

**Area of submission:**

Area 5: Methods, measures and tools for evaluating implementation process

**Contact details.**

Nicole Nathan, Program Manager Hunter New England Population Health, Locked Bag No. 10 Wallsend NSW 2287 AUSTRALIA Tel: +61 2 4924 6257 Fax: +61 2 4924 6209 Email: [Nicole.Nathan@hnehealth.nsw.gov.au](mailto:Nicole.Nathan@hnehealth.nsw.gov.au)

**ADOPTION OF OBESITY PREVENTION POLICIES AND PRACTICES BY AUSTRALIAN PRIMARY SCHOOLS: 2006 TO 2013.**

Nicole Nathan<sup>\*1-4</sup>, Luke Wolfenden<sup>2-4</sup>, Christopher M. Williams<sup>2-4</sup>, Sze Lin Yoong<sup>2-4</sup>, Christophe Lecathelinais<sup>1,2</sup>, Andrew Colin Bell<sup>2</sup>, Rebecca Wyse<sup>2-4</sup>, Rachel Sutherland<sup>1-4</sup>, John Wiggers<sup>1-4</sup>

<sup>1</sup>Hunter New England Population Health, Hunter New England Area Health Service, Newcastle NSW, Australia

<sup>2</sup>School of Medicine and Public Health, The University of Newcastle, Newcastle NSW, Australia

<sup>3</sup>Priority Research Centre for Health Behaviour, The University of Newcastle, Newcastle NSW, Australia

<sup>4</sup>Hunter Medical Research Institute, Newcastle NSW, Australia

**Background:**

Despite significant investment in many countries, the extent of schools' adoption of policies and practices that promote healthy eating and physical activity by children has not been widely reported. The aims of this paper are to: describe Australian schools' adoption of healthy eating and physical activity policies and practices over an eight year period and to determine if their adoption varies according to schools' size, geographic or socio-economic location.

**Methods:**

Between 2006 to 2013, a randomly selected cohort of primary schools (n=476) participated in four telephone interviews regarding their adoption of healthy eating and physical activity policies and practices. Repeated measures logistic regression analyses using a GEE framework were undertaken to assess whether there was a significant change in the prevalence of adoption of each practice between 2006 and 2013 and to assess if adoption varied according to the size, geographic or socio-economic location of schools.

**Results:**

The prevalence of all four of the healthy eating practices and one physical activity practice significantly increased while the prevalence of one physical activity practice significantly decreased. The adoption of practices did not differ by school characteristics. The proportion of schools adopting at least 80% of practices increased from 31.7% in 2006 to 50.5% in 2013.

**Conclusion:**

Government investment can equitably enhance school adoption of some obesity prevention policies and practices on a jurisdiction-wide basis. Continuation of such investment is required if all primary school children are to obtain the intended benefits of such policies. Additional and/or different implementation strategies may be required to facilitate greater adoption of physical activity practices.

Word count: **259**