

34 OBESITY RECOMMENDATIONS

The Taskforce recognised that in proposing measures to tackle obesity, the evidence for intervention was more variable than in other public health issues such as tobacco control. Therefore, there is a strong emphasis on “learning by doing” – taking promising approaches, and closely monitoring their results.

Reflecting the need to focus on both diet and physical activity as key drivers of obesity, as well as weight management, the recommendations cover a wide range of action areas. These range from the establishment of new partnerships to engage non-health sectors, fiscal and regulatory measures to encourage healthy choices, community education, settings based programs in schools, workplaces and local communities, and improvements in national data collections. Given the nature of the issues, the obesity recommendations emphasise that any regulatory strategies need to be addressed in a staged approach, which allows for self and co-regulation to have time to work and for their effectiveness to be monitored.

RECOMMENDED KEY ACTION AREA 1

DRIVE ENVIRONMENTAL CHANGES THROUGHOUT THE
COMMUNITY WHICH INCREASE THE LEVELS OF PHYSICAL
ACTIVITY AND REDUCE SEDENTARY BEHAVIOUR

- 1.1 Establish a Prime Minister’s Council for Active Living and develop a National Framework for Active Living encompassing local government, urban planning, building industry and developers and designers, health, transport, sport and active recreation.
- 1.2 Develop a business case for a new COAG National Partnership Agreement on Active Living.

The Government supports the whole of Government approach, but considers the establishment of the Australian National Preventive Health Agency, embedding preventative health within the primary care settings through the COAG agreed National Health and Hospitals Network, Medicare Locals, the National Sport and Active Recreation Policy Framework, and the National Partnership Agreement on Preventive Health, as providing sufficient infrastructure to deliver action in this area without the establishment of a new Council or framework.

Through these initiatives the Government has and will invest significantly in infrastructure and in programs that support the adoption of healthy lifestyles that will drive environmental change throughout the community.

The following initiatives support Key Action Area 1.

SHAPING THE ENVIRONMENT

Since 2008, the Government has made significant investments in infrastructure that support healthy lifestyles, physical activity and which lead to greater participation in community level sport and recreation. This has included over 4,000 sport and recreation projects under the Building the Education Revolution.

Nationwide, the Government has provided almost \$167 million over three years to establish and reinvigorate over 140 community sport and recreational facilities and over \$300 million to local government organisations to reinvigorate their recreation facilities under the Regional and Local Community Infrastructure Program. Funding under this Program was provided to local governments for community infrastructure projects including new and major renovations or refurbishments for recreational facilities including sports grounds and facilities, swimming pools, sports stadiums, walking tracks and bicycle paths, community recreation spaces, skate parks, playgrounds, BMX/Mountain Bike parks/trails, rail trails, and surf lifesaving clubs. Further, the Commonwealth Government allocated \$40 million from the \$650 million Jobs Fund Initiative²⁰ to the National Bike Path Project for the construction of bike paths. These funds will offer individuals greater opportunities to access recreation facilities and to commute actively.

The Commonwealth Government provided \$710,000 in 2008–09 to the Healthy Spaces and Places project, a partnership between the Planning Institute of Australia, the Heart Foundation and the Australian Local Government Association, with the aim of adapting the design of built environments to encourage physical activity.

The partnership produced a national web-based planning guide which was launched in August 2009, and which includes practical tools, case studies and guidelines, to provide guidance to planning and design practitioners and related professions (working in state and local government and the private sector) on how to incorporate active living principles into the built environment. <http://www.healthyplaces.org.au>.

20 Part of the Jobs and Training Compact – <http://www.deewr.gov.au/employment/pages/jobsfund.aspx>.

SPORT AND RECREATION FACILITIES

As part of the Government's election commitments, the Burpengary Junior Rugby League Football Club in Queensland was provided with \$120,000 for the installation of lighting towers to provide sufficient floodlighting to three rugby league playing fields at the Station Road Sportsground, in Burpengary, Queensland.

The upgrade of the lights has proven to be a huge success for both the club and the community. The lighting upgrade has increased access to sporting fields in the evenings and has exceeded the Club's expectations with the participation rate increasing by 35 per cent during the reporting period. This increase equates to 157 additional children within the community increasing their physical activity because the club is able to provide a safer environment to participate in the sport of rugby league.

1.3 Australian and state governments to consider the introduction of health impact assessments in all policy development.

The South Australian Government through the Health in All Policies (HiAP) is developing a similar approach. The Commonwealth Government will monitor the development of HiAP in South Australia as the first step in responding to this recommendation. The Government will also continue working across government to ensure health promotion, where appropriate, is incorporated into policy development.

1.4 Commission a review of economic policies and taxation systems, and develop methods for using taxation, grants, pricing incentives and/or subsidies to promote active living and greater levels of physical activity and decrease sedentary behaviours.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system that did not recommend the introduction of such a taxation system.

The Australian National Preventive Health Agency will play a critical role in building the evidence on a broad range of effective interventions supporting healthy lifestyles. The Agency has been allocated a research fund (\$13.1 million) and will develop a national preventative health research strategy, in conjunction with the NHMRC, to determine its allocation.

RECOMMENDED
KEY ACTION AREA 2

DRIVE CHANGE WITHIN THE FOOD SUPPLY TO INCREASE THE AVAILABILITY AND DEMAND FOR HEALTHIER FOOD PRODUCTS, AND DECREASE THE AVAILABILITY AND DEMAND FOR UNHEALTHY FOOD PRODUCTS

2.1 Develop and implement a comprehensive National Food and Nutrition Framework for the Australian food supply:

- Price, choice and access to food and food security through open and competitive markets;
- Achieving healthier diets;
- Food safety; and
- Issues related to food production and agricultural policy that ensure a safe and environmentally sustainable food chain and food supply.

The Minister for Agriculture, Fisheries and Forestry, the Hon Tony Burke MP and the Parliamentary Secretary for Health, the Hon Mark Butler MP, will consider this recommendation in consultation with industry, states and territories.

2.2 Commission a review of economic policies and taxation systems, and develop methods for using taxation, grants, pricing incentives and/or subsidies:

- Promote the production of healthier food and beverage products, including reformulation of existing products;
- Increase the consumption of healthier food and beverage products;
- Decrease the production, promotion and consumption of unhealthy food and beverage products; and
- Promote healthy weight.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system that did not recommend the introduction of such a taxation system.

While the Commonwealth Government does not intend to commission a further review of economic policies and taxation systems at this time, the reformulation of products through voluntary targets, decreasing production and promotion of consumption of unhealthy foods and consumer awareness activities that promote healthy eating patterns and food choices is occurring through the Food and Health Dialogue and the Industry Partnership, which are two formal mechanisms that the Commonwealth Government has established for engaging with industry.

The Food and Health Dialogue was announced by the Parliamentary Secretary for Health, the Hon Mark Butler MP, on 28 October 2009, and comprises representatives

from the Australian Food and Grocery Council, the National Heart Foundation, the Public Health Association of Australia, Woolworths, the Commonwealth Scientific and Industrial Research Organisation and state/territory governments. The Dialogue provides a framework for government, industry and public health groups to work collaboratively, on a voluntary basis, to change the formulation and composition of commonly eaten foods and promote healthier food choices for all Australians.

The Commonwealth Government has funded the Industry Partnership through the National Partnership Agreement on Preventive Health. The Industry Partnership enables the Commonwealth Government, in consultation with the states and territories, to partner with various sectors of the food, fitness and weight management industries to support the implementation of programs to encourage changes in policies and practices consistent with the Government's healthy living agenda. The Industry Partnership is initially focusing on the food industry, building on the work of the Food and Health Dialogue. Engagement with the fitness and weight management sectors is expected to follow and apply lessons learnt from working with the food sector.

2.3 Examine and develop systems and subsidies that increase the availability of high-quality, fresh food for regional and remote areas:

- Regional and remote transport; and
- Increasing the production of high-quality, locally grown fresh foods that are available to the local community.

This recommendation is addressed through initiatives in Obesity Recommendation 9.3.

2.4 Drive change within the Australian food supply by establishing a Healthy Food Compact between governments, industry and non government organisations to reduce the production and promotion of foods and beverages that are energy dense and nutrient poor, are high in sugar, fats, saturated fats and salt, and which contain trans fats, by setting targets for nutrients.

The Commonwealth Government supports the need to invest in initiatives that influence and shape the supply and demand of food products to shift consumption towards healthier products and work is underway on these recommendations through the Food and Health Dialogue and the Industry Partnership.

The key activities of the Food and Health Dialogue include:

- food reformulation, with a focus on reducing levels of risk-associated nutrients such as salt, saturated fat, energy and sugar that, when consumed in excess, can contribute to adverse health outcomes, and increasing beneficial nutrients such as fibre;
- standardising and establishing appropriate portion sizes for food and drink products; and
- consumer awareness activities that promote healthy eating patterns and food choices.

A Reformulation Working Group has been established under the Dialogue to investigate ten priority food categories, which have been identified as presenting an opportunity for public health benefit through reformulation. These include bread, breakfast cereals, simmer sauces, processed meats, fruit juices, frozen desserts, sweet biscuits, processed poultry, savoury pies, and cakes, muffins and baked products. To date, the Reformulation Working Group has convened roundtables with nominated representatives from the bread and breakfast cereal industries.

In March 2010, the Food and Health Dialogue announced Australia's first food reformulation targets, with leading manufacturers and retailers agreeing to salt level reduction targets across a variety of bread and breakfast cereals – note that participants represent more than 80 per cent of the market share for bread products and approximately 60 per cent of the market share for ready to eat cereals. Given that Australian adults consume nearly twice the recommended levels of salt (with much of this coming from processed foods) and that a high salt intake is associated with high blood pressure, heart disease, stroke and chronic kidney disease, the targets agreed through the Dialogue will make an important contribution to the health of Australians. A reduction in salt intake of 25 to 35 per cent could lead to a 20 per cent or greater reduction in risk of heart attacks and stroke. A recent major study in the United States found that cutting salt intake by three grams a day could prevent tens of thousands of heart attacks, strokes and cases of heart disease.

The Commonwealth Government has committed \$900,000 over three years from 2010–11 to develop the evidence base and rationale for future food reformulation activities under the Food and Health Dialogue. This initiative will include research and modelling to: inform the setting of reformulation targets; identify food categories that present an opportunity for reformulation; and monitor changes in nutrient intakes (and associated public health outcomes) as a result of reformulation activities.

The \$1 million provided through the Industry Partnership will fund:

- the development of principles to guide future government engagement with the food, fitness and weight management industries as activities under the Industry Partnership and broader National Partnership Agreement on Preventive Health are progressed;
- the development of a consistent industry and government consumer messaging strategy on healthy eating and physical activity that links with social marketing campaigns, such as *Measure Up*;
- the establishment of a database that collates nutrient profiling and purchasing data to provide an indication of food and nutrient intakes that can be compared with known consumption data; and
- an information sharing event between government, various sectors of industry and public health advocates to consider collaborative approaches to support healthy eating and physical activity.

Global initiatives are emerging that engage industry and government in promoting healthy eating and expanding healthy food options, including work in the United Kingdom to reformulate products and the promotion of appropriate calorie intake and portion size in the United States. These initiatives support marketing trends that point to increased consumer awareness of the importance of healthy eating. The Commonwealth Government will monitor these international initiatives for their applicability to Australian activities.

- 2.5 Introduce food labelling on front of pack and menus to support healthier food choices with easy to understand information on energy, sugar, fat, saturated fats, salt and trans fats, and a standard serve/portion size within three years in partnerships with industry, health and consumer groups.

The Commonwealth Government notes this recommendation. The Commonwealth Government as part of the Australian and New Zealand Food Regulation Ministerial Council and COAG strongly supported the establishment of an independent committee in October 2009 to conduct a review of food labelling law and policy (the review) in Australia and New Zealand, chaired by Dr Neal Blewett, AC. The review will include consideration of policy drivers, the role of government, approaches to achieve compliance, and appropriate enforcement and evaluation of current policies. Front of pack labelling is one of the important issues being considered by the independent committee undertaking the review.

The review committee is committed to ensuring that all relevant issues are considered through processes including written submissions, a consultation paper and conducting public consultations across Australia and New Zealand. The committee is scheduled to provide a final report to the Australian and New Zealand Food Regulation Ministerial Council late in 2010 and to COAG early in 2011.

RECOMMENDED
KEY ACTION AREA 3

EMBED PHYSICAL ACTIVITY AND HEALTHY EATING
PATTERNS IN EVERYDAY LIFE

- 3.1 Fund, implement and promote schools programs that encourage physical activity and enable healthy eating.

The Commonwealth Government supports the recommendations to embed physical activity and healthy eating in everyday life and is meeting these recommendations through the National Partnership Agreement on Preventive Health. The Partnership aims to address the rising prevalence of lifestyle related chronic diseases by laying the foundations for healthy behaviours in the daily lives of Australians through social marketing and the national roll out of programs supporting healthy lifestyles.

Through the National Partnership, the Commonwealth Government has made \$325.5 million available to states and territories through the Healthy Children Initiative

for the provision of programs for children aged 0 to 16 years of age to increase the intake of fruit and vegetables and increase levels of physical activity in settings such as child care centres, pre-schools and schools. The focus of the initiative is ensuring that children not only have a healthy start to life but are supported in a range of environments to lay the foundations of good nutrition and physical activity. Note that 50 per cent of these funds are contingent on states and territories demonstrating they have achieved agreed national targets in the areas of healthy weight, physical activity and fruit and vegetable consumption.

The foundations of a healthy lifestyle, established in early childhood, will be further strengthened through the Government's commitment to reinstating the importance of sport in formal education. Through the Ministerial Council for Education, Early Childhood Development and Youth Affairs, the Government is working with state and territories to maximise physical education and sport for students of all ages in our schools.

Through the Melbourne Declaration on Educational Goals for Young Australians, all Commonwealth Governments recognised the role that schools can play in shaping healthy lifestyles and agreed the National Curriculum would '...nurture student wellbeing through health and physical education in particular.'²¹ The first step of this process recently commenced when the Ministerial Council on Education, Early Childhood Development and Youth Affairs requested the Australian Curriculum Assessment and Reporting Authority (ACARA) give priority to the development of Health and Physical Education (HPE) in phase 3 of the national curriculum development and complete development of the K-10 HPE Australian Curriculum in 2012 so it can be implemented in all schools from 2013 and that the number of hours committed to physical activity in the school curriculum be maximised.

The Healthy Active Australia Community and Schools Grants program has provided \$55.5 million in funding to 500 not-for-profit community organisations and schools to implement sustainable physical activity and healthy eating projects.

The Stephanie Alexander Kitchen Garden Program uses the school setting to support healthy lifestyles. The Commonwealth Government is providing \$12.8 million over four years to implement the Stephanie Alexander Kitchen Garden National Program in up to 190 government primary schools, encouraging students to learn how to grow, harvest, cook and share fresh food thereby providing a better chance of positively influencing children's food choices.

21 Ministerial Council on Education, Employment, Training and Youth Affairs, December 2008, p13.

STEPHANIE ALEXANDER KITCHEN GARDEN NATIONAL PROGRAM

A demonstration school exists in each jurisdiction providing a hub for other interested schools to visit, and a central location for training and support. The Program has the ability to promote health prevention messages as it engages children to work together in the garden and kitchen to learn about the importance of healthy eating.

Demonstration schools are located at:

- Majura Primary School, ACT.
- Bondi Public School, NSW.
- Alawa Primary School, NT.
- Bulimba State School, QLD.
- Elizabeth Downs Primary School, SA.
- Moonah Primary School, TAS.
- Palmyra Primary School, WA.



These programs are complemented by Commonwealth Government resources and guidelines providing advice on healthy eating and physical activity. The *Get Up & Grow: Healthy eating and physical activity guidelines for early childhood* resources were launched on 22 October 2009. The resources provide early childhood education and care settings (centre based care, family day care and preschools) and attending families with practical information on healthy eating and physical activity for children aged 0 to five years. The *Get Up & Grow* resources consist of a Directors/Coordinators Book, a Staff/Carers Book, a Cooking for Children Book, a Family Book, posters, stickers, brochures and a CD-ROM containing newsletter inserts.

To meet the needs of those from a non-English speaking background, the *Get Up & Grow* resources are being translated into nine community languages – Vietnamese, Chinese, Filipino, Indonesian, Malaysian, Korean, Arabic, Spanish and Turkish. The translations are expected to be completed by mid 2010. In addition, a consultant with expertise in Indigenous health will be engaged to inform the adaptation of the *Get Up & Grow* resources for Indigenous communities. Demand for the *Get Up & Grow* resources has been high and a third reprint is being undertaken.

Through the National Healthy School Canteens project, the Commonwealth is leading the development of nationally consistent school canteen guidelines which will be implemented by states and territories. The guidelines will assist canteen managers in making healthy selections. The guidelines will provide the first national benchmark that can be applied in any school around the country. Through the project, the Commonwealth is funding the development of a food categorisation system, national

training resources, and an evaluation framework to ensure that lessons are monitored and available for dissemination. The project builds on existing models of food categorisation for school canteens already operating in states and territories and aims to deliver a consistent national approach.

The final resources under the project are due to be completed by mid 2010, and will be designed to assist canteen managers to make appropriate 'menu' choices that encourage the development and reinforcement of healthy eating patterns in students.

3.2 Fund, implement and promote comprehensive programs for workplaces that support healthy eating, promote physical activity and reduce sedentary behaviour.

The Commonwealth Government will also provide funding to states and territories through the Healthy Workers Initiative of the National Partnership to implement healthy lifestyle programs in workplaces. Of the \$289.4 million made available to the states and territories under this initiative, 50 per cent is subject to their demonstrating achievement against the following indicators: healthy weight, physical activity, fruit and vegetable consumption and smoking. To support the states achieve their targets, the Commonwealth will develop soft infrastructure, including nationally agreed standards of workplace based prevention programs, voluntary competitive benchmarking, a national healthy workplace charter developed in consultation with employer and employee groups and national awards for best practice in workplace health programs.

3.3 Fund, implement and promote comprehensive community-based interventions that encourage people to improve their physical activity and healthy eating, particularly in areas of disadvantage and among groups at high risk of overweight and obesity.

The Healthy Communities Initiative is providing \$72 million to support local government areas in delivering effective community-based physical activity and dietary education programs as well as developing supportive environments for healthy lifestyle behaviours. The Healthy Communities Initiative aims to reduce the prevalence of overweight and obesity within the target populations (that is, individuals not in the paid workforce and at risk of developing a chronic disease) of participating communities by maximising the number of at-risk individuals engaged in accredited physical activity and dietary education programs. As well as providing funds for local government areas to deliver programs, the initiative will fund organisations to provide healthy eating and physical activity programs nationally, increasing the availability of these programs for all Australians.

From 2010–11, the Commonwealth Government will support national sporting organisations (NSOs) to expand participation at a community level by providing NSOs with opportunities to access additional funding to grow participation at a community level. NSOs will be required to deliver increased participation outcomes through

participation plans required under their funding agreements with the Australian Sports Commission, thereby opening more opportunities for Australians to be more active and healthier as part of their everyday lives.

RECOMMENDED
KEY ACTION AREA 4

ENCOURAGE PEOPLE TO IMPROVE THEIR LEVELS OF
PHYSICAL ACTIVITY AND HEALTHY EATING THROUGH
COMPREHENSIVE AND EFFECTIVE SOCIAL MARKETING

- 4.1 Fund effective social marketing campaigns to increase physical activity and healthy eating and reduce sedentary behaviour and support people to make informed choices about their health:
- Ensure that funding is sustained and at a sufficient level to allow adequate reach and frequency; and
 - Choose messages most likely to reduce prevalence in socially disadvantaged groups and provide extra reach to these groups.

The Commonwealth Government supports this recommendation and is implementing this through the Commonwealth Government's *Measure Up* social marketing campaign which aims to reduce the prevalence of risk factors for lifestyle related chronic disease, in turn limiting the incidence and the impact of these diseases and reducing morbidity and mortality rates. The campaign targets 25 to 50 year olds with children (as changes in their behaviour will also influence their children) and 45 to 65 year olds (given relatively high prevalence of chronic diseases among this group). *Measure Up* components have also targeted Indigenous adults with children (parents and carers) and adults from non-English speaking backgrounds with children (parents and carers).

Given its previous success, the Commonwealth Government provided funding through the National Partnership Agreement on Preventive Health to extend the reach of the *Measure Up* campaign, with \$41 million allocated to national level activities and an additional \$18 million provided to the states and territories for local level complementary activities. The development of *Measure Up* activities is underpinned by research, evidence and scientific testing to ensure effectiveness and is overseen by a campaign reference group with jurisdictional representation and further supported by technical experts in obesity, physical activity and nutrition. Following research and evaluation of the first phase of the campaign, the next phase of the national *Measure Up* campaign will focus on reaching at risk groups and providing messages on 'how' to increase physical activity and eat a healthier diet to achieve more permanent behaviour change.

Evaluation results for Phase One of the campaign show that the:

- *Measure Up* campaign reached the vast majority of the Australian population (91 per cent);
- campaign has been successful in increasing the perception that “a person’s waist measurement is strongly related to their chances of developing a chronic disease later in life;” and
- attempts to decrease waist measurement and weight increased.

Activity under the *Measure Up* campaign will incorporate, where possible, links with other National Partnership Agreement elements including Healthy Communities, Healthy Workers, Healthy Children and the Industry Partnership.

The campaign will also seek to accommodate new nutrition messages that emerge over the next four years, particularly as a result of the revised nutritional guidelines. It will also seek to complement activity under the COAG Closing the Gap in Indigenous Health Outcomes National Partnership.

Physical activity can play an important role in keeping people healthy and in preventing or delaying the onset of a number of diseases associated with ageing. The Ambassador for Ageing, Ms Noeline Brown, was appointed in March 2008 by the Minister for Ageing, the Hon Justine Elliot MP, with the promotion of healthy and active ageing messages within the community as one of her priorities. A series of active ageing posters and brochures, featuring the Ambassador for Ageing, have been developed that provide tips and advice on how to maintain and protect health, wellbeing and independence and can be located at <http://www.health.gov.au/ambassadorforageing>. The four healthy ageing messages are:

1. staying physically active;
2. eating well;
3. keeping in touch with family, friends and community; and
4. reducing the risk of falls.

ADVERTISEMENT

Are you on your way to chronic disease?



1 in 2 Australian adults is overweight. Most men with waistlines over 94cm have an increased risk of some cancers, heart disease and type 2 diabetes. To find out more, go to www.health.gov.au/MeasureUp

How do you measure up?

Australian Better Health Initiative
A joint Australian, State and Territory government initiative.

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RECOMMENDED
KEY ACTION AREA 5REDUCE EXPOSURE OF CHILDREN AND OTHERS
TO MARKETING, ADVERTISING, PROMOTION AND
SPONSORSHIP OF ENERGY-DENSE NUTRIENT-POOR
FOODS AND BEVERAGES

- 5.1 Phase out the marketing of EDNP food and beverage products on free-to-air and Pay TV before 9pm within four years. Phase out premium offers, toys, competitions and the use of promotional characters, including celebrities and cartoon characters, to market EDNP food and drink to children across all media sources. Develop and adopt an appropriate set of definitions and criteria for determining EDNP food and drink.

The Commonwealth Government notes this recommendation. Change is currently being achieved through a combination of Government regulation, industry self-regulation and new television initiatives.

The Commonwealth Government has provided additional funding of \$185.3 million over three years from 2009–10 to national broadcasters (ABS and SBS) to support, among other things, a dedicated children's channel providing age-appropriate, advertising free programs. Some of these funds have been used to establish ABC3, which broadcasts daily from 6am to 9pm, giving parents a commercial free choice for their children.

The Australian Communications Authority (ACMA) is responsible for regulating children's programs and the Australian content of programs and advertisements. The Children's Television Standards (CTS) were reviewed and amended in 2009 to clarify promotion and endorsement of commercial products by animated characters or celebrities during C program times. Inducements such as toys are able to be offered and advertised, however their marketing must be incidental compared to the actual product being advertised. The list of popular characters and personalities that can not be used to endorse, recommend or promote a commercial product or service has been expanded. The revised CTS 2009 came into effect on 1 January 2010.

In relation to voluntary industry initiatives, with Government encouragement the food industry has established two initiatives which aim to reduce the exposure of children to the advertising of food that is high in sugar, salt and/or fat, the:

- Australian Food and Grocery Council (AFGC) developed its *The Responsible Children's Marketing Initiative*, effective from 1 January 2009; and
- Australian Quick Service Restaurant Industry (AQSRI) Initiative for Responsible Advertising and Marketing to Children, effective from 1 August 2009.

The AFGC and AQSRI initiatives incorporate compliance and complaints processes which were developed with the Advertising Standards Bureau (ASB).

Marketing to children through media other than television is not regulated by the Australian Communications and Media Authority, but is addressed in these voluntary industry codes.

The marketing of food and beverages targeting adults is also addressed through voluntary industry codes including the Australian Association of National Advertisers' Code of Ethics and Food and Beverages Advertising and Marketing Communications Code.

The Commonwealth Government will continue to monitor the impact of these initiatives to ensure their effectiveness in reducing children's exposure to advertising of energy-dense, nutrient-poor foods and beverages. This is consistent with the Taskforce recommendations which propose a staged and potentially escalating approach to change, allowing for voluntary measures to be trialed with action to follow if necessary.

RECOMMENDED
KEY ACTION AREA 6

STRENGTHEN, UPSKILL AND SUPPORT THE PRIMARY
HEALTHCARE AND PUBLIC HEALTH WORKFORCE TO
SUPPORT PEOPLE IN MAKING HEALTHY CHOICES

6.1 Contribute to relevant national policies (for example, the National Primary Health Care Strategy) to ensure key actions to improve preventative health are considered and implemented in the primary care setting:

- Expanding the supply of relevant allied health workforce and number of funded positions;
- Ensuring all individuals have easy access to health services that provide physical activity, weight loss and healthy nutrition advice and support; and
- Funding, implementing and promoting evidence-based clinical guidelines and other multi-disciplinary training packages for health and community workers.

The Commonwealth Government supports this recommendation and recognises the important role that primary health care plays in preventative health. The National Primary Health Care Strategy, released in May 2010, identifies increasing the focus on prevention as one of the key priority areas for primary health care reform.

The report identifies that clinical guidelines will support primary care practitioners in achieving preventative health outcomes. The Commonwealth Government will provide \$1.5 million over four years to review the NHMRC Clinical Practice Guidelines for the management of overweight and obesity in adults and children, as well as fund the development of new population Healthy Weight Guidelines for maintaining and achieving a healthy weight.

Further, the Clinical Practice Guidelines will be updated to take account of emerging evidence in the treatment of obesity, particularly the increasing use of bariatric surgery. The Healthy Weight Guidelines will bring together current evidence on the most effective means to prevent unhealthy weight gain or loss and to lose excess weight safely and permanently. They will also draw on the current National Dietary Guidelines and Physical Activity Guidelines to illustrate the relationship between energy intake, energy expenditure and weight gain or loss. The Guidelines will also be used to develop materials to assist primary and allied health care professionals in dispensing preventative health advice.

More broadly, reform activities associated with the National Health and Hospitals Network Agreement, including the establishment of Medicare Locals tasked with health promotion and preventative health, will ensure primary care plays a greater role in prevention. These organisations will provide better GP and primary health care services, improve access to care, and drive integration across the primary health care, hospital, Indigenous health and aged care sectors.

Medicare Locals will be independent organisations (not government bodies). They will operate with strong local governance arrangements, including broad community and health professional representation, as well as business and management expertise. The establishment of Medicare Locals will:

- provide the Commonwealth with a platform for delivering primary health care reform, including prevention;
- improve integration between local service providers, including with Indigenous health services; and
- support community involvement in the planning and delivery of health services.

A small number of Medicare Locals will commence operations in mid 2011, with the remainder commencing operations in mid 2012. The Government will invest \$417 million in establishing the nation-wide network of Medicare Locals and to provide all Australians with access to high quality, affordable and integrated after hours GP services.

The Government will also provide an additional \$449.2 million to fund better coordinated care for individuals with diabetes, to improve management of their condition and make sure they stay healthy and out of hospital.

In addition, the Commonwealth Government is making available additional funding of \$390.3 million over four years to boost support for nurse positions in general practice. The Practice Nurse Incentive program will support nurses to undertake a broad range of prevention activities, such as health assessments, health promotion and advice, educating patients on lifestyle issues, and managing recall and reminder systems.

The Commonwealth Government generally supports measures to develop, improve and support the skills of the health workforce. The establishment of Health Workforce Australia (HWA) will result in a national approach to health workforce policy and planning. This will include the development of team based approaches to health care and service delivery supporting greater cooperation among medical practitioners, nurses and relevant allied health professionals as required.

RECOMMENDED
KEY ACTION AREA 7

ADDRESS MATERNAL AND CHILD HEALTH, ENHANCING
EARLY LIFE AND GROWTH PATTERNS

- 7.1 Establish and implement a national program to alert pregnant women and those planning pregnancy to the lifestyle risks of excessive weight, insufficient physical activity, poor nutrition, smoking and excessive alcohol consumption, and assist them address these risks.

The Commonwealth Government is addressing the identification and support of lifestyle risks in pregnant women through a number of initiatives.

The 2009–10 *Improving Maternity Services* Budget Package provides \$120.5 million over four years for a maternity reform package, which delivers a range of measures aimed at providing Australian women with more choice in their maternity care, while maintaining Australia's strong record of safe, high quality maternity services.

The Package includes increased services for rural and remote communities through an expansion of the successful Medical Specialist Outreach Assistance Program; and additional training support for GPs and midwives, particularly in rural and remote Australia. It also includes the expansion and improvement of the existing National Pregnancy Telephone Counseling Helpline to deliver a 24 hour, seven days a week telephone helpline and information service from 1 July 2010.

The Australian Health Ministers' Advisory Council (AHMAC) has also agreed to develop national antenatal clinical guidelines that will provide care to women during a normal pregnancy.

Polycystic Ovarian Syndrome affects 11 per cent of reproductive aged women, with obese women having a much higher prevalence of the condition than those at a healthy weight. Women with the condition have much higher rates of pregnancy related diabetes and complications. Government funding provided to the Jean Hailes Foundation (\$1.1 million) for the National Polycystic Ovarian Syndrome Alliance will support the development of evidence based guidelines for managing the syndrome and an education initiative targeting health professionals and women. Weight management and increased physical activity will be promoted as key elements of managing the condition.

The Commonwealth Government has invested \$21.9 million to 30 June 2011, for the Australian Early Development Index (AEDI) which was endorsed by COAG as a national progress measure of early childhood development. The AEDI provides a national snapshot of young children's health and development, as they enter their first year of full-time school (the year prior to Year one). The AEDI provides valuable information about early childhood development at the local population level. Together with other relevant data, this information will enable communities and governments to pinpoint the types of services, resources, infrastructure and supports young children and their families need to give children the best possible start in life.

7.2 Support the development and implementation of a National Breastfeeding Strategy in collaboration with the state and territory governments.

The Government supports this recommendation and has developed the Australian National Breastfeeding Strategy 2010–15 which was endorsed by the Australian Health Ministers' Conference in November 2009. The Strategy provides a framework for priorities and action for Governments at all levels to protect, promote, support and monitor breastfeeding throughout Australia. It recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding.

An Implementation Plan for the Strategy was endorsed by Australian Health Ministers on 22 April 2010. The Plan identifies ten action areas to be progressed by governments both independently and nationally under the Australian Health Ministers' Advisory Council, with ongoing leadership from the Commonwealth and input from key stakeholders. The ten action areas included in the Plan were identified based on the goals and objectives set out in the Strategy and focus on:

1. monitoring and surveillance;
2. health professionals' education and training;
3. dietary guidelines and growth charts;
4. breastfeeding friendly environments (including workplaces and child care settings);
5. support for breastfeeding in health care settings;
6. revisiting Australia's response to the World Health Organization's International Code of Marketing of Breast-milk Substitutes and related World Health Assembly resolutions;
7. exploring the evidence, quality assurance, cost-effectiveness and regulatory issues associated with the establishment and operation of milk banks;
8. breastfeeding support for priority groups;
9. continuity of care, referral pathways and support networks; and
10. education and awareness, including antenatal education.

Implementation of the Strategy will build on the Commonwealth Government's existing breastfeeding commitments, including \$2.5 million over five years to enable the Australian Breastfeeding Association to establish and maintain a toll-free 24 hour telephone helpline providing breastfeeding information and peer support for mothers and their families. This service is now available on 1800 MUM 2 MUM (1800 686 2 686). New dietary guidelines for pregnant and breastfeeding women are also being developed.

The Australian Government is committed to ensuring that women can breastfeed without discrimination, including in the workplace. The Government's proposed changes to federal anti-discrimination laws will build on existing prohibitions in the *Sex Discrimination Act 1984* and send a strong message that discrimination against women who breastfeed will no longer be tolerated. To create more awareness about parental leave rights and related discriminatory behaviours in the workplace, the Fair Work Ombudsman has committed to distributing 100,000 campaign brochures in 'Bounty Mother To Be Bags' – a bag of samples and pamphlets given to pregnant woman across Australia when they register with a hospital or doctor. A campaign poster will also be offered for display nationally in 2000 GP surgeries and clinics, and hospital waiting rooms. Both materials outline the harm pregnancy discrimination causes, and the assistance the Fair Work Ombudsman can provide for those who experience it.

The Commonwealth Government also partners with industry to ensure that breastfeeding remains a viable option for women. For example, the Marketing in Australia of Infant Formula (MAIF) Agreement provides a mechanism for the scrutiny of infant formula advertising to ensure it does not undermine breastfeeding. There are six signatories to the Agreement, capturing around 95 per cent of the overall infant formula available in Australia. The Advisory Panel on the Marketing in Australia of Infant Formula monitors compliance with, and advises the Commonwealth Government on, the MAIF Agreement. The Advisory Panel assesses complaints submitted by the public and determines whether a breach of the MAIF Agreement has occurred.

RECOMMENDED
KEY ACTION AREA 8

SUPPORT LOW INCOME COMMUNITIES TO IMPROVE
THEIR LEVELS OF PHYSICAL ACTIVITY AND HEALTHY
EATING

- 8.1 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in low income communities such as lack of access to affordable high quality fresh food.
- 8.2 Fund, implement and promote multi component community based programs in low SES communities.

The Commonwealth Government supports the recommendations for this action area and will achieve these outcomes through the National Partnership on Preventive Health, which includes provisions for the particular needs of socio-economically disadvantaged Australians.

The Healthy Communities Initiative aims to help reduce the prevalence of overweight and obesity in individuals that are predominantly not in the paid workforce and at risk of developing a chronic disease. The initiative will fund up to 90 Local Government Areas (LGAs) to deliver effective community-based physical activity and dietary education programs as well as develop a range of local policies to support healthy lifestyle behaviours.

The LGA Grants will support a Healthy Communities Co-ordinator within local government to oversee and coordinate the implementation of the Healthy Communities Initiative within the LGAs target population, and any combination of:

- subsidising the costs to individuals of participating in dietary education, physical activity or healthy lifestyle programs;
- running or purchasing community based healthy lifestyle programs; and/or
- purchasing or subsidising training for community members to run community based healthy lifestyle programs where this does not contradict professional or accreditation requirements of specific programs.

LGA grants will be awarded in three phases which commenced with a 'pilot phase' in April 2010. The 2nd phase will open for applications in the second half of 2010 with the third phase opening in 2011. Priority will be given to LGAs with higher rates of socio-economic disadvantage and rates of overweight and obesity above the national average of 61.4 per cent.

The 12 successful LGAs to be selected for the pilot phase were:

- City of Palmerston, Northern Territory;
- ACT Health;
- Cradle Coast Authority, Tasmania;
- City of Playford, South Australia;
- Shire of Derby/West Kimberley, Western Australia;
- City of Wanneroo, Western Australia;
- Hume City Council, Victoria;
- Central Goldfields Shire Council, Victoria (including the Pyrenees Shire);
- Fairfield City Council, New South Wales;
- Narrandera Shire Council, New South Wales;
- Whitsunday Regional Council, Queensland; and
- Maranoa Regional Council, Queensland.

Activities that LGAs will be implementing under the pilot phase include: a traffic light shelving system in food stores to assist Indigenous Australians to improve their understanding of healthy food choices; targeted strategies designed to reach vulnerable families associated with the prison system; trialing a GP – community – health professionals coordinated referral pathway system; and the inclusion of healthy lifestyle education components in job seeker and job readiness training.

HEALTHY COMMUNITIES INITIATIVE – LOCAL GOVERNMENT GRANTS CASE STUDY: CITY OF PLAYFORD, SOUTH AUSTRALIA

Target Population

People aged 18 years and over living within the Local Government Area of Playford who are facing multiple barriers to workforce and learning participation, particularly where this is exacerbated by poor health resulting from overweight and obesity.

Programs/Activities

Programs and activities being undertaken in the City of Playford include:

- *Food Co-operative and Mobile Food Co-Op* – utilising a locally developed training package these services will provide training in nutrition education, food handling, food safety and customer service;
- *Picking up the Ball* – will provide access to subsidised accredited training in sports administration, fitness training or program specific qualifications;
- *426 Parent Program* – will provide support to parents with a focus on sport and recreation, education and skills development;
- *Life Long Learning* – Marni Waiendi – seeks to re-engage significantly at-risk individuals within the Indigenous community and provide them with practical pathways to structured learning and ultimately employment opportunities; and
- *Life Long Learning* – this initiative builds on an existing program that transitions unemployed participants to workforce participation and will promote healthy living in training and work experience programs.

From 2010–11, the Commonwealth Government will support national sporting organisations (NSOs) to expand participation at a community level by providing NSOs with additional funding to grow participation at a community level. NSOs will be required to delivery increased participation outcomes through participation plans required under their funding agreements with the Australian Sports Commission, thereby opening more opportunities for Australians to be more active and healthier as part of their everyday life.

The Government is committed through the social inclusion agenda to targeting services to address the causes of disadvantage, including the social determinants of health. The Government aims to improve people's access to quality health care as well as encourage participation in healthy activities such as sport or participation at work. Many risk factors associated with chronic disease, such as smoking and obesity/overweight are disproportionately found in lower SES groups and low income communities.

The social inclusion agenda focuses on specific priority groups by:

- supporting children at greatest risk of long term disadvantage by providing health, education and family relationships services;
- helping jobless families with children by helping the unemployed into sustainable employment and their children into a good start in life;
- focusing on the locations of greatest disadvantage by tailoring place-based approaches in partnership with the community;
- assisting in the employment of people with disability or mental illness by creating employment opportunities and building community support;
- addressing the incidence of homelessness by providing more housing and support services; and
- Closing the gap for Indigenous Australians with respect to life expectancy, child mortality, access to early childhood education, educational achievement and employment outcomes.

The Commonwealth Government is implementing the social inclusion agenda through a number of innovative programs. The various programs target disadvantaged groups and communities in a way that is socially inclusive, participatory and sustainable. Through these targeted approaches the Government can improve the health outcomes of those most in need, influencing levels of physical activity and healthy eating.

In addition to the priority population groups, the Government is focusing its efforts on 20 social inclusion priority areas. These areas are highly vulnerable to the impacts of economic recession and the associated impacts on health, wellbeing and employment. These areas were determined through analysis of labour market indicators and include:

New South Wales

- Canterbury-Bankstown and South Western Sydney
- Illawarra
- Richmond-Tweed and Clarence Valley
- Mid-North Coast
- South West and Blue Mountains
- Central Coast-Hunter

Victoria

- South Eastern Melbourne
- North Western Melbourne
- Ballarat-Bendigo (Central Victoria)
- North Eastern Victoria

Tasmania

- North West/Northern Tasmania

Queensland

- Ipswich-Logan
- Southern Wide Bay-Burnett
- Bundaberg-Hervey Bay
- Cairns
- Caboolture-Sunshine Coast
- Townsville- Thuringowa

South Australia

- Northern and Western Adelaide
- Port Augusta- Whyalla- Port Pirie

Western Australia

- South West Perth

A good example of a Government program which is achieving both health and social outcomes is the Big Issue in Australia Community Street Soccer Program which uses physical activity, in the form of organised sport, as a catalyst for transforming lives by reconnecting people who are homeless with the community and providing them with a real sense of purpose and belonging. The Commonwealth Government has committed \$3 million over three years from 2007-08 to the Community Street Soccer Program, establishing 30 Community Street Soccer projects across Australia to improve the lives and opportunities of Australians experiencing disadvantage.

The aim of the Community Street Soccer program is to create social change and promote participation, inclusiveness, commitment, selflessness and team spirit through physical activity. The project is targeted towards assisting individuals experiencing disadvantage including homelessness, substance abuse issues, mental illness, disability, addiction, and social and economic hardship, including increased household income, greater ability to seek and benefit from services, increased confidence and resilience and greater community awareness of available programs and services.

8.3 Provide resources for brief interventions from the primary healthcare setting

Refer to Obesity Recommendation 6.1.

9.1 Fund, implement and promote multi-component community-based programs in Indigenous communities.

The Government is providing \$37.5 million over four years to fund the development of a national network of over 100 Healthy Lifestyle Workers in Indigenous communities around Australia as part of the \$1.6 billion COAG Closing the Gap in Indigenous Health National Partnership. The first 40 workers will be employed from July 2010 in 20 regions around Australia, in community-controlled health organisations where practicable, alongside the tobacco action workforce being established under the \$100 million Closing the Gap Tackling Smoking measure.

The healthy lifestyle workers will work with Indigenous communities to reduce chronic disease risk factors, particularly those relating to nutrition and physical activity, for individuals, families and communities. They will refer people who are at risk of developing a chronic disease to health services for help where necessary. People with established chronic disease will also be referred for help in managing their disease.

The Health Lifestyle Worker program will help link Indigenous communities to existing preventative health programs including the Healthy Communities and Outback Stores initiatives.

9.2 Strengthen antenatal, maternal and child health systems for Indigenous communities.

The Commonwealth Government agrees in principle with this recommendation, noting there may be difficulties in measuring the outcomes. The Commonwealth Government has demonstrated its support for strengthening antenatal, maternal and child health systems for Indigenous communities through commitments including:

- Commonwealth Investment of \$490 million over six years in the Indigenous Early Childhood Development (IECD) National Partnership to improve developmental outcomes for Indigenous children. This investment includes \$107 million over five years to focus on ensuring that teenagers have access to pre-pregnancy, reproductive and sexual health education and care, with an aim of ensuring that they make informed decisions about reproductive options. The National Partnership also includes a focus on improving access to antenatal care to ensure that women have healthy pregnancies and healthy babies.
- The Commonwealth Government's \$90.3 million commitment in the National Partnership over five years to increase access to child and maternal health services for Indigenous children and their families through the New Directions Mothers and Babies Services program. As of 30 April 2010, 57 services have been approved for funding under this program.

- In addition to the commitments made through COAG, the Commonwealth Government has invested \$21.2 million over five years through the New Directions: An Equal Start to Life for Indigenous Children Initiative, to tackle rheumatic fever and rheumatic heart disease and provide accommodation to mothers who leave their communities to have their babies.

The Government is contributing to improving Indigenous child and maternal health through other national programs including:

- \$120.5 million over four years for the Improving Maternity Services Budget package of measures to improve choice and access to maternity services for pregnant women and new mothers in Australia including Indigenous women; and
- \$54 million for the Australian Health Survey, which will collect data on the health of Australian people, including Indigenous children aged over two years. The results of the Survey will allow us to better understand the eating and physical activity patterns of Indigenous children as well as their nutrient status, and allow us to develop appropriate policies and programs.

9.3 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in Indigenous communities such as lack of access to affordable high-quality fresh food.

The Commonwealth Government agrees with these recommendations and is taking action in the following ways.

Government action is currently underway to improve systems for delivering food security in stores in remote Indigenous communities. It is important to ensure these systems function efficiently before considering food subsidies, which are expensive and difficult to monitor in terms of ensuring the benefits are effectively passed on to Indigenous Australians.

Stores in the Northern Territory must be licensed in order to participate in income management arrangements under the Northern Territory Emergency Response. As well as facilitating income management in stores, community store licensing works to improve the sustainability and build the capacity of stores to deliver food security. The licensing process assesses stores for their financial, retail, governance and nutrition practices. There are strong indications that store licensing, together with income management, is improving the quality and range of foods purchased by community residents, including consumption of more fruit and vegetables.

Building on this experience in the Northern Territory, COAG agreed to a National Strategy for Food Security in Remote Indigenous Communities on 7 December 2009. Two actions within the Strategy are the development of national standards for stores and takeaways in remote communities and a national quality improvement scheme to support these standards. Both of these actions are focussed on improving systems

within stores to ensure food security. The Strategy will be piloted in approximately 10 remote communities across Australia.

The Strategy also calls for the development of a National Healthy Eating Action Plan (NHEAP) for remote Indigenous communities. The NHEAP aims to build community capacity to promote healthy eating and will include consideration of factors that influence purchasing and consumption decisions, including price, and identify mechanisms to increase consumption of healthy foods.

In addition, the Commonwealth Government has funded Outback Stores (OBS) to provide improved management of remote stores through economies of scale, bulk purchasing and streamlined management systems. The OBS constitution includes an objective for the Company 'to improve access to affordable, healthy food for Indigenous communities, particularly in remote areas, through providing food supply and store management and support services'.

The Commonwealth Government is also currently implementing the Indigenous Sport and Recreation Program (ISRP). The ISRP provides funding to community groups, organisations and the Australian Sports Commission for programs and services across Australia. These programs increase the active participation in sport and recreational activities of Indigenous Australians of all ages and encourage community ownership and management of sport and physical recreation activities. Community ownership and management were recognised in the Taskforce's report as a key component of successful Indigenous health promotion programs.

The Government is making available \$13 million in 2010–11 under the ISRP. Funded projects focus on activities that require physical exertion that may promote the health, well-being and fitness of participants, and typically involve sport and recreation activities such as camps, carnivals, small grants programs, venue or ground hire, and equipment purchase.

RECOMMENDED
KEY ACTION AREA 10

BUILD THE EVIDENCE BASE, MONITOR AND EVALUATE
EFFECTIVENESS OF ACTION

10.1 NPA to develop a national research agenda for overweight and obesity, with a strong focus on public health, population and interventional research.

The Commonwealth Government is committed to enhancing national surveillance and monitoring systems and to ensuring that the evaluations are undertaken to determine the most efficacious interventions are identified and expanded.

As noted above, the Australian National Preventive Health Agency will be tasked with developing a national preventative health research agenda with the NHMRC, which will incorporate information on obesity. The Agency has been allocated a preventative health research fund (worth \$13.1 million) to be used on translational research activities.

Some of these research funds will be used for the evaluation of the National Partnership Agreement on Preventive Health, ensuring that information on what works and what does not is disseminated nationally.

The Commonwealth Government already funds activities that build the evidence for action on overweight and obesity. The Department of Health and Ageing, in partnership with the NHMRC, is undertaking a review of national nutrition recommendations including the Core Food Groups, Australian Dietary Guidelines and the Australian Guide to Healthy Eating publications. These publications are the foundation policy documents supporting all Commonwealth Government nutrition and population level healthy eating advice and provide the basis for nutrition interventions for the prevention of a range of chronic diseases, including type 2 diabetes. The Dietary Guidelines review work program will provide Australians with up-to-date advice on healthy eating to improve the health and wellbeing of the community. The *Dietary Guidelines* work program involves the revision of the:

- *Core Food Groups* (1994);
- *Australian Guide to Healthy Eating* (1998);
- *Dietary Guidelines for Older Australians* (1999);
- *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers* (2003);
- *Dietary Guidelines for Australian Adults* (2003); and
- the development of dietary guidelines for pregnant and breastfeeding women.

A committee of Australian health and nutrition experts has been established to guide the revision project, which is expected to be completed by mid 2011. Complementary publications for population groups will be developed to communicate key nutrition messages to improve consumer understanding of healthy food choices.

As part of the Dietary Guidelines review, the Commonwealth Government has also committed \$1.8 million over three years from 2010–11 to undertake a rolling review of the *Nutrient Reference Values for Australia and New Zealand* (NRVs).

The NRVs are designed to assist nutrition and health professionals assess the dietary requirements of individuals and groups. They may also be used by public health nutritionists, food legislators and the food industry for dietary modelling and/or food labelling and food formulation. The Government's rolling review will allow efficient and necessary updates of this key document to occur on an as-needs basis and ensure the currency of the evidence.

10.2 Expand the National Health Risk Survey Program to cover adults and the Indigenous population.

The Australian Health Survey, which has superseded the National Health Risk Survey, was outlined in the Critical Infrastructure section. The Survey will cover Australians aged two years and over, including a representative sample of Indigenous Australians.

The Australian Health Survey will be complemented by the new National Longitudinal Study on Male Health, for which funding of \$6.9 million over four years from 2009–10 was announced on 6 May 2010. Currently there are no longitudinal studies of male health which can provide evidence of the impact of social determinants of men's health, attitudes and behaviours in line with the National Male Health Policy directions. The Longitudinal Study will consider a range of determinants of male health, including social, economic and behavioural.

10.3 Ensure that the National Children's Nutrition and physical activity survey is repeated on a regular basis to allow for the ongoing collection of national data on children.

As the Australian Health Survey will gather nutrition and physical activity information from children, there is no longer a need to repeat the National Children's Nutrition and Physical Activity Survey.

10.4 Ongoing research on effective strategies to address social determinants of obesity in Indigenous communities.

The Commonwealth Government supports this recommendation and has already taken steps to implement it. The Department of Health and Ageing has been a partner organisation with the Cooperative Research Centre for Aboriginal Health (CRCAH). The social determinants of health were a major program area of the CRCAH and resulted in publications which provided an evidence-base for the link between income, education, employment and other social factors with chronic disease health outcomes and risk factors such as obesity.

The CRCAH is continuing nutrition/obesity research under the 'Healthy Start, Healthy Life' program of its successor, the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), until 2014. As a partner with the CRCATSIH, the Department of Health and Ageing will work with the CRCATSIH to continue research on strategies to address the social determinants of obesity under the 'Health Start, Healthy Life' program.