


**Physical Activity
and
Nutrition
in
Northern Sydney**

**Strategic Directions
2003 - 2007**



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Northern Sydney Health Promotion

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Table of Contents

Acknowledgments	
Glossary of Terms	
Executive Summary	1
National and State Perspective	3
Physical Activity	
Nutrition	
Northern Sydney Perspective	6
Consultation Process	9
Pre-consultation Survey	
Consultations: Future Directions	
Consultation Results	11
What is Currently Happening in Northern Sydney?	
Future Directions	
Key Priority Issues	
Population Groups	
Settings	
Partnerships	
Strategic Directions	21
References	22
Appendices	24
Appendix 1: Summary of pre-consultation survey results	
Appendix 2: List of organisations participating in consultations	

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Glossary of Terms

Body Mass Index

The body mass index (BMI) is the most useful and practical method for classifying overweight and obesity in adults and is a reliable indicator of excessive fatness for most of the population. The BMI is calculated by dividing weight (in kilograms) by the square of height (in metres).

Exercise

Planned, structured and repetitive bodily movement which is done to improve or maintain one or more components of physical fitness.

Healthy Weight

Body mass index from 18.5 to less than 25.

Moderate-intensity physical activity

Activity that increases a person's heart rate slightly but does not make them huff or puff or get out of breath. Examples include walking, cycling, swimming, washing the car, heavy housework, or playing racket sports such as doubles tennis or badminton.

Obesity

Body mass index of 30 and over.

Overweight

Body mass from 25 to less than 30.

Physical activity

Any bodily movement produced by skeletal muscles that result in energy expenditure.

Population Group

Broad category of a group defined by a common characteristic eg youth.

Population subgroup

A specific group within a broader population category, eg young female adults 17 – 21.

Setting

A setting is more than just a site or access point for a particular population or group of people. It has physical, organisational and other boundaries in common with organisations, which may have quite distinctive procedures. A setting may comprise a variety of organisations eg workplace settings.

Executive Summary

Physical activity and nutrition impact significantly on the health and well being of the population. Lack of physical activity and poor nutrition are risk factors for chronic diseases such as cardiovascular disease, some cancers and diabetes. Physical activity and nutrition are also essential in the treatment and prevention of overweight and obesity. Over the last ten years, rates of obesity have increased rapidly especially in children in Australia.

At national and state levels, physical activity and nutrition strategies have been developed to improve the health of Australians. The priority outlined in *Getting Australia Active* is to increase the amount of physical activity undertaken by people to 30 minutes a day. Moderate intensity activities such as walking, dancing, cycling and swimming are encouraged. The priorities outlined in *Eat Well Australia* include, encouraging fruit and vegetable consumption, promoting healthy weight, improving the nutrition of mothers, infants and school aged children, improving the nutrition of vulnerable groups and addressing structural barriers to accessing safe and healthy food.

Addressing issues related to physical activity and nutrition requires a comprehensive, multi-strategic approach. Across the northern Sydney area, the first step in this process has been consultation with key stakeholders to identify:

- key priority issues in physical activity and nutrition
- population groups at which strategies need to be directed
- settings in which initiatives can be implemented and
- partners willing to work together to address key priority issues.

Physical Activity and Nutrition in Northern Sydney Strategic Directions 2003 – 2007 provides a strategic framework for services such as Northern Sydney Health Promotion, Community/Public Health Nutritionists, health service providers and key stakeholders. The framework will assist with the development and implementation of

specific physical activity and nutrition strategies for the population of northern Sydney, around the identified key priority issues of:

- Access
- Awareness and education
- Barriers
- Attitudes and motivation
- Funding
- Capacity
- Healthy Weight
- Environment
- Legislation.

National and State Perspective

Physical Activity

*Getting Australia Active*¹ clearly shows that physical inactivity is now recognised as a serious public health problem. Inactivity contributes to 8,000 deaths per year in Australia and costs the health system at least \$400 million dollars in direct Health Care costs. Over the past two decades, evidence has shown that increasing physical activity levels can reduce illness and death from many chronic conditions and is important in the prevention of cardiovascular disease and stroke. It can improve the health and quality of life for people with Type 2 diabetes and asthma. The role of physical activity in injury prevention, such as preventing falls in older people, is becoming increasingly apparent, as is the role of physical activity in enhancing well being and improving mental health. Physical activity also has a very important role to play in the prevention and treatment of obesity.

Working towards increasing levels of physical activity is now an important public health priority. The health benefits of physical activity are very substantial in terms of reducing ill health and improving the well being of the population. A combination of strategies and a comprehensive approach which targets a range of settings and population groups is likely to be the most effective in encouraging an increase in physical activity.

The priority population groups at which physical activities need to be targeted include children and adolescents, young adults, older people, people with special needs (eg people with chronic illness, people with disabilities, people from culturally and linguistically diverse groups, indigenous communities) as well as socially and economically disadvantaged groups.

The priority settings for increasing physical activity include general practice, schools, work sites and the community.

A comprehensive approach to increasing levels of physical activity includes education, information, advice and training, providing appropriate activities, advocacy, working in partnership with others, working with the

media, developing environmental interventions, influencing policy and addressing barriers.

The *National Physical Activity Guidelines for Australians*² recommend the following:

- Think of movement as an opportunity, not an inconvenience
- Be active everyday in as many ways as you possibly can
- Put together at least 30 minutes of moderate intensity exercise/physical activity on most, if not all days of the week
- Enjoy some regular vigorous exercise for extra health and fitness.

Nutrition

Nutrition is fundamental to good health. Adequate nutrition is essential for growth and development, mental and physical health and in disease and disability prevention.³

Research indicates that poor nutrition is a risk factor for chronic diseases such as cardiovascular disease (including coronary heart disease and stroke), some cancers and Type 2 diabetes. Poor nutrition and its contribution to the development of chronic diseases cost Australia \$2 billion in direct and indirect health care costs in 1992.⁴

Although obesity is a condition in it's own right, it is also a key risk factor for Type 2 diabetes, coronary heart disease, hypertension, some cancers and other illnesses. Increases in obesity have correlated with an increase in Type 2 diabetes, with rates in adults trebling since 1981.

Recommendations for a healthy diet, as outlined in *The Australian Guide to Healthy Eating*,⁵ include incorporation of a variety of foods from the five food groups. This includes eating plenty of fibre rich, low fat foods from the cereal, bread, vegetable, pulse and fruit groups and eating moderate amounts of protein foods from the dairy and meat (eggs, poultry, fish) groups. However only small amounts or none at all of 'extra foods' high in salt, sugar and fat, particularly saturated fat should be consumed. People who are active or growing rapidly can eat more of these 'extra foods' than people who are less active or trying to keep a healthy weight.

Eat Well Australia – an agenda for action for public health nutrition (2000-2010),³ outlines key national strategic directions to improve the nutrition and health of Australians. The main priority areas identified in *Eat Well Australia* are:

- Promoting vegetables and fruit consumption
- Promoting healthy weight
- Improving nutrition for mothers, infants and children and
- Improving nutrition for vulnerable groups.

These areas form the basis of the priority areas in *Eat Well NSW - Strategic Directions for Public Health 2002 – 2007(Draft)*.⁴

Northern Sydney Perspective

The area covered by Northern Sydney Health is approximately 962 square kilometres with a population of 789,621 (latest ABS adjusted resident population), across 11 local government areas. The total population of the area, which speaks a language other than English at home, is 136,193.⁶

Although Northern Sydney is often viewed as an area of relative socio-economic advantage, there are distinct pockets of disadvantage based on poverty indicators. The areas of highest poverty occur in parts of the Ryde and Hornsby local government areas as well as in parts of the Northern Beaches.⁷

Physical Activity and Nutrition

Like other areas of NSW, coronary heart disease and cancer are the leading causes of mortality in northern Sydney. Coronary heart disease accounts for approximately one half of deaths (47.2%) each year and twenty-six percent of deaths are attributable to cancer.⁸ Northern Sydney women, aged 74 years or less, have significantly higher incidences of breast cancer than other areas of NSW.⁸

Lack of physical activity is a risk factor in coronary heart disease. The population of the northern Sydney area is more physically active compared with other area health services across NSW. However, there are still 31% of the male population and 38% of the female population who do not expend sufficient energy for health.⁹

Poor nutrition is a risk factor for both coronary heart disease and cancer. It is estimated that 45% of coronary heart disease deaths and 30% of cancer deaths are due to poor nutrition. Nutritional risk factors for both diseases include a low intake of vegetables and fruit, and excess body weight. A high salt intake and a fat intake that is disproportionately high in saturated fats (compared with polyunsaturated fats) are additional risk factors for heart disease. Only 8.6% of men in northern Sydney meet the recommendations for vegetable intake, the lowest intake of any area health service in NSW.¹⁰

The increase in obesity, particularly in children, is a major health concern. As highlighted in the recent NSW Childhood Obesity Summit, the causes of overweight and obesity are complex and include genetic, environmental, social and psychological factors. Contributing factors include an increase in the availability of energy dense take away foods and a decrease in incidental activity. Both adults and children, for example, spend more time in sedentary activities such as watching television and playing computer games.¹¹

Both nutrition and physical activity play a vital role in the prevention and treatment of obesity. The focus however, should not just be on promoting individual behaviour change as it has traditionally been, but should also involve creating environments where healthy food and exercise/physical activity opportunities are easily accessible.¹¹

Data for weight, based on actual measurement in NSW, shows that 67% of men and 52% of women aged 25 years and over, are overweight or obese.¹² Information on overweight and obesity rates in NSW is also gathered by phone survey, but this self report on weight is regarded as an underestimate. Recent surveys estimate that half of the men and more than one third of women are overweight or obese. Although northern Sydney women are significantly lighter than the state average, northern Sydney men are not far below the state average, with 45% reported to be overweight or obese.¹³ While the levels of childhood obesity in northern Sydney are not known,⁸ it is estimated that over 20% of all school children in NSW can be classified as overweight or obese.¹²

People who are over weight or obese, women, the middle aged, lower educated, widowed and parents have been identified as the most 'at risk groups' who participate least in 'sufficient' physical activity compared with those of healthy weight.¹

By 2006, the northern Sydney area is projected to have the largest number of people aged 65 years and over of any area health service in NSW.⁷ Older people have a greater risk of chronic diseases such as heart disease and cancer. They also have a greater risk of experiencing a fall. In

northern Sydney, males and females aged 65 years and over, have significantly higher hospital admissions for falls injuries than the rest of NSW. A well balanced diet, including adequate calcium and vitamin D (especially for those in residential care) and regular physical activity are key factors in preventing falls in older people.⁷

Socio-economically disadvantaged groups have higher rates of diet-related illness throughout the lifecycle. Lower birth weight babies, childhood and infant anaemia, lowered immunity to infectious diseases, dental caries, obesity, hypertension, Type 2 diabetes, heart disease and stroke occur more frequently in lower socio-economic groups.⁴

Language and cultural issues have been cited as barriers for people from culturally and linguistically diverse communities to access physical activity and nutrition information and services. In northern Sydney, culturally and linguistically diverse communities continue to identify the need for culturally appropriate health information and services for physical activities as priority issues.^{7, 14}

Culturally and linguistically diverse communities also have lower rates of breastfeeding than other women. In the northern Sydney area, although breastfeeding rates at discharge are amongst the highest in New South Wales (86%), rates decline sharply to half of this figure at six months. Initial breastfeeding rates are significantly lower in women requiring an interpreter (80%). Rates are also lower in women from Asia and decline faster for those born in Middle Eastern countries.¹⁵ Breastfeeding is associated with improved general health, growth and development of infants, and protection against a number of acute and possibly chronic diseases. Research suggests that breastfeeding decreases the incidence of short-term illnesses in infants, such as gastrointestinal and respiratory infections, and offers protection against chronic disorders including asthma, obesity and insulin dependant diabetes. Breastfeeding has also been related to possible enhancement of cognitive development.⁴

Consultation Process

Consultations were held with key stakeholders across northern Sydney in October and November 2002. The first phase of the consultation process involved a pre-consultation survey. The second phase involved consultations in small groups, with representatives from a range of key organisations.

The aim of Phase 1 was to identify what was currently happening across northern Sydney in relation to physical activity and nutrition. The aim of Phase 2, was to identify the physical activity and nutrition issues for northern Sydney, identify the population groups at which interventions need to be directed, the possible settings within which to implement the interventions and potential partners who could work together to address the issues.

Pre-consultation Survey

One hundred and sixty eight invitation packages were sent to health services, government, non-government and community agencies inviting them to participate in consultations. The invitation package contained a covering letter, invitation, registration form and a pre-consultation survey.

Sixty-four people registered to attend the consultations. Forty six people returned a completed pre-consultation survey designed to get a 'snapshot' of current physical activity and nutrition activities occurring across the northern Sydney area (see Appendix 1 for a summary of the survey results).

Consultations: Future Directions

Forty-eight people attended one of three consultations held at Royal North Shore Hospital, Ryde Hospital and Manly Hospital. Representatives from a wide range of key organisations participated in the consultations bringing a rich and diverse perspective. A list of organisations/groups who participated in the consultations appears in Appendix 2.

Prior to attending the consultations all people who registered were sent a package consisting of the consultation questions, readings on physical activity and nutrition and information about the venue.

At the consultations, participants were divided into small groups (total of 8 groups) and asked to brainstorm the physical activity and nutrition issues for northern Sydney. They were then asked to rank the issues in order of highest to the lowest priority and decide whether the issues were related to physical activity only, nutrition only or whether they were related to both. Each of the small groups then took their top three priorities and decided the:

- Population group/s at which interventions need to be directed
- Possible setting/s within which to implement interventions and
- Potential partners who could work together to address the issues.

Consultation Results

What is currently happening in northern Sydney?

A diverse range of organisations including health, private business, government, non-government and community agencies are currently providing physical activity and nutrition activities across northern Sydney. These activities take place in a variety of settings and are directed to age groups ranging from the very young to the frail elderly.

Current physical activity and nutrition initiatives include:

- Education and training on physical activity and nutrition
- Advice and information on physical activity and nutrition
- Physical activity groups/programs some of which have a nutrition component
- Nutrition programs
- Nutrition services eg the supply of food or provision of meals and
- Policy guidelines.

However, a number of issues still need to be addressed. These include:

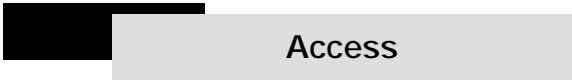
- Increasing community education on physical activity and nutrition
- Encouraging more physical activity and better nutrition
- Increasing training opportunities for professional groups, volunteers and service providers in physical activity and nutrition
- Increasing the capacity of professional groups, volunteers and service providers in physical activity and nutrition
- Increasing the availability of physical activity programs
- Providing more fitness programs for staff
- Increasing physical activity opportunities for people with disabilities
- Increasing the availability of and access to nutrition information and advice
- Increasing the availability of weight loss programs
- Providing information and skills training on how to prepare and cook nutritious meals
- Increasing the availability of and access to nutrition assessments
- Providing recipe alterations to suit health needs and
- Increasing access to meal services.

Future Directions

Key Priority Issues

From the consultations, nine key priority issues for physical activity and nutrition were identified for the northern Sydney area. All of the issues are important key priorities for both physical activity and nutrition. The key priority issues for northern Sydney, ranked in order of priority from the most important to the least important are:

- Access
- Awareness and education
- Barriers
- Attitudes and motivation
- Funding
- Capacity
- Healthy Weight
- Environment
- Legislation.



Access

Improving access to physical activity and nutrition is the highest priority.

Strategies suggested for improving access:

Supportive Environments

- provide a variety of affordable, appropriate and safe physical activity opportunities/facilities/programs/ services
- advocate for improvement in public transport access to physical activity opportunities and healthy food/services
- improve access to insurance cover for fitness leaders
- increase access to healthy, affordable and good quality food
- increase access to dietetic services and appropriate meal services

Information

- increase access to information and resources on physical activity and nutrition.

Awareness and Education

Awareness raising and education needs to be undertaken to address the lack of understanding, education, knowledge and skills about physical activity and nutrition. It also involves addressing the lack of support for physical activity and nutrition by the community, professionals and the media.

Strategies suggested for raising awareness and increasing education:

Information

- provide accurate, consistent and timely information about physical activity and nutrition eg correct labelling, how to exercise safely
- improve communication/referral systems

Promotion

- promote physical activity and nutrition information and messages
- use role models in promotions

Skills Training

- provide training opportunities/skill enhancement/resources to service providers
- provide practical skills training in making healthy choices/preparing meals/how to exercise safely/how to modify the diet.

Barriers

Barriers to physical activity and nutrition are the result of social, cultural, environmental and lifestyle factors.

Strategies for reducing barriers to physical activity and nutrition:

Supportive Environments

- provide safe environments in which to exercise
- provide low cost options for physical activity and nutrition
- improve access

- address shortage of facilities and services eg lack of cycle ways; lack of child minding facilities
- reduce isolation
- address language barriers
- provide clear and supportive insurance and liability cover for fitness leaders

Individual Behaviour Change

- increase individual motivation
- address issues related to lack of time and busy lifestyle.

Attitudes and Motivation

Promoting a positive attitude and increasing the motivation of people to increase physical activity and eat healthy food is an important factor in achieving individual behaviour change. Ways of promoting positive messages and supporting behaviour change are needed.

Strategies for changing attitudes and increasing motivation:

Marketing

- market positive messages eg 'everything in moderation'
- market the link between physical activity, nutrition and 'feeling good mentally, physically and socially'
- challenge assumptions and myths about people's ability to participate in physical activity because of age, medical conditions, physical and/or mental ability

Individual Behaviour Change

- encourage people to undertake appropriate physical activity within their own capabilities ie age, physical ability

Supportive Environments

- get employers to support physical activity and nutrition within the workplace.

Funding

The lack of funding for initiatives to increase physical activity and improve nutrition is an issue. Funding should be made available for all strategies covering the whole lifespan.

Strategies for increasing funding for physical activity and nutrition initiatives should be directed towards:

Service Provision

- increase services eg nutrition services

Settings and specific populations

- support healthy canteens at schools and work sites
- subsidise schools which lack resources
- subsidise the provision of physical activity and nutrition services to vulnerable groups, low SES, people with disabilities, culturally and linguistically diverse groups and the elderly

Training

- provide education in physical activity and nutrition.

Capacity

The capacity of service providers, organisations and individuals within the community to promote and provide physical activity and nutrition opportunities needs to be increased.

Strategies for increasing capacity:

Developing Partnerships

- work in partnership with others/utilising existing resources/sharing information and resources (both in terms of expertise, money and personnel)
- create links with key stakeholders and share education/skills and expertise.

Healthy Weight

In developing obesity prevention strategies it is important that adverse effects such as disordered eating and stigmatisation of overweight individuals are minimised. Focus should centre on promoting a healthy weight to avoid both obesity and weight loss practices that may result in becoming underweight.

Strategies for achieving a healthy weight:

Promotion

- promote an increase in the consumption of fruit and vegetables
- promote the message that 'a healthy weight range can be achieved and maintained with good nutrition and an increase in physical activity'

Supportive Environments

- advocate and support the provision of healthy fast food alternatives with low salt and low fat
- reduce the ease of access to energy dense/high fat food.

Environment

The physical environment, which includes housing, transport and access to healthy food and physical activity opportunities, impacts on the uptake of physical activity and healthy nutrition.

Strategies for addressing issues associated with the physical environment:

Planning

- support the provision at a local community level of safe walking paths, cycle ways, open spaces

- advocate and support the planning of urban environments which include housing and living conditions that provide closeness to public transport, closeness to shops/facilities, play areas for children/young people

Supportive Environments

- reduce pollution and traffic
- advocate and support building codes which include the provision of facilities eg shower facilities at work sites
- ensure that the public environment is safe
- make work sites user friendly for physical activity and improved nutrition.

Legislation

In some instances, changes in legislation may be required to support behaviour change in relation to enhancing environments, which can provide opportunities for increasing physical activity and improving nutrition.

Strategies for supporting changes in legislation should be directed to:

- urban design, planning and building codes
- public liability and insurance
- development of clear policies and guidelines for physical activity and nutrition
- provision of safe environments
- labelling of food products
- adherence and enforcement of policies.

Population Groups

Initiatives designed to address major physical activity and nutrition issues need to be targeted at specific population groups across northern Sydney.

Population groups most frequently identified in order of priority include:

- Older people (including the frail elderly)
- Socially and economically disadvantaged (including people on low income, homeless, isolated)
- Young people (12-24 years)
- Culturally and linguistically diverse groups
- School aged children (5-12years)
- Service providers including health professionals, trainers, gyms
- Parents/family
- Whole community
- Infants and young children (0-5 years)
- Males and females (24-45 years)

Other groups mentioned include the disabled, general practitioners, women (18-35 years, mothers, post-menopausal), workers, overweight/obese and underweight people and Aboriginal and Torres Strait Islander Communities. Also mentioned were, staff including health staff, school staff, child-care workers, staff from youth housing and out-of-hours school care. Nursing homes/hostels, students at universities, carers, the mentally ill, refugees, males (29-35 years and 45-55 years), volunteers, people with chronic conditions and governments (including federal, state and local), were also considered to be priority population groups.

Settings

Settings most frequently identified in order of priority, in which initiatives to improve physical activity and nutrition could be implemented, are:

- Clubs- RSL, Bowling Clubs, Sporting Clubs
- Health facilities including hospitals eg maternity wards and community health services/centres
- Schools including pre schools, primary school, high school, school canteens
- Child Care Centres including Early Childhood Centres, Long Day Care Centres, Family Day Care, Out of Hours School Care, Playgroups
- Work sites
- Tertiary institutions such as TAFE, universities, Colleges of Medicine
- General practice including Divisions of General Practice

Other settings include media such as community radio, gyms/fitness centres, seniors groups/clubs/centres, home & family, aged care residential facilities eg retirement villages, service providers including Home and Community Care (HACC), Meals on Wheels and welfare associations. The whole community, local government, centres including neighbourhood centres, leisure centres and youth centres, were also mentioned. Multicultural organisations, shopping centres, churches, Internet, groups such as carers groups, Parents and Citizens (P & C) groups, Supported Accommodation Assistance Program (SAAP), complimentary practitioners, private business and food services were also considered to be priority settings.

Partners

Partners most frequently identified in order of priority, who could work together to implement physical activity and nutrition initiatives across northern Sydney include:

- Non-government organisations eg Heart Foundation, Diabetes Australia, Cancer Council
- State government departments eg Department of Education and Training, National Parks and Wild Life, Department of Sport and Recreation, NSW Health
- Health services including community health, child and family health, community nurses, public health, Aboriginal Health
- Local government/councils
- Service providers such as aged care and disability services, interpreter services, occupational health and safety providers, human resource providers, Meals on Wheels, HACC
- General practitioners including Divisions of General Practice
- Clubs eg RSL, Bowling Clubs, Rotary, Sporting clubs/organisations eg Bicycle NSW
- Schools including school canteen and P & C associations
- Community organisations/groups including support groups, senior's groups, culturally and linguistically diverse groups
- Private business/employers/work sites
- Media including local as well as social marketing and advertising

Other partners include food producers/industry, gyms/fitness industry, tertiary institutions eg TAFE, universities, youth centres/workers, charities/church groups, Dietitians Association of Australia and insurance companies. Transport providers such as RTA, City Rail and Community transport, volunteers, pharmaceutical companies, programs such as Families First Program, Hope for the Children Program, child care centres, Internet, federal government and sponsors were also mentioned.

Strategic Directions

The identification of key priority issues, population groups, settings and potential partners will form the framework within which specific strategies for increasing the level of physical activity and improving nutrition of the population of northern Sydney will be developed.

Northern Sydney Health Promotion and the Community/Public Health Nutritionists develop and implement physical activity and nutrition strategies on an annual basis as part of the annual Northern Sydney Health Promotion Operational Plan. From 2003 – 2007 decisions about specific strategies for physical activity and nutrition in northern Sydney will be guided by this document as well as by:

- Best practice and evidence
- Available resources and capacity
- Established partnerships and the capacity to develop potential partnerships and collaborative projects and
- Links with state and national priorities for physical activity and nutrition.

Over the coming years, 2003 – 2007, physical activity and nutrition strategies outlined in annual operational plans will be reviewed against this document in terms of the number of:

- Key priority issues addressed
- Settings in which strategies are implemented
- Population groups targeted and
- Partnerships developed and strengthened.

This strategic framework can also be used as a guide for other organisations to plan physical activity and nutrition strategies within the northern Sydney area.

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Appendices

Appendix 1: Summary of pre-consultation survey results

The pre-consultation survey was designed to get a 'snapshot' of current physical activity and nutrition activities occurring across the area of Northern Sydney. Forty-six of the 64 people who registered also completed the pre-consultation survey (a response rate of 75%).

Current Physical Activity and Nutrition Activities across Northern Sydney

A wide variety of physical activity and nutrition activities are currently taking place across Northern Sydney. These include:

▪ **Programs/education**

Physical activity

General exercise classes	Hydrotherapy classes
STEP OUT program	Aquafitness
Tai Chi (movements for arthritis)	Yoga
Pilates	Feldenkrais
Qi-gong	Spring into Action
Boxing	Staying Active Staying Strong
Stretch and Tone	Active Men Stay Strong
Working Women's Workout	Gentle Exercise
Upright & Active	Tone'n Talk
Swim	Aikido
Physiotherapy	Gym classes
Sports events	Discovery Program
Playing Games	Phase1, 2 & 3 exercise programs
Pre & post natal exercise classes	Dancing (Tea Dance, Scottish, Old Time)
Walking (Bushwalking, Just Walk It)	Rehabilitation Exercise Program
Prescriptions	School Holiday Leisure Programs

Physical Activity and Nutrition

Early Pregnancy Programs	Fitness Group
Balance Group	Healthy Living Education Groups
Outpatient Education Program	
Education groups for people with Type II diabetes	

Nutrition

Safe Food Handling Course	Microwave Cooking
Weight Watchers	Waist Trimmers
Cooking Classes	
Nutrition Training Sessions	

Gaps: What else can be done?

Although there are a wide variety of physical activity and nutrition activities currently happening across northern Sydney, people identified gaps in what they were currently doing and suggested additional activities which could be incorporated into their current work practices. These included:

- More programs/education eg weight loss programs; cooking & nutrition classes; on the benefits of exercise; nutrition seminars; yoga; tai chi; pilates; aerobics; gymnastics; healthy ageing; hydrotherapy; general exercise classes; healthy eating; sporting activities; walking; stretching; managing health
- More information/advice eg for general practitioners; nutrition input on home visits; health and nutrition and health for young people; breastfeeding; nutrition awareness; more publications
- More promotion eg activity as a positive recreation for young people; displays
- Increased funding eg to cover fees/enrolments/uniforms
- Increased staffing
- Provision of healthy food eg at meetings; recipe alternatives; preparing quick, nutritious, easy meals; cooperation between meal suppliers and nutritional standards
- Focus on preventative services
- Access to meal services
- Staff fitness training
- Working collaboratively with partners to conduct projects/program eg schools
- Better referral pathways
- Routine nutritional assessment
- Specific targeting of physical activity and nutrition activities to
 - children
 - specific age groups
 - people who are inactive
 - people who are over weight/obese
 - people with a disability
 - people from culturally and linguistically diverse communities
 - aboriginal people
 - young people
 - patient groups
 - people with diabetes
 - parents

Partnerships

People identified potential partners who could be involved in implementing physical activity and nutrition activities. Suggested partners covered a wide range of organisations and agencies both state-wide and local to the northern Sydney area, including:

- The Burdekin Association
- Cancer Council NSW
- Community Aid
- Community groups (eg adolescents, women's groups, those who provide meals to clients)
- Counsellors
- Clubs (Probus, Senior Citizens)
- Day Care Centre Providers
- Department of Sport and Recreation
- Department of Education and Training
- Diabetes Australia
- Fitness Centres
- General Practitioners
- HACC
- Heart Foundation
- Local business
- Local government
- Local gyms
- Long Day Care Centres
- Lower North Shore Youth Housing
- Manly Youth Centre
- Network of Community Activities (Out of School Hours Care in NSW)
- Non-government organisations
- Northern Sydney Health
 - Aged Care and Rehabilitation Services
 - Allied Health
 - Cardiac Rehabilitation
 - Child and Family Health
 - Community Nutritionists
 - Community Services
 - Dietitians
 - Diabetes Program
 - Early Childhood Nurses
 - Health Promotion (including Healthy Lifestyle)
 - Health Promoting Schools
 - Nursing
 - Sydney Home Nursing Service
 - Mental Health Service
 - Paediatricians
 - Pain Management consultants
 - Physiotherapists
 - Psychologists
 - Psychogeriatric Teams
 - Vascular Health
 - Women's Health

- NSW Health
- NSW TAFE
- NSW School Canteen Association
- Patients (eg Oncology patients)
- Pharmaceutical companies
- Phoenix House
- Police
- Police and Community Youth Clubs
- Preschools
- Private Practitioners
- Rage Project
- Schools
- Sporting Organisations
- Taldumande
- Tertiary Education Institutions

Appendix 2: List of organisations participating in consultations

Community representative

Community Youth Homes

Department of Education and Training

Diabetes Australia NSW

Division of General Practice

- Hornsby Ku-ring-gai Ryde
- Manly Warringah
- Northern Sydney

Fitness NSW

Local Government

- Lane Cove Council
- Manly Council
- Mosman Council
- Warringah Council

Mission Australia

National Heart Foundation of Australia

Network of Community Activities

Northern Sydney Police and Community Youth Centre

Northern Sydney Regional Community Forum Inc

Northern Sydney Health

- Area Services
 - Aboriginal Health
 - Health Promotion
 - Multicultural Health
 - Aged Care and Rehabilitation
 - Women's Health

- Facilities
 - Royal North Shore Hospital
 - Diabetes Education
 - North Shore Cardiovascular Education Centre
 - Aged Care & Rehabilitation Services
 - Paediatrics

 - Ryde Hospital
 - Cardiac Rehabilitation
 - Child & Family Health Services
 - Aged Care & Rehabilitation Services

 - Macquarie Hospital

 - Manly and Mona Vale Hospitals
 - Child & Family Health Services
 - Dietetics
 - Physiotherapy

 - Greenwich Hospital
 - Dietetics
 - Rehabilitation

NSW National Parks & Wildlife Service

NSW Meals on Wheels Association

St Vincent de Paul Society – Youth Reach

The Cancer Council NSW

University of Sydney, Rehabilitation Studies Unit

Uniting Care Burnside

Weight Watchers Australasia

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