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Fighting Obesity: What's feasible?

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"Twenty years from now they will look back and say, "What were they thinking? They're in the middle of an epidemic and kids are watching 20,000 hours of commercials for junk food!"¹ - Dr Tom Frieden, New York City Commissioner of Health

Dr. Frieden is worried about how New Yorkers will defend their inaction on the disease epidemic of our time – obesity - and its close relative, diabetes. Australians, too, are in the midst of an obesity epidemic and we all have a big stake in what happens next. The epidemic of obesity and diabetes in Australia needs to be urgently addressed.

Most obesity has its onset in young adulthood. Allison Venn and colleagues at the Menzies Institute in Hobart have found that fat adults were by no means all fat children. Only a minority of obese adults were obese in childhood in fact. So we need to be careful not to focus our attention only on childhood obesity and remember, it's not just kids who are watching hours and hours of junk food commercials and eating bad diets.

We are all at risk of getting diabetes as we grow older in a world with too much food and too little exercise. Researchers have learnt that the impact of weight gain on the incidence of diabetes is profound - the relative risk of contracting the disease is increased by 5-12% with weight gain of just 1kg! They also found that 90% of Type II diabetes is preventable if people maintained a healthy weight².

The reason we have failed to curb the obesity epidemic is not that we have been doing nothing. It is because we have been doing the wrong things. Evidence from randomised trials has shown us what does *not* work. In a recent review published by Anjali Jain in the British Medical Journal,³ she explains that most trials into obesity have focussed on individual weight loss, and that this has little impact on curbing the epidemic. Instead, she argues for research into different approaches that explain why some things do work. We must focus our efforts on what all the experts agree is the underlying cause of the obesity epidemic in many developed countries - structural and environmental factors related to food consumption.

In Australia we have actually had some success with taking such a broad, structural approach to obesity. For example, in Wellington in western NSW, people undertook the "WellingTONNE Challenge" where the community as a whole aimed to lose 1000kg over a 12-week period. This

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was a radical shift in approach - it was not *how much* any one individual lost that mattered, but *how much the entire community* lost that was important.

To achieve their goal, organisers promoted a healthier lifestyle for the entire community by running group exercise sessions and conducting supermarket tours and cooking classes to help people identify and eat more nutritious foods. People enjoyed greatly the increased social contact.

Losing a total of 944kg in the 12 weeks, Wellington pioneered this approach to obesity management – and that has sparked interest both nationally and internationally. The lessons the WellingTONNE organisers learnt are also important because they point to some of the strong links between obesity rates and patterns of food production, marketing, and social norms of consumption - not just individual diets.

While organisers were pleased with the results, they acknowledged that better results would have been likely if they had worked with local food businesses to promote healthier food choices, as was done in the Penrith Food Project⁴ in western Sydney back in the 1990s.

The Penrith City Council worked with residents, the food and retail industries, academia, community groups and various government departments to improve access to affordable and nutritious food. By looking at problems with transport and urban planning (particularly in rapidly developing housing estates) as well as surveying prices, basic stock and the distribution of all types of food outlets, the Council was able to remove some of the 'structural' obstacles to good nutrition.

Simple things like changing bus routes made it easier for residents to get to local shopping centres. Establishing home delivery services from fruit and vegetable retailers - previously only fast food retailers did home deliveries - made it easier for people to eat nutritious food. The success of the project shows that structural change is possible, at least on a local level.

Health promotion focused on individuals and their 'guts' is not going to make up for the fact that we live in an 'obesogenic environment' where over-consumption is promoted in the pursuit of economic goals.⁵ In the United States, for example, researchers have found that the rise in both obesity and diabetes correlates with a rise in food production and more widespread food access and sales in that country – for example, in shopping malls, cinemas and bookstores.⁶

Individuals' healthy diet is essential, but this cannot make up for the fact that clever marketing costing billions sets out to convince us we need to buy more and more food, when it is clear we already consume food in excess.

An individual diet cannot make up for the fact that walking to work, for instance, is impossible if you do not feel safe doing it, and if your walk is not feasibly connected to public transport.

There is no single policy response and no single group responsible for curbing obesity. We need a community-based approach that encompasses governments (and various departments within them) and the commercial sector and its "business model".

What obesity policies are feasible on a national or even international level? Dan Fox, an international practitioner and critique of health policy from the Milbank Foundation in New York, says that he has yet to find an effective policymaker who does not understand that politics determines whether it is feasible to solve a health problem at a particular time. Politics determines which policy alternatives do or do not have any chance of being adopted.

What we need urgently is to make the job of politicians easier by working with available evidence (which indicates that a multi-sectoral community approach is the way forward) to propose well thought out policy alternatives that politicians can adopt.

Even more important, although far more ambitious, is that we highlight the extraordinary irony and profound contradictions of our 'obesogenic environment', where consumption (of food and many other things) is promoted as the pathway to prosperity, health

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and a happy life, but actually drains our prosperity into avoidable health care expenses, threatens our health and wellbeing, and shortens our lives. Unless we address these contradictions, we will continue tinkering around the edges. ⁷

Politicians, like markets, respond to community demand. If tackling the obesity epidemic is seen as a major community concern, politicians will be all ears.

(Footnotes)

¹ NR Kleinfield "Diabetes and Its Awful Toll Quietly Emerge as a Crisis". New York Times, January 9th, 2006

² S Leeder, S Raymond, H Greenberg, H Liu and K Esson "A Race Against Time". Columbia University 2004

³ A Jain "Treating obesity in individuals and populations" BMJ 2005; 331:1387-1390 (10 December)

⁴ Penrith Food Project www.penrithcity.nsw.gov.au/index.asp?id=360

⁵ D Ogilvie and N Hamlet "Obesity: the elephant in the corner" BMJ 2005; 331; 1545-1548 (10 December)

⁶ Nestle, Marion. Food Politics. University of California, Berkeley 2002

⁷ D Ogilvie and N Hamlet "Obesity: the elephant in the corner" BMJ 2005;331;1545-1548 (10 December)

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National Obesity Forum

In December Senator Guy Barnett held a one-day “National Obesity Forum” at Parliament House in Canberra. The aims of the forum were to:

- gather people together who could contribute to reducing obesity in Australia;
- explore the feasibility of, and possible pathways and mechanisms for making the environment more conducive to healthy eating and physical activity; and
- consider a Draft Obesity Declaration and identify priorities and an approach to reverse obesity in the Australian population.

PHAA was represented by Pieta Laut, and a number of PHAA members (Stephen Leeder, Rosemary Stanton, Mary Osborn) also attended, wearing other hats.

The first morning session comprised a number of presentations including one from Senator Guy Barnett and Professor Paul Zimmet that looked at the size of the obesity and overweight problem faced by Australia and internationally. The issues and statistics presented are well known and were widely accepted by the audience. Associate Professor Ruth Colagiuri then provided a presentation on the international response to obesity and overweight so far, with a strong emphasis on developed countries. Her talk concentrated on self-regulation by food companies and advertising agencies, including bans on some food advertising and the counteracting of food advertising with healthy food messages. She also noted that there was a need to undertake further research about overweight and obesity and how it can be prevented, and a significant need to develop a workforce capable of addressing prevention and amelioration.

This session was rounded out with a presentation by Professor Stig Pramming on the Oxford Health Alliance Approach. Professor Pramming noted that the Oxford Alliance owes its success to the collaborative nature of its work. Details on this work can be obtained at oxha.org

The second morning session was headed by Professor Stephen Leeder’s presentation, which concentrated on the “art of the feasible” , as opposed to the ideal, in policy making. His talk provided a very pragmatic framework for developing policy proposals to address obesity and overweight. In particular he noted:

- the need to develop policies that address overweight and obesity for population sections other than children (virtually everyone can benefit from the loss of some weight);
- that policies should probably address the need for many people to lose a little bit of weight rather than some people losing a lot;
- the need for health literacy, especially amongst health educators;
- that regulation is necessary, and need not be intolerable to industry;
- that market based policies need to be developed (not just within the food industry, but in wider arenas such as urban planning and development);
- that medical insights and development in areas such as genetics and pharmaceuticals need to be encouraged;
- that incentive packages for healthy living, could affect health service finances (i.e. by enabling a reduction in the cost of treatments via prevention); and
- that collaboration providing a mix of policies was the most likely avenue to success in preventing and ameliorating overweight and obesity.

Three ‘success’ case studies followed – the first about McDonalds introduction of salads and changes to the fat and sugar content of its food, the second about the advertising industry’s voluntary eating well and staying active campaign in

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Queensland Children's BMI, Nutrition and Physical Activity Survey - continued from previous page

The study will be conducted in term 2 and term 3, 2006 and the results will be available by mid 2007. The survey will include children in years 1, 5 and 10 in government and non-government schools. The schools will be randomly selected to provide a sample of 2,300 children per year, representing the Queensland population. The final report will not identify the schools or locations involved in the study, but will examine urban/rural differences.

The survey methodology is based on the Western Australian 2003 survey and includes physical measurement of height, weight and waist, pedometer diary, physical activity questionnaire, 24-hour food diary and food frequency questionnaire.

The results of this study will provide important information on the prevalence of overweight and obesity, dietary intake and eating, and levels and type of physical activity amongst Queensland children. This information will assist the development and evaluation of health promotion projects addressing healthy weight, nutrition and physical activity in Queensland.

Overweight and Obesity: What's happening in SA

Michele Herriot, Health Promotion Branch, SA Department of Health

In 2004 the South Australian government released SA's Strategic Plan, which outlined the vision for a prosperous and environmentally sustainable state and set targets to achieve this vision over 10 years. Reducing overweight and obesity among South Australians is one of these targets, specifically to reduce the percentage of South Australians who are overweight or obese by 10% within 10 years.

While everyone recognises that it is an ambitious target, elevating overweight and obesity to this level of interest has provided leverage and impetus for action which probably has not been seen for any health promotion and prevention effort other than tobacco control.

It has meant developing a truly across-government approach, with the Department of Health taking the lead, but with other relevant portfolios certainly as equal partners. These include Education, Transport, Environment and Heritage, Recreation and Sport and local government.

Each of the target areas in the Strategic Plan, and there are around 80, has developed implementation plans. These are overseen and monitored at a senior level of government, with the Executive Committee of Cabinet overseeing the implementation of the Plan, and an Audit Committee providing independent confirmation that reporting on Plan targets is accurate and current.

We are still in the early stages of implementation, but already it has meant that efforts to reorient funds within health are being considered seriously, and portfolios that would not have previously worked on overweight and obesity as part of their core business are having to consider funding options for initiatives in their areas.

All of this is very challenging, as new ways of working are, but it is also invigorating. We are currently taking our first steps with the development of the Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010.

Critical Factors in Preventing and Ameliorating Obesity

by Dr Rosemary Stanton, Visiting Fellow, School of Medical Sciences, UNSW

One of the most common questions asked by those who are overweight is “what should I eat to lose weight?” The question reveals an inherent problem, since no food or ingredient will reduce weight. I believe that the continued search for a ‘cure’ for obesity is one of the critical factors contributing to our failure to prevent or ameliorate the escalating weight problem. Let’s look at a few relevant factors.

The true cause of obesity

At the most basic (and unassailable) level, we gain weight if we take in more energy than the body uses and lose weight if we take in fewer kilojoules than we use. The reasons why we eat so much and use so little energy are important, but they don’t change this basic law of thermodynamics. However, it’s helpful to look at why our energy balance is so out of kilter. Let’s look at three contributing factors.

1. Portion sizes

Soft drinks once came in 170mL bottles. These were replaced by 250mL bottles, then 370mL cans, and now a 600mL bottle is considered an individual-sized serving. Potato crisps similarly increased from 30g to 50g, with 100g or 200g now commonly bought for individual consumption. Typical Australian hamburgers in the 1970s had less than half the fat of many of the larger fast food burgers available today. We are also offered ‘king size’ confectionery bars that are 50% larger for only 10% extra cost. To many people, this seems like good value.

Bucking the trend towards larger sizes, some biscuits have down-sized and the entire smaller packet is designed to be eaten as a snack. Crackers are also sold as ‘nibbles’ and eaten by the handful, similar to potato crisps.

The size of plates also influences portion sizes. Modern dinner plates are larger than previously considered normal, while pasta, rice, soups and breakfast cereals are served in bowls that would once have been considered as serving bowls.

Serving bowls are also larger and studies show that people take more food from a larger bowl. Researchers in Chicago showed that movie-goers ate about 50% more popcorn from really big buckets compared with smaller buckets. However, both groups reported consuming similar quantities.

In another study, people ate more from “super huge” than “very large” packets of sweets. And when asked to cook spaghetti, and offered the same quantity of raw spaghetti in either a large or medium box, everyone cooked more when given the bigger box. We also tend to eat foods by the unit, with little consideration of changing sizes. For example,

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Critical Factors in Preventing and Ameliorating Obesity - *continued from previous page*

the modern sandwich made with a large piece of foccacia may weigh three times as much as a regular sliced bread sandwich.

When students doing laboratory work were given lunches of filled bread rolls varying in size on different days (15cm, 20cm, 25cm or 30cm diameter), they all finished the two smaller sizes without difficulty or comment. When offered the larger rolls, men ate 23% more and women 12% more, but reported no difference in hunger or fullness.

Eating divorced from hunger

Supermarkets now stock 1800 different snack foods. Most are eaten in addition to meals. Indeed many people now snack so often that they do not experience hunger pangs. Food companies aim to make as many foods as possible into quick snacks so they can be consumed in the car, on public transport, before, during or after physical activity and in front of television. Check out the kilojoules in breakfast cereal bars; they're generally higher than the bowl of cereal they replace.

Physical activity

The majority of children still play sport; adults are more likely to watch sport than participate in it. A recent study in NSW shows that children's sporting activity has increased – although this has not had any effect on their average weight. It appears that children more than make up for the kilojoules used in sport with the drinks and snack foods consumed in association with it. It's not surprising that snack food and drink marketers like to associate their products with sport.

The real problem concerns the decrease in incidental physical activity. Children are less likely to play outdoors, due partly to parental fear of danger. Computers and television are considered safer, which indicates that parents do not understand the danger of obesity. Indeed parents often fail to recognise obesity in their children.

Most people cite lack of time as their major reason for lack of physical activity, but it's much more likely due to poor time management. After all, the average person finds several hours a day to watch television – from which they learn about the latest snack foods. There is no mystery to the increasing incidence of obesity!

Obesity-are we doing enough? A New Zealand perspective

by Celia Murphy OAC
& Diana O'Neill SPARC

One in three New Zealand children and half the adult population are overweight or obese. There is recognition of a crisis in the health community and even amongst some of the general population, but progress on a solution is slow.

The New Zealand Government's response has been the Ministry of Health's Healthy Eating Healthy Action (HEHA) Strategy, launched in 2004. The three main goals of HEHA are to improve nutrition, increase physical activity and reduce obesity. The objectives are based on the Ottawa Charter and it is linked with the Maori Health Strategy, He Korowai Oranga. The Ministry of Health and Sport and Recreation NZ (SPARC) ⁽¹⁾ are the lead government agencies working to promote HEHA.

However, much of the talk in the media and even among politicians suggests the solutions will come through health education and persuading individuals to take more responsibility for their health. "Personal" and "parental responsibility" are the mantras of many in the food industry. But how do we get whole populations to eat better and be more physically active?

In the BMJ issue of 10 December, Anjali Jain summarises the evidence behind interventions to prevent and treat obesity. He notes that, to date, research shows what does not work but fails to establish what does work. He also notes that research has concentrated on weight loss treatments for individuals. He points out that most experts agree that the obesity epidemic is due to environmental factors that the research has ignored. He recommends that it is time to get realistic about the ineffectiveness of lifestyle interventions for individuals and to focus on public health interventions.

So what might those interventions be? We cannot afford to wait for research evidence to categorically tell us what will make the difference – the problem needs urgent attention now.

The Obesity Action Coalition⁽²⁾ promotes the development of healthy public policy as the most effective way of improving nutrition and physical activity for the whole population.

Policy options that promote good nutrition and physical activity at a population level include:

- Health, nutrition and physical activity as mandatory, priority subjects in schools
- Compulsory healthy food and physical activity policies in all schools
- No advertising in schools for high sugar and/or fat food and drink.
- No sponsorship in schools from companies selling for high sugar and/or fat food and drink.
- No sponsorship of children's activities, e.g. sport, road safety education etc by companies selling high sugar and/or high fat food and drink.

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Obesity-are we doing enough? A New Zealand perspective - continued from previous page

- Restrictions on the marketing of high sugar and/or fat food and drink, especially to children.
- Transport policies and options that promote and support cycling and walking.
- Support for physical activity through urban planning policy.
- Policies which promote the accessibility and increase the affordability of fruit and vegetables to all socioeconomic groups.

Obesity and public health experts all over the world recommend these types of policy options. They are based on expert advice but not a lot of evidence- as yet. But logic suggests they support behaviour change in individuals. They change the default options making healthy choices more obvious and easier. However, there is reluctance to introduce these policies. Some see them as denying people the right to make their own choices. Public health must sell the concept of these important environmental changes and press for research that will provide evidence of what is most effective.

Footnotes

⁽¹⁾SPARC (Sport and Recreation NZ) is the crown entity responsible for promoting, encouraging and supporting sport and physical recreation in New Zealand. SPARC works with the Ministry of Health, Ministry of Education, health and environmental agencies and primary health care organisations to achieve the goal of being the most active nation. With a network of 17 regional sports trusts, SPARC is able to help implement HEHA regionally with health agencies, schools and health professionals and support the work of groups such as OAC.

⁽²⁾ The Obesity Action Coalition, funded by a contract to the Ministry of Health, represents more than 70 organisations interested in addressing the growing problem of obesity and its related health issues.

Its role is to advocate for a wide range of initiatives including government policy, regulations and legislation that will positively influence obesity rates.

For more information:

OAC: obesityaction@xtra.co.nz

SPARC: www.sparc.org.nz

HEHA: www.moh.govt.nz

Creating Healthy Environments

Lesley King and Natasha Sherwood

There is growing support for the concept that obesity is rising because we are living in an increasingly 'obesogenic' environment. Lifestyle changes in the past 25 years include increased food consumption, more sedentary work and leisure pursuits, increased car use and low levels of physical activity. Researchers at the NSW Centre for Overweight and Obesity, the Centre for Physical Activity and Health and NSW Centre for Public Health Nutrition have reviewed key environmental factors which contribute to our 'obesogenic' lifestyles and could perhaps be changed to prevent and reduce overweight and obesity.



Professor Adrian Bauman, Dr Klaus Gebel and the research team analysed the findings of 81 Australian and international studies and reviews which had investigated links between physical activity, nutrition, overweight and obesity and the built environment. This review found that there have been recent developments in research and renewed policy interest in this topic, with better conceptualisation of the kinds of environments likely to be important and improved measurement techniques.

The review provides promising evidence that aspects of urban form, such as mixed land use, footpaths and cycleways, as well as neighbourhood safety, are likely to influence physical activity, weight, and possibly nutrition, and that environmental changes of this kind have the potential to achieve substantial population benefits. Where there is greater mix (residential, commercial, industrial and agricultural) in land use, obesity rates are lower. Every extra hour spent in a car each day increases the risk of obesity by six per cent. Obesity rates were 20 per cent lower in areas with a supermarket, after correcting for variables including income and education.

The report recommends we pursue policy action, even where this may be ahead of strong evidence of effectiveness, given the long timeframes for harnessing cross-sector action. The authors acknowledge the significant research and policy challenges, and conclude "we need joined up solutions that link health and planning expertise".

Over the past year, health and urban planning groups in NSW have shown increased interest in this area. This report has provided a sound reference point, informed discussion and supported the work of the NSW Premiers Council for Active Living, which brings together health, transport, and urban planning representatives. The potential for well-designed urban environments to contribute to active living and good health fits well with current social-ecological theories about health and the goals of urban planning.

http://www.coo.health.usyd.edu.au/pdf/creating_healthy_environments.pdf

Gebel, K., L. King, Bauman A, Vita P, Gill T, Rigby A, Capon A. (2005). Creating healthy environments: A review of links between the physical environment, physical activity and obesity. Sydney, NSW, NSW Health Department and NSW Centre for Overweight and Obesity.

Community Foodies-increasing the capacity of communities to promote and advocate for healthy eating

Liz Sanders, Community Foodies project office, Southern Adelaide Health Service, SA.

Obesity is a complex issue and it is now widely recognised that multi method approaches are required that address both behavioural and environmental causes (Kickbusch I, 1997). Low-income groups are particularly at risk of obesity, especially women, for a variety of reasons (Swinburn 2004).



It is also well known that the majority of people gain their health information from family and friends rather than from health professionals (Keane 1997) and that access to nutrition services is rare for certain target groups. It is with this in mind that the dietician/nutritionists at Noarlunga Health Services (NHS) reviewed their format of nutrition education delivery, in consultation with the community. As a result they initiated the 'Community Foodies' program.

Community Foodies builds community networks to improve the nutritional status of South Australians, particularly those who do not traditionally access services. It is based on a peer education model with a strong community development focus. The project aims to increase community access to nutrition information and skills in healthy eating. It especially targets hard-to-reach community groups such as those on low incomes and the Aboriginal community.

Following the success of the project at NHS, and the need for innovation in improving nutrition for those on low incomes, the SA Department of Health provided funding in 2003 to further develop and pilot the 'Community Foodies' model across the state. The pilot involves dietician/nutritionists in Port Pirie, Playford, Mount Barker and Salisbury, who implement the project.

The project offers a free 6-week training program about basic nutrition and group education skills for community members. Following 'graduation', the 'Foodies' partner with dieticians and health workers to promote healthy eating in the community. Where they work and what they do is not prescribed by the health service; rather they deliver the information and skills that their community has identified as being useful in a variety of settings including kindergartens, primary schools, community centres and churches. They work on a volunteer basis with reimbursement of expenses and honorariums paid when possible.



Sandy Tindall running Cheap Easy Meals program at Hackham West Community Centre

The project evaluation is multi-method, using quantitative, qualitative and realist approaches. At the end of 2005 there were 30 active 'Foodies', predominantly women, across the state in 4 regions. In the past 3 years at Noarlunga, 'Foodies' have delivered 50 programs to over 800 participants. This figure does not include the indirect contact with neighbours, family and friends.

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Community Foodies-increasing the capacity of communities to promote and advocate for healthy eating-continued from previous page



Maxine, Community foodie working with the Aboriginal nutrition program at Christie Downs Kindy

Initial impact evaluation shows that the program is improving nutrition knowledge, cooking skills and providing personal empowerment for both 'Foodies' and participants of Foodie programs. It also appears to be increasing the participants' sense of competence in nutrition knowledge, cooking skills and their readiness to change. Other outcomes are improved healthy food choices at school canteens; increases in intake of fruit and vegetables in schools; an increase in nutrition activities within the school curriculum, and an observational change in the food culture within 'Foodie' schools. Advocacy is another emerging outcome, evident with the recent successful lobbying by 'Foodies' to local MPs for financial support of the Foodie program.

Key to the success of the project has also been the feature of collaborative partnerships with agencies such as the Housing Trust, and SA Council of Social Services. In the near future 'Community Foodies' will be a pathway to further education through TAFE and the school system. As poverty is one of the key underlying social determinants of health, it is imperative that projects such as this consider how they also address the causes of poor nutrition. Clearly, as the project becomes a pathway to further education and employment it makes small steps to address poverty, and by impacting on empowerment levels the project also attempts to address stress, another social determinant of health.

'Community Foodies' is an example of a complex multi-layered project with strong elements of intersectoral partnerships, multidisciplinary approaches and community development that has the capacity to contribute to making a difference to the nutritional health of SA.

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Eat Well, Be Active - Healthy Kids for Life

Overweight and obesity amongst children and young people is now a serious global epidemic. *Eat well, be active- Healthy kids for life* is the Queensland Government's first action plan to promote healthy weight for children and young people. The across-agency action plan outlines initiatives based on sound scientific evidence which will be implemented through a co-ordinated multi-strategy approach. The Queensland Government is committed to working with the whole community to tackle the epidemic of obesity by making it easier for all Queenslanders to adopt healthier lifestyles.

Eat well, be active- Healthy kids for life was developed by the CEO's Sub-Committee on Healthy Weight, which was chaired by the Director-General of Queensland Health with representation from the Department of Communities, Department of the Premier and Cabinet, Education Queensland, Sport and Recreation Queensland, Queensland Transport and the Department of Aboriginal and Torres Strait Islander Policy.

The Action Plan outlines complementary activities under two key action areas:

- 1: Reaching kids where it counts and supporting parents and carers and
- 2: Creating healthier communities for kids.

Eat well, be active- Healthy Kids for life seeks to create an environment that better enables children and young people to eat well and be active everyday. Strategies include:

- increasing community awareness of relevant issues and methods for promoting healthy weight
- communicating healthy messages, education and support
- addressing barriers to healthy lifestyles and focusing on prevention
- getting people involved in local action in their communities
- ensuring all Queenslanders have access to safe, healthy, affordable food
- providing opportunities for all Queenslanders, particularly children and young people, to get active through sport, active recreation and supportive environments for active living.
- assisting a range of key organisations to reinforce these messages and provide more opportunities for healthy choices and increased point of decision prompts for movement as part of their daily business
- encouraging community participation in Government led programs and mobilising communities to participate in progressing locally based strategies
- encouraging the entire government-employed workforce to adopt and advocate for healthier lifestyles in workplaces and throughout Queensland communities to help support parents and carers become positive role models and tackle the "obesogenic" environment.

The action plan builds on existing initiatives, but also includes specific new initiatives over the next three years including development of:

- Healthy Weight Information Packs to be mailed to every Queensland home to increase awareness about food and nutrition, physical activity and healthy weight in children
- "Go for 2 fruit and 5 veg": the statewide fruit and vegetable promotion campaign which will be conducted over four years.
- The Fit and Fuelled in Schools program that encompasses Smart Choices - Healthy Food and Drink Supply Strategy for Queensland Schools, and grants to promote physical activity
- Showcase sites in specific communities targeted for priority assistance to adopt a healthier lifestyle, with rigorous evaluation to help refine cost-effective strategies for wider implementation
- Expanded "TravelSmart" programs to provide workplace, school and community-wide support to increase the use of healthy and environmentally friendly transport options, such as walking, cycling and using public transport.

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Eat Well, Be Active - Healthy Kids for Life-continued from previous page

- “10 000 steps” program to be conducted in other towns to help motivate community members to get active as was recently demonstrated in Rockhampton
- Evidence and performance monitoring to measure our successes and provide practical insight into the best ways to sustainably address the obesity epidemic.

An Implementation Steering Group, lead by Queensland Health, has been established comprising representatives from Department of Communities, Education Queensland, Queensland Transport, Department of Aboriginal and Torres Strait Islander Policy, and Sport and Recreation Queensland.

Copies of *Eat Well, Be Active – Healthy Kids for Life* are available at www.health.qld.gov.au. For more information contact Susan Chisholm at susan_chisholm@health.qld.gov.au

Snack and Play in Out of School Hours Care

The National Heart Foundation of Australia’s Eat Smart, Play Smart Project

According to the Australian Bureau of Statistics, over 15 percent of Australia’s school children aged 5-11 years now attend Out of School Hours Care (OSHC), which is almost a quarter of a million children.¹ OSHC programs provide care for primary school aged children before and after school, on pupil-free days and during school holidays.

In 1999, the National Heart Foundation of Australia recognised that it was timely to turn the spotlight onto OSHC. With support from the Australian Government Department of Health and Ageing and the Telstra Foundation, the Heart Foundation (Victorian Division) has now been working with the OSHC sector for several years. In October 2004 the Heart Foundation released the national edition of ***Eat Smart, Play Smart – a manual for out of school hours care.***

Eat Smart, Play Smart is a comprehensive nutrition and physical activity resource for the OSHC sector that aims to promote healthy eating and participation in physical activity. While the focus of the manual is on fun and healthy ideas that can easily be incorporated into Australian OSHC programs, it also supports OSHC staff to meet the National Childcare Accreditation Council’s OSHC Quality Assurance Indicators on nutrition and physical activity and assists with policy development. Information included in the manual is consistent with the latest *Dietary Guidelines for Children and Adolescents in Australia*² and *Australia’s Physical Activity Recommendations for Children and Youth*.³

The ***Eat Smart, Play Smart*** manual was developed in collaboration with over 50 OSHC programs and organisations. There are now more than 800 Australian OSHC programs using the manual, reaching an estimated 40,000 Australian school children. Feedback from those programs using the manual has been enthusiastic.

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The Heart Foundation has regularly reviewed and evaluated the usefulness and benefit of ***Eat Smart, Play Smart*** to OSHC programs. Between August and September 2005, extensive evaluation was carried out, with 280 OSHC programs using the manual around Australia. Surveys were conducted via computer assisted telephone interviews (CATI). The results of the evaluation indicate the OSHC sector has made positive changes as a result of using the manual.

The feedback received shows that 98% of OSHC staff surveyed reported being satisfied or very satisfied with the manual. Over 70% of OSHC programs also reported learning new things about nutrition and physical activity for children. Over three quarters (77%) of those surveyed reported making positive changes as a result of using the manual.

The evaluation survey of OSHC staff also found that:

- 85% reported that children enjoyed using the recipes and cooking activities contained in the manual
- 74% reported serving healthier food choices as a result of using the manual
- 58% reported they offered a greater variety of physical activities as a result of using the manual
- 52% believed children's cooking skills had improved as a result of using the manual.

The cumulative proportion of respondents that reported learning something about both nutrition and physical activity was 57%.

The national edition of ***Eat Smart, Play Smart*** is available to purchase through Heartline, the Heart Foundation's national telephone information service, for \$45 (including GST, postage and handling). To order a copy of the manual contact Heartline on 1300 36 27 87 or email Heartline@heartfoundation.com.au. For more information visit www.heartfoundation.com.au/eatsmartplaysmart.

For further information about the Eat Smart, Play Smart Project contact:

Teresa Vlahos, National Heart Foundation of Australia (Victorian Division), Email: Teresa.Vlahos@heartfoundation.com.au

1. Australian Government Department of Family and Community Services (2003) *2002 Census of Child Care Services*. Commonwealth of Australia, Canberra.
2. National Health and Medical Research Council, 2003 *Dietary Guidelines for Children and Adolescents in Australia – a guide to healthy eating*. Commonwealth of Australia, Canberra.
3. Australian Government Department of Health and Ageing, 2004 <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-mediarel-yr2004-jointcom-jc007.htm>

“Walkabout Together” A lifestyle intervention program developed for Townsville’s overweight Indigenous people

Dr Deanne L Heath, Diane Longstreet, Peter Malouf, Lynette Hussey,
A/Prof Jacinta Elston, and Dr Kathryn Panaretto from Townsville Aboriginal and Islanders Health Services



The lifestyle intervention program “Walkabout Together” was developed due to concerns within the Townsville Indigenous community that obesity and chronic illness such as diabetes and hypertension were disproportionately high. It was felt that the impact of these conditions could be attenuated through lifestyle modification such as increased physical activity and improved nutrition. With this aim, Townsville Aboriginal and Islanders Health Services (TAIHS) developed an integrated model for lifestyle intervention for overweight Indigenous adults. This involved a baseline assessment with general practitioner (GP) and program co-ordinator, recording blood sugar (BSL), cholesterol, glycosylated hemoglobin (HBA1c) and Haemoglobin; nutrition assessment, physical activity assessment, and a well-being survey. Patients returned for regular follow-ups with health workers, a GP, and a dietitian. At 12 months patients were reassessed as for baseline.

The program provided a comprehensive multidisciplinary primary health care approach, including additional services such as Information sheets; monthly newsletters and recalls; weekly support groups, free pedometers, and personal log books. The project recruited a total of 150 patients. Twelve month follow-up and analysis has been completed on 84% of the patients.

After 12 months of enrolment into the Walkabout Together program, the mean weight decreased from 99.7kg \pm 1.6SEM to 97.8kg \pm 1.6SEM. Similarly, waist circumference decreased from 113cm \pm 1.2SEM to 111cm \pm 1.1SEM. Small improvements were evidenced in mean BSL, total cholesterol, high-density lipoprotein, triglycerides, and diastolic blood pressure. There was no change in mean HbA1c or systolic blood pressure.

The 24hr nutritional recall survey showed at baseline the majority of participants only consumed half of the daily fruit, dairy and vegetable serves recommended by the Australian Dietary Guidelines. Participants tended to eat above the maximum number of serves for the meat or meat alternatives food group and were above the maximum level for consumption of fats and sugars. After 12 months, there was a significant increase in the number of participants consuming the recommended number of serves of the fruit, dairy, meat, and vegetable food groups.

At baseline, 63% of the study group had not participated in any recreational walks in the week prior to the administration of the international physical activity questionnaire. Most had not participated in any vigorous (96%) or moderate (89%) physical activity. However, at 12 months only 39% were not participating in any recreational walking, and almost double the number of participants walked at least two days a week. There was a significant increase in the number of participants undertaking some form of moderate and vigorous physical activity two or more days a week.

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“Walkabout Together” A lifestyle intervention program developed for Townsville’s overweight Indigenous people - continued from previous page

Pedometer readings of the mean number of steps taken in one day showed a progressive and significant increase over the 12 month intervention period from $5465 \pm 247\text{SEM}$ to $8109 \pm 369\text{SEM}$. There was significant correlation between the pedometer recording of daily steps and reporting of participation in moderate and vigorous physical activity ($p < 0.05$).

Sedentary behaviours such as sitting, television watching, and computer usage all decreased over the 12 months. The mean weekly time spent watching television decreased 7 hours. There was also a decrease in screen-based sedentary behaviour such as computers and console games. The average time spent sitting decreased from $7 \pm 0.4\text{SEM}$ to $5 \pm 0.3\text{SEM}$ hours per day.

Participant wellbeing improved over the 12 months. There was a significant ($p < 0.04$) improvement in the physical component score of wellbeing, which is consistent with self-reported increases in physical activity and increased pedometer recordings.

These results show that many participants reported poor physical and emotional wellbeing before the program. The majority also had inappropriate diets, particularly in the dairy, fruit, and vegetable food groups. Participants had sedentary lifestyles with very low physical activity levels. However, after 12 months of adopting this “Walkabout Together” lifestyle intervention program, there were significant improvements in nutritional intake, physical activity, and patient wellbeing.

The National Speakers Series: A Community for All Ages - Building the Future (NSS)

Action to increase physical activity and maintain a healthy weight has been a focus of public health professionals for decades. The 1986 Ottawa Charter for Health Promotion highlighted the need to ensure the environments that we ‘live, work and play’ in are supportive of improvements in health. This is of particular relevance to physical activity.

In more recent times, all Australian states and territories have committed resources to increase physical activity. At a national level, Australian Health Ministers have endorsed *Be Active Australia: a Framework for Health Sector Action for Physical Activity 2005 – 2010* in July 2005. More action is needed, and for Australians of all ages.

Some of you may have attended a seminar and workshop, *A Community for All Ages - Building the Future National Speakers Series (NSS)*, that focuses on the built environment to support health and wellbeing for people of all ages. There have been eight NSS seminars and workshops to date and another four are planned in early 2006 in Hobart, Darwin, Albury and Canberra.

Participants at the events to date have identified future action on physical activity as well as the design of homes and public spaces to support community connectedness, injury reduction, access to transport, housing affordability and housing that is adaptable for people of any age (from the very young to the very ‘old’). A sneak preview of the results up to December 2005 with relevance to physical activity includes plans to create safe and secure pedestrian environments and support recreation facilities, parks and trails.

What makes this seminar series unique is that architects, developers, builders, planners, urban designers and representatives from all three levels of government have attended, as well as health professionals. This is a truly inter-sectoral effort!

A report covering issues raised in all 12 of the *National Speakers Series* is due mid-2006. If you feel more issues need to be addressed about increasing physical activity, or you want more information on the NSS, access: www.health.gov.au/communityforallages or email: NatSpeakersSeries@health.gov.au or contact: Chris Mitchell / Chris Lathlean at 02 6289 5685.

Healthy kids: Eat right, play right at Wellington Primary School

Schools play an important role in providing a place where teachers, students, families and the community can work together to provide healthy environments for learning and good health. Wellington Public School is a rural primary school with 30 teachers plus aides and approximately 480 students – almost 50% of whom are Aboriginal.

Wellington Public School, the community, and local organisations in Wellington are working towards supporting primary school aged children to learn and participate in physical activity and healthy eating. The 'whole of school' program is operating over three years and follows an action research (AR) model. AR will ensure that the project will develop strategies that fit the local situation and what is currently happening in the school and township, leading to a positive and sustainable change. The focus will include the curriculum, the environment, the school ethos, and links with parents and the wider community to provide structures that are conducive to good health and encourage young children to make healthy choices.

The objectives of the project are:

- to assist the school community to assess, identify and address issues within the schools environment that have an effect on children learning and participating in healthy eating and physical activity;
- to build skills within the school community and foster a supportive environment to shape good nutrition and physical activity behaviours among primary school children; and
- to enhance partnerships between the school and wider community to work together to facilitate an environment which encourages participation in physical activity and healthy eating.

After the end of the first year of the program we are excited with the progress and to see some initial gains being made. Achievements in 2005 were:

- Baseline data on physical activity and nutrition were collected and partnerships formed with various stakeholders that will maintain the program in the long term;
- Community consultations were held and six project activities were developed for implementation in 2005-2007;
- With the assistance of the Student Representative Council members, the name of the program changed to *Healthy kids: Eat right, play right*;
- Due to almost 20% of students missing breakfast, Wellington Aboriginal Corporation Health Service provided funding to begin the Breakfast Program. It commenced in Term 4 on a teacher referral basis and will be reviewed in 2006.
- The school is working to establish a school vegetable garden, with the assistance of Wellington Shire Council;
- Professional development workshops on Fundamental Movement Skills (FMS) were conducted for a core group of teachers and aides. The workshops aimed to provide teachers with the skills to teach children FMS that will enable them to participate in sports/active play with confidence;
- Initial data from the playground physical activity observation survey (using the Children's Activity Scanning Tool) indicate that 43% of students are active during recess and lunch – 'active' categorised by walking as the minimum;
- The school received funding from the Active After-School Communities Program to increase sports accessibility. Physical activity sessions will be conducted two days per week through the Homework Centre commencing in Week 2 of Term 1, 2006.

We're getting revved up to start the second year of the program and move further towards meeting our objectives.

Plans for 2006:

- More baseline data collection on physical activity and nutrition;
- Wellington Public School is soon to receive \$4000 which will be spent on sports equipment and updating line markings around the school;
- The remaining project activities – such as a school canteen dining area, physical activity and nutrition theme days for the whole school community – to be planned and commenced;

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Healthy kids: Eat right, play right at Wellington Primary School- continued from previous page

- A school policy to be developed to encourage physical activity;
- FMS professional development for all teachers in Term 2, 2006.

The Department of Education and Training, NSW Tourism, Sports and Recreation and Greater Western Area Health Service are working together to ensure the project is effective. NSW Health and Equity Statement funding was obtained to assist with the implementation of the program.

Emma Murray – Health Promotion Officer, Greater Western Area Health Service emma.murray@gwahs.health.nsw.gov.au

Along the boardwalk down by the sea: physical activity at our foreshores

In Australia many coastal councils are involved in developing foreshore plans which aim to conserve and beautify their foreshore and encourage use of the area by the local residents and visitors. One way for the health sector to determine the effects of Council foreshore plans on health is by conducting a health impact assessment (HIA) of the Council's plan. A HIA also makes recommendations for how a plan can be improved in order to maximise its effect on health.

The Division of Population Health and Planning in South East Sydney and Illawarra Area Health Service has been involved in conducting two HIAs on the foreshore management plans of Shellharbour City Council and Wollongong City Council. The HIA of the Shellharbour foreshore plan was completed last year,¹ while the HIA of the Wollongong foreshore plan is currently being conducted.

The aim of both HIAs was to assist the Councils in appreciating the health benefits and anticipating any inequalities that may result from the implementation of their plan, as well as to help prioritise the initiatives in the plans. Both HIAs examine the effect of the Council's foreshore plans on physical activity and social cohesion. In addition, the HIA for the Wollongong City Council plan examines access to healthy food. The Shellharbour HIA used a six-month assessment process and the Wollongong Foreshore Plan is using a rapid approach to HIA.

The initiatives of the Shellharbour City Council's foreshore plan that were considered to have a potential impact on physical activity and social cohesion included: improved pedestrian and cycle pathways; seating; picnic facilities; toilets; community art; changes to the car parking, and landscaping. The sources of evidence that were examined included the community profile, a literature review, policy review, recreational environmental audit, key informant interviews, and community consultation. The Steering Committee developed a priority matrix for the initiatives that were most likely to have an impact on physical activity and social cohesion. For this article, only the physical activity findings are reported. The cycle/walkway, landscaping, parking, community art, picnic facilities, seating and public toilets were all considered to have a potential impact on physical activity (see Table).

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Along the boardwalk down by the sea: physical activity at our foreshores
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**Table: Priority matrix for Shellharbour Foreshore Management Plan:
 Initiatives with a potential to impact on physical activity**

LIKELIHOOD OF THE IMPACT	RELATIVE SIZE OF THE IMPACT		
	LARGE	MEDIUM	SMALL
Definite	Cycle/walkway	Landscaping	
Probable			
Speculative		Parking	Community art Picnic facilities Seating Public toilet

■ High priority
 ■ Medium Priority
 □ Low Priority

Note:

The **likelihood of the impact** refers to whether there is sufficient evidence of an effect on physical activity and/or social cohesion

The **relative size of the impact** refers to the number of people potentially affected and the magnitude or severity of that impact on an individual. This does not reflect the projected size of the impact in an absolute sense but is presented in relative terms.

The Shellharbour Foreshore HIA Steering Committee made recommendations on ways to maximise the potential impact that the initiatives would have on physical activity. Its recommendations included active promotion of the cycle/walkway, and strategically placed drinking fountains, seating, bike racks and picnic tables along the cycle/walkway; and providing adequate shade along the foreshore. Its recommendations to minimise the potential negative impacts on physical activity included a regular maintenance program of all facilities; provision of signage for safe use of the shared cycle/walkway; and adequate lighting.

While physical activity is not core business of local government, the process of the HIA gave Council members on the Steering Committee the opportunity to see the impact that their Plan's initiatives would have on physical activity and ways to maximise the benefits of their initiatives. Shellharbour City Council found the process most useful and felt that the HIA would assist them in securing funding for their initiatives.

Reference:

1. Neville L, Furber S, Thackway S, Gray E, Mayne D. A health impact assessment of an environmental management plan: the impacts on physical activity and social cohesion. *Health Promotion Journal of Australia* 2005; 16: 194-200.

Retired at last: Coda Dr. Ken Harvey, Nov, 2005

This is a story about an old man who lived in a Chinese village; surrounded by high mountains, cut off from the world. He regularly disappeared from the village, sometimes for days on end and no one knew where he went.

One day, he was called to the village council to answer charges laid against him.

“You have not done your fair share of teaching the children the thoughts of Mao Tse Tung”, the village Chairman said.

“You have not researched how best to use the blast furnace to turn our spades and picks into pig iron, in accord with the wishes of our great helmsman. How do you justify your indolence?”

The old man replied, “It is true that I do less teaching than my colleagues. And I am not interested in pursuing our great helmsman’s research agenda.

Instead, I go to the mountains and, each day, I dig a little more of a road I am making to join our village to the outside world”.

“You stupid old man,” said the village Chairman. “Everybody knows that it is pointless to build a road through the mountains. They are too high, too wide and too formidable and clearly you will be dead before you have made significant progress. Why do you persist with such foolishness?”

The old man replied, “I know that I will be dead before the task is finished. But I will have made MY contribution. And after me, my sons and my daughters, and then their sons and their daughters, from generation unto generation, they will each make THEIR contribution and the road WILL be built!”

And some young villagers were so impressed with the old man’s vision and dedication that they too joined in; and ultimately the road WAS built and the isolated villagers became part of a greater world.

My friends, a fast fading privilege of tenured academic life is the freedom to follow one’s vision and passion. In this endeavour, I have been most fortunate to have had a supportive wife and family and to have been inspired by many committed colleagues around the world.

From them, I have learnt the power of ideas, the possibility of progress and the primacy of people; themes that I hope were reiterated in my talk today.

Some time ago, Mary Murray and I wrote, “In the final analysis, medicinal drug policies are concerned with more than drugs. They are fundamentally about people and their relationships with one another. They are concerned with achieving a balance: between economic growth and social justice; wealth and poverty; regulation and freedom; risk and certainty; incentives and sanctions; costs and benefits; suspicion and trust; isolation and involvement”.

Alfredo Bengzon, in his keynote address to the Sydney International Conference on National Medicinal Drug Policies, quoted our words and added, “These are the same paradoxes that strike at the heart of human experience. Regardless of our station, status and situation we each must grapple with and resolve these paradoxes as persons, as communities and as nations”. Therein lies the challenge for each of us, for this university and for Australia.

I leave La Trobe University with the satisfaction of knowing that I have made MY contribution and that the best of my students share the vision and are now putting THEIR backs into the task.

Thank you for coming and listening to my last seminar as a tenured academic at this university.

Health claims - latest developments

Prepared by Executive members of Food and Nutrition Special Interest Group

What are health claims?

According to the Food Standards Code, a health claim means a claim (on a food label or in advertising) that directly or indirectly refers to a relationship between a food, or a category of food, or a property of a food and a health effect, but does not include an endorsement, dietary information of a cause related marketing statement. For example, a claim that a food is a good source of a novel ingredient, and that it may help prevent cancer as part of a balanced diet, is a health claim.

What's happening?

Historically, health claims have been prohibited based on the nutrition principle that it is the total diet and not individual foods that are important for nutritional health. Increasingly, during the 1990s certain food manufacturers have been lobbying government to permit health claims to be used on food products. In 2003 the Australia and New Zealand Food Regulation Ministerial Council (ANZFRMC) approved a policy guideline permitting the use of health claims. After receiving this policy guidance, Food Standards Australia New Zealand (FSANZ) prepared a proposal (Proposal P293 - Nutrition, Health and Related Claims) regarding how health claims would be legislated in Australia and New Zealand. According to FSANZ this proposal is the 'vehicle' by which it will develop a standard and the management system for the regulation of nutrition, health and related claims in Australia and New Zealand. FSANZ has now invited public comment on the Draft Assessment Report of Proposal 293, which is the second round of consultation on this proposal. Written submissions are invited until the end of March to assist FSANZ in preparing the Final Assessment of this Proposal for approval by the ANZFRMC.

What is the public health connection?

The PHAA and many other public health and consumer organisations have been concerned that the motivation for changing regulations to permit the use of health claims appears to be primarily driven by food marketing rather than health objectives. Public health experts are concerned that, without adequate safeguards, health claims may contribute to consumer confusion and possible dietary distortion and imbalances. It is also noted that there continues to be a lack of evidence that health claims positively impact on public health, and that public resources directed towards the promotion of core foods such as fruit and vegetables are minimal. In addition, core foods are less likely to use health claims than highly processed foods because of limited profit margins and practical difficulties in labelling these foods.

Want to be involved?

The Food and Nutrition Special Interest Group (FANSIG) is in the process of revising the PHAA policy on health claims to reflect the latest public health research on this topic. In addition FANSIG is preparing a submission in response to Proposal P293. If you are a member of PHAA and are interested and available to be involved in either of these activities, please contact Carol Kemmett at PHAA by 2 March 2006.

NSW Centre for Overweight and Obesity Media Project Launched

Catriona Bonfiglioli, PhD

A contest to define the causes of overweight and obesity and direct solutions is ongoing in the media (Lawrence, 2004). Overseas research has shown that overweight and obesity have risen sharply up the news media agenda: obesity overtook tobacco as a peak media issue in the US in 1999 (Saguy and Almeling, 2005) and media interest surged from 2002 on (IFIC, 2005, See figure 1). Some stakeholders debate whether individuals or governments are responsible for solving 'the Obesity Epidemic' while others argue that the issue has been over-inflated, highlighting research which suggests overweight people have no greater risk of death than people with a 'healthy' BMI (Flegal et al 2005).

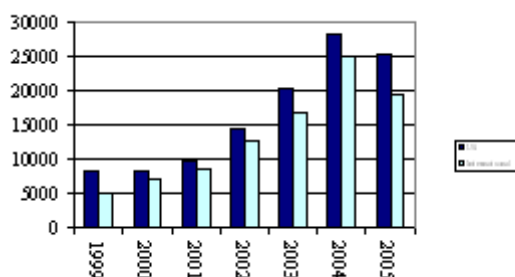


Figure 1 Quantity of media coverage of obesity 1999-2005

Data courtesy of the International Food Information Council

<http://www.ific.org/research/obesitytrends.cfm>

Based at the University of Sydney and funded by NSW Health, researchers at the NSW Centre for Overweight and Obesity are now analysing television coverage of overweight and obesity from the 3,000-item research dataset generated by School of Public Health Professor Simon Chapman and DVD editor Mr Simon Holding (Chapman et al. 2005).

Researcher Dr Catriona Bonfiglioli and research assistant Ms Isla Tooth are investigating key questions about the obesity debate including: "What makes overweight and obesity newsworthy?" "How do the media frame overweight and obesity?" "What causes of overweight and obesity are highlighted?" "What solutions are proposed to deal with the problem of overweight and obesity?" "Who is seen as responsible for solving the obesity crisis?" "Is the focus mainly on adults or children?" "Who is given the opportunity to voice their opinion on solutions to obesity?" "What use do the media make of academic sources?" "What are the key differences between coverage by the different television channels?" Media project findings are intended to identify key messages, improve communication and inform media advocacy efforts to promote population health.

Saguy, Abigail C and Rene Almeling 2005 "Fat Devils and Moral Panics: News Reporting on Obesity Science," Presented at the Sociology Departmental Colloquium Series, December 1 2005, University of California, Berkeley. <http://www.soc.ucla.edu/faculty/saguy/saguyandalmeling.pdf>

Flegal, K. M., B. I. Graubard, et al. (2005). Excess Deaths Associated With Underweight, Overweight, and Obesity. 293 (15):1861-1867

Lawrence, R. G. (2004). Framing Obesity: The Evolution of News Discourse on a Public Health Issue. The Harvard International Journal of Press/Politics 9(3): 56-75.

Chapman, S. F., K. McLeod, et al. (2005). "Impact of news of celebrity illness on breast cancer screening: Kylie Minogue's breast cancer diagnosis." Medical Journal of Australia 183(5): 247-250.

PHAA – Advocacy Action December and January

By Pieta Laut, Executive Director

While December and January are traditionally quieter times for advocacy actions due to parliaments being in recession, the past two months have provided PHAA with several opportunities to undertake advocacy actions around our policies.

Amendment to the TGA Act to remove requirements for Ministerial Approval to Assess Abortifacients

The Women's Health SIG and the Secretariat have continued the advocacy that began in October last year on this issue. Two submissions have been sent to the Community Affairs Committee, Department of the Senate and emails were sent to all federal parliamentarians urging them to vote for a lifting of the requirement for Ministerial approval on abortifacients. Letters have been previously sent to the Minister for Health and a "letter to the editor" on this issue was widely distributed in December. The Woman's Health SIG is maintaining a high level of participation in advocacy actions with other organisations on this issue. Copies of the submissions are on the PHAA website.

Abortion

A media release entitled Abortion- a Health, not a Criminal Matter was released in December. A copy of the media release is on the PHAA website.

Productivity Commissions Inquiry into the Health Workforce

The PHAA provided a submission to the Productivity Commission, focusing comments on the public health workforce. The Commission's Workforce Position Paper made few comments that directly affect the public health workforce, rather concentrating on the tradition hospital and GP workforce issue. PHAA provided comments on this paper. Both the submission and the comments are on the PHAA website.



Landmines

In December the PHAA signed a statement for wide circulation nationally and internationally supporting the prohibition of the use, stockpiling, production and transfer of anti-personnel mines. A copy of the statement is on the PHAA website.



Oral Health

The Oral Health SIG has written to Premier Beattie commending the first steps that the State Government have taken in progressive fluoridation of the Queensland water supply. The letter also raised the issue of taking responsibility for decision making about fluoridation away from local government and placing it with health authorities.

Australian Health Reform Agenda

The PHAA is maintaining its participation in the Australian Health Care Alliance. The papers presented by the Alliance to premiers at the recent seminar for Health Ministers in Adelaide are on the PHAA website.

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PHAA – Advocacy Action December and January - continued from previous page

Obesity Forum

PHAA participated in the recent Obesity Forum held by Guy Barnett at Parliament House in Canberra. A separate report on this forum has been included in this edition of intouch.

Trachoma

A letter was sent to Minister Abbott congratulating him on setting up the Trachoma Surveillance Unit and encouraging an emphasis on prevention and early intervention in strategies to combat this disease. A copy of the letter is on the PHAA website.

Nuclear Medicine and Radioactive Waste Senate Inquiry into Commonwealth Waste Management.

The Northern Territory Branch provided a submission to the Senate Inquiry. The submission emphasised the need to meet world's best practice in the storage of such wastes and the significant concerns of local communities, particularly Aboriginal communities. A copy of the submission can be found on the PHAA website.

Changes to the Food Standards Regulations

Both the Food and Nutrition SIG Convenor and the Executive Director participated in a discussion with the Department of Health and Ageing on changes that are being proposed to the regulation of food standards. Concern was expressed about the proposal to lessen opportunities for stakeholder consultation. The Food and Nutrition SIG is maintaining a "watching brief" on this issue.

WHO Proposal For a New Approach to Global Health Research and Development

Kenya has proposed a resolution to be considered by the WHO Executive Board in late January that provides for a framework for health research and development, providing a more equitable approach. PHAA has written to the World Federation of Public Health Associations asking them to bring the resolution to the attention of their members and to seek their representatives to vote for it and any amendments that provide for a more equitable approach to global health research and development. Letters were then sent to all representatives on the WHO Executive Board whose countries did not have membership of the World Federation of Public Health Associations, seeking support for the proposed resolution and a similar letter was sent to the Department of Health and Ageing. All letter will be placed on the PHAA website in the near future.

Infant feeding and overweight of children and adolescents

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Recent research (1-3) shows that infant feeding affects the development of overweight and obesity in early and later childhood. In fact, events in early life may program the function of a number of organ systems. The fetal origins or 'Barker' hypothesis states that fetal under-nutrition in middle to late gestation, leads to disproportionate fetal growth, and programs later coronary heart disease. One public health strategy to challenge this hypothesis is the promotion of breastfeeding for all infants because breastfeeding may attenuate subsequent programming effects. Breastfeeding has been shown to protect against child obesity and cardiovascular risk outcomes, and is "dose related", the longer an infant is breastfed, the lower the risk.

Substantial evidence over 40 years indicates that early nutrition and growth affects long term cardiovascular health. The theory is that a high nutrient diet in infancy (formula feeding) adversely programs the principal components of cardiovascular disease and the metabolic syndrome by promoting growth acceleration therefore slower growth benefits later cardiovascular disease and its risk factors. Breastfeeding may protect against overfeeding, calorie excess and hence future obesity. Formula fed infants have higher total energy, protein and micronutrient intakes than do breastfed infants. The phenomenon of early nutrition having long-term effects on growth, metabolism and health has been called "nutritional programming" and has been defined as a long term change in the structure and function of an organism resulting from a stimulus acting at a critical period of development in early life.

Two systematic reviews (1, 2) and one meta-analysis (3) have addressed the question of breastfeeding and obesity. The first analysed nine studies with more than 69,000 participants and concluded that breastfeeding has a small but consistent protective effect against childhood obesity. The second review of 61 studies provided data from 298,000 participants. A pooled analysis of these studies indicated that breastfeeding was associated with a significantly reduced risk of obesity compared to formula feeding. The meta-analysis (3) examined the effect of breastfeeding duration and found a dose dependent association between a longer duration of breastfeeding and decrease in risk of overweight.

Taken together these studies provide powerful support for breastfeeding and its protection against the development of obesity through childhood and into adolescence. Because obese children and adolescents are more likely to become obese adults the importance of breastfeeding as a preventive measure is apparent.

To summarise our current knowledge:

- Overweight infants are more likely to become overweight children, adolescents and adults.
- Breastfeeding to six months of age reduces the rate of overweight and obesity.
- Given the other known benefits of breastfeeding, increasing the risk of exclusive breastfeeding to six months would be a very worthwhile public health measure.
- A possible adverse effect of formula milk on postnatal weight gain and infant health remains of contemporary public health relevance.

1. Arenz S, Ruckerl R, Koletzko B, von Kries R. Breast-feeding and childhood obesity—a systematic review. *International Journal of Obesity & Related Metabolic Disorders* 2004;28(10):1247-56.
2. Owen CG, Martin RM, Whincup PH, Smith GD, Cook DG. Effect of infant feeding on the risk of obesity across the life course: a quantitative review of published evidence. *Pediatr* 2005;115(5):1367-7
3. Harder T, Bergmann RL, Kallischnigg G, Plagemann A. Duration of breastfeeding and risk of overweight: a meta-analysis. *American Journal of Epidemiology* 2005;162(5):397-403. I'd give the OR and 95% CI for this meteanalysis.

THE DEMAND FOR DR FRUIT!



Monash University PhD student, Jessica Chellappah is known to the school children at Wesley College she visits for the Fruit Intake Study (FIST) as "Dr Fruit".

"My interest has always been in obesity preventative strategies among children. Obesity, which is often linked to high blood pressure, high blood cholesterol and insulin imbalance, is a major risk factor of cardiovascular disease," says Jessica.

Once a child becomes obese, they often remain obese, with all the other attendant cardiovascular risk factors, throughout the rest of their lives. The aim of the pilot study, a school-based intervention, was to find if daily provision of fruit in the classroom would effectively reduce risk factors for cardiovascular disease and obesity among the children.

The study is headed by Associate Prof Chris Reid from the Department of Epidemiology and Preventive Medicine at Monash University. The sixteen week trial was conducted in 9-11 year old school children at neighboring Wesley College, St Kilda.

"I personally bring a basket of fruit daily to the classroom of the participating class. The kids, their class teacher and I, all eat a piece of fruit together during their recess break. The kids are really enthusiastic and call it their 'Fruit Time'," says Jessica.

For the pilot study, the fruit was generously donated by several stall-holders under the management of Ray Walton, at the South Melbourne Market.

Physical and biochemical measurements and an assessment of children's dietary choices, fitness levels and lifestyle were administered before the intervention, at the end of the intervention, and followed up post-intervention. The children's families were also involved by completing lifestyle questionnaires. Parents and teachers have been supportive from the start and have been significant in getting the children interested in the project.

Results of the pilot study have shown significant reductions in body fat percentage and cholesterol levels over the fruit intake intervention period, sustained over the post-intervention period. Questionnaire data also suggested that dietary choices and canteen choices of the children improved over the fruit intake intervention period. Based on these promising outcomes of the pilot study, three public schools and three private schools, including Wesley College again, will be selected for the main study.

"Witnessing the positive attitudinal changes towards eating fruit among the kids, and the enthusiasm of participating together with peers has been very encouraging. In a climate where the ready availability of unhealthy snack alternatives are a-plenty, this simple intervention provides a positive response avenue for school communities," says Jessica.

continued on next page

THE DEMAND FOR DR FRUIT! -continued from previous page

The researchers are currently looking for schools which might be interested in being involved in the main Fruit Intake Study, commencing in 2006. They are also looking for Fruit suppliers within the Southern Metropolitan region who would like to sponsor fruit for the larger main study in 2006, which would involve up to 500 children.

"People can help by alerting their child's school of the program and encouraging their participation. The opinions and suggestions of school children, parents and teachers are also welcomed," says Jessica.

Please feel free to write to Jessica about the Fruit Study at email: Jessica.Chellappah@med.monash.edu.au



Picture 1: Jessica showing a participant how to use a hand-held Body Fat Percentage Monitor.



Picture 2: Participants enthusiastically showing off the symbol of the Fruit Intake Study, the FIST.

ITEMS OF INTEREST

Mental Health Services in Australia 2003-04

This is a detailed report on Australia's mental health services which includes a wide range of data to provide a picture of the range of mental health-related services provided in the health and community services sectors. Included for the first time is information on mental health-related supported accommodation services from the AIHW's Supported Accommodation Assistance Program National Data Collection.

AIHW Catalogue No. HSE-40; Available from CanPrint (ph: 1300 889 873); \$30.00

Use of routinely collected national data sets for reporting on induced abortion in Australia

This report examines the utility of the available routinely collected national data sources for enumerating induced abortion in Australia. It outlines a methodology for estimating the number of induced abortions in Australia using the Medicare data and the National Hospital Morbidity Database (NHMD) data.

AIHW Catalogue No. PER-30; Available from CanPrint (ph: 1300 889 873); \$30.00

Australia's Mothers and Babies 2003

Australia's Mothers and Babies 2003 is the thirteenth in the annual series prepared by the Australian Institute of Health and Welfare's (AIHW) National Perinatal Statistics Unit (NPSU), providing national information on the pregnancy and childbirth of mothers, and the characteristics and outcomes of their babies. It is a collaborative effort of the NPSU and states and territories, and is for use by researchers, academics, students, policy makers and health service planners, and those providing services in reproductive health.

AIHW Cat. No. PER 29; Available from CanPrint (ph: 1300 889 873); \$30.00

Diabetes Related Deaths

This report presents information on diabetes-related deaths in Australia between 2001 and 2003 using death certificate data.

AIHW Catalogue No. AUS-69; Available from CanPrint (ph: 1300 889 873); \$10.00

Australia's Mothers and Babies 2003

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AIHW Cat. No. PER 29; Available from CanPrint (ph: 1300 889 873); \$30.00

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