The Eat Well Be Active Strategy for South Australia 2011–2016
Acknowledgements

We wish to acknowledge and thank all those who have contributed to the development of the Eat Well Be Active Strategy 2011–2016.

Audience

The South Australian Eat Well Be Active Strategy 2011–2016 is a 5-year blueprint for action. It is a strategy for government and non-government agencies, peak bodies, academics, business, the media and others. It is about increasing healthy eating and physical activity, and preventing and managing overweight and obesity.

The strategy is coordinated by the state government but is dependent upon partners. It is written so that key stakeholders can see their role in contributing to a healthier South Australia. It reflects many views, all brought together to provide a single, coherent direction for how we might work to a common end. The strategy builds on and consolidates the outcomes of the:

- Eat Well Be Active Healthy Weight Strategy for South Australia 2006–2010
- Physical Activity Strategy for South Australia 2004–2008
Nothing is more important for our health than a healthy diet and an active lifestyle. So if we want every South Australian to be healthy, then eating well and staying active must be a fundamental part of everybody’s life.

While this sounds simple, it is in fact, a great challenge. Indeed, as the Eat Well Be Active Strategy 2011–2016 recognises, it is a challenge that is greater than we previously realised. Increasing numbers of people in South Australian are overweight and obese. If we do not reverse this trend, large numbers of our population will face deteriorating health and a lower quality of life, and the health costs will continue to rise.

On the other hand, in a healthy and active State, children can learn better, communities are stronger and better places to live, our lifestyle is more sustainable, and our population is more productive. It’s worth working hard for.

This strategy represents a collaborative effort across state and local government, non-government organisations, peak bodies, academics and consumers, all working to improve the health and wellbeing of the community. It responds to the challenge by setting out the immediate actions for government and, at the same time, calling for action across the whole community.

The clock is ticking. We need to act now. Many changes by many people—individuals, businesses, non-government and government organisations, and the media—will help us achieve a community where more people are more active more often, and where everyone is supported to eat a healthy diet and enjoy good food with friends and family.

The Eat Well Be Active Strategy 2011–2016 is a call to action. We invite you to join us to make SA a healthier, greener, smarter, more productive and more resilient community.

Jay Weatherill
Premier of South Australia
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1 INTRODUCTION
The South Australian Eat Well Be Active Strategy 2011–2016 is a 5-year blueprint for action to promote healthy eating* and physical activity for all South Australians.

Nutritious food, regular physical activity and maintenance of a healthy weight are vital for healthy growth and development in childhood and good health throughout life. They provide a foundation for coping with the stressors of daily life, improve people’s general sense of wellbeing and reduce the risk of chronic diseases.

Further, a community where more people are more active more often, and where everyone is supported to eat a healthy diet and enjoy good food with friends and family, has multiple benefits beyond those for individuals. Healthy, active children learn better, communities are stronger and are better places to live, environmental outcomes can be achieved and businesses have a healthier workforce fit for the jobs required now and into the future. A flourishing community needs an active, healthy population.

However, with nearly 60% of South Australian adults overweight or obese, health, productivity, community wellbeing and life expectancy are all threatened. And it will be those who are more disadvantaged who will suffer the most with chronic disease and decreased opportunities to participate in family, school, work and community life.

Ultimately, individuals have responsibility to maintain a healthy lifestyle, but government and the wider society can ensure that the physical environment, the social and cultural norms, and the places where people live, work and play all help people to be active and eat a healthy diet. Telling people how and why they need to adopt healthy behaviours is not enough. Decisions about behaviours are not made in a vacuum—they are influenced by a range of factors including the norms of society and the ease in which a healthy choice is possible.

We have recognised for some time that there is a broad range of social determinants that influence people’s wellbeing. How much you earn, the local environment, whether you have a job or are able to access the services you require will all have an impact on your diet, levels of physical activity, health, educational attainment, ability to secure and sustain housing, and risk of involvement with the criminal justice system.

The Eat Well Be Active Strategy 2011–2016 is deliberately ambitious. It aims to build momentum for change in which large numbers of the population are supported to lead healthy and active lives. To achieve this, we will look for opportunities to build on existing systems and processes that are already proving successful, and consider expanding our range of policies, programs and services to help make healthy eating and physical activity easier.

The scale of the challenge requires widespread, coordinated and sustained action by more individuals and organisations. The internationally recognised Foresight report, *Tackling obesities: future choices*, compares the challenge of reversing levels of obesity to that of tackling climate change.

To do this we need stakeholders across Commonwealth, state and local government; non-government agencies; peak bodies; academic institutions; business; general practice; and the media to work together on ways they can collectively meet the challenge of increasing levels of physical activity, improving diet and tackling excess weight in the population.

During this period we encourage new stakeholders to commit to action as:

- government and non-government partners build on early successes and identify further opportunities to make a difference
- emerging evidence informs our practice
- the momentum for change across the community begins to build, giving us the public support required for changes in government policy.

All sectors of government must lead by example. Through the Health in All Policies (HiAP) process, explicit actions have been negotiated across state government portfolios. This dialogue has achieved a better understanding of both the issues and the opportunities, to ensure complementary policy approaches and win–win outcomes. Section 7 outlines an extensive list of commitments by state government departments. Local government is also committed to action, as are many non-government organisations (NGOs) such as the Cancer Council of South Australia and Heart Foundation SA.

We hope that ensuring that stakeholders are better informed of priorities for action acts as a catalyst for strengthening collaboration and creates synergies across sectors, and that the ‘sum of the whole’ creates a healthy and active community.

The Eat Well Be Active Strategy 2011–2016 will be progressed under the leadership of the Premier, together with the Minister for Health, who has responsibility for the South Australia’s Strategic Plan (SASP) target related to healthy weight and in partnership with other Ministers with related targets.

* In this strategy the words ‘healthy eating’ and ‘food’ generally refer to both food and beverages.
2 VISION
The aim of this strategy is to enhance the health and wellbeing of all South Australians through increasing the proportion of people who eat a healthy diet, undertake regular physical activity and maintain a healthy weight.* We will provide additional support for those population groups that are more vulnerable and disadvantaged.

We will achieve this aim by progressing action under five key areas:

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<th>Action area</th>
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<td>Mobilising the community to take action to promote healthy eating and physical activity, and publicly recognising their achievements</td>
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<td>Ensuring that the places where we live, learn, work, eat, play and shop make it easy for children and adults to be active and eat a healthy diet, including breastfeeding</td>
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<td>Implementing policies to improve the built, social and natural environments that support South Australians to eat well and be active</td>
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<td>Providing a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight, with particular attention to those most in need</td>
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<td>Ensuring that we have a range of enablers in place, including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research and governance</td>
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* See Appendix 1.

It is important to monitor our progress in achieving these outcomes. Appendix 2 outlines key indicators for measuring outcomes.

In achieving this aim we expect to have a range of positive outcomes:

For individuals, we will support more people to live longer, healthier lives and improve the life chances for the whole population and for groups at risk. Good nutrition can protect against disease and ensure bone strength, good oral health and protection from infection. Breastfeeding, part of a healthy diet, confers benefits for both mothers and babies. Physical activity and reduced sedentary behaviour is also protective against disease, supports positive mental health, and prevents falls and functional decline.

For the South Australian economy, healthier people have fewer sick days, are more productive and are less prone to injury.

For the education system, there is a strong body of research confirming the relationship between learning and health in children and youth. Healthy children have enhanced concentration and attention capacity. School-based physical activity, physical education and extra-curricular activities have a positive effect on cognitive skills and attitudes as well as on academic behaviour. Good regular dietary habits ensure optimal mental and behavioural performance in children.

For the health system, $73.8 million (4.6%) of the South Australian Government’s expenditure incurred during 2007–08 on public hospital acute inpatients could be attributed to overweight and obesity. This is predicted to increase towards 5.6% by 2032–33, which will require $239 million of additional state-funded public hospital expenditure (at constant prices).

For the environment, we will reduce the environmental impact of our way of life through increased walking; increased cycling and use of public transport; reduced food waste; eating minimally processed and packaged foods such as vegetables, fruit, bread, pasta and lean meat; and avoiding highly processed and packaged takeaways that are often large in size and high in fat, salt and sugar.

For local government, as major providers of community infrastructure and services to people who live, work, do business in and visit local council areas, councils already support South Australians to eat a safe and healthy diet and be active. Having more people physically active and eating a healthy diet is supported through council-led initiatives including sport and recreation facilities, community gardens, cycling and walking paths, libraries, open space, water fountains, recreation centres, youth and aged care services, and much more, helping to build stronger communities.
For communities (including Aboriginal, multicultural, those with a disability and older people), organised sport and recreation programs and services provide social benefits, improve individual and community resilience, and build personal skills. Tourism also benefits from active leisure initiatives such as cycling and walking paths; sporting events; and celebrations of good, local, in-season food.

For the horticulture sector, in 2006 it was estimated that increasing fruit and vegetable consumption to the recommended level would boost the wholesale market by $210 million per year, increase employment in the fruit and vegetable industry by 1,667 jobs and increase household income of employees in the industry by $35 million per year.7

Specific targets

South Australia’s (SA’s) ongoing commitment to the health and wellbeing of our community is reflected in SASP8 with targets for healthy weight, sport and recreation, urban spaces, cycling, work life balance, Aboriginal healthy life expectancy, education and related targets. Council of Australian Government (COAG) targets add to the impetus for action (Appendix 2).

Setting our directions

In determining the directions outlined in this strategy, we commissioned a review of international evidence, which indicated that SA’s current suite of strategies is broadly consistent with international good practice and directions around the world.6 Other countries are also struggling with achieving reductions in overweight and obesity and, as a result, are testing new strategies to engender broad-based action across the whole population.

A range of stakeholders are already implementing a variety of initiatives, some of which have been developed and funded by government, while others have been initiated by the non-government sector and/or private industry. This activity forms a solid foundation for future action, for which we have been recognised nationally.* However, while proud of our achievements, this is not a time to be complacent. This new strategy provides the opportunity to build on our solid base and work towards a more collaborative and sustainable approach to achieving outcomes for the future.

* Our achievements were acknowledged in October 2010 when we received a Gold Medal, along with Western Australia, from the Australian and New Zealand Obesity Society (ANZOS) for action to prevent obesity as part of the Couch Potato Award.
Principles

Actions will:

- Focus on policy
- Support people at all stages of life
- Seek to address the social determinants of health
- Build sustainability through high level leadership and partnerships
- Reflect and contribute to best available evidence about what works
- Work together to create sufficient dose and intensity of effort
- Convey the benefits of healthy eating and active living and healthy weight in a positive way.

It is clear from consultations with government, NGOs, academic institutions, local government and the community (including students), and from our review of the evidence, that the following principles should inform our future directions:

- We need sustainable action by a wide range of partners to build momentum for change. This goes beyond government and supportive non-government agencies to include groups such as the media, the health and fitness industry, supermarkets, the food industry, the hospitality sector, clubs, community groups and general practitioners (GPs). Actions that build collective and long-term effort will be prioritised.
- We need more people to make a commitment to support healthy eating and physical activity action.
- High-level leadership is important—within government, business and the community sector.
- Initiatives that address the social determinants will be prioritised. There are a broad range of social determinants that underpin whether individuals and communities are or can be active and eat a healthy diet. Disadvantaged groups are more likely to experience lower incomes, intergenerational poverty and poor working conditions, be less engaged in education, suffer racism and discrimination, and live in poorer neighbourhoods, all of which makes it much harder to eat a healthy diet, be active and maintain a healthy weight. We also know we need universal approaches to change environments and support the whole community, as well as more targeted approaches for those with higher needs, including Aboriginal communities; those with low incomes, education levels or less secure employment; and refugees and some recently arrived migrants. Those whose circumstances (e.g., disability, mental illness, age) make them more vulnerable are also a priority, as are prisoners, those living in remote locations and some rural communities.
- Actions are required across the stages of life. We need to consider specific issues for different groups—children, young people, adults and older people. Over the past 5 years there has been a significant focus on children to ensure a good start in life. This remains important but there are also good opportunities to improve health and quality of life at all stages of life by supporting people to eat well and be active.
- Recognising that behaviour change is complex and takes a long time, we will invest in multiple, complementary and integrated strategies that are based on the best available evidence, have the greatest potential for sustainability and ensure sufficient ‘dose’ or intensity of effort to make a difference. At the same time we need to minimise duplication and unconnected strategies, and increase the scale of actions that make a difference.
- There will be a stronger focus on policy action. Sizeable improvements in outcomes related to smoking and road deaths, for example, have been achieved by making changes to policies rather than simply relying on individuals to always choose the healthiest option. The same applies in this area.
- We need to ensure that programs of action for Aboriginal communities are culturally respectful and inclusive, and align with the Doing it Right Framework.
- The benefits of healthy eating, active living and healthy weight will be conveyed in a positive way, avoiding individual blame. It is critical that our efforts are supportive of positive body image and do not contribute to body dissatisfaction, overeating or physical activity practices that may contribute to emotional and psychological issues.

Recommendations for healthy eating, physical activity and healthy weight†

Government recommendations for healthy eating and physical activity that take into account age and stage of life underpin the actions in this strategy.

At the population level, weight is assessed using the measure body mass index (BMI). Assessing whether an individual is overweight requires taking a range of factors into account, including height and weight.

See Appendix 1 for more details.

† While this document refers to overweight and obesity, we are not making a value judgement about appearance—our focus and concern is about health and wellbeing. Like other complex issues such as mental health, homelessness, unsafe alcohol use and domestic violence, we need to name the issue in order to get the traction for change that is required to stop the epidemic that will see many of our children having shorter life spans than their parents, and developing health problems in their 20s that we have previously seen in 40–60 year olds.
3 THE SCALE OF THE CHALLENGE
South Australia is not alone in facing problems of poor diet, inadequate levels of physical activity, rising rates of overweight and obesity, and associated conditions such as high blood pressure and type 2 diabetes. Both developed and developing countries are struggling with these challenges, with Australia ranking fifth in the world for its rates of adult obesity.\(^{10}\)

**Overweight and obesity**

The most recent SA Health data\(^*\) shows that nearly 60% of South Australian adults and 24.7% of children are overweight or obese, an increase from an estimated 5% in the 1960s.\(^{11}\) Men have higher rates than women, 64.9% compared with 53.9%. Obesity carries additional risks compared with overweight, and 23.2% of adults and 6.9% of children are obese. We estimate that around 458 000 adults are overweight and nearly 300 000 are obese. Around 17 700 South Australian children (5–17 years old) are obese and another 43 300 are overweight. The current SASP target is 44.4% of adults and 80.8% of children (aged 5–17 years) in the healthy weight range by 2017; in 2010 there were 38.8% of adults and 75.3% of children in this range.

Figure 1 shows the clear trend over time, with obesity rising steadily and a corresponding decrease in the proportion of people at a normal (healthy) weight.

![Figure 1. Trends in population self-reported weight 1991–2010, by BMI categories, adults](image)

*Data source: SA Health: South Australian Health Omnibus Survey 1991–2010

While these high levels of overweight and obesity apply to all groups in society, those who are most disadvantaged\(^{12}\) are about 45% more likely to be obese than those in the most advantaged category.

We know that Aboriginal people experience significantly poorer health outcomes than other Australians, and that type 2 diabetes and cardiovascular disease are major factors in reduced life expectancy. After tobacco, low levels of physical activity and poor nutrition, including low fruit and vegetable intake, contribute to risk factors such as high BMI, high cholesterol and high blood pressure.\(^{13}\) Aboriginal Australians are twice as likely to be obese and over three times as likely to be morbidly obese (BMI greater than 40) than are non-Indigenous Australians.\(^{14}\) These differences are particularly stark for young people aged 18–24 years, older people and those in remote locations.

While the rate of overweight and obesity in children aged 5–17 years appears to have stabilised at around 25%, this is too high, and more disadvantaged children tend to have a higher rate. Evidence shows that excess weight in children and adolescents continues into adulthood.\(^{15}\) Given that current adult obesity rates have risen from times when only around 5% of children were overweight, this is cause for concern. Pleasingly, the rate of overweight and obesity in 4 year olds has stabilised at around 19%.

\(^*\) Data in this section are taken from the following SA Health surveys—South Australian Monitoring and Surveillance System; Health Omnibus Survey; Women’s and Children’s Health Network health checks for 4 year olds; and 3-yearly physical activity surveys. Numbers are based on Australian Bureau of Statistics (ABS) 2010 population projections (ABS cat. no. 32220).
A recent report predicts that this problem will continue to worsen, with BMI increasing for both males and females across the life span. By 2025 around one-third of 5–19 year olds, and 83% of males and 75% of females aged 20 years and over, are likely to be overweight or obese. This is 6.7 million more Australians than in 2005.\textsuperscript{16}

We are not just interested in overweight and obesity rates. There are important benefits from improving physical activity and diet.

**Physical activity and nutrition**

On a positive note, rates of physical activity are improving. Figure 2 shows that in 2010, 47.0% of South Australian adults (approximately 600,000) had sufficient physical activity, compared with 40.3% (approximately 450,000) in 2001.\textsuperscript{*} In addition, 10,500 less people were sedentary in 2010 compared with 2001. However, more needs to be done, as 14.4% of adults are still sedentary.

According to the 2007 Australian Children’s Nutrition and Physical Activity Survey, 67% of South Australian children aged 9–16 years met physical activity recommendations, while only 26% met the screen time recommendation of no more than 120 minutes’ exposure for entertainment purposes each day.\textsuperscript{17}

Figure 2. Proportion of adults (aged 18 years and over) undertaking sufficient physical activity (PA) (definition 2)

Data source: SA Health, Health Monitor physical activity surveys

* Sufficient physical activity measured by definition 2 (150 minutes of walking, moderate or vigorous exercise, with vigorous activity doubled to account for the greater intensity over five or more sessions per week).
Measuring the different facets of diet is complex, considering both the types of food and beverages consumed and factors such as the intake of kilojoules, fat, salt and sugar.

One important measure is fruit and vegetable consumption. Figure 3 demonstrates that while, on average, South Australians are not consuming the recommended amounts of fruit and vegetables,† there have been increases in consumption from 2003 to 2010, with adults increasing fruit by 0.06 serves per day (4.0% increase) and vegetables by 0.29 serves per day (11.6%). Similarly, in children there has been an increase of 0.03 serves per day (1.8%) for fruit and 0.31 serves per day (15.3%) for vegetables. However, these rates are far too slow if we are to meet targets for 2015 of an increase from 2009 of 0.6 serves per day for fruit and 1.5 for vegetables for both children and adults.

Figure 3. Mean number of serves of fruit and vegetables consumed daily by adults (aged 18 years and over) and children (aged 5–17 years), 2003–10
Data source: SA Health, South Australian Monitoring and Surveillance System, January 2003 to December 2010

According to the 2007 Australian Children’s Nutrition and Physical Activity Survey, a high proportion of South Australian children not only ate too little fruit and vegetables but, compared with the recommendations, all children ate too much salt, more than 80% too much saturated fat and more than 60% too much sugar.16 Too many children missed breakfast and had inadequate calcium intake. Data also show that our breastfeeding rates are too low.

Generally, those who are at greater disadvantage are less likely to meet recommendations for physical activity, healthy eating and breastfeeding than those who are better off. At the population level there are also differences in food intake and physical activity levels according to gender and age.

Along with data collected in SA, we also use nationally collected data to inform what action we need to take in this state to improve levels of physical activity and nutritional status, and reduce levels of overweight. The Australian Health Survey is collecting data from children and adults about food consumption and physical activity, measuring height, weight and blood pressure, as well as encouraging participants to provide blood and urine samples to measure parameters such as cholesterol level and salt intake.18 The first results are expected in 2012, and results of the Australian National Infant Feeding Survey are expected in 2011.

† Current recommendations for adults (aged 18 years and over) are 2 or more serves of fruit and 5 or more serves of vegetables per day; for those aged 4–18 years, recommendations vary with age, ranging from 1–3 serves of fruit and 2–9 serves of vegetables per day.
4 THE COST AND CONSEQUENCES OF INACTION
The problem of obesity has been a long time in the making and we cannot expect to solve it quickly. However, our window of opportunity is decreasing if we are to retain the gains we have made in reducing mortality from chronic disease, as well as limit the impact on the economy, the environment and health system.

For the individual, being overweight or obese can significantly increase the risk of developing a range of serious conditions including heart disease, diabetes, hypertension, some cancers (colorectal, breast, uterine and kidney) and premature death. It also has an impact on osteoarthritis, back health, reproductive and sexual health, asthma, sleep apnoea and mental health.

The major chronic diseases are largely caused by smoking, poor diet, hazardous alcohol use and physical inactivity, as well as the associated risk factors of obesity, high blood pressure and high cholesterol. South Australian burden of disease data shows that smoking contributes 7.9% of the disease and disability burden in the state and high body mass contributes 7.6%—in the near future these positions will be reversed. Poor diet, physical inactivity and sedentary behaviour also contribute independently to the burden of disease.

For the health system, not surprisingly, there is also a significant cost impact. The number of public acute hospital admissions in 2007–08 that can be attributed to overweight and obesity is estimated to be around 9,410, which equates to approximately 43,820 bed days (4.6%). This activity corresponds to around 120 acute inpatient hospital beds, the equivalent of about four acute inpatient wards at full occupancy. In addition, an estimated 11,600 renal dialysis bed days were attributed to diabetic kidney disease related to overweight and obesity in that year.

Predictions are that associated expenditure will increase from an estimated 4.6% ($73.8 million) in 2007–08 to approximately 5.6% of total acute public hospital inpatient expenditure by 2032–33, which will require $239 million of additional state-funded public hospital expenditure compared with 2007–08, at constant prices.

Approximately 41,500 public hospital emergency department attendances in SA, equating to an estimated $17.7 million in costs, were also attributed to overweight and obesity, as were around 117,900 outpatient attendances and $37.6 million of expenditure on public hospital outpatient services during the 2007–08 financial year.6

For SA, the costs of poor diet and physical inactivity are significant. An Access Economics report estimated the state’s total cost of obesity in 2008 as $4.3 billion.25 This figure is higher than previously estimated and affirms increasing investment in preventive health by both state and Commonwealth governments.

Poor diet, physical inactivity and unhealthy weight have negative consequences for individuals, communities, the economy and our broader society.
For employers, unhealthy workers adversely impact on production and employment costs. Access Economics estimated productivity losses from obesity for SA in 2008 to be $273 million.\textsuperscript{20}

An Australian Safety and Compensation Council report found that obese workers are likely to have longer injury recovery time compared with those of normal weight.\textsuperscript{21} A range of studies has shown that fat mass is positively related to disability; this includes limitations in performing some work duties, especially physically intensive tasks. Obesity has been identified as a factor in musculoskeletal disorders, longer recovery time from injury and higher medical expenses. This view was confirmed by PriceWaterhouse Coopers’ Workplace Wellness Report, citing studies that found that ‘risk factors such as obesity … are associated with increased workplace injury’ … and that ‘chronic health conditions also complicate(s) and slow(s) rehabilitation and recovery from injury, which has substantial workers’ compensation cost implications: ongoing benefit payments, medical costs and less chance of achieving durable return to work.’ \textsuperscript{21}

A study by Medibank Private found that ‘… the healthiest Australian employees are almost three times more productive than their unhealthy colleagues’, working 143 effective full-time hours per month compared with 49 for unhealthy workers. It also reported unhealthy workers taking 18 days annual sick leave and a self-rated performance of 3.7 out of 10, compared with 2 days of sick leave and a score of 8.5 out of 10 for healthy workers.\textsuperscript{2}

Broader challenges

There are a range of broader challenges that will impact on the ability of the community to eat well and be active. Arguably, climate change is already impacting on our ability to grow food and water gardens. Actions to address climate change may have an effect on fuel costs, which may, for example, encourage people to use public transport or cycle rather than drive. But warmer temperatures may also reduce greenspace, affect comfort and the willingness to walk or cycle, and increase the cost of growing, preparing and storing food. This will particularly impact those who are most disadvantaged.

Population growth is also putting pressure on prime agricultural land and thus our ability to produce our own food, as well as challenging the provision of open space.

The Eat Well Be Active Strategy sets out a suite of actions over the coming five years to address these costs and challenges.
5 BUILDING ON STRONG FOUNDATIONS
Fortunately, SA has a strong base for future action. In 2004 the SA Government’s strategic plan targets included sport and recreation and healthy weight, as well as other targets related to the Eat Well Be Active Strategy such as work–life balance and use of public transport.

This has been effective in stimulating a serious commitment to promoting healthy eating and physical activity as well as preventing overweight and obesity, as outlined in the Eat Well Be Active Healthy Weight Strategy 2006–2010, the Physical Activity Strategy for South Australia 2004–2008 and the Eat Well South Australia Public Health Nutrition Action Plan 2006–2008.

These strategies were based on evidence about the size and serious nature of the problems and the best strategies to achieve change. Our achievements include the attraction of significant resources for new initiatives and the delivery of improved outcomes, as illustrated in program reports and improvement in a number of indicators.

We have already put into place a range of policies and programs that support healthy eating and physical activity. We will build on these foundations to assist more people, particularly the most vulnerable, to eat well and be active throughout life.
In relation to the 5 action areas of the new strategy we have already:

**Action area 1** –
begun to mobilise the community by:
- involving key decision makers in providing advice and direction about implementing our strategies, and developing a wide range of partnerships focused on this priority
- implementing three significant social marketing campaigns—be active, which targets physical activity; Go for 2&5® for fruit and vegetable consumption; and Measure Up.

**Action area 2** –
worked toward ensuring that the places where we live, learn, work, eat, play and shop make it easy for us to be active and eat a healthy diet, including breastfeeding, by:
- investing in the childhood obesity prevention initiative OPAL in 15 communities to date: this joint Commonwealth, state and local government initiative is based on the Epode program in France and builds on the important work of the Eat Well Be Active community programs in Morphett Vale and Murray Bridge
- investing in community-based recreation facilities through local councils and state government.

**Action area 3** –
implemented policies through state government departments and beyond to increase the availability of healthy food; decrease the availability, promotion, sale and consumption of unhealthy food; and enhance opportunities for physical activity participation by:
- for example, the Right Bite school canteen policy and the Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities policy directive
- forming a broad partnership of groups successfully building physical activity and healthy food issues into urban planning from the strategic to the operational perspective
- at the direction of the Executive Committee of Cabinet Chief Executives Group, undertaking work to identify required healthy weight policy changes through the Health in All Policies initiative
- continuing to improve Adelaide’s Bikedirect bicycle network, which has increased from 480 kilometres of bicycle paths and lanes in 2002 to around 908 kilometres by December 2010, an increase of 89%.

**Action area 4** –
provided a range of information programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight, with particular attention to those most in need, by:
- establishing programs and services through schools, community organisations, health services and beyond to help ensure that environments make it easier to be healthy and assist people to make changes to lifestyles.

**Action area 5** –
ensured that we have a range of enablers in place, including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research, and governance by:
- increasing the number of people working with communities to help implement healthy eating and physical activity programs in sporting organisations, schools and preschools, local government, and with different cultural and age groups
- supporting research and evaluation including the establishment of SA’s Physical Activity Nutrition Observatory: Research and Monitoring Alliance (PANORAMA).

Further details on other achievements can be found in SA Health’s report to the South Australian Parliament entitled Measuring our success: Progress Report 2.
6 WHAT WE WILL DO
The systematic and far-reaching changes needed to support all South Australians to be more active and consume healthy food and drinks will require more action by more individuals, organisations and governments; this will take time and ongoing leadership to progress.

This section summarises major directions that will be progressed over the next 5 years—more detailed timelines will be developed in an action plan. There is already significant investment in this area, allowing many of our good-practice programs to continue and new policies to be implemented. An overview of the Strategy is set out here and Section 7 provides a detailed list of commitments from a number of state government departments.

Aim: to enhance the health and wellbeing of all South Australians through increasing the proportion of people who eat a healthy diet, undertake regular physical activity and maintain a healthy weight. We will achieve this aim by progressing action under five key areas:

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Action areas

Action area 1: Mobilise the community to take action to promote healthy eating and physical activity, and publicly recognise their achievements

1.1 Through planning for scale and taking a systems approach

In order to achieve changes in behaviour across a large proportion of the population, we need to support initiatives that:

- have the potential to be replicated across the state
- are designed to have an impact over the longer term; that is, not one-off or single events
- integrate with existing infrastructure and processes, and build on initiatives that are already proving successful and learn from their success.

Success in achieving the outcomes identified above will not lie uniquely with government taking action or being heavy handed. Rather, increased momentum for change will be created by taking a systems approach where existing and new partners see the opportunities for parallel outcomes, and directly benefit from a focus on healthy eating, physical activity and healthy weight. This will be reinforced if the messages promoted at schools are reinforced at worksites, clubs and elsewhere in local communities and, importantly, through families.

1.2 Through a public call to action

To support healthy eating and physical activity to become a community norm, we need commitment by individuals, families, government, and community and business organisations to act within their own spheres of influence. Increasingly, people are looking to make changes to support better outcomes for children, staff, families and communities.

Changes might include but are not limited to:

- swapping a healthy for an unhealthy choice, for example a sandwich for a pie, or walking instead of driving
- reducing sedentary behaviour, for example having a screen-free day or sitting less at work
- supporting breastfeeding
- reducing soft drink intake and increasing the availability of tap water
- organisations agreeing to provide advice and assistance about healthy eating and physical activity, for example running food literacy programs and walking groups
- organisations changing from unhealthy to healthy fundraising
- organisations supporting local or statewide social marketing campaigns that encourage physical activity and healthy eating
- food manufacturers committing to reducing salt, fat, sugar and kilojoules in foods
- food outlets agreeing to improve their food by including more vegetables, reducing serve sizes and limiting levels of salt, saturated fat and sugar
- venues and events promoting active travel and providing healthy food
- making community sport or physical activity facilities more widely available
- adopting healthy catering guidelines and environmentally friendly food procurement.

To support change, we will make available, via a website, model policies, simple how-to guides and relevant resources prioritising those issues that are most important but also achievable. Many of these will be generic, but some tailored resources may be required, for example for sporting clubs or public events. Some of these resources are already available but not yet in one easy-to-find location.

We don’t underestimate the changes required. We know, for example, how difficult healthy food choices might be for a local community sporting event, where food items such as pies, pasties, hot dogs and hot chips are profitable, the norm, and relatively quick and easy to heat and serve, especially for those relying on volunteers.

At the same time, it is encouraging to see some organisations voluntarily taking action to reduce the levels of fat, salt and sugar in their food offerings.

Also, some organisations are raising funds by selling a range of products that do not promote unhealthy food choices, for example:

- National Pharmacies Bras off for Breast Cancer initiative sold washing bags, T-shirts, pegs and paper doll children’s activities
- Women’s and Children’s Hospital fundraising sold toothbrushes, notepads and nail files.

Many supermarkets and other organisations already support school and community groups to purchase sporting equipment and gardening materials, and provide recipes using in-season fruit and vegetables. We recognise that organisations may want encouragement and support to adopt such changes.
Fortunately, we have a workforce in SA with expertise in healthy eating and physical activity who will be trained to support and assist with implementing change with new stakeholders. There is also a range of organisations available to support change; for example, the National Heart Foundation is already working with local government, the Healthy Eating Local Policies and Programs project and others on healthy catering guidelines. We will also support ambassadors or role models to assist others.

As well as individuals, organisations that might commit to change include:

- local government and state government departments
- community services, for example youth services, community houses, disability organisations and services meeting the needs of migrant communities. The Department for Communities and Social Inclusion (DCSI) has already committed to consult with the non-government sector about requiring relevant funded programs to procure healthy food and support for clients to be physically active through the Service Excellence Program
- schools and preschools, Children’s Centres, playgroups
- other educational settings including universities and TAFE campuses
- major events and public places, for example zoos, state parks, museums
- sport and recreation clubs and centres and the health and fitness industry
- workplaces—this will be a core part of the Healthy Workers – Healthy Futures initiative
- sporting and cultural events
- health services and Aboriginal community-controlled health services
- prisons and youth training centres
- supermarkets
- restaurants

- the media, for example by showcasing positive stories of people and communities taking healthy eating and physical activity action in their own lives. Further, by encouraging informed, rather than alarmist, reporting on obesity, the media can prevent perpetuating stigma or exacerbating poor mental wellbeing associated with body image.

We want to recognise those who make changes—on websites and through either new or existing awards, and by showcasing examples of good practice, including potentially recognising different levels of achievement.

We are committed to open dialogue with stakeholders across all sectors. Our roles and views won’t always be the same but we want to work with those that share our goal of a healthier and active SA, and trust that the momentum for change will grow, encouraging interconnected and cross-sector solutions.

A number of other states in Australia and places overseas have already supported, and in some cases required, organisational changes as a condition of funding, so SA needs to make progress in this area. This will be achieved through new governance arrangements, in consultation with key stakeholders, over the life of the strategy.

Over the life of this strategy we will:

- assist individuals and families to commit to making healthy behaviour changes to eat well and be active
- provide easily accessible guides on the web to assist organisations (e.g. schools, workplaces and communities) to support healthy eating and physical activity, and strongly encourage them to commit to being a ‘healthy organisation’
- publicly recognise exceptional achievements through existing or new award schemes
- identify ambassadors to support and promote healthy eating and physical activity.

Refer to Section 7 for further activities

The Community Foodies program uses a peer education model to engage and train community members in basic nutrition and healthy eating so that they may transfer this knowledge and skills to families and community groups.

As at June 2011 there are 262 Active Foodies including 45 Active Aboriginal Foodies. In the 6 months from January to June 2011, Community Foodies conducted 220 community activities and events in their local communities. During this time period 57% of Foodie-run activities were targeted at low-income groups and 15% were specifically for Aboriginal South Australians. Community Foodies working in remote communities (including Oodnadatta, Copley, Marree, Coober Pedy, Nepabunna, Oak Valley/Yalata, Quorn, Hawker and Colebrook) not only promote healthy lifestyles but advocate for improvements to the food supply and food access.
1.3 Through motivating and supporting behaviour change

Achieving changes in behaviour is not simply about giving people the right information and then hoping they will ‘see the light’ and adopt healthy habits. People know that, to improve their health and prevent disease, they need to stop smoking, eat a healthier diet, maintain a healthy weight, exercise regularly and drink responsibly. However, healthy behaviours are influenced by a complex interweaving of social, economic and personal factors—genetics, personal skills, education and income levels, the sense of control people have over their lives, the communities in which they live, the norms of their societies, and the ease in which a healthy choice is possible.

Social marketing, which is based on an understanding of people’s lives, current awareness of risks and benefits, what drives current behaviours, and what and who might motivate behaviour change, is an important part of our approach. It helps to transmit consistent and clear messages to large populations, raises knowledge and awareness, shifts social norms and values, and empowers the population to make healthier choices. As a result, our communications and social marketing helps people understand ‘why’ and ‘what’, which are the precursors to behaviour change.

These communication strategies are further reinforced through programs that develop the skills and policies to ensure that environments make the healthy and active choice the easy choice.

People need and want timely, clear and accurate information about diet, physical activity and how to lose weight or prevent weight gain, as well as where to get help when needed. The National Partnership Agreement on Preventive Health (NPAPH) campaign Swap it, Don’t Stop it is designed to build people’s understanding of why it is important to have more physical activity and choose healthier foods and drinks, and how to make the necessary changes to behaviour. This has been complemented by the state Go for 2&5® fruit and vegetables campaign and the be active campaign designed to raise awareness and encourage people to change their behaviour. Resources need to be high quality, easy to read and understandable to help build people’s confidence and learn the skills for making changes to their own and their children’s behaviour.

Over the life of this strategy we will:

- further promote the Swap it, Don’t Stop it campaign including the development of partnerships with Aboriginal and other community organisations
- continue to further develop and promote the be active and Go for 2&5® fruit and vegetables campaigns, while developing a longer term integrated communication strategy that includes social marketing and links with individual and community actions, key nutrition and physical activity messages for children and adults, links to websites, and use of new technology and resources for potential target groups.

Refer to Section 7 for further activities
Action area 2: Ensure that the places where we live, learn, work, eat, play and shop make it easy for children and adults to be active and eat a healthy diet, including breastfeeding

Our vision for the future is one where all individuals and families are able to be active and to eat healthy food throughout their lives, in line with recommendations for healthy eating and physical activity. Governments, businesses and community organisations can support this by creating environments where walking, cycling and other forms of physical activity and sport are accessible, safe and the norm, and where healthy food is available, promoted and affordable.

We have already indicated our intention to help mobilise change and commitment by different organisations. Partnerships across government and among different organisations, including sport, education, health, transport, housing and more, underpin the creation of sustainable change.

Priority settings for action include: local government and community organisations, schools and preschools, and workplaces.

Action 2.1 Through local government

Local government has a strong history of supporting healthy eating and physical activity in the local community, given their connection with the community and as major providers of public open space, sport and recreation facilities, parks and playgrounds, community centres and gardens, low-income programs and much more.

As part of the new South Australian Public Health Act 2011, councils will be developing regional public health plans including strategies to improve nutrition and physical activity. This will provide an additional opportunity to enhance current action and further integrate new directions, for example catering policies and planning guidelines.

Situated within councils, the hubs of communities, the Obesity Prevention and Lifestyle (OPAL) initiative is an excellent example of a comprehensive approach to changing local social norms and environments and, with them, the way in which people behave. It is also the largest commitment made by government in SA to prevent overweight and obesity in children.

A joint initiative of Commonwealth, state and local governments, OPAL is based on the French program EPODE and, in 2011, expanded from 10 to 15 communities, each of which operates for 5 years. At the heart of OPAL is the promotion of a specific theme every 12 months. So far the themes have been: replacing sugary drinks with water, encouraging play in place of screen time and eating healthy snacks.

Additional themes will be introduced on an annual basis. In addition, a total of five councils have also received Commonwealth Government funding to support adults who are not in the workplace—for example, older people, those without work or carers—to eat well and be active through the Healthy Communities program. More grants will be offered in 2011. Many OPAL sites are also Healthy Communities sites, helping to build the intensity of our effort.

Over the life of this strategy we will:

- invest a total of $40 million of Commonwealth and state funding over 8 years to implement OPAL in 20 sites, and undertake a comprehensive evaluation, beginning reporting on results in 2012
- build on and support local government action for healthy eating and physical activity, including incorporating a focus on these issues through councils’ public health plans, in conjunction with implementing SA’s Public Health Act 2011.

Refer to Section 7 for further activities

Eat Well Be Active in action

OPAL staff in Playford have worked with a supermarket in the main shopping location for many residents, an area with low levels of car ownership. Previously, the choice of healthy food options at the store was limited. Meat choices included lots of sausages and mince, and fruit and vegetables were restricted to a single table in the middle of an aisle. The rationale was that the supermarket was supplying what shoppers wanted.

Now, new refrigeration units have been installed. A selection of healthy meat (chicken breasts, lean cuts of beef etc) and an array of fresh and well-presented fruit and vegetables have been put on display. OPAL healthy snack signage has been placed around the shopping centre, and weekly ‘OPAL’ specials (such as baked beans and bottled water) are being promoted.

The store owner was proud to report the following changes:
- from sales of $400 of meat per week to $3,000 per week with the new healthy cuts!
- from $500 of fruit and vegetables per week to $2,200 per week with the greater range and more appealing fresh produce
- from no sales of water to now selling 20 cartons of water per month.
2.2 Through schools, early childhood services and other education settings

We know that healthy children learn better and that healthy food, fundamental movement skills and active play contribute to learning and broader wellbeing. Schools and early childhood settings on their own are not expected to address all the challenges associated with healthy lifestyles. However, given that children spend a significant amount of their daily lives in these settings, this is one of the most powerful opportunities for shaping positive behaviour around healthy eating and physical activity for children and youth.

Young people not only make choices about their own health and wellbeing, but they have the capacity to influence their peers, their families and the communities in which they live. In fact, the consultation process to develop this strategy included an Eat Well Be Active Student Forum hosted by 16 student leaders from Adelaide High School. The forum brought together 122 students from 21 private and public primary schools across the state.

As approximately one-third of a child’s diet is consumed at school, promotion of healthy food choices through school canteens is important, as is encouraging children to bring nutritious food from home for lunch and recess.

There is already extensive action in this sector to support breastfeeding, healthy eating, active play, sport and other physical activity options. For example, there are currently 23 Children’s Centres in SA and this will expand to 38 sites by mid 2013. The Department of Education and Child Development (DECD), SA Health and DCSI have committed to supporting children’s optimal health and development; supporting parents to provide strong foundations for their children’s healthy development and wellbeing; ensuring that communities are child and family friendly; and supporting Aboriginal children to be safe, healthy, culturally strong and confident. Healthy eating and physical activity are core to this approach.

All government schools are expected to teach health and physical education (HPE) as one of the eight mandated learning areas of the South Australian Curriculum Standards and Accountability (SACSA) framework, and achievement of the learning outcomes in this area is required for all students from Reception to year 10 during the transition period to the Australian Curriculum Health and Physical Education. Influencing the national school curriculum will ensure ongoing commitment and integration of healthy eating and physical activity into school priorities.

Other initiatives and programs support staff training around guidelines and practice, and implement whole-school or preschool approaches.

Eat Well Be Active in action

The South Australian Aboriginal Sports Training Academy (SAASTA) is an initiative of the SA Government’s Social Inclusion Board and is managed by DECD.

SAASTA seeks to attract Aboriginal students between 16 and 21 years of age who are committed to completing their South Australian Certificate of Education (SACE) and are interested in health and physical activity. The school curriculum has a focus on health and sporting activities while at the same time aiming to improve the overall level of each student’s literacy and numeracy skills.

The Aboriginal Power Cup is an Australian Rules football carnival that is integrated into the SAASTA curriculum. Students who wish to participate in the Power Cup must also undertake a program that aims to encourage school attendance, teamwork and leadership, and offers pathways to further education and employment. The program also requires students to create a healthy eating plan, and devise and serve a healthy meal for invited guests.

SAASTA and the Power Cup have not only met their aims of improving the health and physical activity outcomes of Aboriginal students, but participants have also achieved outstanding SACE results. School attendance rates for participants increased in the lead up to the Power Cup and graduates of the SAASTA program achieved higher than average employment and tertiary education levels. In the months preceding the 2010 event, attendance rates increased to an average of over 84%. Of the 25 SACE graduates from the SAASTA program in 2010, 15 are currently employed, 5 are undertaking university studies and 3 are continuing their studies at TAFE.
School sites provide an opportunity to use facilities after hours for recreation activities, community gardens and cooking classes. Such activities not only build connectedness with the community but present the school as a centre of lifelong learning. Potential partnerships with local councils provide win–win opportunities to improve access and share the cost of overheads.

There is also a good opportunity to support young people to be healthy through learning institutions including universities, TAFE etc.

**Over the life of this strategy we will:**

- encourage the tertiary sector to become a healthy setting
- promote excellence through a healthy school and early childhood service recognition scheme
- expand advice and support to all centre-based child care—including long day care, out of school hours care, vacation care, Children’s Centres—regarding the provision of healthy food, ways to reduce promotion of unhealthy foods and breastfeeding
- increase community use of school facilities for physical activity and healthy eating through implementing the Commonwealth Government’s requirements under the Building Education Revolution that schools be accessible to the community.

*Refer to Section 7 for further activities*
2.3 Through workplaces

Occupational health, safety and welfare (OHS&W) has been a most successful model on which behaviour change has been achieved in workplaces. The workplace can have a significant impact on the health and wellbeing of employees. It is increasingly being recognised that employers have an important opportunity to make healthy food available and reduce the availability of unhealthy food, support women to breastfeed and provide facilities that support physical activity, for example bike racks, showers and active stairwells (accessible for everyday use, not only fire escapes).

The availability of NPAPH funding provides the opportunity to build on that success for a workplace program in SA. This will focus on encouraging and supporting both private and non-government sector employers to increase their responsibility for the health of their employees by assisting them to improve their nutrition and levels of physical activity, to quit smoking and to reduce alcohol consumption.

As an employer of around 12% of the workforce, the state government also needs to support staff to be healthy, and a commitment has been made for all departments to implement the Healthy Workers – Healthy Futures initiative. SA Health will also support their staff to be healthy in recognition of the particular role they play in modelling good health practices and providing advice to the public.

Through the Healthy Workers – Healthy Futures initiative there is the opportunity to support the implementation of more-specific physical activity and healthy eating policies and programs including:

- guidelines to raise awareness of the health risks associated with work practices that involve long sedentary periods
- advice on the provision of facilities that support physical activity and healthy eating, for example lunch areas (to encourage staff to stop and eat lunch), cool tap water, bike racks, showers, active stairwells
- information to support women to breastfeed when they return to work after maternity leave
- sample policies for healthy catering (e.g. for meetings and events) and fundraising
- programs such as travel behaviour change that seek an increase in active modes for commuting and business-related travel, or staff lunch clubs, where people share healthy food
- referral to lifestyle support programs.

In this way workplaces will be supporting the same messages and opportunities that are available for children and young people in education settings, and for everyone through the community.

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Over the life of this strategy we will:

- implement the Healthy Workers – Healthy Futures initiative 2011–2015 in the private and non-government sector using $10.57 million of NPAPH funding
- appoint a project officer to provide support to government departments to implement the Healthy Workers – Healthy Futures initiative.

Refer to Section 7 for further activities

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Eat Well Be Active in action

Adelaide’s city centre came alive with 400 people attending Zumba and group fitness activities during the summer of 2011. This initiative—a partnership between the Adelaide City Council and the Office for Recreation and Sport (ORS)—provided city workers with the opportunity to be more physically active each Tuesday and Thursday at 5.30 p.m. The high level of participation reflects the planning that went into this initiative, including an initial survey of 800 city workers to identify preferred activities, times and locations.
2.4 Through communities

Community organisations are well placed to support people to be active and eat a healthy diet as they often interact directly with the public, can provide a positive role model in their own operation, and encourage those who use their premises or services to adopt healthy behaviours.

Such organisations are wide in scope; can operate at state, regional and local levels; and are either independent or under the umbrella of a peak organisation. They include sporting clubs; recreation centres and groups; youth groups; community centres (including those engaging young or elderly people or where groups of Aboriginal and other cultural backgrounds gather); service clubs; men’s sheds and car clubs; scouts and guides; organisations involved in artistic pursuits such as art, music, dance and drama; groups involved in sustainable living and running community markets; and church and other non-government groups who support vulnerable people including those who are homeless, poor and disabled.

Through participation in active recreation and sport, individuals gain life skills; learn fair play, respect and self discipline; can develop confidence and self-esteem; and can accrue health benefits. They develop friendships and social networks and may have opportunities to mix with people from diverse backgrounds. Sport and recreation provide a catalyst for communities to gather, from small functions to major events, where people play, talk and share experiences. These gatherings and shared experiences have a positive effect that reaches many levels of our society, from the water cooler to the boardroom. Sport and recreation create social capital through facilitating community engagement and fostering social cohesion. The ORS and local government lead the creation of sport and recreation facilities and programs in SA.

The enjoyment of shared food is frequently an important component of society’s pursuits. Organisations often provide food in conjunction with activities such as sporting, recreational and cultural events; family days; community lunches; parenting groups; education programs; celebrations; and launches. The provision of food is also used as a way to engage the community, and foods such as chocolates, cakes and soft drinks are sold by many organisations to raise funds. In addition, many community services sector organisations run cooking and related educational programs to help people with the skills and confidence they need to budget for, plan and prepare meals and snacks that they and their families will enjoy.

Our consultation indicates that there are opportunities to build on existing initiatives to include further support for walking, and to assist community organisations across the state to adopt healthy eating and breastfeeding policies and run food literacy programs, providing benefits for staff and the community.

Over the life of this strategy we will:

- commence the Healthy Eating Local Policies and Programs (HELPP) initiative to encourage and assist local government and community organisations to put in place healthy eating policies and programs
- fund a new SA Walks initiative to facilitate the development of walking-focused policies, programs and promotions. This will include walking for transport, health and recreation.

Refer to Section 7 for further activities
Action area 3: Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active

It is difficult to make healthy choices when you are surrounded by barriers, for example no footpaths or poor lighting that make walking difficult; or catering platters full of fried food and vending machines stocked only with sugary drinks and chocolate bars that make it difficult to make a healthy choice. Creating environments that support and encourage healthy behaviours is critical to success.

Policy changes can often be integrated into normal practice and we have already identified supports to enable this to occur (see Action area 1: mobilising the community). In some cases, policy change can be contentious and the imposition of restrictions on business or personal freedoms needs careful consideration. At times there will be strong community support for changes, but often there will be vested interests in continuing to promote unhealthy lifestyles. Strong leadership is required because implementing policies or legislative or regulatory changes, or introducing economic instruments such as taxation or pricing measures, is one of the strongest mechanisms to create safer, healthier environments, products and settings, and achieve widespread changes in behaviour across the population.\(^{27,28}\)

3.1 Through government leading by example

Health in All Policies (HiAP) is an initiative arising out of Professor Ilona Kickbusch's time as an Adelaide Thinker in Residence. It is based on the twin premises that the health of the community is affected significantly by factors outside the health sector, and that a healthy community contributes significantly to the goals of other sectors (e.g. a healthy workforce contributes to rising productivity). It is a collaborative approach combining the skill and expertise of personnel from participating agencies, jointly examining complex problems, assessing options and posing solutions.

Recognising the importance of policy change and the key role that government must play, the Executive Committee of Cabinet Chief Executives Group requested that the HiAP initiative work with departments to identify policy actions they could implement to help achieve the SASP healthy weight target. This dialogue has achieved a better understanding of the issues and opportunities to ensure complementary policy approaches and win–win outcomes. Section 7 includes the across-government commitments negotiated through the HiAP process.

In 2008 DECD, in collaboration with SA Health, introduced the Right Bite: healthy food and drink supply strategy (Right Bite) as mandatory for SA Government schools and preschools. Evaluation data shows that 95% of the schools surveyed have made positive changes to their canteen practices, and canteen viability has not been compromised. Right Bite is an example of government policy leadership in education settings that engage large numbers of children and their families, contributing positively to health and learning outcomes.

SA Health has adopted a healthy food policy across its services for food available to staff and visitors, and there is an opportunity now to further promote this through the funding provided to other organisations. Government can play an important leadership role and provide an example to the community by the policies it adopts, and can help to encourage consistent approaches to healthy food provision and the enjoyment of good food.

Government is committed to modelling good practice. The Department of Planning, Transport and Infrastructure (DPTI) has undertaken to review sponsorship and advertising of high fat, sugar and salt foods and drinks, as well as fast food on public transport vehicles and at stations and interchanges. The Office of Consumer and Business Affairs will progress a range of strategies related to advertising of unhealthy foods.

The SA Government also has many opportunities to support the provision of healthy food at places where large numbers of people, especially children and families, gather, for example sporting and recreation venues, major events and entertainment sites. Just as smoke-free environments are being progressively implemented, there is an opportunity to ensure that healthy food choices are, at a minimum, provided and promoted.

Over the life of this strategy we will:

- implement a set of explicit actions to support healthy eating, physical activity and healthy weight through the Health in All Policies (HiAP) commitments of eight key departments
- appoint a project officer to provide support to government departments implementing HiAP commitments, including technical expertise
- encourage organisations receiving significant SA Health funding to adopt good health practices including consistency with SA Health’s Healthy Food policy.

Refer to Section 7 for further activities.
3.2 Through the community to increase availability and demand for healthier food and reduce the availability, promotion, sale and consumption of unhealthy food

Over the past few decades there has been a dramatic increase in the array of processed foods and beverages available in supermarkets and in the number of places where people can buy ready prepared food, both on a sit-down basis or as takeaway.

As well as this, prepared food, through fixed and mobile caterers, is available at metropolitan and regional cultural, recreational and sporting venues (e.g. the new state swimming centre, Adelaide Oval, Festival Centre and the zoo); at recreation centres and sporting and other events (e.g. netball, football, car races, music festivals, the Fringe); in hospitals, schools and childcare centres; on planes and trains; and more. And there are drink- and snack-vending machines in many of the above locations and in places such as hardware shops, community centres, sports clubs and shopping centres. Food such as chocolates and cakes is also often used for fundraising drives.

Given the wide availability of prepared food, it is not surprising that an increasing proportion of people’s food intake and budget comprises meals and snacks eaten away from home. For example, in 2009–10, Australians spent $14.56 billion on takeaways, and this is expected to increase to $16.83 billion by 2014–15. The top three age groups purchasing takeaways are the 18–24 (30%), 14–17 (22%) and 25–34 year olds (many with young children) (18%).

In addition, there is an increasing amount of advertising and marketing of food and beverages by food manufacturers and the fast food industry on television; on food packaging and outdoor billboards; in cinemas; and as a key part of sponsorship, particularly of sporting clubs and major sporting events. Much of this advertising is for energy-dense nutrient-poor foods and drinks. Research shows that food preferences are influenced by food advertising and marketing and that this is a factor contributing to overweight.

To help people choose healthier foods, while being mindful of the global concern about the rising cost of food and thus its affordability for those on low incomes, we need to complement education with attention to the nutritional quality of the food supply. Studies have shown that, for example, restricting food advertising on television, reducing salt levels in food and taxing unhealthy foods are cost-effective solutions to improving population health. We need to increase the availability of processed and prepared foods with improved nutritional profiles, not only with less saturated and trans fats, salt and added sugar, but containing more positive ingredients for health, for example fruit, vegetables and legumes. We also need to reduce the availability of less healthy options and their advertising and marketing.

There is a range of national initiatives, including the Food and Health Dialogue, which is working with the food industry to voluntarily improve the nutritional profile of processed foods, and the Industry Partnership Consultative Forum (part of the NPAPH), which is working with the food, fitness and weight loss industries.
We want to further assist people to select healthier foods by providing easy to understand information on food labels and at point of purchase when eating out of home. We need to work with retailers and the food service sector to increase the availability and promotion of healthy food and reduce the marketing of energy-dense nutrient-poor foods.

The strong influence of advertising on food choices has been an issue of concern in SA for some time. Our 2009 discussion paper invited the food and advertising industries to indicate what they would do to limit the exposure of children to advertising of unhealthy foods. At the same time a model of self-regulation was introduced by the Australian Food and Grocery Council and the quick-service restaurant industry to respond to these widely recognised concerns. Our monitoring suggests that these reforms have had minimal impact on children’s exposure to advertising of unhealthy food and drinks—indeed, advertising levels have grown. The guidelines don’t cover evening timeslots when large numbers of children are watching TV and when most unhealthy food ads are screened. They do not use common criteria to judge which foods are unhealthy, and they apply to children of different ages.

The food and advertising industries argue that self-regulation is a successful strategy, but we urge industry to do more, including:

- refraining from advertising food and drinks high in fat, salt and sugar on all free-to-air TV prior to 9pm. A consistent time slot will make it easier for the community to understand and therefore monitor compliance, and this time period is when the largest numbers of children watch television
- introducing harsher sanctions (including industry-imposed fines) on breaches by industry members that do not conform to the industry code.

Restricting junk food advertising continues to be recognised as the best option in obesity prevention. SA will continue to argue for and support national action in this important area.

In addition, we will build on existing healthy food policies across government schools and health services, and extend them further across government, and to local government, education settings, community organisations and workplaces.

Over the life of this strategy we will:

- help consumers make a healthier choice by indicating the kilojoules in different foods on menu boards in food outlet chains with at least 20 sites in SA or 50 sites nationally, beginning in 2012
- aim for clear informative front-of-pack interpretive labelling consistent with the recommendations in Labelling Logic, the final report of the Review of Food Labelling Law and Policy
- work towards ensuring that healthy food choices are provided at government-owned venues and government-run events
- argue for and support national action to reduce advertising of unhealthy food and drinks to children.

3.3 Through the community to enhance opportunities for physical activity participation

In SA there is growing understanding of the impact of the physical and built environment on physical activity and dietary outcomes, and the opportunities presented for creating environments that support walking, cycling, active travel and recreation, as well as access to healthier food.

Through partnerships among the DPTI, the Land Management Corporation, the Active Living Coalition (led by the Heart Foundation) and SA Health, the 30 Year Plan for Greater Adelaide (the plan), released in February 2010, has embedded equitable health and wellbeing outcomes as core to the future of the development of Adelaide.

The plan sets whole-of-government targets for planning across greater metropolitan Adelaide. These targets assist in progressing supportive environments for physical activity, healthy eating and positive community outcomes more broadly. The plan includes high-level directions on planning for walkable and cycling-friendly communities, protection of greater Adelaide’s high-quality food bowl, social connectedness and liveability. In turn, these directions are being translated into guidelines and practical tools for urban planners and developers in local government and private industry.

The creation of urban environments that support active living requires this whole-of-government approach with collaborative partnerships between all levels of government and other agencies. Local government is the prime agent in shaping the places in which we live to support the outcomes of the strategy.
In practice this means street networks that are linked to destinations such as shops and services and are aesthetically pleasing; managing traffic density and perceived safety; easy access to public transport networks and cycle ways; the creation of local walking/cycling trails; and recreational space close to where people live. More activity-friendly neighbourhoods are characterised by access to public transport and access to open space and parks.40 Having access to attractive greenspace, locally or through state recreation parks, for example, has a positive influence, attracting people outdoors, increasing opportunities for public interaction, fostering the development of neighbourhood social ties and promoting physical activity, particularly in the elderly.41 Consideration is also being given to the provision of retail space in master plans to support the location of supermarkets and fresh-food retailers close to home, and ensuring the availability of land and public space for community gardens and fresh-food markets.

Two new resources—Streets for People Compendium for South Australian Practice and Healthy by Design—are being developed to assist professionals and authorities to incorporate healthy design principles for people-friendly streets, while also meeting the requirements of national standards and regulations applicable to street and road design. The primary focus for the compendium will be streets with moderate to low traffic volumes, using the Bowden transit-oriented development as a case.

There is significant potential for promoting active travel (walking and cycling) as alternatives to car use, with benefits for climate change, congestion and health. Many measures, such as traffic calming, assist local businesses as well. DPTI will continue to implement travel behaviour change programs and integrate active transport into the state and local government planning processes, to provide connected street networks, greenways, and cycling and walking routes.

Actions to encourage more people to use public transport will be continued and the metropolitan Bikedirect and regional bicycle networks will be further developed.

Other measures include:

- Housing SA commitments to support gardens, open space, integrated design principles and other strategies to help tenants make healthier choices; this also applies to other housing developments
- the People and Parks strategy to encourage South Australians to visit our parks and beaches for physical activity benefits
- ensuring that schools, workplaces and public buildings support active transport, physical activity and active play
- safer and stronger communities to reduce the fear of being active outdoors
- maintaining attractive and accessible greenspace, including green transport corridors, close to housing
- maximising community access to the facilities that already exist, for example school halls.

**Over the life of this strategy we will:**

- increase investment in environments and infrastructure to support active transport
- work in partnership to create healthy active communities by supporting the development and implementation of the South Australian Healthy by Design resource
- create pedestrian- and cycling-friendly streets by supporting the development and implementation of the Streets for People Compendium
- recognise exemplary architectural practice through the creation of an award.

Refer to Section 7 for further activities
Action area 4: Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight, with particular attention to those most in need

The Eat Well Be Active Strategy 2011–2016 targets the whole of population in order to give us the reach required to achieve broad community action. But individuals, families and communities, especially those more at risk, need additional support to be active, eat a healthy diet and maintain a healthy weight. Evidence-based and innovative programs and services can assist in supporting people's understanding about why it is important to make changes, influence attitudes and self-efficacy, build personal skills to change behaviours, and address risks.

People have different diet, physical activity and weight needs and issues at different ages and stages of life, including pregnancy, the early years, youth, adulthood and as they age. Across the state, for all age groups, we need to ensure the availability of consistent information; identification of people with behavioural and biomedical risk factors; and referral pathways for advice, support and management of health problems.

We need to continue to provide programs and services in community locations where people can access them most easily, for example community centres, health services (particularly GPs, GP Plus Centres and Superclinics), dental services, childcare centres and schools, as well as through organisations such as local government, sport and recreation organisations, cultural programs, workplaces and youth groups. Working with GPs and the primary healthcare system will ensure that positive health messages are consistently provided to families and tailored for individuals. Physical activity is a key component of good mental health, and when GPs link these messages we can achieve better health outcomes for our communities. Poor diet results in poor oral health, which is the leading cause of hospital admissions of preschool children in SA. Dental health also plays an important role in the health and quality of life of older people when oral pain and difficulty with eating lead to poor levels of nutrition. Partnerships with dental health practitioners are critical.

There are many good programs in place and we need to build on those that are successful and consolidate them across the state. But we also need to support new and popular activities such as dance, walking groups, cooking programs and gardening, to engage as many people in the community as we can.

At the same time we need to keep abreast of emerging evidence and tailor our programs (e.g. sedentary, sleep, positive mental health) accordingly.

4.1 Targeting parents, babies and young children

Pregnancy and the early years of life play a big role in determining future health. Parents and carers play a critical role in establishing regular eating patterns, encouraging children to try new foods, role modelling the enjoyment of eating healthy food and engaging children in growing and preparing food. Similarly, active play is an essential part of healthy growth and development, laying the foundations for strong bones and muscles, movement control and lifelong learning, while also enhancing parent–child bonding, language and social skills.

4.1.1 During pregnancy

A mother's health during pregnancy influences the health of her baby, and there is growing evidence that an unhealthy diet and being overweight prior to and at conception also influence the likelihood of the offspring being overweight. We need to continue to build support for women of childbearing age or who are pregnant, and their partners, to optimise their health. In particular, support should prioritise regular physical activity, good diets, weight-monitoring to avoid excessive weight gain and commitment to long-term healthy lifestyles, in turn creating knowledge, skills and confidence for raising their children.
4.1.2 Making breastfeeding the norm

Breastfeeding provides the best nutrition for babies and also helps women, including preventing overweight. There is already support for breastfeeding across SA but there is more that can be done. While average rates of breastfeeding initiation are reasonably high, there is room for improvement. Breastfeeding rates are lower among those on low incomes, with less formal education, and/or who are overweight. Also, too many women stop breastfeeding too early. According to a current study of 540 babies, only 54% younger than 4 months and 15.6% aged 4–6 months were exclusively breastfed as recommended. Fifteen SA hospitals and health services are now Baby Friendly Health Initiative (BFHI) accredited, which means that they have adopted best practice standards to support breastfeeding. In 2008 (the most recent pregnancy outcome data that is available), 7,039 births (35.4% of total SA births) occurred in a BFHI-accredited hospital, and this rate will improve when the Women’s and Children’s Hospital is accredited.

4.2 Targeting children and young people

The last 5 years have seen significant investment in programs to encourage children to eat well and be active, and to support educators through child care, Children’s Centres, schools and preschools. Examples include: the Premier’s be active Challenge, now reaching over 35,000 children; the eat well be active Primary Schools program in 129 schools; and the Start Right Eat Right initiative, through which 255 (86%) of the 297 eligible long day care centres have received training and 188 (63%) have been awarded to date.

From this base, to increase momentum for change we will further embed physical activity and healthy eating into routine policy and practice across all school and early years settings, as is happening through the multi-departmental Children’s Centres Outcomes Framework, in conjunction with national curriculum reforms—the Australian Curriculum’s ‘Respect, Reflect, Relate’ and the Early Years Learning Framework’s ‘Belonging, Being & Becoming’.
4.3 Targeting adults and older people

As people move into adulthood, more are starting to have problems such as high blood pressure, high cholesterol levels, overweight, biomedical risk factors associated with type 2 diabetes and similar conditions, heart disease and some cancers.

SA Health 2010 data also show that around 60% of South Australian adults had one or more of the following behavioural risk factors—tobacco use, alcohol consumption, poor diet, physical inactivity, overweight and obesity; this prevalence rose to 70% for those aged 50–69 years. Type 2 diabetes is a condition closely linked with healthy lifestyles and rates are increasing across SA. Again, rates increase with age, with 2.4% of those aged 18 to less than 40 years reporting having diabetes, increasing to 6% at ages 40–59 years and 16% for those aged 60 years and over. *

Factors that can affect people’s food intake and physical activity as they age include social isolation, reduced mobility, arthritis, incontinence, poor oral health and limited income.

Adults and older people also need programs and services to help build skills, provide positive opportunities and ensure that they have support and advice when needed, and which take into account social determinants including income. Investing in education and programs for this age group has potential spin-offs for the health of their children and grandchildren. There is community and professional confusion about weight for those over 65 years of age. Accurate messages and education resources about healthy eating and healthy weight management (including weight loss and maintenance/building of lean muscle mass), and issues such as falls prevention, are required for health professionals in the acute, community and aged care sectors, as well as for elderly people and their families.

The new Healthy Workers – Health Futures program will reach a number of people through their workplaces and support healthier lifestyles—through encouraging smoking cessation and alcohol reduction as well as good nutrition and physical activity. We also need to ensure that our services and programs reach adults not in paid employment and following retirement from paid work. This will include people who are on low incomes and in some cases not able to work through ill-health and disability.

* Note that this includes type 1, type 2 and gestational diabetes, but the majority of the increase is from type 2 diabetes, which used to be called ‘maturity onset diabetes’
4.4 Targeting high-needs groups

As well as taking into account different life stages, there are specific groups at higher risk: Aboriginal communities, those with low incomes, lower education levels or less secure employment; refugees and some recently arrived migrants; those whose circumstances (e.g. disability, mental illness, age) make them more vulnerable; those living in remote locations; and some rural communities and prisoners.

OPAL sites, for example, have been selected based on a number of criteria, including socioeconomic data, the number of Aboriginal people in the community, and ensuring that there is a mix of rural and metropolitan sites.

There are opportunities to achieve positive social and wellbeing outcomes through programs related to healthy eating and physical activity. For example, the Department of Correctional Services has recognised the opportunity to assist prisoners to be ready for rehabilitation and community service through healthy eating and physical activity skills and knowledge, complemented by policy changes in facilities (see Section 7).

4.4.1 Targeting Aboriginal South Australians

The Aboriginal view of health is holistic, incorporating the cultural, social and physical wellbeing of the community. Access to affordable and nutritious food is a critical issue for many Aboriginal families, particularly those in remote communities. Sport and recreation provides opportunities to strengthen community pride and connectedness, and has the potential to positively influence school attendance, crime, self-harm and violence. However, there can be barriers to participation, for example the cost of sporting club membership/uniforms, lack of transport or appropriate facilities, and racism. Programs to allow young people to learn about traditional foods and culture offer exciting opportunities to build cultural belonging and have positive food and physical activity outcomes as well.

It is important to continue to build the capacity of organisations already having success in connecting with at-risk communities. One example of this is a new 3-year Aboriginal social marketing project officer position, located at the Aboriginal Health Council of SA, which will work with existing service providers connected with the Aboriginal community to encourage staff to integrate healthy living messages into organisational practice and programs. This approach aims to build long-term capacity across the workforce, leveraging off existing infrastructure, relationships and communication channels.

An advisory group established for this position, together with workshops with staff in relevant organisations, will provide one of a number of mechanisms to build momentum over time, from which further activities are expected to be identified.

There are many other initiatives already in place by government and other sectors to support physical activity and healthy eating by Aboriginal South Australians. They include provision of Aboriginal-specific staff, workforce training and development programs; development of culturally appropriate resources; school programs including for disadvantaged young people; community initiatives such as gardens and kitchens; and support for new mothers.

The challenge is to work with communities to move from individual projects to a more strategic and coordinated approach, identifying gaps and opportunities for the future and building momentum for change. Consultation on this strategy has indicated strong support for a focus in this area.

We need to ensure that, as well as universal approaches, we are reaching Aboriginal people and other disadvantaged groups with different programs and services. We also need to find the right balance between funding programs, workforce development and policy adoption, and this is not always easy.

Importantly, we will consider the need for new programs and/or other initiatives (e.g. policies) to support good nutrition and physical activity for more vulnerable population groups where we do not yet have a coordinated statewide approach.

Over the life of this strategy we will:

- develop a coordinated statewide approach to strengthening policies, programs, services and good-quality information for those contemplating pregnancy, those who are pregnant and new parents
- build on the consultation processes to develop a more integrated approach to supporting young people to eat well and be active, and engage them in the design and delivery of appropriate initiatives that are relevant to their lives
- identify the nutrition and physical activity-related policy, program and information needs of older South Australians and, in collaboration with partners, build these issues into existing initiatives and identify new approaches where necessary
- explore opportunities with community groups and other stakeholders to support dancing, walking, cooking and gardening.
We will support Aboriginal South Australians and other vulnerable groups by:

- working with Aboriginal community organisations to identify the best opportunities for expanding physical activity and healthy eating initiatives
- addressing food insecurity in the APY Lands through the work led by the Department of the Premier and Cabinet – Aboriginal Affairs and Reconciliation Division, as well as broadly reviewing options for food security actions across the state
- ensuring that resources are appropriate to the needs of vulnerable groups, and developing additional resources including one to promote the importance of sport and physical activity through traditional Indigenous sports games, sport and recreation
- ensuring that statewide healthy eating and physical activity programs provide specific support to organisations working with priority vulnerable groups.

Refer to Section 7 for further activities

4.5 Management and treatment of overweight and obesity

The focus of this strategy is largely on prevention. However, those who are already overweight, both adults and children, also need assistance. We are committed to ensuring that South Australians receive appropriate advice and assistance as early as possible to improve dietary and physical activity patterns and manage weight.

All health practitioners are well placed to encourage people to eat well and be active, but evidence supports a multidisciplinary and non-judgemental approach to services for children and adults with weight problems. Understanding the complexity of people’s lives with many competing social and economic demands is important. Teams that include GPs, dietitians, exercise physiologists, physiotherapists, Aboriginal health workers, Do it For Life coordinators, psychologists and others will play a role.

GPs are in an ideal position to build therapeutic partnerships with individuals and families. They are also well placed to manage obesity-related chronic conditions and coordinate care. We aim to support and encourage GPs and general practice staff to adopt and model healthy lifestyles, routinely measure BMI and waist circumference and, where appropriate, provide clear and consistent messages to clients and offer guidance and referral in line with agreed pathways. The Southern Adelaide Local Health Network has led work on developing a model for the treatment and management of obesity to ensure better coordination of services for statewide implementation that are equitable, accessible and affordable and based on best practice.

Over the life of this strategy we will:

- expand initiatives to assist overweight young people, families with overweight children and overweight adults to adopt healthier eating habits and have more physical activity
- explore using technology (e.g. mobile phones and message boards) to reach young people and adults to tailor advice to individual needs
- support general practices to routinely monitor weight, and identify, manage and appropriately refer children and adults who have a weight problem or poor diet or who are inactive
- disseminate and promote national guidelines, including the National Health and Medical Research Council Australian Dietary Guidelines and the Healthy Weight guidelines (both expected in 2012)
- finalise the model for the treatment and management of obesity by health practitioners
- introduce a new clinical service at Marion GP Plus using a multidisciplinary approach and targeting adult patients for either surgical or non-surgical intervention in the first instance, and then clinical services for children, adolescents and families seeking support with weight management
- develop clear pathways for Aboriginal and Torres Strait Islander communities to access support for surgical or non-surgical interventions that are culturally appropriate.

Refer to Section 7 for further activities
Action area 5: Ensure that we have a range of enablers in place, including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, and research and governance

5.1 Through partnerships, coordination, leadership and communication

In the same way that poor diets and inadequate physical activity have no single cause, turning these problems around will not be simple. As well as action by individuals; governments; and the non-government, academic and business sectors, we will need collaborative action within sectors (e.g. the food industry) and across sectors (e.g. public transport and urban planners, health, agriculture and retailers), and engagement of public and private organisations.

Partnership models can add value to the investments of various stakeholders through joint initiatives, good practice advice and wider dissemination. Partnerships will also bring financial and in-kind resources to implement the strategy, and governments will be looking at the investment needed to gain the benefit of joint initiatives.

While partners in different sectors have much to offer and much to learn from each other, collaboration is often difficult to establish and maintain, and organisations working in partnership will sometimes be required to work outside their experience or comfort zone. The effectiveness of multi-sectoral partnerships is built on areas such as the resources that can be drawn on, having a common vision, leadership, the organisational structure of the partnership, selection of the right partners and the quality of the working relationships. Mutual agreement on outcomes and resources will help focus initiatives to gain the most from each partner’s investment.42

To help shift cultural norms about eating and physical activity, we need organisations acting both individually within their sphere of influence and together, as well as the community hearing consistent information and messages. Coordination will help ensure that we move ahead with consistent messages, optimise the reach and impact of our actions, and minimise duplication and inconsistent or conflicting messages and information. This will be important both within and across sectors. The HiAP process is an innovative approach that will strengthen government leadership and cross-government coordinated action.

Leadership from all sectors is required if we are to achieve our goals. Government leadership will often be important, where necessary considering the use of levers such as policy, legislation and taxation to provide incentives for changes in organisational, individual and household behaviour (as has been the case in tackling other public health problems such as smoking and road accidents).

To be effective, the strategy needs to mobilise key stakeholders. Therefore, the key areas of action need to be communicated to the many groups, organisations, businesses and individuals who are in a position to take action. Recognising the contribution of partners and disseminating achievements will be important. Different communication approaches will be required to reach the public and other stakeholders.

Over the life of this strategy we will:

- develop a communication strategy to inform and engage stakeholders, including an annual stakeholder event to share and celebrate progress and assist in refining directions
- develop and disseminate a statement defining key terms and understandings to share across stakeholders.

Refer to Section 7 for further activities
5.2 Through workforce planning and development

There is a need to enhance the state’s workforce capacity to implement action to improve nutrition and physical activity and promote healthy weight. Capacity is defined as having an adequate infrastructure (e.g. training), and an appropriately sized and skilled workforce to deliver action at various levels, from policy development to program implementation.

It will be important for staff in a wide range of organisations to understand the role they can play in addressing activity and nutrition. This will include the health sector, recreation and sport sector, schools, built environment, food and fitness industries and many more. Training will help build a consistent and coordinated approach to promoting physical activity and healthy eating across the state.

Therefore, training will need to address the different needs of these sectors so that they have the knowledge, understanding and skills to create environments across the community and within organisations that support healthy eating and physical activity, as well as effectively support individuals and groups to adopt and maintain healthy behaviours.

Over the life of this strategy we will:

- develop tools and training for the health sector and support for training of relevant staff in other government departments; local government; the non-government sector; sport, recreation and fitness; community services; and the business sector
- collaborate with the university sector to strengthen nutrition and physical activity content in undergraduate and continuing education for educators, GPs and health service providers; and relevant courses in childcare, youth, disability, aged care workers, food preparation, sports, fitness and recreation.

Refer to Section 7 for further activities
5.3 Through monitoring, evaluation and research

The impact of this strategy will be measured by monitoring population-level physical activity, food intake, breastfeeding and weight status data. This will include collecting data to monitor progress towards targets in SASP, the NPAPH and the National Health Care Agreement (see Appendix 2). It is also important to monitor the factors that contribute to healthy eating, physical activity and weight.

Ongoing monitoring and evaluation will inform direction to ensure that we have the best mix of actions across policy, programs and infrastructure domains to achieve our desired aim of increasing the proportion of South Australians who eat a healthy diet, undertake sufficient physical activity and maintain a healthy weight. In addition, each initiative will also need to be evaluated to assess effectiveness and efficiency.

To ensure that our policy and program interventions reflect best practice, we will continue to liaise with experts (e.g. through reference groups) and take into account relevant research and international approaches to improving nutrition, physical activity and weight.

Over the life of this strategy we will:

- develop an evaluation framework, with appropriate indicators to monitor the impact of the strategy’s actions
- disseminate evaluation findings.

Refer to Section 7 for further activities

5.4 Through collaborative governance

The new strategy requires a new governance model to ensure coordinated effort that maximises resources and impact. We need:

- high-level leadership to hold decision makers to account and to drive the reforms required across SA
- a cross-sector advisory group to progress action, drawing on a wide range of expertise from across government, NGOs and community stakeholders
- working groups and reference groups around key themes or priorities to operate for time-limited periods to progress key initiatives.

A key first step in the implementation of this strategy will be to develop a detailed action plan that assists stakeholders to integrate and align efforts. Business and the non-government sector will be encouraged to engage with government and each other on how they can meet the challenge of increasing healthy eating and physical activity across the population.

It is also our intention to regularly publish an assessment of progress, and use this process to reflect on successes and identify next steps.

Over the life of this strategy we will:

- establish a high-level leadership group to drive implementation of the strategy, with an Advisory Group and time-limited reference and working groups
- report on the implementation of the HiAP initiatives to the Executive Committee of Cabinet Chief Executives Group.

Refer to Section 7 for further activities
Conclusion

The Eat Well Be Active Strategy 2011–2016 is a key step in enabling healthier, supportive environments and policies in SA. Having been a long time in the making, the increasing numbers of people who are overweight or obese, inactive or eating a poor diet will not be changed overnight. The scale of the challenge means that we must do more to enable everyone in society—state and local governments, non-government agencies, peak bodies, academic institutions, businesses, general practitioners, the media and individuals—to do more.

The end result should be a healthier, greener, smarter, more productive and resilient SA.
7 ACTIONS - EAT WELL BE ACTIVE STRATEGY 2011–2016
This section provides further detail about the specific actions by a number of SA Government departments towards one or more of the five action areas of the strategy.

**Action area 1:** Mobilising the community to take action to promote healthy eating and physical activity, and publicly recognising their achievements

- Assist individuals and families to commit to making healthy behaviour changes to eat well and be active
- Develop a voluntary Healthy Organisations scheme through which to engage government, non-government and private sector organisations in committing to action to promote physical activity and healthy eating
- Complement the Healthy Organisations scheme with an award scheme to recognise exceptional achievements
- Identify ambassadors to support and promote healthy eating and physical activity
- Continue to further develop and promote the be active and Go for 2&5® fruit and vegetables campaigns while developing a longer term integrated communication strategy that includes social marketing and links with individual and community actions, key nutrition and physical activity messages for children and adults, links to websites, and use of new technology and resources for potential target groups
- Continue to support Phase 2 of the national Measure Up campaign, Swap it, Don’t Stop it
- Work with the media to encourage promotion of the positive benefits of being physically active, eating a healthy diet and maintaining a healthy weight
- Develop and trial guidelines for organisations receiving SA Health sponsorship (e.g. for conferences, events) to ensure consistency with our ‘healthy living’ focuses, including nutrition and physical activity.

**Action area 2:** Ensuring that the places where we live, learn, work, eat, play and shop make it easy for us to be active and eat a healthy diet, including breastfeeding

- Invest a total of $40 million of Commonwealth and state funding over 8 years to implement OPAL in 20 sites, and undertake a comprehensive evaluation beginning reporting on results in 2012
- Build on and support local government action for healthy eating and physical activity, including incorporating a focus on these issues through councils’ public health plans, in conjunction with implementing SA’s Public Health Act 2011

**SA Health**

SA Health will build on current efforts to further implement the following actions.

**Action area 1:** Mobilise the community to take action to support healthy eating and physical activity, and publicly recognise their achievements

- Assist individuals and families to commit to making healthy behaviour changes to eat well and be active
- Develop a voluntary Healthy Organisations scheme through which to engage government, non-government and private sector organisations in committing to action to promote physical activity and healthy eating
- Complement the Healthy Organisations scheme with an award scheme to recognise exceptional achievements
- Identify ambassadors to support and promote healthy eating and physical activity
- Continue to further develop and promote the be active and Go for 2&5® fruit and vegetables campaigns while developing a longer term integrated communication strategy that includes social marketing and links with individual and community actions, key nutrition and physical activity messages for children and adults, links to websites, and use of new technology and resources for potential target groups
- Continue to support Phase 2 of the national Measure Up campaign, Swap it, Don’t Stop it
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**Action area 2:** Ensure that the places where we live, learn, work, eat, play and shop make it easy for us to be active and eat a healthy diet, including breastfeeding

- Invest a total of $40 million of Commonwealth and state funding over 8 years to implement OPAL in 20 sites, and undertake a comprehensive evaluation beginning reporting on results in 2012
- Build on and support local government action for healthy eating and physical activity, including incorporating a focus on these issues through councils’ public health plans, in conjunction with implementing SA’s Public Health Act 2011
• Encourage the tertiary sector to become a healthy setting
• Expand advice and support to all centre-based childcare—including long day care, out of school hours care, vacation care, Children’s Centres—regarding breastfeeding, the provision of healthy food and ways to reduce promotion of unhealthy foods
• Implement the Healthy Workers – Healthy Futures initiative 2011–2015 in the private and non-government sectors using $10.57 million of NPAPH funding
• Appoint a project officer to provide support to government departments to implement the Healthy Workers – Healthy Futures initiative
• Commence the Healthy Eating Local Policies and Programs initiative to encourage and assist local government and community organisations to put in place healthy eating policies (including support for breastfeeding) and run food literacy programs; and expand these to reach Aboriginal people
• Fund a new SA Walks initiative to facilitate the development of walking-focused policies, programs and promotions, including walking for transport, health and recreation
• Continue to fund the Health in Planning initiative in DPTI and the Land Management Corporation to systemically build health considerations into urban planning, including the 30 Year Plan for Greater Adelaide.

Action area 3: Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active

• Support other government departments, including appointing a project officer, to put in place the commitments they have made as part of the HiAP process to act to promote healthy eating and physical activity in support of achievement of the SASP healthy weight target
• Encourage organisations receiving significant SA Health funding to adopt good health practices, including consistency with SA Health’s Healthy Food policy
• Review and continue to encourage adoption across all SA Health services of the Healthy Food and Drink Choices for Staff and Visitors in South Australian Health Facilities Policy
• Help consumers make a healthier choice by indicating the kilojoules in different foods on menu boards in food outlet chains with at least 20 sites in SA or 50 sites nationally, beginning in 2012
• Aim for clear informative front-of-pack interpretive labelling consistent with the recommendations in Labelling Logic—the final report of the Review of Food Labelling Law and Policy
• Work towards ensuring that healthy food choices are provided at government-owned venues and government-run events
• Argue for and support national action to reduce advertising of unhealthy food and drinks to children
• Continue to work at state and national levels to reduce population exposure to the marketing of unhealthy food and beverages through broadcast and non-broadcast channels, starting with children and television
• Encourage non-government schools to adopt the Right Bite policy
• Contribute to the development and review of national food and nutrition policies and legislation (e.g. front-of-pack labelling, food standards such as health claims)
• Develop whole-of-government breastfeeding and food procurement and catering policies to support implementation of the SA Government’s Healthy Workers – Healthy Futures initiative, facilitating consistent policies across state and local government, business and non-government sectors
• SA Health to develop a breastfeeding policy requiring government maternity hospitals and relevant community health services to be Baby Friendly Health Initiative accredited, to welcome breastfeeding women and support staff to breastfeed
• In partnership with key agencies, including the South Australian Council of Social Services, investigate food supply and access issues for Aboriginal South Australians and other vulnerable groups, such as those on low incomes and isolated elderly people, to identify, implement and evaluate strategies (including local) to improve food security

• Promote healthy food choices and reduce the availability and promotion of unhealthy choices in public places, starting with those that involve children and families, for example in parks, gardens, the zoo, and sporting and recreation venues

• Work with the retail and food-service sectors to increase the availability and promotion of healthy foods and beverages and reduce the availability and promotion of unhealthy food and beverages

• Explore opportunities to support the flourishing of community food systems such as farmers’ markets, community-supported agriculture, community gardens and food swaps that support healthy food consumption

• Continue to contribute to the development of a whole-of-government, more ‘joined up’ approach to food policy in SA

• Work in partnership to create healthy active communities by supporting the development and implementation of the Healthy by Design SA resource

• Create pedestrian- and cycling-friendly streets by supporting the development and implementation of the Streets for People Compendium

• Recognise exemplary architectural practice through the creation of a Healthy Workplace architectural award

• Seek cross-government commitment to promoting more walkable communities by signing the Walk 21 International Walking Charter

• Continue to contribute to the development and review of national physical activity policies and legislation.

Action area 4: Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight with particular attention to those most in need

• Ensure that resources are up to date, readily available and appropriate for different groups and, in particular, support the development of resources for Aboriginal South Australians

• Continue to disseminate and promote national nutrition and physical activity recommendations including the revised National Health and Medical Research Council Australian Dietary Guidelines and the Healthy Weight guidelines (to be released in 2012)
• Continue to work with DECD and DCSI to support implementation of the Children’s Centres Outcomes Framework, including a focus on active play, breastfeeding, nutrition, oral health and personal hygiene
• Encourage the community to grow and eat fruit and vegetables by continuing to fund the community garden component of the Botanic Gardens’ (DENR) kitchen garden initiative
• Continue to fund DECD to: implement the eat well be active Primary Schools program and the Healthy Eating and Physical Activity in the Early Years program; and develop print and web resources across the bands of schooling to support SA Government healthy eating policies and messages, and align with the Australian Curriculum
• Extend the Start Right Eat Right program to further support healthy eating in early childhood services, starting with Children’s Centres and maintaining other current programs e.g. Crunch&Sip®, Community Foodies. (Refer to ORS and DPTI below for additional physical activity-related programs.)
• Develop and progressively roll out new programs across SA, prioritising gaps in availability and locations with high needs, in conjunction with identifying associated workforce needs, workforce training and resource development, to address nutrition, physical activity and weight management for the following priority population groups:
  – pregnancy—develop a coordinated statewide approach to strengthen the policies, programs, services and good-quality information for those contemplating pregnancy, those who are pregnant and new parents; this includes breastfeeding and parenting
  – Aboriginal people—also ensuring links with child and adult health checks and considering associated referral pathways
  – young people—build on the consultation processes to develop a more integrated approach to supporting young people to eat well and be active
  – adults and older people—identify nutrition and physical activity-related policy, program and information needs of older South Australians and, in collaboration with partners, build these issues into existing initiatives and identify new approaches where necessary
  – community groups and other stakeholders—explore opportunities to support dance, walking, cooking and gardening
• Address food insecurity in the APY Lands through the work led by the Department of the Premier and Cabinet – Aboriginal Affairs and Reconciliation Division; and as well as broadly reviewing options for food security actions across the state
• Encourage all SA Health maternity hospitals and relevant community health services to be Baby Friendly Health Initiative accredited, and ensure that all relevant SA Health services welcome breastfeeding women on their premises
• Encourage GPs, particularly those in GP Plus Health Care Centres and GP Plus Super Clinics, to regularly monitor BMI and promote healthy eating and physical activity to help people take control of their own health care, stay healthy and avoid unnecessary hospitalisation
• Monitor national discussions regarding collaboration with the food, fitness and weight-loss industries, and explore local opportunities
• Support general practices to effectively manage diet, physical activity and weight-related issues and to model good health
• With state and local government and non-government partners who reach vulnerable groups, develop policies, workforce development and program initiatives to support healthy eating, physical activity and weight management for clients and staff.

To support those with weight problems, we will:
• Expand initiatives to assist overweight young people, families with overweight children and overweight adults to adopt healthier eating habits and have more physical activity
• Explore using technology (e.g. mobile phones) to reach young people and adults to tailor advice to individual needs
• Support general practices to routinely monitor weight and identify, manage and appropriately refer children and adults who have a weight problem or poor diet or who are inactive, and to model good health
• Finalise the model for treatment and management of obesity by health practitioners
• Develop clear pathways and protocols for the management of weight problems by health practitioners
• Trial a model for the treatment and management of obesity for adults at Marion GP Plus. Subject to results and funding, this could potentially be offered as a statewide model for best practice in the treatment and management of obesity for adults and children.

**Action area 5:**
Ensure that we have a range of enablers in place including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research and governance

• Establish a high-level leadership group to drive implementation of the strategy, with an advisory group and time-framed reference and working groups
• Develop a communication strategy to inform and engage stakeholders, including an annual stakeholder event to share and celebrate progress and assist in refining directions
• Develop and disseminate a statement defining key terms and understandings to share across stakeholders
• Collaborate with:
  – the University sector to strengthen nutrition and physical activity content in undergraduate and continuing education for GPs and other health service providers
  – the University and TAFE sector and others to strengthen nutrition and physical activity content in relevant courses, for example childcare, youth, disability and aged care workers, and teacher education
• Work with partners to develop tools and training for the health sector and to support the training of relevant staff in other government departments; local government; the non-government sector; sport, recreation and fitness; community services; and the business sector, for example the Healthy Workers – Healthy Futures and other initiatives
• Work with sporting clubs, associations, volunteers, coaches and officials across the state to build their understanding about the benefits of healthy eating and physical activity, and provide training and information to support them
• Build on the review of the nutrition workforce conducted by Flinders University to scope the requirements for SA, including training and structures to ensure that safe and high-quality services are delivered
• Develop an evaluation framework, with appropriate indicators to monitor the impact of the strategy’s actions
• In conjunction with developing the monitoring framework for the Primary Prevention Plan, review current nutrition, physical and weight indicators and confirm core indicators, consistent with national indicators, for monitoring progress
• Report on implementation of the HiAP initiatives to the Executive Committee of Cabinet Chief Executives Group
• Through the South Australian Monitoring and Surveillance System and Health Monitor surveys, ensure the collection of and reporting on data to monitor nutrition, physical activity and weight priorities
• Continue to fund the Physical Activity and Nutrition Observatory: Research and Monitoring Alliance (PANORAMA) at Flinders University until 2013
• Collaborate with other jurisdictions and the new National Preventive Health Agency to ensure coordinated action in obesity-related monitoring, evaluation and research
• To ensure support for the best suite of effective programs across the state, continue to review existing programs, consider gaps, refocus or stop existing programs where necessary, and introduce new programs in light of funding, evaluation, population data, changing policy contexts, the best mix of strategies and the best use of resources*
• Incorporate research evidence on the efficacy of interventions to inform the programs and policies that are put into place across the state
• Identify evidence gaps and thus further research needs that can help inform development of cost-effective approaches to improving nutrition, physical activity and weight status, including effective approaches for vulnerable groups
• Develop mechanisms to disseminate the results of monitoring, evaluation and research to relevant stakeholders.

These strategies link with SASP and SA Health’s Primary Prevention and Aboriginal Health Care plans.

* For example, policies include the National Partnership Agreements on Preventive Health and Closing the Gap, SASP, SA’s Primary Prevention Plan and Aboriginal Health Care Plan.
Office for Recreation and Sport (ORS)

**Action area 1:**
**Mobilise the community to take action to support healthy eating and physical activity, and publicly recognise their achievements**

- Provide grant funding to support the planning and development of high-quality active recreation and sport facilities, participation programs and activities
- Manage the communication of the state’s physical activity brand and message throughout the sport and active recreation industry in South Australia.

**Action area 2:**
**Ensure the places where we live, learn, work, eat, play and shop make it easy for us to be active and eat a healthy diet, including breastfeeding**

- Work with SA Government agencies, local government, and sport and recreation organisations to plan for future facility development
- Influence structure planning to advocate for provision of appropriate levels of facilities for recreation and structured sport, in particular.

**Action area 3:**
**Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active**

- Develop a Community Sports Hub Strategic Directions Paper to inform government policy in relation to the future location, design, management and development of co-located and integrated multi-use recreation and sport facilities.

**Action area 4:**
**Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight with particular attention to those most in need**

- Facilitate the delivery of specific participation programs for those groups currently underrepresented in physical activity statistics, including but not limited to:
  - Indigenous sport
  - be active Playtime
  - Wisemoves
  - Sportability
- Consult with the Aboriginal community to develop an educational resource for Aboriginal children that promotes the importance of sport and physical activity through traditional Indigenous sports games, sport and recreation.

**Action area 5:**
**Ensure we have a range of enablers in place including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research and governance**

- Provide education, training and consultancy advice to the recreation and sport industry on relevant areas, including but not limited to:
  - coaching and officiating
  - safe, supportive environments
  - organisational development
  - club development
  - inclusion
- Continue representation on the Active Living Coalition and contribution of funding towards the development of a South Australian-specific version of the Healthy by Design resource
- Undertake research to assist both government and industry to plan for the provision of policy, programs and services to the recreation and sport community, in particular through the Exercise, Recreation and Sport Survey (ERASS) and ABS data relating to participation habits in sport and active recreation
- Support the continued growth of the Australian Physical Activity Network (AUSPANET) through ongoing membership.

Department of Education and Child Development (DECD)

**Action area 1:**
**Mobilise the community to take action to support healthy eating and physical activity, and publicly recognise their achievements**

- Encourage all DECD services to provide daily quality physical activity opportunities, for example structured activities, or opportunities during lunch or break times
- Continue to encourage whole-school and early childhood approaches to healthy eating and Right Bite through implementation of the Healthy Eating Guidelines and the National Quality Standard, where healthy eating and physical activity are embedded in the program for children.

**Action area 2:**
**Ensure the places where we live, learn, work, eat, play and shop make it easy for us to be active and eat a healthy diet, including breastfeeding**

- Continue to expect that all schools will teach HPE as one of the eight mandated learning areas of the SACSA framework, and that the achievement of learning outcomes in this area is required for all students from Reception to year 10 during the transition period to Australian Curriculum HPE.
• Actively promote daily fruit and vegetable consumption
• Encourage frequent drinking of fresh, clean tap water
• Discourage the use of food in behaviour management programs, for example as rewards.

Action area 3: Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active
• Continue to promote and annually monitor compliance with Right Bite
• Increase community access to facilities that support physical activity and healthy eating through the co-development of Joint Use of Facilities guidelines for use of Department of Education and Child Development facilities by community groups (e.g. shared use of school halls, ovals, kitchens and kitchen gardens)
• As part of the implementation of the Australian Curriculum, encourage schools to provide physical education lessons that maximise physical activity time
• Encourage schools to develop local policies that restrict the consumption of high-caffeine and ‘energy’ drinks.

Action area 4: Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight with particular attention to those most in need
• Continue to promote and support the Premier’s be active Challenge in schools
• Continue to support school sport, swimming and aquatics programs in schools
• Continue to support the engagement of Aboriginal adolescents through the South Australian Aboriginal Sports Training Academies (SAASTA) and the Aboriginal Power Cup
• Continue to collaborate with SA Health to develop and deliver the Healthy Eating and Physical Activity in the Early Years and eat well be active Primary Schools projects.

Action area 5: Ensure that we have a range of enablers in place including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, research and governance
• Provide a mechanism for promoting excellence and sharing best practice through a Healthy School and Early Childhood Service Recognition Scheme as linked to the Healthy Eating and Physical Activity in the Early Years and eat well be active Primary Schools projects
• Develop and implement appropriate strategies for improving teacher knowledge and understanding of the importance of healthy eating and physical activity as part of the statewide Teaching for Effective Learning strategy in conjunction with Australian Curriculum ‘Respect, Reflect, Relate’ and the Early Years Learning Framework ‘Belonging, Being & Becoming’
• Collaborate with the university sector to incorporate curricula for all pre-service teachers that relates to healthy eating and physical activity.
Health in All Policies: improving nutrition and physical activity

Health in All Policies (HiAP) is an approach adopted in SA to promote healthy public policy. HiAP is based on the understanding that health is not merely a product of healthcare activities, but is influenced by a wide range of social, economic, political, cultural and environmental factors, many outside the health sector. Through their engagement in the HiAP process, a number of SA Government departments have made commitments, in line with their own policies and strategic directions, to strengthen a focus on healthy eating and physical activity. Commitments from an initial range of government departments are listed below. Each commitment is aligned to one or more of the five action areas of the strategy.

Department for Communities and Social Inclusion (DCSI)

DCSI is responsible for setting strategic priorities, policy development and administration of public and community housing, child protection, ageing and community care services and disability services.

DISABILITY AGEING AND CARERS

DCSI administers a range of programs and develops and supports innovative policies for older people, people with disabilities and their carers. DCSI also monitors factors impacting on these groups and raises awareness of issues affecting older people, people with disabilities and their carers. Promoting healthy, inclusive communities will contribute to positive health and wellbeing outcomes for older South Australians.

1. Workforce development
Document current health and wellbeing-related activities of the existing workforce and identify opportunities for workforce development/education around healthy eating and physical activity. (Action area: 5)

2. Strengthen across-government initiatives
Strengthen across-government ageing initiatives (e.g. age-friendly environments) by incorporating healthy eating and active ageing concepts into existing and new initiatives that support positive and/or active ageing. (Action areas: 2, 3)

HOUSING SA

Housing SA delivers housing support services and options, primarily to individuals vulnerable to homelessness. It also partners with other agencies to maximise affordable housing and provides a regulatory service for non-government housing services on behalf of the SA Government. Promoting healthy, inclusive communities will contribute to positive health and wellbeing outcomes for Housing SA clients.

1. Integrated design
New Housing SA strategy to continue to support an integrated design process that will take account of health benefits as part of all new significant developments, for example provision of water tanks and functional kitchens, with consideration given to the placement of the house on the block, open space, and bedroom size and numbers

1a. Housing SA to explore opportunities to ensure that the community and not-for-profit housing sectors also use integrated design guidelines. (Action areas: 2, 3)
2. Open Space Fund
Housing SA could, in partnership with local councils, explore projects that may be able to capitalise on the Open Space Fund. (Action areas: 2, 3, 5)

3. Landscaping
Housing SA to develop a strategy that enables landscaping of both front yards and backyards of all new and existing Housing SA properties

3a. Landscaping design to aim to support Housing SA tenants to garden, increasing their opportunities for physical activity and healthy eating. For example, gardens could include fruit trees and vegetables beds with dripper sprinkler systems in place (Action area: 3)

3b. Existing Housing SA tenants with sound gardening skills to support new housing tenants to use landscaped gardens (Action areas: 1, 2, 4)

3c. Gardening initiatives to link with existing programs in neighbourhood houses. (Action areas: 1, 2, 4, 5)

4. Communication and resources
Housing SA to use strength of existing communication networks (Customer Chat) with tenants to provide information on healthy eating and physical activity, particularly around active gardening

4a. Housing SA to support the development of tool libraries to aid tenants to explore and undertake physical activity and healthy eating opportunities, for example gardening (Action areas: 1, 2, 3, 4)

4b. Housing SA to support local government community gardens development to encourage tenants to become involved in gardening. (Action areas: 1, 2, 3, 5)

5. Strata guidelines
Develop guidelines with Planning SA for strata managers that create supportive environments for healthy eating and physical activity by tenants. (Action area: 3)

6. Aboriginal housing
6a. Review house designs, sizes and standards in remote and urban environments that assist in decreasing overcrowding (Action area: 4)

6b. Expand the Home Living Skills program in partnership with other service providers to facilitate Aboriginal households to improve their ability to manage limited income, particularly as people move between remote communities and urban environment. (Action area: 4)
DPTI is responsible for strategic planning for land use and built development, state and local government relations, and regulatory systems for planning and local government. Urban design has a significant influence on population health and wellbeing.

DPTI is also responsible for transport policy and infrastructure in SA, including the delivery of public transport services. The extension and modernisation of public transport, in particular, provides opportunities to reduce the use of private vehicles and support greater active travel, particularly in metropolitan areas.

1. Designing for physical activity (Action areas: 2, 3)

1a. Design pedestrian- and cycling-friendly streetscapes and off-road routes to connect open space and other key local destinations. For example:

- Consider the links between infrastructure (e.g. state aquatic centre) and active transport through structure planning, both independently and alongside transit corridors

- Increase community safety while undertaking physical activity by incorporating crime prevention into all new developments and structure plans through environmental design principles

1b. Support higher density mixed-use and walkable neighbourhoods. For example:

- Increase housing near greenways, retail centres, employment hubs and public transport to encourage increased active transport (walking and cycling) uptake

1c. Ensuring high-quality and appropriate public realm provision

- Increase the quality of public spaces
- Ensure that public open space is multi-functional and accessible by all communities
- DPTI’s Planning and Development Fund to continue to support local government to develop high-quality public spaces that support active living
- Explore opportunities through the local government system to further embed healthy urban design principles into their management of streetscapes and public realm through legislative, financial and/or administrative means.
2. Food security and increasing access to healthy food (Action areas: 2, 3)

2a. Preserve agricultural land

- Protect areas of primary production significance where possible
- Strengthen development plan policies to ensure that residential dwellings interfacing with primary production land do not unreasonably impact on its production capacity

2b. Support increased access to fresh, nutritious and affordable food. For example:

- Increase residential density within a 400m walking distance of neighbourhood centres or higher order activity centres, with consideration given to the connections between residential areas and shops around potential barriers such as main roads and fixed transit lines
- Investigate opportunities to facilitate a diverse mix of food retailers to tenant local shopping centres, for example through a diversity of shop sizes
- Ensure that land-use and development plan policies support ongoing local horticulture industries
- Encourage local food production through the provision of space for community gardens during structure planning and development plan policy.

3. Cross-government support (Action areas: 2, 3, 5)

- Continue to support policies that facilitate healthy weight outcomes through key cross-government bodies responsible for planning and infrastructure (e.g. Government Planning Coordinating Committee and the Integrated Design Commission).

4. Active transport (Action areas: 2, 3, 5)

Identify ways to integrate active transport (cycling, walking and public transport use) into structure planning, precinct planning for new higher density areas and Development Plan Amendments. The aim is to provide more permeable, connected grid street networks and optimise the use of public transport through efficient urban structure.

4a. Undertake bicycle and pedestrian network planning to identify suitable routes to public transport stations and interchanges, including greenways and cycling and walking routes planted with indigenous species following public transport corridors or watercourses

4b. Continue to develop the metropolitan Bikedirect and regional bicycle networks including the Amy Gillett bikeway in the Adelaide Hills.

5. Public transport users (Action areas: 2, 3)

Continue incentives to attract new users to the public transport system and increase demand for public transport. For example, free off-peak travel for Senior Card holders, free tram travel between South and West Terrace and to Adelaide events (e.g. Clipsal 500, after midnight New Year’s Eve), and free inter-peak and weekend bicycle travel on trains.

6. Sponsorship and advertising (Action areas: 3, 4)

With consideration of national recommendations on fast food advertising, review sponsorship/advertising on public transport vehicles and sites of high-fat/salt/sugar foods, drinks and fast food.

7. Government buildings (Action areas: 2, 3, 4)

Contribute to whole-of-government directions for government buildings by giving preference, at lease of renewal or major refurbishment, to government buildings with infrastructure that supports healthy eating and physical activity, for example buildings with active transport access, accessible stair wells, secure bicycle parking, showers and changing facilities.

8. Stations and interchanges (Action areas: 2, 3)

Support active travel and broaden public transport catchment areas through the provision of secure bicycle parking facilities at stations and interchanges.

These strategies link with SASP, the 30 Year Plan for Greater Adelaide, Safety in Numbers: a cycling strategy for SA, the South Australian Road Safety Strategy and Tackling Climate Change: SA’s Greenhouse Strategy.
Primary Industries and Regions SA (PIRSA): Agriculture, Food and Wine

PIRSA’s Agriculture, Food and Wine division is responsible for resource management and the delivery of rural and remote community support services.

1. Audit of PIRSA contribution to healthy eating (Action areas: 2, 3)

PIRSA and SA Health could collaborate on conducting an audit of PIRSA’s activities in the primary production and agricultural sectors to identify the contribution that these activities and programs make to healthy eating. Further, PIRSA and SA Health could work to identify any gaps that may exist and any opportunities to strengthen the role of these sectors in contributing to healthy eating through, for example, the collection of market intelligence, identifying market opportunities and upskilling primary producers to respond to changing market demand. The audit could be considered in the context of a brief Health Lens Analysis.

This strategy links with SASP and PIRSA Strategic Directions.

Department of Environment and Natural Resources (DENR)

DENR is responsible for SA’s nature conservation and heritage conservation, and manages the state’s natural environment.

1. Recreation in parks (Action areas: 2, 3, 4)

1a. Implement the People and Parks Visitor Strategy, including a series of projects to encourage all people, particularly the young, to visit parks and participate in physical activity to increase their fitness and wellbeing. Specific projects include:

- Investigate the feasibility of establishing the Mount Lofty Ranges as a nationally recognised cycling destination
- Expand the suite of distinctive, broadly appealing trails in the Adelaide Hills that are suitable for families and people with limited mobility

1b. Promote the physical health benefits of visiting Adelaide’s Botanic Gardens

1c. Promote the physical health benefits of greenspace through the Adelaide Botanic Garden’s Garden of Health initiative.
2. Recreation outside parks (Action areas: 2, 3)
Continue the current beach replenishment program through the Adelaide’s Living Beaches Strategy to ensure that Adelaide’s central and southern beaches remain pleasant places for people to enjoy exercise and recreation.

3. Volunteering (Action areas: 2, 3, 4)
3a. Provide more exciting and innovative opportunities for people to participate in physical exercise through volunteering in parks and the Botanic Gardens, and in natural resource management activities, including developing specific programs to engage young people and the elderly

3b. Continue to promote the physical health benefits of volunteering in parks and in natural resource management activities.

4. Facilities planning and management (Action areas: 2, 3, 5)
4a. Continue to undertake annual surveys to ensure that all parks comply with the Disability Discrimination Act 1992 and provide appropriate access for all visitors

4b. Ensure that the development of new facilities and upgrades to existing facilities (including trails) are completed in line with current access requirements to ensure that all visitors are able to use the facilities.

5. Botanic Gardens (Action areas: 2, 3, 4)
5a. Continue to work with partner organisations to support local communities to adopt healthy eating habits through the Kitchen Garden program

5b. Pursue opportunities to expand the Kitchen Garden program into schools and homes across the state, particularly focusing on disadvantaged communities

5c. Continue to provide healthy food options at the DENR-managed food outlets in Cleland Wildlife Park and Naracoorte National Park.

These strategies link with SASP, DENR Corporate Plan, Adelaide’s Living Beaches Strategy, 30 Year Plan for Greater Adelaide, DENR Volunteering Strategy (under development).
Department of Further Education, Employment, Science and Technology (DFEEST) – TAFE SA

DFEEST – TAFE SA offers vocational education and training to metropolitan and regional SA. TAFE SA plays a major role in the development of SA’s workforce and community in collaboration with industry and business sectors, and delivers courses that directly impact on healthy weight.

1. Workforce skills and training (Action areas: 2, 3, 4, 5)
Influence the design of training packages to incorporate workforce skills and knowledge around healthy eating and physical activity in priority areas identified by industry (e.g. food preparation, sports and recreation).

2. Courses and training (Action areas: 4, 5)
Opportunities exist to:
• Integrate healthy eating and physical activity principles into relevant existing courses
• Explore the potential to expand the current drug and alcohol counselling that is incorporated in some DFEEST-funded programs to incorporate a wider healthy eating approach
• Incorporate the principles of healthy eating into literacy and numeracy training in vocational education and training and adult and community education programs (this has already been done in APY lands programs).

3. Industry engagement (Action areas: 1, 2, 3, 5)
Continue work with PIRSA to increase industry engagement in a way that supports the SA Food Strategy.

4. International students (Action areas: 2, 4)
Continue to provide international students with health and wellbeing information, and further examine the factors that impact on their health and wellbeing.

5. Staff health and wellbeing (Action areas: 2, 4)
Continue to support the DFEEST health calendar and events such as Corporate Cup, health promotions and Weight Watchers Club.

6. Active transport and healthy eating options (Action areas: 2, 3, 4)
Provide access to, and support for, active transport to/within City Central and campuses (e.g. public transport connections, bike racks, internal stairs) as well as healthy eating options on campus (e.g. healthy food requirement as part of canteen procurement assessment policy).

These strategies link with SASP, the National Agreement on Youth Attainment and Transitions and the DFEEST Strategic Plan 2010–2014.
Department of Correctional Services (DCS)

DCS works to ensure public safety, reduce crime and protect victims of crime through the safe, secure and humane management of offenders and the provision of opportunities for rehabilitation. Promoting healthy lifestyles and skill development will assist prisoners to be physically and mentally fitter for rehabilitation and community service.

1. Healthy eating (Action areas: 2, 3, 4, 5)
- Implement policies and structures for healthy eating, for example training for kitchen staff, contracts that focus on healthy food distributors, selling healthy foods from the canteen and making water always available
- Engage with health nutrition professionals to review and recommend practical healthy options for prison menus
- Work with SA Health to develop healthy shopping, cooking and eating packages and information sheets for pre and post release.

2. Skill development (Action areas: 2, 4, 5)
- Education to include planning, shopping for and cooking a nutritious diet on limited income (including Aboriginal-specific); offenders can build skills in training others for sports/fitness, community gardening, healthy eating and cooking etc.
- Tie existing activities (e.g. market gardening) to horticulture skills and qualifications.

3. Physical activity (Action areas: 2, 3)
- Encourage physical activity, sport or time in gardening and cooking; for example, develop structured program of organised sports and events, provide support for active travel to undertake community service.

4. Partnership with health (Action areas: 1, 3, 5)
- Work with SA Health to identify potential population health activities that promote healthy practices.

Attorney General’s Department: Consumer and Business Services

Consumer and Business Services promotes and protects consumer interests in SA through the administration of a policy and legislative framework that covers fair trading and the investigation of consumer complaints of misleading advertising.

1. Consumer complaints (Action area: 3)
Prioritise monitoring and investigation of consumer complaints in relation to misleading food advertising.

2. Across-government initiatives (Action areas: 2, 3)
Consumer and Business Services and SA Health to explore potential to reduce misleading advertising and promotion in relation to unhealthy products under Australian consumer law.
APPENDICES
Appendix 1: Recommendations for healthy eating and breastfeeding, physical activity and healthy weight

Healthy eating and breastfeeding

• Infant feeding guidelines recommend that babies are breastfed exclusively until six months of age and continue to be breastfed until 12 months of age, and are breastfed beyond 12 months according to mother’s and baby’s desire; with healthy foods introduced from age six months.

• Recommendations for children, adolescents and adults are to enjoy eating a healthy diet based on a wide variety of wholegrain breads and cereals, vegetables and legumes, fruit, reduced-fat dairy foods, lean meats, and water instead of sugary drinks.

• For the amounts of different foods for people of different ages and life-stages (e.g. pregnancy), recommendations are outlined in the Australian guide to healthy eating.

Physical activity and less sedentary time

• For children (from 5 years of age), adolescents and adults, recommendations are to enjoy regular moderate and vigorous physical activity for 60 minutes per day for children and adolescents and 30 minutes per day for adults; and to spend less time watching screens and sitting down.

• Recommendations for children from birth until 5 years of age are developmentally related and include a focus on play and screen time.

• For specific details, refer to national physical activity guidelines for each age group.

Achieving a healthy weight, maintaining weight and losing excess weight

• Body shape and size is to some extent affected by hereditary factors. Following recommendations for healthy eating and physical activity from birth gives children the best chance to grow and develop with a weight appropriate for their height, age and stage of development.

• Overweight children tend to become overweight adolescents and then overweight adults, and many overweight adults continue to gain further weight as they age.

• Overweight adults should first aim to maintain their current weight while making changes to improve their overall diet quality, and to increase their regular physical activity. Then, the aim should be to set a realistic target (e.g. losing 5–10% of weight) through adopting and adding to new diet and exercise habits and making these new habits permanent.

• For older people over the age of 65 years, there is evidence that the ideal body mass index (BMI) is higher than for younger adults and that the harmful effects of obesity on life expectancy are not as great as in younger adults. Older people at greatest risk have a high waist circumference and a low lean body mass. Weight loss in older people, particularly if unintentional, can be harmful.

The NHMRC is reviewing the clinical practice guidelines on management of overweight and obesity in children, adolescents and adults, and the Commonwealth Government is developing healthy weight guidelines.

Note: Measuring weight

• BMI is the measure used to report on population weight status. There are four categories for adults: underweight, normal weight (referred to as ‘healthy weight’), overweight and obese. BMI is calculated by weight (kilograms) divided by height (metres), squared. Underweight is defined by a BMI below 18.5; healthy weight by a BMI of 18.5 to 24.99; overweight by a BMI 25.0 to 29.99 and obesity by a BMI of 30 and above.

• For children a different scale is used, which considers the growth and development requirements of growing children.

• In considering an individual’s weight status and most appropriate weight, a more comprehensive assessment than just calculating BMI is required. This may include a waist/hip ratio, muscle mass, family history, weight history and details on food intake and activity.
Appendix 2: Current targets related to the Eat Well Be Active Strategy

SA is required to work towards two key **SASP targets**:

- **Target 82 Healthy Weight**: to increase the proportion of South Australian adults and children at a healthy body weight by 5 percentage points by 2017.*
- **Target 83 Sport and Recreation**: to increase the proportion of South Australians participating in sport and recreation at least once per week to 50% by 2020.†

A supplementary measure relates to the weight of 4 year olds, of which 18.6% are currently overweight or obese.

In addition, other healthy eating, physical activity, cycling and weight-related targets such as public transport use, work life balance, urban spaces, Aboriginal healthy life expectancy, chronic disease and zero waste are monitored. See [http://saplan.org.au/](http://saplan.org.au/) for current data.

The **COAG National Partnership Agreement on Preventive Health** performance benchmarks are:

- Increase in proportion of both children and adults at unhealthy weight held at less than 5% from baseline for each state by 2013, and proportion of children at healthy weight returned to baseline level by 2015
- Increase in mean number of daily serves of fruits and vegetables consumed by children and adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013, and by 0.6 for fruits and 1.5 for vegetables by 2015
- Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each state by 5% by 2013 and 15% by 2015
- Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on 5 or more days of the week by 5% from baseline for each state by 2013 and 15% by 2015
- Reduction in state baseline for proportion of adults smoking daily commensurate with a 2 percentage point reduction from 2007 national baseline by 2011, and 3.5 percentage point reduction by 2013.

Performance against benchmarks will be assessed at two time points: June 2013 and December 2014.

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* From baseline of 42% in 2006. Data source: SA Health’s South Australian Monitoring and Surveillance System (SAMSS)
† Data source: Exercise, Recreation and Sport Survey (ERASS)
### Appendix 3: Program logic

#### Framework for action

**Mobilising community action, publicly recognising achievements**
- Ensure that the places we live, learn, work, eat, play and shop make it easy to eat well and be active

**Implementing policies through:**
- Government
- Communities

**Information programs and services throughout life, particularly for high-needs groups**

**Enablers:**
- Leadership
- Communication
- Partnerships
- Workforce development
- Research, evaluation, governance

#### Outputs

**Principles**
- Build momentum for change
- Prioritise collective, long-term effort
- Invest in multiple, complementary, integrated strategies
- Prioritise access to disadvantaged groups
- Support positive body image, avoiding individual blame

**Settings**
- Local government
- Schools & early childhood services
- Workplaces
- Communities

**Reach**
- Whole population
- Targeted across the life-course
- High-needs groups
- Aboriginal

**Quantitative**
- Policies developed
- Programs implemented
- Media
- Training & workshops
- Assessments
- Counseling
- Products
- Recruitment
- Recognition scheme participants
- Self-assessment tools
- Good practice case studies
- Award applications
- Ambassadors

**Individual**
- Increased:
  - Awareness
  - Knowledge
  - Attitudes
  - Skills
  - Opinions
  - Aspirations
  - Motivations to adopt healthy lifestyles

**System**
- Increased awareness, understanding and commitment across government, non-government, businesses and communities
- Increased inter-sectoral planning and collaboration

**Qualitative**
- Case studies
- Program participation levels of satisfaction
- Participatory processes

**Environment**
- Increased cycle paths and walkable communities
- Increased supply of affordable fruit and vegetables
- Increased opportunities to purchase/grow and eat fruit and vegetables in schools, workplaces and communities
- Increased workplaces, schools, sports clubs and communities with facilities to support physical activity and healthy eating

**Community**
- Mobilised to take action and publicly recognised for their achievements
- Increased fruit and vegetable consumption
- Increased levels of physical activity
- Increased availability of healthy foods
- Social norms view healthy choices as preferred choices on most days

**SASP Target 82**
- Increase the proportion of South Australian adults and children at a healthy weight by 5% points

**AND**

**SASP Target 83**
- Increase the proportion of South Australians participating in sport or physical recreation at least once per week by 50%

#### Short-term outcomes

- The places where we live, learn, work, eat, play and shop make it easy for children and adults to be active and eat a healthy diet including breastfeeding.
- Workplaces report improved productivity.
- Schools & preschools see evidence of improved learning outcomes.
- Reduced incidence of chronic disease, improved health, quality of life and life expectancy.
- Reductions in hospital admissions attributable to overweight and obesity.
## Appendix 4: Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>APY</td>
<td>Anangu, Pitjantjatjara &amp; Yankunytjatjara (Lands)</td>
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<tr>
<td>BFHI</td>
<td>Baby Friendly Health Initiative</td>
</tr>
<tr>
<td>BMI</td>
<td>body mass index = weight (kg) / height (m)^2</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>DJ</td>
<td>Department of Justice</td>
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<tr>
<td>DECD</td>
<td>Department of Education and Child Development</td>
</tr>
<tr>
<td>DENR</td>
<td>Department of Environment and Natural Resources</td>
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<tr>
<td>DCSI</td>
<td>Department for Communities and Social Inclusion</td>
</tr>
<tr>
<td>DFC</td>
<td>Department for Families and Communities (now DCSI)</td>
</tr>
<tr>
<td>DFEEST</td>
<td>Department of Further Education Employment, Science and Technology</td>
</tr>
<tr>
<td>DPTI</td>
<td>Department of Planning, Transport and Infrastructure</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
</tr>
<tr>
<td>HiAP</td>
<td>Health in All Policies</td>
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<tr>
<td>HPE</td>
<td>health and physical education</td>
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<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<tr>
<td>NPAPH</td>
<td>National Partnership Agreement on Preventive Health</td>
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<tr>
<td>NGO</td>
<td>non-government organisation</td>
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<tr>
<td>OHS&amp;W</td>
<td>occupational health, safety and welfare</td>
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<tr>
<td>OPAL</td>
<td>Obesity Prevention and Lifestyle (program)</td>
</tr>
<tr>
<td>ORS</td>
<td>Office for Recreation and Sport</td>
</tr>
<tr>
<td>PANORAMA</td>
<td>Physical Activity Nutrition Observatory: Research and Monitoring Alliance</td>
</tr>
<tr>
<td>PIRSA</td>
<td>Department of Primary Industries and Regions SA</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>SAASATA</td>
<td>South Australian Aboriginal Sports Training Academy</td>
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<tr>
<td>SACE</td>
<td>South Australian Certificate of Education</td>
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<tr>
<td>SACSA</td>
<td>South Australian Curriculum Standards and Accountability</td>
</tr>
<tr>
<td>SASP</td>
<td>South Australia's Strategic Plan</td>
</tr>
</tbody>
</table>
Appendix 5: References


40 Giles-Corti B, Donovan RJ. Socioeconomic status differences in recreational physical activity levels and real and perceived access to a supportive physical environment. Preventive Medicine 2002; 35(6) 601–611.


