

## Acknowledgments

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### **Development process for Eat Well NSW**

#### **Eat Well Australia**

Auspiced by SIGNAL, Eat Well Australia was developed through a rigorous process that involved a background framework report, extensive needs analysis, an audit of existing nutrition initiatives, integration of other key national strategies such as Acting on Australia's Weight and Active Australia, and extensive consultation with key stakeholders around Australia.

The NSW Department of Health, as a member of SIGNAL, played an active role in the development of Eat Well Australia and is committed to transforming the Eat Well framework into action to benefit the population of NSW.

#### **NSW working group and steering committee**

The process of refining priorities and identifying strategic directions to implement Eat Well Australia in NSW was led by a working group comprising representatives of the Nutrition and Physical Activity Branch, NSW Department of Health and the NSW Centre for Public Health Nutrition. The working group was advised by a steering committee of 15 members including experts in public health and nutrition and representatives from key non-Government organisations including the food industry (Appendix 1).

#### **Steps involved**

The development process involved the following steps to ensure a rigorous and transparent process with opportunity for input from key stakeholders.

#### **1 Review of the former NSW public health nutrition strategy 1996-2000**

Informants included current and former members of the NSW Nutrition Network (comprised of nutrition representatives of Area Health Services and selected non-government organisations) as well as a representative of the NSW Centre for Public Health Nutrition. The findings from this review have informed the process of development of the new nutrition strategy.

#### **2 Identification of priorities and development of a strategic directions consultation paper**

The NSW Centre for Public Health Nutrition led the priority setting exercises of the working group and the steering committee and prepared the initial draft of the strategy, supported by a literature review which was refined through extensive consultation with key stakeholders. Focus groups were conducted with experts in the priority areas to refine the rationale and proposed goals, objectives, and actions. A workshop was also held with members of the NSW Nutrition Network.

#### **3 Feedback on the consultation paper from the field**

The consultation paper was circulated widely and feedback sought through Nutrition Network members and a series of consultation workshops held with senior managers in each Area Health Service. The purpose of the consultations was to obtain input to the content and advice concerning the relevance and feasibility of implementation of the proposed strategic framework. The results were used to transform the consultation document into a draft Eat Well NSW strategic directions document.

#### **4 Feedback on the draft Eat Well NSW strategic directions document.**

The draft was circulated by email (or mail if required) to all participants in the previous consultations as well as to other sector partners named in the document or considered relevant to its implementation. Feedback was invited and incorporated in the final document.

Guiding principles provide a basis for decision-making and practice in priority setting, program planning, strategy selection and implementation.

The guiding principles for this strategic directions statement for public health nutrition reflect the guiding principles for public health<sup>242</sup> and health promotion<sup>243</sup> in NSW as well as issues unique to food and nutrition.

The following principles should underpin public health nutrition action in NSW.

## Population focus

A population approach aims to improve the nutrition-related health status of the whole population and vulnerable sub-groups by addressing determinants of poor nutrition at a societal rather than individual level.

## Focus on prevention

Public health nutrition action gives priority to preventing ill health, promoting good health, and enhancing healthy years of life. It aims to identify and address the underlying social, environmental and individual determinants of poor nutrition.

## Reduction of health inequities

A focus on health inequities aims to reduce differences in nutritional health status between groups due to avoidable and unjust determinants of poor nutrition in vulnerable groups. This includes determinants of inequities in access to foods, nutrition information and nutrition services.

## Relevance and acceptability to the community

Nutrition policies and actions will be developed in consultation with the community members and decision-makers most affected by them and will be sensitive to cultural and other concerns.

## Work in partnerships

Addressing the determinants that affect public health nutrition will require strong partnerships both within and outside the nutrition and health fields, with shared directions, shared decision-making, and collective action.

## Comprehensive approach

Successful public health nutrition action requires a comprehensive approach using a range of integrated public health strategies to create supportive environments, strengthen community action, reorient services and develop personal awareness, knowledge, skills and self-efficacy. These strategies may include supportive policy, legislation and regulation; collaborative partnerships within and between sectors; community participation and empowerment; preventive services; and education programs and campaigns for service providers, community and individuals.

## Sustainable actions

Changing determinants of nutrition and nutrition behaviours requires investment in sustainable, long-term interventions as part of a comprehensive approach.<sup>244</sup>

## Effective actions

Public health nutrition action should be based on the best available evidence of effectiveness and should continue to build on the evidence. Appropriate evaluation of the interventions will vary.<sup>245</sup> Contextual issues need to be considered for interpretation and wider implementation.<sup>246</sup>

## Support of innovation

Innovation may be needed to address recalcitrant and emerging public health nutrition problems. Trial and evaluation of new approaches will help to develop the evidence base for effective interventions. The merits of balanced investment in proven as well as high-risk but potentially high-gain innovative interventions is well recognised.<sup>247,248</sup>

### Criteria for selecting priorities

The selection process complemented the process for priority setting in public health in NSW.<sup>249</sup>

The following criteria were applied to select public health nutrition priorities for NSW from the range of priorities identified in Eat Well Australia, NATSINSAP and Healthy People 2005. Issues selected as NSW public health nutrition priorities met several or most of the criteria.

#### Importance

- Scientific evidence demonstrates that the proposed priority is a key protective factor for a range of common diseases.
- Diet-related diseases, to which the priority relates, are among the leading causes of premature death and disability in NSW.
- Relevant population data is currently available, and shows that the priority food or nutrition issue selected is a prevalent food/nutrition-related problem in NSW.

#### Impact on equity

- Healthy food and exercise choices are made more difficult through lack of availability/promotion, higher prices (supply factors) and reduced resources (demand factors, eg information, disposable income, leisure time, and other resources) among disadvantaged groups and communities.
- Intervention focuses effort on increasing
  - the supply of healthy choices/opportunities to disadvantaged communities and groups
  - accessibility to a healthy food supply
  - community and household resources to acquire/take advantage of healthy choices available.

### An emerging problem or current gap

- The proposed priority is an underdeveloped area of effective public health nutrition action and investment in NSW.

### Amenability to and feasibility of action

- A 'starter list' of concrete objectives, actions and/or model policies/effective programs that address the priority can be identified for state and/or local level action.

### Effectiveness/positive benefit to cost

- Information is available from evaluation of relevant health promotion and nutrition interventions about what works and the conditions, including the resource requirements, conducive to greater program effectiveness.
- Potential exists to evaluate existing interventions to obtain information about effectiveness, benefits and costs.

### Policy context and opportunity to strengthen partnerships (see also Appendix 5)

- The proposed priority for NSW is in line with priorities for nutrition action, internationally, nationally, and within states and territories in Australia.
- The priority is identified in/closely relates to the principles and priorities of the public health plan of action for *NSW: Healthy People 2005*.

Table 4. Performance of Eat Well Australia priorities against Eat Well NSW priority section criteria

|  | Vulnerable groups | Healthy weight | Vegetables and fruit | Maternal/child health | Nutr preg/lact women | Breast-feeding | Infant nutrition | Nutrition for children |
|--|-------------------|----------------|----------------------|-----------------------|----------------------|----------------|------------------|------------------------|
| Protective against range of common diseases  | NA                | ✓              | ✓                    |                       | ✓                    | ✓              | ✓                | ✓                      |
| Leading cause of premature death and disability in NSW   | NA                | ✓              | ✓                    |                       | X                    | X              | X                | X                      |
| Data available and prevalent problem in NSW  | X                 | ✓              | ✓                    |                       | X                    | ✓              | X                | ✓                      |
| Issue among vulnerable groups in NSW   | ✓                 | ✓              | ✓                    |                       | ✓                    | ✓              | ✓                | ✓                      |
| Underdeveloped area effective public health action in NSW  | ✓                 | ✓              | Minimal              |                       | ✓                    | ✓              | ✓                | X                      |
| Starter list of objectives/actions/model policies/effective programs identified for state/local level action | X                 | ✓              | ✓                    |                       | X                    | ✓              | X                | X                      |
| In line with priorities international/national/other states in Australia                                     | ✓                 | ✓              | ✓                    |                       | At risk              | ✓              | X                | X                      |
| Identified in/closely relates to priorities in HP 2005   | ✓                 | ✓              | ✓                    |                       | ✓                    | ✓              | X                | ✓                      |
| Other  |                   | Keen group     | National action      |                       |                      | Breast feeding |                  |                        |

### Policy context

Eat Well NSW builds on past effort and achievements in public health nutrition in NSW as well as current policies and plans at national and state level. Of particular significance are:

- *Food and Nutrition Directions for NSW 1996-2000*,<sup>250</sup> the NSW Health statement of priorities in food and nutrition promotion that has guided public health nutrition effort for the five years until 2001.
- *Eat Well Australia*,<sup>251</sup> the national strategic framework for public health nutrition for 2000 to 2010 developed by SIGNAL for implementation by all Australian states and territories.
- The *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010* developed in conjunction with Eat Well Australia to provide a focus on the nutrition needs of indigenous people.
- *Strategic Directions for Health 1998-2003*,<sup>252</sup> published by NSW Health to define the key medium term directions for the NSW Health system.
- *Healthy People 2005 – New Directions for Public Health in NSW*,<sup>253</sup> published by NSW Health to provide a framework for planning public health activities in 2000-2005.
- *The (draft) NSW Health and Equity Statement*,<sup>254</sup> developed by NSW Health to address the gap between the health of those who are most and least disadvantaged in NSW (particularly the gap in health between indigenous and non-indigenous people) while continuing to improve the health of all people in NSW.

These documents provided the framework for the vision, principles and priorities of the 2003-2007 strategic directions for public health nutrition. The relevance of Eat Well NSW priorities to these and other important NSW public health policies and action plans is presented in detail in Table 4.

Table 5. Match of public health nutrition priorities to other action plans and policies

| Policy or strategy                      | Issue  | Healthy weight | Vegetables and fruit | Breast feeding | Food security | Effective sustainable effort |
|---|--|----------------|----------------------|----------------|---------------|------------------------------|
| <b>Eat Well Australia</b>               |  |                |                      |                |               |                              |
|   | Promote vegetables, fruit                        |                | ✓                    |                | ✓             |                              |
|   | Promote healthy weight                           | ✓              |                      |                |               |                              |
|   | Nutrition of mothers and children                | ✓              | ✓                    | ✓              |               |                              |
|   | Nutrition of vulnerable groups                   | ✓              | ✓                    | ✓              | ✓             |                              |
|   | Structural barriers to safe, healthy food        | ✓              | ✓                    |                | ✓             |                              |
|   | Public health nutrition research                 |                |                      |                | ✓             | ✓                            |
|   | Improve effectiveness                            | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Build human resource capacity                    |                |                      |                |               | ✓                            |
|   | Communication                                    | ✓              | ✓                    | ✓              |               |                              |
|   | Monitoring and evaluation                        | ✓              | ✓                    | ✓              | ✓             |                              |
| <b>National ATSI Nutrition Strategy</b> |  |                |                      |                |               |                              |
|   | Remote and rural food supply                     | ✓              | ✓                    |                | ✓             |                              |
|   | Food security and low SES                        |                |                      |                | ✓             |                              |
|   | Family focused nutrition                         |                |                      | ✓              |               |                              |
|   | Nutrition in urban areas                         |                | ✓                    |                | ✓             |                              |
|   | Environment and household                        |                |                      |                | ✓             |                              |
|   | ATSI nutrition workforce                         |                |                      |                |               | ✓                            |
|   | Food/nutrition information systems               |                |                      |                |               | ✓                            |
| <b>Healthy People 2005</b>              |  |                |                      |                |               |                              |
|   | Chronic disease prevention                       | ✓              | ✓                    | ✓              | ✓             |                              |
|   | Healthier childhood                              | ✓              | ✓                    | ✓              | ✓             |                              |
|   | Promotion and prevention in mental health        | ✓              |                      |                | ✓             |                              |
|   | Oral health promotion                            |                | ✓                    |                | ✓             |                              |
|   | Falls prevention                                 | ✓              |                      |                |               |                              |
|   | Health promoting schools                         | ✓              | ✓                    | ✓              |               |                              |
|   | ATSI environmental health                        |                |                      |                | ✓             |                              |
|   | Review of best buys                              | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Intersectoral partnerships                       | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | AHS three-year public health plans               | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Regional public health plans with local councils | ✓              | ✓                    | ✓              | ✓             | ✓                            |

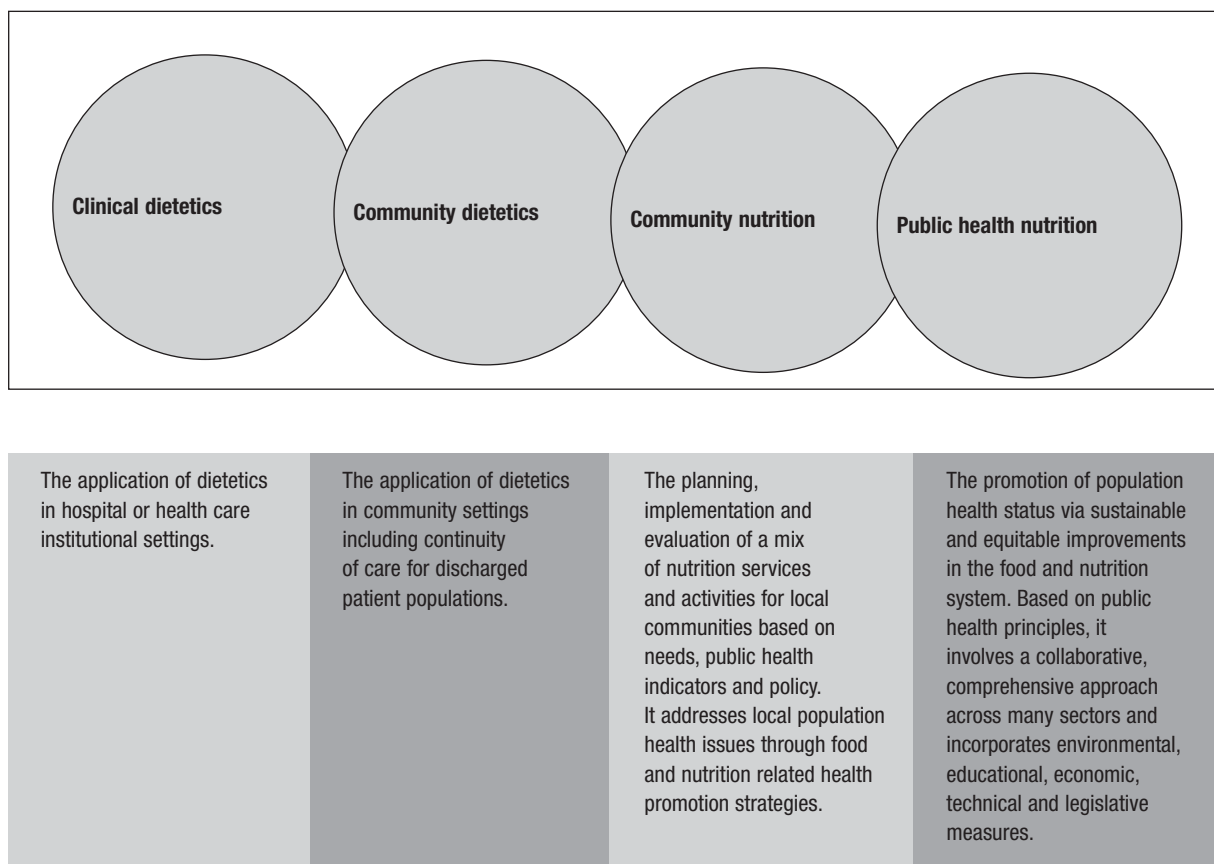
| Policy or strategy  | Issue  | Healthy weight | Vegetables and fruit | Breast feeding | Food security | Effective sustainable effort |
|---|--|----------------|----------------------|----------------|---------------|------------------------------|
| Healthy People 2005 cont'd  | Public health research plan  |                |                      |                | ✓             | ✓                            |
|   | Workforce development and training                                     |                |                      |                |               | ✓                            |
| Draft NSW Health and Equity Statement                             | Strong beginnings – antenatal to eight years old                       | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Consumer and community participation                                   | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Focus on place and living environments                                 | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Regional planning and intersectoral action                             | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Organisational development   |                |                      |                |               | ✓                            |
|   | Resources  |                |                      |                |               | ✓                            |
| Simply Active Every Day   | Increased participation in regular physical activity                   | ✓              |                      |                |               |                              |
| Families First and Start to Good Health NSW Child Health Strategy | Reduce the frequency of preventable mortality                          |                |                      | ✓              | ✓             | ✓                            |
|   | Reduce the impact of disability  | ✓              | ✓                    | ✓              | ✓             | ✓                            |
|   | Reduce the impact of adult conditions                                  | ✓              | ✓                    | ✓              | ✓             | ✓                            |
| Young People's Health: Our Future                                 | Nutrition and physical activity  | ✓              | ✓                    |                | ✓             | ✓                            |
|   | Mental health  | ✓              |                      |                | ✓             | ✓                            |
|   | Alcohol  | ✓              | ✓                    |                | ✓             | ✓                            |
|   | Illicit drugs  |                | ✓                    |                | ✓             | ✓                            |
|   | Sexual health  |                | ✓                    | ✓              | ✓             | ✓                            |
| Aged Health and Disability  | Physical access to facilities  |                | ✓                    |                | ✓             |                              |
|   | Accommodation and support  | ✓              | ✓                    |                | ✓             |                              |
| Aboriginal Health Strategic Plan                                  | Addressing identified health issue: Disease prevention (diabetes, CVD) |                | ✓                    |                | ✓             |                              |
|   | Addressing identified health issue: Maternal, infant and child health  | ✓              | ✓                    | ✓              | ✓             |                              |
|   | Improving social and emotional wellbeing                               |                |                      |                | ✓             |                              |
|   | Increasing effectiveness of health promotion                           |                |                      |                |               | ✓                            |
|   | Creating an environment supportive of good health                      |                | ✓                    |                | ✓             |                              |
| NSW Action Plan for Health Chronic and Complex Care Program       | Clinical service framework: Cardiovascular disease                     | ✓              | ✓                    |                | ✓             | ✓                            |
|   | Clinical service framework: Diabetes                                   | ✓              | ✓                    |                | ✓             | ✓                            |
|   | Clinical service framework: Respiratory disease                        | ✓              | ✓                    |                | ✓             | ✓                            |

## Public health nutrition services in NSW

### Nutrition services in NSW

A spectrum of nutrition services is provided in the NSW health system, ranging from clinical dietetics, through community dietetics, community nutrition to public health nutrition (Figure 1). Delineation between services is not absolute but a number of features of public health nutrition practice make it stand out from clinical dietetic services. Public health nutrition is about prevention rather than treatment, population level versus individual reach, and involves a broader range of strategy approaches relating to food and nutrition systems.

**Figure 1. Spectrum of nutrition services and definitions (adapted from Hughes and Somerset)<sup>255</sup>**



## Workforce categories in public health nutrition

A number of workforce categories within the field of public health nutrition have been suggested.<sup>256,257</sup> These are:

- 1 Public health specialists/academics involved in teaching public health nutrition or in senior government department positions who advise on and develop policy and major initiatives in public health nutrition.
- 2 Specialist/designated public health nutrition practitioners who generally provide direct public health/community nutrition services to the public and work for government departments, non-government organisations and community health centres.
- 3 Community nutritionists/dietitians who provide a range of nutrition services usually in community based preventive services and ambulatory care services.
- 4 Dietitians/adjunctive nutritionists are clinically based but have generalist responsibilities in nutrition promotion.
- 5 General health and associated workers whose job involves public health nutrition tasks as a side issue in service delivery.

More details of roles and functions, employment settings, training and experience and examples in NSW are provided in Table 5.

## Public health nutrition workforce statistics in NSW

Public health nutrition workforce statistics are not routinely collated in NSW. The best estimates come from membership statistics of the Dietitians Association of Australia (DAA). DAA is the main professional body of nutrition professionals, with membership of an estimated 70 percent of qualified dietitians working in Australia.

DAA statistics (Table 6) show that 751 members were employed in NSW in 2001 and around two-thirds of these were employed in clinical or institutional settings. Less than 10 percent were employed in community health centres and even in that setting the role may include individual or group education. Less than three percent were employed

by state or local governments, the main providers of public health nutrition services. About eight Eat Well NSW members were employed by the food or food service industries and in that role have significant potential to influence food choice.

These figures are likely to be an underestimate of the public health nutrition workforce in categories 1 to 4 above because public health nutritionists are less likely to join the DAA. However, the figures still indicate a low level of employment of dietitians in NSW in public health nutrition compared to clinical positions. The figures also show that the public health nutrition workforce (community health centre and government) per head of population is less than the Australian average.

There is no information to estimate the number of general health and associated workers whose job involves public health nutrition tasks as a side issue in service delivery (category 5 above). The types of workers who could have a significant role include health promotion officers, primary health care workers, community nurses, child and family health workers, general practitioners, environmental health officers, oral health professionals, Aboriginal and ethnic liaison officers, youth health workers, mental health workers. Consultations suggested that many of these groups were under-utilised in public health nutrition.

**Table 6. DAA membership work areas 2001**

| Category   | NSW<br>Number (%) | Australia<br>Number (%) |
|--|-------------------|-------------------------|
| Hospital/clinic/nursing home                                 | 501 (66.7)        | 1,423 (67.4)            |
| Community health centre                                      | 67 (8.9)          | 222 (10.5)              |
| Commonwealth/state/local govt                                | 11 (1.5)          | 70 (3.3)                |
| Food service/industry  | 57 (7.6)          | 91 (4.3)                |
| Educational institution                                      | 36 (4.8)          | 103 (4.9)               |
| Other  | 79 (10.5)         | 201 (9.5)               |
| <b>TOTAL</b>   | <b>751</b>        | <b>2,110</b>            |
| Population (million)<br>June 30 1999 <sup>258</sup>          | 6.4               | 19.0                    |
| DAA members/million pop.                                     | 117.0             | 111.0                   |
| Community health centre and<br>government/million population | 12.2              | 15.4                    |

### **Management structure for public health nutrition services in NSW**

Public health nutrition services are provided predominantly through Area Health Services. Non-government health organisations such as the National Heart Foundation-NSW Division and Diabetes Australia, NSW Branch also employ nutritionists with a public health focus.

Nutritionists in the NSW Centre for Health Promotion of the Health Department take a lead role in statewide policy development, coordination and workforce support. The NSW Centre for Public Health Nutrition has been funded to review literature regarding the range of strategies, evidence of effectiveness, and implications for implementation of nutrition policies and programs. This material will form the published evaluations of the effectiveness of nutrition policies and programs and to produce authoritative documents and guidelines to steer nutrition interventions in NSW. Other university-based public health practitioners have a variable role in workforce development, policy analysis and research.

The size, roles, job titles, job descriptions and organisational structure of the nutrition workforce vary across Area Health Services in NSW. The number per head of population and the distribution between clinical, community and public health nutrition in each Area Health Service is not routinely collated. Management and coordination vary. Some report to the Manager or Director Public Health, some to the Manager Primary Care, some to the Director Clinical Services.

In most Area Health Services, but particularly in rural and remote areas where there are only one or two nutritionists/dietitians, there are competing demands to provide administrative, clinical, community and public health services. In services where there are distinct public health and clinical positions, there is variable liaison and coordination of public health effort.

Comprehensive nutrition action is strongest in Area Health Services where there is a critical mass of trained nutrition workforce, continuity of staff and funding, long term planning and at least one individual with a defined role to coordinate public health nutrition effort.

Table 7. Public health nutrition workforce delineation framework

| Workforce category                            | Description and location  | Role and functions  | Characteristics   | Example in NSW   |
|---|---|---|---|--|
| <b>Public health nutrition academics</b>      | Academics actively participating in public health nutrition scholarship (research, teaching or practice). Usually based in universities and involved in faculties with nutrition and public health workforce training at undergraduate and post-graduate level. Includes researchers in one or more areas of public health nutrition (PHN), including higher degree research students. Includes academics actively consulting in public health network intervention, planning and evaluation. | Nutrition education and training of future (undergraduate programs) and existing workforce (post graduate and short course professional development). Research specific to public health nutrition knowledge and practice. Critically reviewing public health nutrition practice via intervention research and scholarship. Community service related to public health nutrition, eg Advocacy for public health nutrition issues. | Usually extensive experience.<br><br>Higher degree graduates in nutrition, dietetics or public health related field.<br><br>Usually have entry level qualifications in nutrition and/or dietetics (although not all). | NSW Centre for Public Health Nutrition.  |
| <b>Designated public health nutritionists</b> | Public health nutritionists employed in state or commonwealth government departments (usually with PHN title) with broad national, statewide, regional or broad coordination and advisory roles. Includes NGO based PHN specialists.  | Provide statewide or zonal leadership and coordination roles within government and NGO health agencies. Contribute to policy development and take a lead role in intervention management at population level.   | Usually (but not exclusively) graduates from nutrition and dietetic programs with considerable experience in PHN practice. Increasing number with higher degree qualifications in public health or related field.     | Nutritionists in NSW Centre for Health Promotion and in Area Health Service Public Health Units. |
| <b>Community nutritionists</b>                | Local level nutritionists usually working from health promotion teams, community health centres or community and ambulatory care services.  | Provide a mix of nutrition services including local level community and public health strategy development and implementation. Provide local level leadership in nutrition facilitation and capacity building.  | Usually dietitians.   | Nutritionists in Area Health Service Public Health Units Community Health positions.             |
| <b>Adjunctive nutritionists</b>               | Usually hospital or institution based clinical dietitians, including private practitioners providing clinical services. May have area service responsibilities with hospital service sector (area health services). Includes designated health promotion practitioners who have generalist responsibilities in nutrition promotion as part of their work portfolio.   |   | Coordination with designated public health nutritionists often limited.<br><br>A significant component of the public health nutrition workforce in terms of numbers.  |  |
| <b>Supplemental health workforce</b>          | Health professionals with nutrition as a side issue in service delivery and no specific competencies in this field.   | General practice, community nurses, oral health professionals   | Large population reach and potential source of nutrition education and promotion activity.  |  |

Adapted from Hughes R. *Public Health Nutrition Workforce Development Needs in Australia. PHD Confirmation Paper, School of Health Sciences, Griffith University, 2001.*

## International body mass index cut-offs

International body mass index cut-offs for overweight and obesity by sex between 2 and 18 years, defined to pass through body mass index 25 and 30 at age 18.

| Age<br>(years) | Body mass index 25 |       | Body mass index 30 |       |
|----------------|--------------------|-------|--------------------|-------|
|                | Boys               | Girls | Boys               | Girls |
| 2              | 18.4               | 18.0  | 20.1               | 19.8  |
| 2.5            | 18.1               | 17.8  | 19.8               | 19.5  |
| 3              | 17.9               | 17.6  | 19.6               | 19.4  |
| 3.5            | 17.7               | 17.4  | 19.4               | 19.2  |
| 4              | 17.6               | 17.3  | 19.3               | 19.1  |
| 4.5            | 17.5               | 17.2  | 19.3               | 19.1  |
| 5              | 17.4               | 17.1  | 19.3               | 19.2  |
| 5.5            | 17.5               | 17.2  | 19.5               | 19.3  |
| 6              | 17.6               | 17.3  | 19.8               | 19.7  |
| 6.5            | 17.7               | 17.5  | 20.2               | 20.1  |
| 7              | 17.9               | 17.8  | 20.6               | 20.5  |
| 7.5            | 18.2               | 18.0  | 21.1               | 21.0  |
| 8              | 18.4               | 18.3  | 21.6               | 21.6  |
| 8.5            | 18.8               | 18.7  | 22.2               | 22.2  |
| 9              | 19.1               | 19.1  | 22.8               | 22.8  |
| 9.5            | 19.5               | 19.5  | 23.4               | 23.5  |
| 10             | 19.8               | 19.9  | 24.0               | 24.1  |
| 10.5           | 20.2               | 20.3  | 24.6               | 24.8  |
| 11             | 20.6               | 20.7  | 25.1               | 25.4  |
| 11.5           | 20.9               | 21.2  | 25.6               | 26.1  |
| 12             | 21.2               | 21.7  | 26.0               | 26.7  |
| 12.5           | 21.6               | 22.1  | 26.4               | 27.2  |
| 13             | 21.9               | 22.6  | 26.8               | 27.8  |
| 13.5           | 22.3               | 23.0  | 27.2               | 28.2  |
| 14             | 22.6               | 23.3  | 27.6               | 28.6  |
| 14.5           | 23.0               | 23.7  | 28.0               | 28.9  |
| 15             | 23.3               | 23.9  | 28.3               | 29.1  |
| 15.5           | 23.6               | 24.2  | 28.6               | 29.3  |
| 16             | 23.9               | 24.4  | 28.9               | 29.4  |
| 16.5           | 24.2               | 24.5  | 29.1               | 29.6  |
| 17             | 24.5               | 24.7  | 29.4               | 29.7  |
| 17.5           | 24.7               | 24.8  | 29.7               | 29.8  |
| 18             | 25.0               | 25.0  | 30.0               | 30.0  |

From: Establishing a standard definition for child overweight and obesity worldwide: international survey.  
 Cole, T. J., Bellizzi, M. C., Flegal, K. M., Dietz, W. H. *BMJ* 2000 320: p.1240-1240.