

Students As Lifestyle Activists

SA
Lifestyle Activists

educational program for
aimed at increasing physical
and nutritional intake.

Primary Health Care Education and
Research Unit, Western Sydney Local
Health District, University of Sydney





Students As Lifestyle Activists¹

Region	Global
Country	Australia, China and Jordan
Organization	Primary Health Care Education and Research Unit, Western Sydney Local Health District; University of Sydney, Sydney, NSW, Australia
Name	Students As Lifestyle Activists (SALSA)
Category	Health
Start date	2004
End date	Ongoing
Partners	Australia: Rooty Hill High School, the Mt. Druitt and Blacktown Medical Practitioners' Association, the University of Sydney and Western Sydney Local Health District (WSLHD). Jordan: Jordan University of Science and Technology, Ministry of Education, Ministry of Health.
UN involvement	Non-UN
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1. Background and description

Among Australian youth, the prevalence of overweight and obesity has doubled and tripled respectively over the past 20 years. An estimated 25 per cent of adolescent boys and 20 per cent of adolescent girls are reported to be overweight or obese.² Data from the Australian National Secondary Students' Diet and Physical Activity Survey 2009-2010 confirmed that more students from low socioeconomic status (SES) areas (27 per cent) were overweight in comparison with students from medium to high SES areas (23 and 18 per cent respectively).³ Greater body weight has long-term health implications for young people, who are more likely to develop type II diabetes, heart disease and cancer in adulthood.⁴ Health experts warn that poor lifestyle habits will have a devastating impact on future generations.⁵

1 Desk review (date); Interview (10 June 2014); Internal validation (18-25 November 2014); Implementer validation (25-30 November 2014); Final validation (October 2015).

2 Booth et al. (2007) in Marsh, N. (August 2012).

3 Morley et al. (2012).

4 MCRI 2012 and ABS 2009 in Marsh, N. (August 2012).

5 Lobstein et al., 2004.



In response to these serious issues, general practitioners from Western Sydney proactively partnered with local high schools, the area health services and the University of Sydney to develop, implement and evaluate the SALSA (Students As Lifestyle Activists) programme.

SALSA is an award winning, peer-led high-school educational programme that aims to improve the nutritional intake of adolescents and to decrease their physical inactivity and recreational screen viewing. The programme motivates students to put their classroom knowledge and skills into action. Peer health education occurs within the school setting and involves Year 10 students⁶ (ages 15-16 years) delivering a health promotional intervention to younger students (Year 8; ages 13-14 years). The programme aims to enhance self-efficacy within a supportive environment so

that healthy lifestyle messages and actions are more likely to be adopted by students. The programme is relatively low intensity in terms of time commitment and comprises four lessons that cover food choices, physical activity and healthier lifestyle choices and includes an individual and community action plan.

Organization profile

The SALSA initiative in Australia is a partnership programme between schools in Western Sydney, the Mt. Druitt and Blacktown Medical Practitioners' Association, the University of Sydney and Western Sydney Local Health District.⁷

2. Goal and objectives

2.1. Goal

The overall goal of the programme is the prevention of obesity and chronic disease risk factors amongst adolescents by providing them with the skills and knowledge to lead a healthy lifestyle. The programme seeks to expand beyond Australia by forging partnerships with health and educational organizations, reaching out to adolescents and their families, and making the programme materials available to the target audiences.

2.2. Objectives

- Increase the frequency of eating breakfast;
- Increase fruit and vegetable intake;
- Increase water intake and reduce sugary drink consumption;
- Increase participation in daily physical activity;
- Reduce time spent engaging in sedentary behaviours, e.g., recreational screen viewing.⁸

6 These grades refer to the Australian school system.

7 SALSA - About the programme: <http://sydney.edu.au/medicine/public-health/salsa-triple-a/salsa/index.php>.

8 Interview with Dr. Nihaya Al-Sheyab, Assistant Professor, JUST (10 June 2014).

3. Target group

3.1. Age group

The main beneficiaries are adolescents aged 13-14 years (Year 8) and 15-16 years (Year 10).

3.2. Gender considerations

As an in-school activity initiated in Australia, the programme includes a mixed classroom where boys and girls are reached via the same type of activities. No specific gender-based strategy or activities were planned for this programme.

3.3. Ethnic / disability considerations

The programme does not outline a specific ethnic or disability-sensitive strategy.

3.4. Targeting the most marginalized / most at risk

The programme was created to address the needs of adolescents and youth living in low SES areas in Australia, and subsequently the programme has been expanded to all areas, including adolescents from higher SES areas.

3.5. Human right programming

Against a backdrop of adolescent obesity that deprive children of their dignity, human potential and rights to good care and nurturance, SALSA positions itself as a programme which empowers adolescents to take responsibility for their own well-being.

Specifically developed for students residing in low SES neighbourhoods, the SALSA programme aims to bridge the gap in educational and health inequalities between high and low SES areas. In the long term, healthy adolescents can act as positive agents of change within their family

and friendship networks and ultimately within the community at large. Overall, the SALSA programme encourages students to adopt leadership roles within their local schools and communities.

3.6. Adolescent and youth involvement

Consultations with adolescents, parents and teachers were organized during the development of the programme to ensure that the objectives and planned activities were aligned to the project's outcomes and relevant to the needs of the students. Students were also consulted during the development and testing of the 'Ryan's Goal' video, which is an integral part of the programme.⁹

During the annual process evaluation of the programme, students are consulted on the material, and peer leader groups from each school conduct semi-structured questionnaires which test the relevance of the programme. The collected feedback is then used by project staff to guide the update of the programme's material.¹⁰



⁹ https://www.youtube.com/watch?v=v_qbKbJ1sBg.

¹⁰ Shah S. et al. (2011).

4. Strategy and Implementation

4.1. Strategies, theoretical approaches and methodologies

The model and delivery of the SALSA programme is based on evidence founded in social cognitive theory and empowerment education.¹¹ The programme aims to motivate and guide young people, the school community and participants' families so they can make well-informed choices about general health, nutrition and physical activity levels. This flow of action creates a 'ripple effect' within the school and community (see figure 1).

The SALSA programme uses an innovative student-centred approach through which university students and high-school students participating in the programme become the drivers of both the teaching and the learning processes. The programme incorporates a peer educational model developed by Shah,¹⁰ drawing upon two established programmes: the peer-led Triple A (Adolescent Asthma Action) Programme; and TEENS (Teenagers Eating and Exercise), a school-based nutrition educational programme conducted in the United States.¹²

4.2. Activities

The SALSA programme is implemented in Australia using a three-step process (see figure 2).

In **Step 1**, the SALSA educators train Year 10 students to become SALSA Peer Leaders during a one-day workshop. In **Step 2**, the SALSA Peer Leaders educate Year 8 students in four lesson plans using the Peer Leaders' manual. Teachers remain in the classroom to help keep control of the class. The quality and delivery of the programme is measured through feedback



questionnaires completed by the Peer Leaders.¹³ The lessons include the following topics: Food Choices; Movement Matters; Healthy Lifestyles; and SALSA Actions.

Step 3 is the development of a personal healthy lifestyle goal and a school action plan by the Year 8 students, which serves to encourage and improve lifestyle choices at an individual level and at the community level. The classroom teachers help students to develop their personal goals and supervise their planning and implementation. These goals are ongoing and can last for the entire school semester, with students engaged in activities to help them achieve their goals. One example of a community goal was requesting the school to prepare healthier canteen food.

Prior to Step 1, volunteer university students are trained as SALSA Educators, so they can coach Year 10 students to become SALSA Peer Leaders. 'SALSA Champions' in both health and education facilitate the training of the university students. Delivered

11 Shah S. et al. (2011); Shah S. et al. (2001).

12 Shah S. et al. (2011).

13 Ibid.



in a one-day workshop, the training aims to provide participants with skills in group facilitation and leadership, and enables them to train high-school students as Peer Leaders to deliver four lessons to Year 8 students.¹⁴

4.3. Innovativeness

SALSA is a unique peer-led, primary prevention intervention for high-school students, and is based on a theoretical framework of empowerment education to improve health.

4.4. Cost and funding

The estimated cost of the programme is 14 Australian dollars (\$12) per student per year.¹⁵ The programme received funding in 2013 from the Australian Government Department of Health for three years.

4.5. Sustainability

The school-based training model utilized by the SALSA programme relies on existing relationships with schools and universities.

The programme is delivered via in-school activities and uses volunteers as educators and leaders. As such, at the school level there are no direct costs related to the programme. However, resources and costs related to project staff and programme resources must be considered.

The time required for the implementation of the programme is fairly short, making it easier to integrate into a school curriculum. The SALSA Peer Leaders' training workshops only requires one full school day and the subsequent teaching of Year 8 students by Year 10 Peer Leaders comprises only four 75-minute lessons. In Australia, the programme has been successfully embedded within the Personal Development, Health and Physical Education curriculum in the participating schools.

The programme materials, including the Peer Leader Manual, the 'Ryan's Goal' DVD and an Educator's Guide, are available on request and have been successfully translated into Arabic.

¹⁴ Shah S. et al. (2011).

¹⁵ Otim et al. (2014).



4.6. Replicability

In view of the positive results achieved by the SALSA programme in Australia, the programme was introduced in two schools in Beijing China, where pre- and post-programme tests found a reduction in adolescents' sedentary activity, a decrease in soft drink consumption and an increase in physical activity.¹⁶

Taking into consideration the significant public health concern that obesity presents among adolescents in Jordan,¹⁷ Dr. Nihaya Al-Sheyab of the Jordan University of Science and Technology (JUST) acknowledged the positive impact the SALSA programme could have in a Jordanian context. During 2013, SALSA was replicated in the Irbid district by the University, in partnership with the Primary Health Care and Education Unit in Sydney, in order to bridge the gap in educational and health inequities between the rich and poor.¹⁸

Focus group discussions were conducted to evaluate and adapt the objectives and activities of the programme to the local Jordanian context. Specifically, adolescent focus groups elicited information about motivators and barriers to adopting a healthier lifestyle. These data were used to revise the programme and customize the activities according to Jordanian needs. Students who participated in the focus groups and the first group of Peer Educators and Peer Leaders suggested some amendments to the content of the programme's manual, including its translation into Arabic.¹⁹

With the approval and guidance from the Ministry of Education, school districts were contacted in the Irbid region to draft a list of potential high schools. The region was

selected due to its significant poverty and persistent inequalities in comparison to the rest of the country. The criteria for school selection were the low SES of parents, mixed-gender schools and schools with grades 7-10, as the target group was adolescents aged 13-16 years. An official letter introducing the SALSA programme was sent to the selected schools, and upon preliminary acceptance from the school management, meetings were held with the school management and volunteer teachers. Information sessions were organized to introduce the programme to parents and obtain their consent. From a resource perspective, the schools where SALSA was implemented required the acceptance of the school principal and management and the participation of volunteer teachers, who were present during the training delivered by SALSA Educators. A pilot phase took place in two high schools to ensure that the programme was feasible, acceptable and well received by students, teachers and principals, and whether any modifications were needed to ensure cultural sensitivity.

SALSA Educators were recruited from JUST, including all faculties and majors. University students were contacted to participate voluntarily through a 'Health Promotion' course taught by Dr. Nihaya Al-Sheyab and offered to all students. The first 30 students who showed interest in taking part were invited to participate. The SALSA Educators undertook a two-day workshop on health and techniques for working with health education and youth. For the training, the SALSA peer training manual was also translated into Arabic.

16 Cui et al. (2012).

17 Al-Nsour et al. (2012); Tayyem et al. (2014).

18 Cui et al. (2012). See section 4.6. for the replication of the programme in Jordan.

19 Interview with Dr. Nihaya Al-Sheyab, Assistant Professor, JUST (10 June 2014).





The trained SALSA Educators were deployed to the selected schools to deliver four lessons of 75 minutes each, where students learned about nutrition and physical activity through videos, games and activities. All schools had access to audio-visual facilities in the school hall or computer lab. If the school did not have the equipment, the researchers took their own projectors to play the video. An average of three to four SALSA Peer Educators were needed to train 15 SALSA Peer Leaders in each school at each round of training, which lasted two full school days. Subsequently, groups of three to four SALSA Peer Leaders delivered the lessons to a class of Year 8 students, composed of 20 to 25 adolescents. With this system, 80-100 adolescents were trained in each round of the programme's implementation. Prior to introduction of the SALSA programme, the school principals and volunteer teachers, in collaboration with the SALSA implementers, scheduled the lessons so as to not interfere with the regular classes.

The SALSA programme, which was initially introduced in two schools, was extended to two more, reaching a total of 200 boys and 200 girls from four schools (two for boys and two for girls) in Years 8 and 10. The intervention is being evaluated, and preliminary results have shown that participants have reported to watch less TV, increase their fruit consumption and prefer healthier lunch boxes.

5. Evaluation of effectiveness

The SALSA programme is currently being implemented in 23 high schools in Sydney. Since its inception 10 years ago, the programme has reached over 7,000

students in Australia and plans are underway to expand this network.

An evaluation of the programme conducted in 2012 assessed the feasibility and quality of the intervention, as well as the impact on SALSA Educators and Peer Leaders. Several major outcomes were found. SALSA Peer Leaders gained knowledge, confidence and leadership skills, increased their own fruit and vegetable intake and physical activity and decreased drinking of soft drinks and viewing of TV/DVDs.²⁰ Feedback from Peer Leaders was overall very positive. The SALSA Peer Leaders described feeling confident about teaching younger students and excited about “being the leaders and role models for younger students”.²¹ When asked about the most important points gained from the training, the peer leaders mentioned “getting healthy together”, “leadership skills” and “more knowledge of health and teamwork”.²²

In assessing the impact of the programme on Year 8 students, it was reported they had learned to eat better (55 per cent) and exercise more (44 per cent). Secondary outcomes registered by the evaluation included student-led changes in canteen food choices.²³

Monitoring and evaluation

The routine monitoring of the programme consists of feedback collected after training, through questionnaires distributed to Educators and Peer Leaders.

6. Strengths and opportunities

The strengths and opportunities of the SALSA programme are:

- The peer-led approach to promote healthy lifestyles in high schools is well accepted and valued by students and staff.

20 Andrew A et al (2012).

21 Shah et al. (2011).

22 Ibid.

23 Shah et al. (2011).

- The programme is a cost-effective model for positively influencing the lifestyle habits of adolescents.
- Successful replication of the model in Jordan and China demonstrates that the programme can be adapted to different cultural settings.

7. Challenges

Addressing sensitive issues: It was reported that some obese adolescent females were reluctant to participate in the programme. This highlighted the sensitivity of the issue among adolescents and the implications it may have on body image and exposure during discussions in groups.²⁴ The SALSA programme focuses on prevention and there is no mention of weight loss, obesity or overweight in the lessons.

In Jordan, a major bottleneck to implementation was the heavy school curriculum, which left little time and space for the programme. Furthermore, the roll-out of SALSA overlapped with the examination period, further burdening the students.

In Australia, the programme has been integrated into the Personal Development, Health and Physical Education curriculum of the implementing schools, but this has not yet happened in Jordan. Long-term sustainability requires systematized integration of the programme into the school and adequate planning to ensure a consistent pool of trainers, educators and peer leaders.

8. Next steps and the way forward

In Australia, the programme is being expanded into more schools and extended to reach the families of participants, through the leadership of Dr. Smita Shah and the programme's partners. In 2013, six SALSA high schools were invited to participate in a study which aimed to ascertain how to better integrate and involve families. Through consultations with parents, teachers, students and principals, preliminary results showed that strengthening existing communication channels (social media, newsletters, SMS services), complemented by more innovative channels and actions, were needed to better engage and inform the families. A more comprehensive approach can produce more effective results.

In Jordan, Dr. Nihaya Al-Sheyab and Dr. Mahmoud Al Omari of the Jordanian University of Science and Technology are SALSA Champions and provide the training to SALSA Educators. Plans are underway to conduct a training of trainers with faculty members at this and other Jordanian universities to increase the number of champions who can in turn train SALSA Educators. In addition, nursing students from the University make regular visits to high schools to conduct community courses. The integration of SALSA lessons within these courses is being explored. In parallel, Dr. Al-Sheyab is working on a proposal to replicate the implementation process for SALSA at a national level.

9. Lessons learned and recommendations

Recommendations emerging from the Australian and Jordanian experiences include: contacting potential partner schools early; and having a timely plan for the roll-out of the programme to avoid overburdening or overlapping with competing commitments by students. Although the programme has shown positive results, it still requires advocacy work at the ministerial level to achieve its integration into the school curriculum. Integration of the SALSA lessons within the curricula of courses in community health work, nursing, medicine and pharmacy is an avenue for exploration as this would ensure a regular and sustainable pool of trainers who can be activated to deliver the training in schools.

10. Components to consider for scale-up in MENA

A tested and adapted model and manual; for promoting healthy lifestyles and physical activities among adolescents through schools. It offers a model for engaging



university students as volunteers in a school-based health programme.

11. Resources

Ryan's Goal DVD:

<https://www.youtube.com/watch?v=vqbKbJ1sBg&feature=youtu.be>

SALSA Peer Leader Manual: <http://sydney.edu.au/medicine/public-health/salsa-triple-a/salsa/resources/index.php> (only available on request)

Adaptation of resources into Arabic (to be provided once finalized)

12. References

Andrew A, van der Sluijs Patching C, Lim KS Pesle A, Shah S (2012). Potential Strategies for Healthy Lifestyle Messages of the SALSA Program to Reach Families: a Qualitative Study. Powerpoint Presentation.

Al-Nsour M., Zindah M, Belbeisi A., Hadaddin R., Brown D.W., Walke H. (2012). Prevalence of selected chronic, noncommunicable disease risk factors in Jordan: results of the 2007 Jordan Behavioral Risk Factor Surveillance Survey. *Prev Chronic Dis*, 9:E25.

Cui Z., Shah S., Yan L., Pan Y., Gao A., Shi X., Wu Y., Dibley M.J. (2012). Effect of a school-based peer education intervention on physical activity and sedentary behaviour in Chinese adolescents: a pilot study. *BMJ Open*. May 14; 2(3). Pii: e000721.

Katz D.L. (2009). School-based interventions for health promotion and weight control: not just waiting on the world to change. *Annu Rev Public Health*: 30:253–72.



Marsh N (August 2012). Face the Facts Briefing: Youth Overweight & Obesity in Australia. Vol 1: 2. Australian Clearinghouse for Youth Studies [Online] Available at: http://www.acys.info/facts/obesity/FTF_Obesity_briefing.pdf

Morley BC, Scully ML., Niven PH., Okely AD, Baur LA., Pratt IS., Wakefield MA., NaSS DA Study Team. (2012). What factors are associated with excess body weight in Australian secondary school students? Med J Aust. Feb 20; 196(3): 189-92.

Shah S., Lagleva M., Pesle A., Lim, K., Bittar H., Dibley, M. (2011). A partnership for health: working with schools to promote healthy lifestyle. Australian Family Physician Vol. 40, No. 12.

Tayyem RF, Al-Hazzaa HM, Abu-Mweis SS, Bawadi HA, Hammad SS, Musaiger AO. Dietary habits and physical activity levels in Jordanian adolescents attending private versus public schools. (2014) East Mediterranean Health J. Jul 8; 20(7): 416-23.

The University of Sydney. About the Programme: SALSA. [Online]. Available at: <http://sydney.edu.au/medicine/public-health/salsa-triple-a/salsa/index.php>

SALSA Students Newsletters May and October 2014. [Online]. Available at: <http://sydney.edu.au/medicine/public-health/salsa-triple-a/salsa/Salsa-News-Oct14.pdf> and <http://sydney.edu.au/medicine/public-health/salsa-triple-a/salsa/SALSA-Newsletter-May-2014.pdf>

Telephone interview: Nihaya Al Sheyab, Assistant Professor, Jordan University of Science and Technology. 10 June 2014.

WSLHD 2013-2018 [Online] Available at: <http://www.wslhd.health.nsw.gov.au>

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