



MEASURING OUR SUCCESS

Progress Report on:

- The Social Development Committee's
 - ***Inquiry into Obesity*** – Reported to Parliament May 2004
 - ***Fast Food and Obesity Inquiry*** – Reported to Parliament March 2007; and
- ***Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010***

Prepared by SA Health in collaboration with
the across-Government Healthy Weight
Taskforce

March 2009



Acknowledgements

SA Health gratefully acknowledges the work of *ActNow BC*, the healthy living program in British Columbia, Canada and their 2006 *Measuring our Success* report.

Foreword

On behalf of the South Australian Government I am pleased to present this report *Measuring Our Success*, to Parliament, to illustrate our efforts to support all South Australians to have a healthy weight.

Measuring Our Success illustrates the considerable effort underway in South Australia to support healthy eating, physical activity, healthy weight and to prevent obesity. The report has a focus on the work of the South Australian Government, but I recognise the huge amount of work being undertaken by the non-Government sector, by Local and Federal Governments, by private companies and in communities. Importantly too, many individuals are adopting healthier lifestyles to benefit themselves and their families.

The challenges are complex as the problem is multi-factorial. Ultimately individuals have the responsibility to maintain a healthy weight, but it is the responsibility of Government and the wider society to help people to make healthier choices and live, work and play in healthier environments.

Recent years have seen an increase in investment and stronger leadership with some good signs of success. Rates of childhood obesity appear to have stabilised though they are still too high. In the 1960s, around five per cent of children were overweight or obese and the figure is now around 24 per cent. Physical activity rates in adults have increased, the percentage of adults undertaking sufficient activity levels increasing from 53.9 per cent in 2004 to 58.1 per cent in 2007.

Adult rates of obesity continue to rise and are particularly high in those who are most disadvantaged. We believe our current and planned programs, policies and services will ensure this turns around in the near future.

Our challenge is to harness the efforts of the many partners to ensure we have a strategic and multi-sectoral approach to identify and change the main drivers of obesity. This is not easy and we know we need to develop new and improved coalitions. The OPAL initiative (Obesity Prevention and Lifestyle), based on the successful French EPODE strategy, will be an exemplar in bringing together Local, State and Federal Governments, communities, schools, workplaces, business and community organisations to support children and families to be healthier.

We will be looking further at building our research and evaluation to inform future strategies and identify the best strategies. This is a new but, rapidly expanding field and there is much to learn from those overseas and interstate as well as locally.

The Health system must be a leader and I have recently supported the new Healthy Food and Drinks Choices for Staff and Visitors in South Australian Health facilities. There is an opportunity to expand this to many other agencies.

I look forward to encouraging and supporting all South Australians to eat well and be active and achieve a healthy weight in the future.

MINISTER FOR HEALTH

March 2009

Executive Summary

Introduction

Throughout the world, rates of overweight and obesity are rising with few, if any, countries experiencing success in reversing this trend. There is widespread recognition of the significant impact of obesity on the health and well being of the population and the associated implications for the health system, as well as the broader social and economic impacts for individuals and the community.

Although South Australians experience very good health the significant rates of chronic disease and the negative impact on productivity as well as the increasing disparities in health outcomes, challenge us to implement significant reform. Poor diet, inadequate levels of physical activity and excess weight both in children and adults, are major contributors to this problem. The cost of obesity alone has been estimated at around \$58.2 billion for Australia, or around \$4.4 billion including burden of disease for South Australia per annum.¹

Nationally the need to increase our efforts in prevention has been recognised in the Health and Hospitals Reform Commission report released in February 2009² and the preliminary reports of the Preventative Health Taskforce³. At the State level Thinker in Residence Professor Ilona Kickbusch has prioritised the need to develop concerted policy and action on healthy weight and well being for children using a Health in All Policies approach. She recommends South Australia work to ensure the next generation is Generation HISA ie a healthy generation.

Strategic Framework

The South Australian Government has continued to acknowledge the importance of healthy lifestyles through the *South Australia's Strategic Plan 2007* (SASP). This Plan sets comprehensive targets for improvement, across the whole of the South Australia community.

Target 2.2 Healthy Weight aims to increase the proportion of South Australians 18 years and over with healthy weight by 10 percentage points by 2014 (from baseline of 42 per cent in 2003). A supplementary measure relates to four year olds recognising the importance of the early years of life to establish healthy growth and development and healthy patterns of behaviour as the foundations for the future. Target 2.2 is closely aligned with a number of other targets, particularly Target 2.3 Physical activity and recreation.

The *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* provides the overarching framework for action and reinforces our whole of Government mandate that promotes action across multiple, targeted settings and sectors, including but not limited to education, transport, urban planning, primary industries, Local Government and community services.

The across-Government Healthy Weight Task Force ensures inter-agency collaboration and provides advice and leadership on the development of

¹ *The Growing Cost of Obesity in 2008: Three Years On*. Reported by Access Economics Pty Ltd to Diabetes Australia, August 2008.

² National Health and Hospitals Reform Commission *A Healthier Future for All Australians* Interim report December 2008, Commonwealth of Australia 2009

³ National Preventative Health Taskforce *Australia: the healthiest country by 2020* A discussion paper Commonwealth of Australia 2009

significant new initiatives such as programs, policy and capacity building with the fruit and vegetable industry, urban planning for health, policy change in school canteens and work with the sport and recreation sector. The governance model is further enhanced by a Coordinating Group which plays a leadership role across SA Health and complemented by the Physical Activity Council and the Ministerial Physical Activity Forum led by the Office for Recreation and Sport.

Social Development Committee Inquiries

It is in this context that the prevention of obesity has become a high priority for the South Australian Parliament. The Social Development Committee (SDC) has undertaken two reviews the first of which - the *Inquiry into Obesity* (reported to Parliament in 2004) - focused on:

- recent trends in the occurrence of obesity within South Australia
- the accessibility of education strategies to minimise the occurrence and harm of obesity
- appropriate minimum standards for physical activity in South Australian schools
- the health implications of obesity for individuals and the long-term cost to the South Australian economy
- any other related matter.

In June 2006, the Social Development Committee commenced a further review; to investigate and report upon the link between obesity and fast foods, in particular:

- trends in fast food & beverage consumption in South Australia;
- the impact of fast foods on obesity and the health of South Australians;
- the marketing of fast foods and its impact on particular groups, especially children
- the measures, including regulatory, which can be taken to reduce any negative impact from fast foods at the Government, community, corporate and family levels.

The *Fast Foods and Obesity Inquiry* was tabled in Parliament in 2007. The Government's response advised reports against the consolidated recommendations from both Inquiries and the implementation of the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* would be made to Parliament in March 2009 and March 2011 ([as per Recommendation 1 & 2, 2007](#)).

This document entitled *Measuring Our Success* provides an overview of our Government's achievements to date. Please note when reading this report, the recommendations noted in brackets, are the reference points to the two Social Development Committee inquiries; noting the recommendation number and year of the report. The black tabs on the left hand side represent the settings and target groups from the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010*.

Funding

The 2007 SDC Report recommended appropriate funding be allocated to the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* ([as per Recommendation 1, 2007](#)). This has occurred through the SA Health *Out of Hospital Services Strategy* that seeks to reduce the growth in demand for hospitals through a range of strategies, including primary prevention that aim to increase the overall health and wellbeing across the population. The promotion of healthy eating and physical activity is a key component of the primary prevention

component of the Out of Hospital Services Strategy, with \$3.5 million allocated in 2007-08, increasing to \$5.68 million in 2008-09 and is projected to increase again in 2009-10. In addition to the above amounts, SA Health allocates \$1.5 million per year to initiatives which promote healthy eating and physical activity and the Australian Better Health Initiative (ABHI) funding further supports action. The ABHI Schools and Community Program has allocated approximately \$5.45 million over 2006-2010 for initiatives consistent with the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010*.

In addition, a number of other State and Local Government initiatives significantly impact on nutritional status and levels of physical activity. Examples include the Department of Education and Children's Services *Right Bite Strategy* and *Premier's be active Challenge*; the whole of Government *Physical Activity Strategy for South Australia 2004-2008*; Department of Primary Industries and Resources of South Australia (PIRSA) SA Food Centre; Department of Transport, Energy and Infrastructure's 'Safety in Numbers' Cycling Strategy; Department of Environment and Heritage commitment to Healthy Parks, Healthy People; and Local Government investment in parks, sporting facilities and footpaths. Many of these initiatives provide a "win" for both the healthy weight and other SASP targets.

Whilst not quantified, there is significant investment by other stakeholders who support activities that promote healthy eating and physical activity (for example, volunteer effort in community gardens, sporting groups and heritage walks).

Australian Government funding continues to enhance existing State efforts. In addition to specific State funding, it also provides economies of scale – particularly for small States - to initiatives with high start up costs (for example, *Measure Up Social Marketing Strategy*).

The recently agreed Council of Australian Governments National Partnership Agreement on Preventive Health prioritises healthy eating, physical activity and healthy weight as well as reducing smoking and alcohol-related harm. Significant funding flows to South Australia over the next six years for these health priorities.

Areas of Focus

Since the SDC Inquiries, considerable work has been completed to identify:

- further evidence to inform best practice;
- the program logic that links individual initiatives to population level behavioural and health outcomes; strategic alignment of funding priorities, key indicators (*as per Recommendation 1, 2007*) in the SA Health *Eat Well Be Active* Priorities document⁴
- opportunities to encourage complementary initiatives across regions and Government.

Measuring Our Success provides information on action against the consolidated recommendations from the 2004 and 2007 SDC reports and the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010 (as per Recommendation 1, 2007)*. In order to align the recommendations to current priorities, progress has been reported against four key action areas:

Section one: Community Education: the provision of information and education to assist the community to make healthy lifestyle choices in the

⁴ <http://www.dh.sa.gov.au/pehs/branches/health-promotion/0901-Healthy-Weight-Strategy-Priorities.pdf>

context of their everyday lives. By building health literacy people will be better able to take control of their health, seek out health information, take responsibility and participate effectively in all aspects of their life.

*Section two: **School and Community Programs and Services:*** to build skills and create health promoting environments, opportunities need to be available throughout the community, in schools, pre-schools, neighbourhoods and workplaces, for different ages and cultures and for individuals and groups, particularly those who are most marginalised.

The **Obesity Prevention and Lifestyle initiative (OPAL)** enables us to bring together many of the initiatives outlined in this report. Building on our pilot work at Morphett Vale and Murray Bridge, this exciting \$22.3 million initiative will ensure that South Australia is a world leader in developing programs to combat obesity.

*Section three: **Policy and Legislation:*** this is a critical part of the solution and involves all sectors, all levels of Government as well as organisational policies. It ensures policy and legislation support people to be active, eat well and maintain healthy weight; making the healthy choice the easy choice. Professor Kickbusch, Thinker in Residence, has fostered the Health in All Policies approach in South Australia ensuring healthy weight is considered as an integral part of this work.

*Section four: **Workforce Development, Monitoring, Research and Evaluation:*** ensures those working in health and other sectors have the knowledge and skills to support populations to adopt healthy lifestyles. Policies and programs are informed by a strong research base and good evaluation and there is ongoing collection and monitoring of data which assists in assessing progress and informs future planning.

Each of the four sections in this report includes progress mapped to specific recommendations of the inquiries, some relevant process and impact data as well as next steps. Appendix A provides an 'at a glance' summary against SDC recommendations. Appendix B contains the key outcome data from which we have measured our success in changing behaviours; which are the cumulative effect of a range of strategies.

Section 1: Community Education

Examples of Progress

Target:
Whole of
Population

1.1 GO FOR 2&5® CAMPAIGN (*Recommendation: 4, 2004*)

- The Go for 2&5® campaign aims to increase the consumption of fruit and vegetables. Building on an initial national Australian Government Go for 2&5® television (TV) campaign in 2005 and a follow-up burst of TV advertising in 2006, SA Health conducted the first phase of a new tailored campaign in 2008. The primary target audience is the main shopper and meal preparer aged 25-54, in families with children under 12.
- Campaign evaluation data collected through market research indicated that in July 2008, 84.5 per cent of South Australian adults had seen or heard the health message “Go for 2 fruit and 5 veg” compared with 27.8 per cent in March 2005. While there is a high level of recognition of the message to eat more fruit and vegetables, challenges remain in turning people’s knowledge and intentions into action.
- Average South Australia adult consumption levels in 2007 of fruit and particularly vegetables are too low (fruit intake is 1.6 serves per day compared with recommended two or more serves; vegetable intake is 2.6 serves per day compared with recommended five or more serves).
- Around 37 per cent of adults reported eating less than the recommended 2 or more serves of fruit per day, with 31 per cent saying they intend to increase their intake. For vegetables however, 81 per cent do not eat the recommended five or more serves per day while only 22 per cent say they intend to increase their intake.
- Western Australia has been able to secure an increase of 0.8 in the mean number of servings of fruit and vegetables per day over three years 2002 – 2005, demonstrating that with significant sustained investment, we can achieve increased consumption.
- Industry co-investment through licensing of the Go for 2&5® promotional material has helped to extend the reach and impact of the campaign.

1.2 *be active* CAMPAIGN (*Recommendation: 4, 2004*)

- Led by the Office for Recreation and Sport and supported by SA Health – ***be active*** encourages individuals to use every opportunity to increase their level of physical activity. The target groups for the campaign are children and their parents, as well as inactive adults. The Government are currently expending \$800,000 on campaigns and promotions to raise awareness of the benefits of being active.
- Based upon campaign evaluation data collected through the Health monitor survey (SA Health survey vehicle), prompted awareness of the ***be active*** brand increased by 6.5 per cent from 53.2 per cent in April 2007 (pre-campaign) to 59.7 per cent in April 2008 (post-campaign extension).
- ***be active*** website hits and visits increased by over 56 per cent after April 2008 with 97,685 hits and 4,946 visits compared to previous year (April 2007).
- Beyond the media campaign the ***be active*** message is also promoted to a range of specific population groups less likely to achieve sufficient physical activity, including women, middle aged men, those with low income and education levels, culturally and linguistically diverse groups, Aboriginal and Torres Strait Islander and people with disabilities.
- Through the Power Community Program more than 49,000 young people have participated in a healthy lifestyle program delivered by sporting role

models. Role models are also an integral aspect of the Premier's **be active** Challenge.

- In addition to the campaign bursts, numerous ongoing **be active** communication initiatives are implemented to raise awareness of the importance of regular activity, the National Guidelines and opportunities for participation. These efforts impact on a variety of populations, sectors and settings. Examples include distribution of seasonal newsletters, management of the **be active** website, presentations at conferences/workshops, distribution of tailored resources and merchandise and brand placement and association at iconic events.

1.3 BREASTFEEDING CAMPAIGN (*Recommendation: 37, 2004*)

Maternal &
Child
Health

- Breastfeeding is the normal and best way to feed babies. It is a major determinant of infant health and protects both babies and women from chronic disease and overweight and obesity later in life. Many women are choosing for a variety of reasons to stop breastfeeding much earlier than is recommended so the campaign encourages breastfeeding for longer.
- A total of \$915,000 from 2006-2009 has been committed to raising awareness of the benefits of breastfeeding through a range of initiatives, including promotion in the community.
- Based upon campaign evaluation data collected through market research, recall of the campaign message *Every Month is a Bonus* increased post-campaign to 60 per cent in the general population; to 81 per cent in new mothers; and 70 per cent in women in their first pregnancy. Whilst we have been able to increase people's knowledge, challenges remain turning intention into sustained action. South Australian Monitoring and Surveillance System (SAMSS) data indicate high levels of initiation at approximately 80 per cent; rates dropping to 60 per cent in the first four weeks and to approximately 50 per cent by 6/12 months.
- Phone calls to the Children Youth and Women's Health Service Parent Helpline on breastfeeding issues increased by 22 per cent (from 1194 calls in May 2008 to 1461 calls in June 2008) following TV commercials.

1.4 MEASURE UP CAMPAIGN (*Recommendation: 4, 2004*)

Target:
Adults

- The ABHI *Measure Up* social marketing campaign is a joint initiative of the Australian Government and State and Territory Governments.
- The campaign commenced in October 2008 and targets 25-50 year olds with children. It has a secondary target audience of 45-65 years.
- The campaign comprises TV, radio, outdoor, press and magazines, internet, shopping centre and shopping trolley advertising.
- The Indigenous component of the campaign - Tomorrow People - draws on the experiences of four role models to encourage healthy eating and healthy living practices. These are celebrity chef Mark Olive, who demonstrates healthy eating as the key to a healthy life; public health expert Mick Adams, who provides details on health issues such as diabetes and what people can do to reduce their risk; Olympic silver medallist basketballer Rohanee Cox, who focuses on physical activity as a way to achieve good health and the Biggest Loser contestant Pati Singe, who offers advice about motivation and inspiration.
- A multilingual resources pack has been developed and distributed to multicultural organisations. Print and radio advertisements have been translated into 19 different languages.
- In South Australia, over 1,000 stakeholder kits have been distributed and community education material has been provided to organisations promoting the campaign and linking it to their key areas of work.

1.5 HEALTH LITERACY (*Recommendations: 4, 7, 11, 20, 22, 2007*)

- The *Health Literacy* initiative aims to foster better rates of health literacy, develop health competencies for the 21st century and create literacy-friendly environments.
- The social marketing and community based campaigns above aim to contribute to health literacy.
- The SA Health Literacy Alliance established in 2007, during the Professor Ilona Kickbusch Thinker in Residency continues to work with key stakeholders to develop health literacy across communities. SA Health is integrating health literacy into health services such as GP Plus and the Health Call Centre.
- Health Literacy is a priority of the SA Health Equity Action Plan, which has identified multiple actions to achieve equity in health outcomes in five of the SASP targets, for which SA Health has the lead.

1.6 IN ADDITION (*Recommendation: 5, 2004*).

- The SA Health has developed databases of key organisations that are interested in the issues of healthy eating, physical activity and healthy weight, and/or who can disseminate information to their constituents. These databases have been used to disseminate campaign education materials (for example, more than 5,000 Go for 2&5® information packs); consultation documents (for example, Unhealthy Food Advertising on Television); promote events (for example, seminar to launch the South Australian findings of the 2007 National Children's Nutrition and Physical Activity survey). Information is also distributed electronically through the periodic Health Promotion Branch E Bulletin; professional associations including the Australian Health Promotion Association and Public Health Association of Australia and the South Australian Nutrition Network.

1.7 Next Steps

- Commencing in July 2009, the second phase of the Go for 2&5® campaign will explain what constitutes a serve of fruit and a serve of vegetables and how more fruit and vegetables can be incorporated into daily meals (*Recommendation: 4, 2004*).
- SA Health will continue to liaise with key stakeholders regarding the most appropriate mechanisms to improve nutrition and physical activity in Aboriginal communities (urban, rural and remote) (*Recommendation: 4, 2004*).
- **be active** campaign directions are informed by ongoing survey, research and monitoring data. The next phase of the campaign - commencing in March 09 - will include a focus on encouraging men to increase physical activity levels (*Recommendation: 4, 2004*). Men are more overweight than women.
- During 2009-10, SA Health will strengthen its understanding of needs in relation to promoting healthy eating and physical activity in vulnerable groups:
 - older South Australians
 - individuals and families in regular contact with health and welfare agencies
 - Aboriginal and Torres Strait Islander communities.Mapping evidence of best practice, service utility and access will inform directions for future planning (*Recommendations: 4, 7, 2004*).
- SA Health will develop and implement a social marketing campaign to increase healthy eating and physical activity in children under the age of five by:

- Raising awareness about the importance of the early childhood years in establishing foundations for positive health and learning throughout life.
 - Promoting positive parenting behaviours matched to developmental milestones that support healthy eating and active play (*Recommendation: 37, 2004; Recommendation: 19, 2007*).
- SA Health is currently developing a range of communication tools, including a newsletter style document, capturing key achievements of the Government in relation to the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* (*Recommendation: 4, 2004*).
- Additional social marketing opportunities will evolve from OPAL and other initiatives and programs.
- Social marketing directions will be informed by the National Preventative Health Taskforce recommendations. Serving size, energy balance and incidental physical are all potential directions.

Section 2: School and Community Programs

Examples of Progress

Neighbour-
hoods &
Communities

2.1 OPAL (Obesity Prevention and Lifestyle) (*Recommendations: 1, 4, 49, 2004; Recommendations: 7, 21, 22, 2007*)

- Commencing in 2009, South Australia is the first State in Australia to introduce the successful French approach to reducing childhood obesity. Named OPAL, this is a whole of community strategy that promotes healthy eating and physical activity through collaborative action between Local Government, schools, health services, businesses and community organisations. It has a strong social marketing component.
- Research in the towns that informed the Epode initiative suggests that, over a long period of time, interventions targeting a variety of population groups can have synergistic effects on overweight prevalence in children. The program was more effective once it involved not just the schools but the whole community.
- Negotiations have commenced with an initial six sites with plans to progressively increase to approximately 20 sites by 2011-12.
- The selection of initial OPAL sites has considered socioeconomic factors, as well as, opportunities to engage Aboriginal communities.
- OPAL is the most significant health promotion initiative for many years in South Australia based on a strong partnership with Local and Australian Governments and the community.
- The South Australian Government, in partnership with the Australian Government (through the Council of Australian Government National Partnership Agreement on Preventive Health), is investing \$22.3 million over five years.

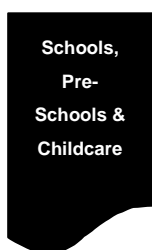
2.2 eat well be active– COMMUNITY PROGRAMS (*Recommendations: 1, 4, 2004; Recommendations: 22, 27, 30, 2007*)

- The *eat well be active* Community Programs in Morphett Vale and Murray Bridge takes a “whole of community” approach to promote healthy eating and physical activity. Both locations include low socioeconomic communities; with the Murray Bridge site involving a significant Aboriginal population.
- The lessons learnt from this initiative will inform the roll out of OPAL.
- Launched in 2006, this initiative is underpinned by a strong research design. The *eat well be active* Community Programs base line data of 1637 students represents the largest collection of levels of overweight and obesity in 10 – 12 year olds since 1995. Complementary measures were also collected in relation to attitudes, knowledge, skill and behaviours of those people participating in this program, together with the impact on the local environment (home and community). This data is considered in relation to the comparison communities.
- \$2.5 million has been allocated to this initiative over five years.
- Almost 100 per cent of early childhood settings, primary and high schools have been engaged, with significant partnerships developed with other relevant community, Government and non-Government agencies across sectors; and 77 per cent of pre-schools and primary schools have initiated a healthy eating policy.
- Since its inception, 53 water facilities in 21 early childhood settings and schools were installed or upgraded.
- 50 primary school students and 66 high school students trained as *eat well be active* peer leaders.

- The first physical activity policy for family day care in South Australia has been developed implemented and supported with training attended by 66 care providers.
- Over 120 workforce development sessions have been delivered for early childhood, education, youth and welfare workers.

2.3 COMMUNITY BENEFIT SA FUNDED PROJECTS (*Recommendation: 9, 2004; Recommendations 20, 2007*)

- In 2007-08, Community Benefit SA funded \$376,250 worth of projects that had a physical activity or nutrition outcome. Projects were funded across South Australia, benefiting a range of groups and demographics.
- Examples of funded projects include recreational equipment, materials to establish outdoor activity areas, recreational and educational camps, gardening projects, dance and cultural workshops, and healthy eating and exercise programs.



2.4 START RIGHT EAT RIGHT (*Recommendation: 35, 2004; Recommendations 20, 22, 27, 2007*)

- Start Right Eat Right is a nutrition award scheme to increase the capacity of Long Day Care centres to provide safe, healthy food choices to children through menus consistent with dietary guidelines; training in nutrition and hygiene; as well as supportive eating environments.
- Following an initial pilot in 2001, Southern Adelaide Health Service has played a leading role in expanding this initiative across the State. As at February 2009, 205 centres have been trained representing 74.5 per cent of eligible centres in South Australia. Of this, 146 of the trained centres have achieved accreditation

2.5 PREMIER'S *be active* CHALLENGE (*Recommendation: 29, 2007*)

- The Premier's *be active* Challenge encourages all Reception to Year 9 students to do 60 minutes of physical activity daily. After completing four weeks of the Challenge, students receive a medal.
- The Challenge caters for students of all abilities including those with disabilities.
- The Premier's *be active* Challenge ambassador programs with 18 high profile South Australian sports people is a successful tool for encouraging students to be active.
- \$1.56 million has been committed to the Premier's *be active* Challenge (2006-2010); to date 256 schools and 24 244 students have been involved.

2.6 eat well *be active* – PRIMARY SCHOOLS (*Recommendation: 22, 2004 Recommendations: 21, 22, 27, 28, 29, 30, 2007*)

- Funded by SA Health and co-managed with Department of Education and Children's Services (DECS) three private providers have been contracted to work with up to 200 primary schools to:
 - increase physical activity levels; decrease sedentary leisure time behaviours
 - increase fruit, vegetable and water consumption; decrease energy-dense nutrient-poor food and drink consumption
 - ensure a sustainable approach will be achieved through a focus on curriculum materials; professional learning activities and resources.
- An expression of interest process has identified the first tranche of DECS schools across metropolitan and country locations.

- Negotiations have commenced to engage Independent and Catholic schools.
- Providers have begun to contact school communities in order to align the program to individual site learning plans.

2.7 CRUNCH & SIP (*Recommendations: 22, 20, 27, 2007*)

- Crunch & Sip® is a school based programme to promote a fruit, vegetable and water breaks in primary schools.
- The South Australian Dental Service has been funded to run the program across the State commencing working with schools in Term 1, 2009.

2.8 ACTIVE TRANSPORT IN SCHOOLS (*Recommendation: 12, 2004*)

- Led by Department of Transport, Energy and Infrastructure (DTEI) and supported by SA Health, this initiative aims to support schools to implement active transport programs. Project activities include a review of international and national best practice approaches, the expansion of *walking school bus* and *cycling train* programs in targeted communities and the development of resources to support parents and schools initiate programs in their communities.

2.9 SCHOOL SPORT (*Recommendation: 25, 2004*)

- DECS supports a strong statewide school sport program at both primary and secondary school level under the auspices of South Australian Primary Schools Amateur Sports Association and Secondary School Sport South Australia. Interschool, State and national programs are offered to provide a wide range of access points appropriate to the age and development of students.
- Both Government and non-Government schools can access both the swimming and aquatics and school sport program offered by DECS. Non-Government schools access the swimming and aquatics program on a user pays basis only.

2.10 be active@WORK (*Recommendations: 8, 43, 2004*)



- **be active@work** demonstrates a coordinated cross sector approach to the planning, delivery and review of initiatives that impact on physical activity in the workplace.
- Since commencement in 2006:
 - A pilot project involving 15 workplaces was conducted and evaluated, then used as a platform for the development of a more comprehensive approach.
 - A statewide advocacy and marketing plan is underway to enhance the capacity of workplaces.
 - Peak agencies have been engaged through the establishment of a reference group.
 - A range of resources have been developed and distributed to workplaces, including fact sheets, posters, display stands and merchandise.
 - A tender process for the development of a tailored, interactive on-line system for workplaces has commenced, with a pilot site being created and evaluated between March and July 2009.
- In addition, many Government agencies have their own corporate fitness and wellbeing programs. For example, pedometer programs to encourage physical activity have been run a number of Government departments and there is widespread support for staff to participate in the Corporate Cup.

2.11 be active PLAYTIME (*Recommendation: 28, 2007*)

- Led by the Office for Recreation and Sport with SA Health funding support the program aims to build skills of parents and carers to facilitate active play in early childhood.
- Targeting disadvantaged communities, the program supports parents and carers to foster active play and fundamental movement skills in their homes.
- Since its inception in 2008:
 - 16 community organisations have been contracted to deliver sessions
 - 158 individual sessions have been conducted with 46 parent and carer groups
 - These sessions have attracted 583 parents and carers.

2.12 PARENTING EATING AND ACTIVITY FOR CHILD HEALTH (PEACH)

(*Recommendation: 24, 2004; Recommendation: 22, 2007*)

- Building on initial research conducted by Flinders University, this targeted weight management program for overweight 5 – 9 year olds takes a family approach to achieving healthy lifestyles.
- Using a ‘train the trainer’ approach PEACH will be implemented in every health region in 2009, with training, support and evaluation provided by Flinders University nutrition and dietetics discipline.

2.13 BREASTFEEDING (*Recommendation: 36, 2004*)

- The Australian Breastfeeding Association (ABA) – South Australian Branch is supported through SA Health to provide resources, advice and equipment that assist women to continue to breastfeed through the 24hour phone service, resource and equipment library, group programs. The service is utilized by South Australian health professionals, ABA volunteers and community members. With the implementation of the national breastfeeding assistance programs the ABA South Australian Branch has amalgamated with other jurisdictions and provides volunteers staff for the new national 24-hour phone line. The ABA – South Australia Branch support the *Breastfeeding Welcome Here* community program in South Australia, currently 550 sites are members.
- In 2009 the Centre for Health Promotion employed a 1.0 FTE Project Officer, Breastfeeding Support – Aboriginal Families, to review the strategies of the South Australian Breastfeeding programs to identify how to ensure that they are culturally appropriate, engaging of the Aboriginal community and meeting their needs.
- During 2008 the Port Adelaide Primary Health Service undertook a needs assessment of the breastfeeding support that young Aboriginal women would find helpful and subsequently implemented an Aboriginal Breastfeeding Peer support project in 2009.

2.14 YOUTH LIFESTYLE AND RISK FACTOR PROJECT COORDINATOR

(*Recommendation: 42, 2004; Recommendation: 22, 2007*)

- Commencing in 2009 SA Health funds a region wide early intervention chronic disease prevention (CDP) project that is developmentally appropriate for young people.
- The Project links to statewide CDP programs targeting young people with high risk factors and who may not traditionally access health services. It supports and trains youth services to address chronic disease risk factors.

Target:
Aboriginal &
Torres
Straight
Islander

2.15 COMMUNITY FOOD SECURITY PROJECT (*Recommendations: 20, 22, 2007*)

- Red Cross SA is contracted to conduct a well-evaluated trial in two communities (one metropolitan and the other remote), to engage families of students participating in school breakfast programs to develop their food knowledge, confidence and skills (food literacy). The project targets primarily Aboriginal children and their families through the delivery of a school breakfast program and a family education program on health and nutrition, including budgeting.
- This project involves Kurna Plains and Coober Pedy schools and related parent communities.
- The South Australian Community Health Research Unit has been contracted to evaluate this initiative.
- Overall, a total 650 schools in South Australia received a grant.
- The grant funding in South Australia came to a total of \$1,068,600 (GST inclusive) and \$975,000 (GST exclusive).

2.16 BREAKFAST PROGRAM RESEARCH AND ADVISORY PROJECT (*Recommendations: 20, 22, 2007*)

- Red Cross SA is contracted to conduct a research and advisory project to:
 - investigate the extent and nature of school breakfast programs operating in South Australia
 - build capacity to run good practice breakfast programs in South Australia by providing training, advice and support to schools and associated organisations who are currently running or are wanting to establish breakfast programs.

2.17 HEALTHY WAYS (*Recommendation: 7, 2004; Recommendations: 10, 20, 22, 2007*)

- Delivered in selected rural and remote Aboriginal communities this program seeks to improve nutrition for Aboriginal mothers, babies and young children and supports positive child development through play. It addresses community food supply; delivers training and programs and builds capacity within the health system and the community. *Healthy Ways* is being implemented in Yalata, Oak Valley, Whyalla, Coober Pedy, Oodnadatta and Marree.
- New positions (equivalent of 4.8FTE) have been created for a dietitian (1 FTE), Aboriginal health workers (3 FTE) and a project coordinator (.8FTE) who work together to deliver the program.

2.18 MAI WIRU (*Recommendations: 7, 24, 2004; Recommendation: 10, 2007*)

Food
Supply

- Nganampa Health Service with its partners is playing a leadership role in addressing issues of food availability, affordability and quality in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands through the Mai Wiru (Good Food) Stores Policy. Significant funding has been provided by the Australian Government with further support for specific components by SA Health. Achievements include:
 - Development of a stores food and nutrition handbook.
 - A public health nutritionist was employed as part of the stores unit and is conducting a wide range of activities to support store improvement and monitor the impact of changes to food provided and purchasing patterns.
 - Positive changes have been made to the food available, for example: fruit and vegetables are sold as close to landed cost as possible; two stores do not stock potato crisps; stores provide

access to free chilled and filtered water; and have decided to phase out some brands of soft drinks.

- DTEI freight logistics officers, with financial assistance from SA Health, visited the APY Lands to advise Mai Wiru in reviewing freight arrangements (other communities were also visited).
- Nganampa is currently evaluating, with financial assistance from SA Health, the implementation of strategies and tools to further support the availability and promotion of healthy food. This uses a nationally developed monitoring tool 'Keeping Track of Healthy Food'.

2.19 REMOTE INDIGENOUS STORES AND TAKEAWAYS (RIST)

PROJECT (*Recommendations: 7, 24, 2004; Recommendation: 10, 2007*)

- SA Health with New South Wales, Queensland, Western Australia, Northern Territory and the Australian Government health departments, has been a partner in the now completed RIST project. This is an initiative supporting implementation of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP). RIST produced a set of national resources to support the availability and promotion of a healthy food supply in remote stores, and to monitor store turnover as an indicator seeking to measure an increase in the sales of healthy food and drinks and a reduction in sales of unhealthy food and drinks.
- The RIST monitoring tool 'Keeping Track of Healthy Food' is being used to assess store turnover in five APY lands stores.
- RIST tools have also been taken up by the national Indigenous Business Australia's Outback Stores initiative.
- The NATSINSAP project officer prepared a submission to the Government national inquiry into stores in remote Indigenous communities (February 2009); a State submission has also been prepared.
- The collaboration between South Australia Health and DTEI to help remote SA Aboriginal communities to improve their freight grew out of a very successful freight forum in Adelaide in June 2006. This was organised by the National Rural Health Alliance.
- The Department of Premier and Cabinet is currently collating and South Australia submission to the national inquiry into stores in remote Indigenous communities (February 2009).

2.20 HOMEMAKER PROGRAMS IN APY LANDS (*Recommendation: 7, 2004*)

- The Department for Families and Communities funded Homemaker Program works in partnership with Anangu families with an aim to improve health and wellbeing promote healthy homes and contribute to improved levels of safety for women and children. Family Centres have been established in seven communities across the APY lands. The centres are a safe place for Anangu families to gather and provide a focus for the delivery of services. The range of services provided include:
 - Promotion of healthy living practices through daily demonstration in the delivery of programs in the Family Centres.
 - Provision of meals for vulnerable clients - children, youth, aged and disability
 - Access to support and referrals to appropriate agencies.
 - Provision of home cleaning/maintenance programs with family groups.

2.21 DISABILITY RELATED INITIATIVES (*Recommendation: 51, 2004*)

- Disability SA and the Office for Disability and Client Services have provided funding for a range of healthy eating and physical activity initiatives including:

Target:
Aboriginal &
Torres
Straight
Islander

Target:
Disability

- Individualised dietary programs supervised by dietitians for residents at Highgate Park (formerly Julia Farr Services).
- Educational sessions titled 'Healthy Eating' provided by dietitians for carers of those residents moving between the community and Highgate Park.
- Regular access to exercise equipment and programs at Highgate Park for residents who have moved into the community and who are able to use this equipment.
- Specific menu planning, healthy eating programs and physical activities for people living in Minda Community Houses.
- A mealtime management health education package for staff supporting adults with a disability - 'License to cook'
- Swimming programs for children with special needs.

2.22 COMMUNITY FOODIES *(Recommendations: 7, 20, 21, 22, 27, 2007)*

- Initiated in 2003 this program trains volunteers to run basic nutrition education programs for community members. The reach of the program has increased and it is now operating in 11 sites in health regions across South Australia. Numbers of Foodies trained continues to increase, with 103 currently trained, including 17 of Aboriginal background.
- In the 6 months, from January - June 2008, Community Foodies conducted community activities and events involving a total of 2834 participants.
- Disadvantaged communities are targeted with 72 per cent of participants on low income, 17 per cent Aboriginal and 20 per cent from Culturally and Linguistically Diverse backgrounds.
- The *South Australian African Cultural Mentors Communities Foodies Project* is a recent collaboration between the African Communities Council, SA Community Foodies and CNAHS Ambulatory and Primary Health Care Services. This project will use the Community Foodies model but is, however, unique in the addition of the expertise and resources of a 'cultural mentor' from the African community to mould the nutrition concepts to a style suitable to a range of African community members. The project also aims to develop a suite of activities and resources that will be used within African Communities in the future and evaluate the methods used to tailor the current Community Foodies model to encompass culturally diverse groups.

2.23 DO IT FOR LIFE *(Recommendations: 40, 42, 2004; Recommendation: 22, 2007)*

- The Do It For Life Program is a targeted program focusing on people who are at high risk of developing a preventable chronic disease and who come from the highest risk population groups within South Australia such as, Aboriginal and Torres Strait Islander communities, people of low socioeconomic status, people from culturally and linguistically diverse backgrounds and people who live in rural and remote areas. Both CYWHS and CNAHS have a specific youth focus.
- The program commenced in March 2008 with the statewide roll out of 24 Life Coaches covering from Port Lincoln to Riverland, from Adelaide to Murray Bridge. There will soon be 50 Life Coaches employed to work primarily on a 1:1 basis with the client to reduce their modifiable risk factors; smoking, poor nutrition, alcohol intake, physical activity and stress.
- Referrals of eligible participants are accepted from GPs, health professionals and self referrals.
- \$14.3 million dollars have been committed to this over four years to support the health reform agenda.

2.24 ACTIVE TRANSPORT *(Recommendations: 15, 23, 30, 2004)*

- Led by DTEI and supported by SA Health, this initiative aims to promote active transport in the community, such as cycling, walking and the use of public transport.
- Since 2002, \$95 million has been spent on cycle infrastructure projects in South Australia. This includes an expansion of Adelaide's bicycle network from 480 kilometres off-road shared use paths and on-road bicycle lanes to 720 kilometres in 2009, an increase of 50 per cent.
- Additionally Australian Bureau of Statistics has Adelaide with the highest percentage of people cycling to work of any capital city in Australia; there are now approximately 7400 people cycling daily into the central business district compared to about 5000 in 2003.
- South Australia has a State strategy *Safety in Numbers, A Cycling Strategy for South Australia, 2006-2010* and a draft *Pedestrian Safety Strategy* is currently being prepared. These both aim to increase participation and improve safety.

2.25 ACCESS TO LOCAL FACILITIES AND EQUIPMENT *(Recommendations: 8, 9, 10, 2004)*

- The Office of Recreation and Sport continues to provide funding via the Community Facilities Funding program to support local and regional level facilities to meet existing and future demand.
- Funds are allocated to a variety of infrastructure projects that support creation of new, and enhancement of existing, facilities that support metropolitan and non-metropolitan communities to **be active**.
- Local councils provide extensive facilities for physical activity across the State; both built structures and open spaces.

2.26 HEALTHY WEIGHT COORDINATORS *(Recommendation: 20, 2007)*

- SA Health has funded 10 Healthy Weight Coordinator positions in SA Health regions to develop and implement Regional Healthy Weight Action plans, consistent with the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010*, guided by a health promotion and capacity building approach.

2.27 PROMOTING CONSUMPTION OF FRUIT AND VEGETABLE PROJECT *(Recommendations: 4, 7, 2004)*

- Since 2004, SA Health has funded this Project that is currently managed by the Adelaide Produce Market. A project officer supports the cross-sector South Australian Fruit and Vegetable Coalition (SAFVC); undertake public relations activities to keep fruit and vegetable promotion in the public eye; works with stakeholders to promote fruit and vegetable consumption and implements specific activities that complement the statewide Go for 2&5® social marketing campaign.
- The SAFVC involves organisations from Government, non-Government and industry sectors, including the Department of Primary Industries and Resources South Australia, Citrus Board of South Australia, Apple and Pear Growers Assoc. Australian Mushroom Growers Assoc. Olives South Australia, the National Heart Foundation (SA), The Cancer Council South Australia, Adelaide Produce Markets Ltd, SA Health,
- Retailer involvement is important and in 2008 included 100 supermarket cooking demonstrations (15 in country areas) and provision of point of sale Go for 2&5® information in an South Australian supermarket chain and independent retailers.

- SAFVC members have contributed to public relations and other activities, for example in 2008 by participating in Fruit and Vegetable Month themed 'Take the Fruit 'N' Veg Month challenge' launched at the Royal Adelaide Show; supplying Go for 2&5® information and fresh fruit to 20,000 participants in the 2008 City Bay Fun Run; and supporting a car in the Variety Club bash.
- The Project also supported Go for 2&5® monthly activities linked with radio Triple M: 'Back to School Fridays', a workplace competition and 'Fruity Fridays', radio personalities on air and the promotion of fruit and vegetables in schools. The Adelaide Produce Markets Ltd provided produce for school events.
- In 2008, SA Health facilitated a workshop and discussion between Professor Andrew Fearn, Thinker in Residence and growers, wholesalers, retailers, representatives from PIRSA South Australian Food Centre and other Government departments.

2.28 HEALTHY PARKS HEALTHY PEOPLE (*Recommendations: 9, 25, 2004; Recommendation: 19, 2007*)

- The Department for Environment and Heritage's (DEH) *Healthy Parks Healthy People Strategy* aims to raise awareness of the health benefits and opportunities for recreation in National Parks. In 2008/09 the community engagement program has targeted specific population groups that are most at risk of poor health and are not current park users. Programs that increase levels of physical activity and reduce obesity have focussed on providing activities in outer metropolitan areas and targeted middle-older members of the community.
- Achievements include:
 - The Heart Foundation Parks Walks program is now in its third year with free monthly walks held in a diverse range of parks in the Adelaide and outer metropolitan region.
 - The 2008 Parks Month campaign - National Parks - 'You've got to get out there' provided over 30 community activities for the public to enjoy during October. This initiative also worked in partnership with the Every Generation Festival, Children's week and the Parks Alive campaign.
 - The development of innovative community engagement initiatives such as the Welcome to National Parks - new arrivals program and the National Parks Amazing Race - youth engagement event.

2.29 BODY IMAGE *(Recommendations: 16, 2004)*

A range of initiatives have begun to ensure the focus on obesity does not cause body image problems, emotional and psychological issues or disordered eating. This includes:

- A Roundtable on Body Image and Eating Disorders was held in November 2007 with key stakeholders from other agencies including, education.
- A *Healthy Weight and Body Image* project funded by the SA Health and conducted by Flinders University of South Australia has provided advice on how positive body image can be considered along with the existing *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010*.
- Commencing 2009, an additional project funded by the SA Health, will develop a plan to prevent and treat poor body image and eating disorders in South Australia. These activities directly support recommendations on body image and eating disorders contained in *Healthy Societies: Addressing 21st Century Health Challenges* by Professor Ilona Kickbusch, 2007 Thinker in Residence.

2.30 IN ADDITION

- The **Coorong** District Council **Good Food on the Road** has been completed and evaluated and is continuing as a local program *(Recommendation: 45, 2004)*.
- **Strength for Life**, a program delivered by the Council for the Ageing aims to increase access to accredited and affordable strength training programs for over 50s. Since 2004, this program has enabled over 4,000 older South Australians to participate in quality assured programs in 45 accredited venues including 15 regional areas. *(Recommendation: 8, 2004)*.
- There are numerous healthy eating and physical activity initiatives conducted through health services, community and neighbourhood houses, non-Government organisations and community groups. These initiatives, which have a variety of social and health benefits, have a particular focus on disadvantaged groups. *(Recommendation: 42, 2004; Recommendation: 20, 2007)*.

2.31 Next Steps

- Conduct final data collection to inform *eat well be active* Community Programs evaluation in December 2009. *(Recommendations: 1, 4, 2004; Recommendations: 20, 22, 27, 2007)*.
- Conduct an evaluation of RIST resources in APY lands stores *(Recommendation: 10, 2007)*.
- Conduct evaluation of *eat well be active* – Primary Schools initiative (2009 – 11) *(Recommendations: 22, 32, 2004; Recommendations: 20, 21, 22, 27, 28, 29, 2007)*.
- Complete open tender process early in 2009 for phase two Fruit and Vegetable Consumption Project. This project fosters inter-sectoral engagement through providing the Secretariat for the SAFVC; undertakes public relations activities through the media and public events; fosters uptake of the Go for 2&5@ messages at the community level, including through working with retailers. *(Recommendation: 7, 2004)*.
- The Antenatal Care Scoping Project will identify current effort and service access, best practice models and future capacity to improve access to antenatal services and enhance early antenatal engagement for women of low socioeconomic status and Aboriginal women. Early access to quality antenatal care, for women who are underserved by existing programs will

need to incorporate a focus on improving their access to programs for a healthy pregnancy, including nutrition and breastfeeding advice (*Recommendation: 36, 38, 48, 2004*).

- Conduct statewide policy review to target policies that inhibit and/or enhance physical activity under the endorsement of the Physical Activity Council.
- In line with the Council of Australian Governments (COAG) National Partnership Agreement on Preventive Health significantly expand efforts to encourage workplaces, including small and medium enterprises, to support workers to be healthy. This will include consultation regarding effective supports and will build on existing efforts.
- SA Health will work closely with the clinical community, general practitioners, specialists, allied health and others to ensure they are well supported to implement evidence-based approaches to assist children and adults who are already overweight or obese to eat a healthy diet, be active and prevent unhealthy weight gain. (*Recommendations: 39, 41, 42, 2004; Recommendation: 23, 2007*).

Section 3: Policy and Legislation

Schools,
Pre-
Schools &
Childcare

Examples of Progress

3.1 RIGHT BITE (*Recommendations: 30, 32, 33, 35, 2004; Recommendations: 24, 25, 26, 2007*)

- The *Right Bite* Healthy Food and Drink Strategy⁵ for South Australian Schools and Preschools (2008) provides guidelines for healthy food provision that are mandatory from 2008 in canteens and vending machines and encouraged in all other situations where food and drinks are provided (including out of school hours care services).
- The strategy includes a focus on supporting financial management and viability of canteens and vending machines.
- Policy guidelines, resources and training have been developed and provided to all schools and preschools in South Australia. 59 workshops targeting school and preschool leadership, staff, finance officers and canteen managers have been conducted around the State during 2007 - 2008 including a total of 1876 participants.
- Both long day care and family day care services are subject to national childcare accreditation systems. Therefore the 2004 recommendation to extend the '*DECS eat well SA Healthy Eating Guidelines* schools and preschools' was not supported.

3.2 BREASTFEEDING (*Recommendation: 38, 2004*)

- To increase the percentage of babies who are breastfed, SA Health has developed the *SA Breastfeeding Strategic and Action Plan 2008– 12* which aims to:
 - increase the capacity of hospitals and other health settings to provide best practice breastfeeding services including through the Baby Friendly Hospital Initiative – BFHI
 - increase community acceptance of breastfeeding as the cultural norm.
- To date, there are 11 BFHI accredited hospitals in South Australia (nine country and two metropolitan) and 3206 health personnel have completed the web-based breastfeeding training package developed in South Australia. Eight workplaces have become Breastfeeding Friendly Workplaces recognised by the Australian Breastfeeding Association program.
- South Australia has taken an active role in the development of the national criteria for BFHI assessment of community based agencies.

3.3 HEALTHY FOOD AND DRINK CHOICES FOR STAFF AND VISITORS IN SOUTH AUSTRALIAN HEALTH FACILITIES POLICY (*Recommendation: 20, 2007*)

- Leading by example SA Health has developed policy aimed at changing obesogenic environments by ensuring healthy food and drink choices are available and promoted across SA Health.
- Commencing in 2009, the policy will apply to food outlets and vending machines as well as fundraising, advertising and sponsorship activities.

Maternal &
Child
Health

Food
Supply

⁵ The *Right Bite* strategy was developed to implement the third guideline (food supply in schools) of the broader *DECS eat well SA Healthy Eating Guidelines* for schools and preschools (2004).

The implementation process will be supported by an independent Nutrition Advisory Service.

- SA will be the fourth State Government to introduce this type of policy.

3.4 HEALTH PROMOTION FRAMEWORK FOR CHILDREN'S CENTRES

(Recommendation: 20, 2007)

Schools,
Pre-
Schools &
Childcare

- Children's Centres for Early Childhood Development and Parenting are a joint initiative between the DECS, SA Health and the Department of Family and Community Services (DFC) to ensure high quality early education and care for children from birth through to the early years of school. Seven Children's Centres have been established so far, with another 13 to be established across the State. The Centres offer a mix of information, services, support and specialist referral when health or learning concerns are identified. They have multidisciplinary staff who work with children's families to foster children's development, health and wellbeing. The Centres support families, communities and services to provide the best start in life for children.
- SA Health has developed an evidenced based health and wellbeing framework to inform planning and evaluation processes for Children's Centres. The framework is guiding infrastructure and workforce planning as well as policies, programs and services that promote positive parenting and child and family health and wellbeing.
- South Australia has recently received funding from the COAG's National Partnership Agreement in Indigenous Health to support Aboriginal families using the Children's Centres.

Media &
Marketing

3.5 TELEVISION ADVERTISING AND THE CONSUMPTION OF

UNHEALTHY FOOD AND DRINKS BY CHILDREN *(Recommendation: 18, 2004; Recommendation: 17, 2007)*

- In February 2008, the State Government called for junk food and drink advertisers to agree to an Australia-wide voluntary withdrawal of their advertisements in children's television viewing times.
- On 26 August 2008, the Minister released the discussion paper, *Television advertising and the consumption of unhealthy food and drinks by children* and 63 submissions were received by the closing date, October 31 2008. The Minister is currently considering the next steps.
- SA Health is a member of the Advertising and Marketing Practices State and Territory Jurisdictional Working Party, established in October 2006. The Working Party's purpose is to review existing regulatory codes concerning *advertising and marketing practices* to reduce exposure to food and drink advertising and marketing practices to children, especially the volume of energy dense nutrient poor products advertisements. Submissions have been made to the Australian Communications Media Authority's 2008 review of the Children's television standards in 2008 and these are expected to be finalised in 2009.
- SA Health is planning to monitor the amount and nature of television food and beverage advertising in South Australia in 2009.
- SA Health together with Queensland Health has supported an NHMRC project grant application to investigate the relationship between exposure to unhealthy food advertising and children's dietary intakes and levels of obesity.
- SA Health with other jurisdictions has made submissions to the Australia Communications Media Authority (ACMA) to limit exposure to unhealthy food advertising when substantial numbers of children up to the age of 16 are watching television.

3.6 FRONT OF PACK LABELLING (*Recommendations: 9, 18, 2007*)

- On 1 February 2008 a joint meeting of the Food Regulation Standing Committee (FRSC) and the Australian Population Health Development Principal Committee (APHDPC) resolved that the APHDPC would conduct work on how a Front-of-Pack labelling system could fit with other current Australian and New Zealand health strategies and report back to FRSC. SA Health contributed to a report prepared for APHDPC (June 20 2008) - *The role of 'front-of-pack' nutrition labelling as part of the health strategies of Australia and New Zealand.*
- On 24 October 2008, the Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) received a report from FRSC on front of pack labelling of food that provides consumers with easily accessible information on the health status of the contents. The Ministerial Council had asked for an investigation on whether a front-of-pack labelling scheme would be an effective health strategy to guide consumer choice towards healthier food options. The meeting agreed that FRSC provide a draft ministerial policy guideline to ministers at their next meeting in May 2009.
- FRSC released a consultation paper for a Front-of-Pack Labelling Policy Guideline on February 24 2009. This paper was drafted by SA Health for the FRSC Working Group to develop a Policy Guideline on Front-of-Pack Labelling. Consultation closes on March 24 2009.

3.7 HEALTH CLAIMS (*Recommendations: 9, 18, 2007*)

- Food Standards Australia New Zealand (FSANZ) has been developing for some time a new standard for Nutrition, Health and Related Claims. The aim is to provide regulatory arrangements for nutrition, health and related claims for food, to expand the range of permitted claims, to ensure products carrying nutrition content and health claims provide adequate information for consumers and to prevent misleading or deceptive claims on food labels or in food advertising.
- This has been a long and complicated process, to which SA Health has continued to contribute by preparing submissions to various consultation reports, starting in August 2004. The final assessment report was distributed in April 2008 and in June 2008 the Ministerial Council requested a review of the draft standard. The process has now been deferred until March 2010 because at its October 2008 meeting, the Ministerial Council requested the issue be considered concurrently with the outcomes of an independent Ministerial review of labelling law and policy being conducted in 2009.
- A nutrient profiling system is being developed to support a system for making health claims. Modelled on a similar scheme developed in the United Kingdom it is an objective method of determining which foods can carry a health claim.

3.8 FOOD COMPOSITION (*Recommendations: 9, 12, 2007*)

- The World Health Organisation (WHO) recommended in its global strategy on diet and physical activity (May 2004) that industry should reformulate food to limit levels of saturated fats, trans-fatty acids, free sugars and salt in existing products.
- SA Health has been investigating strategies to work with the food industry and is currently preparing a report and recommendations (February 2008). These will include recommendations regarding food reformulation.
- In October 2006, the Australian Government announced the establishment of a National Collaboration on Trans Fats aimed at reducing the presence of trans fats in food sold in Australia. The Collaboration includes

representatives from the Australian National Heart Foundation, the Australian Food and Grocery Council, the Dietitians Association of Australia and FSANZ.

- This collaboration, chaired by FSANZ, worked with the New South Wales Food Authority, the New Zealand Food Safety Authority and SA Health to survey the amount of trans fats consumed in Australia and New Zealand.
- Research found that Australians obtain only 0.6 per cent of their daily kilojoules from trans fats, well below the WHO recommendation to consume no more than 1 per cent of your daily kilojoules from trans fats and well below many other countries.
- The Australian Government has allocated \$1m to working with the food industry as part of the National Partnership Agreement on Preventative Health.

3.9 ACTIVE LIVING COALITION (*Recommendation: 11, 2004*)

- Led by the National Heart Foundation the Coalition promotes collaborative partnerships between all levels of Government and other agencies to support physical activity as part of daily routine through the design and development of the environment. SA Health funding supports the work of the coalition. Outcomes for 2008 include:
 - Analysis of South Australia's Planning system to identify the issues and opportunities that impact on the adoption of active living in South Australia.
 - Working in partnerships with the Northgate Joint Venture project team to pursue the integration of active living principles in the Northgate stage 3 Precinct One development.

3.10 URBAN PLANNING (*Recommendation: 11, 2004*)

- Grant funding through the Places for People and Regional Open Space Enhancement Subsidy programs has delivered on environments that are supportive of physical activity.
- The Better Development Plans project produced a library of planning policy to be used in the development plan amendment process.
- 68 council development plans have used urban design principals ensuring neighbourhoods are walkable.

3.11 HEALTH IN ALL PLANNING (*Recommendation: 11, 2004*)

- The Health in All Policies initiative (HiAP) recognises that many of the social determinants of health lie outside the remit of health services. Public policy is seen as a powerful lever in creating healthy societies. HiAP requires all Government agencies to review policy directions with the health of the community in mind. To date, selected SASP targets have been reviewed and a conference held to determine policy principles and further actions⁶.
- In 2008, SA Health commissioned a systematic review of the impact of urban planning on population health outcomes. The review advocated a framework for integration of urban planning and health issues using the HiAP approach to high level planning, research and policy development.
- SA Health has established a partnership with the Department of Planning and local Government to process action to ensure South Australian urban planning directions in the future systematically support good health

⁶ Further details of HiAP and the HiAP conference can be found at the following websites:
<http://www.health.sa.gov.au/pehs/health-in-all-policies.htm>,
<http://www.health.sa.gov.au/pehs/publications/0803-PHB-HIAP-vol5-no1.pdf>

outcomes including healthy eating and physical activity. The HiPA planning officer is funded by SA Health.

3.12 Next Steps

- Conduct *Right Bite* evaluation in 2009 to assess compliance of schools and preschools with the mandate and continue to provide support to schools and preschools to implement the policy (*Recommendations: 25, 26, 2007*).
- As part of the Active Living Coalition, work with Land Management Corporation, DTEI, Local Government and planning authorities to ensure that urban design including Transport Oriented Developments support physical activity as part of recreation and transport (*Recommendation: 11, 2004*).
- Healthy Weight Taskforce to collaborate on a whole of Government initiative to promote the purchasing and consumption of healthy foods in Government Facilities. In addition a new whole of Government approach to support physical activity in the workplace will be progressed (*Recommendation 44, 2004; Recommendation: 20, 2007*).
- Evaluate the *Healthy Food and Drink Choices for Staff and Visitors in SA Health* Facilities policy. Potential extension of the policy across other South Australian Government departments as well as other South Australian workplaces (see above) (*Recommendation: 20, 2007*).
- The South Australian Government has provided a detailed submission to the National Preventative Health Taskforce supporting national action to support healthy eating and physical activity. Much of this relates to policy, fiscal, legislative or regulatory changes eg subsidies for healthy foods and incentives for food reformulation (*Recommendation: 8, 14, 2007*) and point of sale information at fast food franchises.

Section 4: Workforce Development, Research and Evaluation

Examples of Progress

Primary
Health Care

4.1 *Eat Well Be Active* START YOUNG (EWBASY) (*Recommendation: 4, 2004*)

- A workforce development strategy to support CYWHS staff to support parents of children under the age of five to eat well and be active. Parent information resources including the *Ngartunna Waiendi Babies on the Move* DVD about gross motor development for Aboriginal babies are being developed to assist staff to work with parents and families.

Schools, Pre-
schools &
Childcare

4.2 HEALTHY EATING AND PHYSICAL ACTIVITY IN THE EARLY YEARS (*Recommendation: 20, 2007*)

- Commenced in 2006, this ABHI provides support for professional learning, confidence and capacities to early years educators; directed to advancing the healthy eating habits and health-related physical activity patterns of children and their families. This program is being implemented by DECS.
- In 2007-2008, 27 early childhood sites have implemented projects as a result of the professional development intervention and there will be a further 28 sites by the end of the financial year 2008-2009.
- Evaluation showed that 95 per cent of sites have increased the level of family partnerships and sites are more accountable and better equipped to implement healthy eating.

Primary
Health Care

4.3 HEALTHY WEIGHT INTRODUCTORY COURSE (*Recommendation: 20, 2007*)

- Initiated by SA Health in 2007, the Healthy Weight Introductory Course builds the skills and knowledge of health service providers who:
 - work with families and children.
 - have limited or no prior background in nutrition/physical activity or their relationship to body weight.
 - have opportunities to address these issues in their work.
- 117 people have received training across all SA Health regions.

Primary
Health Care

4.4 HEALTHY EATING AND PHYSICAL ACTIVITY FOR PEOPLE LIVING WITH A DISABILITY (*Recommendation: 11, 2004; Recommendations: 3, 11, 2007*)

- A review is currently being progressed to investigate current and potential capacity of the South Australian Disability Sector to deliver nutrition and physical activity services, policies and programs. This involves:
 - synthesis research of best practice nutrition and physical activity policies and programs for South Australians living with disabilities, their carers and families.
 - consultation with the current South Australian Disability Sector about capacity to respond to nutrition and physical activity needs.
 - This work aims to identify, consult and make recommendations on the actions, programs, linkages and partnerships that will enhance Disability Sector capacity.

4.5 OTHER WORKFORCE INFORMATION (*Recommendation: 4, 2004; Recommendation: 20, 2007*)

- Fact sheets were developed in August 2006 and distributed in 2007 to provide reliable information to the health workforce around 1) current monitoring data relating to weight, nutrition and physical activity and 2) causes and consequences of overweight and obesity.

4.6 EQUITY FOCUSED RAPID HEALTH IMPACT ASSESSMENT (EFHIA) (*Recommendations: 4, 7, 10, 11, 51, 2004; Recommendation: 3, 2007*)

Equity

- In 2007 the SA Health commissioned the Centre for Health Equity Training, Research and Evaluation, University of New South Wales to conduct an EFHIA on the ABHI schools and community based initiatives funded in order to ensure that funded strategies are assisting those children and families in South Australia who are most in need; to improve the equity of proposed strategies and to ensure that the strategies do not unintentionally widen the equity gap.

4.7 RESEARCH

- The following research projects have been funded as part of SA Health's Strategic Health Research Program (SHRP) :
 - Effective strategies to reduce the costs of overweight and obesity to South Australia, The University of Adelaide.
 - Food and beverage marketing to children using non-broadcast media (*Child and Food Marketing research project*), Flinders University of South Australia
 - Socioeconomic status and overweight/obesity: supply of and access to (un)healthy food, (Food Access and Health in South Australia) Flinders University of South Australia
- The following research projects are being conducted in collaboration with SA Health, jointly funded by the Australian Research Council (ARC) linkage grant program and SA Health:
 - Exploring resilience relating to physical activity and dietary behaviours among children from neighbourhoods of low socioeconomic position, University of South Australia
 - Evaluating the long-term costs and benefits of community-based initiatives (using obesity as an example), University of Adelaide
 - Australia's baby boomer generation – obesity and work ('Noble 2'), The University of Adelaide (Jointly funded by the SHRP and ARC)
- SA Health's commitment to research informed practice will be enhanced by the establishment of a South Australian *eat well **be active** Research and Evaluation Centre* (see *next steps*).

4.8 MONITORING PROGRESS (*Recommendations: 2, 3, 2004; Recommendation: 4, 2007*)

- Data are regularly collected through the SAMSS, to monitor nutrition, physical activity and weight priorities. Additional data is collected as required through the Health Monitor, for example knowledge, attitudes and behaviours relating to nutrition and physical activity issues (Refer to Appendix B).
- Supplementary data are also collected as additional progress indicators, including measured Body Mass Index of preschool children (aged 4 – 5 years), collected by the CYWHS.
- During the 2007 National Australian Children's Nutrition and Physical Activity Survey, additional data were obtained for 877 South Australian children aged 2 to 16 years.

- South Australia is working with other jurisdictions to contribute to the development of the national nutrition and physical activity survey system, planned to commence 2010-11.

4.9 Next Steps










- Develop a **Healthy Weight Advanced Workforce Development Program** to build on the Introductory Course (*Recommendation: 20, 2007*)
- Enhance the skills of Aboriginal Health Workers to promote good nutrition and adequate physical activity through the development of a training program **for Aboriginal Health Workers** (*Recommendation 20, 2007*).
- Establish an *Eat Well Be Active* **Research and Evaluation Centre** to support further research, disseminate evidence to inform practice, evaluate key initiatives, monitor data and provide regular reports. Proposals will be sought from organisations that are in a position to act as a centre of excellence to make a significant, sustainable contribution to *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* related programs, policy and practice in South Australia (*Recommendations: 2, 3, 22, 36, 2004; Recommendations: 3, 4, 5, 2007*).
- As part of the National Partnership on Prevention, South Australia together with other jurisdictions will be working to ensure consistency in data monitoring indicators.

Appendix A: Progress at a glance

Community Education

YEAR	RECOMMENDATIONS	PROGRESS
2004	<p>4: The State Government develops and implements, as part of the State Healthy Weight Strategy, a state-wide community education and social marketing strategy to reduce overweight and obesity and increase fruit and vegetable consumption. This should include:</p> <ul style="list-style-type: none"> • Healthy weight role models, especially for young people; • A focus on groups with high rates of obesity, including: <ul style="list-style-type: none"> - middle-aged people (45-64 year olds); - low socioeconomic groups; - Indigenous Australians; <i>and</i> - People in rural centres (particularly women). <p>Consultation with the Australian Association of National Advertisers and other relevant industry and media groups with a view to gaining their input and support. This should be in accordance with any national education and social marketing strategy arising from the National Obesity Taskforce agenda. <i>(Supported with clarification 2004)</i></p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing</p> <p><i>Reference: 1.1, 1.2, 1.4, 1.7, 2.1, 2.2, 2.27, 4.1, 4.5, 4.6</i></p>
	<p>5: The Minister for Health develops a register of all people and organisations in South Australia that can disseminate information and promote healthy eating and active living behaviours to families. This would include individuals and organisations in the primary health care, education, early childhood, medical, child care, sports and recreation and welfare sectors. <i>(Partially supported 2004)</i></p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing</p> <p><i>Reference: 1.6</i></p>
	<p>37: The Minister for Health targets new parents in any public information strategies relating to healthy eating, active living and maintenance of healthy weight. <i>(Supported)</i></p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing</p> <p><i>Reference: 1.3, 1.7</i></p>
2007	<p>19: That the Department of Health, in partnership with the Department of Education and Children's Services and parents associations, continue to expand public education campaigns to improve community understanding of the benefits of healthy eating and the need to maintain active lifestyles. <i>(Supported)</i></p>	<p><i>To be progressed 2009-10</i></p> <p><i>Reference: 1.7, 2.28</i></p>

School and Community Programs

YEAR	RECOMMENDATIONS	PROGRESS
2004	1. The State Government identifies the most appropriate areas within the State to develop and implement 'whole of community' pilot demonstrations for evaluating community-wide interventions to reduce overweight and obesity. This would be part of the recommended national network of demonstration areas. <i>(Supported)</i>	 Commenced Ongoing <i>Reference: 2.1, 2.2, 2.31</i>
	7. All relevant Ministers support incorporation of food preparation and developing healthy lifestyles in all community and Government-provided living skills programs. This should include a focus on groups with high rates of obesity, including: <ul style="list-style-type: none"> • 'middle-aged' people (45-64 year olds); • low socioeconomic groups; • Indigenous Australians; and • People in rural centres (particularly women). <i>(Supported with addition of children as a focus group 2004)</i> 	 Commenced, Ongoing <i>Reference: 1.7, 2.17, 2.18, 2.19, 2.27, 2.31, 4.6</i>
	8. The Minister for Recreation, Sport & Racing undertakes community consultation to determine groups' and localities' needs in relation to exercise and physical activity facilities and improves provision accordingly. For example, sport equipment libraries. This should have a focus on provision for: <ul style="list-style-type: none"> • middle-aged' people (45-64 year olds); • low socioeconomic groups; • Indigenous Australians; and • people in rural centres (particularly women). <i>(Supported)</i> 	 Commenced, Ongoing <i>Reference: 2.10, 2.25, 2.30</i>
	9. The Minister for Recreation, Sport & Racing, in conjunction with local councils, develops and promotes user-friendly registers of equipment and low-cost activities in all areas within the State. <i>(Supported with reservation 2004)</i>	 Commenced, Ongoing <i>Reference: 2.3, 2.25, 2.28</i>
	10. The Minister for Recreation, Sport & Racing, in conjunction with the Minister for Urban Development & Planning and local councils, ensures maintenance of well-used community exercise facilities. <i>(Supported with reservation 2004).</i>	 Commenced, Ongoing <i>Reference: 2.25, 4.6</i>
	12. The Minister for Education and Children's Services encourages all South Australian schools to implement active transport programs, such as safe routes to schools and "walking buses". <i>(Supported, actioned by DTEI and DECS)</i>	 Commenced Ongoing <i>Reference: 2.8</i>
	13. The Minister for Urban Development & Planning, in collaboration with relevant community groups, reviews existing and explores new initiatives to assist with improving the safety and security of children in public areas. <i>(Supported)</i>	 Commenced Ongoing <i>Playground safety is primarily a Local Government responsibility under Australian Standards for Playgrounds. Planning SA is able to provide advice in relation to urban design and siting of playgrounds within urban context.</i>
	15. The Minister for Transport promotes a focus on pedestrian and cyclist safety in areas of high community use, for example shopping centres, in the SA Transport Plan. <i>(Supported, Transport Plan has been superseded by other initiatives)</i>	 Commenced Ongoing <i>Reference: 2.24</i> <i>State strategy "Safety in Numbers, A Cycling Strategy for SA, 2006-2010" and a draft Pedestrian Safety Strategy is currently being prepared.</i>
	16. The statewide Healthy Weight Taskforce and Strategy incorporates an appropriate focus on emotional and psychological issues relating to overweight and obesity and corresponding	 Commenced

	supports. This should include attention to abnormal dieting patterns and body image problems, particularly for young people. <i>(Supported)</i>	Ongoing Reference: 2.29
	23. The Minister for Education and Children's Services ensures, through Active for Life, that the cost to students and families for participation in physical activities continues to be kept to an absolute minimum. <i>(Supported in principle)</i>	✓ Completed Reference: 2.24 <i>Active for Life evolved into be active- Let's Go. This program was funded for four years, extended for a fifth year and concluded in 2006.</i>
	25. The Minister for Education and Children's Services investigates opportunities to increase the variety of activities provided, including non-competitive options, in collaboration with the South Australian Primary School Sports Association (SAPSASA) and the South Australian Secondary Schools Sports Association (SASSSA). <i>(Supported)</i>	✓ Commenced Ongoing Reference: 2.9, 2.28 <i>Increased opportunities for students in leadership positions and non-playing roles have been established.</i>
	26. The Minister for Education and Children's Services considers the development of a 'credit system' for physical education whereby students can substitute endorsed out-of-school/ community physical activities for time in traditional physical education and sports. Development should consider a system for determining whether out-of-school activities contribute to appropriate Learning Areas within the Standards and Accountability Framework (SACSA). <i>(Not supported - due to the complexity of implementation)</i>	Not Supported
	27. The Minister for Education and Children's Services implements a policy within Active for Life which promotes children's participation in community based sports and activities and aims to assist school-leavers with the transition from school-based to community based activities and clubs. <i>(Supported)</i>	Refer recommendation 23, 2004
	29. The Minister for Education and Children's Services and Minister for Sport, Recreation & Racing expand opportunities for use of school facilities for community physical activities. This should be achieved through partnerships and cost-sharing between community clubs and organisations and schools (including for insurance costs). It should include the use of outdoor grounds and specific community programs during school holidays. <i>(Supported)</i>	<i>Ongoing discussions between Office for Recreation and Sport and DECS</i>
	30. The Minister for Education and Children's Services encourages schools, as part of the Eat Well initiative ⁷ , to consult with students, parents and caregivers in the development of food, nutrition and physical education programs to ensure their relevance. <i>(Supported)</i>	✓ Commenced Ongoing Reference: 2.24, 3.1
	31. The Minister for Education and Children's Services ensures ongoing monitoring of the successful implementation of <i>Eat Well</i> in schools and develops a system of publicly awarding successful schools. <i>(Actioned by the Minister's Award scheme in 2005-2006)</i>	✓ Complete
	32. The Minister for Education and Children's Services promotes the health benefits of <i>Eat Well</i> to students, parents and caregivers, including practical suggestions for healthy food choices in the home and lunchboxes. <i>(Supported in principle)</i> .	✓ Commenced Ongoing Reference: 3.1
	35. The DECS <i>Eat Well</i> strategy be extended to child care centres and after school care programs with appropriate modifications. The extension of <i>Eat Well</i> to child care centres should incorporate the existing <i>Start Right Eat Right</i> award system and include the provision of resources to parents <i>(Supported in part)</i>	✓ Commenced Ongoing Reference: 2.4, 3.1








⁷ NB *Eat Well* refers to the DECS Healthy Eating Guidelines for schools and preschools (2004). This was supplemented by the *Right Bite* healthy food and drink supply strategy in 2008 when it became it was mandatory for schools and preschools to comply.

	<p>40. The Minister for Health promotes the implementation 'Lifestyle Scripts' to be distributed by general practitioners where appropriate eg to recommend a certain amount of exercise per week to a patient. (Supported) 'Lifescrpts pads' resemble normal prescription pads which doctors use to recommend healthy lifestyles.</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing Reference: 2.23</p> <p style="text-align: center;"><i>Commonwealth initiative implemented through a number of General Practices</i></p>
	<p>41. The Minister for Health ensures the participation of all general practitioners and other primary health care professionals in this State in programs for monitoring Body Mass Index (BMI). (Supported in principle, the Commonwealth Government plays a lead role in initiatives with General Practitioners)</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing Reference: 2.31</p>
	<p>42. The Minister for Health, in collaboration with appropriate community health services, explores opportunities for increasing community-based support programmes for management of overweight and obesity. (Supported)</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing Reference: 2.14, 2.23, 2.30, 2.31</p>
	<p>45. The Ministers for Health and for Transport lobby the Commonwealth to:</p> <ul style="list-style-type: none"> • implement comprehensive evaluation of the Coorong District Council Good Food on the Road program so that the model can be applied elsewhere with any appropriate modifications; and • provide ongoing support for the program if found to be successful. (Supported in principle) 	<p style="text-align: center;">✓</p> <p style="text-align: center;">Completed Reference: 2.30</p>
	<p>46. The Ministers for Health and Transport:</p> <ul style="list-style-type: none"> • implement a survey to identify occupations and workplaces that require greater choice in healthy foods and greater assistance and information relating to healthy lifestyles; and • in collaboration with appropriate stakeholders, seek to develop and implement a system of accrediting and promoting cafes, mobile lunch vans, workplace canteens, roadhouses etc. as healthy food providers, using the Coorong District Council Good Food on the Road program as a model (Whilst not supported, the Government has been "leading by example" with its Healthy Food in Health Services" policy and proposes further expansion of this initiative across Government) 	<p style="text-align: center;">Not Supported</p>
	<p>48. The Minister for Health investigates the need to extend programmes for healthy eating (including breastfeeding) and active living within antenatal and postnatal care (including home visiting) in Indigenous communities. (Supported)</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing Reference: 2.31</p>
	<p>49. The Minister for Aboriginal Affairs and Reconciliation investigates an appropriate South Australian Indigenous community for participation as a 'whole of community' demonstration area, as recommended by the National Taskforce. (Supported)</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Reference: 2.1</p>
	<p>50. The State Government supports the ongoing implementation of Eat Well SA and Eat Well Outback SA in appropriate communities, incorporating improvements arising from evaluation. (NB These projects have been superseded and progressed under the Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010)</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing</p>
	<p>51. The Minister for Disability ensures that any future development of home-based supports, respite services or supported accommodation (including institutional care) services for people with disabilities includes a strong focus on:</p> <ul style="list-style-type: none"> • appropriate choice of physical recreational activities; • improved information for people with disabilities and carers (paid and family/informal) about healthy diet, lifestyle and physical activity possibilities, recognising the different needs and limitations of different people with disabilities (eg. physical, intellectual). (Supported) 	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced Ongoing Reference: 2.21, 4.6</p>
2007	<p>7. That the Department of Health encourage retailers to replace high calorie, low nutritional food items available at check-outs.</p>	<p style="text-align: center;">✓</p>









	<i>(Supported in principle)</i>	Commenced Ongoing Reference: 1.5, 2.1, 2.20, 2.22
	8. That the State Government encourage the Commonwealth to investigate establishing a system of incentives to support food processing businesses needing to upgrade their infrastructure or develop their products as part of a commitment to improve the nutritional content of their food products. <i>(Supported)</i>	✓ Commenced with modification Ongoing Reference: 3.12
	10. That the State Government, in partnership with the Commonwealth, ensure regional and remote Aboriginal communities and other geographically-isolated population groups have reliable access to a broad range of affordable and nutritional food items. <i>(Supported)</i>	✓ Commenced Ongoing Reference: 2.17, 2.18, 2.19
	11. That the Department of Health, in partnership with key stakeholders, support the unique health needs of people with intellectual disabilities and people with physical disabilities to ensure they have access to a variety of weight loss and exercise programs tailored to their needs. <i>(Supported with modification, the focus should be on healthy eating and physical activity, not weight loss).</i>	✓ Commenced Reference: 1.5, 4.4
	20. That the Department of Health continue to develop health and nutrition based programs specifically targeted to meet the needs of different groups. <i>(Supported)</i>	✓ Commenced Ongoing Reference: 1.5, 2.3, 2.4, 2.7, 2.15, 2.17, 2.22, 2.26, 2.30, 2.31, 3.3, 3.4, 3.12, 4.2, 4.3, 4.5, 4.9
	21. That the Department of Health develop and implement strategies aimed at encouraging parents to remove energy dense and nutrient poor items from their children's lunchboxes. <i>(Supported with modification 2004. This issue needs to be addressed with sensitivity to social and economic disadvantage; respecting and supporting parents to promote healthy eating).</i>	✓ Commenced Ongoing Reference: 2.1, 2.6, 2.22, 2.31
	22. That the Department of Health continue to implement programs aimed at educating children and parents about the types of foods and eating patterns that promote health and well-being. Particular emphasis should be placed on developing programs that are sustainable and support at-risk families. <i>(Supported)</i>	✓ Commenced Ongoing Reference: 1.5, 2.1, 2.2, 2.4, 2.6, 2.7, 2.31, 2.12, 2.14, 2.15, 2.17, 2.22, 2.23
	27. That the Minister for Education and Children's Services implement strategies to establish water as the preferred drink for all primary and high school students and increase the availability of drinking water within the school environment. <i>(Supported in principle 2007, in addition to the specific strategies outlined earlier, access to fresh, clean tap water will be taken into account when planning new schools and pre-schools and will seek to extend this to all children's services facilities)</i>	✓ Commenced Ongoing Reference: 2.2, 2.4, 2.6, 2.7, 2.22, 2.31
	28. That the Department of Education and Children's Services continue to implement programs that encourage students and their families to engage in physical activity and maintain healthy eating patterns. <i>(Supported)</i>	✓ Commenced Ongoing Reference: 2.6, 2.11, 2.31
	29. That the State Government continue to fund physical activity programs in schools, such as the very successful Be Active, Let's Go program and the new Premier's be active Challenge to ensure children are encouraged to exercise as much as possible. <i>(Supported in principle)</i>	✓ Commenced Ongoing Reference: 2.5, 2.6, 2.31 <i>This program was extended beyond original timeline. Funding concluded and program ended 2006.</i>
	30. That the Department of Treasury and Finance investigate the potential cost savings to State Health Budgets that may result from the sustained implementation of school-based physical activity programs. <i>(Whilst not supported; a number of school based initiatives have been introduced to promote both healthy eating and physical</i>	Not supported Reference: 2.2, 2.6

	<i>activity. In addition the Out of Hospital Strategy provides the vehicle to redirect resources to primary prevention initiatives.)</i>	
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Policy and Legislation

YEAR	RECOMMENDATIONS	PROGRESS
2004	6. The Minister for Industry, Trade and Regional Development implements a review of point-of-sale information in and labelling by fast food franchises with a view to improving consumers ability to make healthy choices (Supported with modification NB responsibility of Minister for Health in consultation with the Minister for Agriculture, Food and Fisheries)	 Commenced Ongoing Reference: 3.6
	11. The Minister for Urban Development & Planning ensures that all new non-industrial developments and neighbourhood renewal projects are designed to promote active living by: <ul style="list-style-type: none"> • Developing planning guidelines to assist State Government agencies, local councils and developers to design neighbourhoods promote healthy eating and active living. This should promote the accessibility targets outlined by 'Pedshed' mapping, that is that 60 per cent or more of an area is within walking distance' to neighbourhood centres; and • Developing improved partnerships with and training for local Government in area-based planning and development. (Supported) 	 Commenced Ongoing Reference: 3.9, 3.10, 3.11, 4.4, 4.6, 3.12
	14. The Minister for Education & Children's Services and Minister for Transport investigate opportunities to provide schools and community organisations with public liability insurance for active transport initiatives and other physical activity programs, under departmental insurance arrangements. (Supported)	 Completed (DTEI) DTEI has resolved the issue of public liability insurance for the conduct of their active transport initiatives (Walking School Bus, Safe Routs to Schools) for schools.
	17. The State Government promotes the expansion of proven programs such as the "Tick" and development and evaluation of new partnership programs that have specific aims related to overweight and obesity. (Partially supported, TICK program is controlled by the National Heart Foundation)	 Commenced & Ongoing Linked with Food Claims initiative
	18. The State Government lobbies the Commonwealth to establish an independent body for monitoring compliance with all Codes and Standards relating to advertising to children. Membership should include, but not be restricted to, the Federation of Australian Commercial Television Stations (FACTS) and the Australian Broadcasting Authority (ABA), as well as other relevant and knowledgeable organisations. The independent monitoring body should: <ul style="list-style-type: none"> • Monitor breaches and recommend action accordingly; • Assess complaints in an independent fashion; • Recommend modifications to regulations where necessary; and • Evaluate the effect of the new Children's Television Standards. (Supported) 	 Commenced & Ongoing Reference: 3.5
	19. The State Government ensures that community consultation occurs in this State in relation to the National Obesity Taskforce's proposed research to assess the impact of current food and drinks advertising practices on rates of overweight and obesity. (Supported)	 Commenced & Ongoing Reference: 3.5
	20. The State Government lobbies the Commonwealth Government to develop and promote incentives for the food and advertising industries to contribute resources towards independent research in the area of overweight and obesity, in a way that is transparent and maintains the credibility of research. (Not Supported, research needs to be independently resourced to ensure transparency and credibility)	Not Supported
	21. The State Government lobbies the Commonwealth to implement a mandatory regulation that requires limitations (a maximum time limit for advertising per programming time) on food advertising to children within peak viewing times, regardless of the classification of a program. This would not include limitations on health	 Commenced & Ongoing Reference: 3.5

	promotion advertisements, for example those promoting consumption of fresh fruit and vegetables. <i>(Supported)</i>	
	<p>24. The Minister for Education and Children's Services implements physical activity guidelines for schools, including a recommended minimum of:</p> <ul style="list-style-type: none"> • 30 minutes of organised physical activity per day for primary students; and • 100 minutes of organised physical activity per week for secondary students to be facilitated through the Active for Life Physical Activity Strategy. <i>(Supported)</i> 	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced & Ongoing</p> <p style="text-align: center;">Reference: 2.12, 2.18, 2.19</p> <p><i>Linked to Health and Physical Education mandated curriculum.</i></p> <p><i>Guidelines as prescribed in this recommendation have been superseded by national guidelines for children and adolescents encouraging 60 minutes of moderate-vigorous physical activity daily.</i></p>
	33. The Minister for Education and Children's Services assists school councils with alternative ideas for fund-raising to compensate for any losses resulting from changes to canteen and vending machine supplies. <i>(Supported)</i>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced & Ongoing</p> <p style="text-align: center;">Reference: 3.1</p>
	<p>34. The Minister for Education and Children's Services:</p> <ul style="list-style-type: none"> • assesses current policy and practice on physical activity within Child Care centres and after-school care programs according to the minimum physical activity standards outlined in the new Commonwealth guidelines for children (once finalised); and • makes relevant improvements where necessary. <p>This should examine real and perceived barriers. <i>(Supported)</i></p>	<p style="text-align: center;"><i>New national standards anticipated to be in place in June 2009</i></p>
	38. The Minister for Health, in partnership with all other relevant Ministers, implements and promotes a statewide policy regarding breastfeeding friendly environments <i>(Supported)</i> .	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced & Ongoing</p> <p style="text-align: center;">Reference: 3.2, 2.31</p>
	44. The Minister for Industrial Relations considers the inclusion of health promotion clauses relating to healthy eating and physical activity in Enterprise Bargaining agreements. <i>(Supported)</i>	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced & Ongoing</p> <p style="text-align: center;">Reference: 3.12</p> <p><i>SWSA will continue work with the Department of Recreation and Sport 'Be Active' program to encourage and trial the inclusion of workplace based healthy eating and exercise programs as part of health and wellbeing programmes to improve productivity at work.</i></p>
2007	6. That the Department of Health work in partnership with the food service industry examine ways in which the food portion size and the energy density of foods can be reduced to encourage healthier eating patterns. Strategies that discourage the promotion of supersized or oversized meal offers should be implemented. <i>(Supported)</i>	To be progressed 2009-10
	9. That the Department of Health work with the food industry and other relevant groups (e.g. the National Heart Foundation) to explore regulatory and incentive-based options that would reward substitution during the manufacturing process of energy-dense and nutritionally poor ingredients with healthier alternatives. <i>(Supported in principle)</i>	To be progressed 2009 – 2010 Reference: 3.6, 3.7, 3.8
	12. That the Department of Health encourage the Commonwealth to ban industrially produced trans fatty acids from all processed and packaged food. The Committee further recommends that until this ban takes effect, the Department of Health continue to encourage Commonwealth and other State Governments to modify the Food Standards Code to mandate the labelling of the trans fat content in	<p style="text-align: center;">✓</p> <p style="text-align: center;">Commenced & Ongoing</p> <p style="text-align: center;">Reference: 3.8</p>

	food products. (Supported in principle)	
	13. That the Department of Health work with the food industry to ensure that industrially produced trans fats are eliminated from food served in all eateries and food outlets including restaurants, cafes, bakeries and fast food outlets, by 2010. (Supported in principle)	 Commenced & Ongoing <i>Reference: 3.8</i>
	14. The State Government continue, as part of its commitment to reduce the level of obesity, to consider all legislative options in relation to television fast food advertising. (Supported)	 Commenced & Ongoing <i>Reference: 3.12</i>
	15. That the State Government urge the Commonwealth to consider extending designated children's television viewing times in relation to fast food advertising to include those periods when children comprise a significant proportion of the total viewing audience. (Supported)	 Commenced & Ongoing <i>Reference: 3.5</i>
	16. The State Government monitor the impact of any television fast food advertising bans or restrictions on children's health and obesity levels. (Supported)	 Commenced & Ongoing <i>Reference: 3.5</i>
	18. That the Minister for Health work within the Australia/New Zealand Food Regulation Ministerial Council to introduce a food labelling system similar to the British 'traffic light' system. (Supported)	 Commenced & Ongoing <i>Reference: 3.6, 3.7</i>
	24. That the State Government: <ul style="list-style-type: none"> • mandate the Eat Well SA Healthy Eating Guidelines for schools and preschools; • ensure schools are appropriately supported and funded to implement the Guidelines; and • develop an appropriate monitoring system to measure compliance and recommend adjustments to the Guidelines as required. (Supported) 	 Commenced & Ongoing <i>Reference: 3.1</i>
	25. That the Minister for Education and Children's Services, in conjunction with relevant stakeholders, work to ban the sale of energy dense low nutrient foods from school canteens as soon as possible or by the end of the 2007 school year, and monitor the impact of their removal on school budgets. (Supported in principle 2007)	 Commenced & Ongoing <i>Reference: 3.1. 3.12</i>
	26. That the Minister for Education and Children's Services, in conjunction with relevant stakeholders work to remove all carbonated drinks and sugar-laden drinks from school vending machines and school canteens as soon as possible or by the end of the 2007 school year, and monitor the impact of their removal on school budgets. (Supported)	 Commenced & Ongoing <i>Reference: 3.1. 3.12</i>

Workforce Development, Research and Evaluation

YEAR	RECOMMENDATIONS	PROGRESS
2004	2. The Minister for Health supports further stages of the Child and Youth Health longitudinal study of overweight and obesity amongst South Australian children as required. <i>(Supported)</i>	 Commenced & Ongoing <i>Reference: 4.8, 4.9</i>
	3. The Minister for Health ensures implementation in this State of the national monitoring systems once developed, through primary care and other relevant services. <i>(Supported)</i>	 Commenced at State and national level Ongoing <i>Reference: 4.8, 4.9</i>
	22. The Minister for Education and Children's Services ensures proper evaluation of the Active for Life Physical Activity Strategy with a view to promoting and extending those initiatives that are successful throughout the State. <i>(Supported)</i>	 <i>Reference: 2.6, 4.9</i> <i>Active for Life evolved into be active - Let's Go. This was funded program for four years. It was extended to fifth year and concluded in 2006. (refer Rec 23, School and Community Programs)</i>
	28. The Minister for Education and Children's Services implements a review of pre-service teacher education courses servicing Health & Physical Education and increases opportunities for post graduate studies in Health & Physical Education. <i>(Supported in principal)</i>	Out of Scope of the State Government
	36. The Minister for Health implements evaluation of all 'good' practice programmes for healthy eating (including breastfeeding) and active living within antenatal and postnatal care (including home visiting) with a view to: <ul style="list-style-type: none"> • Extending where appropriate; • Increasing access rates by Indigenous people. <i>(Supported)</i> 	 Commenced Ongoing <i>Reference: 2.13, 2.31, 4.9</i>
	39. The Minister for Health promotes distribution of the National Health and Medical Research Council's 'Overweight and Obesity: A Guide for General Practitioners' and prompt sheets to all general practitioners and other primary health care professionals throughout the State. <i>(Partially supported)</i>	 Commenced Ongoing <i>Reference: 2.31</i>
	43. The Ministers for Health, for Social Inclusion, for Housing, for Transport and for Industrial Relations implement fitness and healthy eating workplace policies. <i>(Supported with addition)</i>	 Commenced Ongoing <i>Reference: 2.10</i>
	47. The Healthy Weight Statewide Taskforce ensures that the Strategy, which is currently being developed, is culturally appropriate for Indigenous people, or has corresponding Indigenous components. The Strategy should make appropriate links with established Aboriginal health services. <i>(Supported 2004)</i>	 Commenced Ongoing
2007	3. That the Department of Health: <ul style="list-style-type: none"> • continue to support and undertake research into nutritional intake, physical activity and other factors impacting on obesity; • expand its monitoring of social, economic and geographic indicators to include age, gender, income, ethnic and regional variations to ensure the development of better targeted programs and, as part of these efforts, draw on information contained in the Health Omnibus Survey and the South Australian Monitoring and Surveillance System. <i>(Supported in principle)</i> 	 Commenced & Ongoing <i>Reference: 4.4, 4.6, 4.9</i>
	4. That the State Government develop, monitor and publish on a regular basis, indicators of the incidence of obesity-related diseases with data relating to food consumption, nutritional intake and physical activity profiles. <i>(Supported in principle)</i>	 Commenced Ongoing <i>Reference: 1.5, 4.8, 4.9</i>

	<p>5. That the State Government urge the Commonwealth to develop a national system of data collection to monitor the food consumption, nutritional intake and physical activity profile of all Australians and, in doing so, encourage the Commonwealth to use consistent sampling and data collection methods so as to allow comparisons to be made on a State-by-State basis. <i>(Supported 2004)</i></p>	<p style="text-align: center;">✓ Commenced Ongoing <i>Reference: 4.9</i></p>
	<p>17. That the Minister for Health urge the Commonwealth to:</p> <ul style="list-style-type: none"> • monitor and research the influence of fast food advertising on children through multimedia, particularly the Internet; and • on the basis of this monitoring and research, explore the need for regulating fast food advertising and marketing on the Internet and via mobile phones. <i>(Supported 2007)</i> 	<p style="text-align: center;">✓ Commenced Ongoing <i>Reference: 3.5</i></p>
	<p>23. That the State Government encourage the Commonwealth to ensure general practitioners and allied health professionals are provided with appropriate education and support – including simple, time-efficient educational resources – to proactively and more effectively provide care and advice to overweight and obese patients. <i>(Supported in principle)</i></p>	<p style="text-align: center;">To be progressed 2009-10 <i>Reference: 2.31</i></p>

Appendix B: Key Outcomes Data

Since the two Social Development Committee Inquiries and the launch of the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010*, significant investment has been made in areas of community education, programs and policy to support and promote healthy eating and physical activity in South Australia. Selected monitoring data are shown below, under each **eat well be active** progress (outcome) indicator. Data are shown in table, graphical or map format where applicable.

As the Strategy comprises a range of mutually reinforcing initiatives it is not possible to specifically link medium and short term outcomes to any one particular program. Rather this section, reports against the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* objectives.

At present, indicators are being monitored from current data sources (see Appendix C), pending further work on developing additional progress indicators to measure progress.

Objective 1: To slow, stop and then reverse the current rate of weight gain, and support all South Australians in achieving a healthy weight

Adults

South Australia collects self-reported data from adults to determine the weight status of the population, to track trends in body mass index (BMI)⁸. These data are collected through the South Australian Monitoring and Surveillance System (SAMSS), SA Health. Since 1991, the level of South Australian adults classified in the 'healthy weight' (normal BMI) range has decreased, and the proportions of people classified as overweight or obese has increased. Current prevalence is shown in Figure 1. These trends appear to be continuing at present, however no sharp increases in overweight or obesity have been observed at last data collection. Prevalence over the last 17 years is shown in Figure 2, together with projected trends (calculated in 2006 based upon previous years data).

- **Indicator: Proportion of South Australian adults who are overweight and obese**

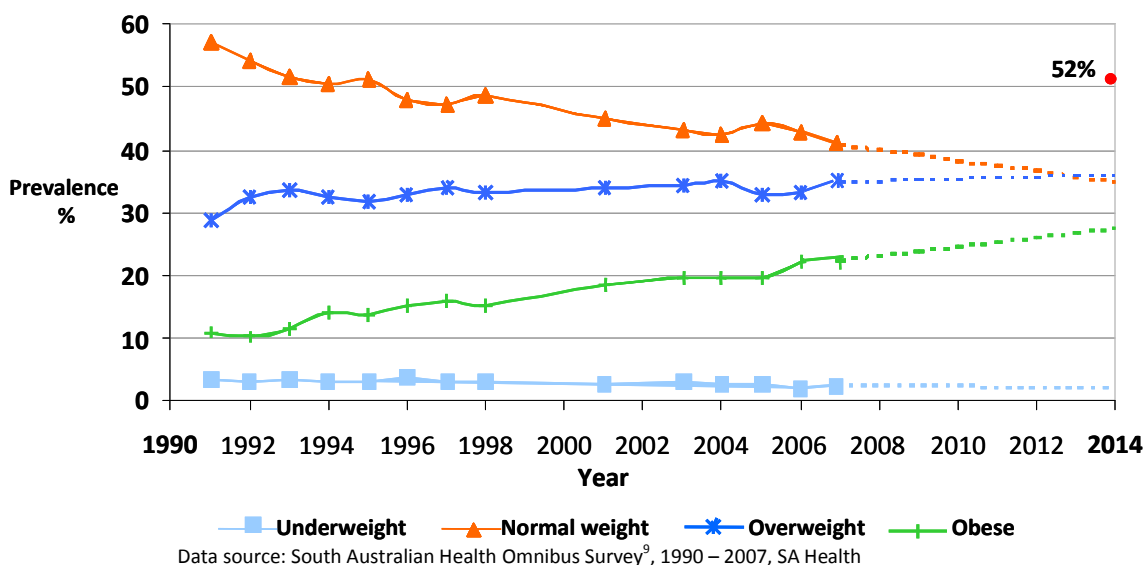
Figure 1. Proportion of South Australian adults who are in the normal weight, overweight and obese ranges of BMI

(BMI)	Proportion (%)
Normal weight ($\geq 18.5 < 25$)	41.8%
Overweight ($\geq 25 < 30$)	35.7%
Obese (≥ 30)	20.6%

Data source: SAMSS, Jan 2006 – Dec 2007, SA Health
Total n = 12,863 adults aged 18 years and over

⁸ BMI is a measure of weight for height, calculated by weight in (kg) divided by height in metres squared

Figure 2. Trends and projections of the proportion of South Australian adults who are underweight, healthy weight overweight and obese

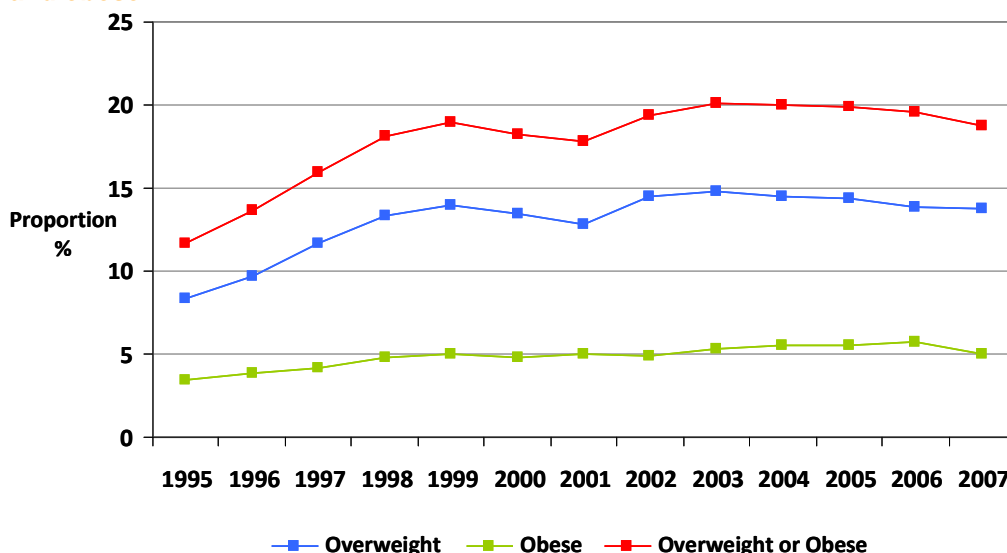


Children

Measured data of 4–5 year old children from the CYWHS are used to determine the weight status of preschool children in South Australia. International (Cole) criteria are applied to all children’s data, to classify weight status. Although there were rapid rises in the BMI of preschool children in the mid to late 1990s, a plateau occurred between 2002–05 and the prevalence rates with signs of a downward trend in 2006–07. Figure 3 shows data collected by CYWHS from 1995 to 2007 for preschool children.

- **Indicator: Proportion of 4 year old South Australian children who are overweight and obese**

Figure 3. Proportion of 4 year-old South Australian children who are overweight and obese



Data source: Preschool (children aged 4 – 5 years) health check data 1995 – 2007, CYWHS
 Note ‘Dip’ occurring from 1999 – 2001 (1.2%) is not interpreted as a significant change as it reverts in 2002. This is most likely to be a random fluctuation in the data

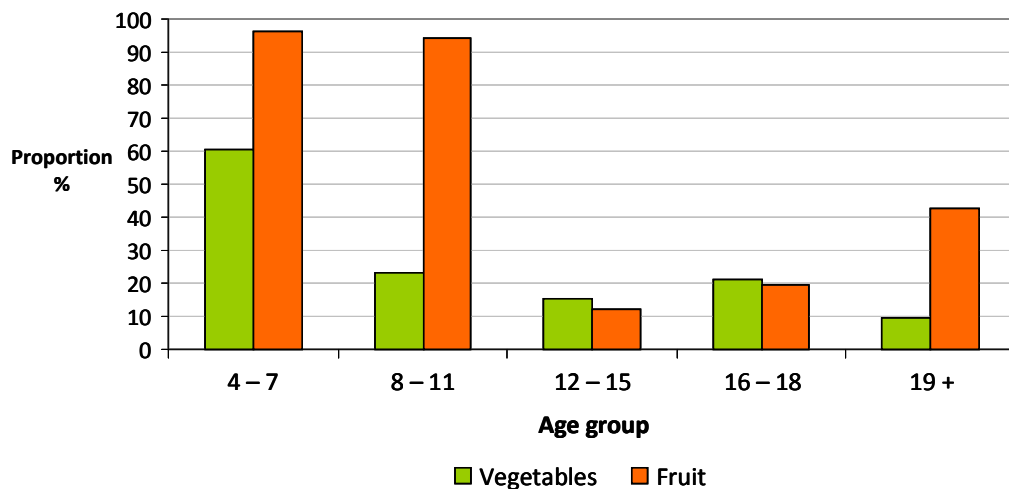
⁹ Note: SA Health Omnibus data are used to show long-term trends in Adults’ self-reported weight status in SA, whilst South Australian Monitoring and Surveillance System data are used to inform the state target 2.2 Healthy Weight.

Objective 2: To increase the proportion of people whose diet is consistent with the Australian Dietary Guidelines

Self-reported data on fruit and vegetable consumption together with other nutrition indicators are collected each month through South Australian Monitoring Surveillance System (SAMSS). Figure 4 shows the proportion of age groups consuming at least the minimum number of recommended serves of fruit and vegetables.

- **Indicator: The proportion of the population consuming at least the minimum daily recommended serves of fruit and vegetables**

Figure 4. Proportion of South Australian children and adults consuming the minimum recommended daily serves of fruit and vegetables



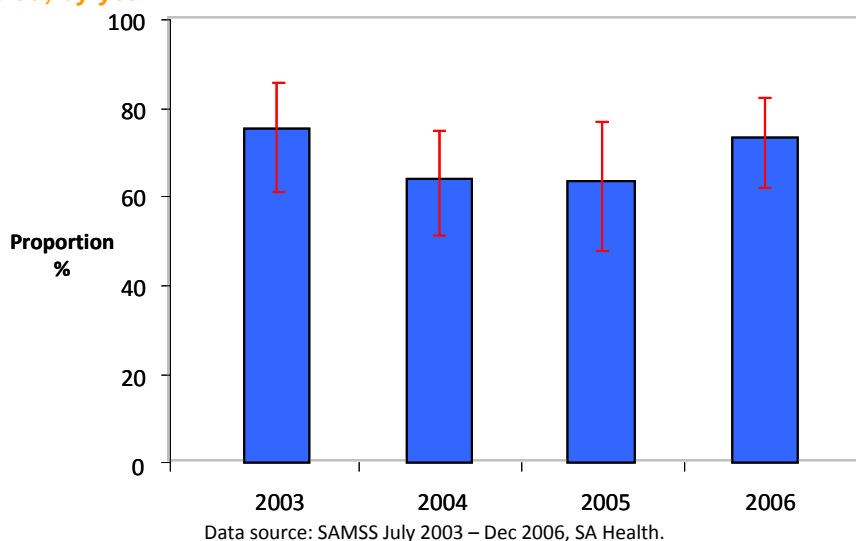
Data source: SAMSS 2007, SA Health

Note recommended number of serves per day for each age group are based upon the Australian Guide to Healthy Eating

Figure 5 provides data on self-reported breastfeeding rates. Note this is 'any' breastfeeding, not exclusive. The recommendation is exclusive breastfeeding for at least 6 months.

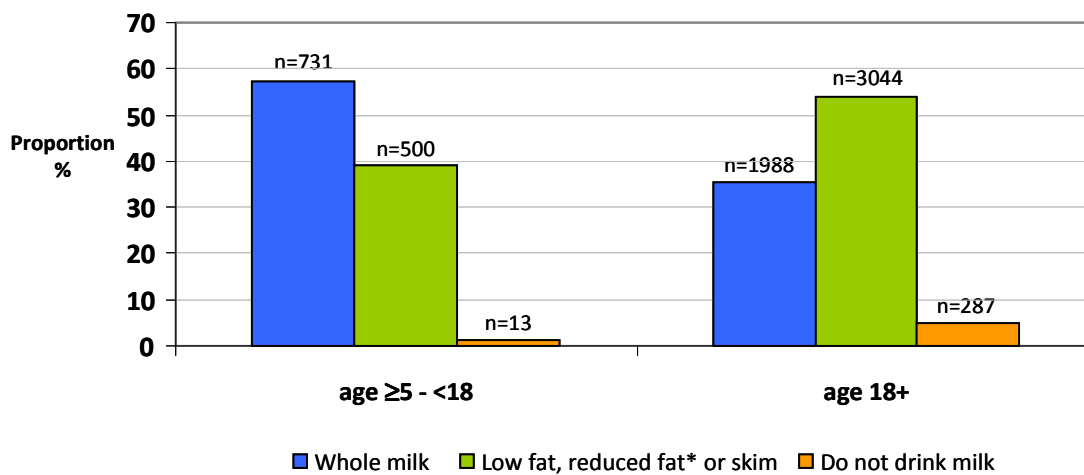
- **Indicator: Breastfeeding rates: initiation, 3 months, 6 months and 12 months of age**

Figure 5. Proportion of children aged 6 months or less who were currently breastfed, by year



An indicator of saturated fat intake, a key contributor to cardiovascular disease, is type of milk regularly consumed. Figure 6 shows that in 2008, approximately 58 per cent of children and 36 per cent of adults usually consumed whole milk.

Figure 6. Type of milk usually consumed – proportion of South Australian children and adults



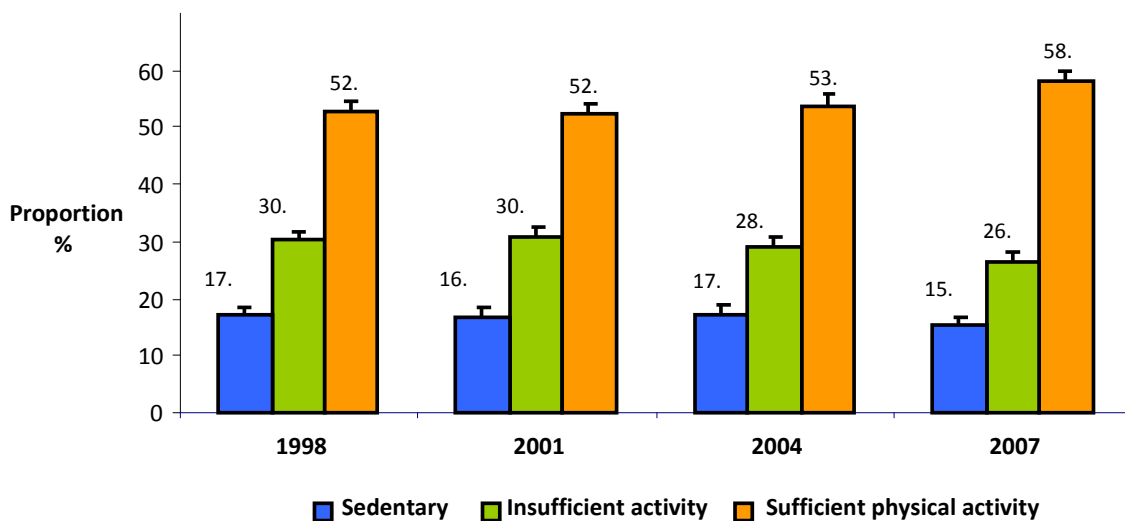
Source: SAMSS Jan – Dec 2008, SA Health. * Includes high-calcium reduced fat milk. Data not shown for 'other' types of milk or soy milk.

Objective 3: To increase the proportion of people who are physically active in line with the National Physical Activity Guidelines

South Australia periodically collects self-reported information on the physical activity patterns among South Australian adults using the Health monitor. Since 1998, levels of physical activity remained relatively stable. However in recent years, encouraging trends in self-reported physical activity have been observed, with a significant increase in the number of South Australian adults achieving sufficient levels of physical activity; together with a significant decrease in the number of adults who are insufficiently active. Proportions of adults meeting guidelines for sufficient physical activity are shown in Figure 7.

- **Indicator: Proportion of South Australian adults who are physically active in line with guidelines and recommendations**

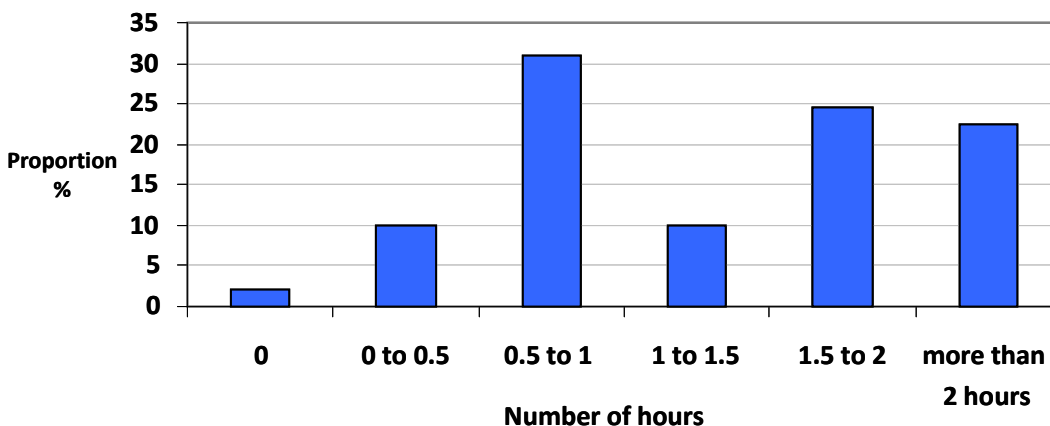
Figure 7. Levels of Physical activity¹⁰ among South Australian Adults



Adults aged 18 years and over. Source: South Australian Physical Activity Survey 2007 (Health Monitor) SA Health

South Australia also regularly collects information on the physical activity patterns among children. SAMSS obtains information on the number of hours per day that children spend in sedentary activities. It is recommended that children spend no more than two hours engaged in screen-based sedentary activities. Figure 8 shows that in 2008, approximately 23 per cent of children aged 2 – 15 years spent more than two hours per day engaged in screen-time.

Figure 8. Duration of sedentary activities among South Australian Children



Children aged 2 – 15 years. Source: SAMSS Jan – Dec 2008, SA Health

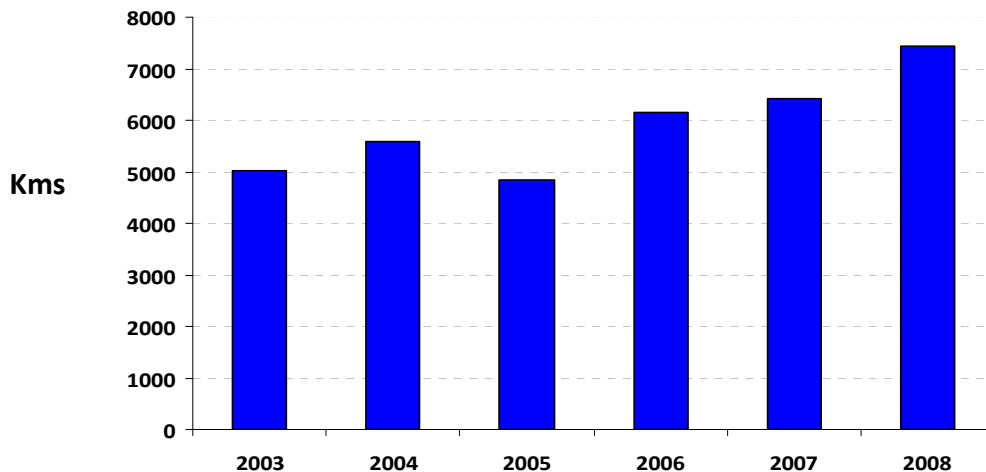
- **Indicator: Proportion of the South Australian population who cycle (active transport)**

The 2007 SA Adult Physical Activity Survey revealed that approximately **7.5 per cent** (95 per cent CI 6.6-8.5) of adults had undertaken cycling continuously for at least ten minutes, for transport or recreation in the last

¹⁰ Sufficient physical activity ('Definition 1') is defined as a sufficient level of physical activity to achieve a health benefit (150 minutes total of walking, moderate or vigorous physical activity with vigorous activity weighted by a factor of two to account for its greater intensity)

week (excluding exercise bikes). ABS statistics show that Adelaide had the second highest of capital cities percentage increase in people cycling to work, an increase of 31 per cent between 2001 and 2006. Table 9 indicates the increase in the number of people cycling into and out of the Adelaide CBD.

Figure 9. Number of people cycling into and out of the Adelaide CBD on a mid-week day 7am to 7pm in October, by year.



Data source: Office for Cycling and Walking 2003-2008, Department for Transport, Energy and Infrastructure

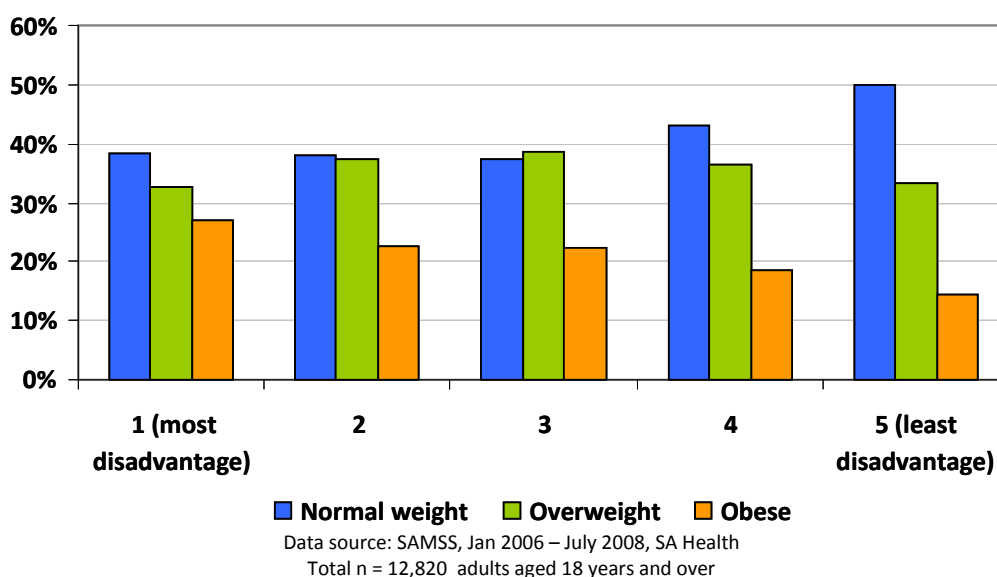
- **Indicator: Proportion of the South Australian population who walk**

The 2007 SA Adult Physical Activity Survey revealed that approximately **77.8 per cent** (95 per cent CI 76.3-79.2) of adults had walked continuously for at least 10 minutes for recreation, exercise or to get to or from places in the last week. In 2007, walking remained as the activity with the highest proportion of people involved compared to other physical activities. People who reported regular walking tended to report their health as excellent, very good or good; and were more likely to be in the healthy weight range.

Objective 4: To make the greatest gain in those population groups with the highest burden of overweight and obesity and poorest health outcomes.

Initiatives of the *Eat Well Be Active Healthy Weight Strategy for South Australia 2006-2010* aim to assist the whole population to eat a healthier diet and to be active as well as prioritising groups in need for programs. The variation in weight status by disadvantage highlights where health inequities exist. Although not always consistent, the rate of healthy weight decreases by socioeconomic status of area for both males and females. SA Health is currently tracking changes to these indicators. Figure 10 shows the proportion of overweight and obesity among adults, displayed by socioeconomic index for area (SEIFA) index of relative socioeconomic disadvantage (IRSD) quintiles.

Figure 10. Prevalence of overweight and obesity (BMI categories) by SEIFA IRSD



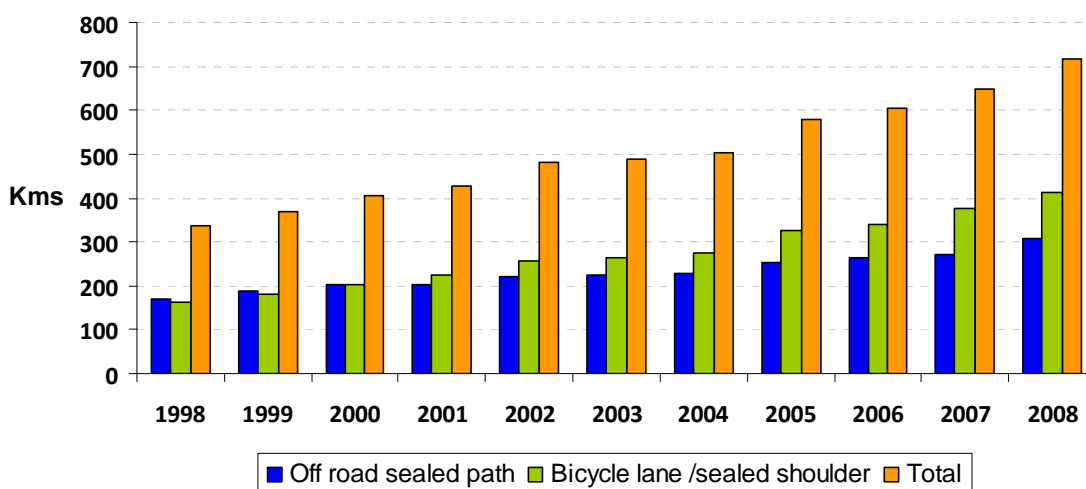
Objective 5: To create environments that encourage healthy eating and physical activity behaviours.

Further work is required to reliably report on indicators which measure the extent to which environments encourage healthy eating and physical activity. Factors to be considered include:

- Access to open spaces and facilities for recreation and sport in local areas.
- Cost, variety and quality of food, particularly fruit and vegetables, in rural and remote South Australia and poorly serviced urban areas.
- Extent of on-road bicycle lanes and off-road paths for cyclists.
- Availability and distribution of passenger transport services.
- Access to free tap water in public buildings and spaces.

Data is being collected by the Office for Cycling and Walking and Figure 11 indicates the increase in cycling infrastructure in Adelaide. Since 2002, \$95 million has been spent on cycle infrastructure projects in South Australia, allowing Adelaide's bicycle network to be expanded from 480 kms of off-road bicycle paths and on-road bicycle lanes in 2002 to 720 kms in 2009 an increase of 50 per cent.

Figure 11. Length of Adelaide bicycle network facilities, by year.



Data source: Office for Cycling and Walking 1998-2008, Department for Transport, Energy and Infrastructure

National performance indicators

The COAG National Partnership Agreement on Preventive Health sets out the following targets for reporting and facilitation and award payments. The Commonwealth, the States and Territories agree to meet the following performance benchmarks:

- a. increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each State by 2013; proportion of children at healthy weight returned to baseline level by 2015.
- b. increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
- c. increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.
- d. increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each State by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
- e. increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
- f. increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each State by 2013; 15 per cent from baseline by 2015.
- g. reduction in State baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.
- h. performance against benchmarks will be assessed at two time points: June 2013 and December 2014.

Appendix C: Data Sources

- Denotes **Headline, Strategy or Milestone-level KPIs for SASP Target 2.2 Healthy weight** where they are collected through data sources listed.

Name and target population	Year est.	Survey method	Frequency of data collection; sample size	Relevant priority areas
South Australian Monitoring and Surveillance System (SAMSS) <i>Children & Adults</i>	2002	CATI	Monthly ~600 each month	<ul style="list-style-type: none"> • Adults BMI (% healthy weight)* • Reported sufficient PA levels* • Reported Fruit & Vegetable consumption* • Psychological wellbeing • Health Equity
Health Monitor (HM) <i>Adults 18+</i>	1999	CATI	3 times each year; ~2000 each survey	<ul style="list-style-type: none"> • Awareness of recommended levels of PA* • Awareness of PA required for health benefit* • Awareness of PA opportunities; intention to exercise; PA behaviour (be active) • Awareness of recommended fruit & veg consumption; intention to increase intake(2&5) • Knowledge of breastfeeding recommendations • Awareness and attitudes to importance of breastfeeding (BF campaign)* • Healthy eating in Schools and Health facilities: knowledge, attitudes and practice • Knowledge of and attitudes to restriction of junk-food advertising to children
Health Omnibus Survey (HOS) <i>Persons 15+</i>	1991	Face to face	Annual; ~3000	<ul style="list-style-type: none"> • (Long-term SA adult population BMI trends)
North West Adelaide Health Study (NWAHS) <i>Adults 18+</i>	1999	Cohort study (CATI, Clinical Measurement & Questionnaire)	Stage 1 2000-2002 Stage 2 2004-2006 Stage 3 July 2008-; n= ~4000	<ul style="list-style-type: none"> • Behavioural risk factors: Smoking, Nutrition, Alcohol, PA • Cardiovascular/ metabolic risk factors: Waist circumference, WHR, BMI, BP, Cholesterol • Psychological wellbeing • Health Equity
CYWHS <i>Children 4 – 5 years</i>	1995	Clinical measurement	Ongoing (reports annually)	<ul style="list-style-type: none"> • Preschool children BMI (% owt/obese)* (supplementary measure)