

Our Ref: 4-47223

MINISTER FOR HEALTH

ATTORNEY GENERAL; ELECTORAL AFFAIRS

FOR WESTERN AUSTRALIA

Mr Steve Georganas MP
Chairman
Standing Committee on Health and Ageing
Parliament House
CANBERRA ACT 2600

Submission No. 51

(Inq into Obesity)

JE 30/5/08

Dear Mr Georganas

Thank you for your letter dated 22 March 2008 concerning the Federal Parliamentary Inquiry into Obesity in Australia inviting the Department of Health to provide a submission for the Commonwealth Parliamentary Inquiry into Obesity in Australia.

The obesity 'epidemic' is an issue of significant concern for the Government of Western Australia. As is seen in Australia overall, the rates of overweight and obesity among Western Australian adults and children have increased substantially over the last two decades.

Western Australia supported the recent decision to make obesity a National Health Priority Area, and for obesity to be a key concern of the newly formed national Preventative Health Taskforce.

Despite considerable investment in nutrition, physical activity and obesity related interventions there are still many 'gaps' requiring action or increased investment. A long-term, sustained and comprehensive approach will be needed to address the many individual, social and environmental factors that impact on weight.

Some of the areas for action and principles identified within the submission include:

- Prevention of unhealthy weight gain should underpin population based approaches to reduce obesity and related harm.
- The need for a comprehensive approach to obesity, including a greater focus on creating environments that support healthy lifestyles.
- Government leadership and action is needed on national issues that impact on obesity, such as improved consistent and customer friendly food labelling, regulation of advertising and promotion, including sponsorships, and economic approaches such as taxation.

4th Floor London House

216 St George's Terrace Perth WA 6000

Tel: +61 8 9422 3000 Fax: +61 8 9422 3001

ABN: 61313082730

- Stronger partnerships to address the social and other non-health determinants of health.
- Making children a priority target group for obesity prevention.
- Addressing unhealthy weight in childhood as early as possible.
- The current gap in evidence around the ‘best buys’ for the management of those who have already gained weight.
- More system-wide integrated approaches across the continuum of wellness and illness, and across the prevention and management of obesity.
- Continued and expanded targeted interventions for groups with the highest rates of overweight and obesity and other risk factors for chronic disease.

Most importantly, reversing the recent increases in overweight and obesity is a challenge for the whole community, not just the health sector or even government. While the health sector should lead the development of an integrated, comprehensive approach targeting nutrition, physical activity and unhealthy weight gain, other sectors need to be engaged to develop and implement policies that address the non-health determinants and factors contributing to obesity. This means not only other government departments, such as education and training, transport, planning, sport and recreation and community services, but also local government, the food industry and the private recreation and weight loss sector.

The inquiry has a strong basis on which to build. The two existing national obesity prevention strategies are still relevant, and have not been fully implemented. The Preventative Health Taskforce has nominated obesity as a major area and will be developing a national obesity strategy. I am also aware that a review of best practice in community based healthy lifestyle interventions, including obesity, was undertaken by the Food and Healthy Living Branch of the Department of Health and Ageing as part of the Australian Better Health Initiative.

Attached is a submission from the Western Australian Department of Health. It identifies gaps and makes recommendations for action, building upon the issues outlined above. As requested, the submission has not focused on the causes and consequences of obesity, which are well documented. However, it does contain some Western Australian information about rates and health impacts.

In addition, the paper identifies some of the broad range of nutrition, physical activity and obesity related activities in Western Australia. It focuses mainly on the programs funded by the Department of Health and Healthway, and discusses the very effective inter-sectoral Premier’s Physical Activity Taskforce. The listing does not represent all Western Australian initiatives targeting physical activity and nutrition, across all government and non-government agencies.

A number of agencies within Western Australia have expressed interest in contributing further to the inquiry, and would be interested in attending any consultation workshops held. This could be organised through the Department of Health by contacting Ms Susan Leivers, Manager, Population Health Policy Branch, at: susan.leivers@health.wa.gov.au or by telephoning 08 9222 4463.

I look forward to seeing the findings of this inquiry into one of the key health challenges facing the Australian community at this time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim McGinty', written in a cursive style.

JIM MCGINTY MLA
MINISTER FOR HEALTH

Att:

20 MAY 2008

Commonwealth Parliamentary Inquiry into Obesity in Australia

JE 30/05/08

Submission by the Department of Health, Western Australia

8 May 2008

Introduction

The national epidemic of overweight and obesity is now a very real threat for Australia. There is an urgent need for immediate effective action at national, state and local level targeting obesity, taking into consideration the following issues:

- The high and rapidly increasing rates of obesity in adults and children.
- The contribution of adult obesity to increasing rates of chronic disease and associated health care and productivity costs, particularly with the ageing population.
- The fact once weight has been gained, it is very difficult to reverse and limited options have been shown to be effective in losing and maintaining weight loss.
- The considerable risk that higher rates of obesity among children will not only lead to greater health problems in childhood, but also will result in continuation of obesity into adulthood and poorer health outcomes.

It has been estimated that, should trends continue to increase at the current rate, the prevalence of obesity could more than double to as many as 7.2 million obese Australians by 2025 (28.9% of the population)¹. Even based on maintaining the current rates (17%) and the projected population ageing, it is predicted that 4.2 million Australians will be obese by 2025.

If not addressed, the increasing trends will lead to a crisis for our health, social and economic systems. Reversing the current trends is going to need a sustained long term approach over next 10-20 years, requiring a collaborative response across all levels of government, non-government, the private sector and the community itself.

Potential savings and benefits from an effective long term investment into the prevention of obesity

There are significant potential savings from investment in population-based interventions targeting obesity. For example, it has been estimated that interventions that result in a weight loss of 5 kg in all Australians who are overweight or obese would reduce the overall prevalence of overweight and obesity by 15%. This would reduce the national health care costs associated with type 2 diabetes alone by \$18.6 million per year, based on 1993-4 costs, or up to \$43.7 million if the cost of complications is also considered².

¹ Access Economics PTY LTD, 2006. *The Economic Costs of Obesity*. Report by Access Economics Pty Limited to Diabetes Australia. Australia.

² Marks G, Coyne T, Pang G. Type 2 diabetes costs in Australia: the potential impact of changes in diet, physical activity and levels of obesity. Canberra: Department of Health and Ageing; 2001.

There are additional benefits from better nutritional and physical activity related behaviours that would result from addressing obesity, such as:

- Public health nutrition strategies to promote healthy eating and healthy weight have been shown to result in an improved quality of life for those already overweight or obese, including improved social interaction and enhanced mental well being³.
- Expanding programs that encourage and enable more people to walk and cycle will also assist individuals to respond to climate change concerns at a personal level. Currently it is estimated that there are 250,000 car trips taken each day in the Perth metropolitan area, which are less than 1 km. Replacing these with walking or cycling trips will save an estimated 0.3 kilogram of greenhouse gas emissions per kilometre of vehicle driving⁴.

The following submission consists of:

- An overview of the Western Australian situation
- Identified gaps and recommendations for the prevention and management of obesity – this forms the key substance of the submission
- Attachments:
 - 1: Western Australian obesity trends and related health costs
 - 2: WA Health Promotion Strategic Directions 2007-2011 - recommendations for tackling obesity, poor nutrition and physical inactivity
 - 3: Some Western Australian initiatives targeting obesity and overweight.

³ NSW Department of Health. Eat well NSW: Strategic directions for public health nutrition 2003 to 2007. Sydney: NSW Department of Health; 2004.

⁴ Personal communication, Department of Planning and Infrastructure (WA), December 2006.

The Western Australian situation

Trends in Western Australia

Western Australia is experiencing similar trends to the rest of the country:

- In 2006/07 one in five school children aged 5 to 15 years were overweight or obese. More than one in 10 children aged five to nine years were obese, and 28% were overweight or obese. Rates of overweight and obesity among 7-15 year old school children have doubled for males and tripled for females over the last two decades.
- In 2006, 60% of adult males and 43% of adult females (16+) were overweight or obese. These rates appear to have doubled over the last two decades.

It is estimated that in 2000, obesity and related conditions cost the WA health system \$54.5 million in hospitalisation costs alone.

Information about the prevalence of overweight and obesity in adults and children, prevalence of related behaviours and harm and costs to the WA health system are provided in Attachment 1.

Western Australian strategic directions around the prevention of obesity and unhealthy weight gain

The strategic directions for the prevention of overweight and obesity in Western Australia are outlined in the Western Australian Health Promotion Strategic Framework 2007-2011 (WAHPSF). The document is available at [http://www.health.wa.gov.au/publications/documents/WA Health Promotion Strategic Framework 2007 2011.pdf](http://www.health.wa.gov.au/publications/documents/WA_Health_Promotion_Strategic_Framework_2007_2011.pdf).

Key approaches recommended in the WAHPSF include:

- *The need for a comprehensive approach tackling not only education and supportive environments, but also other social, mental health and non-health factors that impact on people's behaviour in this area.*
- *This means partnerships and collaboration between governments, non-government agencies, local government, all levels of the food industry and other stakeholders at national, state and local level.*
- *More integrated approaches, across agencies, between risk factors/disease prevention programs and across the continuum of care.*
- *An integrated mixture of both nutrition and physical activity interventions, with an increased focus on healthy weight and the harms associated with overweight and obesity at different stages of life.*
- *The prevention of overweight and obesity rather than an emphasis on reversing significant weight gains as the primary focus.*
- *A whole of life course approach, targeting populations at key points – infants, children, young adults, pregnant women, parents of young children and adults 45 and above.*

- *A mixture of population based and individual prevention approaches.*
- *Comprehensive interventions for higher risk groups, particularly Aboriginal people, people living in low socioeconomic circumstances, rural and remote populations, people with a disability, people with other risk factors for chronic disease or with existing conditions where weight management will improve health outcomes, and populations with special needs such as culturally and linguistically diverse groups.*
- *Culturally appropriate approaches for Aboriginal people that reflect the need to take a holistic approach and also address social, emotional, spiritual and cultural issues.*
- *More systematic early detection of risk and intervention.*
- *Investment in developing a stronger evidence base for effective obesity interventions for the overall population and for Aboriginal people.*

Specific recommendations for obesity, nutrition and physical activity within the WAHPSF are listed in Attachment 2.

Current Western Australian programs and initiatives

A wide range of nutrition, physical activity and obesity programs and activities are underway that might be expected to have a direct or indirect impact on obesity levels in Western Australian.

Only a limited number of initiatives directly target overweight and obesity.

Key initiatives include:

- Statewide policy and coordination
- Programs that can impact on the prevention of overweight and obesity in adults
- Programs that can impact on healthy development and weight among children
- Management of overweight and obesity in children and adults
- Research.

A more detailed list of key initiatives currently underway in WA is provided in Attachment 3. Further information is available on request.

Identified gaps and recommendations for the prevention and management of obesity

Considerable strategic policy work has and is being done at national level

Two national obesity strategies exist and are still current, with many recommendations not yet implemented^{5,6}.

Obesity has been identified as a priority for the Preventative Health Taskforce, with the proposed development of a new national obesity strategy.

Recommendations:

- Any review of strategic directions, including identification of cost effective options, needs to build on rather than repeat the considerable work already done at national and jurisdictional level.
- There be coordination and alignment of the findings and recommendations from this Inquiry and the work of the Preventative Health Taskforce.

Taking a long term approach

The complexity of the factors impacting on obesity and weight, and the difficulty of changing behaviour, means that there is a need for a long term view. A sustained effort is required to change lifestyle related behaviours and to reverse the current increasing rates of obesity and overweight.

Recommendation:

- A long term view/vision - 10-20 years - be developed, even if investment commitments are for only 3-5 year periods.

Prevention of unhealthy weight gain should underpin population based approaches to reduce obesity and related harm

Existing national obesity action agendas for adults and children recommend that the prevention of unhealthy weight gain should underpin population based approaches to reduce obesity. These should be supported by targeted interventions for populations, groups and individuals identified at high risk of obesity and related conditions.

Recommendations:

- Prevention of overweight and obesity rather than reversing significant weight gains be the primary focus of population based approaches.
- However, any comprehensive approach to obesity must also address the reversal of small weight gains, early identification of risk and intervention, and management of overweight and obesity among children and adults.

⁵ Department of Health and Ageing. Healthy weight for adults and older Australians: A national action agenda to address overweight and obesity in adults and older Australians 2006-2010. Canberra: Department of Health and Ageing; 2006.

⁶ Department of Health and Ageing. Healthy weight 2008, Australia's future: The national action agenda for children and young people and their families. Canberra: Department of Health and Ageing; 2003.

A comprehensive approach to obesity, including a greater focus on supportive environments

A comprehensive approach is needed to tackle the many factors that influence the weight of individuals, groups and populations – including education and skills development, planning and infrastructure for recreation and food supply, environments and settings that support physical activity and healthy diet, increased access to healthy food, community empowerment and engagement at local level, enhanced health care services and changes to regulatory systems.

Food is lagging well behind physical activity with respect to addressing food supply and related environmental issues that affect people's ability to eat a nutritious and healthy diet.

In addition, mental health issues are critical factors in the prevention and management of overweight and obesity.

Recommendations:

- Approaches need to include and integrate a comprehensive range of interventions targeting diet and physical activity, with an increased focus on healthy weight and identification of the harms associated with overweight and obesity at different stages of life. There is no 'one size fits all' or quick fix.
- Approaches need to also address key mental health issues around the prevention and management of obesity.
- Environmental and food supply issues that impact on people's eating habits need to be addressed – such as access to fresh produce in remote areas, healthier products (such as lower fat, sugar and energy levels), distance and transport to shops, price and marketing and promotion.

Greater strategic national leadership on obesity

A more integrated systems approach is needed to address nutrition, physical activity and mental health to achieve and maintain health weight.

There is a plethora of programs, grant schemes and activities targeting nutrition and physical activity nationally and within many states. Improved coordination and synergy across research, policy, education and interventions is needed nationally to maximise the use of resources, improve consistency and integration, and to avoid duplication. In addition, these need to be better integrated and aligned with other prevention activities.

The identification of obesity as a National Health Priority Area provides the opportunity for national leadership and better across-jurisdictional coordination in this area.

Recommendations:

- Enhanced leadership and coordination is needed for:
 - Development of a national intergovernmental body to lead and coordinate strategic planning and policy development and implementation around healthy weight (and associated elements of physical activity and nutrition).
 - Development of a coordinated and adequately resourced strategic framework for national action that addresses the individual, group and family,

physical environments and societal factors that affect weight, weight gain and weight loss.

- Clarification of national responsibilities in this area.
- National population monitoring and reporting.
- Development of clear national dietary, physical activity and healthy weight guidelines (prevention, identification and treatment).
- Trials and research to identify cost-effective prevention and weight management interventions, including effective models of care.

National regulatory changes

Children's exposure to television advertising of energy dense nutrient poor foods is very high and there is a major imbalance between promotion of these foods and healthy foods. There is ample evidence that television advertising influences children's food preferences and in turn impacts on overweight and obesity. The current national regulations and advertising industry codes of practice do not adequately protect children from the harmful effects of television advertising.

The regulation of television based advertising of energy dense nutrient poor foods to children needs to be strengthened. It is important to note that television advertising is only one of a number of key marketing and promotional methods being used by the food industry. Other advertising channels include printed media (e.g. comics or magazines), public signage, in store promotions (meal deals, give-aways), direct mailing and the Internet (including product websites). Food industry sponsorship is also increasing. Any reform of television advertising and marketing standards will need to be a part of a multi-strategic solution, and accompanied by stronger controls on other forms of marketing, sponsorship and promotion to children.

The Government, through the national Food Regulation Standing Committee (FRSC) FOPL Working Group, is exploring simplified front-of-pack labelling (FOPL) as a method to improve consumers' understanding of food labels and enable healthier food options to be more easily identified. Such schemes have the potential to substantially increase people's ability to make healthier dietary choices.

Recommendations:

- Effective and innovative national policy on issues that impact on obesity, such as food labelling, advertising, promotion and sponsorship, such as:
 - Review and strengthening of regulation of the advertising and promotion of energy dense nutrient poor foods and drinks to children through television, the internet, point of sale promotions and other media.
 - The introduction of a national FOPL scheme.
 - Regulation of sponsorship by companies selling unhealthy foods and drinks.

Stronger partnerships to address the social and other non-health determinants of health

Approaches also need to address non-health factors that impact on health and weight. These include macro level social and economic policies that impact on social determinants such as early life, poverty, lack of education, food security, housing, social isolation/ support and employment.

Many of the key factors that impact on physical activity, diet and weight can only be influenced indirectly by the health sector, through partnerships with other sectors. For example:

- Nutrition is affected by factors such as income, affordability, convenience, availability of healthy choices and portion sizes, transport, location of food outlets, education and food literacy, storage and access to culturally appropriate foods in different settings.
- Physical activity is influenced by non-health factors such as urban design (street layout, parks, access to attractive walking environments, traffic, street lighting), public safety, access to recreational facilities, social support and income.

Communities also need to be supported and engaged to take action and address the local factors that impact on overweight and obesity.

The food, recreation and weight management industries can also play a vital role in addressing these issues, through food supply, new product development, marketing and promotion practices, recreation and weight loss services.

Recommendations:

- Involvement of sectors outside health in the planning and implementation of policies and programs – particularly education, transport, planning, sport and recreation, food industry – at local, state and national level to develop partnerships to ensure that factors that impact on food security and physical activity are addressed.
- Leadership by government in the establishment of appropriate mechanisms to support cross sector partnerships and activities.
- Work with industry to encourage healthier food supply in children's settings and sporting venues, and the development of new healthier products to replace high energy nutrient poor foods and drinks.
- Empower and assist communities and groups to undertake action and projects in the food and physical activity areas to meet local needs.

Children as a priority target group for obesity prevention

Reversing the growing rates of obesity in children must be priority, given that obesity not only causes significant problems during childhood, but also predisposes children to be obese in adulthood, and increases the risk of associated harm at that time.

Recommendations:

- Priority for action and investment to be given to appropriate growth and weight among children.
- Interventions need to start early in life, targeting maternal health, breastfeeding practices and parents' knowledge and skills to influence children's nutrition and physical activity.

Continued and expanded interventions targeting groups with highest rates of obesity and other risk factors for chronic disease

There are a number of sectors of the population that have higher rates of obesity and overweight, and/or higher rates of preventable conditions such as diabetes and

heart disease. These include Aboriginal people, lower socioeconomic groups, people living in rural and remote areas and people with a disability.

Recommendation:

- In addition to whole of population approaches, priority should be given to interventions that target:
 - Aboriginal and Torres Strait Islander peoples
 - People living in low socioeconomic circumstances
 - People living in rural and remote areas
 - People with established risk for weight related chronic conditions.

Address unhealthy weight in childhood as early as possible

Interventions should start as young as possible, given that obesity clinics report the best results for younger children; obesity is already very stable by school entry; early treatment may avoid subsequent decline in physical and psychological health and development; and greater long-term benefits through improved fitness, glucose metabolism and relative increases in lean mass. Evidence also suggests that children who are overweight during the preschool years are greater than five times more likely to be overweight at 12 years of age; rapid weight gain in first six months of life increases the risk of obesity; and overweight and obese children are more likely to become overweight and obese adults.

Treatment and intervention for those children already overweight and obese is as important a priority as prevention. Evidence shows that targeted family-based interventions are effective and cost-efficient. The most effective approaches involve professionals working with the parents of younger children and for older children to be actively engaged, along with their family, to make necessary behavioural and lifestyle changes. Multidisciplinary team approaches have also shown positive outcomes.

Recommendations:

- More research is needed to assessing cost-effectiveness of prevention and overweight/obesity management interventions; and developing community health service models, including post-care guidelines, for children.
- An adequately skilled and resourced workforce is required to deliver evidence-based, best-practice interventions. Medical, nursing and allied health professionals need to possess the competence, confidence and capacity to effectively address acute weight management issues and sustain positive lifestyle habits.

Early risk assessment and better management of overweight and obesity among adults

Early reversal of small unhealthy weight gains increases the likelihood of maintaining a healthy weight. There is evidence that decreasing the extent of overweight or obesity can have positive outcomes in relation to the risk of developing or exacerbating chronic disease. There is a need for more systematic assessment of weight, diet and physical activity by health professionals, early identification of risk and appropriate brief intervention or referral to other services. Adults who experience excessive weight gain may need support from health professionals to reverse this. Effective interventions may need to address nutrition

and physical activity levels, as well psychosocial elements. However, there is little evidence of effective interventions in the area of weight loss for adults other than surgery.

Recommendations:

- More research is needed to assessing cost-effectiveness of prevention and overweight/obesity management interventions; and developing community health service models, including post-care guidelines, for adults.
- Initiatives are needed to increase health professionals' ability to undertake risk assessment, early intervention and referral to appropriate services for patients with or at risk of chronic diseases or significant weight gain.
- Increased access to affordable services such as specialist advice, self help information and community based advice and support for individuals and populations at high risk of or with chronic disease.

Better coordination of policy and interventions across the continuum of healthy weight and obesity/disease management

Better linkages are needed between interventions across the health/disease and healthy weight/obesity continuum to maximise the prevention of weight, reversal of small increases in weight, management of patients who are overweight or obese, and management of obesity itself.

Recommendations:

- Any national strategic plans or approach should identify and include opportunities for interventions and better coordination across the health continuum, from healthy weight to small increases in weight to obesity; and across the health continuum from wellness to disease. While prevention must be a priority, any comprehensive plan should also address the early reversal of small weight gains and management of obesity.

Potential negative consequences of directly targeting obesity

Programs that directly target overweight and obesity have the potential to cause unfavourable unintended effects:

- Stigmatisation of obese people as 'not trying' or 'bringing it on themselves'.
- Strengthening of concerns about body image among those vulnerable to eating disorders by focusing on obesity.
- An overemphasis on obesity as the important risk factor for chronic disease may harm understanding about the importance of nutrition and physical activity as behavioural risk factors for chronic disease in their own right (physical activity and healthy diet both are protective factors for disease, regardless of weight).

Recommendation:

- Education or campaign approaches need to demonstrate that they will not have an unfavourable impact, such as stigmatisation, blaming and misconceptions about the importance of physical activity and good diet as protective factors for disease prevention irrespective of weight.

Attachment 1: Western Australian obesity trends and related health costs

Overweight and obesity rates in Western Australia (WA) are very similar to Australia overall, with significantly increasing trends in most sections of the community. The rates of overweight and obesity among Western Australian adults and children have increased substantially over the last two decades. These rates are of considerable concern, particularly the increasing rates in children. As well as increasing the risk of a range of serious chronic conditions among adults, overweight and obesity in children, combined with physical inactivity predisposes children to health problems in their early life and into adulthood.

Rates of overweight and obesity and related risk behaviours are monitored in WA through:

- Department of Health surveillance surveys
- Premier's Physical Activity Taskforce child nutrition, physical activity and obesity survey (part funded by DOH)
- Premier's Physical Activity Taskforce adult physical activity survey.

These surveys show that in WA a significant proportion of the population is overweight or obese:

- In 2006/07 one in five children aged 5 to 15 years was overweight or obese, based on parents' reported height and weight measurements. In particular, more than one in 10 (14.5%) school children aged five to nine years can be classified as obese, and 28% were overweight or obese⁷.
- These findings are consistent with other 2003 WA data. This study found that among 7-15 year old school children, rates of overweight and obesity have doubled for males and tripled for females over the last two decades⁸.
- In 2006, one in two (52%) Western Australian adults aged 16 and above was overweight or obese⁹. More males (60%) than females (43%) were overweight or obese. While twice as many males were overweight than females (44% vs. 26%), similar proportions were obese (16% vs. 17%). Very similar results were obtained in a separate survey¹⁰
- Adult rates appear to have doubled nationally and within WA over the last two decades¹¹.

⁷ Health Information Division, Department of Health. Health and Wellbeing of Children in Western Australia, July 2006 to June 2007, Overview of Results. Perth: Department of Health, 2008.

⁸ Hands B, Parker H. CAPANS survey. Perth: Premier's Physical Activity Taskforce, 2003.

⁹ Health Information Division, Department of Health. Health and Wellbeing of Adults in Western Australia 2006, Overview of results. Perth: Department of Health, 2008.

¹⁰ Premier's Physical Activity Taskforce, Physical Activity Levels of Western Australian Adults 2006. Perth: Government of Western Australian, 2007.

¹¹ State and national surveys reported in:

- Australian Bureau of Statistics. Changes in health: A snapshot, 2004-05. Canberra: ABS; 2006. Report No.: Cat. No. 4834.0.55.001.
- Barr, Cameron, Shaw, Zimmet. The Australian diabetes, obesity and Lifestyle study (AusDiab). Five year follow-up. Melbourne: International Diabetes Institute; 2005.

- Of particular concern for WA are the higher rates found in Aboriginal people¹², particularly Aboriginal women, and in people in rural and remote areas¹³.

These trends are reflected in recent Western Australian survey data on physical activity levels and diet:

- Two out of five (41%) Western Australian adults aged 16 and above reported insufficient physical activity for health benefits¹⁴.
- Three quarters (76%) of primary school children aged 5-12 years reported insufficient physical activity¹⁵
- Almost half of WA parents reported that in 2006 their child watched more than two hours of TV a day and or played the computer for this amount of time. More than 7,500 children aged 5-15 years were not doing any physical activity at all¹.
- In 2006, over a quarter of adults (26%) reported spending 21 hours or more per week watching TV or videos, or using the computer for recreational purposes (i.e. excluding work time)³.
- In 2006/07, 88% of WA children ate fast food, with almost half (42%) eating fast food at least once a week¹.
- Less than half (46%) of mothers are still breastfeeding at 26 weeks, and only one per cent exclusively breastfeed their infant at six-months¹⁶.

More information from these surveys is available at:

Department of Health:

http://www.health.wa.gov.au/publications/documents/Health_and_Wellbeing_of_Children_in_WA_2006-7_Overview_of_Results.pdf (children) and

<http://www.health.wa.gov.au/publications/documents/Health%20Dpt%2015310%20Time%20Series.pdf> (adults)

Premier's Physical Activity Taskforce:

http://www.beactive.wa.gov.au/resources_research_capans.asp (children) and

http://www.beactive.wa.gov.au/resources_research_adultsurvey.asp (adults)

• Daly A, Saunders D, Roberts L. Collaborative health and wellbeing survey: An overview. Perth: Department of Health WA; 2001.

¹² Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander health survey, 2004-05. Canberra: ABS; 2006b.

¹³ Australian Institute of Health and Welfare. Are all Australians gaining weight? Differentials in overweight and obesity among adults, 1989-90 to 2001. Canberra: Australian Government; 2003.

¹⁴ Premier's Physical Activity Taskforce, Physical Activity Levels of Western Australian Adults 2006. Perth: Government of Western Australian, 2007.

¹⁵ Hands B, Parker H. CAPANS survey. Perth: Premier's Physical Activity Taskforce, 2003.

¹⁶ Binns C & Graham K. Project report of the Perth Infant Feeding Study Mark II (2002-2004) Canberra: Australian Government Department of Health and Ageing, 2005.

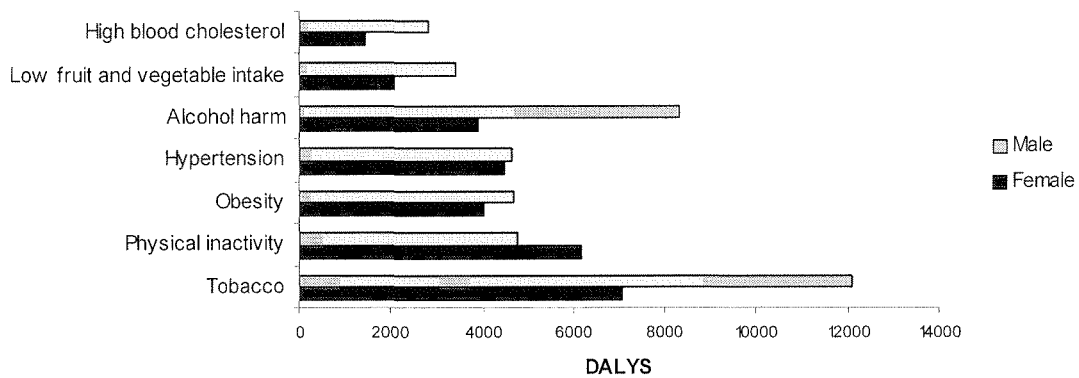
Obesity related harm in Western Australia

In 2000, the annual burden of obesity on the community and health system was estimated to be¹⁷:

- 8711 Disability adjusted life years (4% of total)
- 4391 years lost disability
- 383 deaths
- 9237 hospital admissions
- \$54.5 million direct hospital costs.

In 2000, almost \$116 million in Western Australian hospitalisation costs were attributed to obesity and overweight, inadequate fruit and vegetable consumption, physical inactivity and high blood cholesterol¹⁸.

Total disease burden attributed to selected risk factors by gender, WA, 2000



¹⁷ Epidemiology Branch, Department of Health. Unpublished data, April 2007.

¹⁸ Epidemiology Branch Analysis and Performance Reporting. Hospital morbidity data system for year of separation 2005. Perth: Department of Health, Western Australia; 2006, unpublished.

Attachment 2: WA Health Promotion Strategic Directions 2007-2011 - recommendations for tackling obesity, poor nutrition and physical inactivity

The Western Australian Health Promotion Strategic Directions 2007-2011 (WAHPSF) outlines key strategic directions for the prevention of smoking, injury, harmful alcohol consumption, poor nutrition, physical inactivity and overweight and obesity.

The obesity-related recommendations in the framework were based on the best available evidence and expert opinion. The approaches are consistent with many of the recommendations in the two national obesity strategies - *Healthy weight 2008, Australia's future: The national action agenda for children and young people and their families*¹⁹ and *Healthy weight for adults and older Australians: A national action agenda to address overweight and obesity in adults and older Australians 2006-2010*²⁰.

More specifically, the WAHPSF recommends the following key strategic directions:

Healthy weight

- Better integration of nutrition and physical activity approaches or multi risk factor approaches.
- Increase community awareness of healthy weight, the benefits of healthy weight, the health risks associated with overweight and obesity and how to prevent weight gain.
- Increase parents' ability (knowledge and skills) to establish healthy eating and physical activity behaviours among children early in life.
- Build community engagement, capacity and motivation for local action to address environments and lifestyles that support overweight and obesity, in childcare, school, workplace and community settings.
- Increase risk assessment, early identification and brief intervention to prevent weight gain among those identified at increased risk of chronic disease.
- Early reversal of small unhealthy weight gains.
- Work with sectors outside health to develop policy and programs addressing the determinants of obesity.

Healthy eating

- More equitable access to affordable, nutritious and safe food. This includes issues such as composition, food labelling and appropriate marketing and advertising.
- Increase appropriate breastfeeding of infants and introduction of complementary foods.

¹⁹ Department of Health and Ageing. *Healthy weight for adults and older Australians: A national action agenda to address overweight and obesity in adults and older Australians 2006-2010*. Canberra: Department of Health and Ageing; 2006.

²⁰ Department of Health and Ageing. *Healthy weight 2008, Australia's future: The national action agenda for children and young people and their families*. Canberra: Department of Health and Ageing; 2003.

- Increase community awareness of the recommended types and amounts of foods and drinks to consume and the benefits of healthy eating, at different stages of life and in relation to healthy weight and development.
- Increase knowledge and practical skills to adopt a healthy diet.
- Develop settings and environments that support healthy nutrition.
- Increase risk assessment, early identification, brief intervention and referral to nutrition services of those at risk of or with chronic disease.

Physical activity

- Increase community awareness of the need for an active lifestyle and appropriate levels of physical activity to promote good health.
- Create physical environments that provide opportunities for increased physical activity, by influencing planning, transport and related environmental issues.
- Develop organisational environments/settings that provide opportunities for increased physical activity.
- More culturally relevant community based physical activity programs and services for priority and high risk populations and groups.
- Increase risk assessment, early identification, brief intervention and referral to community physical activity services and programs for those at risk of or with chronic disease.

Two key population approaches are recommended to address obesity:

- Whole of population activities at key points across the life span – infants, children, young adults, pregnant women, parents of young children and adults 45 and above.
- Specific interventions for higher risk groups such as Aboriginal people, people living in low socioeconomic circumstances, rural and remote populations, people with a disability, people with other risk factors for chronic disease or with existing conditions where weight management will improve health outcomes, and populations with special needs such as culturally and linguistically diverse groups.

Attachment 3: Some Western Australian initiatives targeting obesity and overweight

A wide range of nutrition, physical activity and obesity programs and activities are underway that might be expected to have a direct or indirect impact on obesity levels in Western Australia (WA). There are only a limited number of initiatives directly targeting overweight and obesity.

Programs are undertaken by the Department of Health, Healthway, Department of Education and Training, Department of Sport and Recreation, Department of Planning and Infrastructure, local government, National Heart Foundation, The Cancer Council WA, Diabetes WA and the Premier's Physical Activity Taskforce to name a few.

The priority target groups identified in the WA Health Promotion Strategic Framework 2007-2011 include:

Priority target groups are:

- Whole population
- Infants, children and parents
- Adults
- Aboriginal people
- Low socioeconomic groups
- Rural and remote populations.

The following sections discuss Western Australian activities in relation to:

- Statewide policy and coordination
- Preventing obesity – adults
- Preventing obesity – children
- Managing overweight and obesity
- Research.

The discussion below is focused mainly on the programs conducted or funded by the Department of Health, and touches on the work of Healthway and other agencies under the aegis of the Premier's Physical Activity Taskforce.

It does not represent all Western Australian initiatives targeting physical activity and nutrition, across all government and non-government agencies.

POLICY AND COORDINATION

Statewide obesity, nutrition and physical activity strategic directions

WA Health Promotion Strategic Framework 2007-2011

See Attachment 2.

WA Physical Activity Strategic Plan

This has been developed for a four year period to 2011 and presents a new framework which is about improving physical activity levels through a multi level, multi sectoral approach. The policy is available at <http://www.beactive.wa.gov.au/docs/Strategic%20Plan%202007%20-%202011%20Online%20Version.PDF> .

An Implementation Plan for 2008 has been developed to take the plan forward. A total of 24 agencies have been involved in setting priorities for action to achieve greater impact on physical activity levels across Western Australia.

Key focus areas are policy development, raising public awareness, providing supportive environments and promoting partnerships.

Healthway strategic plan 2008 – 2011

Prevention of overweight and obesity is a new high priority area in the Healthway strategic plan for 2008 to 2011. Healthway will continue its emphasis on promoting healthy nutrition and physical activity over the next four years, and develop a coordinated approach to addressing overweight and obesity across its program areas. In the plan, Healthway is committed to:

- Supporting and extending the reach of campaigns and programs to raise awareness about maintaining a health weight, particularly where they target priority population groups.
- Developing and implementing culturally appropriate programs for Aboriginal people in partnership with Aboriginal communities.
- Supporting research and evaluation that builds the evidence base for effective programs addressing healthy weight maintenance and reducing sedentary behaviour
- Working with sponsored groups and partners to improve supply and access to healthy foods.
- Supporting community based nutrition programs targeting priority population groups
- Working with funded groups and other partners to encourage participation in sport, active recreation and active transport.
- Collaborating with a range of partners to create supportive environments that encourage physical activity.
- Supporting community sport and recreation activities focusing on groups with low participation rates.

Walk WA: A Walking Strategy for Western Australia 2007-2020

Walk WA is a whole-of-government whole-of-community strategy developed by the Premier's Physical Activity Taskforce in collaboration with the Department for Planning and Infrastructure's Walking WA Committee, with input from key stakeholders across State Government, Local Governments and various non-government agencies. . The document can be viewed at [Walk WA: A Walking Strategy for Western Australia 2007-2020](#)

Policy and coordination mechanisms

Premier's Physical Activity Taskforce (PATF)

In June 2001, the Premier's Physical Activity Taskforce was established to oversee the development and implementation of a whole of community physical activity plan for Western Australia. To date, the PATF has established links, partnerships and representation across government and non-government sectors which include health, education, sport and recreation, planning and infrastructure, children and youth, seniors' interests, communities, environment and conservation.

The PATF represents a unique and successful collaborative mechanism for addressing the many factors that impact on physical activity.

Priority areas at present include:

- Collecting, analysing and reporting on adult and child nutrition surveys. The 2008 Child and Adolescent Physical Activity Nutrition Survey will be conducted later this year.
- Review of legislation relevant to walking in WA.
- Healthy Active Workplace policy development.
- Statewide coordination of physical activity promotions and events.
- Coordination of the Local Activity Grants to increase physical activity opportunities in communities.
- Initiatives in the school system involving the professional development of over 2500 teachers, web site resources and information for parents and teachers, research projects across the school system to determine best practice models for increasing physical activity for all.
- Initiatives in both the urban planning and active transport areas.

Specific policy initiatives

- ***Policy initiatives to address marketing of junk food to children*** – the DOH is participating in a national Advertising and Marketing Practices State and Territory Jurisdictional Working Group that was established by Health Ministers in 2006. It is currently investigating national or jurisdictional avenues to restrict unhealthy advertising of junk food to children. The Group has made submissions to the review of the Australian Communications and Media Authority (ACMA) Children's Television Standards (CTS) in August. Like some other states, WA is keen to progress this at national or state level.
- ***Labelling of foods and drinks*** – Simplified front-of-pack (FOPL) assists consumers in determining healthier food options at a glance, without having to fully understand the Nutrition Information Panel. The DOH is participating in the national Food Regulation

Standing Committee (FRSC) FOPL Working Group that is investigating a range of FOPL schemes, both voluntary and mandated for potential adoption across Australia and New Zealand. WA supports a traffic light type of approach, similar to the United Kingdom Food Standards Agency's Traffic Light Labelling scheme.

- The recently launched **Public Health Advocacy Institute of Western Australia**, led by Professor Mike Daube, received major funding from Healthway for a period of three years. Overweight and obesity has been identified as an early priority for the work of the Institute.

PREVENTING OVERWEIGHT AND OBESITY - ADULTS

Obesity

Statewide initiatives:

- **Adult Healthy Weight Program²¹** - This program will involve new campaign and program development, along with the extension of current physical activity, nutrition and healthy weight programs being implemented across the state (including the proposed Australian Better Health Initiative national social marketing campaign). The program will utilise mass media in combination with specifically targeted strategies (Healthy Lifestyle Challenge and online self help program) to reach populations at increased risk of overweight and obesity, including people living in low SES circumstances, women and Aboriginal people. The aim will be to increase awareness of the benefits of healthy weight and risks associated with obesity, and ways to maintain a healthy weight (National Heart Foundation (NHF) in collaboration with The Cancer Council WA (TCCWA) and Diabetes WA (DAWA)).

Physical activity

Statewide initiatives:

- **Statewide physical activity program** – including comprehensive mass media physical activity campaigns targeting adults (Find Thirty®); educational publications and resources; workforce capacity building and professional development (NHF).

Health eating

Statewide initiatives:

- Three year **Promoting Healthy Eating WA program** comprising: social marketing campaigns targeting fruit and vegetable consumption (such as Go for 2&5® campaign); public education materials; professional development and

²¹ The contract has been awarded but the outcome not yet publicly released by the Minister for Health (expected in the near future).

workforce capacity building; some activities targeting parents (see below); and statewide coordination of the FOODcents program (TCCWA and DAWA).

- **FOODcents** – Healthway funded the Australian Red Cross WA (ARCWA) to modify the Food Cents program for delivery in the home and community settings using Red Cross volunteers, and to extend the program into the low income areas of Kwinana and Rockingham. The program is being delivered both in the home and in group settings in collaboration with local community agencies such as Women's refuges.

The Department of Health has funded the significant expansion of this program across the whole Perth area and one regional area, and the incorporation of strategies that address lifestyle risk factors for chronic disease, including poor nutrition and physical inactivity. The program targets low SES groups, families, Aboriginal people, people from culturally and linguistically diverse communities and young people.

The program is also run by Foodbank as part of the Healthy School Breakfast Program (with government funding) and area health services.

An Aboriginal version has been developed.

- **WA Health food supply policy** – The *Healthy Options WA: Food and Nutrition Policy for Health Services and Facilities* applies to food outlets in all WA Health facilities from 1 January 2008 and full compliance is required by 31 December 2008. The policy places responsibility on health services to increase the availability of healthy foods and drinks to staff, outpatients and visitors and mandates the restriction of certain 'unhealthy' items.
- **Improving healthy food choices in sport and racing canteens** - During 2008 and 2009 Healthway is expanding its partnership with a number of its major sponsored sporting and racing organisations to improve the range of healthy foods and drinks available at events. In partnership with the WA School Canteen Association, this project is reforming the range of foods provided through more than 40 venues and providing workforce development for canteen operators and volunteers.

Community based programs:

- 'Maddington/Kenwick Fruit and Vege Project' aims to reduce obesity in the community by providing increased access to fruit and vegetables. It is a partnership project with the Maddington Kenwick Sustainable Communities Partnership (City of Gosnells and State Govt coalition), five local schools, Foodbank WA and Child and Adolescent Health Service. Parents and community members are encouraged to help plan and participate in a range of activities such as installing and maintaining food gardens and developing skills in food budgeting and healthy food preparation.
- 'Coodanup Food Coalition' aims to increase the healthy eating behaviours of the Coodanup community, with particular focus on low socio economic and

Indigenous residents. Some of the project initiatives include 'Deadly Chorne Coodanup' – a community awareness event to highlight healthy eating options, improving access to healthy choices at the local deli and Coodanup College, budgeting and food preparation workshops and engaging a range of key stakeholder service providers.

Sponsorships

- Healthway funds a wide range of sponsorships, health promotion projects and research to address its priority four areas, two of which are nutrition and physical activity. Healthway allocates 30% of its funding to increasing participation in sport and active recreation and promotion of the Be Active message, equating to almost \$6 million in this financial year. In addition, in the arts program area an increasing proportion of sponsorship is being directed to supporting activities where physical activity is a primary focus (e.g. dance and circus). Around 9% of the arts budget allocated to promoting the Go for 2&5[®] nutrition message. A strengthened condition of most sponsorships is that healthy food choices will be provided, expanded and promoted.

Weight and lifestyle as part of disease prevention

- Three year ***Diabetes Program*** - the Speak Out About Diabetes community-based awareness and prevention program (expansion into rural, remote and Aboriginal communities); and Detour Diabetes web-based nutrition, physical activity and weight management program. Consultation on Aboriginal approaches to diabetes prevention (DAWA).

PREVENTING OVERWEIGHT AND OBESITY - CHILDREN

Obesity/Physical activity

Statewide:

- ***Healthy Weight Parental Education Program²² and statewide physical activity programs*** – a series of campaigns and programs targeting parents addressing healthy weight and the prevention of unhealthy weight gain. This primarily takes a physical activity approach. The program will include Parent Campaign that includes two phases - targeting sedentary behaviour (electronic entertainments and computers) and expanding Healthway's walking and cycling to school in regional areas, information resources, expansion of Parental Guidance Recommended and Make Tracks2school (see below) (NHF in collaboration with TCCWA and DAWA).

The first phase of the parent campaign '*Unplug and Play*, targeting parents to get their children more physically active and reduce their electronic media, was launched on 17 February this year.

²² The contract has been awarded but the outcome not yet publicly released by the Minister for Health (expected in the near future).

- ***Make Tracks to School campaign*** – Healthway and the DOH are supporting the Heart Foundation to run the three-year campaign to raise awareness of the new PATF Make Tracks to School program, launched in 2007, to motivate parents to encourage their children to walk or cycle to school.

The project has developed a school kit, focusing on activities structured around the health promoting schools model, as well as a regular 'challenge' to encourage children to walk and cycle to school. The campaign is using both metro and regional radio, press and PR activity.

Community based:

- ***Just Walk it in the City of Fremantle*** - This 2-year project has recently completed and was originally developed through collaboration between the Heart Foundation, Local Government, the South Metropolitan Population Health Unit and the Departments of Sport & Recreation, and Planning and Infrastructure. The project set up a pilot walking program based on a model developed and evaluated in Queensland, and has provided some valuable lessons for the national 'Heart Foundation Walking' program to be launched later this year (NHF).

Healthy eating

Statewide initiatives:

- The three year ***Promoting Healthy Eating WA*** program school and community strategies such as Parental Guidance Recommended, Crunch&Sip[®], and the primary school lunch box program (TCCWA and DAWA).
- ***WA School Canteens Project (Australian Better Health Initiative)***: The Department of Education and Training implemented its *Policy and Standards for Healthy Food and Drink Choices in Public Schools in 2006/07*. Funding is provided under the Australian Better Health Initiative for training and support for public schools to implement the policy across the state.

Community/local programs:

- A range of community based collaborative projects in various settings (e.g. local parks, schools, community centres, and child health clinics) are implemented with varied funding sources across the Perth metropolitan area. Services delivered focus on developing individual and community capacity, knowledge and personal skills to enable healthy lifestyles, e.g. food selection, preparation and cooking skills and parenting skills. Establishing school gardens, school waste audits and community kitchens are examples of innovative projects implemented.

Combined child nutrition and physical activity initiatives

- **Birth to School Entry** – A Community Health Birth to School Entry Policy outlines a comprehensive family and community health assessment schedule at key developmental ages of young children for all families. Included in these contacts are: information regarding parenting, child health and development, maternal health and well-being, breastfeeding, introduction of solids, healthy eating, and referral to other community services. These services are provided through home-visiting, one-on-one centre-based consultations, group consultations and parenting groups. Increasingly these services are provided in other settings such as child care, schools and community centres.
 - The development of guidelines and clinical pathways for health concerns including low birth weight, infant feeding difficulties, failure to thrive and toddler fussy eaters are in progress.
 - Development of evidenced based resources for parents on healthy eating, breastfeeding and introduction of solids.
 - Statewide community health workforce development initiatives, including upskilling in protecting, promoting and supporting breastfeeding and, promoting life-long healthy eating habits.
 - Production of the Child and Antenatal Nutrition (CAN) Manual, the practice guidelines for health professionals on various issues related to the general nutritional health and wellbeing of mothers, infants and children.
 - Establishment of the Metropolitan Community Health Breastfeeding Taskforce that aims to coordinate activities and address the individual, group and family, physical environment and societal factors influencing breastfeeding practices in the community.
- **Healthy Food For All Program** - WA School Breakfast Program with additional activities - delivering and facilitating the delivery of complementary culturally appropriate nutrition and physical activity initiatives in schools; and FOODcents sessions for families and community members. Emphasis on regional, disadvantaged and Aboriginal schools/communities (Foodbank).
- **WA Healthy Schools Project (Australian Better Health Initiative):** The Child and Adolescent Community Health Division and WA Country Health Service are implementing a project to boost physical activity and nutrition health promotion activities and policies in schools across the state.
- **Other school Health initiatives** – including:
 - School Health services are provided by Department of Health through a Memorandum of Understanding with the WA Department of Education and Training (DET), including health assessments and management. In 2008, BMI screening will be offered when there is parental concern. New service responses are also being explored to provide referral pathways for those with weight concerns. For example, currently investigating the WA implementation of 'Lifestyle Triple P' program from University of Queensland.
 - Development of school health promotion policies and guidelines promoting healthy weight such as healthy eating, physical activity, mental health and

resilience. These guidelines support community health service delivery statewide.

Specific populations

Rural and remote communities

- A wide range of school, community and special group activities likely to have an impact on overweight and obesity are undertaken at local level by regional health service population health units. These target physical activity, nutrition and disease management and target the overall population and Aboriginal people, with local variation according to regional priorities. Some examples include:
 - Healthy Belt – nutrition education sessions covering energy balance, energy density and portion size, and linking poor diet to chronic disease risk.
 - Fun Troop program for obese children and parents.
 - Lighten up – weight loss education program for general population.
 - Healthy Tucker – targeting Indigenous groups around links between diet and chronic disease prevention.
 - Breast feeding and infant feeding.
 - Workplace pedometer challenges.
 - Walking initiatives such as walking school bus and walk maps.
 - Exercise groups such as aged care games, gym, play in the park, etc.
 - Indigenous women and healthy cooking – using Deadly Tucker and Healthy Food Fast resources.
 - Canning Stock Route – to increase awareness of healthy lifestyle as a way to prevent type 2 diabetes.
 - Eat Smart Play Smart – targeting out of school hours service providers in nutrition and physical activity for children.

Aboriginal people

Obesity, poor diet and physical activity are addressed as part of multi-risk factor or whole of community lifestyle approaches such as:

- ***Indigenous Healthy Lifestyle Project (Australian Better Health Initiative)***: a number of community projects are being undertaken, some of which aim to build community capacity to undertake strategies to improve lifestyles and reduce risk for chronic disease.
- ***Journey of Living with Diabetes*** is a ten week health education program designed by the Aboriginal health team to be delivered by Aboriginal staff to Aboriginal people in the community. Issues of overweight and obesity are addressed for participants.
- ***Aboriginal Women's Project***²³ - to increase the knowledge, skills, motivation and capacity of Aboriginal women to take action to improve personal and family health – will emphasise the benefits of physical activity, a healthy diet, healthy

²³ The contract has been awarded but the outcome not yet publicly released by the Minister for Health (expected in the near future).

weight and the health benefits of being a non-smoker, as well as provide practical information, support and opportunities to achieve these healthy lifestyle behaviours (Women's Health Service).

- **Remote Indigenous Stores and Takeaways (RIST) Project:** WA is a key participant in this project to improve access to healthy food in remote Indigenous community stores and takeaways. It is a jointly funded initiative of Queensland, Western Australia, Northern Territory, New South Wales, South Australia and the Australian Government Health departments. A selection of resources has been developed and will be disseminated to remote stores within Western Australia. This will be supported by face-to-face meetings and teleconferences with remote public health staff, meetings and provision of training with remote store staff and managers, and one-on-one distribution to the remote communities.
- **Aboriginal Workforce Development Program** - Aboriginal health worker training/professional development with a focus on nutrition, physical activity and healthy weight as risk factors for chronic disease; training to deliver the My Heart My Family Our Culture package that addresses risk factors for diabetes and heart disease; and Aboriginal workforce capacity building (NHF in collaboration with ACHWA and DAWA).

MANAGING OVERWEIGHT AND OBESITY

Adults

- Treatment and prevention of chronic disease among morbidly obese - a **Morbid Obesity Model of Care** is currently being developed by the Department of Health's Health Networks. Morbid obesity is a risk factor for a number of preventable diseases and health conditions. Successful treatment of morbid obesity can reduce the risk of chronic disease later in life following surgery.

Children

- The Child and Adolescent Health Service is developing new policy guidelines around targeted school-entry assessment for early identification and management of overweight and obesity among primary school-aged children. Guidelines include health professional tools and approaches to identify and manage overweight children in school settings.

Broader chronic disease management programs with possible impact on unhealthy weight

- **Self Management Programs (Australian Better Health Initiative)** - Western Australia currently has a number of self-management programs available through the Divisions of General Practice, non-governmental organisations and Area Health Services. Healthy lifestyle is one component of the programs.

- **The Chronic Disease Management Teams** are part of WA Health's Ambulatory Care (Healthy@Home) program. The metropolitan wide program provides free community-based services to improve the health, well-being and independence of people with diabetes, COPD and chronic heart failure. Healthy lifestyle is one aspect addressed in the individual client care plan, group education and exercise programs, self management training and phone follow-ups.

RESEARCH ADDRESSING OBESITY 2007-08

Healthway is a major contributor to health and research projects, and in recent years has allocated 25% of its research budget (over \$500,000 annually) to research addressing physical activity, nutrition and overweight/obesity, including:

Factors Influencing the development and persistence of Childhood Obesity

The GAD (Childhood Growth and Development) Study explored the biopsychosocial factors, and their causal pathways that contribute to the development and persistence of childhood obesity, so that these pathways may be targeted in prevention programs.

The study involved a community sample of overweight/obese children and around healthy weight children, as well as a sample of children who present to PMH Endocrinology Services for treatment of obesity. A total of around 450 children and their families were recruited to the study. The study has contributed to understanding about the commonly occurring pathways leading to obesity and the conditions under which they are likely to occur.

Developing evidence based recommendations for managing childhood obesity

This University of WA study commenced in 2008 and builds on the data collected in the previous 3-year research project to inform the development of recommendations for acceptable, cost-effective, targeted prevention and intervention strategies for childhood obesity.

The Residential Environments Project (RESIDE)

Recently completed, this special five year study set out to evaluate the effectiveness of the Department of Planning and Infrastructure's Liveable Neighbourhoods framework in increasing physical activity (in particular walking) by collecting information from 1,000 residents living in Liveable Neighbourhoods with those living in neighbourhoods based on conventional design codes.

The RESIDE study became part of the Centre for the Built Environment and Health which officially opened in November 2007. Professor Giles Corti and her team are recognised and respected internationally for their work.

Measuring and understanding sedentary behaviour in youth

This scholarship has led to a better understanding of the determinants of sedentary behaviour at home among 11-12 year olds, to inform the development of a family

based intervention focusing on reducing sedentary behaviour and encouraging physical activity.

Using television advertising to increase fruit consumption by WA children

This study is extending recent research on adults showing that advertising can change what consumers remember about their experience of using a product, without them being aware. This advertising effect, and the part it may play in influencing children's food consumption, has never been investigated. The researchers are studying whether advertising before consumption positively enhances children's anticipation of fruit eating. The study will then discover if these advertising-enhanced fruit eating assessments can lead to an increased intention to consume fruit.

Tailoring Interventions for obesity prevention in disadvantaged West Australian adults

This Fellowship is investigating factors contributing to weight gain in disadvantaged young adults aged 25-35 years, leading to the development and testing of a community-based tailored obesity prevention program based on motivational interviewing for this group.

In the first year, resources were developed and piloted with around 50 disadvantaged adults recruited in the City of Belmont. The data and resources generated from this project will form the foundation for the subsequent development and implementation of a tailored obesity prevention program.

Investigating the determinants of weight gain in disadvantaged young adults

This starter grant research explored the predisposing, reinforcing and enabling factors that underlie weight gain and poor health behaviours in disadvantaged WA adults to better understand possible opportunities for intervention.

Using a web based tool for reducing overweight and obesity in young mothers

This research is testing a web-based program for improving nutrition knowledge, dietary intake and physical activity among overweight and obese mothers, aged 18-35 years. Around 150 overweight and obese mothers have been recruited from the community to take part in the research, which is a collaboration with the City of Belmont.

Reducing overweight and obesity in mothers of young children

This 3-year research project is developing and testing a community-based intervention to influence the physical activity and nutrition behaviours of mothers with young children. The intervention is being developed in conjunction with child care settings in the Perth metropolitan area, and is providing important skills and support to assist women to control weight gain during this critical life-stage.

'Treat or trap'? Factors influencing the provision, availability and consumption of healthy food in primary school environments.

This starter grant looked at factors influencing the availability and consumption of healthy food within primary schools, with a particular focus on people in the school

environment who play a critical role in determining the availability of healthy food, including staff, canteen managers, parent and citizen associations and parents.

Addressing childhood obesity through school canteens

This research sets out to examine the effectiveness and impact of the WA Department of Education and Training (DET) school canteen policy 12 months after its introduction. Qualitative and quantitative research methods are being employed to identify the main barriers and facilitators to compliance with the policy as well as the impact of the policy on food eaten in the home.