

analysis revealed infants of CBM had lower zBMI (Bcoefficient(SE) $-0.42(0.09)$), zwei ($-0.43(0.10)$) and zlen ($-0.21(0.09)$) at 3.5 years compared to infants of ABM. A higher proportion of infants had RWG (35.6%) from CBM compared with ABM (27.5%) but regression analysis revealed no significant effects of ethnicity on RWG in the first 12 months.

Conclusion: Ethnic disparities in growth patterns are apparent. Understanding these differences enables identification of key opportunities to promote optimal growth in this population.

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Increasing the availability of healthy children's menu options in South Australia: An evidence based Code of Practice for food businesses



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In 2015, the South Australian Department of Health established a *Healthy Kid's Menu* Taskforce to increase the availability of healthy children's menu options in South Australia. Subsequently CSIRO was commissioned to develop a voluntary *Healthy Kid's Menu* Code of Practice intended for wide spread statewide adoption by clubs, hotels, restaurants and cafes.

Key sources of evidence that informed the development of the Code were:

1. Statistics derived from the National Nutrition Survey (2011/12) and Australian National Children's Nutrition and Physical Activity Survey (2007) to identify key nutrients of concern, and their food/beverage sources, with a focus on foods eaten 'at place of purchase'.
2. Insight from scientific and grey literature that described or evaluated similar initiatives from Australian or relevant international contexts.
3. Collaboration with key industry stakeholders to ensure that the outputs were clear, achievable and practical for business owners and staff.
4. Consistency with the Australian Guide To Healthy Eating.

The *Healthy Kid's Menu* Code of Practice provides standards for the provision of:

1. Healthy drinks,
2. Nutritious main meals which include at least 1 serve of vegetables or salad, are prepared using

- small quantities of healthy fats and oils, and do not include any shallow or deep fried foods, processed meats or savoury pastries,
3. Fruit/reduced fat yoghurt based desserts,
4. Healthy meal combinations.

This *Healthy Kid's Menu* Code of Practice is supported by a Guide for Business, and the program is due to be rolled out late 2016. This presentation will outline the evidence base underpinning this activity, along with a description of Code of Practice and its interpretation.

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Sustainable Connections for Overweight and Obesity in Paediatrics (SCOOP): A clinical redesign project



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Childhood obesity is one of the NSW Premier's 12 Priorities. Overweight or obesity affects almost one in four school-aged children in Australia, with prevalence higher in Western Sydney. Yet services for affected families in this region are sparse and unco-ordinated.

The Sustainable Connections for Overweight and Obesity in Paediatrics (SCOOP) project (funded by the NSW Children's Healthcare Network—Western Region) aims to: (1) map services currently providing paediatric obesity intervention, (2) improve capacity for multidisciplinary services for children aged 2-14 years with obesity within all levels of healthcare services, and (3) increase utilisation of Weight4KIDS obesity management eLearning program by health professionals. The geographical focus is within the Nepean Blue Mountains and Western Sydney geographical areas of NSW, with a vision for its outcomes to be translated to any region.

The project is following a rigorous clinical redesign methodology provided by the NSW Health Agency for Clinical Innovation, which engages executives, clinicians and patients in a thorough redesign framework. Phases of this methodology are: initiation, diagnostics (assessment of current processes and issues), solution design, implementation and evaluation. Preliminary results (focus groups, interviews) show that staff are very keen to tackle this issue but are disillusioned by several barriers to providing effective treatment: their time, supporting resources and patient family characteristics (such as motivation). Patients report frustration with the accessibility of services and consistency of information delivery. Further data collection is underway.

Redesigning the delivery of weight management services in close consultation with staff and patients ensures that a consistent and co-ordinated approach to childhood obesity management can be successfully implemented and ultimately reduce childhood obesity rates.

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Examining the role of EXERCISE Time-Of-DAY for weight loss and associated health outcomes: Study protocol for a randomised controlled trial (EXERCISE-TODAY)



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Background: Although the broad health benefits of exercise are well-documented, the benefits for weight loss vary, and this may be due, in part, to compliance. The time-of-day that people exercise could have an influence on the efficacy of exercise for weight loss, through improved compliance and/or physiological benefits. However, there is currently no evidence to support a 'best' time-of-day for exercise to maximise efficacy. This abstract describes a protocol to compare the effects of morning vs evening exercise on weight loss and selected health outcomes.

Aims: To determine whether morning or evening exercise is more beneficial for weight loss and health benefits.

Design: A target sample of 95 insufficiently active, overweight adults aged 18–60 years will be recruited for a 12-week intervention and randomised to one of three groups: (i) morning exercise; (ii) evening exercise; or (iii) waitlist control. Exercise groups will be prescribed self-paced brisk-walking or running on a treadmill for 50 min. There will be 5 supervised sessions per week for the first 4 weeks, followed by 8 weeks of combined supervised and unsupervised sessions. Physiological and physical tests, and questionnaires will be administered to participants at baseline, mid- and post-intervention, and at 3- and 6-month follow-up. These include: body composition analysis, dietary intake and eating behaviour, objectively measured physical activity, use of time, resting metabolic rate, cardiorespiratory fitness, sleeping behaviour, chronobiology, exercise enjoyment, and blood lipid profiles.

Preliminary data will be available for the conference.

Conclusion: If, by manipulating the time-of-day at which exercise is prescribed, we can identify favourable changes in the way people restructure their time, adhere better to the programme, and improve their diet and associated eating behaviours, recommendations could be developed to promote exercise at a certain time-of-day. This is the first study of its kind, addressing a critical gap in the literature.

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Learning to track systems change using causal loop diagrams



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Introduction: Group model building (GMB) responds to the complexity of obesity through community engagement techniques that help participants develop causal loop diagrams (CLDs), which present the variables and relationships