

# Healthy Weight for Adults and Older Australians

A NATIONAL ACTION AGENDA TO ADDRESS OVERWEIGHT AND OBESITY IN ADULTS AND OLDER AUSTRALIANS

**2006–2010**



# Healthy Weight for Adults and Older Australians

A NATIONAL ACTION AGENDA TO ADDRESS OVERWEIGHT  
AND OBESITY IN ADULTS AND OLDER AUSTRALIANS

**2006–2010**



ISBN: 0 642 82918 7  
Online ISBN: 0 642 82919 5  
Publications Approval Number: 3833

Paper-based publications

© Commonwealth of Australia 2006

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Canberra ACT 2600 or posted at <http://www.ag.gov.au/cca>

Internet sites

© Commonwealth of Australia 2006

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. Requests and inquiries concerning reproduction and rights should be addressed to Commonwealth Copyright Administration, Attorney General's Department, Robert Garran Offices, National Circuit, Canberra ACT 2600 or posted at <http://www.ag.gov.au/cca>

The images used for this publication have been selected from a collection of photographs that were taken for use in the *Healthy for Life* Program. The Department of Health and Ageing acknowledges and thanks the many people who participated in the photo shoots and gave permission for the images to be used in departmental publications.

## CONTENTS

Introduction	1
Goals	2
Leadership and coordination	3
Target groups	3
Agenda for action	4
Time frame	5
Key themes	5
Whole population	6
People with established risk of weight related chronic disease	10
Aboriginal and Torres Strait Islander peoples	11
People living in rural and remote areas	14
Older people	15
Terms of reference for the National Obesity Taskforce	18
Membership of the National Obesity Taskforce	19
Scientific Reference Group	19
Research team Principal Consultants	20



## INTRODUCTION

Australia is ranked as one of the most overweight developed nations. The rate of overweight and obesity among Australian adults (over 18 years) has doubled over the past two decades. Obesity results in a range of diseases and conditions including cancer, cardiovascular disease and diabetes, which place huge burdens on individuals, families and the wider community. Obesity and its associated illnesses are estimated to cost health services \$1.2 billion a year and the cost continues to rise dramatically.

Australia's combined rate of overweight and obesity is 62 per cent for men and 45 per cent for women<sup>1</sup>.

Whilst all ages, sexes and social groups are affected, overweight and obesity are more prevalent among Aboriginal and Torres Strait Islander peoples, women in lower socioeconomic groups and women living in remote areas. Young women are gaining weight faster than any other group.

In May 2004, the World Health Organization endorsed the Global Strategy on Diet and Physical Activity and Health. Australia took a lead role in developing and brokering the Global Strategy. The Global Strategy has four main objectives:

- **to reduce the risk of factors for non-communicable diseases that stem from unhealthy diets and physical inactivity;**
- **to increase the overall awareness and understanding of the influences of diet and physical activity on health;**
- **to encourage the development, strengthening and implementation of global, regional, national and community policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive, and actively engage all sectors, including civil society, the private sector and the media;**
- **to monitor scientific data and key influences on diet and physical activity, to support research and evaluation; and**
- **strengthen the human resources needed in this domain to enhance and sustain health.**

In 2003, Australian Health Ministers established the National Obesity Taskforce, to develop a national action agenda for tackling overweight and obesity in Australia. The Taskforce, which

<sup>1</sup> ABS National Health Survey: Summary of Results 4364.0 2004–05. Canberra (derived from self reported height and weight)



represents all jurisdictions, focused its attention on children and adolescents in an effort to enable healthy eating and active living, with the intent that healthier ways of living will be carried into adulthood and supported by healthier environments.

In November 2003, Australian Health Ministers endorsed *Healthy Weight 2008: Australia's Future, the national action agenda for children and young people and their families* to address the challenges of overweight and obesity in children aged 0–18 years and their families.

In July 2004, Australian Health Ministers requested the National Obesity Taskforce to review the evidence for actions to reduce overweight and obesity in adults and older Australians and to develop a national action agenda of potential interventions similar to *Healthy Weight 2008*.

This Agenda presents a range of actions which contribute to addressing overweight and obesity for Australian adults. The range of factors contributing to the problem means that no single action has the potential to reverse the trend. Rather, a combination of actions will be essential. This Agenda requires action across all jurisdictions, multiple portfolios, communities, sectors and industry.

Many of the actions proposed in this Agenda are consistent with, and overlap, actions described in other National and State frameworks, plans and strategies. This will reinforce the common goals and pathways for promoting good nutrition, physical activity, healthy weight and preventing chronic disease.

The Agenda has been applied to the whole adult population as well as each of the priority population groups. It does not apply to adults whose health could be compromised by reducing weight, for example frail, older Australians.

## GOALS

The goals of *The National Action Agenda to Address Overweight and Obesity in Adults and Older Australians* are to:

- 1. Prevent weight gain at the population level.**
- 2. Achieve better management of early risk.**
- 3. Improve management of weight.**

Of these, the most important is the prevention of weight gain at the population level. A focus on weight gain prevention avoids exacerbation of inappropriate dieting behaviours and the message is also equally relevant to all sections of the adult population.

Weight gain in adulthood significantly increases the risk of ill health and is independent and separate to other risk factors such as smoking, high blood pressure and high blood cholesterol. The risk for chronic disease gradually begins to rise with increasing levels of overweight (as measured by Body Mass Index — BMI). There is no clear cut threshold for serious complications which can arise.

Extended periods of weight gain are difficult to reverse and weight gain in adulthood is mostly due to increased deposits of body fat.

Achieving the three long-term goals depends on changing behaviour in the medium-term, and more immediate changes to environments and products. A combination of environmental and behavioural changes will be required to produce weight maintenance and weight loss in population groups.

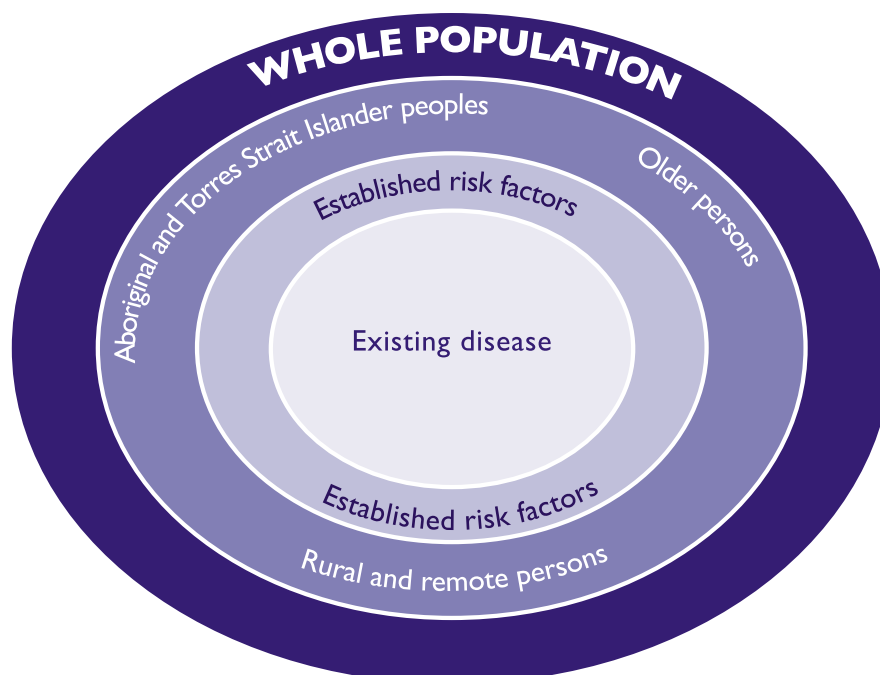
## LEADERSHIP AND COORDINATION

National leadership and collaborative structures between all levels of government, non-government and industry groups are important in the identification of common goals, interests and agreed initiatives. These structures are important for all sub-groups outlined in this Agenda in order to best address the issue of overweight and obesity in the Australian adult population.

## TARGET GROUPS

The Agenda directs attention to ‘who, what, when and how’ we should proceed to address overweight and obesity across the adult population in Australia. The Agenda is divided into particular target groups of people:

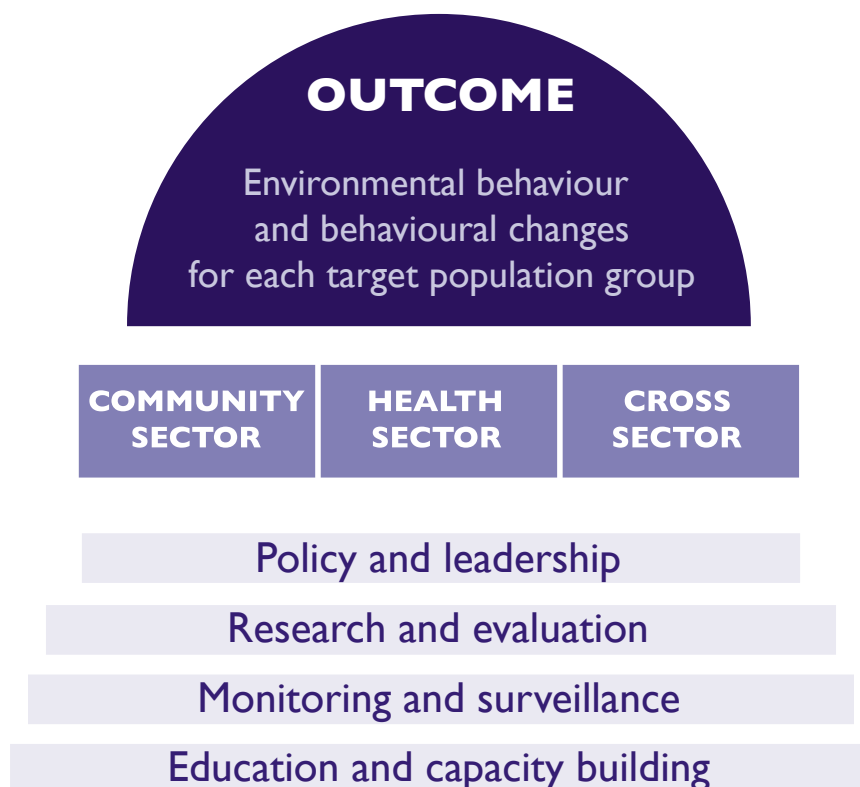
- **the whole adult population**
- **older people**
- **people living in rural and remote areas**
- **Aboriginal and Torres Strait Islander peoples**
- **people with established risk for weight-related chronic conditions**



## AGENDA FOR ACTION

The Agenda complements and reinforces actions already identified in other national, State and local strategies and frameworks. This was seen as important by policy makers and practitioners who were consulted during the preparation of the Agenda. In some cases actions described in current strategies are not being implemented with sufficient intensity to influence weight status, or are not being implemented on a wide enough basis to reach a majority of people.

Each jurisdiction therefore needs to take account of what is currently being implemented and its intensity and reach, in order to identify what further actions, or what enhancement of current actions, should occur in that jurisdiction. This will be a critical step in developing an effective portfolio of actions.



Effective action will require:

- **a multi-strategic approach, so that different actions are working together to reinforce the effects of each;**
- **intensity of actions sufficient to make a substantial impact;**
- **widespread implementation of actions sufficient for any impacts to affect large numbers of communities and people; and**
- **a sustained sequence of actions, to build momentum and a cycle of change, such as has occurred in tobacco control.**

## TIME FRAME

Action to address overweight and obesity will need to occur over a 10 to 20 year time frame. Experience in working on other public health issues indicates that environmental and behavioural changes can be slow and difficult to achieve at a whole-of-population level. Given the complexity of this problem, and the prevalence of overweight and obesity already, it is anticipated that a strategic sequence of intensive and widespread actions will be required to have an impact.

This Agenda focuses on a four year timeframe for mobilising resources and initiating and implementing of actions — 2006 to 2010.

## KEY THEMES

The actions in this Agenda have been selected following the results of extensive national consultations and a literature review. They have been assessed against:

- **the potential population impact of the action, defined as the product of the effect and the number of people affected; and**
- **the level of certainty of achieving effects, given the available evidence.**

The following themes underpin the actions presented in the Agenda. They are not listed in any order of priority:

- **Communication strategies — to increase community understanding about the serious health consequences of overweight and obesity and motivation to prevent weight gain.**
- **Community action and community development — to engage people in local actions and build the capacity of local communities to make changes conducive to preventing weight gain.**
- **Enhanced primary health care systems and services — with services and roles designed to address overweight and obesity.**
- **Alignment of health sector initiatives — to ensure that initiatives to address overweight and obesity are integrated with other prevention programs where there are common goals.**
- **Health workforce capacity — to build a health workforce with roles, skills and resources designed to address overweight and obesity.**
- **Cross sector partnerships — to produce environmental and policy changes that support the prevention of weight gain at the population level (for example, transport, urban planning).**
- **Public-private partnerships — in a range of initiatives, including food production and promotion, services related to weight management and physical activity.**
- **Leadership and coordination — between all levels of government, non-government and industry groups.**
- **Policy, regulatory and fiscal measures — to protect population health.**
- **Monitoring and surveillance — a systematic surveillance approach is essential to understanding the problem and monitoring changes.**
- **Research and evaluation — to build the body of knowledge about effective interventions.**

## WHOLE POPULATION

### Community Sector

The general public needs consistent information that is evidence-based, easily understood, widely available, reinforced and action oriented. Social marketing strategies have the potential to influence community support for action and shift social norms towards support for healthier behaviours. Community projects can build upon and reinforce this awareness and understanding and help motivate people and organisations into taking local action that meets the communities' needs.

#### *Outcomes sought:*

Increased community understanding of the health and lifestyle significance of overweight and obesity, knowledge of ways of preventing weight gain, improved motivation to take action, and community support for environmental and social changes that contribute to preventing weight gain.

Greater commitment and capacity of communities to undertake a range of actions to promote better nutrition, increased physical activity and healthy weight, in collaboration with other groups. Communities may include geographic and cultural entities.

#### *Actions:*

##### Social Marketing

- **Conduct a sequence of social marketing and mass media campaigns targeted at the personal, household, workplace and community levels, to create a community that is aware, motivated and taking action to prevent weight gain. These campaigns should promote consistent messages on healthy weight.**
- **Encourage local community-based projects to reinforce social marketing campaigns and stimulate cross-sector projects.**
- **Develop nationally coordinated resources to assist communities to undertake projects that meet local needs.**
- **Prepare consumer information and guidelines about effective weight management practices relevant to specific target groups.**

##### Environments

- **Enable the learnings from whole-of-community demonstration projects that involve cross-sector collaboration, planning and environmental change initiatives to be available to organisations interested in implementing similar initiatives.**



## WHOLE POPULATION

### Health Sector

Health services are an important source of advice for people on health and lifestyle related issues. The capacity to provide advice and implement other prevention programs within the health sector depends on the skills of the workforce and the ability to work effectively across health systems.

#### *Outcomes sought:*

Enhanced capacity of the health sector workforce to undertake prevention and management as core business, and to address overweight and obesity across the whole population.

Improved integration of actions between related health programs at national, state and local levels.

Involvement of community health services in the implementation of community-based projects for preventing weight gain.

#### *Actions:*

##### Education

- **Enhance the skills of the health workforce in providing advice about preventing weight gain.**
- **Incorporate relevant topics related to the prevention of weight gain in undergraduate training and educational curricula for health professionals.**

##### Primary Health Care

- **Encourage general practitioners to identify and provide advice on lifestyle risk factors, including overweight and obesity.**
- **Encourage a team approach in primary healthcare settings to preventing and managing weight gain.**
- **Establish mechanisms that assist primary health care practitioners to link patients to relevant community prevention and health promotion services, including referral processes.**
- **Continue to implement local State-based community health services weight management programs.**
- **Identify best practice approaches in primary health care in preventing weight gain and improving weight management, including effective referral processes.**
- **Align efforts across programs with common goals for addressing the management of early risk and weight management.**

## WHOLE POPULATION

### Cross-sector

A coalition of efforts is required to harness commitment and capacity to effectively prevent weight gain across the Australian population. To assess program effectiveness, there is a need for surveillance systems and instruments to accurately track health behaviours, and evidence on the effectiveness of interventions in Australian contexts.

Environments, products and services also contribute to people's choices and behaviours. Collaboration across sectors can help to identify and facilitate actions outside the health sector that are conducive to health.

### *Outcomes sought:*

Recurrent, reliable, timely information on the epidemiology of overweight and obesity in the Australian population.

Comprehensive information and evidence on the specific effects and potential impacts of interventions to prevent weight gain and address obesity within Australian settings.

National, state and local policies and regulations that promote environments, products and services which contribute to preventing weight gain.

Greater involvement of non-government organisations, the private sector and workplaces in all sectors in adopting and promoting environments, products and services which contribute to preventing weight gain, as part of their corporate social responsibility and sustainability strategies.

### *Actions:*

#### Monitoring and surveillance

- **Develop an ongoing Australian monitoring and surveillance system covering food consumption, physical activity and weight status.**
- **Continue to develop and expand the database on Australian food composition.**
- **Encourage a research network of groups involved in nutrition, physical activity and obesity research, to foster collaborative research projects, tools, and priorities.**
- **Identify policy relevant research priorities, including priorities for intervention research, economic analysis and Aboriginal and Torres Strait Islander research.**
- **Continue to investigate trends and patterns of health in relation to physical activity, nutrition and weight for different age and birth cohorts in longitudinal studies.**

## Food supply

- **Collaborate across sectors to identify common goals, interests and agreed initiatives to support healthier food choices. Such initiatives could include better information for consumers, particularly on labelling, and the provision of healthier, low energy-dense alternatives enabling people to make better food choices.**
- **Encourage cooperative action between government, non-government and professional groups involved in chronic disease prevention.**
- **Consider requirements for labelling on weight loss products, including a system that provides clear information about the efficacy of the product and basic health advice on effective weight loss.**

## Environments

- **Collaborate across sectors and with local government to implement environmental changes that promote physical activity, promote improved nutrition and reduce the risk of overweight and obesity. For example, improved sporting facilities and services and nutrition advice services.**
- **Encourage employers to implement and support workplace programs and practices that contribute to preventing weight gain. This could include support for physical activity, showers and change facilities, advice and information, encouraging travel-blending or other healthy transport options and healthy food choices at competitive prices through workplace canteens and vending machines.**



## **PEOPLE WITH ESTABLISHED RISK OF WEIGHT-RELATED CHRONIC CONDITIONS**

There is good evidence supporting the effectiveness of healthy lifestyle programs for people with established risk of weight-related chronic conditions. Effective programs for people with established risk comprise a more specialised array of health sector services, which are usually more intensive and individually-oriented.

The outcomes and actions for the whole population are relevant and applicable to people with established risk of weight related chronic disease. The actions in this section are in addition to those in the 'whole population' section.

### ***Outcomes sought:***

Increased capacity of the health sector to assess, refer, support and provide multidisciplinary services that can contribute to increasing physical activity, improving nutrition and preventing weight gain as part of an integrated service.

Integrated implementation of chronic disease prevention and other preventive health services and lifestyle programs at national, state and local levels.

### ***Health sector actions:***

#### **Education**

- **Enhance the skills of the health workforce in providing lifestyle and chronic disease prevention advice and programs.**

#### **Primary health care**

- **Encourage general practitioners to utilise the relevant MBS items for the management of chronic conditions and complex care needs, including assessment, management and case coordination for people with established risk.**
- **Encourage the private health insurance industry to provide extra cover for weight management services delivered by general practitioners, specialists, allied health and other accredited private providers.**
- **Consider ways in which existing health financing systems (Medicare, private health insurance etc) could facilitate people with established risks to utilise self-management approaches to improve their health, such as participating in recommended physical activity sessions.**
- **Evaluate a range of international coordinated delivery systems of public and private services for provision of moderate and high intensity lifestyle and chronic disease prevention programs and their applicability for the Australian setting.**

## **ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES**

Obesity is markedly more prevalent amongst people of Aboriginal and Torres Strait Islander descent compared to all Australians, with 25 per cent of men and 29 per cent of women being obese.

Aboriginal and Torres Strait Islander communities need information that is culturally appropriate, evidence-based, easily understood, action-oriented and motivating. There is also the need to promote healthy eating to facilitate community ownership and does not undermining the cultural importance of family social events, the role of elders and traditional preferences for some foods. Food supply in Indigenous communities needs to ensure healthy, good quality food options are available at competitive prices.

Primary health care services have a central role in promoting and improving Aboriginal and Torres Strait Islander health and the sector needs specialised training and resources to implement new initiatives and provide culturally appropriate advice.

The outcomes and actions for the whole population are relevant and applicable to Aboriginal and Torres Strait Islander peoples. The actions in this section are in addition to those in the 'whole population' section. There is also congruency between actions listed under rural and remote communities and Aboriginal and Torres Strait Islander communities.

### ***Outcomes sought:***

Increased understanding by Aboriginal and Torres Strait Islander peoples of the health significance of overweight and obesity and ways of preventing weight gain.

Increased access by Aboriginal and Torres Strait Islander communities to support for lifestyle changes, including access to information, physical activity opportunities and healthy food choices.

Increased capacity of the general health sector workforce and Aboriginal and Torres Strait Islander health work force to effectively address overweight and obesity with Aboriginal and Torres Strait Islander peoples.



## *Actions:*

### Community sector

- **Work in partnership with the multi-agency Indigenous Coordination Centres and Ministerial Taskforce to develop policies and programs that are responsive to the needs of particular communities.**
- **Conduct tailored communication strategies to reach Aboriginal and Torres Strait Islander groups alongside mainstream campaigns and messages.**
- **Involve communities wherever possible in the design and delivery of locally based initiatives.**

### Health sector

#### Primary health care

- **Assist and encourage Aboriginal Health Workers and other primary health care workers to provide advice and motivational counselling to adults about weight management, as part of existing health checks and screening programs.**
- **Incorporate nutrition, physical activity, healthy weight and chronic disease prevention into training and develop evidence-based resources for ongoing updating of these skills.**
- **Encourage professional support systems for Aboriginal Health Workers working in healthy lifestyle topics and support research and evaluation of local projects.**
- **Utilise the MBS Aboriginal and Torres Strait Islander health check item to communicate more effectively the importance of physical activity, nutrition and weight management.**
- **Increase the capacity of Aboriginal Health Promotion Officers in community-controlled Aboriginal and Torres Strait Islander health organisations and government health services to promote nutrition and physical activity.**

#### Education

- **Develop Aboriginal and Torres Strait Islander cultural awareness training for mainstream health care professionals related to food, physical activity, lifestyle issues and health service arrangements.**

## Cross-sector

### Environments

- **Foster cross sector collaborative projects with sporting groups and local government to increase participation in physical activity by providing increased/new opportunities, especially for women.**
- **Consider mechanisms to sustain programs on physical activity, nutrition and weight management that have been shown to be effective.**
- **Strengthen the implementation of dog control and other environmental health initiatives, to provide safe and attractive settings for physical activity in rural and remote communities.**

### Education

- **Facilitate/provide future education opportunities for Aboriginal and Torres Strait Islander peoples to study nutrition at tertiary levels, such as through a scholarship scheme.**

### Food supply

- **Work with the food industry and community stores to improve both the affordability and range of healthy food choices for Aboriginal and Torres Strait Islander communities.**
- **Increase the capacity of Aboriginal and Torres Strait Islander non-health workforce and Indigenous Environmental Health Officers to promote nutrition, including training for Indigenous store managers, establishing corporate/business partnerships and information and/or training on food safety issues.**
- **Identify health outcomes and food supply as key areas of action in shared responsibility agreements.**

### Monitoring and surveillance

- **Ensure significant participation of Aboriginal and Torres Strait Islander peoples in national surveys by enhancing the sampling frame and applying culturally appropriate recruitment strategies.**
- **Investigate ways to undertake whole-of-community, community driven research with a specific focus on urban Aboriginal and Torres Strait Islander communities.**



## PEOPLE LIVING IN RURAL AND REMOTE AREAS

Environments, products and services can contribute to people's choices and behaviours. It is important to ensure that people living in rural and remote areas are supported in terms of access to services, programs and opportunities to make healthy choices.

The outcomes and actions for the whole population are relevant and applicable to people living in rural and remote areas. The actions in this section are in addition to those in the 'whole population' section.

Outcomes sought:

Behavioural and environmental changes across rural and remote communities that facilitate prevention of weight gain, including improved community infrastructure and improved food supply systems.

Increased capacity of the primary health care system to manage and prevent weight gain and promote physical activity for people in rural and remote areas.

### *Actions:*

#### Community sector

- **Provide guidance and information for rural and remote communities to implement whole-of-community projects, based on previous successful models.**
- **Encourage whole-of-community demonstration projects in rural and remote communities.**

#### Health sector

- **Facilitate access to nutrition and lifestyle support services for the management and prevention of weight gain.**
- **Include individual and group interventions for preventing weight gain in telehealth professional education and training.**

#### Cross-sector

##### Food supply

- **Work with the food industry to improve both the affordability and range of healthy food choices, including fruit and vegetables, for remote communities.**

##### Environments

- **Consider a feasibility study on the options for subsidies for remote locations for health-related infrastructure including food supply, freight for fresh food, and physical activity facilities such as swimming pools.**
- **Work in collaboration with local government and other agencies, to improve access to physical activity facilities and programs.**

## OLDER PEOPLE

Older people may be considered as three different subgroups: those aged 45–64 years, those aged 65–79 years and those aged 80 years and over. As they are not a unitary group, target group segmentation is important, especially for any communication strategies.

As people age often they have more time to undertake physical activity and more exposure to the media. It is critical to ensure that appropriate messages about the health benefits of physical activity throughout older age groups, and about preventing weight gain in late stages of middle age are known, understood and supported by access to community-based physical activity programs.

As people age they have increased contact with health services. It is important that health services support the management and prevention of weight gain in people in the late stages of middle age and encourage participation in appropriate physical activity throughout old age, as part of overall, integrated health care.

The outcomes and actions for the whole population are relevant and applicable to older people. The actions in this section are in addition to those in the ‘whole population’ section.

### *Outcomes sought:*

Increased understanding about the health benefits of healthy weight as people become older, together with ways of preventing weight gain, and knowledge, skill and motivation to achieve and maintain a healthy and active lifestyle.

Incorporation of physical activity, better nutrition and healthy lifestyle actions into programs conducted by community organisations working with older people.

Access by older people to appropriate community-based lifestyle interventions, particularly physical activity facilities and services.

Increased capacity of health sector services to refer, support and provide multidisciplinary services that can contribute to increasing physical activity and preventing weight gain, as part of an integrated service.



## *Actions:*

### **Community sector**

- **Develop and conduct a series of social marketing and communication campaigns on overweight, obesity, nutrition and physical activity, segmented for different target groups across the older population. The different target group segments could comprise:**
  - **45 to 55 years, where there is considerable potential to prevent weight gain following menopause and other life changes.**
  - **55 to 65 years, where there is potential to emphasize the value of healthy lifestyle as part of other lifestyle changes occurring around retirement.**
  - **65 years plus, where there are multiple health and social benefits from engaging in physical activity, especially strength training.**
  - **older adults who have reduced functional capacity, and require modified or tailored activity services.**
- **Emphasise the specific benefits of strength training for older people.**



## Health sector

### Primary health care

- **Encourage General Practitioners to utilise current MBS Items to refer older people to appropriate physical activity services.**
- **Enhance the skills of the health workforce in relation to nutrition and physical activity for older people.**
- **Provide and promote routine universal health checks and lifestyle advice, including assessment of weight and lifestyle, as part of primary health care for people around 45 years.**
- **Provide health professionals and accredited fitness leaders with knowledge and skills in promoting and conducting appropriate physical activity programs for older people, including strength training, balance and cardiovascular fitness.**

### Private health insurance

- **Encourage private health insurance systems to provide access for older people to structured physical activity programs.**

## Cross-sector

- **Implement community-based physical activity options specifically for older people through collaboration across sectors including private enterprise, local government and older people's organisations.**
- **Develop environmental planning guidelines for residential developments for older people which emphasise good access to physical activity facilities, public transport and a variety of food retail outlets through collaboration between local government and relevant planning authorities.**
- **Increase the availability of transport options that meet older people's needs through collaboration between industry, communities and local government.**
- **Encourage the food industry to develop food products that are single portion sizes and priced competitively.**

## **TERMS OF REFERENCE FOR THE NATIONAL OBESITY TASKFORCE**

On 27 February 2003, the Australian Health Ministers Advisory Council (AHMAC) agreed the following Terms of Reference.

The AHMAC National Obesity Taskforce will:

- 1. develop a national action plan for tackling overweight and obesity which encompasses both immediate investments as well as longer term investments, drawing on existing strategies and structures and developing new approaches where necessary;**
- 2. develop and agree roles and responsibilities for implementing a range of initiatives;**
- 3. lead communication within sectors and jurisdictions about implementation of the action plan; and**
- 4. bring forward proposals on how the obesity and healthy weight agenda might continue to be developed beyond the life of the Taskforce.**

The National Obesity Taskforce provides longer-term leadership and direction on key initiatives, and coordination of efforts plays in developing national action plans to promote healthy weight and address overweight and obesity. Work will continue on the implementation of *Healthy Weight 2008*, as the Taskforce broadens its focus to include an action agenda for adults and older Australians.

## **MEMBERSHIP OF THE NATIONAL OBESITY TASKFORCE**

The National Obesity Taskforce comprises the following members:

- Chair — the Secretary of the Australian Government Department of Health and Ageing
- State Department of Health representatives from all States and Territories and the Australian Government
- A scientific advisor

## **SCIENTIFIC REFERENCE GROUP**

**Professor John Catford** — Chair  
Deakin University

**Professor Gary Wittert**  
University of Adelaide

**Professor Rob Newton**  
Edith Cowan University

**Dr Leon Flicker**  
University of Western Australia

**Professor Kerin O’Dea AO**  
Menzies School of Health Research, Darwin

**Associate Professor John Wakerman**  
Flinders University, Centre for Remote Health, Alice Springs

**Professor Mark Harris**  
University of NSW

**Dr Kelly Shaw**  
Department of Human Services, Tasmania

**Emeritus Professor Stewart Truswell AO**  
University of Sydney

## RESEARCH TEAM PRINCIPAL CONSULTANTS

### **Professor Adrian Bauman**

Director,  
NSW Centre for Physical Activity and Health  
Co-Director,  
NSW Centre for Overweight and Obesity  
School of Public Health,  
University of Sydney

### **Professor Louise Baur**

Co-Director,  
NSW Centre for Overweight and Obesity  
Discipline of Paediatrics and Child Health  
University of Sydney

### **Professor Ian Caterson**

Co-Director,  
NSW Centre for Overweight and Obesity  
Boden Professor of Human Nutrition  
Head, School of Molecular and Microbial  
Biosciences  
University of Sydney

### **Dr Tim Gill**

Co-Director,  
NSW Centre for Public Health Nutrition  
University of Sydney  
Regional Co-ordinator, Asia–Pacific,  
International Obesity Task Force, Sydney  
Executive Officer, Australasian Society for the  
Study of Obesity, Sydney

### **Ms Marilyn Wise**

Co-Director,  
NSW Centre for Overweight and Obesity  
Executive Officer,  
Australian Centre for Health Promotion  
University of Sydney

### **Professor Wendy Brown**

Professor of Physical Activity and Health  
School of Human Movement Studies  
University of Queensland

### **Mr Ian Raymond**

Director  
Collaborative Centre for Aboriginal Health  
Promotion  
Aboriginal Health and Medical Research Council,  
Sydney

### **Professor David Lyle**

Professor of Rural Health and  
Head of Department  
Department of Rural Health (Broken Hill)  
University of Sydney

## **Project management and coordination**

### **Ms Lesley King**

Executive Officer,  
NSW Centre for Overweight and Obesity  
Adjunct Senior Lecturer, School of Public Health  
University of Sydney

### **Mr Philip Vita (up to July 2005)**

Executive Officer  
NSW Centre for Physical Activity and Health  
University of Sydney

## **Key scientific personnel**

### **Dr Louise Hardy**

Postdoctoral Fellow,  
NSW Centre for Overweight and Obesity

### **Dr Debra Hector**

Research Officer  
NSW Centre for Public Health Nutrition

### **Dr Angela Rigby**

Research Officer  
NSW Centre for Overweight and Obesity

### **Dr Gaynor Heading**

Centre for Rural Health  
Broken Hill