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Mayne Shire councillor Jill Parker (left), Warmambool mayor Jacinta Ermacora, Southwest Primary Care representative Mark Brennan, Moyne Health representative Pauline McGee, Deakin University's Steve Allender, South West Healthcare's Catherine Loria and Southwest Primary Care health promotions officer Karyn Knight 1209030W01 Pleture: DAMIAN WHITE help launch the South West Healthy Kids program in Port Fairy.

# **Turning the** obesity tide

#### New program targets children

#### By EVERARD HIMMELREICH

MORE than half the population in Port Fairy has been told.

Warrnambool mayor Jacinta Ermacora also told the workshop for the South West Healthy Kids program that obesity was one of health challenges.

or obese by 2020, she said.

The South West Healthy Kids

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government, is aimed at children aged three to 12 years and their

Southwest Primary Care in Warrnambool and Moyne are Partnership health promotions overweight or obese, a workshop officer Karyn Knight said the workshop was presented with the community without being honest findings of a survey that examined about the fact that not all members the physical activity and eating of our community are able to share habits of six communities.

Ms Knight said the findings of benefits of our current boom. the region's biggest community the survey, which studied schools, pre-schools and sports clubs that providing active transport At the current rate of increase in Warrnambool, Koroit, Port opportunities and better parks for obesity, 65 per cent of young Fairy, Macarthur, Hawkesdale and gardens are influential to Australians would be overweight and Mortlake, would be used to healthy lifestyles," Cr Ermacora determine an action plan.

"To change lifestyles we need program aims to tackle obesity the support of the way neighbetween schools, community player because it was a provider as schools, and health agencies and local of recreational opportunities.

Cr Ermacora said local government was obliged to be involved in the program.

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"As a city, we can only ever be as strong as the least among us.

"We can't claim success as a in the economic and lifestyle

"There is plenty of evidence said.

The mayor also highlighted the by changing school and other bourhoods and communities ability of streets and neighbourneighbourhood spaces to help are shaped so it is easier not to hoods through planning, as well children make healthy eating eat rubbish and be slothful on as pedestrian safety measures the couch," Ms Knight said. She and advocating for funding to The program, an alliance said local government was a key support local organisations such

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### **The Health Promotion Process**

- Situation Analysis
- Prioritisation
- Planning
  - Aims (overall goal)
  - Objectives (what will be achieved)
  - Strategies (how they will be achieved)
  - Actions (what will be done, by whom, by when)
- Implementation

#### **Capacity building**

Skills/knowledge

Structures/ Relationships

Funding/resources

#### **Evaluation**

- Formative
  - Process
- Impact
- Outcome
- Dissemination



### **ANGELO Process**

- Situation Analysis
- Prioritisation
  - **Planning** 
    - Aims (overall goal)
    - Objectives (what will/be achieved)
    - Strategies (how they will be achieve)
    - Actions (what will be done, by whon by when)
- Implementation

#### Capacity building

Skills/knowledge

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#### Evaluation

- Formative
  - Process
- Impact
- Outcome
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### **ANGELO Process**

- 1. Situation analysis
- Environments 2. Scan Behaviours Knowledge and Skills 3. Prioritise **Importance** Changeability 4. Merge List of potential targets for action plan **SMART** format 5. Formulate **Action Plan**

Reference: Simmons et al. (2009). Health Tomotion International, 24(4). 311-324.



### **ANGELO Process**

- 1. Situation analysis
- 2. Scan Behaviours

Knowledge and Skills

Environments

3. Prioritise

**Importance** 

Changeability

4. Merge

List of potential targets for action plan

5. Formulate

**SMART** format

**Action Plan** 

Reference: Simmons et al. (2009). Health | Tomotion International, 24(4). \$11-324.



# Situation analysis

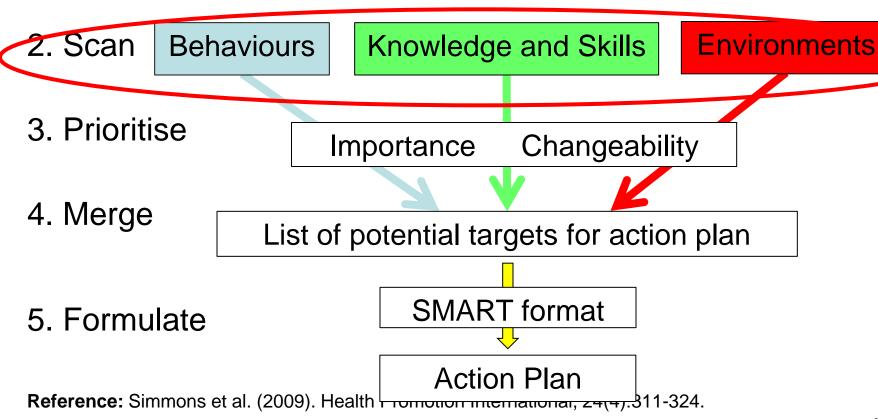
- Size of problem
- Nature of the problem especially local contexts
  - Who, where, when, why
  - You have great data here
- Existing activities, organisations, champions
- Future options
  - Opportunities
  - Capacity
- International literature and experiences





### **ANGELO Process**

1. Situation analysis







### **Choosing target behaviours**

- Draft list of potential behaviours, knowledge/skills gaps and environmental barriers is worked up before workshop
  - add others to list if needed
- Scan potential behaviours to change

e.g. Decrease

TV viewing

Screen games

High fat/sugar snacks

Fast foods

High fat meals

High sugar drinks (incl fruit juice)

Increase

Active play

Active transport

Active recreation/sport

Fruit

Vegetables

Whole grain cereals

Water

Breastfeeding





### Scan potential behaviours

- Check the potential target behaviours already listed
- Add others to the list if needed



#### STEP 1: BEHAVIOURS

#### What are the behaviours that are the highest priority for action?

**Importance** (what is the relevance and impact of this in our situation?)

**Changeability** (how easy or hard is this to change?)

1 = not important at all

2 = a little important

3 = somewhat important

4 = very important

5 = extremely important

1 = very hard to change

2 = hard to change

3 = possible to change

4 = easy to change

5 = very easy to change

List of potential behaviour patterns to target	Score (use whole range of scores)				
	Importance 1-5	Change- ability 1-5	Total (IxC)		
				Rank (1-5)	Points (5-1)
Increase the number of women who choose to breastfeed					
2. Extend the duration of breastfeeding					
Increasing the amount of vegetables eaten					



## **Prioritising behaviours**

 Individually score each behaviour item on importance and changeability

Importance (score 1-5)

– How relevant is it and how big an impact would a change make?

Changeability (score 1-5)

– How amenable is the factor to change?

Use the full range of the scale





# Prioritise: Moving to a shorter list

- Feasibility
- Sustainability
- Acceptability
  - parents, children,
     professionals, funders,
     organisations etc
- Affordability
- Cost-effectiveness

'Changeability'

- Relevance
- Effectiveness
- Reach
- Effects on equity
- Other positive effects
- Other negative effects

'Importance'



# Activity





### Choosing related knowledge and skills

# Knowledge

- Fruit juice high sugar
- High energy snacks
- Value of whole grains
- Value of drinking water
- What serving sizes
- How much TV/screen
- How much PA
- Offering new foods

### Skills

- Cooking
- Fundamental motor skills
- Traffic safety



# **Choosing related environments**



#### ANGELO Framework (Analysis Grid for Environments Linked to Obesity)

Environment size Environment	Micro-environment (settings) Food PA		nvironment ectors) PA	
Physical	What is available?		 	
Economic	What are the financia	al factors?	 	
Policy	What are the rules?			
Socio-cultural	What are the attitude and values?		ptions Prov Mod 1999 M	

Swinburn et al Prev Med 1999



### **Environment types**

- Physical what is available?
  - Includes expertise, training programs etc as well as obvious physical factors
- Economic what are the financial factors?
  - Incomes (eg Sport & Rec budget, canteen profits)
  - costs (eg to use rec facilities, buy healthy lunch)





### **Environment types**

- Policy what are the rules?
  - Legislation, regulation (& their interpretation and enforcement), formal policies, informal policies, rules (eg home and school)
- Socio-cultural what are the attitudes, perceptions, values and beliefs?
  - External to the individual
  - Includes media/marketing messages



### **ANGELO Process**

- 1. Situation analysis
- Knowledge and Skills Environments Behaviours 2. Scan 3. Prioritise **Importance** Changeability 4. Merge

List of potential targets for action plan

5. Formulate

**SMART** format **Action Plan** 

Reference: Simmons et al. (2009). Health | Tomotion International, 24(4). \$11-324.



#### **Prioritise**

- 1) Individually score each behavior item on importance and changeability
- Importance (score 1-5) How relevant is it and how big an impact would a change make?
- Changeability (score 1-5) How amendable is the factor to change?

Calculate Total score = Importance x Changeability

Allocate points:

1. Highest score	5 points
------------------	----------

Note: No ties allowed

2. \_\_\_\_\_4 points
3. \_\_\_\_\_3 points

4. \_\_\_\_\_2 points

5. \_\_\_\_\_1 point

2) Group score: Add individual points together for each behaviourHighest score = highest priority





### **ANGELO Process**

- 1. Situation analysis
- 2. Scan Behaviours Knowledge and Skills Environments
- 3. Prioritise

4. Merge

List of potential targets for action plan

**Importance** 

5. Formulate

\_\_\_\_\_<del>|</del>

**SMART** format

Reference: Simmons et al. (2009). Health Homology International, 24(4).311-324.



Changeability

# Merge

- From the group scores list the top priorities in each of the three areas
  - Behaviours
  - Knowledge and Skills
  - Environments by each setting
- About 6-8 in each

Behaviours	Know/Skills	Home enviro	School enviro	N'hood enviro	
1.	1.	1.	1.	1.	
2.	2.	2.	2.	2.	
3.	3.	3.	3.	3.	
4.	4.	4.	4.	4.	
5.	5.	5.	5.	5.	
6.	6.	6.	6.	6.	

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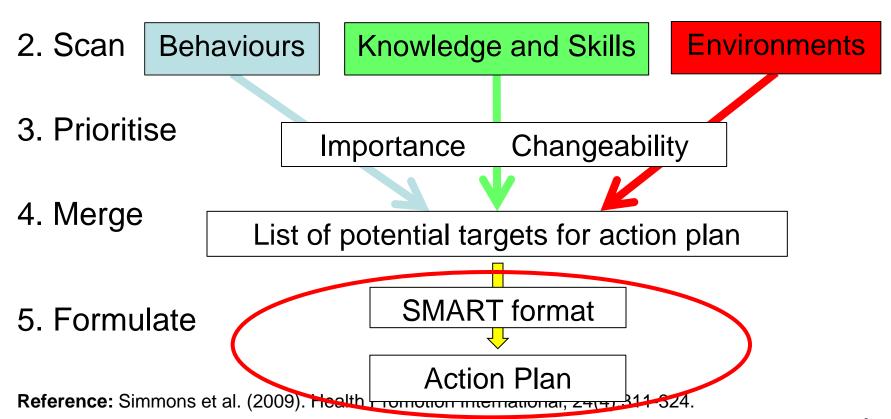
### **Session outline**

- 1. The priority setting process
- 2. The ANGELO process
- 3. Developing an action plan



### **ANGELO Process**

1. Situation analysis





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### **Action Plan**

- Overall aim
  - Simple, broad statement about the overall goal of the program
- Objectives
  - What will be achieved
  - Typically 8-10 objectives
    - 4-5 objectives from target Behaviours
    - Guiding objectives of capacity building, social marketing, evaluation
  - SMART (Specific, Measurable, Achievable, Relevant, Time-bound)
- Strategies
  - How the objectives will be achieved
  - Knowledge/skills, environmental elements as strategies
- Action steps
  - Who will do what, by when, and what stage is it at
  - Living document



### **Example**

- Target: Children 5-12 years old
- Aim: To improve the health and wellbeing of 5-12 y.o. and strengthen the community through healthy eating and physical activity promotion
- Objectives:
  - To achieve a high awareness of the healthy eating/physical activity messages among parents and children
  - To build community capacity to promote physical activity and healthy eating
  - To evaluate the process, impact and outcomes of the project
  - To significantly decrease the time spent watching TV & playing on computers or electronic games
  - To significantly decrease the consumption of high sugar drinks and to promote the consumption of water
  - a. To investigate the potential for improving the quality (fat content and type of fat) of deep-fried chips
    - b. To improve the quality of deep-fried takeaway chips

. . .





# Example

#### **Objective Five: Water versus Sweet Drinks**

To significantly decrease the consumption of high sugar drinks and to promote the consumption of water

Strategies	Action steps	By Who	Time line	Status	Process Evaluation
5.1 School Canteen & Vending Machine Policies	Examine Baseline Data (inc. socio-cultural information, environmental school audits))	PW	April 06	✓	Results of research documented
	Audit current settings eg. whether there are existing Policies, vending machines and product	PW/ Princ	June 06	✓	Results of research documented
	Research beyond the intervention settings for existing programs, policies, practice in relation to water and sweet drinks etc	PW	July 06	<b>•</b>	Number of programs, polices practice sourced and documented