the NSW Premier's Priority to reduce childhood overweight and obesity rates by five per cent by 2025.

In line with the 2017 Mid North Coast Regional Obesity Summit: Healthy Children and Young People, HCMNC partners, wherever possible:

- Agree to work together collectively and cooperatively to develop and maintain regional action
- Commit to sharing knowledge, skills and resources across agencies to achieve optimal outcomes
- Commit to ensuring preventive health principles inform our work
- Recognise communities have a basic right to good health and place this at the centre of our planning and delivery.

Within the limits of each partner's organisational capacity, resources and strategic priorities, MNCLHD, as the initiator of HCMNC, commits to working with partners to:

- Develop a comprehensive plan of action, both universal and targeted to need
- Build evidence-based interventions capable of addressing childhood overweight and obesity rates, while recognising the expertise of child and parent consumers
- Ensure the full participation of children, young people, families and their representative organisations in addressing childhood overweight and obesity rates
- Measure, monitor and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared objectives.

With regard to Local Government, the Plan identifies potential areas of action where other Healthy Communities Mid North Coast partners may be able to support Local Government, but does not commit any particular Council to any particular course of action as each Council will have distinct needs and strategic priorities. Where a particular Council requests support or assistance from Health in achieving existing priorities that may have a related impact on addressing childhood obesity rates, Mid North Coast Local Health District (MNCLHD) will provide resources and in-kind assistance to the Local Government sector.

Developing the Plan

In November 2017, HCMNC hosted the Mid North Coast Regional Obesity Summit: Healthy Children and Young People (the Summit). During the Summit representatives from partner agencies came together to develop a range of implementable strategies to address childhood obesity across the Mid North Coast. Following the Summit draft action strategies were refined in consultation with partner agencies. These strategies have been incorporated in to the Plan, along with key actions that MNCLHD will undertake to prevent and manage childhood obesity.

Leadership and Governance

Through its sponsorship and secretariat support of HCMNC, MNCLHD will provide the overarching leadership of the Plan. The Healthy Communities Advisory Committee (HCAC), the working group of HCMNC, will provide the governance framework for the delivery of the Plan through an agreed Terms of Reference. The Department of Premier and Cabinet North Coast Region (DPC) will ensure optimal coordination of efforts across government agencies and will ensure that achievement against the Premier's Childhood Obesity Priority is reported to the Mid North Coast Regional Leadership Executive (RLE).

Monitoring, Reporting and Consumer Engagement

The MNCLHD Health Promotion Unit will monitor progress against the Plan and will coordinate the completion of annual progress reports on behalf of HCMNC. Reports will also be made available to the MNCLHD Child and Family Health Strategic Leadership and the MNCLHD Governing Board Consumer Engagement Sub-Committee. Reports will be made available to representatives of all HCMNC partner agencies.

DPC will work with MNCLHD to ensure that an annual report on the Plan is discussed through the RLE meeting process.

The broad membership of HCMNC ensures that we are able to draw on the collective consumer engagement processes of each partner organisation. The HCMNC governance structure includes consumer representatives and the Innovation Fund will help to ensure strong consumer engagement and direct participation in preventive health initiatives across MNC. To ensure communities are kept informed, a condensed and consumer-friendly version of the Plan and reports of key achievements will be made available on the website www.healthycommunitiesmnc.com.au.

ACTION PLANNING

Strategic Priorities - Overview

The Plan has been divided in to relevant strategic priority areas as outlined below. The subsequent pages provide more detail of the strategies to be implemented within each strategic priority area.

Strategic Priority	Objectives
1. Childhood and Educational Settings	<ul style="list-style-type: none">• Ensure childhood and educational settings support teaching, learning and role modelling healthy eating and active lifestyle behaviours, and support healthy environments• Build a future workforce with the capacity to respond to the challenge of childhood overweight and obesity rates.
2. Clinical and Related Settings	<ul style="list-style-type: none">• Reorient clinical service delivery to include a stronger recognition of the role of prevention in clinical services• Increase awareness and capacity of health and related professionals to contribute to the reduction of childhood obesity• Increase the knowledge and skills of health professionals to intervene early in pregnancy• Increase routine measurement, advice and referral of children above a healthy weight.
3. Community Settings	<ul style="list-style-type: none">• Increase community awareness, knowledge and capacity to be actively involved in the prevention and management of childhood obesity• Increase reach and traction of population health campaigns, informed by regional data, intelligence and equity.
4. Food Environment and Industry Engagement	<ul style="list-style-type: none">• Increase the availability of healthy food choices and build sustainable relationships with the food industry.
5. Activity Environment	<ul style="list-style-type: none">• Increase the availability of healthy built environments that support and encourage increased physical activity among children, young people and families.
6. Research and Innovation	<ul style="list-style-type: none">• Use implementation science to enhance the impact of existing evidence-based interventions• Contribute to the state-wide translational research agenda• Engage communities through Participatory Action Research models, ensuring co-design, robust end user validity and rapid translation.



Strategic Priority 1:

Childhood and Educational Settings

Objectives:

- Ensure childhood and educational settings support teaching, learning and role modelling healthy eating and active lifestyle behaviours, and support healthy environments
- Build a future workforce with the capacity to respond to the challenge of childhood overweight and obesity rates.

Rationale:

NSW Health has developed and implemented high quality evidence-based healthy eating and active living programs in early childhood and primary school settings. These programs will continue, with a goal of higher levels of achieving practices that promote and support positive lifestyle habits for children.

Embedding an awareness and understanding of childhood obesity and preventive health measures in teaching modules for the tertiary education sector will create a workforce with the skills and knowledge to enable early intervention.

Strategic Priority 1: Childhood and Educational Settings

Strategic actions		Success measures	Delivery lead	Delivery partners
1.1	Implement Munch&Move program, focusing on supporting achievement of hard to reach practices ♦ Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	<ul style="list-style-type: none"> ♦ % of MNC Early Children's Services trained ♦ % trained Early Children's Services adopting 80% of program practices ♦ % of MNC Family Day Care Services trained ♦ % of Family Day Care Services adopting program practices ♦ <i>Note progressive KPI target established annually</i> 	MNCLHD HP	DoE MoH ECS
1.2	Facilitate the intensification of Munch&Move at Bowraville Preschool	<ul style="list-style-type: none"> ♦ Provision of a healthy breakfast program for preschool children ♦ Increased family engagement through the breakfast program and healthy eating and active living initiatives in preschools 	FACS	MNCLHD HP NGO sector MoH
1.3	Pilot the integration of the Munch&Move and Live Life Well @ School key messages and resources in TAFE NSW (Northern Region) teaching modules	<ul style="list-style-type: none"> ♦ Provision of professional learning and information sharing with staff within TAFE Early Children's Service ♦ Munch&Move and Live Life Well @ School key practices and resources included in TAFE courses for trainee educators and teaching support staff 	MNCLHD HP TAFE NSW (Northern Region)	MoH ECS
1.4	Implement Live Life Well @ School program, focusing on supporting achievement of hard to reach practices ♦ Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	<ul style="list-style-type: none"> ♦ % of MNC primary schools trained ♦ % of MNC trained schools adopting 80% of program practices ♦ <i>Note progressive KPI target established annually</i> 	MNCLHD HP	DoE CSO Independent Schools MoH
1.5	Apply the Accelerating Implementation methodology (AIM) to enhance implementation of <i>NSW Healthy School Canteens Strategy</i> across Mid North Coast (MNC) primary schools <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	<ul style="list-style-type: none"> ♦ % of MNC schools who address and meet the Strategy Guidelines ♦ % of MNC schools receiving Great Food @ School Grant for implementing a whole of school approach to healthy eating ♦ Increased availability of everyday healthy food and drink choices at local schools 	MNCLHD HP DoE	MoH CSO Independent Schools HKA
1.6	Implement the MNCLHD Great Food @ School Grant (canteen incentive scheme) to accelerate uptake of the Healthy School Canteen Strategy across Mid North Coast schools	<ul style="list-style-type: none"> ♦ Number of MNC primary schools applying for incentive grant scheme ♦ Number of MNC primary schools meeting Practice 5 of the Live Life Well @ School Program (Healthy Canteen Strategy) 	MNCLHD HP	DoE CSO Independent Schools

Strategic Priority 1: Childhood and Educational Settings

Strategic actions		Success measures	Delivery lead	Delivery partners
1.7	Engage and provide formal program resources and support services to Supported Playgroups ♦ Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	♦ % of MNC sites engaged ♦ Number of resources provided, ordered and disseminated	MNCLHD HP	MoH NGO sector
1.8	Engage and provide formal program resources and support services to Out of School Hours Care Services (OoSH) ♦ Integrate key child and family health messages of the Make Healthy Normal campaign in routine program delivery	♦ % of MNC sites engaged ♦ Number of resources provided, ordered and disseminated ♦ Proportion of services attending online training	MNCLHD HP	MoH OoSH
1.9	Implement the Go4Fun program	♦ Number of programs delivered ♦ Number of participants registered ♦ % of participants completing the program ♦ Number of program locations across MNC ♦ <i>Note MoH targets in place</i>	MNCLHD HP	MoH
1.10	Implement Aboriginal Go4Fun programs ♦ Ensure cultural sustainability by ensuring that consumers are actively involved as co-designers and evaluators	♦ Number of MNC programs delivered ♦ Number of participants registered ♦ % of participants completing the program ♦ Number of program locations across MNC ♦ Evidence of robust and sustainable partnerships with the ACCHO sector in program delivery ♦ <i>Note MoH targets in place</i>	MNCLHD HP	MoH MNCLHD AH ACCHO
1.11	Deliver nutrition and physical activity education through the PDHPE curriculum <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	♦ Number (%) of MNC primary schools delivery of nutrition and physical activity education through the PDHPE curriculum	DoE	MNCLHD HP CSO Independent Schools Community and NGO sector
1.12	Support and encourage MNC primary schools to participate in the Premier's Sporting Challenge <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	♦ Number (%) of MNC primary schools engaged in the Premier's Sporting Challenge	DoE CSO	MNCLHD HP

Strategic Priority 1: Childhood and Educational Settings

Strategic actions	Success measures	Delivery lead	Delivery partners
1.13 Support MNC schools to achieve compliance with the policy of 150 mins of physical activity per week in school time <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	<ul style="list-style-type: none"> ◆ Number (%) of MNC primary schools achieving compliance with policy target 	DoE CSO	MNCLHD HP
1.14 Encourage participation of school communities in the evaluation of grassroots physical activity initiatives such as Kilometre Club (KM club) or related morning physical exercise programs operating in primary school settings and develop a model for expansion across MNC primary schools	<ul style="list-style-type: none"> ◆ Number (%) of MNC schools implementing KM club or morning physical exercise programs ◆ Participation rate (%) of school student population ◆ Completion of evaluation, and dissemination of evaluation outcomes, in partnership with the NSW Office of Preventive Health (OPH) 	MNCLHD HP OPH	DoE CSO Independent Schools School Community
1.15 Investigate the feasibility of piloting the implementation of the NSW Health / Safe Work Australia NSW Get Healthy @ Work program for staff in three MNC pilot primary school sites to increase exposure to positive role modelling of educators	<ul style="list-style-type: none"> ◆ Pilot schools identified and Get Healthy @ Work program implemented ◆ Number of sites developing a Get Healthy @ Work action plan for staff 	MNCLHD HP	SafeWork Australia DoE, CSO, Independent Schools ECS OoSH sector NGO
1.16 Include nutrition, health and food literacy in early childhood TAFE NSW (Northern Region) courses	<ul style="list-style-type: none"> ◆ Nutrition and food preparation included in local TAFE teaching 	TAFE NSW (Northern Region)	MNCLHD HP
1.17 Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity in to the teaching of phase 1 medical students <ul style="list-style-type: none"> ◆ Assess and compare the level of childhood obesity knowledge in first and final year medical students ◆ In a sub-set of students (i.e. Rural Clinical School first and final year) assess whether levels have improved by a teaching module delivered by MNCLHD HP <i>See also Local Research Agenda Action Item 6.2</i>	<ul style="list-style-type: none"> ◆ Completion of a cross-sectional observational study where knowledge and perceptions on (childhood) obesity are assessed and compared between final year and first year medical students at UNSW ◆ Repeat the questionnaire for a subset of students after delivery of a childhood obesity specific education module 	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP



Strategic Priority 2:

Clinical and Related Settings

Objectives:

- Reorient clinical service delivery to include a stronger recognition of the role of prevention in clinical services
- Increase awareness and capacity of health and related professionals to contribute to the reduction of childhood obesity
- Increase the knowledge and skills of health professionals to intervene early in pregnancy
- Increase routine measurement, advice and referral of children above a healthy weight.

Rationale:

Clinical and related settings are fundamental to prevention efforts. Recognition and support for women at risk of unhealthy weight gain during pregnancy and for children above a healthy weight is fundamental to 'lifespan' approaches to prevention.

Ongoing efforts must be made to engage health professionals in order to reorient the health system so that prevention permeates clinical practice and service delivery. Health and other professionals are powerful agents in tackling childhood obesity and can be better supported to help children, young people and their families to lead healthier lives.

Strategic Priority 2: Clinical and Related Settings

Strategic actions		Success measures	Delivery lead	Delivery partners
Clinical Settings				
2.1	<p>Increase the recording of routine height and weight assessment of all children by health professionals working in MNCLHD</p> <ul style="list-style-type: none"> ◆ Ensure health professionals have access to necessary equipment to conduct height and weight assessments ◆ Conduct training for and with health professionals to increase workforce capacity to accurately measure height and weight, provide brief advice and initiate referral to prevention programs for children above a healthy weight ◆ Identify and promote referral pathways to increase access to secondary prevention programs ◆ Improve health professional understanding of data collection methods 	<ul style="list-style-type: none"> ◆ Equipment audit and equipment purchased ◆ Increased routine recording of accurate height and weight in all settings (MoH targets in place) ◆ Frequency of provision of brief intervention and appropriate resources and referrals for overweight and obese children ◆ Increased rate of referral from MNCLHD Health Professionals (assessed at program entry level) to secondary prevention services and programs, such as Go4Fun (against 2018 baseline) 	<p>MNCLHD HP MNCLHD CS (C&FH, Acute Outpatient Paediatrics) MNCLHD OH MNCLHD PH</p>	
2.2	<p>Utilise regional data and intelligence to scope the feasibility and optimal strategic placement of secondary service models for childhood obesity intervention</p>	<ul style="list-style-type: none"> ◆ Completion of comprehensive scoping exercise ◆ Establishment of secondary service models (weight management clinic) subject to outcome of scoping process 	<p>MNCLHD HP</p>	<p>MNCLHD CS NCPHN</p>

Strategic Priority 2: Clinical and Related Settings

	Strategic actions	Success measures	Delivery lead	Delivery partners
2.3	<p>Work the MNC Primary Care sector to build awareness of the importance of routine height and weight measurement, brief advice and referral to increase referrals to prevention programs, such as Go4Fun</p> <ul style="list-style-type: none"> ◆ Provide quality improvement support to General Practices to increase recording of routine height and weight measurement processes within practices ◆ Increase the awareness within Primary Care of the role that General Practice can play in the prevention and management of childhood obesity ◆ Actively promote referral programs, such as Go4Fun, using social media and community newsletters to increase community awareness 	<ul style="list-style-type: none"> ◆ Increased referrals to relevant programs ◆ Increased routine recording of accurate height and weight ◆ Increased awareness of unhealthy weight prevention and management 	NCPHN	<p>MNCLHD HP MNCLHD IPC Primary Care clinicians</p>
2.4	<p>Intensify promotion of the Get Healthy in Pregnancy program to relevant Health Professionals</p> <ul style="list-style-type: none"> ◆ Raise the profile of Get Healthy in Pregnancy and its contribution to improving maternal health and reducing childhood obesity ◆ Develop a communication plan to intensify the promotion of Get Healthy in Pregnancy ◆ Prioritise referrals to Get Healthy in Pregnancy through the MNCLHD Healthy Pregnancy working group structures 	<ul style="list-style-type: none"> ◆ Increased awareness of, and referrals to, Get Healthy in Pregnancy ◆ Increased referrals to existing preventive health programs 	<p>MNCLHD HP MNCLHD MS</p>	<p>MNCLHD AH MNCLHD MCU NCPHN ACCHO Consumers and families</p>
2.5	<p>Increase awareness of the Make Healthy Normal campaign resources available to clinicians who work with children, youth and families</p> <ul style="list-style-type: none"> ◆ Include as a priority in the MNCLHD Youth Health Framework 	<ul style="list-style-type: none"> ◆ Increased awareness and dissemination of the Make Healthy Normal campaign resources ◆ The Make Healthy Normal campaign included in the MNCLHD Youth Health Framework 	<p>MNCLHD HP MNCLHD ICFWU</p>	NCPHN

Strategic Priority 2: Clinical and Related Settings

Strategic actions		Success measures	Delivery lead	Delivery partners
Family and Community Services Setting				
2.6	Educate and build awareness and capacity of FACS MNC staff (caseworkers and managers) ♦ Deliver childhood obesity education seminars to FACS staff and NGO Out of Home Care (OoHC) sector caseworkers	♦ Increased caseworker and manager knowledge of HEAL principles ♦ Evidence of HEAL principles incorporated in caseworker practice	MNCLHD HP	FACS CS NGO OoHC Sector
2.7	Promote '8 for a healthy weight' resources, Get Healthy in Pregnancy and the Make Healthy Normal campaign resources to clients	♦ Clients receive relevant resources ♦ Caseworkers have an increased capacity to provide key messages to children and families	FACS CS	MNCLHD HP
2.8	Investigate the incorporation of Healthy Eating Active Living (HEAL) principles in FACS MNC Community Services (Quality Assurance Framework pilot project)	♦ Evidence of HEAL principles in FACS MNC Quality Assurance Framework	FACS CS	MNCLHD HP
2.9	Incorporate actions 2.6, 2.7, 2.8 in the MNC Department of Families and Community Services (FACS) District Business Plan	♦ Actions incorporated in to FACS MNC District Business Plan	FACS CS	MNCLHD HP
2.10	Provide Healthy Eating Active Living (HEAL) resources and education seminars to the MNCLHD OoHC program staff	♦ Delivery of resources and educational seminars to OoHC program staff ♦ Evidence of increased staff knowledge and practice related to HEAL principles	MNCLHD ICFWU	MNCLHD HP
2.11	Incorporate Healthy Eating Active Living (HEAL) principles in paediatric assessments for children in Out of Home Care (OoHC) ♦ Routine screening for height and weight and referral to prevention programs, such as Go4Fun, as part of the annual child health check built in to Health Management Plan (HMP) and include in the clinical practice guidelines for children in OoHC, updating the screening tools for the primary health assessment by GP and Child and Family Health Nurse and the comprehensive paediatric assessment	♦ Evidence of HEAL principles incorporated in paediatric assessments ♦ Evidence of inclusion of height and weight measurements in HMP and clinical practice guidelines	MNCLHD ICFWU	MNCLHD HP FACS CS

PEOPLE ON the MID NORTH COAST...



Strategic Priority 3:

Community Settings

Objectives:

- Increase community awareness, knowledge and capacity to be actively involved in the prevention and management of childhood obesity
- Increase reach and traction of population health campaigns, informed by regional data, intelligence and equity.

Rationale:

Communities are a powerful setting for addressing childhood obesity. It is critical that we listen to, and work with, communities to ensure that we are addressing need. We acknowledge that communities bring their own expertise to the challenge. We will ensure maximum and equitable reach of population health campaigns such as Make Healthy Normal. Our response will emphasise the positive benefits from healthy eating and active living for children, families and communities.

Strategic Priority 3: Community Settings

Strategic actions	Success measures	Delivery lead	Delivery partners
3.1 Develop and implement a pilot project to intensify existing Healthy Children's Initiative (HCI) in a targeted LGA, based on population health data and equity	<ul style="list-style-type: none"> ◆ Community consultation completed ◆ Proposal completed and endorsed ◆ Pilot community selected for initial implementation ◆ Delivery and Implementation of key HCI programs and services ◆ Active engagement from community and key partners 	MNCLHD HP	MoH CPH OPH ACCHO Community Leaders Industry
3.2 Integrate Healthy Eating Active Living (HEAL) principles in North Coast Primary Health Network (NCPHN) 'Healthy Towns' initiatives in Woolgoolga, South West Rocks and Lake Cathie	<ul style="list-style-type: none"> ◆ Focus groups conducted and community needs established ◆ HEAL principles adapted and implemented 	NCPHN	MNCLHD HP
3.3 Scope the application of whole of community systems approach to addressing childhood obesity (e.g. South Western Sydney Local Health District Growing Healthy Kids Project, Healthy Together Victoria)	<ul style="list-style-type: none"> ◆ Completion of scoping exercise and identification and engagement of suitable LGA ◆ Commencement and ongoing evaluation of a whole of community systems approach to childhood obesity prevention and management in identified LGA 	MNCLHD HP	OPH DPC LGA (to be identified)
3.4 Work with Aboriginal Health workers and the ACCHO sector to integrate the principles of the Healthy Eating Active Living Strategy (HEAL) and the Make Healthy Normal campaign in the community work in the child and family health context <ul style="list-style-type: none"> ◆ Ensure that Aboriginal people are actively involved in the design, delivery and evaluation of this work 	<ul style="list-style-type: none"> ◆ Increased awareness of HEAL within Aboriginal Communities 	MNCLHD HP	MNCLHD CS MNCLHD AH ACCHO
3.5 Implement a comprehensive communication plan to promote key child and family messages of the Make Healthy Normal campaign across all settings <ul style="list-style-type: none"> ◆ Map settings where children and parents can be exposed to the Make Healthy Normal Campaign ◆ Socialise the Make Healthy Normal campaign through the consumer engagement mechanisms of each HCAC partner 	<ul style="list-style-type: none"> ◆ Promotion, reach and traction of the Make Healthy Normal campaign, particularly with children and families 	MNCLHD MCU MNCLHD HP	HCAC MNCLHD CS NCPHN Consumers

Strategic Priority 3: Community Settings

	Strategic actions	Success measures	Delivery lead	Delivery partners
3.6	Actively work with key communities to encourage and support development of community-driven prevention initiatives (child and family specific) under the Healthy Communities Mid North Coast Innovation Fund grants process	<ul style="list-style-type: none"> ◆ Number of innovation fund applications addressing child health ◆ Quality of innovation fund applications ◆ Evidence of community engagement ◆ Evaluation reports provided at the conclusion of funded initiatives – noting scalability and sustainability 	MNCLHD HP	HCAC Community
3.7	Intensify the promotion of Get Healthy Service 16 years + to target youth health providers and target youth focused community events	<ul style="list-style-type: none"> ◆ Number of GHS referrals for children and young people aged between 16-24 yrs 	MNCLHD HP	NGO sector (Youth)



Strategic Priority 4:

Food Environment and Industry Engagement

Objective:

- Increase the availability of healthy food choices and build sustainable relationships with the food industry.

Rationale:

The food environment refers to what foods are available, how much they cost and how they are marketed. Equitable access to an affordable and nutritious food environment is key to increasing the availability of healthier food. Vulnerable groups and those with complex needs will require more targeted interventions.

The food industry is a key partner and strong, transparent and innovative engagement with the food industry will help to improve the quality of the food environment to which children and families are exposed.

Strategic Priority 4: Food Environment and Industry Engagement

	Strategic actions	Success measures	Delivery lead	Delivery partners
4.1	Engage with local sporting associations to promote Finish with the Right Stuff <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	<ul style="list-style-type: none"> ◆ % of clubs (above 2018 baseline) participating in Finish with the Right Stuff ◆ Increased healthy food and drink choices at local sporting events 	MNCLHD HP	MoH Sporting Associations* NSW OoS
4.2	Implementation of NSW Healthy Food and Drink Framework to increase the availability of healthy choices in NSW Health Facilities <ul style="list-style-type: none"> ◆ Investigate expansion of key elements of the NSW Healthy Food and Drink Framework to other 'like' organisations 	<ul style="list-style-type: none"> ◆ MoH audit process demonstrates compliance with NSW Healthy Food and Drink Framework benchmarks ◆ Elements of framework adopted by other 'like' organisations 	MNCLHD HP	MoH MNCLHD MCU MNCLHD Clinical Networks
4.3	Work with Ministry of Health to pilot the development of an Industry Partnership Framework which encourages key industries to partner with MNCLHD to contribute to healthier food environments	<ul style="list-style-type: none"> ◆ Proof of concept demonstrated ◆ Development of Industry Partnership Framework ◆ Evidence of Industry effort to improve food choices 	MNCLHD HP MoH	Food Industry
4.4	Actively facilitate the use of the Make Healthy Normal Koori Cook-Off Trailer to build food literacy in MNC communities <ul style="list-style-type: none"> ◆ Equity approach to target high need communities 	<ul style="list-style-type: none"> ◆ Number and reach of Cook-Off events 	MNCLHD HP	HCAC
4.5	Deliver cooking programs to targeted population groups relating to healthy food budgeting and preparation	<ul style="list-style-type: none"> ◆ Increased healthy food literacy ◆ Number and reach of cooking programs 	MNCLHD HP FACS KPP	Community NGO sector
4.6	Work with community groups and individuals to establish and maintain community gardens	<ul style="list-style-type: none"> ◆ Number of community gardens operating ◆ Number of participants 	MNCLHD HP FACS KPP	Community NGO sector
4.7	Work with community groups to increase availability of food banks and food pantries	<ul style="list-style-type: none"> ◆ Number and reach of food banks and food pantries operating ◆ Utilisation of these services 	MNCLHD HP FACS KPP	Community NGO sector



Strategic Priority 5:

Activity Environment

Objective:

- Increase the availability of healthy built environments that support and encourage increased physical activity among children, young people and families.

Rationale:

Built environments which include consideration of physical design, patterns of land use and the transport system positively influence opportunities for physical activity. Environments that encourage and support children, young people and families to be physically active make an important contribution to the improved health of communities and help to reduce childhood obesity.

Strategic Priority 5: Activity Environment

	Strategic actions	Success measures	Delivery lead	Delivery partners
5.1	Actively promote the Office of Sport Active Kids Voucher Scheme	◆ Number (%) of vouchers redeemed across MNC compared with state average uptake	NSW OoS	MNCLHD HP
5.2	Target the promotion of the Office of Sport Active Kids Vouchers, in particular ◆ Encourage increased uptake within priority population groups	◆ Increased uptake of the Active Kids sports voucher by priority demographic groups	MNCLHD HP	NSW OoS DPC
5.3	Promote and encourage local sport facilities and schools to participate in the Share Our Space Program <i>As per the NSW Government NSW Premier's Priority Childhood Obesity Delivery Plan 2016</i>	◆ Number of schools participating in the program ◆ Number of schools receiving \$5000 grant to upgrade facilities for community and school use ◆ Increased availability of access to, and use of, green space and school grounds during school holiday periods	DoE CSO	DSR
5.4	Implement road safety programs in schools to increase knowledge of road safety for students to confidently and safely ride to school	◆ Number of road safety programs implemented in Mid North Coast schools ◆ Numbers of children riding bicycles to school	DoE CSO	RMS* Bicycle Network NSW* Wheely Safe Kids*
5.5	Establish a network of existing physical activity providers to support curriculum activities and programs in schools ◆ Engage key physical activity service providers ◆ Establish a mandate for working together to support schools with established physical activity programs	◆ Number of service providers actively engaged in school programs	MNCLHD HP	DSR* NSW OoS
5.6	Implement Physical Activity for Everyone (PA4E1) research to better understand the factors associated with increased physical activity in secondary school student cohort	◆ Research outcomes published, disseminated and translated into practice	HNELHD MNCLHD HP	DoE

Strategic Priority 5: Activity Environment

Strategic actions	Success measures	Delivery lead	Delivery partners
5.7 Work with Department of Planning and Environment to integrate Healthy Eating Active Living (HEAL) principles in Regional City Plans for Coffs Harbour and Port Macquarie ♦ Principles 1- 5 of the Regional City Plans (Live, Work, Meet, Play, Move) liveable spaces, sports infrastructure, open space and social infrastructure	♦ Evidence of HEAL principles incorporated in Regional City Action Plans	MNCLHD HP	DPE
5.8 Support Local Government sector to identify integrate Healthy Eating Active Living (HEAL) principles in Council Community Strategic Plans	♦ Evidence of HEAL elements in Community Strategic Planning	MNCLHD HP	Local Government
5.9 Conduct strategic workshops for Local Government sector to increase knowledge of healthy built environments which promote Healthy Eating Active Living (HEAL)	♦ Workshop held ♦ Number of Local Government staff in attendance ♦ Increased knowledge in incorporating HEAL elements in to Local Government planning	MNCLHD HP	RMIT Local Government
5.10 Identify and encourage/facilitate access to suitable locations for activities (including local school grounds, Land Councils, community and cultural facilities, community sporting fields and open community spaces)	♦ Increased use of suitable locations for physical activity	MNCLHD HP	DoE HCAC NSW OoS Local Government
5.11 Progressively audit built environments to identify required improvements to amenability (well-lit areas, undercover spaces, clean and usable facilities) to increase the probability of physical activity in community spaces utilised predominantly by children and families	♦ Targeted facility audits conducted by MNCLHD HP and improvements made where required within the limits of each Local Council's resources and priorities or funding from other Government or non-Government sources of funding	MNCLHD HP	Local Government



Strategic Priority 6:

Research and Innovation

Objectives:

- Use implementation science to enhance the impact of existing evidence-based interventions
- Contribute to the state-wide translational research agenda
- Engage communities through Participatory Action Research models, ensuring co-design, robust end user validity and rapid translation.

Rationale:

The current best case trajectory indicates that we can expect to see a reduction in child overweight and obesity rates of approximately three per cent by the 2025 target date, this is short of the of the five per cent reduction target. Translational research with the capacity to quickly build evidence regarding effective interventions will extend the knowledge base. Innovation, particularly through new and enhanced initiatives developed in co-design partnerships with local communities, is critical to ensuring that current interventions are intensified and new innovations identified and scaled across communities.

Strategic Priority 6: Research and Innovation

Strategic actions		Success measures	Delivery lead	Delivery partners
Local Research Agenda				
6.1	Implement Parents in Child Nutrition Informing Community (PICNIC) research program to promote improved child feeding practices for children aged 0-2yrs	<ul style="list-style-type: none"> ◆ Number of peer educators recruited ◆ Number of peer educator recipients (new parents) ◆ Improvement in child feeding practices and diet quality of peer educator recipients 	MNCLHD HP	Community Peer Educators CCLHD
6.2	Incorporate Healthy Eating Active Living (HEAL) principles and awareness of childhood obesity in to the teaching of phase 1 medical students <ul style="list-style-type: none"> ◆ Assess and compare the level of childhood obesity knowledge in first and final year medical students ◆ In a sub-set of students (i.e. Rural Clinical School first and final year) assess whether levels have improved by a teaching module delivered by MNCLHD HP 	<ul style="list-style-type: none"> ◆ Completion of a cross-sectional observational study where knowledge and perceptions on (childhood) obesity are assessed and compared between final year and first year medical students at UNSW after delivery of a childhood obesity specific education module 	UNSW, Rural Clinical School, Port Macquarie Campus	MNCLHD HP
6.3	Develop collaborative partnerships with other Local Health Districts (LHD) and MNC Regional University partners to foster the growth of childhood obesity prevention research	<ul style="list-style-type: none"> ◆ Number, quality and output of established partnerships 	MNCLHD HP	LHDs University Partners
Translational Research Grants Scheme (TRGS)				
6.4	Actively engage in research projects with the potential to build the evidence-base in relation to childhood obesity	<ul style="list-style-type: none"> ◆ Number of TRGS grants in which MNCLHD HP is a participant 	MNCLHD HP	LHDs OPH University Partners Community Partners
6.5	Implement Physical Activity for Everyone (PA4E1) research to better understand the factors associated with increased physical activity in secondary school student cohort	<ul style="list-style-type: none"> ◆ Research outcomes published, disseminated and translated in to practice 	HNELHD MNCLHD HP	DoE UoN
6.6	Participate in the Swap What's Packed in a Lunchbox (SWAP – IT) research project (under submission)	<ul style="list-style-type: none"> ◆ Participation in TRGS research project ◆ Evidence relating to efficacy of intervention to improve quality of contents of children's lunchboxes 	HNELHD MNCLHD HP CCLHD	OPH

Strategic Priority 6: Research and Innovation

Strategic actions		Success measures	Delivery lead	Delivery partners
Medical Research Future Fund (MRFF)				
6.7	Participate in Thirsty? Choose Water! (under submission)	♦ Evidence relating to efficacy of behavioural Interventions and water stations in rural/remote secondary schools	CCLHD MNCLHD HNELHD	
6.8	Participate in using the SkoolBag application to provide health information to families (under submission) ♦ Investigate potential to link this project to an enhancement of Live Life Well @ School	♦ Evidence relating to using technology platforms to improve the use of chronic disease prevention services to reduce childhood obesity rates ♦ Evidence of enhancement to messaging to families within Live Life Well @ School	HNELHD MNCLHD	CCLHD UoN
6.9	Participate in a model to enhance the implementation of a physical activity policy in NSW primary schools (under submission)	♦ Evidence relating to scaling up an effective model to enhance implementation of a mandatory physical activity policy in primary schools across three NSW jurisdictions	HNELHD MNCLHD	CCLHD UoN
National Health and Medical Research Centre (NHMRC)				
6.10	Collaborate as a LHD partner on a NHMRC <i>Excellence in Implementation for Community Chronic Disease Prevention</i> submission (under submission)	♦ Participation in translational research with a focus on evaluating the enhanced 'implementation of strategies' that support the Premier's Priority and HCI programs	HNELHD	MNCLHD HP, MoH CCLHD, UoN, USyd, Monash, CQU, uOttawa
Innovation				
6.11	Implement the <i>Healthy Communities Mid North Coast</i> Innovation Fund, over three years, with a targeted focus on facilitating and supporting projects that show capacity to address childhood obesity and/or projects that serve to intensify existing settings based approaches (early childhood and primary school settings)	♦ Number (%) of Innovation Fund applications from early childhood and primary school settings ♦ Quality of Innovation Fund applications – generation of evidence and potential for rapid replication and scaling ♦ Extent of child and parent engagement in funded projects	MNCLHD HP	HCAC Community

Glossary of Acronyms

ACCHO	Aboriginal Community Controlled Health Organisation	MNCLHD CS	Mid North Coast Local Health District (Clinical Services)
AIM	Accelerated Implementation Methodology	MNCLHD HP	Mid North Coast Local Health District (Health Promotion)
C&FH	Child and Family Health	MNCLHD IPC	Mid North Coast Local Health District (Integrated Primary Care)
CCLHD	Central Coast Local Health District	MNCLHD MCU	Mid North Coast Local Health District (Media and Communications Unit)
CPH	Centre of Population Health	MNCLHD MS	Mid North Coast Local Health District (Maternity Services)
CQU	Central Queensland University	MNCLHD OH	Mid North Coast Local Health District (Oral Health)
CSO	Catholic Schools Office: Lismore Diocese	MNCLHD PH	Mid North Coast Local Health District (Population Health)
DoE	NSW Department of Education	MoH	NSW Ministry of Health
DPC	Department of Premier and Cabinet	Monash	Monash University
DPE	Department of Planning and Environment	MRFF	Medical Research Future Fund
DSR	Department of Sport and Recreation	NCPHN	North Coast Primary Health Network
ECS	Early Childhood Services	NGO	Non-Government Organisations
FACS CS	Family and Community Services MNC Community Services	NHMRC	National Health and Medical Research Centre
FACS KPP	Family and Community Services MNC Kempsey Place Plan	NSW OoS	NSW Office of Sport
HCAC	Healthy Communities Mid North Coast Advisory Committee	NSW OPH	NSW Office of Preventive Health
HCI	Healthy Children's Initiative	OoHC	Out of Home Care
HCMNC	Healthy Communities Mid North Coast	OoS	Out of School Hours Care Services
HEAL	NSW Healthy Eating Active Living Strategy	PA4E1	Physical Activity For Everyone
HMP	Health Management Plan	PICNIC	Parents in Child Nutrition Informing Community
HKA	Healthy Kids Association	RLE	Regional Leadership Executive
HNELHD	Hunter New England Local Health District	RMIT	Royal Melbourne Institute of Technology
IRSD	Index of Relative Socioeconomic Disadvantage	RMS	Road Maritime Services
LGA	Local Government Area	TRGS	NSW Health Translational Research Grants Scheme
LHD	Local Health District	UNSW	University of New South Wales
LOTE	Language other than English	UoN	University of Newcastle
MLHD	Murrumbidgee LHD	uOttawa	University of Ottawa
MNCLHD	Mid North Coast Local Health District	UQ	University of Queensland
MNCLHD AH	Mid North Coast Local Health District (Aboriginal Health)	USyd	University of Sydney
MNCLHD ICFWU	Mid North Coast Local Health District (Integrated Child and Family Wellbeing Unit)	WSLHD	Western Sydney Local Health District

Definitions

*Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of NSW. Throughout this document, the word 'Aboriginal' will be used to represent Aboriginal and Torres Strait Islander people.

*Agencies that we have identified but not yet engaged.

References

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NSW Healthy Living Eating Strategy, <http://www.health.nsw.gov.au/heal/Publications/nsw-healthy-eating-strategy.pdf>

NSW State Health Plan: Towards 2021, <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>



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