

Online Supplementary Appendix 3: General Population Interventions Which Have Considered Aboriginal and Torres Strait Islander Populations

Citation	Intervention	Population/community	Evaluation study design (date, study type, method)
<p>O'Hara et al. (2014)¹ and O'Hara et al. (2015)²</p> <p>[Ref #64 and #65 in article]</p>	<p>New South Wales (NSW) Get Healthy Information and Coaching Service. A free telephone-based service (information only or 6 months coaching) supporting adults to make sustained improvements in healthy eating, physical activity, and achieving or maintaining healthy weight. Referral either by health professional or self-referral.</p> <p>Implementation – Aboriginal Communities Priority groups include Aboriginal people. From November 2012: Aboriginal participants received Aboriginal-specific resources and three extra coaching calls in the first half of the program.</p>	<p>Population: NSW community-dwelling adults, with high risk of chronic disease, including Aboriginal people.</p> <p>Sample: adults (n=23,650) participated in the intervention, including (n=793) Aboriginal people.</p>	<p>2009-2013. Evaluation of reach: number of incoming phone calls, number of website visits, number of referrals, reach of mass-media campaigns, number of mailed letters of invitation to households. Evaluation of effectiveness of the intervention (impact on participant outcomes) used a pre-test and post-test design, collecting self-report information at baseline, three months and six months.</p> <p>Measures included change in mean daily serves of sweetened drinks consumption, from baseline to 3- and 6-months follow-up (sweetened drinks is not defined).</p> <p>Evaluation, Aboriginal and Torres Strait Islander communities: Data not reported.</p>

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<p>Wiggers et al. (2013)³</p> <p>[#66]</p>	<p>"Good for Kids, Good for Life" program. Aimed to reduce the prevalence of child overweight and obesity, and build evidence for policy and practice related to the prevention of child obesity in NSW.</p> <p>Separate interventions were implemented in community settings (such as child-care centres, schools, and health services). Interventions aimed to encourage each setting to adopt policies and practices that promote child healthy eating and physical activity. Several campaigns were run including "Crunch and Sip" (encourages fruit/vegetable and water as healthier snacks during class time), and health education (including nutrition).</p> <p>Children's consumption of sweetened and non-sweetened drinks was identified as one of five priority behavioural targets.</p> <p>Implementation – Aboriginal Communities Specific focus on meeting the needs of Aboriginal children. An Aboriginal Health Advisory Group helped with development and implementation. Nutrition education provided for staff working in Aboriginal child-care and health services. Aboriginal children featured in all media, and a specific website information tab provided.</p>	<p>Population: children (age 2-12 years) living in the Hunter New England (HNE) region of NSW.</p> <p>The evaluation report includes several independent sub-studies (range n=815 to 4001). Within the two main dietary surveys, approximately 5% of children were identified as Aboriginal or Torres Strait Islander.</p>	<p>2007-2010. A detailed evaluation is reported. Measures included reach of the intervention (number of organisations and people); number of Aboriginal Health Workers receiving training in healthy nutrition; organisational adoption of practices; community awareness of the program and its key message; change in prevalence of healthy eating and physical activity behaviours; change in prevalence of overweight and obesity.</p> <p>SSB measures: Availability of water and soft drink (to children) through canteens, vending machines, and services providing meals; Schools nutrition policies that allow for access to water; Vending machines providing healthier drink options; Children's consumption in cups (per day/week/month), including regular soft drinks, cordial, sports drinks, diet soft drinks, and water.</p> <p>SSBs evaluation data for Aboriginal and Torres Strait Islander children: Data not provided.</p>

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<p>Hardy et al. (2015)⁴</p> <p>[#67]</p>	<p>Go4Fun is a community-based child obesity treatment intervention, designed to be scalable and delivered by a range of health professionals. Implementation occurred from 2009-2012. The aim of the study was to report the programs' outcomes following scaling-up across New South Wales.</p> <p>The program comprises 2-h sessions twice a week for 10 consecutive weeks (20 sessions), after school during school terms. The sessions address key components for individual-level behavioural change including education, skills training, and motivational enhancement.</p> <p>Implementation – Aboriginal Communities No specific approach to implementation with Aboriginal and/or Torres Strait Islander people is described.</p>	<p>Population: children age 6-15 years.</p> <p>Sample: (n=3,148) overweight/obese children age 6-15, recruited from 293 programs in 15 local health districts. 5.4% of children identified as Aboriginal or Torres Strait Islander.</p>	<p>2012 evaluation: pragmatic trial; non-controlled design; pre- to post-intervention comparison of outcome measures, including sugar-sweetened beverage consumption. Process evaluation included analysis of 'completers' (≥75% session attendance).</p> <p>SSB measure: Consumption of sugar-sweetened beverages (definition of SSB not provided). Response categories included: rarely; once a week; a few times a week; most days of the week; every day.</p> <p>SSBs evaluation data for Aboriginal and Torres Strait Islander children SSB consumption data is not provided. Aboriginal children were less likely to 'complete' the program than non-Aboriginal (p = .001). Therefore, a specific, more culturally appropriate program was suggested to be developed for Aboriginal children.</p>

References

1. O'Hara BJ, Phongsavan P, McGill B, et al. NSW Get Healthy Information and Coaching Service: the first five years 2009-2013. NSW: NSW Ministry of Health & Prevention Research Collaboration: University of Sydney, 2014.
2. O'Hara BJ, Phongsavan P, Rissel C, et al. Role of general practice in the utilisation of the NSW Get Healthy Information and Coaching Service. *Aust J Prim Health* 2015;21(2):182-88. doi: 10.1071/PY13154
3. Wiggers J, Wolfenden L, Campbell E, et al. Good for kids, good for life 2006-2010: evaluation report. Sydney, Australia: NSW Government, 2013.
4. Hardy LL, Mihrshahi S, Gale J, et al. Translational research: Are community-based child obesity treatment programs scalable? *BMC Public Health* 2015;15(1):652. doi: 10.1186/s12889-015-2031-8