

activity behaviours; attendance rates and satisfaction with program resources

Adoption: Facilitator demographics and services involved

Implementation: No. facilitators delivering groups; Adherence to program protocol

Maintenance: Workforce capacity change; funding committed; long-term family impact

Preliminary results: 104 groups across 47 sites including rural and remote areas. Mean (\pm SD) age of enrollees was 9 (\pm 1.8) years, 45% were male and 78% were obese. Single-parent households comprised 21% of cohort. Number of children meeting fruit and veg guidelines increased (fruit; 49 to 61%, NS; veg; 3 to 9%, p

PEACH™ is successful for those families who engage. Recruitment and retention are issues that need to be addressed. Clarity is needed regarding service delivery and funding responsibilities of various parts of the health system before services to families can be universally offered.

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Invited talk: Key lessons from the Go4Fun program in NSW



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The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 22.0% in 5–16 year old children. However, the prevalence remains high and is a cause for concern.

Clinical services have limited capacity to provide treatment and may not be accessible by many families with children above a healthy weight.

This presentation describes outcomes and key learnings of the Go4Fun program, a free weight management program for children aged 7–13 years and their families, delivered at scale across NSW since 2011. Go4Fun is delivered once per week, over 10 weeks and has demonstrated effectiveness from a recent pragmatic cluster randomised controlled trial.

To date, over 7300 families have participated. Child health outcomes are measured pre and post, and the program is routinely monitored by indicators of social disadvantage. Families from rural or

regional communities comprise 28% of participants and 9% of participating families identify as being Aboriginal or Torres Strait Islander. In addition, 24% of families are sole parent and 53% of mothers are health care card holders.

On average, children achieve clinically and statistically significant changes in health outcomes. BMI decreases by 0.5 kg/m², recovery heart rate by 4.9 beats/min, physical activity increases by 3.7 h/week and time spent in sedentary activities decreases 3.2 h/week. Self-esteem and intake of fruit and vegetables improve significantly, while intake of sugar sweetened beverages decreases significantly. All changes are statistically significant ($p < 0.0001$). BMI z-scores remained statistically lower ($p < 0.01$) at six-month follow up.

Go4Fun offers an effective scalable community based solution to the treatment of overweight and obesity in children, particularly for families living at social disadvantage.

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Invited talk: What are the implementation barriers and enablers for childhood obesity management services?



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The rising prevalence of overweight and obesity among Australian children, and associated health risks and economic burden to the health care system, continues to raise concerns. While the urgent need for coherent and comprehensive strategies for effective prevention is acknowledged globally, the implementation of appropriate management approaches at scale is lacking for children already above a healthy weight.

This research investigated factors affecting the implementation of two evidence-based weight management programs, Go4Fun (NSW) and PEACH (QLD), targeting families of primary aged children