

National Obesity Taskforce

2004 OVERVIEW

15 February 2005



NATIONAL OBESITY TASKFORCE

2004 OVERVIEW

Overweight and obesity levels are of major concern for many countries, including Australia. Addressing overweight and obesity has no simple solution, which means that effort is needed by many sectors to make an impact.

In Australia, between 20 – 25% of children and adolescents are overweight or obese. Almost 60% or equivalent to around 7.5 million adult Australians are overweight or obese. These rates are steadily climbing.

The Australian print and electronic media ran hot with overweight and obesity articles during 2004, with both Australian and overseas issues and initiatives under the spotlight.

The National Obesity Taskforce has been tasked with addressing the rising rates of overweight and obesity in a nationally coordinated approach, through State and Territory and Australian Governments. It is looking to the non-government and business sectors, as well as individuals themselves, to combine efforts to continue to address this challenge.

This document provides an overview of some of the key, top line activities undertaken by the Taskforce and its members during 2004.

The Taskforce has focused its attention on children and adolescents up to this stage, in an effort to instil good eating habits and a desire to be active, with the hope that these habits and knowledge will be carried into adulthood. Healthy children grow into healthy adults.

Many of the activities reported in this document are ongoing – there are also new activities being undertaken by Taskforce members which are not covered in this document. Further information can be sought from individual States and Territories (refer to the contact list at the end of this document).



The International Response

Global Strategy on Diet, Physical Activity and Health

The global recognition of overweight and obesity as a problem, led the World Health Organisation to endorse the Global Strategy on Diet, Physical Activity and Health in May 2004.

Australia took a lead role in developing and brokering the Global Strategy.

The Global Strategy has four main objectives:

- to reduce the risk of factors for non-communicable diseases that stem from unhealthy diets and physical inactivity;
- to increase the overall awareness and understanding of the influences of diet and physical activity on health;
- to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive, and actively engage all sectors, including civil society, the private sector and the media;
- to monitor scientific data and key influences on diet and physical activity, to support research and evaluation; and to strengthen the human resources needed in this domain to enhance and sustain health.

Australia supported the Western Pacific Region to implement the Strategy by providing funding for a project officer to work with member states in the region.

Pacific Island representatives also participated in a week long forum in Australia, allowing them to see and hear first hand our policies, programs and initiatives to address overweight and obesity, nutrition and physical activity. This is set to be repeated in July 2005, with a focus on particular programs that the representatives think will be of the most value to their populations.



Working Across Governments

AUSTRALIAN HEALTH MINISTERS

In July 2004, Australian Health Ministers announced a number of national initiatives, aimed at improving healthy eating, and the physical activity levels of children and young people.

The announcement of these initiatives complemented the Prime Minister's *Building a Healthy, Active Australia* initiative and State and Territory plans and activities already underway.

The announcement reflected the progress made by governments in addressing the actions in *Healthy Weight 2008*. The individual elements were:

- physical activity recommendations for children and youth;
- resource kits for schools to promote healthy eating and physical activity;
- a national information programme to promote increased consumption of fruit and vegetables;
- the promotion of healthy school canteens;
- the establishment of a network of whole-of-community healthy weight demonstration sites; and
- a review of evidence for actions to reduce obesity in adults and older Australians.

The [physical activity recommendations for children and youth](#) are evidenced-based and reflect international best practice. The recommendations are:

1. children and youth should participate in at least 60 minutes (and up to several hours) of moderate – to vigorous – intensity physical activity every day; and
2. children and youth should not spend more than 2 hours per day using electronic media for entertainment (for example, computer games, Internet, television), particularly during daylight hours.

Consumer resources have been developed to assist parents and carers to understand the importance of, and opportunities for, improving the physical activity levels of children and young people. The package consists of three consumer products:

- a brochure for parents and carers of children aged 5-12 years;
- a brochure for young people aged 12-18 years; and
- a poster for children and young people.

These resources were sent to all Australian schools in Term One of 2005.



The [Resource kit for schools](#) presents examples of quality practice in Australian schools assessed against national and international literature. It includes principles, strategies and ideas for schools interested in designing and implementing good practice healthy eating and physical activity programmes. A copy of the resource kit was also provided to all Australian schools in Term One of 2005.

The promotion of [Healthy School Canteens](#) highlights the important role of school canteens in promoting healthy eating among children. Several States have undertaken substantial work in this area which will inform the development of a national approach in 2005.

Establishing a network of [Whole-of-Community Demonstration Sites](#) involves identifying practical ways to share the knowledge and expertise gained from those sites currently underway, with those in the planning and implementation phase. The Barwon-West Colac site in Victoria is the most notable of these sites, however, there are others, such as the WellingTONNE Challenge in NSW, where the community challenged itself to lose a tonne (1,000 kilograms) of weight, and the 10,000 Step walking program in Rockhampton, Queensland.

[Reviewing the evidence for actions to reduce obesity in adults and older Australians](#) will assist the National Obesity Taskforce to provide advice to Australian Health Ministers about strategies for reducing obesity levels in this target group. The results of this work and a framework for action are expected to be completed by the end of 2005.



The Work of the Australian Government

Building a Healthy Active Australia Initiative

Around 40% of Australian children do not participate in organised sport outside school hours. Only 30% of Australians eat four or more serves of vegetables per day and only around half meet the daily recommendation of two serves of fruit.

On 29 June 2004, the Prime Minister, the Hon John Howard MP announced \$116 million of funding over four years for the *Building a Healthy Active Australia* initiative to address the growing problem of declining physical activity and poor eating habits of Australian children.

The funding was allocated in four ways:

1. *Active After-school Communities* - \$90 million to establish an after school physical activity programme in schools and approved after school hours care services, with about 150,000 children expected to participate. This initiative is being managed by the Australian Sports Commission.
2. *Active School Curriculum* - new conditions of funding will require education authorities to include in their curriculum at least two hours of physical activity per week for children in primary school and junior high school. This initiative is being managed by the Department of Education, Science and Training.
3. *Healthy School Communities* - \$15 million for grants of up to \$1,500 to community organisations linked with schools, such as parents and citizens' associations, to initiate activities to promote healthy eating. This initiative is being managed by the Department of Health and Ageing.
4. *Healthy Eating and Regular Physical Activity – Information for Australian Families* - \$11 million to give Australian families practical help and information about how to make healthy eating and physical activity part of their everyday lives. This initiative is also being managed by the Department of Health and Ageing.

The Prime Minister said “that while parents will continue to play the primary role in bringing up their children, we all need to tackle this issue – in partnership with school and sporting communities, with the health sector and the food industry.”

Most of package is well underway, more information is provided later in this document.

Website

To help get the message out to families and other relevant authorities, a new website, www.healthyactive.gov.au was developed to provide information about the Australian Government's nutrition, physical activity and healthy weight and lifestyle policies and programs.



The work of Individual Governments

STATE AND TERRITORY ACTION PLANS

Most State and Territory governments have broad plans or strategy documents encompassing nutrition and/or physical activity. These include:

Victoria - *Go for your life*, launched in November 2004. Further detail on this initiative can be found at www.goforyourlife.vic.gov.au

New South Wales - *Prevention of Obesity in Children and Young People – NSW Government Action Plan 2003-2007*.

Queensland - *Get Active Queensland: Children and Young People* and *Eat Well Queensland: Smart Eating for a Healthier State*.

South Australia – *State-wide Healthy Weight Taskforce* and the *Be Active Strategy* physical activity strategy launched in September 2004. Further information can be found at www.beactive.com.au.

The Australian Capital Territory - *Eat Well ACT- A Public Health Nutrition Plan 2004-2010*. The *ACT Health Improvement Plan* is currently being developed.

Tasmania - *Food and Nutrition Policy* was redeveloped to include 12 priority areas.

Western Australia - *Go for 2 Fruit and 5 Vegetables, Find 30, Food North: Food for Health in Northern Australia* and *Eat Well Be Active Western Australia – A Strategic Framework for Public Health Nutrition and Physical Activity 2004 – 2010*.

The Northern Territory – *Food and Nutrition Policy* action plan for 2001 – 2006.



The Work of the National Obesity Taskforce

HEALTHY WEIGHT 2008

Australia's Future: The National Action Agenda for Children and Young People and their Families

In 1995, approximately 19.7% of boys were overweight and/or obese. It is now estimated that 26% of boys are overweight and/or obese.

For girls the picture is no better. In 1995, approximately 19.5% were overweight and/or obese. This has risen to 28.4% being overweight and/or obese now.

To address this, Australian Health Ministers commissioned work to pull together a national plan of action specifically for children and adolescents: *Healthy Weight 2008 –Australia's Future: The National Action Agenda for Children and Young People and their Families*.

Healthy Weight 2008 was developed in consultation with a range of stakeholders from various levels of government, industry, community and non-government organisations.

Advice from a group of experts was provided on all the actions proposed.

The focus on children and young people recognises that the prevention of weight gain in childhood is the most effective way of achieving healthy weight in the population, and instilling good habits for life.

Healthy Weight 2008 is an agenda for action across all jurisdictions, multiple portfolios, communities and industry. It has a four year timeframe in recognition that a long term approach is required to address obesity.

Some actions in *Healthy Weight 2008* sit more appropriately with State and Territory responsibilities, and the private and non-government sector also has a role.

An initial set of actions commencing in 2004 was suggested, recognising that these are a guide and that not all actions will be addressed in the short term.

Details of key, top line activities by governments are provided on the following pages, to illustrate the range of activities undertaken in the particular settings and sectors in 2004.



HEALTHY WEIGHT 2008

Child Care Setting

This is an important setting to promote healthy eating and active play, which carries over into later life. The following examples illustrate the variety of activities undertaken in 2004 to improve the knowledge and skills of both staff and parents.

New South Wales has:

- Developed a [physical activity training package](#) for staff in Out of School Hours Care centres. This was developed by the Department of Tourism, Sport and Recreation, in conjunction with the Children's Institute of Sports Medicine; and
- [The Prevention of Obesity in Children and Young People: NSW Government Action Plan 2003 – 2007](#) includes a number of specific priorities relating to the provision of nutrition and physical activity advice to children's services.

Queensland launched a [Physical Activity and Nutrition Outside School Hours resource](#) package in June 2004. Over 400 resources were distributed to After School Hour Care Services. The Central Public Health Unit Network undertook a survey of nutrition support for childcare centres, with the report to be finalised in 2005.

Tasmania's [Start Right Eat Right](#) project commenced in July 2004. Start Right Eat Right is a nutrition training and accreditation scheme for childcare services. Funding for two years has been allocated through the Telstra Foundation for implementation across the State.

South Australia put in place:

- [Healthy Food Choice in Family Day Care policy](#) developed specifically for Family Day Care workers. The policy outlines that children are to be offered food that is safe, healthy and nutritious to optimise health, growth and well-being. It includes a focus on multicultural understanding and support for families. Family Day Care staff have been extensively involved in developing the policy and existing processes have been modified to incorporate the policy into practice. Nutrition training for care providers was developed with the Department of Education and Children's Services; and
- [Start Right Eat Right award](#), given to long day care centres that provide safe healthy food for children and create a supportive and enjoyable eating environment. The program incorporates other local initiatives such as a menu checklist developed through the SA Childcare Nutrition Partnership and the Talking with Families about Nutrition program.



Victoria funded:

- [Kids – Go For Your Life](#) initiative, which aims to lead policy change in children's settings such as childcare, kindergartens and primary schools, to develop supportive environments for healthy eating and physical activity for children;
- The [Start Right Eat Right awards scheme](#) which recognises best practice for food services in long day care. A minimum of 145 additional centres will be funded until June 2007;
- [Best Start program](#), which aims to improve the health, development, learning and well-being of all children across Victoria, from pregnancy through to school (0-8 years). This included the development and initiation of an aboriginal Best Start demonstration project; and
- a state program to provide resources, practice strategies and training to support 7,200 child health professionals across Victoria – including maternal and child health nurses, child care services including family day care and long day care, pre-school, school nurses and all dietitians.

The *Australian Capital Territory* established a [Healthy Weight Surveillance & Monitoring sub-committee](#) of the ACT Government Healthy Weight Coordination Group to improve coordination of healthy weight data collection and analysis across the ACT.



HEALTHY WEIGHT 2008

Schools – Primary and Secondary

This setting provides the opportunity for joint effort across sectors, such as education and health. Children of school age are receptive to learning about why eating a healthy diet and undertaking physical activity is important. The following examples illustrate the variety of activities undertaken in 2004 in this setting to develop ‘good practice’, increase knowledge and develop partnerships.

New South Wales:

- funded the School Sport Foundation to strengthen its [grants programs](#) focusing on healthy eating and physical activity in schools. The focus was on activities that develop fundamental movement skills. Professional support is provided to teachers to implement the new Years 7-10 Personal Development, Health and Physical Education syllabus. A range of teaching and learning materials have been developed and published online for teachers use; and
- developed and implemented the NSW Healthy School Canteen Strategy, [Fresh Tastes @ School](#). This is a mandatory policy to ensure that all Government schools (with all others encouraged to take part) provide a canteen service that provides healthy and nutritious food consistent with the Australian National Dietary Guidelines for Children and Adolescents. The Strategy limits the sale of foods that are high in sugar and/or fat. Food and drink are separated into Red, Amber and Green categories. A range of support materials have been developed to accompany the Strategy, available at <http://www.health.nsw.gov.au/obesity/adult/canteens.html>. A TAFE course is also available for canteen managers, staff and volunteers. NSW Health also funds the NSW School Canteen Association which supports schools in identifying healthier food products.

Queensland signed a [joint work plan](#) between Education Queensland and Queensland Health in March 2004. This is a collaborative plan for work in 5 specific public health areas including promotion of healthy weight to children. The plan addresses policy issues such as tuckshops, vending machines, sponsorship by “fast food” companies, fund-raising; classroom rewards, special celebratory days in schools, use of school recreational facilities out of school hours, supervision of physical activity in school breaks, out of schools hours care programs, programs relevant to curriculum and the whole school environment; and linkages to Queensland Health programs in schools such as the School-based Youth Health Nurse program. [Fresh Ideas for Fundraising](#) was established to determine healthy fundraising ideas for schools based on increasing fruit and vegetable consumption.



The Northern Territory established the [Primary School Breakfast program](#) in 6 remote Indigenous communities, delivering and promoting healthy nutrition. The [Canteen Guidelines for Remote Indigenous Communities](#) was reviewed; guidelines for urban primary schools will be revised in 2005.

The Australian Capital Territory piloted the [Tuckatalk in Schools Program](#), which will be expanded to all schools in 2005. A sub-committee of the ACT Government Healthy Weight Coordination Group was established to develop strategic priorities and to provide advice to Healthpact, who administer the ACT Health Promoting Schools Vitality Funding Rounds.

The Tasmanian "[Move Well, Eat Well, Tasmanian Schools](#)" project works with schools to increase the capacity of primary and secondary schools to support the health and well-being of students through a comprehensive range of nutrition and physical activity strategies."

South Australia launched the:

- [Eat Well SA Schools](#) and [Preschools Healthy Eating Guidelines](#), a collaboration between the Departments of Health and Education. The guidelines cover six areas of practice in schools: curriculum, the learning environment, food supply, food safety, food-related support planning and working with families, health services and industry. www.decs.sa.gov.au/speced/pages/default/eatwellsa; and
- [be active- Lets Go!](#) school based curriculum initiative, designed to increase physical activity levels of children and young people, while enhancing the development of positive attitudes towards participation in lifelong regular physical activity.

Victoria:

- extended the [TravelSmart](#) schools, initially targeting children in grades 5 and 6, into years 7 and 8 at secondary school. This a partnership between the Department of Infrastructure and the Department of Education and Training;
- promotes the [Fruit + Veg Program](#) in primary schools, utilising a health promotion schools model to encourage and support comprehensive activity throughout the whole school; and
- supports the [Walking School Bus](#), where more than 2000 Victorian primary school children now walk to and from school. Buses now operate in 192 schools and involve 70% of Victorian Local Government areas.



The *Australian Government* implemented two of the initiatives from the Prime Minister's package:

- [Healthy School Communities Grants Program](#) – all schools in Australia were sent a Healthy Schools Communities package in July 2004. This element of the Building a Healthy Active Australia package invites non-government organisations such as Parents and Citizens Associations, school auxiliaries, canteen groups and other groups linked with schools to apply for a grant of \$1,500 to fund activities that promote healthy eating. This offer is open until 1 December 2005. Schools and organisations have already begun to respond to this offer, with a wide variety of activities proposed. To date (May 2005), approximately 20% of schools have taken up the offer. The most popular projects are classroom based activities usually linked to vegetable garden projects, breakfast programs and canteen activities such as improving the quality and range of nutritious food.
- [Active After School Communities Program \(AASC\)](#) - the Australian Sports Commission sought expressions of interest from Australian primary schools and out of school hours organisations for participation in this initiative. The program addresses both sport and physical activity outcomes, providing a minimum of 60 minutes of participation in moderate to vigorous activity per session. This will be achieved through the delivery of multi-skill programs and modified games which encourage participation in a fun and safe environment.

The maximum number of schools/OSHCS allocated to each State/Territory for delivery of this program in Term 2, 2005 is:

South Australia	320 schools	16 coordinators
Victoria	800 schools	40 coordinators
Northern Territory	70 schools	3 coordinators
Tasmania	90 schools	4 coordinators
Western Australia	360 schools	18 coordinators
ACT	40 schools	2 coordinators
NSW	480 schools	24 coordinators
Queensland	460 schools	23 coordinators
TOTAL	2,620 schools	130 coordinators



HEALTHY WEIGHT 2008

Primary Care

On average, Australians visit the general practitioner or specialist 6 times a year. The following examples illustrate the variety of activities undertaken in 2004 in this setting to improve the knowledge and skills of health professionals to promote healthy weight with their patients.

The *Australian Government* completed the:

- scoping project for [Lifestyle Prescriptions](#). A resource kit is being developed, targeting three levels: Divisions of General Practice; General Practices and Aboriginal Medical Services; and GPs, their staff and Aboriginal Health Workers to provide information and advice on how to integrate lifestyle prescriptions into general practice;
- [Physical Activity Assessment Questions Validation Study](#). GP desktop software (via Medical Director) will be updated to reflect the findings; and
- [Smoking Nutrition Alcohol and Physical Activity \(SNAP\) Guide for General Practice](#) on 3 October 2004. The guide is being distributed by the Royal Australian College of General Practitioners and is available at <http://www.racgp.org.au/guidelines/snap/>

New South Wales:

- established the [Overweight and Obesity Services Advisory Group](#) in October 2004. The group aims to improve access to support and treatment services for overweight and obese children and young people; and
- funded the [General Practice Physical Activity Project](#) of the National Heart Foundation, NSW Division, which upskills GP's in the provision of physical activity advice to patients.

Queensland put in place:

- [“Creating a Healthier Queensland” Nutrition, Physical Activity and Chronic Disease Prevention workshops](#), to increase the capacity of health service staff and other stakeholders to provide consistent messages based on national guidelines regarding nutrition and physical activity, and to increase awareness of the role of the guidelines in chronic disease prevention;
- the [‘Lighten Up to a Healthy Lifestyle’](#) intervention, a group-based lifestyle change program that trained over 150 community health staff as facilitators. The reach of the program delivery through community health centres extended to 26 Districts in 2004;
- [“Kids on Track”](#), a management program for childhood obesity targeting parents or carers of children aged 2-12 years who are overweight or obese. This program was piloted through the Gold Coast Community Child Health Services; and
- [Evidence-based Treatment Guidelines](#) for overweight children with type 2 diabetes, distributed by the Royal Children’s Hospital paediatric endocrinology unit.



The *Northern Territory* conducted [training for Indigenous Health Workers](#) to implement the Healthy Weight Program in remote NT communities.

Tasmania:

- implemented the [Tasmanian Food and Nutrition Policy](#), which focuses on 12 priority areas including strengthening the capacity, knowledge and skills of the food and nutrition workforce;
- developed the manual '[It Takes More Than An Apple A Day...A Manual for Nutrition in Practice](#)'. The manual contains background information on overweight and obesity, Type 2 Diabetes, cardiovascular disease, nutrition in the elderly, assessment tools, education material and useful contacts. Training on how to use the manual, the key topics and how to engage clients in the nutrition education process was provided to practice nurses and other primary health workers; and
- implemented the [Homegrown](#) program, in collaboration with the Division of General Practice, to provide a family based weight management program for young people.

Victoria initiated the [Primary Care Partnership Strategy](#) in 2000 to improve the health and well-being of people using primary care services. The PCP strategy facilitates partnerships between agencies to enable system change, co-ordinated service delivery and joint health promotion programs. In 2003 – 2004, six of the PCP's targeted children and families around topics such as healthy weight, nutrition and physical activity. The Victorian government's Public Health Group commissioned VicFit to build capacity and provide support for physical activity promotion through Primary Care Partnerships. This provides general support for all 32 PCPs and intensive support to 10 PCPs.



HEALTHY WEIGHT 2008

Family and Community Services

This sector provides the opportunity to improve the skills and resources of family and community care workers. The following examples illustrate some of the activities undertaken in 2004 in this setting to introduce 'good practice' and make relevant information more available.

Queensland piloted, in regional areas, the [Fun Not Fuss with Food program](#) for parents of two to ten year olds with problem eating and mealtime behaviours. The program will be undertaken state-wide in 2005.

Tasmania:

- ran the [Family FoodPATCH](#) project from March 2001-March 2004. The program provided a 20 hour course in nutrition run by a dietician and trained and supported 145 parents from 15 communities to become peer educators. Evaluation of the project showed that committed parents can be effective agents for healthy changes in their communities; and developed the [Foods, Fads, Feelings program](#) for women (regardless of size) who experience the wide range of physical and emotional health problems associated with dissatisfaction with body image and unhealthy or unsatisfying dieting and eating behaviours.

Victoria:

- expanded the [Filling the Gaps](#) child nutrition and physical activity initiative. New resources will be developed to support parents to encourage healthy eating and physical activity from an early age in their children; and
- developed a new approach through [Neighbourhood Renewal](#), that brings together the resources and the ideas of residents, governments, local communities, businesses and community groups to tackle disadvantage in areas with a high concentration of public housing. The promotion of health and well-being is one of the six objectives.



HEALTHY WEIGHT 2008

Maternal and Infant Health

The promotion of breast feeding and support for parents is important to ensure that children have the best start possible. The following examples illustrate the variety of activities undertaken in 2004 in this setting to promote breast feeding and to make it acceptable in a variety of locations.

New South Wales is developing a [breastfeeding policy](#) to increase the extent that NSW Health services implement evidence-based breastfeeding services and practices to promote breastfeeding, and to implement, evaluate and sustain breastfeeding services and practices that reach disadvantaged and at risk groups.

Queensland:

- published the [“Child Health Information: your guide to the first 12 months”](#) booklet, which is inserted into the Personal Health Record given to each mother. The booklet includes comprehensive infant nutrition and complementary foods information;
- completed the report from the 2003 Queensland Health [Infant and Child Health Nutrition CATI Survey](#); and
- trained over 200 Health workers in the [“Growing Strong”](#) resources, which support indigenous women and infants during pregnancy and early life.

The *Australian Government* continued to support the promotion of breastfeeding by providing funding to the Australian Breast Feeding Association and the Midwives Association.

The *Northern Territory* reviewed their breast feeding policy and a Background Paper was written for consultation on the development of [NT Infant Feeding Guidelines document](#).

Tasmania ran the [Mums the Word](#) project between June 2001 to June 2004. The project was a partnership between the Australian Breastfeeding Association (Tasmania Branch) and the Women’s Health Access Program (Department of Health and Human Services DHHS). The project focussed on recruiting and training 70 volunteer peer educators (specifically young women and women living on lower incomes) to promote breastfeeding both formally and informally in their communities.

Victoria:

- completed an evidence-based review of [Give Breastfeeding a Boost](#). The review identified barriers to breastfeeding, and interventions that have been successful in program, service provider and settings based approaches;
- changed the [DHS growth charts](#) (used in the child health record, the school nursing program and the maternal and child health services) for use in the CDC charts; and
- completed the [Child Nutrition Website](#) which offers information for parents and professionals.



HEALTHY WEIGHT 2008

Neighbourhoods and Community Organisations

Local communities and neighbourhoods are very important in supporting physical activity. The following examples illustrate the variety of activities undertaken in 2004 in this setting to improve planning and design, and to enable better use of neighbourhood spaces.

New South Wales:

- allocated \$30 million through the NSW Roads and Traffic Authority to maintain and develop [off-road cycleways](#). 90 projects have been funded for 04/05 as a result of submissions from local governments, to develop and construct local cycleway networks. At the local council level, many councils are implementing Pedestrian and Access Mobility Plans to create pedestrian networks; and
- funded a [position at the Local Government and Shires Association](#) of NSW, to build the capacity of local government to promote healthy and active communities. One of the main roles of this position is to increase the profile of public health and issues such as overweight and obesity in local government.

Queensland:

- promoted the '[Supportive Environments for Active Living](#)' (SEAL) Strategic Framework, which provides specific guidance and direction on how to create, enhance and sustain communities that support active living from a whole-of-government and community approach; and
- developed a [Health Impact Assessment Guidance Note for Physical Activity](#) to provide a tool to assess policy and projects and support optimum environments to promote physical activity. This will be captured in the 'Natural and Built Environment' section of Queensland Health's HIA document.

The *Northern Territory* supported the [Athletes as Role Models](#) (ARMtour) program in remote communities; the [Life be in it Wet Season Program](#) in the Darwin region and the [Just Walk It Program](#) in Darwin and regional centres of the NT.

The *South Australian* Department of Transport and Urban Planning developed a network of cycle paths, and supports active transport through the [Safe Routes to Schools, Walking School Buses](#) and [Bike Education](#) programs.

The *Australian Capital Territory* coordinated the development of a comprehensive physical activity planning process for the ACT, encompassing an ACT Health specific response to Be Active Australia Framework, and a broader [ACT Physical Activity Coordination Framework](#) that "harmonises" the plans of all ACT government departments.



Tasmania:

- received 76 nominations from community groups and schools for the “[Active Towns](#)” awards. The Awards were presented by the Minister for Sport and Recreation in October 2004;
- allocated \$100,000 funding for ‘[Healthy Living](#)’ [Community demonstration projects](#) through the Community Support Levy (Gambling Funds administered through the Tasmanian Department of Health and Human Services);
- developed the ‘[Menu of Options](#)’ which will be piloted through partnership agreements with local councils, as well as linking strongly with neighbourhood houses to provide access to a range of best buy activities around increasing physical activity and healthy food choices at a local level; and
- runs the ‘[Women’s Get Active Program](#)’, which provides adolescent and mature aged women with the opportunity to trial a variety of different physical activity options whilst building skills around goal setting and self empowerment through a structured course format that has run successfully in Victoria and South Australia.

Victoria:

- continued their application of the [Environments for Health](#) – a Municipal Public Health Planning Framework – to promote health and well-being through built, social, economic and natural environments. This framework has also been applied to the Municipal Early Years Plan for Local Government’s planning for children 0-8 years;
- implemented [Neighbourhood Renewal](#), which brings together the resources and ideas of residents, governments, local communities, businesses and community groups to tackle disadvantage in areas with a high concentration of public housing. The promotion of health and well-being is one of the six objectives of each site;
- has the [Next Generation Food Strategy](#) which aims to promote competitiveness, innovation and sustainability to strengthen the food processing industry. Health and well-being are significant factors that influence the way consumers decide what food products to purchase and consume; and
- established the [Ambassadors Group for Go for Your Life](#), comprising respected individuals from across a range of sectors and disciplines. The core role of the Ambassadors will be to influence and engage the support of communities and industry/sector networks external to Government, to join forces in raising awareness of the benefits of, and opportunities for, building a healthy and more active Victoria.



HEALTHY WEIGHT 2008

Workplaces

More people are working than in previous generations. This means pressures on time for physical activity and planning healthy meals. Activities are underway in this setting to encourage workplaces to support programs which promote healthy weight, encourage healthy eating and doing some physical activity.

Queensland implemented the [10,000 step program](#) in selected workplaces such as Queensland Health and Local Councils. The Queensland Health new strategic direction of “Promoting a Healthier Queensland” includes a Strategic Intent for Healthier Staff component.

Tasmania:

- developed a [Local Government ‘menu of options’](#) to assist local government to take a proactive role in increasing opportunities for physical activity and healthy food choices in their local communities;
- runs the [‘Health Options Tasmania’](#) program which accredits takeaway food outlets, cafes, restaurants, bistros, private caterers, and worksite canteens for meeting standards in providing healthy food choices and food safety and hygiene;
- formed a [Physical Activity Interdepartmental Committee](#) to plan strategies around the promotion of physical activity in workplaces; and
- piloted [‘Setting off on the right foot’](#) which is looking at stair usage and influence of point of decision prompts near agency lifts.

South Australia has the [10 Grand Steps](#) program which offers a structured 4 week program to support staff to meet the National Physical Activity Guidelines for Australians by encouraging them to achieve 10,000 steps per day.

The Australian Government:

- encouraged the uptake of the 10,000 Step program in Australian Government departments including the Department of Health and Ageing; and
- provided funding for 3 years to the Pedestrian Council to promote ‘Walk to Work Day’ and ‘Walk to School Day’ nationally.



HEALTHY WEIGHT 2008

Food Supply

All Australians should have the choice of a variety of healthy foods. Food manufacturers and retail outlets are increasingly working to provide healthy choices.

Queensland conducted the [Healthy Food Access Basket survey](#). The report is due in July 2005.

The Northern Territory

- conducted the annual store survey with 60 participating remote stores. Data on availability and cost of healthy food choices was collected and comparisons made with town supermarkets; and
- commenced collaboration with organisations such as Arnhem Land Progress Association and the Fred Hollows Foundation, on strategies such as freight subsidies on fruit and vegetables and staff training, to improve food supply in remote stores.

New South Wales introduced the [NSW Healthy School Canteen Strategy](#), incorporating the Canteen Menu Planning Guide, which has encouraged many manufacturers to change their products to meet the food criteria specified in the Canteen Menu Planning Guide. Items which meet the criteria are suitable for sale in NSW school canteens and have reduced levels of salt, sugar and saturated fat.

Tasmania, has the [Healthy Options Tasmania program](#), which assesses takeaway food outlets, cafes, restaurants, bistros, private caterers, and worksite canteens in meeting standards in providing healthy food choices, food safety and hygiene.

Western Australia implemented the [FoodCents](#) program, which provides skills development in food planning, shopping and cooking. FoodCents activities include budgeting, cooking sessions and supermarket tours. The focus is on value for money and is suitable for people from low socio-economic backgrounds. There are links to fruit and vegetable campaigns such as the Go for 2 & 5 Campaign.



The *South Australian* Mai Wiru – Regional Stores Policy and associated regulations for the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands aims to improve the health and well-being of Anangu Aboriginal people living on the APY Lands by ensuring continuous access to nutritious and affordable food and essential health items. The APY Lands includes the north-west corner of SA and has a population of approximately 3000 people. The policy, developed by the Nganampa Health Council and Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council, was developed through a participatory planning process with all communities on the APY Lands Mai Wiru. It is a first of its kind, in that it is a regional policy for remote Aboriginal community stores, with a health focus and a legislative basis for enforcement. <http://www.nganampahealth.com.au/upk.shtml>

Victoria:

- made a five-year funding commitment to examine and explore the options and strategies to improve access to healthy foods in local communities. Submissions from local organisations were sought; and
- awarded two community food security projects the [Department of Human Services Public Health Awards](#). These include the Braystone Fruit and Vegetable Service, run by a local disability agency. It has a fruit and vegetable cool store, onsite shop and delivery service that delivers to health care card owners, schools and older persons in public housing estates. The Café Meals program allocates Home and Community Care meals on wheels funding to homeless and transient people, which allows them to claim meals at local cafes and restaurants.



HEALTHY WEIGHT 2008

Media and Marketing

Australians are active users of the media to gain information. The following examples illustrate work in this setting to promote healthy food and drink choices.

Western Australia has been undertaking the [Go for 2 fruit and 5 veg campaign](#) for some time. This campaign promotes the importance of fruit and vegetables as part of a healthy eating pattern and aims to increase the consumption of fruit and vegetables. Evaluations of the program indicate its success in achieving behaviour change. On average West Australian adults have increased their fruit and vegetable consumption by close to one serve, since the commencement of the campaign. It is estimated that increasing fruit and vegetable consumption by just one serve would save the Australian health care system \$157 million per year in relation to heart disease alone. 25% of all people surveyed attributed the program as their reason for increasing consumption. The campaign also has a high recall; 71% of all people spontaneously recalled the program. When prompted 90% of the audience recalled the program.

The Australian Government, as part of the [Building a Healthy, Active Australia package](#), is responsible for delivering an \$11 million information programme on the importance of healthy eating and regular physical activity for Australian families. The programme will provide families with reliable, practical and consumer friendly information on:

- why physical activity and healthy eating are important in achieving good health;
- how to make physical activity a part of each day;
- how to eat a more balanced diet; and
- where to find further information and support.

The Go for 2 & 5' campaign materials form the basis of the healthy eating strand. The information program will comprise television and print advertising, an internet site, phone line and national public relations activity. Several other States and Territories will also pick up parts of this campaign to compliment the national media coverage, which commenced in late April, and will continue into May 2005.

The *New South Wales* submission to the Free TV Australia review of the Commercial Television Industry Code of Practice recommended changes to the Code relating to advertisements to children for food and/or beverages. It sought to clarify the Code so that future advertisements did not encourage or promote an inactive lifestyle, unhealthy eating or drinking habits, or make misleading or incorrect statements about the nutritional value of products. Amendments were made to the Code incorporating these issues.

Tasmania is negotiating with Western Australia to run the [Find Thirty](#) media campaign, which encourages people to find 30 minutes a day for physical activity.

Victoria is implementing a [state-wide media and communications campaign](#) including TV, radio and press, as part of the Go For Your Life campaign and the Healthy and Active Victoria strategy.



HEALTHY WEIGHT 2008

Coordination and Capacity Building

The capacity of governments, non-government organisations, industry, professionals and the community needs to be strengthened to enable the effective promotion of healthy weight.

New South Wales is developing [a state-wide community education/social marketing campaign](#) to raise awareness and communicate key messages to the community about children and nutrition and physical activity. It will provide information for parents/carers on what they can do.

Tasmania, under the [Eat Well Tasmania](#) partnership and nutrition promotion activities, is undertaking a vegetable and fruit forum.

Queensland has committed a total of \$5M per annum in new recurrent funding for nutrition and physical activity initiatives since 2002-03. The 2004/5 budget included an additional \$2M recurrent funding to support:

- the recruitment and work of 6 new community nutritionists and 3 Senior Public Health Nutritionists;
- a social marketing campaign over five years to increase community awareness of the need for increased consumption of vegetables and fruit; and
- research to provide reliable data on body weight, nutrition and physical activity behaviours among children.

The *Australian Government*, at the last Federal Election, made a commitment to develop the [‘Women’s Active Living Kits’ \(WALK\)](#) proposal, which will see 40 sites nationally provided with \$1,500 each to initiate the 10,000 steps a day program for women. This initiative was funded in the 2005-06 Federal Budget, and will be administered by the Family and Community Services Portfolio.



HEALTHY WEIGHT 2008

Evidence and Performance Monitoring

Measurement, analysis and evaluation are vital to inform planning, policy and management. The following examples illustrate the variety of activities underway in this setting to increase the understanding of the causes and consequences of overweight and obesity, and the most effective interventions.

The *New South Wales*:

- [Schools Physical Activity and Nutrition Survey \(SPANS\)](#) involved a survey, across all three education sectors, of approximately 8,000 children from school years K, 2, 4, 6, 8 and 10. Questionnaire based measures included: socio-demographics; physical activity and sedentary recreation; nutrition; dieting/weight loss beliefs, attitudes and behaviours and perceptions of aspects of the social and physical environments relevant to physical activity participation and food consumption. Direct measures included adiposity (height, weight, waist girth, and hip girth), cardio-respiratory endurance, and fundamental movement skill proficiency. A sub-study was also conducted on approximately 600 Year 10 students, involving blood pressure measurement and a blood sampling. The sub-study will consider the association between body weight and risk factors for diseases such as heart disease and diabetes. The results are currently being finalised.
- [The Centre for Overweight and Obesity](#) has been established. The centre will increase overweight and obesity research capacity within NSW by drawing together key researchers in NSW and providing advice to the Government and others about the best ways to prevent overweight and obesity. Key roles of the Centre include monitoring overweight and obesity trends and evaluating services and programs for their effectiveness. The inaugural project of the Centre was the coordination of the Schools Physical Activity and Nutrition Survey (SPANS).

The *Australian Capital Territory* has undertaken a [Government Map of Childhood Obesity Initiatives](#).

Queensland is conducting research to provide reliable data on body weight, nutrition and physical activity behaviours among children in Queensland to better inform and evaluate health promotion programs. A tender to conduct a state-wide survey has been let.



Victoria:

- funded the [Assessing Cost-Effectiveness \(ACE\) – Obesity study](#) at Melbourne University. The aims are, from a societal perspective, to assess the most cost-effective options for preventing unhealthy weight gain in Australia, particularly amongst children and adolescents and to inform policy-making at a national and state level. The project assessed the cost-effectiveness of 10 interventions over the course of 2004. Equity, feasibility, strength of the evidence and acceptability to stakeholders were incorporated in the assessment of the value of the intervention. Interventions analysed were selected from those presented in the ‘Healthy Weight 2008’ national action agenda, the scientific literature and from suggestions of a Working Group;
- undertook an [evaluation of Be Active Eat Well](#) and two other demonstration sites, to inform the current base of information around community interventions for obesity prevention outcomes of this public health approach to childhood obesity prevention; and
- conducts annually, a [Victorian Population Health Survey](#), which assesses fruit and vegetable consumption and physical activity participation via CATI.



HEALTHY WEIGHT 2008

Whole-of-Community Demonstration Areas

The involvement of a whole community provides opportunities for actions by all sectors, organisations, and population groups. This approach also allows communities to own the actions, which often result in them remaining in place in the longer term.

Several States and Territories are planning whole-of-community demonstration sites of varying capacity and focus. The National Obesity Taskforce is considering the best ways to facilitate learnings from the sites, including linkages with the Barwon-West site in Victoria, which has been running for several years and has gathered a vast amount of information regarding the best ways to undertake interventions.

The *Australian Government* and the *Victoria Government* support the Barwon-West Site around Colac and Geelong, which now has several strategic areas. The [Be Active, Eat Well Community Project](#) is a 'whole-of-community' demonstration project that aims to improve the health and well-being of children aged 2 to 12 years and strengthen the local community through healthy eating and physical activity promotion. This three-year project uses a multi-strategy (policies, environmental change, parent education, community programs, social marketing, and curriculum) and multi-setting approach (homes, kindergartens, schools, sport and recreation facilities, fast food outlets, primary care and neighbourhoods). The [Geelong Under-5s Project](#) will begin in 2005, in conjunction with the Geelong Kindergarten Association. The aim is to decrease consumption of high sugar drinks and promote water and milk consumption; decrease energy dense snacks and increase fruit consumption; increase home and family-based activity and decrease TV viewing; and increase structured active play in kindergarten and day care.

Victoria will fund two additional community projects as a part of the [Go For Your Life Campaign](#). One project will target primary school aged children and the other secondary school students.

New South Wales Health is supporting the [Area-based Strategic Services Implementation Support Trial](#) (ASSIST) program over 5 years. The program will fund one Area Health Service to run an intensive childhood obesity prevention program trial in the area, with commencement to occur in mid 2005.

The *Queensland* [10,000 Steps Rockhampton](#) project was a two year trial of a multi-strategy, multi-sector physical activity project. The project was successful in motivating local communities, workplaces and individuals. The evaluation has shown that physical activity participation decreased less than the comparison community and participation was higher amongst women than men. The concept will be extended into other sites in Queensland.



The *Australian Government* through the Rural Chronic Disease Initiative funded the [WellingtonTONNE Challenge](#), a successful community weight loss program which set a target of losing 1000 kilograms in 12 weeks across the community. Of the 9,200 residents of Wellington NSW, around 2,400 were considered overweight. The challenge was for local residents to lose a collective tonne in weight. To help lose the weight, the local health service organised healthy eating classes, cooking sessions, exercise classes, supermarket tours and regular weigh-ins for the participants. In total, the residents of Wellington lost a combined total of 772kg.

Other examples of whole-of-community activities include:

- a healthy lifestyle program on Galiwin'ku Island through the Menzies School of Health Research;
- the Central Coast Lifestyle Challenge at Ulverstone in Tasmania; and
- Morphett Vale and Murray Bridge in South Australia.



HEALTHY WEIGHT 2008

Support for Families and Community-Wide Education

Everyone has a role to play to improve levels of healthy eating and healthy weight. Increased community understanding through increased knowledge, skills and attitudes leads to better intentions to improve diet and physical activity levels. The following examples illustrate some of activities underway in this setting.

Queensland established a [Sub-committee on Healthy Weight in Children and Young People](#) chaired by the Director-General of Queensland Health. Other agencies represented include Department of Premier and Cabinet; Sport and Recreation, Queensland Transport; Department of Communities; Department of Aboriginal and Torres Strait Islander Policy; and Education Queensland. The Sub-Committee is charged with developing a whole-of-government Action Plan.

The 2004/5 budget included an additional \$2M recurrent funding to support:

- the recruitment and work of 6 new community nutritionists and 3 senior public health nutritionists;
- a social marketing campaign over five years to increase community awareness of the need for increased consumption of vegetables and fruit; and
- research to provide reliable data on body weight, nutrition and physical activity behaviours among children.

New South Wales is developing a state-wide community education/social marketing campaign to raise awareness and communicate key messages to the community about children and nutrition and physical activity. It will provide information for parents/carers on what they can do. The target group will be children 5 - 12 years.

The *Victorian* Go For Your Life website, has new child nutrition information available targeting families and a broad range of nutrition and physical activity information is available. This site will include a professional site in 2005.



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