

OPAL for South Australia ANZOS presentation

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The SASP Healthy Weight Target

Increase the proportion of South Australians 18 and over with healthy weight by 10% points by 2014

Baseline 2003 - 42% (SAMSS data)

2008 - 40%

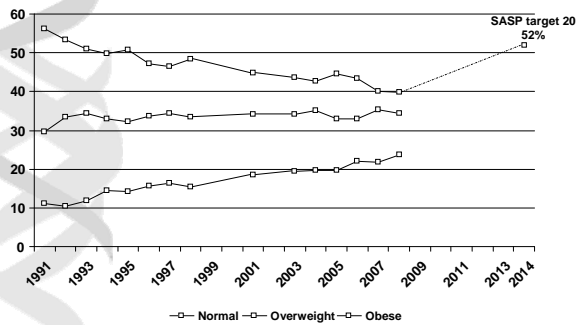
Target 2014 - 52%

On the graph it looks like this....

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BMI trends 1991 – 2008 with SASP target for Healthy Weight

Data source: South Australian Health Omnibus Survey (HOS), 1990 – 2007, SA Health

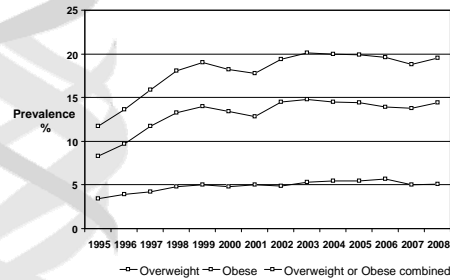


NB: South Australian Monitoring Surveillance System (SAMSS) data 2008: normal weight = 41.3%, overweight = 36.2%, obese = 20.2%

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Proportion of overweight and obese preschool children (4 – 5 yrs) 1995 – 2008, South Australia

Data source: Children Youth and Womens Health Service (CYWHS) preschool health check BMI data



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To meet the target...

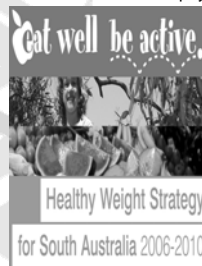
- > Requires weight loss in adults – especially men
- > Prevent men in particular, but also women, from gaining weight and moving into the category of overweight
- > Prevent young people 11-18 years from moving into the adult category with an unhealthy weight
- > Ensure younger children maintain a healthy weight throughout childhood

CHILDHOOD OBESITY PREVENTION IS MAJOR FOCUS THROUGHOUT THE WORLD

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Current strategies to address the target

Healthy eating (including breastfeeding), physical activity and healthy weight



1. Community education and awareness
2. Programs and services through communities and schools
3. Policy and legislation; national/state/operational
4. Capacity building, monitoring and research

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Introducing OPAL

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The new five-year, \$22.3m *Obesity Prevention and Lifestyle (OPAL)* program is aimed at tackling chronic disease in the community by starting at the beginning – with our children.

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OPAL by EPODE

ENSEMBLE, PRÉVENONS
L'OBÉSITÉ DES ENFANTS



Together we can prevent
childhood obesity!

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225 France, 13 Belgium, 32 Spain, 5 Greece

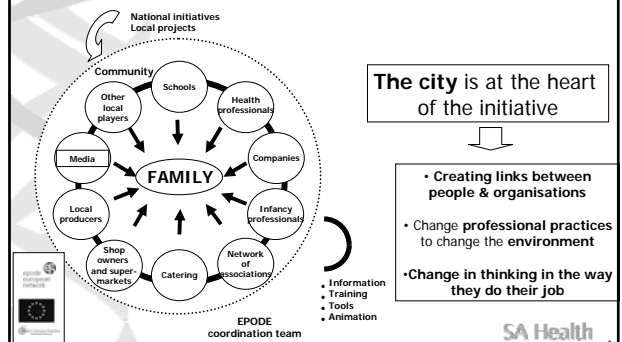
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WHAT IS EPODE?

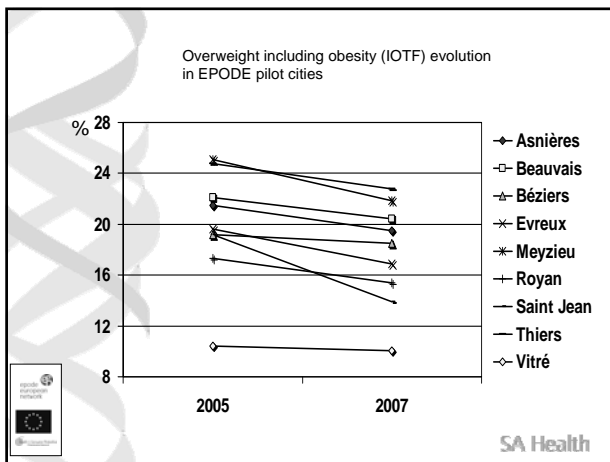
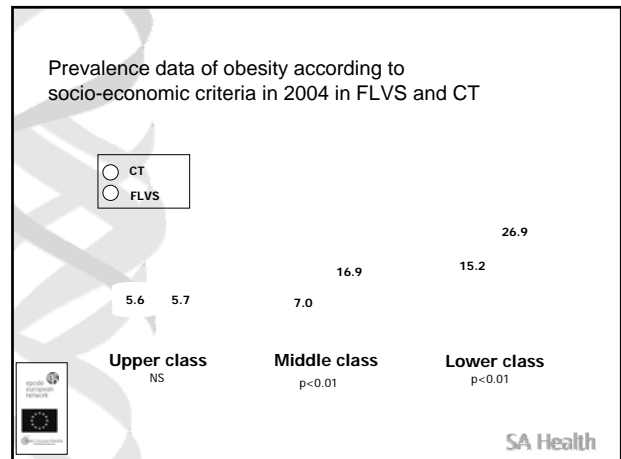
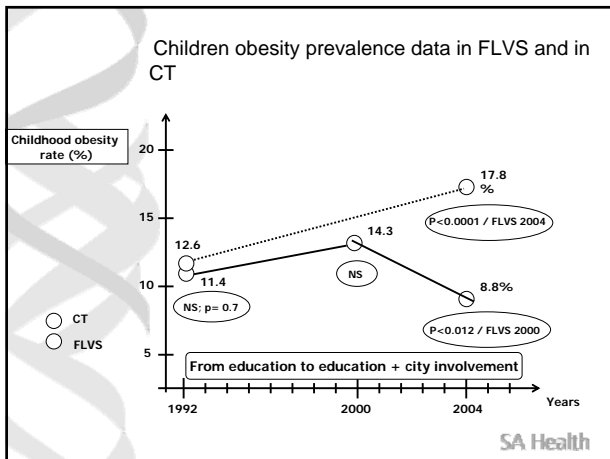
A methodology based on **social marketing** techniques and **network creation** to change practices in a sustainable way to induce individual and collective **social norms changes** and thus **behaviour changes**

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The EPODE concept



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- ### Learning from Epode initial study
- > Feasibility
 - > Target is the family
 - > Key role of the "city" and the local political will
 - > A local project manager
 - > Positive dynamic around a common project
 - > Actions in schools are a first step but a multi-stakeholders approach is necessary for better and sustainable efficiency
 - > A public / private partnership
 - > Regular communication to stakeholders – positive messages
 - > An evaluation of the results through children BMI measurement
 - > Necessity of long-term actions: TAKES TIME!
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- ### Learning from EPODE PILOT CITIES
- THE FOUR PILLARS:**
- 1) strong commitment of political representatives
 - 2) scientific independent support with national leaders
 - 3) structured organization using social marketing and network organization sciences
 - 4) Private Public Partnership
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Each 6 months, a food or physical activity related behaviour is highlighted

"Vegetable" tool kit

- For parents**: The taste of the season* brochure
- For the city**: Local newspaper, billboards
- For General Practitioner**: Health nutritional news
- For teachers**: Pedagogical animations

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Plus we have our own experiences – EWBAC, Colac, Rockhampton 10,000 steps, Hunter, Co-ops etc

OPAL in SA

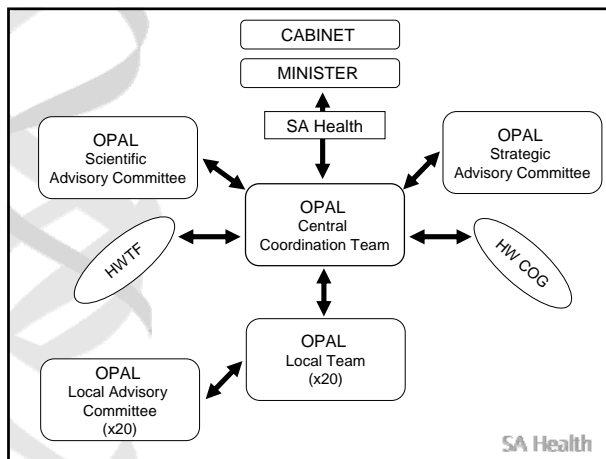
- > \$22.3m over 5 years
 - > Up to 20 communities
 - > 6 in 2009 – progressively over next 3 years
- Funded by:
- State govt – prevention part of health reform
 - Federal govt through National Partnership Agreement on Preventive Health
 - Local Government - \$50K cash, in kind
- > Focus on children (0-18years) & families
 - > Central Co-ordination Team – 3 positions
 - > Licence agreement with France re training, support, methodology, international network
 - > Across govt commitment to support

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At the local level

- > LG lead locally
- > Two positions in councils
- > LG integrate staff into structure
- > First 6 locations: Playford, Salisbury, Onkaparinga, Marion, Pt Augusta, Mt Gambier
- > Populations of 20-30,000 people
- > Disadvantaged, high rates of obesity, capacity
- > Funding matched by LG
- > Began Sept 21 2009

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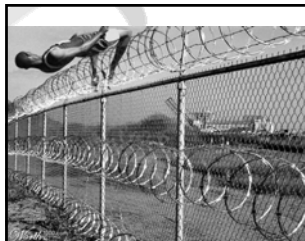


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Evaluation

- > Advice from Scientific Advisory Committee
- > Progressive roll out is challenging
- > Cross sectional design
- > Quantitative and qualitative
- > Weigh and measure children at ages 4, year 6/7 and year 8/9?
- > Measure every 2 years
- > Data linkage opportunities
- > Comparison sites matched by ses, education of parents

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CHALLENGES AHEAD

- Link with Healthy Workers, Healthy Communities – too much dose?
- Public private partnership?
- Government or outside government?
- Evaluation design
- Allocation to evaluation vs intervention?
- Existing programs eg EWBAC?
- Body image
- Smaller (poorer) councils?
- Can we get policy change?

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**Government
of South Australia**

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EPODE societal approach

- A societal answer to a societal issue
- A **community-based intervention approach** at the heart of the city networks:
 - Inspired from key-to-success factors and experience of successful community-based interventions
 - Regularly enriched by field experience and best practices sharing
- A methodology dedicated to the **development of a local strategy** fostering sustainable involvement of local stakeholders and integration of **new educational schemes within their daily activities**

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