

# **Good for kids** good for life

## Equity-Focused Health Impact Assessment

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Aboriginal Health Advisory Group/HIA Working Party

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## Summary

This report outlines the methods and findings from the Hunter New England Area Health Service's (HNE AHS) 'Good for Kids. Good for Life.' program (Good for Kids) Health Impact Assessment (HIA). The HIA was completed in the period December 2006 – August 2007 and was implemented under the direction of a Good for Kids HIA working party and staff of the Good for Kids program. As an HIA development site, the working party and program staff received additional support from the University of NSW Research Centre for Primary Health Care and Equity (CHETRE).

The purpose of the Good for Kids equity-focused HIA was to improve the equity with which the program was delivered to Aboriginal and non-Aboriginal children. The use of HIA's in Aboriginal health contexts has been limited, so the HIA working party took the opportunity to modify the HIA so that it better reflected the principles of Aboriginal Health. This involved drawing on equity-focused HIA methodology, learning from HIA's completed in indigenous communities overseas and adopting an Aboriginal model of health.

HIA's are generally undertaken prior to the commencement or implementation of a policy or program. The Good for Kids HIA was conducted after the program plan had been developed and program implementation had already commenced. This presented several obstacles which needed to be managed as well as opportunities which could be exploited.

The HIA produced over 80 recommendations. These included incorporating additional settings and target areas for the program (e.g. focussing on Aboriginal Community Controlled Health Organisations in the Health stream); amending Good for Kids resources to include culturally safe and appropriate material; and highlighting gaps in the program where additional planning and bodies of work were required. These recommendations have been incorporated to the Good for Kids program plan and systems are in place for monitoring progress on them.

The equity-focused HIA allowed us to consider the intended and unintended outcomes of the Good for Kids program for Aboriginal communities and to modify the program so that we maximise the chances of reaching Aboriginal children and making a difference. Moreover, the implementation process has provided us with a methodology for assessing the health impact of similar programs on Aboriginal communities.

## Introduction

### 'Good for Kids. Good for Life.'

The Hunter New England Area Health Service 'Good for Kids. Good for Life.' program is Australia's largest ever population-based childhood obesity prevention trial. It brings together a variety of agencies, community groups and industry to provide practical information, as well as new programs and systems, to make it easier for children to be active and eat well.

Good for Kids is part of the NSW Government's Live Life Well campaign and began in 2005. The five-year program targets children aged up to 15 years, with a specific focus on improving the health of Aboriginal kids in the Hunter New England region of NSW Australia. Interventions are delivered to children through five settings: schools, children's services, community organisations and groups (eg Sports clubs, family services), health services and Aboriginal communities. The program has a media and marketing stream to deliver key messages to parents and an evaluation stream so that progress and impact can be measured.

### Health Impact Assessments

Health Impact Assessments (HIA's) can be described as

A combination of procedures, methods and tools by which a policy, program or project may be assessed and judged for its potential effects on the health of the population and the distribution of these impacts within the population.
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European Centre for Health Policy, 1999

HIA's are an impact assessment tool, similar in nature to environmental and social impact assessments, and are designed to assess the intended and unintended health impacts of a policy, program or product.

An equity-focussed HIA "uses health impact assessment methodology to produce a complementary and structured way of determining the potential differential and distributional impacts of a policy or practice on the health of the population as well as on specific groups within that population and it assesses whether the differential impacts are inequitable" (Mahoney et al 2004).

### The Aboriginal Health Impact Statement

Current NSW Health policy directs that new strategies or policies which have an impact on health within Aboriginal communities be subject to an Aboriginal Health Impact Statement. The Aboriginal Health Impact Statement is used to ensure that the health needs of Aboriginal people are considered and integrated during the development of programs and policy through encouraging consultation and negotiation with Aboriginal people. As the Good for Kids program was addressing these vital issues through the more intensive HIA and community consultation projects an agreement was reached with HNE Aboriginal Health branch that an Aboriginal Health Impact Statement was not required.

## Effectively reaching Aboriginal families

Indicators of good health are lower in Aboriginal communities in Hunter New England than non-Aboriginal counterparts. In an effort to help address this disparity Good for Kids has adopted a number of strategies to make it as easy for Aboriginal children to be active and eat well as it is for non-Aboriginal children. These strategies are summarised in the table below.

**Table 1:** Good for Kids Program Strategies to Reach Aboriginal Children

Strategy	Contribution	Timing
Differential Funding	Funding at a ratio of ~ 3:1 for Aboriginal compared to non-Aboriginal children	Ongoing
Employment of indigenous staff	To ensure cultural safety and appropriateness	Ongoing
Aboriginal Health Stream Advisory Group	To guide the planning, development and implementation of Good for Kids for Aboriginal communities.	Ongoing
Aboriginal communities consultation project	Advice from Aboriginal community members on needs and aspirations around healthy eating and physical activity for children and input into program design.	2006-2007
Ongoing consultation	Feedback from staff, the advisory group and the community on how we are going	Ongoing
Equity-focussed Health Impact Assessment	How can Good for Kids better meet the needs of Aboriginal children and not exacerbate existing inequity? Conducted by experts in Aboriginal health and related fields.	2006-2007

In addition to recognising the disadvantage faced by Aboriginal communities these strategies acknowledge that Aboriginal people are best positioned to determine what the health needs of Aboriginal children are and to deliver solutions, where possible, and advise on solutions if not.

# Methodology

## Aim

The aim of the Good for Kids equity-focused HIA was to improve the equity with which the program was delivered to Aboriginal and non-Aboriginal children. We set out to better meet the needs of Aboriginal children and not exacerbate existing inequalities in health status.

## What was being assessed?

HIA's assess the health impacts, intended or unintended, of policies or programs. In this HIA, the Good for Kids intervention plan of action was assessed. The plan was developed by drawing on evidence of best practice in childhood obesity prevention and developing and refining the strategies through a workshop and ongoing discussions with obesity experts and stakeholders. These strategies were then organised into streams of work namely Schools, Children's Services, Community, Health Services, Social Marketing, Aboriginal Health as well as an Evaluation stream to measure the impact of program.

## Timeframe

The Good for Kids program began in late 2005 with the program plan being endorsed in June 2006. The HIA process began with training for relevant staff in late 2006. A working party was subsequently established to conduct the HIA and the HIA itself occurred over the period February to June 2007. Most work conducted by the HIA working took place following scheduled meetings of the Good for Kids Aboriginal Health Stream Advisory group, which were held roughly every 2 months. Some additional meetings, such as the impacts identification workshop and subsequent follow-up meetings, were also held. The HIA recommendations were endorsed by the Good for Kids Aboriginal Health Advisory group in late 2007. The programs senior management body agreed to make recommended changes to Good for Kids at a Program Advisory Committee meeting in December 2007.

## Conducting a culturally safe and appropriate HIA

HIA's have rarely been done from the perspective of Aboriginal communities and they are built around a 'westernised' model of health. Because there are fundamental differences between Aboriginal and non-Aboriginal understandings of health our first step was bringing together a group of people who were able to comment on health impacts from an Aboriginal perspective. Thus, the HIA working party included Aboriginal representatives from the following organisations who were also identified as key partners in delivering the Good for Kids program:

- Aboriginal Community Controlled Health Organisations (Walhallow Aboriginal Medical Service and Tamworth Aboriginal Medical Service)
- NSW Departments of Education and Training and Sports and Recreation
- University Department of Rural Health
- HNE Aboriginal Health
- HNE Population Health
- NSW Catholic Education Commission
- University of Newcastle, Many Rivers Diabetes Prevention Project

These members were able to represent their organisation as well as make contributions as members of their respective Aboriginal communities. Non-Aboriginal members of the working party included the Director of the Good for Kids Good for Life program and staff from CHETRE who supported us in the HIA process.

Prior to undertaking the HIA, the working party considered the whole HIA approach and processes against Aboriginal self-determination principles and the concepts associated with empowerment for Aboriginal people. Questions were asked of the HIA process such as does it impinge on our ability to assert our cultural identity?

Processes can impact negatively on cultural identity by insisting on conformity to the rules of the dominant culture. This insistence is enforced through the established norms of program delivery principles. A major way in which the HIA was a risk to cultural integrity for Aboriginal people was the timing associated with the HIA. It was agreed that for the HIA to proceed, time would need to be taken for the working party to consult with members of their Aboriginal community. This communication protocol can take days or weeks depending on what is happening for the community.

Our next step was to identify an appropriate model of health. There are several models of Aboriginal health and these are generally more inclusive of community health and social connection, mental and spiritual wellbeing and connection of individual health to the environment. Models of Aboriginal health were assessed for their suitability to the HIA by the working party and agreement made that the following be used to guide the HIA.

**Diagram 1 – A Framework for Assessing Impacts on Aboriginal Health**



## The HIA process

The Good for Kids HIA was modelled on the Australasian Collaboration for Health Equity Impact Assessment's *Equity Focused Health Impact Assessment Framework* (Mahoney et al 2004). The HIA focussed on equity within the Good for Kids program for Aboriginal children and followed the established steps in HIA of screening, scoping, identification and assessment and decision-making and recommendations. The HIA was supported through the NSW HIA development site project, which provided training and access to resources to undertake HIA's from the University of NSW Centre for Health Equity Training, Research and Evaluation.

## Screening

The purpose of screening is to determine whether or not a program or policy will have significant impacts on health to warrant the completion of a HIA (see insert). Should potential for impacts on health be low, then a HIA is not recommended, conversely if high, then HIA should be undertaken.

A screening process quickly and systematically establishes:

- Whether a particular policy, programme or project has an impact on health
- How a policy may affect the health of the vulnerable sections of the population
- The likely direction and scale of the health impacts – are they negligible, serious or speculative
- Whether the effects are short term or long term and whether effects are direct or indirect
- If there is a need for a more detailed assessment
- If HIA is the best way to effectively address health and equity issues

'Health Impact Assessment Guidance' Institute of Public Health, Ireland 2006

As Good for Kids has a deliberate focus on Aboriginal children, the screening step also included a focus on the potential impacts on Aboriginal health. At the 'screening' meeting, the HIA working party identified that the existing HIA processes would need reviewing and modifying to suit the needs of the program.

## Development of a screening tool

Using the 'National Obesity Taskforce ATSI Workshop Priority Areas Framework' (see Diagram 1) for unpacking Aboriginal health priorities for obesity prevention, and considering the literature provided through CHETRE, a tool was developed to facilitate screening. This tool was designed as a survey questionnaire asking for yes/no responses to the following questions:

- i. Is there potential for positive health impacts affecting any of the following health determinants for Aboriginal children aged 0 – 15 years?
- ii. Are the potential effects likely to have any serious negative health impacts?
- iii. Are the potential negative impacts likely to increase existing health inequalities between Aboriginal and non-indigenous people?
- iv. Does the proposed program also impact on emotional, spiritual, mental and/or cultural health and wellbeing?

## Scoping

The scoping step is designed to identify what type of HIA should be undertaken and how and when it will be implemented. There are many types of HIA, including desktop, rapid, intermediate and comprehensive; scoping identifies which model is most appropriate through assessing relevant factors and informing how to best address these.

Scoping involves planning and designing the HIA, setting out its parameters. Thorough scoping saves time, work and resources in the remaining steps. Scoping is 'the key step, if not the most important step, in the HIA process

*Health Impact Assessment: A practical guide, NSW Health 2007*

Prior to undertaking scoping, the Good for Kids HIA working party identified that there was no need to assess the cultural appropriateness of tools designed to assist scoping, given that it was basically a planning and administrative process. The tool utilised in the Good for Kids HIA considered:

- the scale of the proposal (e.g. type, topic, investment);
- significance of health impacts, based on screening;
- timing (urgency in identifying health impacts and links to other programs);
- external interest (political and public); and
- capacity (resources and HIA expertise).

## Impact Identification

During the health impacts identification step of a HIA, known and potential health impacts are identified and assessed. This step of a HIA is where the most work takes place.

Impact identification involves collecting information (data and evidence) to identify the potential and/or actual impacts of the proposal. There are three core activities in this stage:

1. Profiling the affected community focusing particularly on SES/SEP aspects and other factors that might impact on subgroups of the population differentially,
2. Gathering evidence on the effectiveness of the (proposed) intervention – described here as the (proposed) policy or practice,
3. Gathering evidence from the affected stakeholders including residents and target group(s).

Once the three types of data are compiled it will be necessary in the next step (assessment) to collate, analyse and appraise it with specialist input.

*Equity Focused Health Impact Assessment Framework, ACHEIA, 2004*

In the broader context of the Good for Kids program, an extensive consultation process with targeted Aboriginal communities was taking place at the same time as the HIA was being undertaken. This consultation project was designed to allow Aboriginal communities to have input into the further design of Good for Kids as well as to comment on the programs existing strategies. Given that this was allowing community/stakeholder participation in program design, and that informing program design on appropriateness and priority areas for Aboriginal communities was a key aim of the Good for Kids HIA, a separate community consultation process was not included.

It was agreed also that sub-groups within this community group were limited in terms of socio-economic status (SES) indicators and that impacts on Aboriginal communities, which generally have a holistic view of community, would be evenly spread throughout community members. This negated the need to undertake a standard community profiling exercise.

Evidence and literature on the effectiveness of nutrition and physical activity interventions for Aboriginal children is very limited. The HIA working party members however were agreed to be well placed to comment on potential impacts of the program given their collective experience delivering programs to Aboriginal children, families and communities. Members of the working party were all Aboriginal people with experience working in government and community agencies, as well as their drawing on their own personal experiences and knowledge of Aboriginal communities. The working party included:

- 3 Aboriginal Health Cluster Coordinators, Hunter New England Area Health Service
- CEO, Aboriginal Medical Service
- Health Programs Co-ordinator, Aboriginal Medical Service
- Program Manager, Aboriginal Health, Hunter New England Area Health Service
- Aboriginal Education Advisor, Catholic Education Commission
- Aboriginal Education Consultants, NSW Department of Education and Training
- Indigenous Health Project Co-ordinator, University Department of Rural Health
- Indigenous Project Officer, University of Newcastle Many Rivers Diabetes Prevention Project
- Aboriginal Development Officer, NSW Sport and Recreation
- Good for Kids staff – Aboriginal Health Project Coordinator and Project Officers

The Good for Kids HIA impacts identification step was carried out over a two-day workshop. The workshop was facilitated jointly by Good for Kids program staff and a representative from HNE Aboriginal Health. During the workshop each stream or setting of the Good for Kids program was summarised by program staff for the working party as an introduction to discussion of stream strategies (as per version 17 of the Good for Kids program plan). Following this, the group discussed the potential effectiveness of the strategy to equally reach and benefit Aboriginal children in that setting, focusing on the following areas:

1. What is the stream trying to do?
2. What are the known and potential health impacts?
3. Will Aboriginal children be disadvantaged by the initiative?
4. Are there likely to be inequitable or unanticipated impacts?
5. What are the key recommendations for implementation?

From this discussion recommendations were framed:

- on how to amend existing strategies to make them more suitable;
- or to develop new strategies where gaps were identified in existing strategies.

HIA's typically include a community consultation step, in our case however, a large community consultation was being conducted concurrently with the HIA so we did not do additional consultation as part of the HIA.

An interim report from the workshop was produced and circulated among working party members for further comment. A number of key members of the working party were unable to attend the workshop. Extra meetings with these members were arranged to gain their input into the impact identification step.

### **Community consultation**

At the conclusion of the impacts identification workshop a series of recommendations were recorded. It was agreed that these would be assessed and further developed at subsequent meetings of the HIA working party. An interim report from the impacts identification workshop was produced and this document formed the basis of follow up meetings with working party members. Members reviewed the document, confirming content and identifying key priority areas.

### **Assessment of impacts**

At the conclusion of the impacts identification workshop a series of recommendations were recorded and agreement reached that due to time restrictions recommendations would be assessed and further developed at a subsequent meeting of the HIA working party. An interim report from the impacts identification workshop was produced and this document formed the basis of follow up meetings with working party members where individuals were requested to confirm the content of the interim report and to identify key priority areas.

The process of arranging follow up meetings took several months to complete. During this time, the Good for Kids program plan underwent a number of revisions, with some of the strategies discussed during the workshop and follow up meetings, either being changed or removed altogether, this became significant at later stages of the HIA when developing a monitoring plan.

### **The negotiation and decision making step**

The final step of the HIA outlines how the outcomes or findings of a HIA will be used by the proponents in delivery or implementation of the policy or program the HIA.

The decision-making and recommendations stage of HIA is where the steering committee makes decisions to reach a set of final recommendations for acting on the findings of the HIA.

*Health Impact Assessment: A practical guide, NSW Health 2007*

Recommendations from the HIA were presented to Good for Kids program management. After all recommendations were endorsed by the program manager and the program advisory committee, the program director instructed Good for Kids program managers to develop response strategies for each recommendation. This process was assisted through the Aboriginal Health Stream.

The response strategies to the Good for Kids HIA were then presented back to the HIA working party who agreed that they represented an effective response to their recommendations. These were then presented to the Good for Kids Program Advisory Committee who provided their final endorsement and approved amending the Good for Kids program plan to include the outcomes of the Good for Kids HIA.

## **Results**

### **Outcomes of screening**

Analysis of the responses recorded using the screening tool showed that there was strong likelihood that Good for Kids could produce positive or negative impacts on health. Through this process, the working party was able to identify that the Good for Kids program should proceed with the further steps of an HIA. The working party also noted that tools to support each subsequent step of the Good for Kids HIA would need to be modified to suit an Aboriginal Health context.

The working party also discussed the ability of the Good for Kids program to address Aboriginal community capacity development and self-determination issues – key issues for Aboriginal communities and also priorities of the NSW and Australian governments. Time did not permit lengthy discussion of these issues but their importance was highlighted and it was recommended that Good for Kids build in mechanisms to encourage employment of Aboriginal staff that allowed ongoing input from Aboriginal people, not only in the consultation phase, but also to program implementation and governance.

### **Outcomes of scoping**

The scoping exercise was carried out following a meeting of the Good for Kids Aboriginal Health Advisory Group and involved the working party completing a pro-forma. The responses were then compared to a scoring matrix to determine appropriate models of HIA which showed that an Interim-level HIA would be most appropriate for Good for Kids.

Some time after this meeting, Good for Kids, which was being supported to undertake HIA from NSW Health, received advice from a HIA specialist that a Rapid, Equity-focussed HIA would be more suitable for assessing equity issues for Aboriginal children. Feedback from CHETRE suggested that a more appropriate model of HIA would be a Rapid, equity-focussed HIA.

This advice was reported to the working party who noted that the methodology of Rapid, equity-focussed HIA was consistent with the goals of the Good for Kids HIA as agreed to at screening stage and as such agreed to proceed with the HIA as suggested by CHETRE. Due to timing constraints, the working party decided to commence with the Rapid, equity-focussed HIA starting from impact identification stage.

### **Outcomes of impact identification step**

Over 80 recommendations were made as an outcome of the initial workshop and follow-up meetings (see following pages). In addition to these recommendations, the HIA working party identified the following priority areas as guiding principles to frame the adoption of HIA recommendations.

*Is there a good rationale for targeting Aboriginal children within Good for Kids?*

While health is a priority area for Aboriginal children, concern was expressed that childhood obesity was not on the radar as a major health issue within Aboriginal communities. An absence of data indicating prevalence of overweight and obesity in Aboriginal children was identified. Because the Aboriginal Health agenda is already an overcrowded one, a compelling case for including overweight and obesity on it should be made prior to asking the Aboriginal community to engage in a program like Good for Kids. This should include efforts to raise awareness of the health problems associated with childhood obesity, and data which accurately reports the situation in Aboriginal communities.

*Aboriginal communities need to be included in the evaluation process*

Flowing on from the above, the Good for Kids program is well-placed to add to the evidence base for childhood overweight and obesity rates in Aboriginal communities. The program does not currently include sufficient strategies for targeting this cohort during evaluation stages. The evaluation process should be reviewed to include strategies for targeting Aboriginal children.

*Lower levels of access to transport and other resources*

Aboriginal people are overrepresented at the lower range of the socio-economic status scale and as such Good for Kids program interventions should not place extra financial burden on parents.

*Grandparents, aunties and uncles and siblings and cousins play a significant role in caring for Aboriginal children*

In most Aboriginal families in Hunter New England grandmothers, aunties, uncles and older siblings and cousins take on roles associated with those of the parent in nuclear-family models. The objectives and strategies of individual streams need to be redirected to target and engage grandparents, aunties and uncles and siblings and cousins as carers of Aboriginal children.

## **Recommendations from the impact identification step**

The outcomes of the impact identification workshop and the subsequent planned responses to the recommendations of the working party are presented over the following pages for each of the streams in the Good for Kids program.

**Table 2 – Outcomes of Impacts Identification on the Schools Stream**

<i>Objective 1 – Increase awareness of Good for Kids in schools.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGY</b>
<ul style="list-style-type: none"> <li>▪ There are established resources, networks and mechanisms within Aboriginal communities which would be effective mediums for raising the profile of the Good for Kids program.</li> <li>▪ Aboriginal people will expect that these processes will be followed when Good for Kids are promoting programs.</li> </ul>	<ol style="list-style-type: none"> <li>1. Good for Kids Schools stream to consider using SIPS and TAS (targeted Aboriginal schools) as ‘lighthouse’ schools for modelling best practice healthy eating and physical activity programs in an Aboriginal context.</li> <li>2. When promoting Good for Kids programs to parents either directly or through their children in the schools setting, the following existing Aboriginal education resources should be utilised to ensure optimal exposure for to Aboriginal parents/community:               <ul style="list-style-type: none"> <li>▪ Aboriginal Education Assistants (school-based)</li> <li>▪ Aboriginal Community Liaison Officers (district based)</li> <li>▪ Home School Liaison/Aboriginal School Liaison Officers (district based)</li> <li>▪ Regional Aboriginal Education Advisory Group (region)</li> <li>▪ Aboriginal Education Consultative Groups (local, regional and state groups)</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>▪ Schools Stream Manager Ask schools working group to identify lighthouse schools, prioritising those ones which meet lighthouse schools criteria and have high rates of Aboriginal student enrolment.</li> <li>▪ To be included within the performance management plan for the Good for Kids Senior Education Officer (SEO).</li> </ul>
<ul style="list-style-type: none"> <li>▪ Aboriginal school students are suspended/expelled from schools at higher rates than non-indigenous counterparts. Students who are</li> </ul>	<ol style="list-style-type: none"> <li>3. Good for Kids School stream strategies to demonstrate that alternative, supplementary education providers are included as settings for</li> </ol>	<ul style="list-style-type: none"> <li>▪ Including alternative education providers as settings to be included within the performance management plan of the SEO.</li> </ul>

<p>suspended/expelled for extended periods often access alternative education programs such as home schooling and PCYC student learning centres.</p>	<p>school children.</p>	
<ul style="list-style-type: none"> <li>▪ Children have access to computers and IT/internet at schools at equitable rates; away from schools Aboriginal's have lower rates.</li> </ul>	<p>4. Ensure that any computer-based strategies for encouraging of facilitating healthy eating and/or physical activity are supported with print material.</p>	<ul style="list-style-type: none"> <li>▪ Supporting documents for guiding principles to state that all relevant strategies will have printed material for dissemination.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Engaging parents in programs for children is a challenge in the broader community, as it is in Aboriginal communities</li> </ul>	<p>5. Programs which target engaging parents of Aboriginal school children to include strategies for school and non-school settings.</p>	<ul style="list-style-type: none"> <li>▪ Engaging parents of Aboriginal children is a priority area for Aboriginal Health Stream in 2008. Schools stream to take direction from Aboriginal Health Stream on appropriate strategies.</li> </ul>
<p><i>Objective 2 – Implement guiding principles to increase the amount of time children are engaged in age appropriate physical activity during and after school hours</i></p>		
<p><b>ISSUES FOR CONSIDERATION</b></p>	<p><b>RECOMMENDATIONS</b></p>	<p><b>RESPONSE STRATEGY</b></p>
<ul style="list-style-type: none"> <li>▪ Children will sometimes skip school to avoid a 'shame' causing situation, such as having to say that they don't have any money to pay for sport or lunch etc. This is a direct contributor to lower attendance/higher truancy rates for Aboriginal students.</li> <li>▪ The cost of providing uniforms and equipment needed for school-based physical activity are sometimes hard for Aboriginal families to meet. This means Aboriginal kids are not participating and also makes children shame, reluctant to participate in future sessions. Also a way schools can target Aboriginal kids for</li> </ul>	<p>6. Ensure that participation in physical activity programs for students is cost neutral.</p>	<ul style="list-style-type: none"> <li>▪ Supporting documentation of Guiding Principles to advise that participation in physical activity shouldn't require students to pay.</li> <li>▪ SEO to identify this in professional development for schools and provide strategies to support schools to comply.</li> </ul>

exclusion.		
<ul style="list-style-type: none"> <li>▪ The Australian Sports Commissions 'Traditional Indigenous Games' program effectively engages Aboriginal children in physical activity.</li> </ul>	7. Traditional Indigenous Games to be utilised in existing physical activity programs as a way of engaging Aboriginal children more.	<ul style="list-style-type: none"> <li>▪ Traditional Indigenous Games to be included in the Good for Kids Physical Activity resource program that is developed for schools.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Schools sometimes deny access to sport as a way of disciplining students.</li> </ul>	8. Denial of physical activity/physical education is not to be used as a disciplinary technique.	<ul style="list-style-type: none"> <li>▪ Will be included in supporting documentation of Guiding Principles.</li> <li>▪ Will be included in the professional development package for schools</li> </ul>
<ul style="list-style-type: none"> <li>▪ Especially in remote areas, resources for physical activity for catholic schools and public schools could be shared to</li> </ul>	9. Guiding principles are delivered across systems, especially for remote locations to facilitate resource sharing and whole of community sporting events.	<ul style="list-style-type: none"> <li>▪ The establishment of local networks to support resource sharing to be included in the performance management plan for the SEO.</li> </ul>
<b>Objective 3 – Implement guiding principles to preference vegetable, fruit and water consumption during schools</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ Very likely to disadvantage Aboriginal children if parents are relied on to provide the food to be consumed in fruit and vegetable programs.</li> <li>▪ The implications of providing access to the food resources for healthy eating programs for Aboriginal families, particularly the actual purchasing and storage of food, could be a barrier to Aboriginal students/parents participation.</li> </ul>	<p>10. Provide fruit for students to be consumed during classes.</p> <p>11. Use existing transport infrastructure through the health service to deliver fruit and vegetables to schools with high Aboriginal student enrolment rates.</p>	<ul style="list-style-type: none"> <li>▪ Good for Kids is not planning on providing fruit to any school. If this is a strategy that is deemed essential it could be investigated as a joint program with schools and Aboriginal health Stream. To ensure sustainability we are encouraging schools to adapt strategies within their school to ensure equitable access. We have included strategies in supporting documentation of Guiding Principles.</li> <li>▪ To ensure students have access to fruit and vegetables for Crunch and Sip, supporting documents include information on schools can ensure equitable access</li> <li>▪ In order for a school to become a</li> </ul>

		<p>"Crunch and Sip" school they must identify how they will ensure that all children have access to fruit and vegetables.</p> <ul style="list-style-type: none"> <li>Refer to the Aboriginal Health Stream to develop additional strategies.</li> </ul>
<ul style="list-style-type: none"> <li>Some Aboriginal children leave school grounds to access food at either food outlets or private homes of relatives. Restricting access to off-school food outlets could mean Aboriginal children miss out altogether.</li> </ul>	<p><b>12.</b> Provide healthy eating opportunities for students within school grounds if restricting access to off-campus food outlets.</p>	<ul style="list-style-type: none"> <li>Provision of healthy lunches at school is currently outside the scope of schools stream and Good for Kids program.</li> <li>Refer to Aboriginal Health Stream.</li> </ul>
<ul style="list-style-type: none"> <li>Schools have guiding principles on curriculum that provide for including perspectives of Aboriginal culture into all areas of the classroom.</li> <li>Classrooms which incorporate aspects of Aboriginal cultural are more engaging for Aboriginal children.</li> <li>In limited situations, bush tucker/food might be more accessible for Aboriginal families than the typical fruits and vegetables consumed in non-indigenous homes.</li> </ul>	<p><b>13.</b> Guiding principals to encourage teachers to incorporate the use of "bush tucker" topics in healthy eating/nutrition modules to engage Aboriginal children in these types of lessons.</p> <p><b>14.</b> Include using bush tucker in programs that encourage fruit and vegetable consumption.</p>	<ul style="list-style-type: none"> <li>Using culturally appropriate learning materials will be included in Good for Kids supporting documentation of Guiding Principles</li> <li>Supporting documentation also to note that any resources developed by program will include information about bush tucker.</li> </ul>
<p><i>Objective 4 – Implement programs to increase fruit, vegetable and water consumption and decrease sweetened drinks and energy dense snacks.</i></p>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>Some areas in our region have a hot climate, making it more difficult to store food and drink in a school setting.</li> </ul>	<p><b>15.</b> Install fridges in classrooms in hot areas.</p>	<ul style="list-style-type: none"> <li>Provision of refrigerators to schools in hot areas is currently outside the scope of schools stream and Good for Kids program.</li> <li>Refer to Aboriginal Health Stream.</li> </ul>

<ul style="list-style-type: none"> <li>▪ With regard to the planned consultant positions to be placed within the DET system: <ul style="list-style-type: none"> <li>- Having an Aboriginal 'identified' position for the one of the four jobs could lead to that worker being overworked. Instances in the past have demonstrated that when such Aboriginal consultants are required to do their own job plus assist other team members to work with Aboriginal students/communities, they suffer burnout.</li> <li>- The location of positions could cause service gaps as demonstrated in other programs with regional workers based in Tamworth and Newcastle and resulted in the Muswellbrook/Singleton/Cessnock areas receiving inequitable access to services, particularly in the Aboriginal service provision context.</li> </ul> </li> </ul>	<p><b>16.</b> All of the Senior Education Officer (SEO) positions to be subject to selection criteria which will ensure that the person who holds the position is capable of servicing Aboriginal students/communities, with at least one of the positions to be designated for an Aboriginal person.</p> <p><b>17.</b> Ensure that SEO positions have effective strategies for servicing Aboriginal students in the Muswellbrook/Singleton/Cessnock area.</p>	<ul style="list-style-type: none"> <li>▪ Included as essential selection criteria during recruitment for SEO's.</li> <li>▪ Good for Kids program plan to be amended so that it notes that one of the three Good for Kids SEO positions is to be designated for an Aboriginal or Torres Strait Islander person.</li> <li>▪ SEOs will be expected to service all schools and will be performance managed around this. To be included in performance management plan of the SEO.</li> <li>▪ To be included as on-going item of SWG agenda- SEO servicing of areas.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Shame factor for older Aboriginal children (high school) associated with having a packed lunch.</li> </ul>	<p><b>18.</b> Social marketing to encourage packed lunches for high school</p> <p><b>19.</b> High school canteens to be encouraged to adopt healthy canteen program.</p>	<ul style="list-style-type: none"> <li>▪ "Kinder" and "Yr7 Orientation kits" include information for parents on how to pack a healthy lunchbox.</li> <li>▪ Major lunchbox objective set for 2009 - strategies still to be developed. Program plan to note that new strategies will need to be assessed for equity in partnership with Aboriginal Health Stream.</li> <li>▪ Canteens have been a major focus for 2007.</li> <li>▪ Canteen expo held to promote healthy canteens</li> <li>▪ Menu analysis undertaken for all high schools in area with feedback to</li> </ul>

		canteens planned.
<b>Objective 5 – Implement programs to increase participation in physical activity and decrease small-screen recreation.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>There are higher rates of Otitis Media among children in Aboriginal communities. The Breathe, Blow and Cough (BBC) program is being run in a lot of schools and incorporates low levels of physical activity.</li> </ul>	<p><b>20.</b> Investigate how Good for Kids physical activity programs can support existing BBC programs.</p>	<ul style="list-style-type: none"> <li>Inclusion to follow up with BBC team once PA kit being developed.</li> </ul>
<ul style="list-style-type: none"> <li>Some Aboriginal children do not have a full school uniform for a number of reasons. Some schools will exclude a student from participating in PE or sports if they have incorrect uniform.</li> </ul>	<p><b>21.</b> Inadequate PE uniforms as a reason for exclusion from PA/PE activities to be explicitly discouraged in DET guiding principles.</p>	<ul style="list-style-type: none"> <li>Will be included in supporting documentation of Guiding Principles.</li> <li>Will be included in the professional development package for schools</li> </ul>
<ul style="list-style-type: none"> <li>Public facilities in areas in the town with higher Aboriginal populations are often rundown and unsafe to use.</li> </ul>	<p><b>22.</b> Lobby local councils to maintain local sporting grounds and facilities (parks etc) for non-organised physical activity.</p>	<ul style="list-style-type: none"> <li>Refer to Aboriginal Health Stream.</li> </ul>
<ul style="list-style-type: none"> <li>There is a perception/racist stereotype that all Aboriginal children are good at sports.</li> </ul>	<p><b>23.</b> Have no stereotypes about how good Aboriginal children are at sports and which types of sports.</p>	<ul style="list-style-type: none"> <li>Will be included in supporting documentation of Guiding Principles.</li> <li>Will be included in the professional development package for schools</li> </ul>
<b>Objective 6 – Increase the knowledge and skills of parents in managing children’s nutrition and physical activity.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	
<b>Objective 7 – Implement opportunistic assessment of children’s height and weight status.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>Aboriginal Health Workers working in Community Health receive requests from Aboriginal families for information on the school screening, which has been discontinued.</li> </ul>	<p><b>24.</b> Investigate the reintroduction of the ‘school screenings’ for Aboriginal families.</p>	<ul style="list-style-type: none"> <li>School screenings are no longer being recommended by the HIA working party. This recommendation to be removed.</li> </ul>
<ul style="list-style-type: none"> <li>The appropriateness of the BMI scale as an accurate indicator of healthy weight</li> </ul>	<p><b>25.</b> Investigate the accuracy of BMI and other weight status assessment tools</p>	<ul style="list-style-type: none"> <li>Refer to Aboriginal Health Stream.</li> </ul>

status for Aboriginal children has not been tested. This could lead to confusion over healthy weight status for Aboriginal children.	for Aboriginal children.	
<i>Objective 8 – Implement school auditing/performance reporting procedures through inclusion of healthy food and physical activity policies and programs.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A

**Table 3** – Outcomes of Impacts Identification on the Health Stream

<i>Objective 1 – To enhance the provision of child obesity preventive care to children and their parents/families within HNE Health clinical services.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ Availability of data on rates of overweight and obesity among Aboriginal children generally is low, and data specifically for the Hunter New England AHS has not been identified.</li> </ul>	<p><b>26.</b> Good for Kids undertakes a data collection so that size of the issue for Aboriginal communities can be identified. This can occur through an over-sampling of Aboriginal children in the Evaluation Stream.</p>	<ul style="list-style-type: none"> <li>▪ Refer to Aboriginal Health Stream.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The recent community consultation for the 2008-2013 Aboriginal Health Plan found that guidelines for health promotion activities should incorporate access to concurrent clinical services.</li> </ul>	<p><b>27.</b> Include accessing concurrent clinical services within strategies.</p>	<ul style="list-style-type: none"> <li>▪ Ensure advice provided within Good for Kids material targeting various clinical providers (GPs, AHWs, other clinicians within HNE Health, other AMS staff) is consistent, and that targeted clinicians are aware of work going on with other clinical groups (through usual communication channels for each strategy eg GP newsletters)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Aboriginal Medical Services - generally do not have universal community patronage but are nonetheless often a hub for health service provision in Aboriginal</li> </ul>	<p><b>28.</b> Programs targeting Aboriginal people in this stream should not be limited to activities within AMS's.</p> <p><b>29.</b> Provide additional resources to AMS's if asking them to take on additional</p>	<ul style="list-style-type: none"> <li>▪ Review GP training package to ensure material is relevant to Aboriginal children and families.</li> <li>▪ Ensure appropriateness of CYPF preventive redesign program for</li> </ul>

<p>communities.</p> <ul style="list-style-type: none"> <li>- have limited resources which could be directed towards obesity prevention programs.</li> <li>- might not have the motivation to invest in obesity prevention programs without solid evidence/data that there is an area of need there; compelling data for other health needs exists and to a large extent informs their priorities.</li> <li>- Current program plan does not explicitly target AMS's, creating a risk that Aboriginal children who use AMS's instead of HNE clinical services will not be exposed to interventions.</li> </ul>	<p>programs to promote obesity prevention.</p> <p><b>30.</b> AMS's to be explicitly linked to clinical management processes used in referral/management.</p> <p><b>31.</b> Include clear strategies on how to include AMS's, particularly with regard to the Managed Clinical Network.</p>	<p>Aboriginal children and families is build into any re-designed care.</p> <ul style="list-style-type: none"> <li>▪ This and other AMS-relevant recommendations to be addressed by adding an objective the program plan similar to the below:</li> </ul> <p>Objective 5. To enhance the provision of child obesity preventive care to Aboriginal children and their families within HNE AMSs.</p> <p>Strategy: To support AMSs in provision of CO preventive care. This should include a range of steps to decide if AMSs want support, and what type.</p> <ul style="list-style-type: none"> <li>* Flag this potential strategy at a meeting of AMS/HNE Health partnership.</li> <li>▪ * Consult with AMSs re possible forms of support: initial face to face meetings by Aboriginal Health/Health stream staff, possible options/parameters of a program; explore existing software and programs; what might be possible models with existing limited resources.</li> <li>▪ Ensure any resources on referral/management options for child obesity care are distributed to AMS's.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Otitis Media screenings for Aboriginal children are undertaken at higher frequencies in Aboriginal communities due to the higher rates of occurrence. These screenings could include assessments of overweight and obesity.</li> </ul>	<p><b>32.</b> Explore the role of HNE staff, including but not limited to Aboriginal Health Workers, in screening for obesity when doing other screening (with consideration for avoiding overburdening AHW's).</p>	<ul style="list-style-type: none"> <li>▪ Refer to Aboriginal Health Stream.</li> </ul>

**Objective 2 – To enhance the provision of child obesity preventive care to children and their parents/families within HNE General Practices.**

ISSUES FOR CONSIDERATION	RECOMMENDATIONS	RESPONSE STRATEGIES
<ul style="list-style-type: none"> <li>▪ Clinicians' as a group should include Aboriginal Health Workers.</li> </ul>	<p><b>33.</b> Aboriginal Health Workers to be included in Good for Kids strategies which target 'clinicians'.</p> <p><b>34.</b> Include Aboriginal Health Workers in training on how to provide resources advice on Good for Kids key messages.</p>	<ul style="list-style-type: none"> <li>▪ Include as strategies under a new objective in the Good for Kids program plan for health stream.</li> </ul>
<ul style="list-style-type: none"> <li>▪ A number of GP's operating from AMS's in the HNE area use 'Communicare' software.</li> </ul>	<p><b>35.</b> Strategies which aim to amend software used by GP's to include the Communicare program.</p>	
<ul style="list-style-type: none"> <li>▪ Aboriginal children access GP's located at AMS's instead of private GPs.</li> </ul>	<p><b>36.</b> Include AMS's as settings in strategies which target GP visits.</p>	
<ul style="list-style-type: none"> <li>▪ Culturally appropriate referral guidelines for childhood obesity are not available.</li> </ul>	<p><b>37.</b> Lobby for the production of culturally appropriate referral guidelines for childhood obesity. Aboriginal families need to be consulted with to determine the type of:</p> <ul style="list-style-type: none"> <li>- advice and resources to be used in referrals.</li> <li>- 'brief advice' which could be acted upon/most useful for Aboriginal children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review Good for Kids training resources to ensure material is relevant to Aboriginal children and families.</li> </ul>

**Objective 3 – To reduce access to sweetened drinks and energy dense/nutrient poor foods from vending machines and food outlets on HNE Health sites.**

ISSUES FOR CONSIDERATION	RECOMMENDATIONS	RESPONSE STRATEGIES
<ul style="list-style-type: none"> <li>▪ Aboriginal people are hospitalised at higher rates than non-indigenous community. Large family groups will go into hospital to visit relatives; often staying in the hospital grounds for</li> </ul>	<p><b>38.</b> Promote the availability of healthy food within hospitals within the Aboriginal community.</p> <p><b>39.</b> Ensure costs of accessing healthy food within hospitals are not higher than</p>	<ul style="list-style-type: none"> <li>▪ Amend communication plan for Healthier Choices to include hospital-based Aboriginal Liaison officers.</li> <li>▪ Include hospital-based Aboriginal Liaison officers in Good for Kids mail out</li> </ul>

<p>extended periods. This increases the likelihood of food being bought into the hospital.</p> <ul style="list-style-type: none"> <li>▪ An increase in cost to purchase a 'healthier' option is likely to result in Aboriginal people not being able to participate.</li> </ul>	<p>less healthier options.</p>	<p>lists.</p> <ul style="list-style-type: none"> <li>▪ Consider additional or amended signage at hospitals with large number of attendances by Aboriginal families.</li> <li>▪ Ensure vending contract/s prescribe pricing structure so 'green'(healthy) items are among the lower priced items.</li> <li>▪ Ensure vending summaries circulated to Aboriginal Health stream and other stakeholders suggested by them, who could view these summaries to see whether pricing may be disadvantaging Aboriginal people.</li> <li>▪ Develop the above strategies for food outlets.</li> </ul>
<p><i>Objective 4 – To explore the potential to collaborate with private health care practitioners around enhancing preventive care and/or introducing policies for vending machines and food outlets.</i></p>		
<p><b>ISSUES FOR CONSIDERATION</b></p>	<p><b>RECOMMENDATIONS</b></p>	<p><b>RESPONSE STRATEGIES</b></p>
<ul style="list-style-type: none"> <li>▪ If Aboriginal people access private health care practitioners they are more likely to be have a higher education level and have fewer health issues.</li> </ul>	<p><b>40.</b> No advantage for Aboriginal children in pursuing this strategy – remove</p>	<ul style="list-style-type: none"> <li>▪ Objective not likely to be pursued by Good for Kids program.</li> </ul>

**Table 4 – Outcomes of Impacts Identification on the Social Marketing Stream**

<i>Objective 1 – To develop a program identity.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ '1300' number will be operated by a Good for Kids project officer; number will operate from 9am-5pm or 8am-4pm.</li> </ul>	<p><b>41.</b> Include a '1800' free call option.</p>	<ul style="list-style-type: none"> <li>▪ Investigate with how to change to/add 1800 number.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Often Aboriginal health promotion programs are successful in raising awareness of an issue but are less successful in facilitating access to relevant assessments/treatments.</li> </ul>	<p><b>42.</b> Include referral options for where to access support in social marketing messages.</p>	<ul style="list-style-type: none"> <li>▪ Review 1300 number folder and Good for Kids website to ensure that both have culturally appropriate referral options.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Choosing children for advertising that reflect the range of children in the community will be more effective in engaging the whole community.</li> </ul>	<p><b>43.</b> Include Aboriginal children within the broader media campaign.</p>	<ul style="list-style-type: none"> <li>▪ For remaining TV commercials (TVCs), write into the brief for creative agency that Aboriginal children, colours of black, red and yellow in combination and other identifiers (eg Aboriginal flag) are to be prominently included.</li> <li>▪ More photographs of Aboriginal children to be sourced by Aboriginal Health stream and/or new photographs taken</li> <li>▪ Include in a protocol for development of promotional items and program resources requirement that where a promotional item or program resource contains multiple images of children, at least one will be an Aboriginal child.</li> </ul>
<ul style="list-style-type: none"> <li>▪ There are magazines, newspapers, radio and TV programs and online services which are popular within Aboriginal communities.</li> </ul>	<p><b>44.</b> Include 'Aboriginal' media in media and marketing campaigns.</p>	<ul style="list-style-type: none"> <li>▪ Determine if can specifically request media buy from buying agency for media popular within Aboriginal communities</li> <li>▪ Determine if Indigenous national press and TV can be utilised for social marketing campaign as there is no regional Indigenous specific media.</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Social Marketing stream to include community radio stations which have programming targeting local Aboriginal communities in its strategies.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Marketing to parents is a nuclear-family centric way of thinking; need to incorporate all family types (aunty, uncle, grandparents, older siblings etc.)</li> </ul>	<p><b>45.</b> Include strategies for promoting to Aboriginal aunts, uncles, and grandparents within social marketing strategies.</p>	<ul style="list-style-type: none"> <li>▪ Produce "culturally appropriate" social marketing material for use in print, radio and TV media and also for distribution at Aboriginal community events eg AMS Health Days</li> <li>▪ Include Aboriginal community events e.g. AMS Health Days in the list of community events for distribution of promotional materials.</li> <li>▪ Utilise community radio stations with Indigenous community targeted programs</li> <li>▪ Protocol for development of promotional items and program resources to require use of the term "families" or "family members", not "parents"</li> </ul>
<ul style="list-style-type: none"> <li>▪ Health promotion campaigns for Aboriginal communities in the past have successfully run with targeted resources, producing material specially designed to engage Aboriginal people.</li> <li>▪ Physical activity for Aboriginal girls drops off as they get older.</li> </ul>	<p><b>46.</b> Use Aboriginal role models in social marketing material – including celebrities and public figures and local people as well. Preference should be given to female Aboriginal role models.</p> <p><b>47.</b> Use colouring that is familiar for Aboriginal people (red, black and yellow) in all marketing material.</p> <p><b>48.</b> Use Aboriginal kids/people in media photos and commercials.</p> <p><b>49.</b> Don't use pieces of Aboriginal artworks as it is location-specific (unintentionally disengage groups not associated with the art depicted) and be can be</p>	<ul style="list-style-type: none"> <li>▪ In liaison with Aboriginal Health stream engage Aboriginal role models to record Good for Kids messages, with a focus on female Aboriginal role models for physical activity messages. Recorded messages to be played on community radio stations during Indigenous programs, at sports grounds and on website.</li> <li>▪ Use of the colours of red, black and yellow in combination/ exclusively to be discussed further by Social Marketing and Aboriginal Health streams.</li> <li>▪ See strategies for recommendation 43.</li> </ul>

	expensive to cater to individual areas.	<ul style="list-style-type: none"> <li>▪ Add advice on not using location specific Aboriginal artworks to style guide and/or protocol for development of promotional items and program resources.</li> </ul>
<i>Objective 2 – Increase stakeholder (organisations, health professional, teachers, child care workers and bureaucrats) awareness and support of the Good for Kids program.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 3 – Increase community (parents, relatives and children aged 0-15 years) awareness and support of Good for Kids program.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 4 – Increase awareness and knowledge of and positive attitudes towards key Good for Kids program messages amongst stakeholders/organisations.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ When producing print packages to support multi-media campaign strategies it's important that culturally appropriate material is produced for Aboriginal community and that Aboriginal organisations are targeted in postal campaigns.</li> </ul>	<p>50. Aboriginal community organisations are included on program mailing lists.</p> <p>51. Aboriginal community organisations are engaged in program through the consultation process.</p>	<ul style="list-style-type: none"> <li>▪ Add Aboriginal community organisations to mailing list for program newsletter.</li> <li>▪ Refer to Aboriginal Health Stream.</li> </ul>
<i>Objective 5 – Increase awareness and knowledge of and positive attitudes towards key Good for Kids program messages amongst parents and carer.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 6 – Increase awareness and knowledge of and positive attitudes towards key Good for Kids program messages amongst children.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 7 – Reduce children's exposure to unhealthy food messages.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ Other effective public health promotion</li> </ul>	52. Use an Aboriginal spokesperson to	<ul style="list-style-type: none"> <li>▪ Pursue strategy to use Aboriginal</li> </ul>

campaigns have effectively used one person to promote their issue as a spokesperson – making it easier for communities to put a human face to an issue.	promote Good for Kids program messages to the Aboriginal program.	spokespersons.
<b>Objective 8 – Increase advocacy skills of patients/groups supporting healthy eating and physical activity.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>The 'Parents Jury' is the peak body for parental advocacy on healthy eating for children. This group is mostly internet-based. Aboriginal families have access to the internet at lower rates than non-Aboriginal ones, this is a barrier for Aboriginal people participating in the parents jury.</li> </ul>	<p>53. Look for alternate advocacy strategies that will include parents of Aboriginal children.</p>	<ul style="list-style-type: none"> <li>Refer to Aboriginal Health Stream.</li> </ul>
<b>Objective 9 – To evaluate the effectiveness of the social marketing stream activities.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A

**Table 5 – Outcomes of Impacts Identification on the Childcare Stream**

<b>CHILDCARE STREAM</b>		
<b>Objective 1 – Increase awareness of Good for Kids in the childcare sector.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>Aboriginal children access supported playgroups, Multifunctional Aboriginal children's services (MACS) and mobile childcare centres, which are currently not emphasised in the childcare target group. <ul style="list-style-type: none"> <li>Supported Playgroups (an initiative of the Families First program) target areas where Aboriginal children can't/don't</li> </ul> </li> </ul>	<p>54. Investigate where Aboriginal children under five years old children are accessing childcare and target these settings appropriately.</p> <p>55. Ensure that 'Aboriginal' childcare centres are a priority within the communication stream.</p> <p>56. Ensure that Supported Playgroups, MACS and mobile childcare centres are a priority within the communication</p>	<ul style="list-style-type: none"> <li>Identify services and ensure they are appropriately included in strategies.</li> <li>Compare findings of 54a to list of children's services from NSW Department of Community Services used for childcare stream mail outs and amend where appropriate.</li> <li>Investigate presenting at the annual ATSI ECSAG conference for services that receive funding from</li> </ul>

<p>attend playgroups, child-care or pre-school.</p>	<p>stream.</p> <p><b>57.</b> Involve the Aboriginal and Torres Strait Islander Early Childhood Services Advisory Group (ATSIECSAG) in program promotional strategies.</p> <p><b>58.</b> Identify and promote best practice for childcare centres which include/prioritise Aboriginal children.</p>	<p>Commonwealth Department Education, Science and Training for Aboriginal students/children</p> <ul style="list-style-type: none"> <li>▪ Invite member of ATSIECSAG or Aboriginal Education Consultative Group (AECG) to be a member of the Children’s Services Working Group.</li> <li>▪ Include in strategy for identifying best practice in healthy eating and physical activity programs in childcare settings.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Good for Kids program is using ‘lighthouse’ schools to promote best practice, risk maybe that ‘lighthouse’ childcare centres are not going to have any Aboriginal children involved with them.</li> </ul>	<p><b>59.</b> Identify and promote best practice for childcare settings which include an Aboriginal community/cultural focus.</p>	<ul style="list-style-type: none"> <li>▪ Include in strategy for identifying best practice in healthy eating and physical activity programs in childcare settings.</li> </ul>
<ul style="list-style-type: none"> <li>▪ The Good for Kids program launch is encouraging fruit consumption for morning tea; this could exclude Aboriginal children who do not have access to fruit.</li> </ul>	<p><b>60.</b> Provide fruit to childcare centres with high rates of Aboriginal children enrolments.</p>	<ul style="list-style-type: none"> <li>▪ In conjunction with NSW Department of Community Services, encourage children’s services to adapt strategies within their service to ensure equitable access to fruit and vegetables in an ongoing manner.</li> <li>▪ Best Practice Nutrition Guidelines for Children’s Services to include information on how they can ensure equitable access to fruit and vegetables.</li> <li>▪ Nutrition Resource Package on developing a nutrition policy to include information on how to ensure equitable access to fruit and vegetables.</li> <li>▪ Refer to Aboriginal Health Stream.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Aboriginal preschools have experience in adapting program materials so that</li> </ul>	<p><b>61.</b> Identify and promote existing resources for use in healthy eating and</p>	<ul style="list-style-type: none"> <li>▪ Contact the Aboriginal and Torres Strait Islander Early Childhood Services</li> </ul>

they are culturally appropriate for Aboriginal children	physical activity programs which are culturally appropriate for Aboriginal children.	Advisory Group (ATSIECSAG) and Aboriginal program units within NSW Sport and Recreation, NSW Department of Education, NSW Department of Community Services and other relevant agencies to identify any existing resources. <ul style="list-style-type: none"> <li>▪ In conjunction with NSW Department of Community Services, promote identified resources through inclusion in Nutrition Resource Package and Physical Activity Resource Package sent out to Children's Services and/or via newsletter to children's services.</li> </ul>
<i>Objective 2 – Implement guidelines to increase the amount of time children are engaged in age appropriate physical activity during childcare hours.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ 'Active Play' and 'fundamental movement skills' programs are to be promoted through preschools.</li> </ul>	<p><b>62.</b> Identify and promote existing culturally appropriate resources for use in 'active play' and other FMS development programs.</p>	<ul style="list-style-type: none"> <li>▪ Contact the Aboriginal and Torres Strait Islander Early Childhood Services Advisory Group (ATSIECSAG) and Aboriginal program units within NSW Sport and Recreation, NSW Department of Education, NSW Department of Community Services and other relevant agencies to identify any existing resources.</li> <li>▪ In conjunction with NSW Department of Community Services, promote identified resources through inclusion in Nutrition Resource Package and Physical Activity Resource Package sent out to Children's Services and/or via newsletter to children's services.</li> </ul>

<b>Objective 3 – Implement guidelines to preference vegetable, fruit and water consumption during childcare hours.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>Costs for implementing 'healthy eating' guidelines which require parents to provide the healthy food could lead to additional costs for Aboriginal parents, making cost a barrier to participation.</li> </ul>	<p><b>63.</b> Ensure that parents do not have to pay more for food to participate in healthy eating programs.</p>	<ul style="list-style-type: none"> <li>Best Practice Nutrition Guidelines for Children's Services to include information on how they can ensure equitable access to fruit and vegetables.</li> <li>Nutrition Resource Package on developing a nutrition policy to include information on how to ensure equitable access to fruit and vegetables</li> </ul>
<ul style="list-style-type: none"> <li>Milk is relatively expensive and as such programs which promote its consumption at home assume that parents can provide extra milk for drinking, making cost a barrier to participation.</li> </ul>	<p><b>64.</b> Reconsider promoting milk as a healthier option for Aboriginal families.</p>	<ul style="list-style-type: none"> <li>Refer to Social Marketing to decrease emphasis on promoting milk as a healthier drink option.</li> </ul>
<ul style="list-style-type: none"> <li>Guidelines promoting water and milk consumption assume adequate facilities for storage are available.</li> </ul>	<p><b>65.</b> Ensure appropriate storage, including refrigeration, for hotter areas, is available before promoting milk consumption.</p>	<ul style="list-style-type: none"> <li>Assuming this recommendation is referring to supported playgroups, which are not the focus of the Children's Services Stream as children don't attend supported playgroups every day, so milk would not be required to be consumed in this setting.</li> </ul>
<b>Objective 4 – Implement programs to increase consumption of fruit, vegetables and water and decrease sweetened drinks and energy dense food at childcare.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<b>Objective 5 – Implement programs to increase participation in physical activity and decrease small screen recreation.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<b>Objective 6 – Increase the knowledge and skills of parents in managing children's nutrition and physical activity.</b>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	
<ul style="list-style-type: none"> <li>This objective needs to include parents</li> </ul>	<p><b>66.</b> Explore strategies that 'capture'</p>	<ul style="list-style-type: none"> <li>Refer to Aboriginal Health Stream.</li> </ul>

of children not attending formal childcare settings to ensure that Aboriginal parents are covered.	Aboriginal mothers, grandmas and aunties in informal settings.	
<ul style="list-style-type: none"> <li>Aboriginal mothers are influenced on healthy eating and physical activity matters by Aboriginal Grandmothers and Aunties.</li> </ul>	<p><b>67.</b> Culturally appropriate information and resources to be provided to Aboriginal parents on how to provide access to healthy eating without increasing costs of food. Programs should be able to be modified so that it could be packaged into a DVD for distribution in to parents/caregivers homes (including Grandmas and Aunties).</p> <p><b>68.</b> Aboriginal Health Stream to assist the Childcare stream to target Grandmothers and Aunties in promoting healthy eating and physical activity messages.</p>	<ul style="list-style-type: none"> <li>Refer to Aboriginal Health Stream.</li> </ul>
<i>Objective 7 – Implement child care auditing/performance reporting procedures and benchmarking through inclusion of nutrition and physical activity.</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	

**Table 6** – Outcomes of Impacts Identification on the Evaluation Stream

<i>Including Aboriginal perspectives in the evaluation design</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>Inclusion of 'Aboriginal' voice in evaluation stream was meant to come via the evaluation steering group but this group has not been effective in engaging nominated Aboriginal representatives.</li> </ul>	<p><b>69.</b> Develop, implement and monitor strategies to include at least two suitably qualified Aboriginal people in the evaluation steering group.</p>	<ul style="list-style-type: none"> <li>Extend formal membership of the Evaluation Management Group (EMG) to include appropriate Aboriginal representation.</li> </ul>
<ul style="list-style-type: none"> <li>Using the national rate of total Aboriginal population figures (2%) as a benchmark</li> </ul>	<p><b>70.</b> Aiming for 7% participation levels for Aboriginal children in evaluation will</p>	<ul style="list-style-type: none"> <li>When the EMG was appropriately representative for Aboriginal</li> </ul>

<p>for participation of Aboriginal children in the evaluation will lead to inaccurate figures. Of the total number of children in the HNE region 7% are Aboriginal and/or Torres Straight Island children.</p>	<p>accurately reflect the Aboriginal community in HNE.</p>	<p>communities, that further advice would be sought on whether the 7% target is good enough.</p>
<p><b><i>Rationale for prioritising Aboriginal children in the evaluation</i></b></p>		
<p><b>ISSUES FOR CONSIDERATION</b></p>	<p><b>RECOMMENDATIONS</b></p>	<p><b>RESPONSE STRATEGIES</b></p>
<ul style="list-style-type: none"> <li>▪ Data on obesity rates among Aboriginal children is scarce. It is unreasonable to assume that communities will accept that rates of obesity among Aboriginal children are the same as non-indigenous.</li> </ul>	<p><b>71.</b> Need some basic baseline data of overweight and obesity rates among Aboriginal children.</p> <p><b>72.</b> Investigate alternate sources of information that is already being collected, eg child health check.</p>	<ul style="list-style-type: none"> <li>▪ Combine data for for Aboriginal children with the data produced through the Many Rivers project. The appropriateness of this data for these purposes will be discussed at EMG.</li> <li>▪ Continue to consult health services stream on including child and family health nurses and AMS's to investigate potential of using routinely collected data.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Highly likely that Aboriginal children will be under-surveyed for a number of reasons.</li> </ul>	<p><b>73.</b> Contingent on the outcomes of the initial survey; we resurvey to deliberately target Aboriginal children.</p>	<ul style="list-style-type: none"> <li>▪ If EMG advises that the available data is inappropriate, undertake further surveys of Aboriginal children.</li> </ul>
<p><b><i>Barriers to the participation of Aboriginal children and families in the evaluation process</i></b></p>		
<p><b>ISSUES FOR CONSIDERATION</b></p>	<p><b>RECOMMENDATIONS</b></p>	<p><b>RESPONSE STRATEGIES</b></p>
<ul style="list-style-type: none"> <li>▪ Lower SES groups (including Aboriginal people) are less likely to be included in the CATI household survey due to lower rates of access to home phones.</li> <li>▪ Household survey responses are premised on an ability to complete a form; less likely to get forms back from Aboriginal families due to generally lower literacy levels among Aboriginal adults.</li> </ul>	<p><b>74.</b> Investigate whether information collected routinely (such as child health checks, which are frequently undertaken at AMS's) can be used for monitoring.</p>	<ul style="list-style-type: none"> <li>▪ Continue to consult health services stream on including child and family health nurses and AMS's to investigate potential of using routinely collected data.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Shame could be a major barrier for</li> </ul>	<p><b>75.</b> Critical that kids are given verbal</p>	<ul style="list-style-type: none"> <li>▪ All children are provided verbal</li> </ul>

<p>Aboriginal children to participate in the evaluations.</p>	<p>information about opting-out before participating in evaluation. Greater participation for Aboriginal children can be effected through having Aboriginal people involved as surveyors.</p>	<p>information regarding opting out of the field surveys immediately prior to participating.</p> <ul style="list-style-type: none"> <li>▪ Follow-up surveys will ensure (through inclusion in data collection protocols, tender requirements if out sourced etc) that Aboriginal people are employed as surveyors. Similarly, data collection activities will include input and oversight of Aboriginal representatives in the design, development and recruitment strategies of the survey.</li> </ul>
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**Table 7 – Outcomes of Impacts Identification on the Community Stream**

<i>Objective 1 – Increase physical activity and reduce consumption of sweetened drinks and energy dense/nutrient poor foods through local councils.</i>		
ISSUES FOR CONSIDERATION	RECOMMENDATIONS	RESPONSE STRATEGIES
<ul style="list-style-type: none"> <li>▪ Some Aboriginal communities may be part of a Shared Responsibility Agreement, which may influence the amount/type of support available for things such as maintaining sporting fields.</li> <li>▪ The maintenance of public facilities such as parks and playing fields which could be used physical activities in neighbourhoods that Aboriginal families live is generally poorer.</li> </ul>	<p><b>76.</b> Add a strategy to support/encourage council to maintain facilities for community use; including consideration of equitable availability of safe and well-maintained open spaces.</p> <p><b>77.</b> Develop a supplemental checklist which goes with the ‘Safe by Design’ which focuses on physical activity.</p> <p><b>78.</b> Explore identifying ‘champions’ for Good for Kids within local councils, particularly targeting councils who employ Aboriginal community development workers.</p>	<ul style="list-style-type: none"> <li>▪ When engaging local councils include equity in guidelines promoting physical activity.</li> <li>▪ When working with local councils, include a physical activity checklist.</li> <li>▪ When working with local councils, include a strategy to engage Aboriginal Community Development Officers as Good for Kids champions.</li> </ul>

<i>Objective 2 – Increase physical activity and reduce consumption of sweetened drinks and energy dense/nutrient poor foods through Sport and Recreation</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 3 – Increase physical activity and reduce consumption of sweetened drinks and energy dense/nutrient poor foods through Outside School Hours Care (OSHC) services</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
Nil	Nil	N/A
<i>Objective 4 – Increase physical activity and reduce consumption of sweetened drinks and energy dense/nutrient poor foods through the Active After school Community Program (AACP)</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ Linking council work on maintaining facilities to the Active After School Community Program (AACP) would be low/no-cost and if based at schools close enough for some Aboriginal families who live nearby to access.</li> </ul>	<p><b>79.</b> Promote involvement of Aboriginal children in these programs through Aboriginal Education Workers, Aboriginal Education Consultative Groups, Aboriginal Community Liaison Officers etc.</p>	<ul style="list-style-type: none"> <li>▪ SEO will be performance managed to ensure linking in with these groups or positions.</li> <li>▪ The SEO will be promoting Active After Schools and encouraging schools to take up the program.</li> </ul>
<i>Objective 5 – Increase physical activity and reduce consumption of sweetened drinks and energy dense/nutrient poor foods through community based services</i>		
<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"> <li>▪ Aboriginal community organisations are not an explicit target group in the program plan.</li> </ul>	<p><b>80.</b> Strategy needs to include definition of community-based services, and to ensure that Aboriginal community-based services <i>and</i> services that Aboriginal families use are included eg food vouchers from welfare groups and actual food provided from same.</p>	<ul style="list-style-type: none"> <li>▪ Vulnerable families Advisory Group have been actively attempting to gain Aboriginal or Torres Strait Islander representation.</li> <li>▪ Until representation is obtained our Advisory Group reps have been asked to ensure that their Aboriginal or Torres Strait Islander colleagues review all material developed.</li> <li>▪ Principles for which organisation will be "eligible" to receive training have been developed.</li> </ul>
<i>Objective 6 – Increase consumption of energy dilute/nutrient rich foods and reduce consumption of sweetened drinks and energy</i>		

*dense/nutrient poor foods through food outlets*

<b>ISSUES FOR CONSIDERATION</b>	<b>RECOMMENDATIONS</b>	<b>RESPONSE STRATEGIES</b>
<ul style="list-style-type: none"><li>▪ This intervention is likely to be taken up by larger food outlets which mightn't be frequented all that much by Aboriginal children.</li></ul>	<b>81.</b> Need to target smaller/local shops in this objective.	<ul style="list-style-type: none"><li>▪ Unsure if this Good for Kids strategy will be progressed, however if it does the team will ensure that smaller shops etc are targeted by building in to implementation plan.</li></ul>

## Discussion and conclusions

The equity-focused HIA allowed the Good for Kids program to assess its potential benefit and harm for Aboriginal children at an early stage in its implementation and to adapt it in an effort to maximise the benefits and minimise harm in a way that was consistent with the guiding principles.

Over 80 recommendations for amending the program were produced by the HIA working party and accepted by the Good for Kids program. These recommendations were made to ensure Good for Kids strategies did not directly or indirectly exclude Aboriginal children and communities by failing to acknowledge and plan for differences in how healthy eating and physical activity is understood and approached in Aboriginal communities. The recommendations reflected how cultural practices, systems for accessing education, health and other community services and socio-economic status within Aboriginal communities could result in 'gaps' in Good for Kids ability to equitably reach Aboriginal kids.

The needs of the Good for Kids program were for an assessment of those strategies ability to meet the needs of Aboriginal children. The appeal of the equity focussed model of the HIA was that it allowed through scoping of the HIA a redirection of the assessment away from potential health impacts to potential equity gaps.

The Good for Kids HIA deliberately examined the equity gaps of strategies which had an explicit aim of impact on health, thereby effectively assessed existing strategies for their ability to reach and service Aboriginal children equitably in the program.

The management of the inclusion of the HIA recommendations would have been more efficient if the HIA was conducted prior to program plan confirmation and commencement of program being implemented. This situation was unavoidable due to the need for effective consultation with Aboriginal communities and external political pressure to implement the program.

However, the working party was able to assess the program in depth due to the quality and extensiveness of the Good for Kids program plan. This enabled practical and direct recommendations to be produced which were then able to be understood and had relevance for Good for Kids program staff.

## Conclusion

The HIA was a useful tool for helping improve the equity with which the program was delivered to Aboriginal and non-Aboriginal children. The program is better positioned to meet the needs of Aboriginal children and not exacerbate existing inequalities in health status. Moreover, the methodology developed as part of the process of conducting the HIA can be used by others to ensure equitable delivery of similar programs.

## References

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