

ply of unhealthy products high in saturated fat, added sugar and salt, particularly sugar sweetened beverages, convenience meals and take-away foods.

Conclusions: Improvements confirm that residing in remote communities can help Aboriginal residents exert control over key aspects of the food system. However, the overall findings reflect broader changes to the broader Australian food supply and reinforce the notion that, in the absence of supportive regulation and market intervention, adequate and sustained resources are required to improve nutrition, prevent and manage diet-related disease on the APY Lands. The study also provides insights into food systems affecting other remote communities, wider Australia and countries globally [1].

Reference

- [1] Lee A, Rainow S, Tregenza J, Tregenza L, Balmer L, Bryce S, et al. Nutrition in remote Aboriginal communities: lessons from Mai Wiru and the Anangu Pitjantjatjara Yankunytjatjara Lands. *ANZJPH* 2015;41(S1):S81–8, <http://dx.doi.org/10.1111/1753-6405.12419>.

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A new index to examine junk food consumption among Australian children: Trends and associated characteristics



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Background: An overall measure of children's junk food consumption may prove useful in the development of strategies aimed to prevent childhood overweight and obesity. The aims of this study were to (a) describe the development of a children's Junk Food Index (JFI); (b) summarise junk food consumption (c) examine the association between the JFI and health related behaviours and (d) examine change in JFI between 2010 and 2015 among children age 5 to 16 years.

Methods: Secondary analysis of the 2010 and 2015 New South Wales School Physical Activity and Nutrition Survey (SPANS). Data were collected by questionnaire with parent's proxy reporting for children in years K, 2 and 4 and

children in years 6, 8 and 10 self-report. Descriptive statistics and logistic regression analyses were conducted using SPSS Complex Sample Analyses.

Results: A total of 7565 and 6944 children had complete data on consumption of junk foods, in 2010 and 2015, respectively. The 2015 survey data showed that among students from high SES neighbourhoods, there were fewer high junk food consumers than low junk food consumers. Children from Middle Eastern cultural backgrounds had a higher junk food consumption, were more likely to consume take-away three or more times per week, ate dinner in front of the television, received sweet rewards, allowed to consume snacks anytime and had soft drinks available at home. There was a lower proportion of high junk food consumers in 2015 compared to 2010.

Conclusion: This is the first study to provide and examine an index summary of overall junk food consumption among Australian children. While junk food consumption reported among NSW school children is lower in 2015 compared with 2010, the public health workforce must continue their efforts, as levels of junk food consumption remains of concern among children from NSW and nationwide.

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Feasibility of an online PEACH™ (Parenting, Eating and Activity for Child Health) Lifestyle program for parents of primary school children



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Delivery of the PEACH™ program to parents of primary school-aged children via face-to-face groups identified barriers to engagement, attendance and retention of families. This pilot study aimed to determine the feasibility of a modified PEACH™ program delivered online, PEACH™ Lifestyle. The 4-month program consisted of 3× 10-min videos, an introductory pack, a pre-session welcome phone call and 4× 1-h online group-based sessions (every 3 weeks). Sessions were facilitated by a trained PEACH™ Dietitian using the online platform "FLO (Flinders Learning Online)-Live" and between-session support provided through a private Facebook group. Participants completed