

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

pre- and post-program evaluation questionnaires. A subsample completed a semi-structured, post-program telephone interview exploring their views on enablers and barriers to program engagement and retention. Fifty-seven families expressed interest in the program ($n=2$ ineligible, $n=23$ did not enrol). Of the 32 enrollees, 15 did not participate in any online sessions ('dropouts'), 14 participated in some sessions ('partial completers'), and three participated in all sessions ('completers'). Nine participants ($n=3$ 'completers', $n=6$ 'partial completers') completed the evaluation questionnaires. Eight reported being moderately/extremely confident in making changes to their child/ren's eating and activity patterns post-program compared to 1 pre-program. Overall, seven participants were extremely satisfied with the program and all nine would recommend it to other families. Interviews ($n=15$; $n=4$ 'non-enrollers', $n=5$ 'dropouts', $n=4$ 'partial completer', $n=2$ 'completers') identified five major (31 minor) enabler themes and four major (19 minor) barrier themes. Consistent major enabler and barrier themes were: (1) family factors, (2) program characteristics and (3) online delivery. The PEACH™ Lifestyle online program eliminated the geographical barrier of program access previously observed in PEACH™ programs delivered face-to-face, whilst maintaining improvements in parental confidence to make family healthy lifestyle changes. However, parental engagement remains a challenge. Future online programs should consider barriers to internet access and connectivity issues and strategies for improving engagement.

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Weight management practices associated with polycystic ovary syndrome and their relationships with diet and physical activity



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Objective: To comprehensively examine weight management practices in a large community sample of women with and without PCOS and their associations with dietary intake and physical activity.

Design: This study is a large population-based observational cross-sectional study (Australian Longitudinal Study on Women's Health).

Setting: Australia.

Participants: Women in the 1973–78 cohort ($n=7767$ total; $n=556$ with PCOS, $n=7211$ without PCOS).

Main outcome measures: Healthy or potentially unhealthy weight management practices, dietary intake and physical activity.

Results: Women with PCOS were more likely to be following both healthy (reducing meal or snack size, reducing fat or sugar intake or following a low glycaemic index diet) and potentially unhealthy weight management practices (smoking or use of laxative, diet pills, fasting or diuretics) than women without PCOS. For women with PCOS, use of a range of healthy weight management practices were associated with increases in physical activity, diet quality, % protein and decreases in glycaemic index, % fat, % saturated fat, % carbohydrates or fibre. Use of potentially unhealthy weight management practices was associated with decreases in diet quality.

Conclusion: In PCOS, a common condition where lifestyle management is recommended first line,