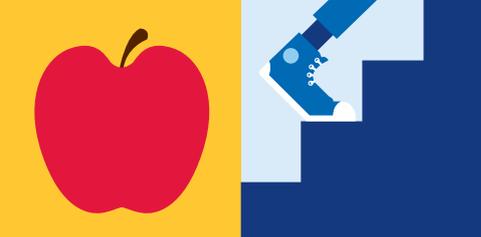


# NSW Healthy Eating and Active Living Strategy 2022-2032

Guiding the next decade of overweight  
and obesity prevention in NSW





NSW Ministry of Health  
1 Reserve Road  
St Leonards NSW 2065  
Tel. (02) 9461 7344

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above requires written permission from the NSW Ministry of Health.

SHPN (CPH) 220486  
ISBN 978-1-76023-242-9

© NSW Ministry of Health 2022

# Contents

Foreword	5
Strategy at a glance	6
Introduction	8
Background	9
Overview	11
Strategic Direction 1: Prevention programs and services to support healthy eating and active living	12
Strategic Direction 2: Routine advice on healthy eating and active living as part of clinical care	15
Strategic Direction 3: Social marketing to support healthy eating and active living behaviour change	17
Strategic Direction 4: Healthy food and built environments to support healthy eating and active living	19
Monitoring and governance	22
Glossary of terms and abbreviations	26
References	29



# Foreword



Being healthy and well, and preventing illness, is important to everyone. The NSW Government plays a key role in partnering with the community to help people live healthier, more active lives. Our commitment to this – and to preventing overweight and obesity – will continue over the next 10 years.

We aim to reduce the impacts of preventable chronic conditions – such as type 2 diabetes, cardiovascular disease and some cancers – and ensure a more sustainable health system into the future. This will improve health outcomes for the people of NSW. Keeping people healthy by promoting healthy behaviours and environments will help the health system prepare for, respond to, and recover from threats to population health.

We have made significant progress by coordinating resources and working in partnership across agencies and sectors. Our *Healthy Eating and Active Living Strategy 2013-2018* and the Premier's priority to reduce childhood overweight and obesity delivered:

- high-quality, evidence-based healthy eating and active living programs for infants, children, young people, pregnant women, older people and Aboriginal and Torres Strait Islander communities, at scale
- the expectation that health professionals treating children who are above a healthy weight will routinely
  - briefly discuss this with them and their families
  - refer them to statewide programs and local family support services
- evidence-based social marketing strategies that better communicate information people need to change behaviour

- transport and integrated planning initiatives for well-connected and liveable communities which promote active living
- healthier food and drink choices in schools and health facilities, and better food labelling.

Our next step is to bring these efforts together as part of *NSW Future Health: Guiding the next decade of care in NSW 2022-2032* and to support our implementation of the *National Obesity Strategy 2022-2032*.

We will increase our focus on partnering with Aboriginal and Torres Strait Islander people and other priority populations and reducing the stigma that can be associated with being above a healthy weight. To achieve this, we will:

- involve the community and health professionals in co-design of programs and communication messages
- provide more choice of programs and services and make them easier to access by increasing the use of virtual care
- collaborate and partner with key stakeholders to address social determinants through a coordinated approach to improve population health and integrate our approach across settings
- guide research on obesity prevention and act on evidence from this research to improve how we implement programs and target our investment.

Promoting healthy behaviours and environments requires commitment from all sectors to work together so that preventing overweight and obesity becomes everyone's business.

A handwritten signature in black ink, appearing to read 'Brad Hazzard', written in a cursive style.

Hon. Brad Hazzard, MP  
Minister for Health

# Strategy at a glance

## Goal: people are healthy and well

We invest in keeping people healthy to prevent ill health and tackle health inequality in our communities.



### Targets

NSW Health targets align with the *National Preventive Health Strategy 2021-2030* and the *National Obesity Strategy 2022-2032*.



Reduce overweight and obesity in children and young people (by 5% by 2030)



Halt the rise and reverse the trend of obesity in adults by 2030

### Objectives

- Increase intake of **vegetables and fruit**
- Reduce intake of **unhealthy foods and drinks**
- Increase intake of **water** instead of sugar-sweetened drinks
- Increase **physical activity**
- Decrease **sedentary behaviour**

### Strategic directions



1. **Prevention programs and services to support healthy eating and active living**



2. **Routine advice on healthy eating and active living as part of clinical care**



3. **Social marketing to support healthy eating and active living behaviour change**



4. **Healthy food and built environments to support healthy eating and active living**

### Focus areas

We will continue to focus on supporting children and families and on two key areas at a system level:

- Our work will **support Closing the Gap through initiatives co-designed with Aboriginal and Torres Strait Islander people**. We will work with Aboriginal and Torres Strait Islander communities and people to embed a collaborative, positive approach to healthy eating and active living across all four strategic directions.
- We will embed a supportive, inclusive and **non-stigmatising approach** in all our social marketing, information, programs and services that promote healthy eating and active living.

### Priority populations

Some groups of people face significant barriers to adopting healthy eating and active living behaviours. Such groups have higher rates of overweight and obesity and associated chronic disease and need more support to reduce this burden. They include:

- **Aboriginal and Torres Strait Islander people**, who experience a burden of disease 2.3 times higher than that of non-Aboriginal Australians<sup>1</sup>.
- **Children in the first 2000 days of life**, a critical time for physical, cognitive, social and emotional health that can have a lifelong impact. Pregnant women, infants, young children and their families will also be a key focus of this Strategy.
- **Children aged five to 16** and their parents/carers. More than one-fifth in this age group are above a healthy weight.
- **Older people**, who are more likely to be above a healthy weight, be less active, and have difficulty accessing information and services.
- **People from culturally and linguistically diverse backgrounds**, who are more likely to be above a healthy weight and have less access to information, services and programs.
- **People from lower socio-economic groups**, who experience a disproportionate burden of chronic disease due to social inequality and disadvantage.
- **People with a disability**, who have specific needs or require targeted support to access information, services and programs.
- **Rural, regional and remote populations**, who can have less access to health information and services.

### Key settings

Key settings for this Strategy are places where people go for health, community and education services. They include:

- community services
- early childhood education and care services
- general practices and other primary care services, including Aboriginal Community Controlled Health Services
- NSW Health services
- schools.

### Our partners

The NSW Ministry of Health will lead the implementation of this Strategy. Key partners in this are the NSW Health pillars, Local Health Districts and shared government services. To address the many factors in overweight and obesity we need to work across sectors and through strategic partnerships. This Strategy will not succeed without the contribution of our partners, including:

- Aboriginal and Torres Strait Islander communities and people
- carers and families
- clinicians
- federal, state and local government agencies
- industry and business
- non-government organisations
- obesity prevention experts
- primary healthcare professionals
- priority populations and their representatives
- research groups and researchers.



# Introduction

---

People value support and access to prevention strategies that will result in better health outcomes. Over the next decade we will invest in population-wide prevention strategies to tackle ill health and health inequity<sup>2</sup>.

Preventing chronic disease by addressing environmental, physical and societal factors that influence people's ability to make healthy choices will improve the health and wellbeing of individuals. There are clear health, economic and social benefits to investing in preventing chronic conditions such as cardiovascular disease and obesity<sup>3</sup>. If done well, chronic disease prevention<sup>4</sup> can:

- reduce personal, family and community impacts
- improve the use of stretched healthcare resources
- boost economic performance and productivity.

We know the community supports government commitment to a holistic, equitable and system-wide approach to preventing overweight and obesity<sup>5</sup>.

Obesity has many different drivers and causes which people often feel are outside of their control.

Prevention across the life course is needed to support and care for people living with obesity. The benefits of physical activity are wide-ranging. It can reduce the risk of developing a new chronic condition or the progression of an existing condition and improve overall quality of life. Investing in this approach will result in better health outcomes, less demand for hospital care, and more sustainable spending<sup>2</sup>.

This Strategy sets out our plans for:

- coordinating evidence-based investments across agencies and sectors to promote healthy environments and help individuals achieve health outcomes that matter to them
- implementing the *National Obesity Strategy 2022-2032* in NSW
- supporting *Future Health: Guiding the next decade of care in NSW*, in line with NSW Health's vision for a sustainable healthcare system
- prioritising community and consumer engagement in its implementation.

# Background

Living with overweight and obesity can have major impacts on people's lives.

Eating an unhealthy diet and not being active are leading drivers of chronic diseases<sup>6</sup>.

In NSW, more than one in two adults and one in five children are above a healthy weight<sup>7</sup>. Overweight and obesity alone was responsible for 8.4 per cent of the disease burden in Australia in 2015, the second highest after smoking<sup>6</sup>. The cost of obesity in Australia was estimated to be \$11.8 billion in 2018, due to both health costs and indirect community costs such as productivity losses<sup>8</sup>. Rates of childhood overweight and obesity in NSW have stabilised over the past ten years due to major efforts undertaken to date, but they are still too high<sup>9</sup>.

One in four people are anticipated to have two or more chronic conditions by 2031<sup>10</sup>. Creating systems and environments that support people to make healthy choices can prevent many of these chronic conditions from developing or reduce their impact.

Over the next decade, the way people live, learn and work will continue to change. To achieve our goals, we need to adapt our approach.

The COVID-19 pandemic raised awareness of the seriousness of obesity and chronic health conditions as known risk factors for COVID-19. These risk factors resulted in higher rates of hospitalisation, admissions to intensive care, and death<sup>11,12</sup>. The pandemic also highlighted:

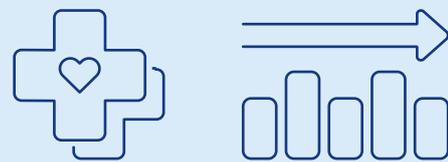
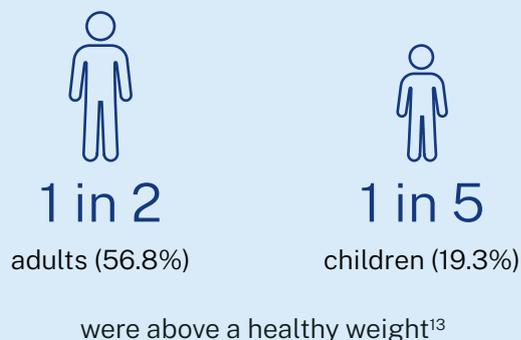
- the importance of social connection for good health<sup>13</sup>
- significant health inequities for some population groups<sup>13</sup>
- the fact that prevention is more cost-effective than treatment<sup>14</sup>.

Changes to build on include:

- increasing virtual delivery of our support programs and services for the community
- adapting our health promotion communications to focus on community mental health and wellbeing, integrating messaging with our partners.

## Snapshot: Overweight and obesity in NSW

In 2020



Over the past ten years, rates of overweight and obesity in children have remained stable. In adults, rates of overweight have remained stable, but rates of obesity have increased<sup>13</sup>

**System-wide issues influence people's lifestyle choices, including social, environmental, structural, economic, commercial and cultural factors<sup>15</sup>.**

The underlying causes of obesity are complex. Obesity is generally misunderstood as being about personal responsibility, but there are social, biological and environmental factors which are often outside people's control.

Key factors in increasing individual and population health are healthy eating and active living behaviours and supportive environments. In particular, targeted intervention at critical life points can help reduce the risk of overweight and obesity in children and adults. Promoting health and wellbeing has significant benefits in preventing chronic disease across all life stages.

While not explicitly addressed in this Strategy, we know that there are clear links between being overweight or obese, mental wellbeing and disordered eating. Poor mental health and wellbeing can contribute to behaviours that lead people to be under or over a healthy weight. Poor nutrition and being above a healthy weight can also negatively influence a person's mental health. These issues will be considered within relevant Strategic Directions through actions focusing on improving healthy behaviours, by linking with existing NSW Health Strategies and partnering with stakeholders who focus on these issues.



To address the complexities of overweight and obesity, the needs of the people of NSW must inform our whole-of-government approach<sup>16</sup>.



# Overview

We have designed the NSW Healthy Eating and Active Living Strategy to achieve our goals through actions in four areas (Strategic Directions):

1. Prevention programs and services to support healthy eating and active living
2. Routine advice on healthy eating and active living as part of clinical care
3. Social marketing to support healthy eating and active living behaviour change
4. Healthy food and built environments to support healthy eating and active living.

People expect NSW Health to provide information, programs and services to help them make sustainable lifestyle changes (Strategic Direction 1). We know that our health workforce plays a key role in starting positive discussions with people about weight, providing routine referrals as part of routine clinical care, and supporting long-term behaviour change (Strategic Direction 2). When working with people, NSW Health staff emphasise the benefits of healthy eating and active living, rather than just weight loss. We will also focus on taking a non-stigmatising approach when discussing weight and health (Strategic Directions 1, 2 and 3).

People's experience is that the quality of the environments they spend time in can either help or hinder their efforts to live healthier lives<sup>17,18</sup>. Changes in recent decades have led to environments that promote unhealthy eating and decrease opportunities for physical activity<sup>19,20</sup>. To make healthier food choices, people want more appealing and affordable healthy food and drink options. To be more physically active they want footpaths, cycleways, and public spaces with access to nature and street connectivity. These environmental features link to better physical and mental health, social cohesion and safety; and less traffic, air pollution, noise and crime<sup>21</sup>. Strategic Direction 4 focuses on how government, partners and communities can work together towards this over the next decade.

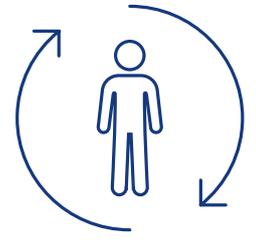
This Strategy outlines long-term, evidence-based actions. It describes what we want to do and sets the research agenda to inform how it evolves. We will use the findings from this research to guide our implementation of the Strategy over the decade.

This Strategy applies to the whole of the population. We will consider the needs of the community and those who are more affected by or at higher risk of experiencing obesity and overweight when planning and implementing far-reaching actions. By working collaboratively with partner organisations and agencies we will address the social determinants of health for these priority populations to support people being healthy and well. In addition, we note that some targeted actions will be delivered to specific consumer groups under each Strategic Direction.



## Strategic Direction 1:

# Prevention programs and services to support healthy eating and active living



## Our future

We deliver high-quality prevention programs in a sustainable and personalised way in communities, at home and through virtual care.

## Why it's important

We recognise that many factors affect people's health. We understand early and open collaboration with the people who use our healthy eating and active living programs is vital to their success. Our programs support the needs of diverse priority populations, and are available in formats and settings throughout NSW. This gives people access to support when they want it and where they need it<sup>22</sup>.

Strategic Direction 1 applies to the whole population but some actions focus on:

- Aboriginal and Torres Strait Islander communities
- people at risk of type 2 diabetes
- people from culturally and linguistically diverse backgrounds
- people from lower socio-economic communities
- people with a disability
- pregnant women, children in their first 2000 days of life and their families, and older people
- regional and remote communities.





## What we want to achieve

- health outcomes that matter to individuals and the community
- programs co-designed with priority populations to meet their needs
- programs that support related policy areas such as addressing alcohol consumption and support for breastfeeding
- customer-centric programs and services delivered in partnership with government agencies and other partners
- stronger partnerships with Aboriginal and Torres Strait Islander people and organisations to deliver lifestyle programs and services
- cross-sectoral work to reduce structural and social barriers that create inequities in health
- expanded research and evaluation focused on healthy eating, active living and prevention of overweight and obesity.

### Virtual health services

**Get Healthy in Pregnancy** offers free health coaching and support by phone, text message and email. It helps women eat healthily, be physically active, abstain from alcohol and achieve a healthy weight in pregnancy. Users work with their own university-qualified health coach to set goals, overcome challenges and build confidence to sustain lifestyle changes. More than 45,500 women have had referrals to the program since it launched in 2016.

*“My coach has definitely motivated me to set and keep working on my health goals over my pregnancy. Her calls have helped me keep my goals front of mind and also kept me accountable... I have really enjoyed every interaction.”*

–Emily, 36 years

## Actions underway

- Strengthen the delivery model of prevention support programs for adults to ensure they are innovative, sustainable, address inequities and can adapt to meet participant needs. This includes the Get Healthy Information and Coaching Service, Staying Active, and Healthy and Active for Life Online. **(NSW Health, health professional peak bodies)**
- Refresh the NSW Aboriginal Knockout Health Challenge and strengthen its connection to Aboriginal and Torres Strait Islander communities and local services. **(NSW Health, AH&MRC, Aboriginal Community Controlled Health Services (ACCHS))**
- Refresh and strengthen physical activity and healthy eating programs in primary schools (Crunch&Sip, school breakfast programs) in line with the Wellbeing Framework for Schools and Nutrition in Schools policies. **(NSW Department of Education, NSW Health, Catholic and independent education sectors)**
- Refresh and strengthen physical activity and healthy eating programs in early childhood education and care services (Munch & Move). **(NSW Health, NSW Department of Education, early childcare education sector)**
- Continue implementation of the NSW Healthy School Canteen Strategy in line with the Nutrition in Schools policy. This includes providing an integrated information service to help school canteens with menu checks and product inquiries. **(NSW Department of Education, NSW Health, Catholic and Independent Education Sectors)**
- Deliver nutrition and physical activity education through the Personal Development, Health and Physical Education; Science; and Food Technology curricula. **(NSW Department of Education, NSW Health)**
- Encourage increased physical activity through programs such as the Premier's Sporting Challenge. Comply with the policy of providing 150 minutes of physical activity per week in school time. **(NSW Department of Education)**
- Refresh programs to promote drinking water and healthy food in junior community sports clubs. **(NSW Health, NSW Office of Sport)**
- Continue to deliver programs to increase participation in active recreation and sport, for example, the Active Kids program. Use evaluation outcomes to target priority populations and reduce barriers related to inequities. **(NSW Office of Sport, NSW Health, Service NSW)**

## New actions

- Develop, test and evaluate new ways to promote physical activity and healthy eating in secondary schools. **(NSW Department of Education, NSW Health, Catholic and independent education sectors)**
- Review existing initiatives for Aboriginal and Torres Strait Islander communities, including NSW Closing the Gap Partnership initiatives, with the community to identify gaps and areas for innovation and improvement, including focusing on the needs of Aboriginal people with disability. **(NSW Health, NSW Coalition of Aboriginal Peak Organisations (CAPO), NSW Coalition of Aboriginal Regional Alliances)**
- Support cross-agency research on the levels of digital access, ability and affordability in Aboriginal and Torres Strait Islander communities in rural, remote and metropolitan areas through the Closing the Gap partnership. Use the findings to inform the design digital solutions that increase access to healthy eating and active living information. **(NSW Health via Closing the Gap Partnership with CAPO, research organisations including AH&MRC)**
- Develop, test and evaluate new ways to encourage active travel to and from school. **(Transport for NSW, NSW Department of Education, NSW Health, local governments)**
- Explore opportunities to provide early support to children and families experiencing complex disadvantage to adopt healthy eating and active behaviours in partnership with non-government services. **(NSW Department of Communities and Justice, Non-government organisations, NSW Department of Education, NSW Health)**
- Support research exploring solutions to overweight and obesity that reflect the complexity of the causes. Use the findings to improve all programs as they evolve. **(NSW Health, research organisations)**



## Strategic Direction 2:

# Routine advice on healthy eating and active living as part of clinical care



## Our future

People have more control over their own healthcare enabling them to make decisions that will achieve the healthy eating and active living outcomes that matter most to them.

## Why it's important

Consumers and health professionals share the view that our health system should focus more on keeping people healthy and well, rather than just treating illness<sup>23,24</sup>.

Seeing patients for routine health-care services gives health-care workers a chance to talk with them about their lifestyle. Primary care clinicians such as general practitioners, nurses and pharmacists are well placed to build discussions about healthy behaviours into routine care through their frequent interaction with patients. The use of existing interactions is also an efficient use of resources. Increasingly, NSW Health clinical services identify children above a healthy weight and provide information, advice, and referrals to programs and services that can support them.

Strategic Direction 2 applies to the whole population but focuses on:

- Aboriginal and Torres Strait Islander people
- children and their families/carers
- older people
- people from culturally and linguistically diverse backgrounds
- people with cancer
- people with chronic diseases
- pregnant women.

“The program really helped us to move to healthier choices.”

— Doshi Family

We need to partner with consumers and health professionals to design, test and develop these programs and services, especially those with direct experience of lifestyle guidance in a clinical setting and people with lived experience. Appropriate professional education, and clinical policies, procedures and guidelines, will support our health workforce to provide routine advice in sensitive and non-stigmatising language. Person-centred digital health solutions will help patients, providers and programs share information, make decisions and integrate care.

### Clinically referred programs

NSW Health offers two free statewide programs that accept referrals from clinicians or directly from parents and carers – **Go4Fun** and the **Get Healthy Information and Coaching Service®**.

Go4Fun is an evidence-based program for children aged 7 to 13 who are above a healthy weight, and their families. The program is centred on healthier living and is delivered flexibly, either face-to-face in the community or virtually with phone coaching support. The focus is on making family lifestyle changes and adopting healthy eating and fitness habits, while improving wellbeing.

Participants achieve average reductions in body mass index of 0.6 units, waist circumference of 1.7cm and a decrease in resting heart rate by 11.7 beats per minute.

## What we want to achieve

- increased access to prevention advice and programs in clinical settings
- partnerships between clinicians and patients to achieve personalised, kind, culturally safe and appropriate approaches to care
- increased access to, and delivery of, self-determined, high-quality services for Aboriginal and Torres Strait Islander people in partnership with the community-controlled Aboriginal and Torres Strait Islander health sector
- recognition that Aboriginal and Torres Strait Islander leadership, expertise and culture is essential in healthcare delivery
- expansion of existing clinical programs that address overweight and obesity in children over five and their families.

## Actions underway

- Extend and innovate the Get Healthy in Pregnancy program to increase referrals and enrolments. **(NSW Health, AMIHS)**
- Integrate referrals to the Get Healthy cancer support program to help people with cancer and in survivorship be physically active as part of best practice clinical care. **(NSW Health, primary health networks (PHNs), health professional peak bodies)**
- Embed routine growth assessment, advice and referral for children who are above a healthy weight and their families in contact with NSW Health services as part of good clinical care. **(NSW Health, Royal Australian College of General Practitioners and other health professional peak bodies)**
- Review and update training and support tools to help health professionals identify children who are above a healthy weight, sensitively provide advice to families and refer to statewide programs such as Go4Fun. **(NSW Health, health professional peak bodies)**
- Support the ongoing delivery, expansion and evaluation of existing innovation models of healthcare delivery, for example, hybrid and/or multidisciplinary obesity services. Work with families to achieve sustainable healthy weight and health outcomes that matter to individuals. **(NSW Health)**

## New actions

- Develop and test new models of the Get Healthy Information and Coaching Service for patients with chronic disease. Embed these models into clinical pathways and link to other statewide programs as appropriate. **(NSW Health, PHNs, health professional peak bodies, AMIHS)**
- Develop interventions that support discussions about the long-term benefits of healthy behaviours in women planning pregnancy and their clinicians. **(NSW Health)**
- Consider new models of care and modes of delivery to provide equitable access to support for families with children above a healthy weight as part of Closing the Gap. Particularly focus on Aboriginal and Torres Strait Islander people and other priority populations and on children under five. **(NSW Health, CAPO, AMIHS, PHNs, health professional peak bodies)**
- Develop resources and training to strengthen the confidence and competence of healthcare workers to prioritise prevention of obesity while preventing weight stigma. **(NSW Health, health professional peak bodies)**
- Explore new models of care that address healthy behaviours specific for older people living with frailty. **(NSW Health)**
- Support Aboriginal and Torres Strait Islander families to make informed decisions about care through standard, culturally specific and/or community-led programs and services and provide culturally safe referral pathways for children above a healthy weight. **(NSW Health, CAPO)**
- Develop digital solutions to allow sharing of information, shared decision making and partnering between patients, providers and programs. **(NSW Health)**
- Research and enhance health workforce knowledge, skills, attitudes and behaviours to address weight stigma. **(NSW Health, research organisations, AH&MRC)**
- Co-design health professional communication resources with young people to ensure they feel welcome, comfortable and safe when getting healthcare. **(NSW Advocate for Children and Young People, NSW Health, health professional peak bodies)**

## Strategic Direction 3:

# Social marketing to support healthy eating and active living behaviour change



## Our future

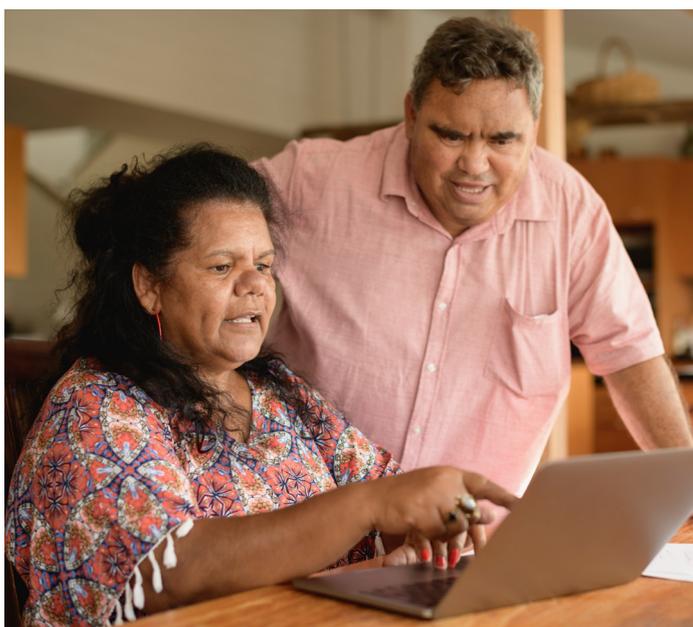
Digitally enabled social marketing gives people easy access to healthy eating and active living information, programs and services and helps them change their behaviour.

## Why it's important

People want accurate, up-to-date information from the NSW Government about healthy eating and physical activity. We use research to understand people's needs, and to understand where, when and how they want to receive information about making healthy lifestyle changes. Our research tells us that people expect us to take a supportive, positive tone when we communicate with them. Social marketing that emphasises the benefits of a healthier lifestyle motivates people to change their behaviour over the long term<sup>25,26</sup>.

Strategic Direction 3 applies to the whole population but focuses on:

- Aboriginal and Torres Strait Islander people
- children and their families/carers
- people from lower socio-economic communities
- pregnant women.



## Consumer focused communications

Our research told us that people want to access healthy lifestyle information and services quickly and easily. To deliver this, we are giving all NSW Government communications a shared look and feel. This makes it easier for people to know when they are receiving evidence-based healthy lifestyle support from a trusted source. Work to create a new, user-friendly digital platform where people can find healthy eating and active living information, programs and services in one place will also make it easier for them to get the support that's relevant to them.

## What we want to achieve

- social marketing and communications activities that are shaped by customer insights to achieve greater reach and have wider impacts on people's behaviour
- strengths-based, inclusive approaches to social marketing and communications activities that are developed in partnership with priority populations and community groups
- evidence-based social marketing and communications content that is informed by current health information and data
- easier access to information, programs and services that enable people to adopt healthy eating and active living behaviours in their own lives
- social marketing and communications content that fits seamlessly into other NSW Government channels and platforms.

## Actions underway

- Extend the reach and impact of preventive programs and services (in Strategic Direction 1) and access to healthy environments (in Strategic Direction 4) through social marketing and communications. **(NSW Health)**
- Use marketing and communications activities, primarily through digital and social channels, to connect people with the right information, programs and services to help them adopt and maintain healthy behaviours. **(NSW Health)**
- Develop and promote messaging and content which is informed by health literacy principles, that minimises shame and stigma, and aligns with other NSW Health strategies (such as the First 2000 Days Framework) and policies. **(NSW Health)**
- Improve customer service and access to programs, support and services by aligning healthy eating and active living communications and the NSW Government brand. **(NSW Health, NSW Department of Customer Service)**
- Make communications for priority population audiences more accessible and consistent, and aligned with broader NSW Government strategies. **(NSW Health)**
- Partner with other NSW Government agencies to amplify healthy eating and active living messaging through their internal and external communication channels. **(NSW Health, other NSW Government departments and agencies)**
- Partner with non-government agencies to increase the reach and impact of NSW Health's healthy eating and active living messages and programs. **(NSW Health, non-government agencies)**

- Lead communications to support NSW kilojoule menu labelling legislation. **(NSW Health, NSW Food Authority)**
- Contribute to national communications initiatives such as the Health Star Rating front-of-pack labelling system to guide consumers to make healthier choices. **(Australian Government, NSW Health, NSW Food Authority)**

## New actions

- Build an integrated digital platform to connect people to NSW Government information and services to help them live a healthier lifestyle. **(NSW Department of Customer Service, NSW Health)**
- Conduct research with stakeholders and partners to inform our marketing and communications activities. This includes targeted campaigns to connect healthy eating and active living supports. **(NSW Health)**
- Develop communication resources to help young people make healthy choices such as planning healthy meals. **(NSW Advocate for Children and Young People, NSW Health)**



## Strategic Direction 4:

# Healthy food and built environments to support healthy eating and active living



## Our future

The environments where people live support them to adopt healthy eating and active living behaviours.

## Why it's important

Healthy food and healthy built environments are key components of a comprehensive approach to supporting healthy eating and active living. This is because the environments where we live, work, play and age strongly influence our choices<sup>17,18</sup>.

The food environment includes the foods that are available, how much they cost and how they are marketed. Places that offer more appealing, affordable and healthy food and drink options support people to make healthy eating choices.

People want their communities to include public places that make it easier to be physically active. Creating green, open spaces that feature parks, gardens and sports-fields, along with walkable, shady streets and quality amenities helps to achieve this. The community's experience during the COVID-19 pandemic called attention to the value people place on quality public places and access to natural environments. It also highlighted the need for more footpaths, cycleways and public spaces that support active transport by making it easier for people to walk or cycle.

Strategies to plan and build communities that include more open, green space, provide better links to key destinations, and provide greater density and diversity of housing help support people to be active<sup>27</sup>. Environments that encourage activity are associated with better physical and mental health, social cohesion and safety<sup>21</sup>.

People in rural and remote areas and some Aboriginal and Torres Strait Islander people face more barriers to accessing healthy, affordable food and environments that enable active living. To address this, we will take a system-wide approach to creating healthy environments and work with partners to find new opportunities to increase access to healthy food and places to be active.

Strategic Direction 4 applies to the whole population but some actions focus on:

- Aboriginal and Torres Strait Islander people
- children and their families/carers
- people with a disability
- pregnant women
- rural and remote communities.



The built environment includes physical design, patterns of land use and the transport system.



## Healthy school canteens

The **NSW Healthy School Canteen Strategy** helps school canteens model a healthy environment for children. School canteens should reinforce lessons in the classroom and link to a whole of school approach to encouraging healthier eating. A healthy menu makes healthy choices easier for children and their families.

- More than 95 per cent of NSW Government primary and secondary schools with a canteen have demonstrated they meet the standards of the NSW Healthy School Canteen Strategy in 2022.
- This is around 1,550 schools, reaching hundreds of thousands of children and adolescents.

## Promoting healthier lifestyles through open spaces

People who have access to quality, green, open and public places are healthier and happier than those who don't. Open spaces are important public areas where people can relax, be active, play and enjoy the natural environment. Walkable, accessible, well-designed open spaces promote healthier lifestyles.

The Open Space Program aims to support and enhance community health and wellbeing for the people of NSW. The Program is creating new and improved open spaces to swim, play, roam, ride and connect with nature across NSW.

## What we want to achieve

- create environments that increase people's access to healthy food and drink and enable them to be more active through a systems and whole-of-government approach
- contribute to national food related initiatives that promote healthy food choices
- influence the design of healthy built environments by building and maintaining partnerships with stakeholders
- ensure healthy eating and active living are prioritised in cross-government and national planning, infrastructure, and transport initiatives.

---

“Knowing you have healthy choices at the canteen helps out parents so much.”

— **Parent, Grays Point Public School**

---

“It is not just the physical change in children and how they can improve themselves. But it also impacts on their learning as well. If they are eating healthy, they feel healthier, they feel happier and they learn more.”

— **Marrickville Public School Canteen Manager**

## Actions underway

### Healthy food environments

- Contribute to national food labelling initiatives to help people to make healthy food choices, such as the Health Star Rating front-of-pack labelling system. **(NSW Health, NSW Food Authority)**
- Continue implementing the kilojoule menu labelling initiative to help people make healthier choices when eating out. **(NSW Food Authority, NSW Health)**
- Contribute to national food labelling approaches to support families with infants and young children adopt healthy food habits. This includes supporting breastfeeding and protecting people from inappropriate marketing of breast milk substitutes. **(NSW Health, NSW Food Authority)**
- Continue implementing the NSW Healthy School Canteen Strategy in line with the Nutrition in Schools Policy. This includes providing an integrated healthy food information service to help school canteens with menu checks and product inquiries. **(NSW Department of Education, NSW Health, Catholic and independent education sectors)**
- Contribute to national initiatives that increase the availability of healthy food and drink options, such as the Healthy Food Partnership. **(NSW Health)**
- Continue implementation of the Healthy food and drink choices for staff and visitors in NSW health facilities Framework. **(NSW Health)**

### Healthy built environments

- Develop precinct and place-based planning to promote sustainability and assist active travel, healthy eating, active living and high-quality public spaces through application of the principles of healthy built environments. **(NSW Health, Department of Planning and Environment, Greater Sydney Commission)**
- Invest and deliver enhanced walking and cycling infrastructure to encourage active transport. **(Transport for NSW, NSW Health)**
- Deliver cross-government planning and transport initiatives that support more active lifestyles and travel. These include high-quality public and open spaces; safe, well-connected bike and walking routes; accessible change rooms and end-of-trip facilities; and participation incentives. **(NSW Department of Planning and Environment, Transport for NSW, Government Architect NSW, Greater Sydney Commission, research organisations, NSW Health, NSW Office of Sport, local governments)**
- Support the development of active recreation, sport and infrastructure. **(NSW Office of Sport, NSW Health, Department of Regional NSW, local governments)**

- Inspire people to be active in National Parks by creating and promoting iconic experiences, providing high quality visitor facilities and improving access for all. **(NSW Department of Planning and Environment)**
- Provide local and statewide input into planning of new residential areas and redesign of old ones, using the Healthy Built Environment Checklist. **(NSW Health)**

## New actions

- Contribute to national policies that guide and support healthy food and drink choices, such as the Australian Dietary Guidelines and the National Nutrition Policy Framework. **(NSW Health)**
- Investigate opportunities to improve access to healthy food for priority populations, particularly in rural, remote and Aboriginal and Torres Strait Islander communities. **(NSW Health, AH&MRC, CAPO, ACCHO, NSW Department of Primary Industries)**
- Embed the broader health, social and economic benefits of healthy eating and active living within relevant NSW Health policies and Strategies. **(NSW Health)**
- Contribute to the evidence base for active transport and healthy built environment initiatives. **(NSW Health, Transport for NSW, Department of Planning and Environment)**
- Investigate options to expand the availability and promotion of healthy food and drink choices in government settings. **(NSW Health, NSW Department of Primary Industries, other local and state government departments and agencies)**
- Monitor research and evidence to explore new opportunities for enhancing healthy food and physical activity environments. **(NSW Health, NSW Department of Primary Industries, research organisations)**
- Explore new initiatives and research in food production to make available healthy and affordable food options. **(NSW Department of Primary Industries)**
- Develop a research strategy focused on food production and the use of food for improved health and consumer outcomes. **(NSW Department of Primary Industries, NSW Health)**
- Investigate options to include active transport and active living in the requirements for infrastructure planning and investment at state and local levels, where appropriate. **(NSW Health, Infrastructure NSW)**
- Investigate options to ensure active transport and active living are embedded as priorities in infrastructure projects, from planning through to the delivery. **(NSW Health, Transport for NSW, local governments)**



# Monitoring and governance

---

Monitoring health risk factors and chronic conditions is important for understanding the health of our population and how we are progressing towards meeting the overall goal of people being healthy and well.

Monitoring short-, medium- and long-term outcomes will assist in assessing program impacts, tracking the allocation of resources, planning programs and services, and understanding trends in risk factors over time at a population level. It will also assist in informing the development of new policies and programs including targeting priority populations<sup>28</sup>.

## Monitoring and evaluation framework

The NSW Ministry of Health will lead the implementation of this Strategy. An overarching monitoring and evaluation framework will track progress towards meeting the Strategy's targets and objectives that will:

- detail measurable short-, medium- and long-term outcomes – such as process measures, behavioural and health outcomes, patient-reported outcome measures, and economic outcomes

- identify how outcomes from specific programs and services evaluation frameworks will contribute to the overarching objectives of this Strategy (existing data sources and indicators will be used where possible)
- include indicators stratified by relevant factors, for example, priority populations, regional versus metropolitan
- develop methods for monitoring progress and outcomes of initiatives that target Aboriginal and Torres Strait Islander communities based on the Partnership Agreement for Closing the Gap in Indigenous Health Outcomes and the *Aboriginal Health Plan 2013-2023*
- outline frequency and timing of monitoring, evaluation, reporting and reviews
- align with the national prevention monitoring and reporting framework from the *National Preventive Health Strategy 2021-2030* when finalised.

We acknowledge that by focusing on priority populations there is a need to monitor differential impacts and consider unintended consequences of interventions. For example, digital technologies may both offer solutions for some populations and increase inequities in others. These outcomes will be recognised in the framework, measured where possible and used to inform intervention and program improvements.

## Data sources

Data on weight-related behaviours and health outcomes will be drawn from sources listed in Table 1 and others as needed and identified. Where available, estimates may be drawn from multiple sources as comparing estimates is a valuable tool to validate findings and gain a better understanding of the true nature of an issue. As many healthy eating and active living interventions aim to achieve sustainable behaviour change within the population, it will take time to evaluate and fully understand the benefits of these initiatives. Long-term monitoring is required to determine the likely impact on weight-related health behaviours, health outcomes and overweight and obesity prevalence estimates.

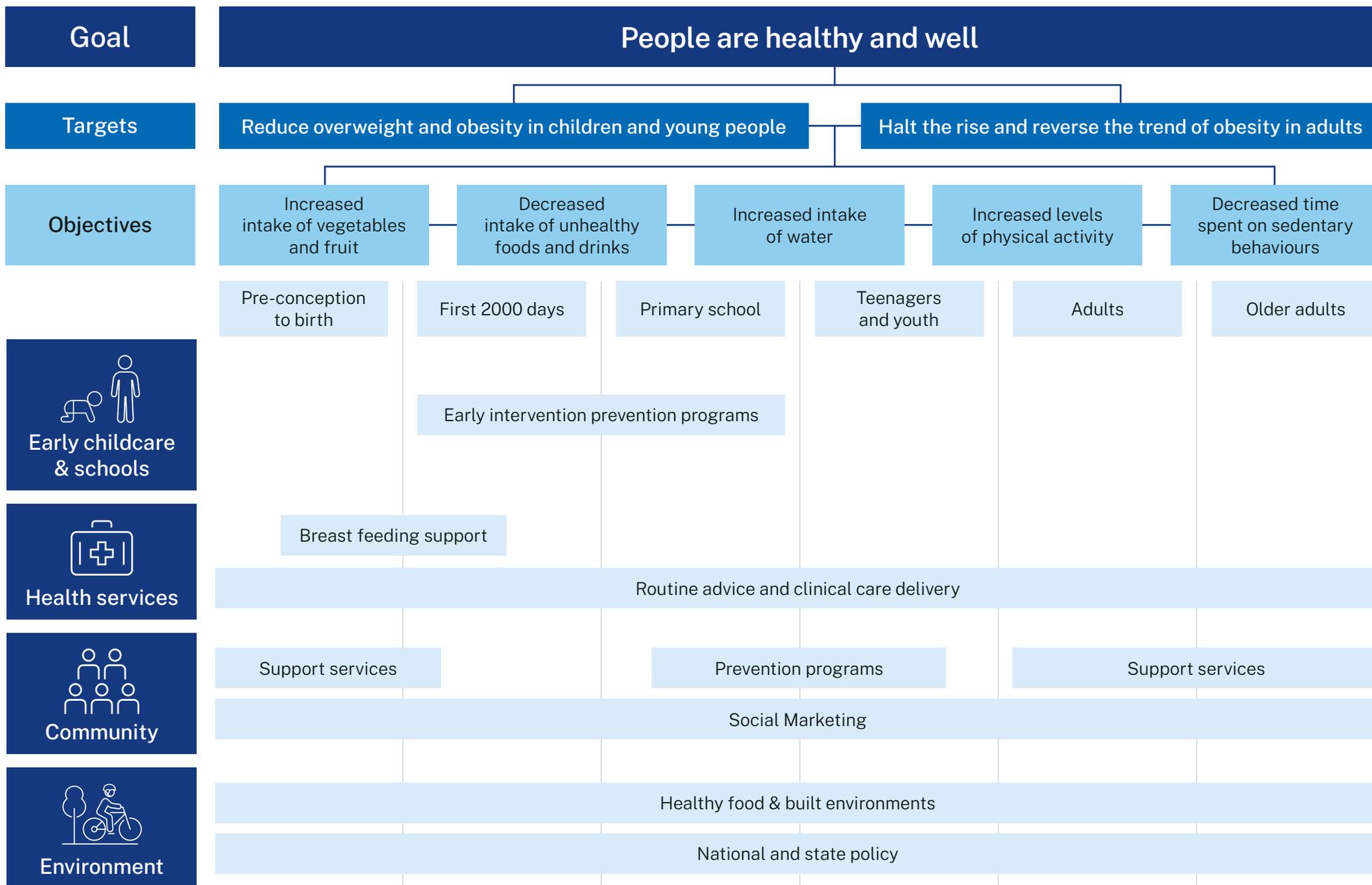
The 10-year targets described in this Strategy will be monitored annually using the NSW Population Health Survey. Baseline data was measured in 2020 and progress at 10-years will be measured in 2030 for reporting in 2032.

**Table 1: Examples of data sources for evaluation and monitoring**

Data source	Description
NSW Population Health Survey	Provides ongoing annual estimates on a range of indicators including health risk factors, health behaviours and service use of adults and children in NSW. Survey results enable the estimation of a variety of health indicators, such as child and adult overweight and obesity, healthy food and drink intake and physical activity levels. All indicators are reported at the State level, and where available other sub-groupings may be reported including sex, age, geographical location/remoteness, country of birth, Aboriginality etc. The Survey is administered every year which enables the ongoing monitoring of long-term trends for most indicators.
National Health Survey	Data on the health of Australians including health behaviours, health conditions, health risk factors and demographic and socio-economic information. This survey collects additional information not included in the NSW Population Health Survey, yet is collected less frequently.
Initiative specific data collection	Data on reach and impact will be collected for each relevant initiative in this Strategy as outlined in individual evaluation frameworks. Data sources include program and service data, administrative datasets and routine health data, Google analytics, social media analytics, and customer research and evaluation including self-reported data. Data governance processes and approvals will be developed and sought as needed for each initiative.



Figure 1. NSW healthy eating and active living implementation and outcomes model



## Governance

An annual stakeholder forum will be held to report on progress and get feedback and guidance from government and other stakeholders. Discussion and planning for future initiatives will occur at this forum. Invitees to the forum will include (but are not limited to) representatives from NSW government departments and agencies, specialist and primary care clinicians, organisations representing priority populations, obesity research groups and researchers, non-government organisations, and community members.

Existing governance structures established to support Closing the Gap will be utilised as appropriate, for example:

- NSW Coalition of Aboriginal Peaks and the associated Health Officer level Working Group
- NSW Coalition of Aboriginal Regional Alliances
- Community infrastructure

## Research and innovation

The NSW Government will continue to invest in policy relevant, high quality and ethical research to improve and inform approaches to healthy eating, physical activity and the prevention of overweight and obesity.

All four Strategic Directions include research actions that will continue to build the evidence base. The continued investment and commitment to research will allow for the identification of priorities for implementation. This will be complemented by partnerships to improve research translation.

New research and evaluations will be used to understand, develop and test new initiatives that will build on the work of previous decades. It will also be used to innovate and improve existing initiatives.

## Strategic framework

A coordinated effort is key to success. This Strategy aligns with other NSW and national strategic frameworks and is in line with the NSW Health vision.

## The NSW Health vision

A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness, and is digitally enabled.

## Future Health 2022-2032

This Strategy will contribute to the Future Health strategic outcomes and objectives through implementation of the outlined actions in line with value based healthcare principles.

## NSW strategies

- [NSW Future Health: Guiding the next decade of care in NSW 2022-2032](#)<sup>10</sup>
- [NSW Premier's Priorities](#)<sup>29</sup>
- [NSW Intergenerational Report 2021-22](#)<sup>30</sup>
- [Brighter Beginnings – the first 2000 days of life](#)<sup>31</sup>
- [The First 2000 Days Framework and First 2000 Days Implementation Strategy 2020-2025](#)<sup>32, 33</sup>
- [NSW Aboriginal Health Plan 2013-2023](#)<sup>34</sup>
- [NSW Implementation Plan for Closing the Gap](#)<sup>35</sup>
- [NSW Aboriginal Health Partnership Agreement 2015-2025](#)<sup>36</sup>
- [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#)<sup>37</sup>
- [Breastfeeding in NSW – Promotion, Protection and Support](#)<sup>38</sup>
- [NSW Virtual Care Strategy 2021-2026](#)<sup>39</sup>
- [NSW Health Strategic Framework for Integrating Care](#)<sup>40</sup>
- [Living Well: A Strategic Plan for Mental Health in NSW 2014-2024](#)<sup>41</sup>

## National strategies

- National Preventive Health Strategy 2021-2030<sup>42</sup>
- National Obesity Strategy 2022-2032<sup>8</sup>
- National Strategic Framework for Chronic Conditions<sup>43</sup>
- National Agreement on Closing the Gap<sup>44</sup>
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031<sup>45</sup>
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023<sup>46</sup>
- Clinical Practice Guidelines: Pregnancy Care 2020<sup>47</sup>
- Australian National Breastfeeding Strategy: 2019 and Beyond<sup>48</sup>
- National Alcohol Strategy 2019-2028<sup>49</sup>

# Glossary of terms and abbreviations

Terms	Abbreviations
<b>ACCHS</b>	The Aboriginal Community Controlled Health Services (ACCHS) is an incorporated Aboriginal organisation started by and based in a local Aboriginal community. It delivers a holistic and culturally appropriate health service to the community that controls it.
<b>AECG</b>	The NSW Aboriginal Education Consultative Group (AECG) is a non-profit Aboriginal organisation that advises on all education and training matters. It has a mandate to represent the Aboriginal community viewpoint.
<b>AH&amp;MRC</b>	The Aboriginal Health and Medical Research Council (AH&MRC) is the peak body representing Aboriginal communities on health in NSW. Its members are the Aboriginal Community Controlled Health Services.
<b>CAPO</b>	The NSW Coalition of Aboriginal Peak Organisations (CAPO) comprises the peak representative and community-controlled Aboriginal organisations in NSW. This includes First Peoples Disability Network Australia, Link-Up (NSW) Aboriginal Corporation, NSW Child, Family and Community Peak Aboriginal Corporation, NSW Aboriginal Education Consultative Group, NSW Aboriginal Land Council, Aboriginal Legal Services NSW/ACT, Aboriginal Health and Medical Research Council of NSW, and BlaQ Aboriginal Corporation. CAPO supports the social, economic and cultural wellbeing of Aboriginal and Torres Strait Islander peoples in NSW.
<b>Centre-based early childhood services</b>	Centre-based early childhood services are long day care services, as well as preschools and kindergartens in some states and territories. These services must meet specific educator qualification requirements.
<b>Chronic diseases/ Chronic conditions</b>	Various terminology is used to describe chronic health conditions, including 'chronic diseases' 'chronic conditions', 'non-communicable diseases', and 'long-term health conditions'. Chronic diseases are lasting conditions with persistent effects. They include some cancers, heart disease, diabetes, chronic respiratory diseases and mental health conditions. Chronic diseases impact on the physical, emotional and mental wellbeing of individuals, and may affect daily activities, relationships and employment.
<b>Closing the Gap</b>	Closing the Gap is a partnership between governments and Aboriginal and Torres Strait Islander organisations and communities. It is a commitment to a new way of working to improve the lives of Aboriginal and Torres Strait Islander people.  The NSW Premier signed the new National Agreement on Closing the Gap in July 2020, along with the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, the Australian Government, state and territory governments and the Australian Local Government Association.
<b>COVID-19</b>	COVID-19 means novel coronavirus disease 2019.
<b>Culturally and linguistically diverse</b>	Culturally and linguistically diverse is a broad term to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, social structures and religions.
<b>Digital health solutions</b>	Digital health solutions include mobile health, health information technology, wearable devices, telehealth and telemedicine.
<b>First 2000 days</b>	The first 2000 days of a person's life is a critical period for physical, cognitive, social and emotional health. What happens in the first 2000 days of life has lifelong impact.
<b>Go4Fun</b>	NSW Health's overweight and obesity treatment and information program for children 7 to 13 above a healthy weight and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.
<b>Health pillars</b>	The health pillars are NSW Government health agencies: Agency for Clinical Innovation, Bureau of Health Information, Clinical Excellence Commission, Cancer Institute NSW, Health Education and Training Institute.

Terms	Abbreviations
Lower socio-economic	<p>Social and economic factors are important determinants of health. Having access to material and social resources and being able to participate in society are important for staying in good health. Social inequality and disadvantage are the main reasons for unfair and avoidable differences in health outcomes and life expectancy between groups in society.</p> <p>Generally, people in disadvantaged groups are at greater risk of poor health; have higher rates of illness and disability; and live shorter lives than people with more social and economic advantages.</p>
Ministry of Health	<p>The NSW Ministry of Health supports the Secretary, the NSW Minister for Health (who is the Health cluster minister) and the Minister for Mental Health, Regional Health and Women to perform their executive government and statutory functions. This includes promoting, protecting, developing, maintaining and improving the health and wellbeing of the people of NSW, while considering the needs of the state and the available finances and resources.</p> <p>The NSW Ministry of Health is also the system manager for the NSW public health system and consists of ministry branches, centres and offices, and two temporary emergency operations centres.</p>
Munch & Move	<p>Munch &amp; Move is a community engagement and education program to promote and encourage children's healthy eating and physical activity and to reduce small-screen recreation. It gives early childhood educators resources and support for fun, play-based approaches to build healthy eating and physical activity habits in young children.</p>
NCARA	<p>The NSW Coalition of Aboriginal Regional Alliances (NCARA) is comprised of nominated representatives from each of the NSW Aboriginal Regional Alliances established to have an increased say in government service delivery, exchange ideas and consider common issues, as well as providing leadership and advocacy where and when necessary.</p>
Non-government organisations	<p>Numerous not-for-profit and non-government organisations run health services and programs at the state and community levels. These organisations can receive funding from government and from charitable sources.</p>
NSW	<p>New South Wales</p>
NSW Health	<p>NSW Health is the collective name for the NSW public health network. As well as more than 220 public hospitals, it provides community health and other public health services through:</p> <ul style="list-style-type: none"> <li>• 'health pillar' agencies (Agency for Clinical Innovation, Bureau of Health Information, Clinical Excellence Commission, Cancer Institute NSW, Health Education and Training Institute)</li> <li>• local health districts</li> <li>• specialty networks</li> <li>• shared services (HealthShare NSW, eHealth, Health Infrastructure)</li> <li>• non-government health organisations.</li> </ul> <p>The NSW Ministry of Health is the 'system manager' of this network.</p>
Overweight and obesity	<p>Overweight and obesity are clinical terms defined by Body Mass Index (BMI). BMI is an internationally recognised standard for classifying overweight and obesity in adults. BMI is calculated by dividing a person's weight (in kilograms) by their height (in metres) squared.</p> <p>At a population level, BMI is a practical and useful measure of overweight and obesity. Health professionals commonly measure BMI to assess whether patients are a healthy weight. For adults:</p> <ul style="list-style-type: none"> <li>• <b>Underweight</b> is a BMI below 18.5</li> <li>• <b>Healthy weight</b> is from 18.5 to less than 25</li> <li>• <b>Overweight</b> is from 26 to less than 30</li> <li>• <b>Obesity</b> is 30 or more, with a BMI of 35 or more as an indicator of severe obesity.</li> </ul> <p>Cut-offs may be different for some ethnic populations. In individuals, BMI measurement does not necessarily reflect body fat distribution. Overweight and obesity in children is classified using World Health Organization growth charts and based on standard deviations above the median.</p>

Terms	Abbreviations
<b>PHNs</b>	Primary Health Networks (PHNs) are independent organisations funded by the Australian Government to coordinate primary healthcare in their region. Their main aim is to increase the efficiency and effectiveness of medical services, particularly for patients at risk of poor health outcomes. Australia has 31 PHN regions, which closely align with the state and territory local hospital networks.
<b>Prevention</b>	<p>Prevention –or preventive health –is any action to protect and promote the health of populations. Prevention aims to prevent poor health, illness, injury and early death, and increase the likelihood that people will stay healthy and well for as long as possible. Types of prevention include:</p> <p><b>Primary prevention</b> refers to intervening before health effects occur. It includes measures like changing behaviours (such as poor eating) associated with a disease or health condition.</p> <p><b>Secondary prevention</b> aims to reduce the impact of a disease or injury that has already occurred.</p> <p>This Strategy combines primary and secondary prevention to address the fact that more than one in two Australians are above a healthy weight. We take a whole-of-system approach to prevention which recognises the range of factors that affect health.</p>
<b>RACGP</b>	The Royal Australian College of General Practitioners (RACGP) represents, supports, and advocates for its members working in or towards a career in general practice. NSW Health partners with the RACGP to communicate with GPs about health updates, patient programs and GP education.
<b>Social determinants</b>	Social determinants of health are conditions in the places where people are born, live, learn, work, play, worship and age that affect their health, and quality-of-life outcomes and risks.
<b>Social marketing</b>	Social marketing uses parts of traditional marketing but goes beyond informing people to influencing behaviour. In health promotion programs, this means influencing behaviour in ways that benefit the health and wellbeing of individuals and communities.
<b>Virtual care/ virtual health services</b>	Virtual care, or telehealth, safely connects patients with health professionals by phone or internet. It complements the face-to-face care that patients are used to.

# References

---

1. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander Health Performance Framework 2020 Summary Report. Canberra, ACT: AIHW; 2020.
2. The Australian Prevention Partnership Centre. How can I make the case for prevention? 2021. Available from: <https://preventioncentre.org.au/about-prevention/how-can-i-make-the-case-for-prevention/>
3. Nguyen B, Bauman A, Gale J, Banks E, Kritharides L, Ding D. Fruit and vegetable consumption and all-cause mortality: evidence from a large Australian cohort study. *Int J Behav Nutr Phys Act.* 2016;13:9.
4. The Australian Prevention Partnership Centre. About prevention. 2021. Available from: <https://preventioncentre.org.au/about-prevention/>
5. The Social Deck Pty Ltd. National Obesity Strategy Summary Consultation Report. Brisbane, Queensland: COAG Health Council; 2020.
6. Australian Institute of Health Welfare. Australian Burden of Disease Study 2018 –Key findings. Canberra: AIHW; 2021.
7. NSW Government. NSW Ministry of Health. Centre for Epidemiology and Evidence. HealthStats NSW. Sydney: NSW Ministry of Health. Available at: <http://www.healthstats.nsw.gov.au>
8. Commonwealth of Australia. National Obesity Strategy 2022-2032. Canberra, ACT: Health Ministers Meeting; 2022.
9. NSW Government. NSW Childhood overweight and obesity detailed data report. Sydney, NSW: NSW Ministry of Health; 2020.
10. NSW Government. Future Health 2022-2032. Sydney, NSW: NSW Ministry of Health 2022. Available from: <https://www.health.nsw.gov.au/about/nswhealth/Pages/future-health.aspx>
11. Malik P, Patel U, Patel K, Martin M, Shah C, Mehta D, et al. Obesity a predictor of outcomes of COVID-19 hospitalized patients: A systematic review and meta-analysis. *J Med Virol.* 2021;93(2):1188-93.
12. Popkin BM, Du S, Green WD, Beck MA, Algaith T, Herbst CH, et al. Individuals with obesity and COVID-19: A global perspective on the epidemiology and biological relationships. *Obes Rev.* 2020;21(11):e13128-e.
13. Australian Institute of Health Welfare. The First Year of COVID-19 in Australia: Direct and Indirect Health Effects. Canberra, ACT: AIHW; 2021.
14. Blecher GE, Blashki GA, Judkins S. Crisis as opportunity: How COVID-19 can reshape the Australian health system. *Med J Aust.* 2020;213(5):196-8.e1.
15. Sims J, Aboelata MJ. A system of prevention: Applying a systems approach to public health. *Health Promot Pract.* 2019;20(4):476-82.
16. Crosland P, Ananthapavan J, Davison J, Lambert M, Carter R. The economic cost of preventable disease in Australia: A systematic review of estimates and methods. *Aust NZ J Public Health.* 2019;43(5):484-95.
17. Australian Institute of Health Welfare. Australia's Health 2020: Data Insights. Canberra: AIHW; 2020.
18. World Health Organization. Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health -Final Report of the Commission on Social Determinants of Health. Geneva: WHO; 2008.
19. World Health Organization. Global Action Plan on Physical Activity 2018-2030: More Active People for a Healthier World: At-a-glance. Geneva: World Health Organization; 2018.
20. HLPE. Nutrition and Food Systems. A Report by the High Level Panel of Experts on Food Security and Nutrition. Rome: HLPE; 2017.
21. UN General Assembly. Transforming Our World: The 2030 Agenda for Sustainable Development (Internet). New York,: United Nations, A/RES/70/1; 2015.
22. World Health Organization. Population-based approaches to childhood obesity prevention. Geneva: World Health Organization; 2012.
23. Australian Government. Report on the Inquiry into Chronic Disease Prevention and Management in Primary Health Care. Canberra, ACT: Parliament of Australia; 2016.
24. Australian Government. Draft Recommendations from the Primary Health Reform Steering Group: Discussion Paper to Inform the Development of the Primary Health Reform Steering Group Recommendations on the Australian Government's Primary Health Care 10 Year Plan. Canberra, ACT; 2021.
25. McGill B, Sweeting J, Surkalim D, Phongsavan P, Thomas M, Bellew W. New Developments in the Prevention of Obesity among Children and Young People aged 0-18 Years: Rapid Evidence Review Update. Prevention Research Collaboration; 2020.

26. Sacks G, Looi E, Cameron A, Backholer K, Strugnell C, et al. Evidence Check: Population-Level Strategies to Support Healthy Weight. Brisbane, QLD: Sax Institute; 2019.
27. NSW Government. Healthy Built Environment Checklist. Sydney, NSW: NSW Ministry of Health; 2020.
28. Australian Institute of Health Welfare. Data sources for monitoring overweight and obesity in Australia. Canberra: AIHW; 2019.
29. NSW Government. Premier's Priorities Sydney, NSW: NSW Government; 2021. Available from: <https://www.nsw.gov.au/premiers-priorities>
30. NSW Government. 2021-22 NSW Intergenerational Report. Sydney, NSW: Treasury; 2021.
31. NSW Government. Brighter Beginnings – the first 2000 days of life Sydney, NSW: NSW Government; 2021. Available from: <https://www.nsw.gov.au/initiative/brighter-beginnings>
32. NSW Government. The First 2000 Days Framework. Sydney, NSW: NSW Ministry of Health; 2019.
33. NSW Government. First 2000 Days Implementation Strategy 2020-2025. . Sydney, NSW: NSW Ministry of Health 2021.
34. NSW Government. NSW Aboriginal Health Plan 2013-2023. Sydney: NSW: NSW Ministry of Health; 2012.
35. NSW Government. NSW Implementation Plan for Closing the Gap. Sydney, NSW: Aboriginal Affairs; 2021.
36. NSW Government. NSW Aboriginal Health Partnership Agreement 2015-2025. Sydney, NSW: NSW Ministry of Health; 2015.
37. NSW Government. NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023. Sydney, NSW: NSW Ministry of Health; 2019.
38. NSW Government. Breastfeeding in NSW -Promotion, Protection and Support. Sydney, NSW: NSW Ministry of Health; 2018.
39. NSW Government. NSW Virtual Care Strategy 2021-2026. Sydney, NSW: NSW Ministry of Health; 2022.
40. NSW Government. NSW Health Strategic Framework for Integrating Care. Sydney, NSW: NSW Ministry of Health; 2018.
41. NSW Mental Health Commission. Living Well: A Strategic Plan for Mental Health in NSW. Sydney, NSW: NSW Mental Health Commission; 2014.
42. Australian Government. National Preventive Health Strategy 2021-2030. Canberra, ACT: Department of Health, ; 2021.
43. Australian Government. National Strategic Framework for Chronic Conditions. Canberra, ACT: Department of Health; 2019.
44. Australian Government. National Agreement on Closing the Gap. Canberra, ACT: Department of the Prime Minister and Cabinet; 2020.
45. Australian Government. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. Canberra, ACT: Department of Health; 2021.
46. Australian Government. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 Canberra, ACT: Department of the Prime Minister and Cabinet; 2017.
47. Australian Government. Pregnancy Care Guidelines. Canberra, ACT: Department of Health; 2020.
48. Australian Government. Australian National Breastfeeding Strategy: 2019 and Beyond. Canberra, ACT: COAG Health Council, Department of Health; 2019.
49. Australian Government. National Alcohol Strategy 2019–2028. Canberra, ACT: Department of Health; 2019.



NSW Ministry of Health  
1 Reserve Road  
St Leonards NSW 2065

T: (02) 9461 7344

W: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

