BACKGROUND PAPER

OBESITY PREVENTION

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1. PURPOSE

The purpose of this briefing paper is to;

- Provide a comprehensive snapshot of the overweight and obesity trends in the Southern Grampians and Glenelg LGAs
- Explore the work that is being undertaken in the region regarding obesity prevention and the success of this work
- Identify opportunities for future development in the space of obesity prevention, aligning such efforts with best practice guidelines and the capacities of the community and stakeholder agencies.

2. BACKGROUND

Defining the problem

'Obesity' and 'overweight' are labels for weight ranges that are greater than considered healthy for a given height.

- Overweight is having more body weight than is optimally healthy.
- Obesity is a medical condition in which excess body fat has accumulated to the extent that it has an adverse effect on health, leading to reduced life expectancy and/or increased health problems.[1]

At the population level for adults, overweight and obesity is measured using the Body Mass Index (BMI) which is calculated by dividing weight in kilograms by height in metres squared.

Overweight is measured at a BMI of 25 or more with obesity determined at a BMI of 30 or more. These cut-off points are based on the associations between and chronic disease and mortality and have been adopted for use internationally by the World Health Organisation.[2]

Table 1: Body Mass Index ranking and co-morbidities risk

Classification	BMI	Risk of co-morbidities
Underweight	<18.50	Low (but risk of other clinical problems increased)
Normal range	18.50 – 24.99	Average
Overweight	>25.00	
Preobese	25.00 – 29.99	Increased
Obese class 1	30.00 – 34.99	Moderate
Obese class 2	35.00 – 39.99	Severe
Obese class 3	>40.00	Very severe

These conditions occur when the energy derived from food and drinks exceeds the energy expended through physical activity, growing and other body processes. A build-up of this energy in the body is stored as fat. [1]

For the purposes of this background paper, the focus of "Obesity Prevention" is centered on increasing fruit and vegetable intake, decreasing energy dense nutritionally poor foods (EDNP), decreasing sugary drinks, increasing physical activity and reducing sedentary behaviours.

Prevalence

National

The prevalence of obesity in Australia has more than doubled in the past 20 years. In Australia more than 60% of the adult population and 25% of children are classified as overweight or obese. [3]

In 2003, overweight and obesity accounted for 7.5% of the burden of disease in Australia (just 0.3% less than tobacco), 55% of diabetes and associated burden and 20% of cardiovascular disease both caused by obesity. [4]

Prevention of obesity is now a public health priority. In 2008 the National Preventative Health Taskforce highlighted obesity as one of three areas where urgent action is required and made a series of recommendations for tackling this epidemic for a healthier Australia. [5]

If weight gain continues at current levels, by 2025 close to 80% of Australian adults will be overweight or obese. Obesity has become the single biggest threat to public health in Australia. On the basis of present trends we can predict that by the time they reach the age of 20, our kids will have a shorter life expectancy than earlier generations simply because of obesity. [6]

Further to the national statistics, specific population factors can be observed to create a differential in obesity and overweight prevalence trends.

Education

Adults with a degree, diploma or higher qualifications were less likely to be obese than those with other or no post-school qualifications. [7]

Disadvantage

Women in the most disadvantaged socio-economic group had nearly double the rate of obesity (22.6%) of those in the most advantaged group (12.1%). Men in the most disadvantaged group were also significantly more likely to be obese than those in the most advantaged group (19.5% compared with 12.7%). [8]

Remoteness

Much like income, the overweight statistics were consistent across metropolitan and remote areas; however people living in remote areas were more likely to be obese. [7]

Aboriginal

Indigenous men were 0.8 times as likely as non-Indigenous men to be overweight and 1.6 times as likely to be obese. The corresponding rate ratios for women were 0.9 and 2.2. [9]

Disability

While there is limited data available in Australia, studies in America have indicated that obesity rates amongst adults living with a disability is 58% higher than that or adults who are not living with a disability. [10]

State

At the Victorian level, while performing better than the national statistics, similar overweight and obesity trends can be observed. According to the 2008 Victorian Population Health survey, 31.9% of the population self-reported a BMI rating between 25.00 – 29.99 (Overweight) and 16.7% of the population self-reported a BMI rating equal to or greater than 30.00 (Obese).[11] The end result is that nearly 50% of the Victorian population is classified as being overweight or obese.

Local

While obesity is a major health issue on the global, national and the state level, at the local level the statistics for obesity and overweight in the Southern Grampians Local Government Area (LGA) and Glenelg LGA are both in excess of 10% greater when compared to the state average, placing Southern Grampians LGA as the third worst in Victoria and Glenelg LGA as the seventh worst. [11]

Table 2: Percentage of Overweight and Obesity in adults in 2008, ranked by LGA

	Victorian Average	Southern Grampians	Glenelg
Overweight or Obese Males	57.2%	66.7%	71%
Overweight or Obese Females	40.3%	52.3%	48.9%

Table 3: Percentage of adults who met guidelines for the number of serves of fruit and/or vegetables per day in 2008, ranked by LGA

	Victorian Average	Southern Grampians	Glenelg
Males meeting vegetable intake guidelines	5.0%	3.6%	5.5%
Females meeting vegetable intake guidelines	10.7%	16.6%	17.6%
Males meeting fruit intake guidelines	40.6%	53.5%	41.6%
Females meeting fruit intake guidelines	56.5%	53.5%	49.4%

Table 4: Percentage of adults who met the physical activity guidelines in 2008, ranked by LGA

	Victorian Average	Southern Grampians	Glenelg
Males	61%	68.2%	52.4%
Females	59.7%	66.7%	60%

Impact

Health Implications

Carrying excess fat leads to serious health consequences such as cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and colon). These conditions cause premature death and substantial disability.[12]

What is not widely known is that the risk of health problems starts when someone is only very slightly overweight, and that the likelihood of problems increases as someone becomes more and more overweight. Many of these conditions cause long-term suffering for individuals and families with subsequent costs to the health care system being extremely high.[12]

Table 5: Details the diseases associated with obesity and the subsequent relevant risk.[12]

Relative risk	Associated with metabolic consequences	Associated with weight
Greatly increased	Type 2 diabetes Gall bladder disease Hypertension Dyslipidemia Insulin resistance Atherosclerosis	Sleep apnea Breathlessness Asthma Social isolation/depression Daytime sleepiness/fatigue
Moderately increased	Coronary heart disease Stroke Gout/hyperuricaemia	Osteoarthritis Respiratory disease Hernia Psychological problems
Slightly increased	Cancer (breast, endometrial, colon) Reproductive abnormalities Impaired fertility Polycystic ovaries Skin complications Cataract	Varicose veins Musculo-skeletal problems Bad back Stress incontinence Oedema/cellulitis

Child Health Implications

With children, the most significant long term implication of being overweight or obese is its persistence into adulthood. Obesity is more likely to carry over into adulthood when its onset is in late childhood or adolescence and where children have obese parents.[12]

The table below was adapted by the Department of Health from: Booth M, Baur L & Denny Wilson E, Report to the Commonwealth on Australian standard definitions for child and adolescent overweight and obesity. [12]

Table 6: Health implications for overweight and obese children and adolescents

Immediate adverse health problems	Psychological dysfunction Social isolation Body dissatisfaction possibly leading to eating disorders Asthma
Adverse health outcomes which may develop in the short term	Gastrointestinal disorders, cardiovascular, endocrine and orthopaedic problems Reproductive system abnormalities Menstrual abnormalities High intra-abdominal adipose tissue Type 2 diabetes Hypertension High cholesterol
Adverse health outcomes which may develop in the intermediate term	High prevalence of cardiovascular disease risk factors Tracking of cardiovascular mortality and morbidity into adulthood High level of C-reactive protein (may lead to coronary heart disease)

Economic Impact

It is estimated that in developed countries, the economic burden of obesity is 10% of the total health care cost and for Australia specifically, it was estimated that in 2008 obesity cost more than $58 billion.[13]

Best Practice Recommendations

By and large, obesity prevention initiatives are in their early stages of development and implementation. As such, limited evidence is available regarding the effective processes for community based initiatives.

To help promote best practice, information and knowledge dissemination, the Collaboration of Community-based Obesity Prevention Sites (CO-OPS), which is an initiative funded by the Australian Government Department of Health and Aging and have developed the guide "Best Practice Principles for community-based obesity Prevention". [14]

This guide works on the premise that there is no one intervention strategy that is ideal. Rather, a multi-faceted approach in encouraged in which there are twenty-two best practice principles for community based intervention programs under the five sections;

1. Community engagement

- Approach to community engagement: there is clarity about the ways in which the program engages the community
- Community analysis to inform planning: the planning process considers the community's geographic, demographic and organizational characteristics as well as its assets and interests
- Implementation partnerships: implementation builds synergy between partner groups and contributes to community/agency/target group capacity. The partnership arrangements include clear structures and communication strategies.
- Sustainability and community capacity: the program identifies existing structures and processes that can enable it to be maintained at agency and/or community levels.

2. Program design and planning

- Problem analysis and program focus: planning process that considers available evidence and information (from international to local) about the problem and the factors contributing to the problem (risk factors, environmental factors etc.)
- Positioning and framing: the program approach reflects a comprehensive problem analysis, recognises social and cultural sensitivities and avoids victim-blaming, inappropriate labeling or perpetuating unfair arrangements.
- Planning context: the program planning process occurs within the context of an overall strategic plan and reflects national, state and regional policies and plans. The program is linked to a portfolio of complementary interventions. A portfolio allows programs to address a mix of contributing factors. The portfolio takes account of and builds on the strengths of existing activities in the community.
- Evidence/innovation: planning process considers and applies best available evidence on the effectiveness of interventions; or explicitly seeks to test strategic, innovative approaches.

- Theory of change: planning process considers and applies appropriate theoretical understanding about effective approaches for achieving change in organisations and individuals.
- Feasibility: planning process takes account of available capacity and resources, roles and readiness of partner agencies and community groups, expected acceptability of the initiative and other related feasibility considerations.
- Program plan: there is clear program logic, so that there are coherent connections between goals, objectives and strategies. The goals are appropriate and objective is achievable, taking into account the likely size of effect and program reach. The plan specifics SMART objectives and resources. The initiative involves a mix of complementary strategies. Resources are specified.
- Target groups and equity: plan explicitly identifies target population group or community, and explicitly takes account of more disadvantaged groups and incorporates methods that ensure appropriateness, reach and inclusion of selected 'equity' groups. On some cases the project may seek to focus on more disadvantaged groups.

3. Evaluation

- Evaluation framework and approach: the approach and framework for evaluation is developed alongside program planning. The size and scope of the evaluation is appropriate to the size and stage of development of the project (where innovative approaches warrant significant evaluation, compared to direct application of evidence-based programs). The evaluation approach considers the primary purpose of evaluation and identifies options related to process, impact and outcome evaluation.
- Evaluation planning: there is an evaluation plan, which identifies a hierarchy of outcomes (process, impact and outcome evaluation) and assess the extent to which all or some of the objectives are achieved. The evaluation plan covers;
    - Measures, preferring high quality, valid, reliable pre-tested measures
    - (evaluation or study design) a method for comparing results to another group, or to existing data
    - Timing and methods for data collection
    - All details required for Ethics Committee approval
- Data collection, management and analysis: there are explicit protocols for all data collection processes. All people involved in data collection are trained to ensure consistency. There are protocols for data entry and quality checking, and structured processes for data management that ensure appropriate confidentiality. Data analysis should be appropriate to address the purpose and questions. Analyses should be documented and replicable.
- Evaluation context: evaluation findings consider and report on prevailing organisational, policy and community contextual factors and their likely impact on the evaluation findings.
- Active dissemination: evaluation leads to active dissemination of findings.

4. Implementation and sustainability

- Consumer testing of messages, resources & approaches: implementation resources, messages etc. have been previously tested, or are pre-tested with the target groups within the program or as part of the pilot stage.

- Quality implementation and monitoring: there are systems to ensure that tasks associated with each strategy are fully implemented (optimal intensity and duration), reach all relevant settings and target groups, and (where appropriate) achieve desired participation and response rates with all settings and groups. There is monitoring, review and adjustments of implementation timeframes.
- Adaptation and responsiveness: implementation adapts to pursue additional opportunities as they arise, such as broadening the reach or linking with other partners. Responsiveness supports efforts to build community capacity and promote sustainability.

5. Governance and accountability

- Explicit funding sources: funding sources are declared and the program has explicit guidelines for donations and sponsorship to avoid any actual or perceived conflicts of interest.
- Structures for program management, governance and organization relationships: there are clear governance structures and lines of accountability. There is a specified program management structure, to (i) ensure accountability, (ii) monitor and document implementation quality and progress, (iii) solve problems and manage risks and (iv) communicate progress to all key stakeholders. Partnerships and organizational relationships are clearly specified.

Healthy Together: Achievement Program

The Achievement Program is part of Healthy Together Victoria, which aims to improve people's health where they live, learn work and play and is an example of a best practice framework that adopts the multi-faceted, best practice recommendations.

While not exclusively focusing on Obesity Prevention, the Achievement Program is based on the World Health Organization's health promoting schools and healthy workplaces models and has two priority areas that align to Obesity Prevention;

1. Healthy eating and oral health
2. Physical activity

The Achievement Program has a number of settings in which the framework has been developed;

1. Early childhood education and care services
2. Primary schools
3. Secondary schools
4. Workplaces

The Achievement Program encourages organisations to create healthier work environments and adopt a whole-school approach, or whole-service approach to health promotion. This includes developing a healthy physical and social environment, creating healthy policies, and providing children, young people and workers with health and wellbeing opportunities. It encourages children, students, workers and families to be actively involved in creating healthy environments, and has a focus on building and strengthening community partnerships.

3. CONTEXT

The increasing rates of overweight and obesity has ensured that obesity prevention is a priority at the federal, state and local level.

Federal

At the federal level, the Australian National Preventative Health Agency (ANPHA) was established on 1 January 2011, following the commencement of the Australian National Preventive Health Agency Act 2010, to provide national capacity to drive preventive health policy and programs.

ANPHA has identified Obesity Prevention as one of its priorities, for which their role is to support, extend and improve policies and programs that aim to reduce the prevalence of overweight and obesity, through research, analysis and advice.

ANPHA Strategic Plan outlines the following strategies to be used in this area:

- Support innovation that helps build the evidence base to guide policies, programs and interventions to address obesity and to strengthen design, implementation and evaluation capacity.
- In collaboration with its Expert Committee on Obesity, provide leadership and technical advice to strengthen and extend social marketing and other programs, towards both an enabling environment and behavioural change.
- In collaboration with its Expert Committee on Obesity, provide technical advice on emerging policy areas that relate to obesity and healthy eating.
- Monitor and engage with industry and other partners on food products and marketing, including products for children and marketing to which they are exposed with attention to energy-dense, nutrient-poor foods and beverages.
- Facilitate alliances between communities and organisations to consolidate program development within and across sectors and groups to enable scaling up of interventions and investment.
- In collaboration with partners, promote and support environmental changes that support physical activity and healthy eating.
- Strengthen, up-skill and support the primary health care workforce (with a specific focus on Medicare Locals) and the general health workforce to support people in making healthy lifestyle choices.

State

At the state level, *The Victorian Health Priorities Framework 2012-2022* (Victorian Health Plan) outlines that tackling the increasing prevalence of obesity is a health priority. [15]

The framework's purpose is to lay out a clear, coordinated agenda for the future of the entire Victorian health system. It provides principles to guide decision making and prioritisation of innovation, investment and actions.

Local

Obesity Prevention is also on the radar at the local level as indicated in the Great South Coast Regional Plan in which strategic goal 4.1 seeks to implement a whole of community initiative to halt the rising trends in overweight and obesity.

4. PREVIOUS APPROACH, EFFECTIVENESS & CAPACITY

Across both the Glenelg and Southern Grampians Shire, there have been a significant number of programs and initiatives operating in the space of obesity prevention.

Overall there has been little evidence collected measuring the effectiveness of these programs in the local context. This is typically due to funding and capacity limitations. Additionally, for the programs that did display promising initial responses, program sustainability has proven to be another limiting factor for ongoing local effectiveness.

Local Projects

Settings	Example Projects	Evidence of effectiveness in local context
Childcare and Schools	Achievement program	In the local setting, there has been a significant amount of program duplication. Due to a combination of limited resources and capacity, very little evaluation of program effectiveness has occurred in the local context. There is a strong school network in place within Glenelg that creates opportunities to leverage from. Glenelg and Southern Grampians are presenting capacity for Health Promotion Officer to support schools.
	Healthy canteens policy	
	Stephanie Alexander Kitchen Gardens	
	Healthy lunchbox initiatives	
	School vegetable garden	
	Walk/Ride to school program	
Workplace	Go For your Life: "Challenging the stereotypes"	Initial results have indicated increases in healthy behaviours (fruit and vegetable consumption and physical activity) and decreased weight, BMI and waist girth circumference measurements. Due to limitations of the program funding, sustainability has proven to be limited. There is a strong workplace network in place within the Southern Grampians that creates opportunities to leverage from.
	Workplace consultations	
Primary Health Care	Active-script	Limited capacity has been the primary factor inhibiting program effectiveness in the local context. Glenelg and Southern Grampians are presenting
	Individual nutritional consultation	

		capacity
Community	Disadvantage group specific programs	Financial limitations and social factors have restricted effectiveness. While showing good initial community responses, funding limitations have impacted on program sustainability and capacity continues to be a limitation. To enhance effectiveness, further support and education beyond the initial programs was identified.
	Physical activity programs	
	Food Swaps	
	Get Active Glenelg 2 Grampians – Healthy Community Initiative	

Capacity

Governance

Historically, there has been little capacity regarding Obesity Prevention governance within the region. This is primarily due to limited established networks operating in the Obesity Prevention space. As a result of this, subsequent program funding has been sought on an independent basis, which ultimately affects the adopted governance structures in place and creates a high degree of duplication and inconsistency with best practice guidelines across the programs conducted in the region.

Stemming from the background consultations, the need for clear governance structures and lines of accountability were identified. Accordingly, the SGGPCP itself has expressed a willingness to assist in the governance of the regions Obesity Prevention efforts. The SGGPCP is a governance structure and is resourced to facilitate integration, hence there strength in the region in the form of governance capacity.

Partnerships

With regards to obesity prevention, working networks and partnerships have proven somewhat limited. However, throughout the process of developing the background paper, a strong interest and willingness has been expressed by key stakeholders to work collaboratively in this space.

Along with the SGGPCP, the Western District Health Service (WDHS) have expressed an ability to provide 0.4EFT position in health promotion to assist in the delivery of obesity prevention programs throughout the Southern Grampians.

The Glenelg shire has a number of agencies working specifically in the obesity prevention space including SGGPCP, Portland District Health (PDH), Heywood Rural Health (HRH), Casterton Memorial Hospital (CMH) and Glenelg shire through Gleneg 2 Grampians (G2G). Throughout the completion of this briefing paper, all stakeholders have expressed a willingness to work in an integrative manner in the obesity prevention space. More specifically, PDH have expressed an ability to provide assistance through the Health Promotion Officer position in a capacity yet to be determined.

The Southern Grampians has a very strong business network that served to be the platform for the Go For Your Life: “Challenging the Stereotypes” program. Additionally, the eagerness of key

stakeholders to engage in an integrated approach is an additional strength of note for the Southern Grampians.

Glenelg has a very strong schools network, with many primary schools in Portland signed up members of the Achievement Program. However, schools have expressed limited capacities for programs with high administrative requirements and are awaiting the availability of resources prior to undertaking action on the Achievement Program front.

Given the geographical distribution of communities across the Glenelg shire, certain limitations are going to be placed in adopting a 'one-size-fits-all' approach to Obesity Prevention. As such, it is anticipated that a place based approach will be adopted within individual communities.

Leadership

Throughout the consultation process, many organisations have committed to working in the Obesity Prevention space. However, there have been limitations across these organisations regarding a broader understanding of Obesity Prevention and associated best practice principles.

Additionally, to date key organisations have underestimated their capacity to influence and shape the operating practices of the broader workforce and community at large. These key organisations have the opportunity to display strong leadership and role modeling regarding ideal healthy eating and physical activity practices.

As such, key organisation 'buy-in' has been sought to align operations with a healthy eating and physical activity promoting framework, so that organisations of influence are 'walking the talk'.

Resources

- The current level of resourcing is relatively low. The commitment of some health promotion resources from health services, the governance assistance from the PCP and the alignment of Council activities to the Obesity Prevention goal sums up the current level of resource. The current resourcing is a limiting factor impacting on Obesity Prevention work, but as detailed in the following section 'Future Directions' current resourcing into consideration.
- Healthy Workplace focus will require leading workplaces to use their existing resources to achieve healthy workplace status with limited support from health promotion resources.
- Future directions also focus on empowering and supporting community and business to drive sustainable solutions.
- More could be achieved with additional resources and these opportunities will be explored. However, focus needs to be on sustainable initiatives that will last beyond the funding lifetime.

5. FUTURE DIRECTION

Overall there is a distinct lack of research evidence surrounding 'what works' to prevent obesity and to change related behaviours across all settings. This presents challenges around knowing how to intervene and a need for action outside of the evidence base.

That being said, while there are limitations regarding specific 'what works' evidence, there are however opportunity to capitalise on existing networks, practices and stakeholder capacity across a number of settings to align Obesity Prevention efforts with best practice recommendations and create the best opportunity to create meaningful behavioral changes within the Southern Grampians and Glenelg shires.

Rationale:

Children and Young Families

Children and young families have been selected as a setting of focus for future directions because;

- Children are an important priority group for obesity prevention interventions. Important lifestyle choices are made during this time that can pre-determine health risks as an adult. Obesity tracks from childhood and adolescence through to adulthood, with serious implications for health and increased risk for associated chronic disease. Hyperlipidemia, hypertension and abnormal glucose tolerance, all cardiovascular risk factors, are known to occur more frequently among obese children and there are immediate and long-term links between obesity and poor mental health status. [16]
- While there is limited evidence supporting specific intervention in one setting over another there has been a notable increase in recent years of obesity prevention research in pre-school children and related settings. In 2010, more than double the number of studies were conducted over a period of three years compared to the original review conducted in 2007.[17] This creates an ideal opportunity to align Obesity Prevention initiatives in accordance with latest and most comprehensive evidence.
- As discussed earlier, there are a number of factors influencing obesity rates such as socio-economic and disadvantaged groups. With limited resources, targeted and focused approaches are going to be necessary. As such, working with children and young families in the schools and early year settings creates a significant opportunity to establish an Obesity Prevention program where it is most needed.
- The school and early year settings also present a number of strong opportunities to engage the whole family and the broader school community in healthy eating and physical activity practices.
- Glenelg has an already established strong schools network in which the majority of primary schools in the Portland region have already signed up for the Healthy Together, Achievement Program. Additionally, through the consultation process, schools in both LGA's have expressed a willingness to continue working in this space and eagerness for any support available.
- Indications are that both LGA's are likely to have an increased capacity through the allocation of support through relevant Health Promotion Officer positions.

Workplaces

Workplaces have been selected as a setting for future directions focus for the following reasons;

- Throughout the consultation process, influential organisations have expressed a willingness and capacity to implement healthy eating and physical activity practice change.

- The Healthy Together Achievement Program is an evidence based, best practice framework that has a workplace settings focus.
- Key organisations have the opportunity to create strong leadership and role model ideal practices to other workplaces and the broader community.
- Strong business networks exist within the Southern Grampians shire and previous program capacity and success was displayed with the workplace *Go for your life "Challenging the stereotypes"* program.

Healthy Together, Achievement Program

The Healthy Together Achievement Program is proposed to be the framework for which Obesity Prevention efforts be made within the Southern Grampians and Glenelg LGA's in the children and young families and workplace settings for the following reasons;

- The Achievement Program is a framework that is evidence based and modeled on best practice guidelines.
- It incorporates two key priority areas relevant to Obesity Prevention in "Healthy Eating and Oral Health" and "Physical Activity".
- The inclusion of oral health with healthy eating assists in an additional priority area to the Southern Grampians and Glenelg LGA's beyond Obesity Prevention.
- The achievement program settings include early childhood education and care services, primary schools, secondary schools and workplaces. This ensures that across all settings, there is consistency with the evidence and best practice approaches.
- Uniformity in approach to Obesity Prevention increases the networking and partnership opportunities, while eliminating duplication.
- The Achievement Program is geared towards empowering the sites, ensuring program sustainability beyond program funding.
- The Achievement Program is measurable and has minimum benchmarks for which program success and progress can be tracked.

Community

Additional to early year, schools and lead organization settings, there are a number of community settings that can assist in creating a supportive environment that encourage healthy eating and physical activity in alignment with the multi-faceted approach being implemented within the schools and lead organisations.

Shire Infrastructure, Services and Sporting Groups

While limited research is available surround the impact of built environment and obesity trends, stemming from the consultation process, following are proposed infrastructural and service based considerations to assist enhancing healthy eating and physical activity practices.

- Improve walking tracks around schools
- Increased access to drinking water stations in parks, gardens and sporting venues
- Increased access and affordability for disadvantaged groups to sporting facility and physical activity infrastructure

- Increased healthy eating alternatives at council run venues and sporting groups

Food Security

As discussed in the Local Project section, local food swaps have achieved a good level of success at the community level. Programs exhibited significant community ownership and were driven with minimal support.

Given the local program success, continuing and building on this work is a priority with the development sought in the following areas;

- Increasing availability and affordability
- Local fruit and vegetable supple
- Skill development in the way of food handling and preparation

Community engagement

As detailed in the best practice guidelines, engaging the community is a critical step. Accordingly, a multi-faceted online and offline communication strategy that reaches out to the broader community is recommended to assist in the overall engagement.

Goals

Based upon the evidence and best practice guidelines, program success at the local level, as well as considering community strengths, stakeholder capacities and key agencies, following are the proposed goals and strategic recommendations for the Southern Grampians and Glenelg shire efforts with regards to Obesity Prevention.

Vision

Halting the rising trend of increased rates of overweight and obesity by targeting children and their families.

Objective: Schools/Childcare

- By 2017, increase the number of schools and childcare services to XXX using a health promoting framework and achieve a XXX% improvement across the sites as measured by meeting the benchmark indicators for “physical activity” and “healthy eating and oral health” from the Healthy Together Achievement Program. For which XXX schools and childcare services will achieve all 5 benchmark indicators in “physical activity” and “healthy eating and oral health” from the Achievement Program.

Objective: Prevention System

- Enhance the leadership capacity of influential organisations with regards to healthy eating and physical activity through ‘walking the talk’ as a workplace
- Enhance the planning and evaluation process for obesity prevention programs to align to best practice
- Up-skill and train stakeholder agencies and individuals in alignment with obesity prevention best practice guidelines

Objective: Community Setting

- Create a supportive environment within the community that encourages healthy eating and physical activity
- Initiate action and create change within the community around increasing physical activity and healthy eating practices.

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