Healthy Weight 2008

AUSTRALIA'S FUTURE

THE NATIONAL ACTION AGENDA FOR CHILDREN AND YOUNG PEOPLE AND THEIR FAMILIES

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INTRODUCTION

The rates of overweight and obesity amongst adults and children have almost doubled over the last two decades. Indications are that these rates are continuing to rise.

The problem is of significant concern, because overweight and obesity are associated with a wide range of debilitating and life threatening conditions such as cardiovascular disease,

Type 2 diabetes, stroke, some cancers, osteoarthritis, kidney disease, gall bladder disease, respiratory and musculoskeletal problems.

In November 2002, Australian Health Ministers agreed that overweight and obesity are significant public health problems that threaten the health gains made by Australians in the last century. They decided the problem required an Australia-wide response, and agreed to establish a National Obesity Taskforce to develop a national action plan for tackling overweight and obesity, and to identify roles and responsibilities for implementing the national plan.

TERMS OF REFERENCE FOR THE NATIONAL OBESITY TASKFORCE

On 27 February 2003, the Australian Health Ministers Advisory Council (AHMAC) agreed on the following Terms of Reference:

The AHMAC Obesity Taskforce will:

1. **develop a national action plan for tackling overweight and obesity which encompasses both immediate investments as well as longer term investments, drawing on existing strategies and structures and developing new approaches where necessary;**

2. **develop and agree roles and responsibilities for implementing a range of initiatives;**

3. **lead communication within sectors and jurisdictions about implementation of the action plan; and**

4. **bring forward proposals on how the obesity and healthy weight agenda might continue to be developed beyond the life of the Taskforce.**

NATIONAL OBESITY TASKFORCE MEMBERSHIP

The National Obesity Taskforce comprises the following members:

- **Chair—the Secretary of the Australian Government Department of Health and Ageing.**
- **State Health Department representatives from New South Wales, Victoria and Tasmania.**
- **Chair of the National Public Health Partnership (from Western Australia).**
- **Chair of the Strategic InterGovernmental Nutrition Alliance (SIGNAL).**
- **Chair of the Strategic InterGovernmental forum on Physical Activity and Health (SIGPAH).**
- **A Scientific Adviser.**

SCIENTIFIC REFERENCE GROUP

At the inaugural meeting of the Taskforce in March 2003, members agreed to establish a Scientific Reference Group to provide scientific advice to the Taskforce.

The Terms of Reference for the Scientific Reference Group

1. **Support the work of the National Obesity Taskforce and in particular provide expert advice to the Taskforce about proposed actions to reduce obesity in Australia.**
2. **Drawing on the scientific literature and expert opinion, assess these actions in terms of their effectiveness, reach and impact.**
3. **Consider any risks associated with these actions and the ways in which these actions could be strengthened.**
4. **Assess the scope to monitor and evaluate the proposed actions in the light of current systems and resources.**
5. **Provide a confidential report of the assessments and make recommendations to the National Obesity Taskforce within six weeks of receiving the proposed actions.**

CONSULTATIVE FORUM

The Australian Health Ministers Advisory Council agreed that the National Obesity Taskforce establish a Consultative forum, consisting of representatives from a variety of sectors including non-government organisations and professional groups, to provide a cross sectoral perspective and to build on collaboration with other sectors that have a role to play. The specific composition of the Consultative Forum was decided by the Taskforce at its first meeting, and consists of representatives from the following organisations:

- **Australian Chronic Disease Prevention Alliance (ACDPA)**
- **Australian Consumers' Association**
- **Australian Council on Health, Physical Education and Recreation (ACHPER)**
- **Australian Council of State School Organisations (ACCSO) / Parents and Citizens Association**
- **Australian Association of National Advertisers (AANA)**
- **Australian Chamber of Commerce and Industry**
- **Australian Divisions of General Practice**
- **Australian Food and Grocery Council (AFGC)**
- **Australian Medical Association (AMA)**
- **Australian Principals Association Professional Development Council (APAPDC)**
- **Australian Retailers Association (ARA)**
- **Commercial Television Australia (CTVA)**
- **The Coalition on Food Advertising to Children**
- **Early Childhood Australia**
- **Fitness Australia**
- **Horticulture Australia Limited (HAL)**
- **McDonald's Association**
- **National Aboriginal Community Controlled Health Organisation**
- **Planning Institute of Australia**
- **Public Health Association of Australia**
- **Royal Australian College of General Practitioners**
- **Standing Committee on Recreation and Sport (SCORS)**
- **Scientific Reference Group**
- **Food Security representative NSW Centre for Public Health Nutrition**

STRATEGIC INTENT

Overweight and obesity is now a major cause of preventable health problems in Australia. In the face of continuing increases in overweight and obesity, sustained action to address this problem is where the greatest long-term health, social and economic gains can occur. The overarching strategic intent of the four-year action agenda Healthy Weight 2008 is to:

- **Assist Australians to enjoy the highest levels of good health in the world by promoting healthy weight.**

GOALS

In response to the escalating prevalence of childhood overweight and obesity, the initial focus of a national effort will be on children and young people (0-18 years) and the families that influence and support them. This has the potential in the longer term to reduce overweight and obesity in the broader adult population. The goals of Healthy Weight 2008 are:

1. **Achieve healthier weight in children and young people through actions which first stop and then reverse the increasing rates of overweight and obesity.**
2. **Increase the proportion of children and young people who participate in and maintain healthy eating and adequate physical activity.**
3. **Strengthen children, young people, families and communities with the knowledge, skills, responsibility and resources to achieve optimal weight through healthy eating and active living.**
4. **Address the broader social and environmental determinants of poor nutrition and sedentary lifestyles.**
5. **Focus action on giving children, young people and families the best possible chance to maintain healthy weight through their everyday contacts and settings.**

URGENT NEED FOR ACTION

The World Health Organisation and the OECD have expressed concern at the rates of obesity and its cost to individuals in terms of their health and costs to governments in terms of health care. Obesity is now seen as a major epidemic.

In Australia, overweight and obesity affects more than half of the population. This epidemic is common at all ages, in all parts of Australia and throughout all population groups. It is a worldwide problem and has been observed over the last twenty years in most, if not all countries.

Approximately 9 million Australians over the age of 18 were estimated in 2001 to be overweight or obese, (ie Body Mass Index BMI* > 25) with 3.3 million in the high-risk obese group (BMI > 30). Levels of overweight and obesity have increased rapidly in the last twenty years.

The problem is of enormous health, social and economic concern because overweight and obesity cause a wide range of debilitating and life-threatening conditions such as cardiovascular disease, Type 2 diabetes, stroke, cancers, osteoarthritis, kidney and gall bladder disease, and respiratory and musculoskeletal problems. In addition, obesity can destroy self-esteem, lead to social discrimination and contribute towards mental illness.

Overweight and its associated illnesses also create a huge financial burden for governments and society as a whole. Latest estimates suggest that the true costs of obesity may now be as high as $1.3 billion per year and rising fast.

Overweight is a consequence of both 'over-eating' and 'under-activity'. Poor nutrition, sedentary lifestyles and obesity together are estimated to account for in excess of 10% of the burden of disease, and equal tobacco as being the most important avoidable cause of ill-health in Australia today.

Excess weight is now more common among lower socio-economic and socially disadvantaged groups, particularly amongst women. Aboriginal and Torres Strait Islander adults are about twice as likely to be obese as non-indigenous Australians.

FOCUSING FIRST ON YOUNG PEOPLE AND FAMILIES

In Australia between 1985 and 1995 the levels of obesity in children tripled and since then the problem has continued to worsen. There are now an estimated 1.5 million young people under the age of 18 in Australia who are overweight or obese.

Childhood overweight is associated with increased risk factors for heart disease such as raised blood pressure, blood cholesterol and blood sugar. Of great concern is the appearance of Type-2 diabetes in adolescents—even primary school children—with its potential for complications such as heart disease, stroke, limb amputation, kidney failure and blindness. The most significant long-term consequence of obesity in childhood is its persistence into adulthood. Overweight young people have a 50% chance of being overweight adults, and perhaps not surprisingly children of overweight parents have twice the risk of being overweight than those with healthy weight parents. Obese adults who were overweight as adolescents have higher levels of weight-related ill health and a higher risk of early death than those adults who only became obese in adulthood.

FOCUSING ON SUPPORTIVE ENVIRONMENTS

There is no single cause of obesity and for some, obesity is due to genetic predisposition. However, over the past twenty years there has been both a decline in physical activity in children and an increase in unhealthy eating. For example young people watch, on average, 2.5 hours of television per day and between 1985 and 1995 energy intake increased by 15% amongst boys and 12% amongst girls. Changes to our social, cultural, physical and economic conditions are driving these behaviours. Therefore, an approach is needed which creates living environments that support healthy eating and physical activity as well as encouraging young people and their families to adopt healthier lifestyles.

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* BMI is defined as weight in kilograms divided by height in metres squared

FOCUSING ON PREVENTION

Obesity develops over time and once it has developed, it is difficult to treat. The prevention of weight gain, beginning in childhood, offers the most effective means of achieving healthy weight in the population. This is where action to combat Australia's weight problem needs to start and is the focus of this national agenda. However, individuals who are already overweight or obese need appropriate support through community-based interventions.

Although overweight and obesity is a significant health problem the solution does not lie predominantly with the health services. Effective prevention needs responses from all parts of society to encourage more active living and healthy eating—starting at the very beginning of life with breast-feeding.

GUIDING PRINCIPLES

In developing programs of action special attention should be given to the context and challenges facing young Australians. Actions should:

- **Concentrate on solutions not problems—with a bias for action on health promoting environments.**
- **Be long-term and sustainable, recognising that behaviour change is complex, difficult and takes time.**
- **Engage the whole community—healthy weight is everybody's business.**
- **Help those most in need and close the health gap between different population groups as a result of geography, ethnicity, and socio-economic status.**
- **Promote the positive benefits of healthy eating, active living and healthy weight.**
- **Reduce stigmatisation and avoid blaming young people, parents or carers.**
- **Empower and assist all groups to take action according to their own opportunities and responsibilities.**

FRAMEWORK FOR ACTION

Healthy Weight 2008 presents a national strategic framework for action to address the challenges of overweight and obesity in children and young people (ie aged 0-18 years) and their families. A four-year time frame will form the first phase of a long-term approach. To kick-start the work an initial set of actions commencing in 2004 is suggested. These would need to be implemented by the health sector in collaboration with their colleagues in government, the private and non-government sectors. Further action will be needed beyond the life of this plan to address the particular issues and settings relevant to adults and older Australians. Healthy Weight 2008 should be seen as a first step towards shaping Australia's future for better health and wellbeing.

A key requirement will be to support young people and their families both in the home and in the wider community. To reach them and to address the underlying environmental and lifestyle causes of overweight in young people, a cross-sectoral, multi-settings approach will be needed. In addition to actions in specific settings, a number of key national level actions are required. Together these will focus on what can be done in practice and will identify those responsible for taking action.

The private and non-government sectors as well as the broader community have a vital role to play together with the public sector. Within government there is a clear need for action across a wide range of portfolios and levels of government, such as health, education, family and community services, environment, transport, sport and recreation, infrastructure and planning. A key success factor will be how well these different areas can work together.

ACTION STRATEGIES FOR CHILDREN AND YOUNG PEOPLE (AGED 0–18 YEARS)		NATIONAL STRATEGIES			
SETTINGS STRATEGIES	CHILD CARE	SUPPORT FOR FAMILIES AND COMMUNITY-WIDE EDUCATION	WHOLE-OF-COMMUNITY DEMONSTRATION AREAS	EVIDENCE AND PERFORMANCE MONITORING	COORDINATION AND CAPACITY BUILDING
	SCHOOLS— PRIMARY AND SECONDARY				
	PRIMARY CARE SERVICES				
	FAMILY AND COMMUNITY CARE SERVICES				
	MATERNAL AND INFANT HEALTH				
	NEIGHBOURHOODS & COMMUNITY ORGANISATIONS				
	WORKPLACES				
	FOOD SUPPLY				
	MEDIA AND MARKETING				

STAKEHOLDER SUPPORT

In recognition that a collaborative, cross-sectoral, multi-settings approach is required to address the challenges of overweight and obesity in young people and their families, a range of stakeholders from various levels of government, industry, community and non-government organisations have contributed to the development of the National Action Agenda. To achieve sustainable change, strategies will need to be multi-pronged and built on partnerships across a range of sectors.

SUCCESS FACTORS FOR IMPLEMENTATION

Organisations and groups implementing programs should strive to:

- **Ensure that strategies and actions are evidence-based.**
- **Align programs with existing national, state, territory and local plans and strategies.**
- **Value and build on existing efforts and prevent unnecessary duplication.**
- **Demonstrate commitment to accountability, efficiency and value for investments.**
- **Emphasise partnerships across all of Australia, all sectors, and all levels of government.**
- **Generate new knowledge through innovation, policy and action research and evaluation.**
- **Recognise that substantial investments of resources are required from both new and existing sources to advance policies, intervention programs, research and monitoring.**

SETTINGS STRATEGIES

CHILD CARE (including child care centres, family day care and outside school hours care)

Outcomes sought

- **Improved environments and learning experiences in early childhood care/education settings, which promote healthy eating and active play.**
- **Enhanced use of childcare settings as an avenue to strengthen the knowledge and skills of parents and carers about physical activity and healthy eating (including breast-feeding).**
- **Increased participation of children, staff, parents and the community in creating the solutions.**

2004 Actions

Health sector leadership:

- **Seek a joint Call to Action with relevant Children and Family Services and Health Ministers.**
- **Develop, disseminate and promote physical activity guidelines for children under five.**
- **Disseminate, promote and implement the NHMRC Dietary Guidelines for Children and Adolescents.**

Collaboration across sectors:

- **Introduce 'good practice' standards on healthy eating and physical activity that meet the above guidelines and build on accreditation and funding frameworks.**
- **Address real and perceived barriers that may limit the achievement of standards and guidelines (eg legal liability issues, food safety regulations) including education with regard to 'perceived' barriers.**
- **Implement 'good practice' interventions, including training for childcare workers and information and support for parents, grandparents and carers on active play and healthy eating (including breast feeding).**

SCHOOLS—PRIMARY AND SECONDARY (including public and private schools, and use of school facilities)

Outcomes sought

- **Improved school environments and education activities, which promote healthy eating and physical activity.**
- **Enhanced use of school settings as a way to strengthen the knowledge and skills of parents and carers about physical activity and healthy eating.**
- **Increased participation of students, staff, parents, and the community in creating the solutions.**

2004 Actions

Collaboration across sectors:

- **Seek a joint Call to Action by Education, Sport, Recreation and Health Ministers.**
- **Identify, disseminate and implement 'good practice' and innovative curricula and environmental interventions on a national basis (eg fruit and vegetable promotion, cooking skills, physical activity).**
- **Promote widely the implementation of the NHMRC Dietary Guidelines for Children and Adolescents and Australian Guide to Healthy Eating by introducing standards for school canteens, vending machines, fund raising, sponsorships, special events, and by strengthening nutrition education in the curriculum.**
- **Develop and promote widely the implementation of physical activity guidelines for children and adolescents, and increase the amount and reach of physical education in schools (including traditional Indigenous games).**
- **Support initiatives for safe active travel/transport to school (eg walking/cycling to school programs).**
- **Develop integrated programs to reduce excessive television watching and computer games using multiple strategies with young people, teachers and parents.**
- **Forge and extend partnerships between schools and the wider community to raise awareness and provide resources and information to young people and families (eg sporting and recreational bodies, local government, horticulture industry).**
- **Develop programs to support children and adolescents to be advocates for healthy eating and active living**

PRIMARY CARE SERVICES (including general medical practice, community health centres, and other community-based and private sector services)

Outcomes sought

- **Improved knowledge, confidence, skills and resources in primary health care professionals to routinely promote healthy weight with their patients and clients in a way that is consistent with community-wide strategies.**
- **Increased adoption of a seamless, multi-disciplinary and 'team' approach for routine assessment, referral and follow up overweight patients—especially young people and high risk parents.**
- **Improved access to appropriate and affordable support programs, counselling and clinical management services and advice—especially for parents of overweight young people and those worried about weight-related issues.**

2004 Actions

Health sector leadership:

- **Promote NHMRC guidelines/prompt sheets on the prevention, treatment and management of overweight and obesity to all primary health care professional groups.**
- **Develop IT software for GP child and adult screening of body mass index and intervention and referral pathways.**
- **Develop and Implement Lifestyle Scripts for young people and parents.**
- **Increase the number of community-based support programs for management of overweight in young people and families, which are culturally appropriate.**

FAMILY AND COMMUNITY CARE SERVICES (including social work, child protection, juvenile justice, Centrelink, outreach services to vulnerable and disadvantaged groups)

Outcomes sought

- **Improved environments and learning experiences in family and community care settings, which promote healthy eating and active play.**
- **Improved knowledge, confidence, skills and resources in family and community care workers to promote healthy eating and active living with their clients.**
- **Improved referral of clients to appropriate and affordable support services and facilities—especially for parents of overweight young people.**

2004 Actions

Health sector leadership:

- **Seek a joint Call to Action with relevant Children and Family Services and Health Ministers.**
- **Develop, disseminate and promote physical activity guidelines for children under five.**
- **Disseminate, promote and implement the NHMRC Dietary Guidelines for Children and Adolescents.**

Collaboration across sectors:

- **Introduce 'good practice' standards on healthy eating and physical activity that meet the above guidelines and build into the accreditation and funding frameworks.**
- **Implement 'good practice' interventions, including training for family and community care workers and information and support for parents, grandparents and carers on active living and healthy eating.**
- **Ensure that, where relevant, assistance with living skills includes assistance with food preparation and developing healthy eating habits.**

MATERNAL AND INFANT HEALTH (including hospitals, infant and child health clinics, community health services)

Outcomes sought

- **Increased proportion of women of childbearing age and fathers, who undertake healthy eating and active living for healthy weight.**
- **Increased proportion of infants exclusively breastfed to six months of age, and to 12 months and beyond with appropriate complementary foods.**
- **Increased proportion of breastfeeding friendly health services, childcare services, workplaces and community settings.**

2004 Actions

Health sector leadership:

- **Extend 'good' practice programs for healthy eating (including breastfeeding) and active living within antenatal and postnatal care (including home visiting), and increase the access of these services by Indigenous people.**
- **Develop and disseminate information resources for parents at different stages of their child's development—starting with new parents—on healthy eating, active living and healthy weight for themselves as well as their child.**
- **Assist hospitals and health services to be accredited as 'Baby Friendly' hospitals and community services.**
- **Develop and implement breastfeeding support policies and programs for all government organisations at local, state, territory and federal levels—with health departments leading by example.**

NEIGHBOURHOODS AND COMMUNITY ORGANISATIONS (including state/ territory government, local government, community groups, recreation and sporting bodies, and private organisations)

Outcomes sought

- **Increased safe, active play and active travel/transport in neighbourhoods by young people.**
- **Improved availability and promotion of healthy foods and physical activity for young people and families through community groups and organisations.**
- **Improved quality and location of physical and service infrastructure to support healthy eating and active living.**
- **Improved built environment that is more supportive of physical activity, active living and healthy eating**

2004 Actions

Collaboration across sectors:

- **Seek a joint Call to Action by Local Government, Planning and Health Ministers, the Australian Local Government Association and the Planning Institute of Australia.**
- **Introduce healthy eating and active living initiatives in existing and future urban design projects, neighbourhood renewal and community strengthening programs.**
- **Strengthen state/territory government, local government and community planning of physical and service infrastructure to support healthy eating and active living (eg density of food outlets, integrated planning for 'mixed-use localities', availability of swimming pools in rural areas).**
- **Develop and promote tools for local government and community organisations (including sporting bodies) on 'good practice' options, including partnerships with the private sector such as retailers, the development industry and community service providers.**
- **Promote the National Indigenous Housing Guide to ensure improvement in household environment design and essential amenities (eg food storage, cooking facilities, power, safe water, and sanitation).**
- **Investigate ways to address legal liability issues where they pose barriers to active living.**

WORKPLACES (including government, private and non government work settings both formal and informal)

Outcomes sought

- **Increased proportion of workplaces supporting healthy eating and active living through policies, programs and supportive environments.**
- **Increased knowledge and skills amongst employed parents and potential parents about the importance of healthy eating, active living and healthy weight.**

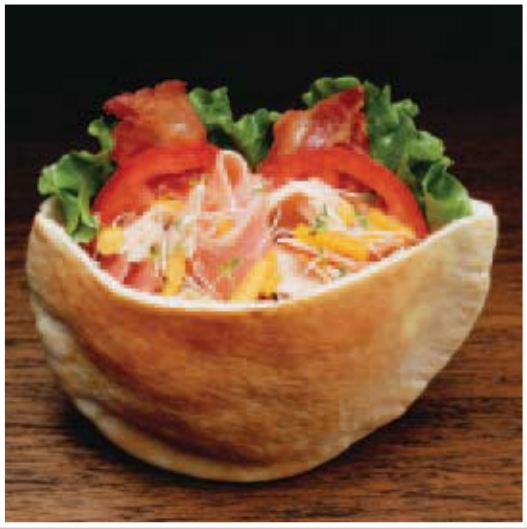
2004 Actions

Health sector leadership:

- **Ensure that health agencies provide the lead in creating workplace environments conducive to healthy eating and active living, and improve workplace policies to assist parents with healthy eating and active living in their families (eg disseminate parent support information).**
- **Encourage other public sector agencies as well as the private and non-government sectors to provide supportive healthy eating and active living workplace environments, and improve workplace policies to assist parents with healthy eating and active living in their families (eg disseminate parent support information).**

Collaboration across sectors:

- **Support programs promoting active travel/transport eg walking/cycling to work and Transport Access Guides, with government agencies taking the lead.**
- **Initiate programs in healthy eating and active living to support parents of young children seeking work.**



FOOD SUPPLY (including food producers, manufacturers, and retailers, eg supermarkets, markets, stores, and food service outlets eg restaurants, cafes and take-aways)

Outcomes sought

- **Increased choices and local availability of lower energy density, healthy foods and drinks (especially fruit and vegetables) for the whole population.**
- **Improved access to healthy foods and drinks for people in remote areas and for socially disadvantaged and high-risk groups.**
- **Increased proportion of selected manufactured foods and beverages with reduced energy density.**
- **Increased proportion of meals with reduced energy content and portion size, including meals which are eaten outside the home from fast food and other outlets.**

2004 Actions

Health sector leadership:

- **Support and extend good practice programs (including codes of practice) to promote healthy eating (especially vegetables and fruit) through all types of food service and retail outlets, including a focus on remote and rural communities.**
- **Enhance consumer education, including point of sale advice, to improve understanding of food labels; dietary guidelines; and the links between weight, energy intake and physical activity levels.**
- **Monitor the cost and availability of healthy food choices including further development of the Healthy Food Access Basket Surveys.**

Collaboration across sectors:

- **Develop a national accreditation system for food service outlets and Aboriginal community controlled stores based on sales of healthy food and encourage funding bodies to recognise accreditation when funding.**
- **Encourage the food service industry to limit size of servings and reduce energy content of less healthy meals and snacks, and support the food manufacturing industry to develop less energy dense products.**
- **Develop cold chain management initiatives to improve the quality and safety of fresh produce in rural and remote areas.**
- **Address food access and food security issues for young people in socially disadvantaged, remote and Indigenous communities, to increase the availability of healthy foods and establish patterns of healthy eating.**

MEDIA AND MARKETING (including television, cinemas, videos, electronic games, print, internet and commercial advertising, marketing and promotions)

Outcomes sought

- **Increased level of media activity and industry marketing, which promotes healthy food and drinks choices, healthy eating and active living (as set out in NHMRC guidelines).**
- **Better protection for young people against the promotion of high-energy, poor nutritional value foods and drinks and/or sedentary lifestyles through advertising and media that encourage unhealthy eating, inactivity and overweight.**

2004 Actions

Health sector leadership:

- **Coordinate a national program of marketing and communication activities, which supports healthy weight through promoting healthy eating and active living.**
- **Undertake research to understand and assess the impact of current food and drinks advertising practices on community levels of overweight and obesity.**

Collaboration across sectors:

- **Monitor and assess the effectiveness of the Children's Television Standards and the revised regulatory framework for food and drinks advertising to children in meeting health objectives, and recommend modifications if necessary (eg the inclusion of health objectives in the regulatory code of practice).**

NATIONAL STRATEGIES

SUPPORT FOR FAMILIES AND COMMUNITY-WIDE EDUCATION (including public policy and support strategies for families, and planned mass media communication and education)

Outcomes sought

- **Increased community understanding of the need for sustained effort to improve levels of healthy eating and physical activity amongst young people, and that everyone has a role to play in supporting Healthy Weight 2008.**
- **Increased knowledge, skills, attitudes and intentions of parents, carers and families regarding improving physical activity and healthy eating in young people.**
- **Increased knowledge, skills, attitudes and intentions of young people regarding their levels of physical activity and healthy eating.**
- **Improved availability of direct support and assistance to parents and carers to increase levels of physical activity and healthy eating in young people.**

2004 Actions

Health sector leadership:

- **Develop and implement a coordinated a whole of community education and social marketing strategy—acknowledging the needs of different communities particularly Indigenous communities—which links with other relevant communication strategies.**
- **Support the Australian Fruit and Vegetable Coalition in its work to promote and increase the consumption of vegetables and fruit.**
- **Develop parent-focused multi-media campaigns with associated support services (eg web site).**
- **Create and implement an ongoing public relations program and specific marketing initiatives, which support the Healthy Weight 2008 Settings Strategies.**
- **Develop a national awards program for innovation in promoting healthy eating and active living across the full range of Settings Strategies.**
- **Establish and promote a common identity and image for all initiatives.**

Collaboration across sectors:

- **Support parents, carers and families directly in healthy eating and active living by actions initiated through the National Agenda for Early Childhood (eg home visiting, income support).**

'WHOLE OF COMMUNITY' DEMONSTRATION AREAS (integrated actions from all the Settings implemented in discrete population areas as potential models for wider long term implementation in other communities and to enhance community ownership and capacity for sustained action- previous examples have been effective)

Outcomes sought

- **Improved understanding of ways to intervene effectively through innovation involving all sectors, organisations, population groups and methodologies.**
- **Increased encouragement and application of 'good practice' interventions across Australia through dissemination of the learnings from the 'whole of community' demonstration areas.**
- **Improved levels of commitment and investment across Australia through all jurisdictions actively participating in 'whole of community' demonstration areas.**

2004 Actions

Health sector leadership:

- **Select, designate and resource at least one 'whole of community' demonstration area in each State and Territory (including at least two Indigenous communities) which comprises comprehensive, community-wide interventions that are evaluated.**
- **Establish a network of demonstration areas, and through a planned and systematic mechanism actively exchange experiences, opportunities and results.**
- **Establish a professional support unit and clearinghouse, to provide technical assistance, training, analysis and evaluation of the demonstration areas.**
- **Initiate a proactive dissemination and professional development strategy to inform policy and interventions, and strengthen capacity throughout the whole of Australia.**

Collaboration across sectors:

- **Establish mechanisms to disseminate findings to other sectors particularly education and local government.**
- **Establish a pool of 'local champions/leaders of good practice' within demonstration areas to provide local support (eg skills and experiences) to a range of sectors.**

EVIDENCE AND PERFORMANCE MONITORING (including measurement, analysis, evaluation, policy and action research to inform planning and management, and enhance accountability)

Outcomes sought

- **Improved regular tracking of height and weight status in the community as well as monitoring of knowledge, attitudes, intentions, behaviours and other indicators relating to healthy eating and active living.**
- **Increased understanding of the determinants and consequences of obesity and the effectiveness of potential interventions.**
- **Improved understanding and regular monitoring of the environment regarding its influence and impact on active living and healthy eating related behaviours.**

2004 Actions

Health sector leadership:

- **Scope and develop specifications for national nutrition and physical activity monitoring and surveillance systems, including culturally appropriate Indigenous components.**
- **Design a comprehensive, regular, coordinated monitoring system for height and weight status (particularly of young people) and a series of validated indicators of key behaviours and environments related to healthy eating and active living.**
- **Establish benchmarks and strategic tracking indicators for best practice and monitor performance across the strategies.**
- **Begin to implement continuous progress reporting across all the Healthy Weight 2008 strategies through a performance management cycle.**
- **Conduct strategic and policy research to inform decision-making, and fast track the sharing and application of new research evidence Australia-wide.**
- **Consider the value and validity of setting measurable targets when baseline measures are available.**

Collaboration across sectors:

- **Undertake health impact assessments of new policies likely to impact on healthy weight.**

COORDINATION AND CAPACITY BUILDING (including strategic management, operational coordination, infrastructure support, community and stakeholder strengthening, and professional development)

Outcomes sought

- **Enhanced focus, clear directions and comprehensive policies for the prevention of overweight and obesity across Australia.**
- **Enhanced infrastructure and networking mechanisms for collaborative problem solving and sharing of resources across Australia.**
- **Strengthened capacity of governments, Non-government organisations, industry, professionals and the community to promote healthy weight.**

2004 Actions

Health sector leadership:

- **Develop and disseminate healthy weight resources to community members who are in a position to influence healthy eating and active living behaviours, such as parents, teachers, child care workers, health professionals, Indigenous leaders, sports managers, caterers, manufacturers and employers.**
- **Establish a new national leadership development program for obesity prevention including strong Indigenous participation.**
- **Support relevant professional networks that can assist in the dissemination of 'good practice', including specific assistance for Indigenous health, education and other sector workers.**

Collaboration across sectors:

- **Seek the support, commitment and cooperation of all levels of government, the private sector, non-government organisations and the public for national cross-sectoral action to tackle obesity.**
- **Encourage and support key workers and organisations to lead by example as champions for healthy weight.**