

List of abbreviations

ABS	Australian Bureau of Statistics	NATSINSAP	<i>National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan</i>
ADHAC	Australian Department of Health and Aged Care	NHMRC	National Health and Medical Research Council
AFNMU	Australian Food and Nutrition Monitoring Unit	NGO	Non government organisation
AGPS	Australian Government Publishing Service	NPHP	National Public Health Partnership
AHS	Area Health Service	PAL	Physical activity level expressed as a multiple of basal metabolic rate.
AIHW	Australian Institute of Health and Welfare	PHN	Public Health Nutrition
ASSO	Australian Society for the Study of Obesity	RACGP	Royal Australian College of General Practitioners
BFHI	Baby Friendly Hospital Initiative	SEIFA	Australian Bureau of Statistics Socioeconomic Indices for Areas
BMI	Body mass index (see glossary for definition)	SIGNAL	Strategic Inter-Governmental Nutrition Alliance
EWA	<i>Eat Well Australia</i>	SIGPAH	Strategic Inter-Governmental forum on Physical Activity and Health
EWNSW	Eat Well NSW	WHO	World Health Organisation
GP	General Practitioner		
HP2005	<i>Healthy People 2005: New Directions for Public Health in NSW</i>		
IWG	Implementation Working Group		

Active transport

Physical activity undertaken as a means of transport. This includes travel by foot, bicycle and other non-motorised vehicle but excludes recreational activity.

Absolute poverty

Severely limited financial capacity to provide basic daily needs such as food, shelter, clothing and general care.

Adiposity rebound

Adiposity (as indicated by BMI) increases during the first year of life and then decreases before beginning to rise again around the age of six years. The increase in adiposity that occurs after it reaches its lowest point is referred to as 'adiposity rebound'. This is a normal pattern of growth that occurs in all children.

Body image

The mental picture that individuals have of their body and how they feel about their body.

Body mass index

Indicator of body fatness. Calculated from weight and height. $BMI = wt(kg) / ht(m)^2$

Breastfeeding

The child receives some breastmilk but can also receive any food or other liquid including non-human milk.

Ever breastfed

Refers to infants who have ever been put to the breast or received expressed breastmilk.

Exclusive breastfeeding

The infant receives only breastmilk or expressed breastmilk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines.

Full breastfeeding

An infant is fully breastfed if he/she receives breastmilk as the main source of nourishment. This includes infants who are either:

- a exclusively breastfed or
- b predominantly breastfed.

That is, infants can be classified as fully breastfed if:

- a they receive only breastmilk with no other liquids or solids (except vitamins, mineral supplements, or medicines) or
- b they receive breastmilk and water, water-based drinks, fruit juice, oral rehydration solution, but do not receive breastmilk substitutes or solids. The fully breastfed rate is the combined rate of exclusively breastfed and predominantly breastfed.

Predominant breastfeeding

An infant's predominant source of nourishment has been breastmilk but the infant may also have received water and water-based drinks (sweetened and flavoured water, teas, infusions etc); fruit juice; oral rehydration solution; drop and syrup forms of vitamins, minerals and medicines; and ritual fluids (in limited quantities). All other food-based fluids are excluded, in particular non-human milk.

Breastfeeding duration

The total length of time an infant received any breastmilk at all from initiation through until weaning is complete.

Complementary feeding

The child has received both breastmilk and nutrient-containing foods (this may include any food or liquid including non-human milk).

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 to promote health. These strategies 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.

Diet

Usual food intake and way of eating. Inclusive of but not limited to diets for weight control or other therapeutic purposes.

Disadvantage

Limitation of life opportunities in health or in social or economic wellbeing.

Disordered eating

An abnormal pattern of eating usually associated with dissatisfaction with body size but without clinical presentation as anorexia nervosa or bulimia.

Eating disorder

Defined clinical disorder associated with dissatisfaction with body size and abnormal eating in an otherwise physically healthy person. Principal disorders are anorexia nervosa and bulimia.

Energy density

Amount of food energy provided per volume of food.

Equality

Equality in health implies an equal share of health resources and access to services for everyone, regardless of need.

Equity

Equity is about equal access to services for equal need, equal utilisation for equal need and equal quality of care or services for all, with a focus on health outcomes.

Food access

Access to quality food in local communities which is safe, affordable at competitive prices, culturally acceptable and nutritious, and provides the opportunity for healthy food choices.

Food security

Access at all times to sufficient food for an active and healthy life.

Health services

Refers to the 17 Area Health Services, Corrections Health Service and the Children's Hospital at Westmead.

Healthy weight

Body mass index 18.5 to 24.9

Incidental physical activity

Physical activity that occurs as part of day-to-day life, excluding planned sport and leisure activities.

Infant

Refers to < 12 months old. 'Children' are ≥ 12 months.

Obesity

A condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired (usually indicated by body mass index > 30 kg/m²).

Overweight

Excess weight relative to height (usually indicated by a body mass index ≥ 25 kg/m²).

Passive over-consumption

Excessive unintended consumption of food energy due to high energy density of foods.

Relative poverty

Lack of resources to have the living conditions or to participate in activities as expected in the society in which an individual lives.

Vulnerable

Vulnerability is the increased susceptibility to adverse health events that may be experienced in times of life transitions (such as adolescence, pregnancy), through chronic health problems (such as mental illness or diabetes), or which may arise from exposure to adverse social, economic or physical environments (such as discrimination or poverty).

Weaning

The period during which infants are introduced to breastmilk substitutes and/or solid foods with the intention of ceasing breastfeeding.

List of tables and figures

- | | | | |
|----------|---|-----------|---|
| Table 1. | Framework for achievements | Figure 1. | National physical activity guidelines for Australians |
| Table 2. | Classification of overweight adults according to BMI | | |
| Table 3. | Framework for achievements | | |
| Table 4. | Performance of Eat Well Australia priorities against Eat Well NSW priority selection criteria | | |
| Table 5. | Match of public health nutrition priorities to other action plans and policies | | |
| Table 6. | DAA membership work areas 2001 | | |
| Table 7. | Public health nutrition workforce delineation framework | | |

Executive summary

Background

The relationship between diet and health is irrefutable. Good nutrition throughout the lifespan is a major factor affecting not only an individual's growth and development but also general physical and mental health and quality of life.

Poor nutrition and related factors contribute significantly to the total burden of disease in NSW. Dietary studies provide evidence of poor diet, notably a low consumption of vegetables and fruit among the NSW population and a trend for young people to eat less fruit and vegetables than other population groups. Rates of overweight and obesity are high amongst both sexes and across all life stages. The increase in these rates in recent years is alarming.

Investing in nutrition can reduce human suffering and release pressure on the acute health care sector through reduced rates of diet-related illness. Sound nutrition can also have major economic and social benefits because a healthy population is vital for economic development and social cohesion.

Purpose

Eat Well NSW provides a clear statement of health sector priorities for public health nutrition in NSW. Its purpose is to guide measurable population food and nutrition improvements.

Framework for planning and action

The vision of Eat Well NSW is to provide better health for all people in NSW through effective and focused public health action to promote healthy eating and good nutrition.

The public health nutrition priorities identified for action in NSW in 2003-2007 are:

- promoting healthy weight
- promoting increased consumption of vegetables and fruit
- promoting breastfeeding
- achieving improved food security
- achieving effective and sustainable action in public health nutrition.

Priorities were selected in consideration of Eat Well Australia, the national agenda for action in public health nutrition, the companion *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan* and a set of criteria relevant to a population approach in NSW.

The Eat Well NSW priorities are highly relevant to the main issues of a number of important NSW public health policies and strategies, particularly *Healthy People 2005*, *the New Directions for Public Health in NSW* and the *NSW Health and Equity Statement*. The guiding principles of Eat Well NSW reflect those of Public Health and Health Promotion in NSW. These are:

- adopt a population and prevention focus
- reduce health inequities
- take action relevant and acceptable to the community affected
- work in partnerships using a comprehensive approach
- use effective and sustainable actions
- support innovation.

Eat Well NSW makes a strong commitment to reduce health inequities. Achieving a positive impact on equity was one of the selection criteria for all Eat Well NSW priorities as well as the focus for the priority concerning improved food security. The special attention given to improved food security acknowledges that while NSW generally has an abundant food supply, there are groups of people who have insufficient food for an active and healthy life.

Table 1 presents a framework for achievements for 2003-2007 in terms of early wins, maturing investments and long-term gains. Selection of specific strategies and methods of monitoring of implementation will occur at both the state and Area Health Service level (in consultation with key partners including the community) and will be supported by products from the NSW Centre for Public Health Nutrition.

Strategic management and implementation

The NSW Centre for Health Promotion at the NSW Department of Health will coordinate management of implementation of Eat Well NSW. It will establish a strategic implementation management group involving key partners, researchers and independent experts to guide implementation. Processes surrounding the implementation of resolutions from the NSW Childhood Obesity Summit held in 2002 will assist implementation of actions associated with promotion of healthy weight.

The NSW Nutrition Network will play a crucial role in contributing expertise, providing leadership and advocacy at health service level and facilitating communication, dissemination of information and workforce development.

Supporting products and resources

NSW Health will fund the NSW Centre for Public Health Nutrition to produce a range of products and services to support implementation of Eat Well NSW including:

- reports that identify a range of actions that represent 'best buys' within selected priority areas
- reports that identify a 'menu of options' of strategies and outcome measures for priority areas. These will include reviews of the evidence to justify intervention, the evidence of effectiveness of potential interventions and outcome indicators and measures
- workforce development workshops to disseminate reports
- other products and services developed in consultation with NSW Health, the NSW Centre for Public Health Nutrition Advisory Committee and Area Health Services.

These reports will be guided by the strategic implementation and evaluation group and released progressively from mid 2003. Consultations will be undertaken to ensure the supporting products and resources meet user needs and link closely with the Eat Well NSW strategic directions.

Additional funding for specific interventions and workforce development identified by the implementation working groups will be sought through the routine NSW Health funding process and through appropriate external funding bodies.

NSW Health will explore a process for linking work on common issues in the *NSW Aboriginal Health Strategy* and Eat Well NSW such as promoting breastfeeding and improving food security.

Measuring progress

The implementation process as well as intermediate and final outcomes will be measured. The implementation working groups will develop indicators for each of the priority areas in consultation with the NSW Centre for Public Health Nutrition and the Area Health Services.

Table 1. Framework for achievements

Early wins by 2003	Maturing investments 2005	Long term gains by 2007
Promoting healthy weight		
<ul style="list-style-type: none"> • Monitoring report on weight status produced and disseminated. • Menu of evidence-based options for promoting healthy weight produced and disseminated. • Systems for monitoring healthy eating, physical activity, healthy weight and interventions implemented. • Hosting of the NSW Childhood Obesity Summit. • Increased health sector will and commitment to achieve healthy population weight. • Sectors outside health engaged. 	<ul style="list-style-type: none"> • State and local evidence based options implemented. • Ongoing implementation of <i>Government Action Plan 2003-2007: Prevention of Obesity in Children and Young People</i>. • Joint initiatives between health and non health sectors. • Health sector capacity for promotion of healthy weight increased. 	<ul style="list-style-type: none"> • Ongoing implementation of <i>Government Action Plan 2003-2007: Prevention of Obesity in Children and Young People</i>. <p>Reduced:</p> <ul style="list-style-type: none"> • environmental exposure to risk factors for weight gain during vulnerable periods of life • factors leading to passive over-consumption of energy-dense food • sedentary behaviours.
Promoting vegetables and fruit		
<ul style="list-style-type: none"> • Monitoring report on vegetable and fruit consumption produced and disseminated. • Develop a research model to assess supply pathways and associated barriers. • Disseminate evidence-based options for promoting fruit and vegetable consumption. 	<ul style="list-style-type: none"> • Audit vegetable and fruit supply pathways and associated barriers at the state level. • Engagement of sectors outside health. • State and local evidence-based interventions to promote fruit and vegetables. 	<p>Increased:</p> <ul style="list-style-type: none"> • knowledge of recommended intakes • knowledge, skills and confidence in selection and preparation of vegetables. <p>Increased:</p> <ul style="list-style-type: none"> • proportion of population eating vegetables and fruit everyday • consumption of fruit and vegetables by low consumers • variety of vegetables and fruit consumed • access to quality fruit and vegetables, especially for rural and remote communities.
Promoting breastfeeding		
<ul style="list-style-type: none"> • Monitoring report on breastfeeding produced and disseminated. • Disseminate options for promotion of breastfeeding as the normal and most beneficial method of infant feeding. • Negotiate for application of national standards in state monitoring. • Interventions to shift community attitudes. 	<p>Increased:</p> <ul style="list-style-type: none"> • supportive health workforce attitudes and practices • supportive community attitudes and practices • knowledge and understanding of breastfeeding supports and issues by families • application of national standards in state monitoring • Increased support for working mothers to breastfeed • state and local evidence based interventions implemented. 	<p>Increased:</p> <ul style="list-style-type: none"> • exclusive breastfeeding to six months • breastfeeding to 12 months • support of breastfeeding by health system • community support of breastfeeding. <p>Decreased introduction of solids before six months.</p>

Early wins by 2003	Maturing investments 2005	Long term gains by 2007
Achieving improving food security		
<ul style="list-style-type: none"> • Develop a planning framework. • Menu of options for improving food security produced and disseminated. • Initiate Aboriginal consultation. 	<ul style="list-style-type: none"> • Measure who is at risk and determinants. • Adapt model initiatives to meet local needs. • State and local projects implemented and evaluated. • Develop workforce skills in coalition building. • Range of evidence based interventions identified and disseminated. 	<ul style="list-style-type: none"> • Increased evidence-based interventions in place. • Improved access to food for disadvantaged groups.
Achieving effective and sustainable effort in public health nutrition		
<ul style="list-style-type: none"> • Identify and disseminate promising/ evidence-based options for initiatives in priority areas. • Public health nutrition workforce development in line with Eat Well NSW implementation. • Advocacy for public health nutrition role in creating health gain. • Review/reorient nutrition workforce structures. • Review resource allocation for public health nutrition. • Establish and develop a public health nutrition centre to facilitate implementation. 	<ul style="list-style-type: none"> • Integration of public health nutrition action into relevant policies, programs and services. • Ongoing public health nutrition workforce development. • Submit recommendations for public health nutrition resource allocation. 	<ul style="list-style-type: none"> • Greater capacity of health workforce to address public health nutrition priorities.