

Submission No. 79

(Inq into Obesity)

KE 18106108



Mr James Catchpole
Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA
Email: haa.reps@aph.gov.au

Dear Mr Catchpole

I refer to the committee's media release dated 20 March 2008 inviting submissions to the House of Representatives Standing Committee on Health and Ageing Inquiry into Obesity.

Please find attached a copy of the submission from National Seniors Australia, which includes an executive summary and summary of recommendations.

I would be delighted to provide a personal presentation of our submission should this assist you with your deliberations. I understand our organisation has recently registered interest with Ms Sara Edson to appear at a public hearing in either Brisbane or Sydney.

Yours sincerely

A handwritten signature in dark ink, appearing to read "Peter Brady".

Peter Brady
National Policy Manager
National Seniors Australia
13 June 2008

National Seniors Australia
National Policy Office
23 Torrens Street, Braddon, ACT 2612
Telephone (02) 6230 4588; Facsimile (02) 6230 4277.



**SUBMISSION TO THE
HOUSE OF REPRESENTATIVES STANDING
COMMITTEE ON HEALTH AND AGEING
OBESITY INQUIRY
JUNE 2008**

About National Seniors Australia

National Seniors is the largest senior's organisation in Australia with over 280,000 individual members in 175 branches across the country. We are a not-for-profit community organisation with the following objectives:

- to provide economic and social benefits for people 50 years and over;
- to represent our members' views to government at all levels; and
- to make donations and provide service and advice to charitable institutions assisting people 50 years and over.

National Seniors offers members a vast range of services and benefits and is an influential vehicle for contributing to policy debates affecting older Australians. National Seniors' policies and policy agenda are developed through a comprehensive grassroots process that enables members to contribute through local Branches, regional Zone committees, State and Territory Policy Groups (SPGs), and a National Policy Group (NPG). The outcomes from this policy formulation provide the basis of the National Seniors policy agenda.

This submission has been prepared by the National Policy Office (NPO), based in Canberra, which facilitates the implementation of National Seniors' national policy agenda, and advocates on behalf of older Australians to government at all levels, to business and the broader community. The NPO works closely with our National, State and Territory Policy Groups and our extensive network of State offices, Branches and Zone committees in determining issues of relevance to older Australians and identifying trends in ageing. The work of the NPO is assisted by the Commonwealth Department of Health and Ageing through its Community Sector Support Scheme (CSSS). The funding received under this scheme better positions National Seniors to:

- grow the operational capacity of the NPO;
- expand communications with the seniors' community;
- increase engagement opportunities for disadvantaged seniors; and
- act as a conduit for information flow between government and the community in order to draw together seniors' views on issues of relevance and provide a consultative mechanism for the government.

The NPO also plays a key role in informing the development of the research program for the National Seniors Productive Ageing Centre (NSPAC), which in turn provides research input to the NPO. The NSPAC, established in 2002, is co-funded by National Seniors in collaboration with the Department of Health and Ageing. NSPAC's role is to research issues that impact on the ability of seniors to contribute productively to the economy and society. The NSPAC is consumer focused in both the development of its research agenda and conduct of research activities.

Consultation

This submission has been developed by National Seniors Australia through a comprehensive grassroots process that enables members to contribute directly through communication with local branches, regional zone committees, State and Territory Policy Groups (SPGs), as well as the National Policy Office (NPO).

The views and life experiences of members were directly sought through our weekly publication *Connect*, our website, and National Seniors extensive local branch system. The contribution by members to this submission provided real experiences of weight management, obesity and related health conditions.

National Seniors also liaised with representatives from YMCA in the ACT and Victoria to gain further insight into the application and effectiveness of local physical exercise programs for seniors, in assisting them in maintaining their mobility and health and wellbeing.

Executive Summary

National Seniors is calling on the National Preventative Health Taskforce to broaden its agenda from focusing specifically on younger cohorts, to include preventative health initiatives for older Australians. One of these areas should be programs aimed at preventing obesity and associated health conditions. There is potential for health gain at all stages of life through appropriate management of these risk behaviours in addition to early prevention.

There are a number of factors that influence older people's ability to maintain good health and to participate in their community, including:

- access to affordable fresh food;
- access to local community-based physical exercise programs;
- a physical environment that facilitates independence and mobility; and
- an integrated preventative and primary health care system.

According to recent research contemporary lifestyles have changed significantly over the last 25 years. The current environment contributes to the over consumption of food and encourages sedentary lifestyles. These changes have been driven by technological advancements, urbanisation and the rise of the car dependent society.¹ People are more likely to make health behaviour choices when these choices are easily available to them; and thus environments that support or discourage health behaviours critically influence health.²

Summary of Recommendations:

Physical Exercise

- Improve access to community-based physical activity facilities and services.
- Establish hubs in local communities and implement community-based physical activity options specifically for older people through collaboration across sectors including private enterprise, local government and older people's organisations.
- Use the already existing Home and Community Care (HACC) program to deliver modified exercise programs to older individuals who have limited mobility.
- Greater support and training for health professionals and accredited fitness leaders to give them the knowledge and skills to enable them to promote and conduct appropriate physical activity programs for older people.
- Ensure that those eligible under the Commonwealth Seniors Health Card and other seniors cards have free access to Local Council operated health and recreation facilities.
- Encourage employers to implement and support workplace programs and practices that contribute to preventing weight gain.

¹ The Australian Government, Department of Health and Ageing (2005), p.5

² Ibid (2005), p.5

Built Environment

- Support the national application of planning guidelines for residential developments for older people and for community infrastructure which emphasise good access to physical activity facilities and public transport through collaboration with local government, communities and industry.
- Increase the availability of transport options that meet older people's needs.

Nutrition

- Ensure food packaging is clearly labelled to ensure consumers can easily identify the nutritional value and serving size of products.
- Ensure the ACCC in its function of monitoring grocery prices, explores initiatives to ensure regional, rural and remote communities have access to quality and affordable fresh foods.
- Encourage and support Seniors Clubs to provide appropriate physical activity services and nutritious foods, with appropriate serving sizes.

Preventative and Primary Health Care

- Provide primary health care arrangements which focus on early intervention and prevention of obesity and other chronic diseases.
- Broaden the current preventative health taskforce agenda to include preventative health measures for older Australians.
- Provide increased primary and community based health care which could provide referrals to multidisciplinary services that could contribute to increasing physical activity and preventing weight gain, as part of an integrated service.
- Enhanced primary health care systems and services designed to provide routine universal health checks and lifestyle advice, including assessment of weight and lifestyle, as part of primary health care.

Overview

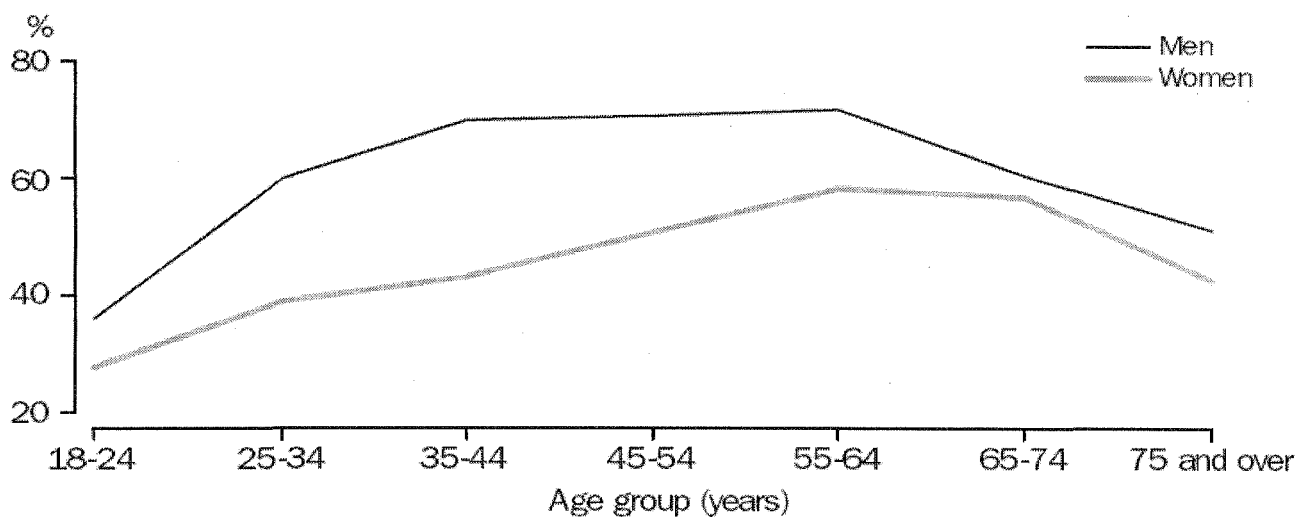
Increasing obesity rates are a major public health concern in many developed countries, including Australia. In 2005 3.24 million Australians were estimated to be obese – 1.52 million males (15.1% of all males) and 1.72 million females (16.8% of all females).

Australia has an ageing population and life expectancy is increasing. The number of Australians aged 55 years and older is rising. By 2021, this group is expected to make up almost one-third of the population (31%), an increase from just over one-fifth (22%) in 2001. Combined with rising overweight and obesity levels, this trend is likely to result in an increase in the number of older obese Australians.³

Older Australians are 6-7kg heavier on average than their counterparts some 20 years ago. Australians in their 50s and 60s have continued to gain weight as they gain years, at least into their mid 70s. The prevalence of obese Australians approaching retirement is around 25-30%, which represents more than one in five.⁴ The 55-59 year age group contains the largest number of obese people for both men (159,000) and women (203,000).⁵ Projections indicate that, by 2025, a total of 4.2 million Australians (16.7% of the population) are forecast to be obese.⁶

Percent of Australians Overweight or Obese by Age and Sex, 2004

Source: ABS 2008



Obese individuals have a significantly higher risk of developing serious illnesses such as type II diabetes, cardiovascular disease, osteoarthritis, and various cancers.⁷ The financial costs of obesity and associated health conditions are extremely high. The total cost of obesity in 2005 was estimated as \$3.767 billion.⁸

Obesity has direct financial costs to the Australian health system including the cost of specialist services, pharmaceuticals and allied health services. Obesity also contributes to:

³ Access Economics (2006), p.iii

⁴ Bennett et al (2004)

⁵ Access Economics (2006), p. iii

⁶ *ibid* (2006), p. iii

⁷ Hauk and Hollingsworth (2008), p.1

⁸ Access Economics (2006), p. iii

- Productivity losses – short and long-term employment impacts and premature mortality;
- Carer costs – the value of community care services provided primarily by informal carers; and
- Other costs – aids, equipment and modifications, transport and accommodation costs, respite and other government programs.⁹

The prevention of obesity and associated health conditions among older Australians should be a priority for government at all levels. If there is a stronger commitment to the health of older Australians, the flow on effects will be immense. Data from AIHW highlights that healthy older Australians are:

- less likely to leave the workforce for health reasons;
- more likely to enjoy retirement with fewer health-care needs and less chronic disease and disability; and
- therefore place less pressure on the national health budget.

Physical Exercise

Physical activity should be a key focus of intervention efforts for older people. Some barriers to participation include a lack of confidence to become involved in activities, chronic disease limitations, disability, transport and limited finances. The social benefits of participating in physical activity should be emphasised in all older adult programs to encourage greater participation.

As people age they often have more time to undertake physical activity. There is extensive evidence that highlights the benefits of physical exercise on health and wellbeing for older people, as well as preventing social isolation and reducing the incidence of injury or disability resulting from falls.

For health benefits, the National Physical Activity Guidelines for Australians recommend that people of all ages accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days of the week.¹⁰ Despite this recommendation, about one-half of Australian adults are insufficiently active for health gain.¹¹

There are a number of community-based organisations that have older adult physical exercise programs in local communities across Australia. An organisation that has had particular success with attracting older people to participate in physical exercise programs is YMCA. The success and popularity among older people is due to the community development approaches they use in developing their programs.

Instead of professionalising the fitness industry, National Seniors believes that organisations such as YMCA should be further supported in their approach to designing successful physical exercise programs which empower communities to form groups of like-minded individuals who shape the programs to suit their needs.

At the Australian Health Ministers' Conference on 18 April 2008, obesity was identified as a national health priority area. This commitment will include \$1.7m to evaluate the benefits of

⁹ Access Economics (2006), p. v

¹⁰ The Australian Government, Department of Health and Ageing (1999)

¹¹ Bauman et al (2002)

successful community initiatives to tackle obesity, to ensure the lessons learned from successful obesity programs are shared. National Seniors strongly believes that the focus of the evaluation of success community initiatives should be broadened to include older adult programs, such as those successfully run by YMCA across Australia.

In order to improve older individual's health and wellbeing, National Seniors believes that there needs to be increased funding and commitment from local government, community sector organisations, and local enterprise to increase access to community facilities and to physical activity facilities and programs – e.g. swimming pools, aqua-aerobics, strength-training and gentle exercise classes. A National Seniors member suggested that:

“Those eligible under the Commonwealth Seniors Health Cards and other seniors concessions...should have free access to Local Council operated Health and Recreation facilities. By opening up access to these facilities for seniors during the day when the equipment is not fully utilised, exercise and social interactivity would be encouraged.”

National Seniors also believes that there should be greater support and training for health professionals and accredited fitness leaders to give them greater knowledge and skills to enable them to promote and conduct appropriate physical activity programs for older people, including strength training, balance and cardiovascular fitness.

National Seniors Australia also supports YMCA ACT's focus on establishing health and wellness precincts for older adults using infrastructure that already exists in local communities. Given that Australia has an ageing population, and the younger demographic will shrink considerably, National Seniors believes that community infrastructure could be adapted from under utilised sports clubs, playing fields, primary schools and centres, into health and wellness precincts. The establishment of hubs in local communities could enable the implementation of community-based physical activity options specifically for older people through collaboration across sectors including private enterprise, local government and older people's organisations.

There are a cohort of older Australians who have limited mobility and therefore have limited access to appropriate community-based lifestyle interventions, particularly physical activity facilities and services. National Seniors believes that it is imperative that their access to physical activity services is improved. Of particular concern to National Seniors, is the number of older people who have little or no physical exercise. These individuals could greatly benefit from strength and falls prevention programs, which would prevent the high number of older people who present at public hospital emergency departments with preventable injuries. National Seniors believes that modified exercise programs could be delivered using the already existing Home and Community Care (HACC) program, for older individuals who have limited mobility.

As a large proportion of National Seniors members are mature-age employees, we strongly believe that employers should be encouraged to implement and support workplace programs and practices that contribute to preventing weight gain. This support could be in the form of subsidies for exercise programs or gym memberships; the provision of showers and change facilities, lockers and bike cages; and ensuring that workplace canteens and vending machines contain healthy food choices.

Recommendations:

- **Improve access to community-based physical activity facilities and services.**
- **Establish hubs in local communities and implement community-based physical activity options specifically for older people through collaboration across sectors including private enterprise, local government and older people's organisations.**
- **Use the already existing Home and Community Care (HACC) program to deliver modified exercise programs to older individuals who have limited mobility.**
- **Greater support and training for health professionals and accredited fitness leaders to give them the knowledge and skills to enable them to promote and conduct appropriate physical activity programs for older people.**
- **Ensure that those eligible under the Commonwealth Seniors Health Card and other seniors cards have free access to Local Council operated health and recreation facilities.**
- **Encourage employers to implement and support workplace programs and practices that contribute to preventing weight gain.**

Built Environment

Healthy urban planning is about planning for people. It puts the needs of people and communities at the heart of the urban planning process and encourages decision-making based on human health and well-being.¹²

National Seniors strongly believes that all town planners should take into consideration the needs of older individuals. Design should allow older people to be independent, allow for ease of mobility, encourage physical activity and enable people to have easy access to transport to participate in local community physical activity programs.

National Physical Activity Guidelines for Adults recommends that adult Australians accumulate at least 30 minutes of moderate intensity physical activity on most, preferably all, days of the week.¹³ People are more likely to make health behaviour choices when these choices are easily available to them and therefore, environments that support health behaviours are a critical influence on health.¹⁴

National Seniors fully support the Heart Foundation's approach to encouraging planners to consider the social and health implications of new development in local communities through their guidelines, '*Health by Design.*' As acknowledged by the Planning Institute of Australia, in the past, health considerations have been overshadowed by planning

¹² Barton (2003), p. 15

¹³ Australian Government Department of Health and Ageing (1999), National Physical Activity Guidelines for Australians.

¹⁴ The Australian Government, Department of Health and Ageing (2005), p.24

considerations.¹⁵ The guidelines will assist planners to 'produce urban environments that support active living, in particular walking and cycling.'¹⁶

National Seniors strongly supports the Australian Government commitment of \$700,000 to support the Planning Institute of Australia, Australian Local Government Association and Heart Foundation's *Health Places and Spaces* project, to enable them to produce guidelines for national application, to assist town planners to design communities which encourage healthy lifestyles.

In order for older people to maintain their independence and mobility, town planners need to consider the following:

- well planned networks of walking and cycling routes;
- pathways with smooth surfaces;
- public seating which allows older people to rest as required;
- streets with direct, safe and convenient access and with adequate lighting;
- local destinations within walking distance from homes;
- accessible open spaces for recreation and leisure; and
- conveniently located public transport stops.¹⁷

There has been a significant volume of recent research (over 100 studies), as well as nine recent reviews, on the links between the built environment and physical activity. The importance of safety and aesthetic features has been identified as important linking environmental features and activity by older people.¹⁸

Increasing levels of physical activity and reducing time spent in sedentary activity are important strategies for preventing people becoming overweight and obese and assisting with weight loss. Many community sector organisations such as YMCA and the Heart Foundation focus on promoting walking. Walking is an activity that is very popular and relevant to many Australians in numerous settings. Therefore there is a need to create environments that facilitate and encourage walking.

To the extent that environmental factors are associated with physical activity and weight status, they offer enormous potential to promote health. Environmental changes can reach and influence large numbers of people, and are likely to achieve a sustainable outcome.¹⁹

Recommendations:

- **Support the national application of planning guidelines for residential developments for older people and for community infrastructure which emphasise good access to physical activity facilities and public transport through collaboration with local government, communities and industry.**
- **Increase the availability of transport options that meet older people's needs.**

¹⁵ The National Heart Foundation of Australia (2004), p.3

¹⁶ *ibid*, p.3

¹⁷ The National Heart Foundation of Australia (2004), p.4

¹⁸ The Australian Government, Department of Health and Ageing (2005), p.21

¹⁹ *ibid* (2005), p.14

Nutrition

Price is the key factor influencing consumers in their shopping decisions. It is often assumed that all consumers have total freedom and ability to choose when making such decisions. The reality is that consumers can only choose from the shops they can access, what they can afford and from the range of products being offered.²⁰

Food costs have increased rapidly in recent years, creating considerable cost pressures for many older Australians. These pressures have been compounded by the fact that some seniors have had to cut down on their food costs in order meet costs elsewhere, such as fuel.

Older Australians on average spend more on food than any other household group, with around 20% of their total weekly expenditure spent on food.²¹ Many seniors have also expressed concerns that the relative high cost of fresh fruit, vegetables and meat makes it difficult for them to maintain a healthy diet. Whilst attention has been directed to cases of malnourishment in aged care facilities, there needs to be a focus on malnourishment in other settings such the home.

In its submission to the ACCC Inquiry into the competitiveness of retail prices for standard groceries, VIC Health commented that the increasing price of groceries, the range of products, stock and the ability to access these groceries influence how well consumers eat.²²

National Seniors members have consistently raised this issue. National Seniors received this feedback when carrying out research to inform its submission to the Senate Inquiry into the cost of living pressures for older Australians. This issue was again raised when we called for input from our members to inform this submission to the obesity inquiry.

“Cost is a very significant factor in food selection for people on limited incomes. These peoples’ budgets force them to purchase foods that provide bulk but which have limited nutritional value. This highlights the need for effective food standards – and prices the ordinary person can afford to pay.”

“Seniors quite often eat in Club Bistros as they are catered for with senior’s meals and special deals. These meals are quite often offered at a reasonable cost for the seniors’ budget, but they can be unhealthy and full of fat (chips are a regular on the menu). Clubs could be encouraged to consider their clientele and offer healthy meals at still reasonable prices. There are other food outlets targeting seniors by offering cheap prices for unhealthy foods – two for one deals.”

Seniors Clubs, as referred to previously by a National Seniors member, could be a setting for action. These types of clubs are frequently used by older people as a recreational and social setting and they could be encouraged and supported to provide appropriate physical activity services and nutritious foods, with appropriate serving sizes for older individuals.

National Seniors have a large proportion of members in regional and rural areas. We believe that these individuals are significantly disadvantaged in accessing quality and

²⁰ VIC Health (2008)

²¹ ABS Household Expenditure Survey (2006).

²² VIC Health (2008)

affordable fresh food and produce. We believe that the ACCC in its function of monitoring grocery prices, could explore initiatives to ensure regional, rural and remote communities have access to quality and affordable fresh foods.

A number of National Seniors members also raised concerns about the labelling of food items and the need for greater clarity to identify the nutritional value and portion size of certain products. National Seniors believe that there are greater opportunities for cross-sector partnerships to ensure that food labelling is much clearer for consumers. One National Seniors member commented:

“An enforcement system is needed to ensure that food and beverage manufacturers, distributors and importers adhere to standards that specify nutritional contents clearly for consumers.”

National Seniors strongly endorses nutritional and physical exercise programs which bring together like-minded individuals. Men’s Shed programs are an example of successful programs which assist specific groups such as older men/veterans to increase their health awareness. Programs which have had particular success are those that assist older single men who have not traditionally had responsibility for shopping and cooking, to develop a greater understanding of how to shop, prepare and cook healthy and nutritious meals. As one member commented:

“The best thing for people like me (and I am one of those who make up this topic) is more a more personal approach. We need somebody to show us...not talk to us....about how to put our own kitchen in order, not books, but real in the home practical stuff. I would love to have a mentor to help me learn how to embed a low GI mentality into my household.”

These programs also offer significant social benefits, reducing social isolation and providing improved mental health, wellbeing and social support.

Recommendations:

- **Ensure food packaging is clearly labelled to ensure consumers can easily identify the nutritional value and serving size of products.**
- **Ensure the ACCC in its function of monitoring grocery prices, explores initiatives to ensure regional, rural and remote communities have access to quality and affordable fresh foods.**
- **Encourage and support Seniors Clubs to provide appropriate physical activity services and nutritious foods, with appropriate serving sizes.**

Preventative and Primary Health Care

Predicted increases in chronic disease will continue to present challenges for Australia’s health system as the population ages. Preventable diseases such as obesity, cancer, type II diabetes and cardiovascular disease contribute to an increasing burden on the health care system. Many chronic diseases can be delayed in onset or prevented by intervention and lifestyle changes.

National Seniors believes that the current health system has an insufficient focus on prevention, which leads to many people developing serious health problems and requiring

hospitalisation for conditions that could have been prevented or managed in a primary care setting in their community. There is international evidence that suggests that a health system that focuses on primary care can achieve better health outcomes and lower rates of all causes of mortality, for a lower overall cost than a system focused on hospital care.²³

Primary care refers to a multi-disciplinary, accessible and community-based approach to managing healthcare with a focus on the consumer. Primary care provides high quality care designed to reduce preventable diseases and conditions. A health system that neglects prevention and primary health care leads to older people developing serious health conditions which require hospitalisation, placing acute stress on an already overburdened public hospital system.

As people age they have increased contact with health services, therefore, changes to primary care could also be a platform to reforms in other areas, such as chronic disease management, mental health and preventative health.

National Seniors Australia envisage a primary health care system based on the World Health Organization's 'age-friendly principles,' that older people are entitled to appropriate disease prevention, and health care services that focus on preventive care throughout life.²⁴

Enhanced primary health care systems and services should also be designed to provide routine universal health checks and lifestyle advice, including assessment of weight and lifestyle, as part of primary health care. The primary health care sector could provide referrals to multidisciplinary services that could contribute to increasing physical activity and preventing weight gain, as part of an integrated service. National Seniors would particularly support a model where GPs act as a physical activity and nutrition broker, with the role of identifying physical activity facilities and nutrition services that GPs could refer to. Their role could also include auditing and listing of facilities and services.²⁵

Recommendations:

- **Provide primary health care arrangements which focus on early intervention and prevention of obesity and other chronic diseases.**
- **Broaden the current preventative health taskforce agenda to include preventative health measures for older Australians.**
- **Provide increased primary and community based health care which could provide referrals to multidisciplinary services that could contribute to increasing physical activity and preventing weight gain, as part of an integrated service.**
- **Enhanced primary health care systems and services designed to provide routine universal health checks and lifestyle advice, including assessment of weight and lifestyle, as part of primary health care.**

²³ Doggett, J. (2007), *A New Approach to Primary Care for Australia*, Centre for Policy Development, Sydney, Occasional Paper Number 1, pg. 6.

²⁴ World Health Organization (2004), *Towards Age-friendly Primary Health Care*, Geneva, p.8

²⁵ Gebel et al, (2005), p.22

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