



NUTRITION AND PHYSICAL ACTIVITY

Nutrition and Physical Activity Program Action Plan 2007 - 2012

Nutrition and Physical Activity Program

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Acronyms

AASC	Active After School Communities
ABS	Australian Bureau of Statistics
ACHPER	Australian Council for Health, Physical Education and Recreation
AHW	Aboriginal Health Worker
ASC	Australian Sports Commission
BIITE	Batchelor Institute of Indigenous Tertiary Education
BRACS	Broadcasting for Remote Aboriginal Communities Scheme
CADPHC	Central Australian Division of Primary Health Care
CATI	Computer Assisted Telephone Interview
CDM	Department of the Chief Minister
CDU	Charles Darwin University
CNW	Community Nutrition Worker
DBERD	Department of Business, Economic and Regional Development
DEET	Department of Education, Employment and Training
DHCS	Department of Health and Community Services
DMO	District Medical Officer
DOJ	Department of Justice
DPI	Department of Planning and Infrastructure
DPIFM	Department of Primary Industry, Fisheries And Mines
ERASS	Exercise, Recreation and Sport Survey
FACS	Family and Children Services
GHANT	Good Health Alliance NT
GP	General Practitioner
GPPHCNT	General Practice and Primary Health Care Northern Territory
IBA	Indigenous Business Australia
ITAB	Industry Training Advisory Board
MBS	Market Basket Survey
MCYH	Maternal, Child and Youth Health
MSHR	Menzies School of Health Research
NGO	Non Government Organisation
NHMRC	National Health and Medical Research Council
NHS	National Health Survey
NPA	Nutrition and Physical Activity
NTETA	Northern Territory Employment and Training Authority
OIPC	Office of Indigenous Policy Coordination
OSHC	Out of School Hour Care
PHC	Primary Health Care
RIST	Remote Indigenous Stores and Takeaways
RN	Registered Nurse
RTO	Registered Training Organisation
SR	Sport and Recreation
SWSBSC	Strong Women Strong Baby Strong Culture
SWW	Strong Women Worker
TEDGP	Top End Division of General Practice

Introduction

The *Northern Territory Nutrition and Physical Activity Action Plan 2007-2012* follows on the *Northern Territory Food and Nutrition Policy - Action Plan 2001-2006*¹ and continues the practical implementation of the *Northern Territory Food and Nutrition Policy 1996 and 5 Year Strategic Plan*.²

The *Northern Territory Food and Nutrition Policy 1996 and 5 Year Strategic Plan* was developed after extensive consultation and in partnership with representatives from Government, the food industry, community organisations and consumers. Its overarching goal is to improve nutritional status and the health of all Territorians, and to reduce the burden of diet-related early death, illness and disability. This goal, echoed in the *NT Preventable Chronic Disease Strategy*³, is core business for the Nutrition and Physical Activity (NPA) Program.

The 2001-2006 action plan reflected priorities identified in the two national nutrition strategies endorsed by Health Ministers: *Eat Well Australia: a Strategic Framework for Public Health Nutrition 2000-2010*⁴ and the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP)*⁵. This latest action plan recognises the work that has been undertaken over the past ten years and progresses directions for public health nutrition and physical activity in the Northern Territory (NT) based on the best available evidence for health gain.

Poor diet and physical inactivity continue to be major contributing factors to chronic disease among adult Territorians. Indigenous people, in particular, and most notably so in remote communities, carry a disproportionate burden of preventable chronic diseases (such as type 2 diabetes, cardiovascular disease and renal failure). Specific attention to issues affecting food supply and nutrition in remote communities has therefore been maintained in this action plan.

Despite significant improvements in infant health indicators¹, malnutrition among Indigenous children continues to be of major concern.⁶ Three issues affect Indigenous children: low birth weight, associated with maternal under nutrition during pregnancy, under nutrition in children under five years of age, and anaemia.^{6,7} These factors combine with poor environmental conditions to contribute to growth failure in early infancy, which has life-long consequences in the form of high levels of diabetes, cardiovascular disease and renal disease observed in Indigenous adults.

Meanwhile, overweight and obesity are also affecting NT children and adults^{8,9}, indicating the need for strategies that bring together improved nutrition and increased participation in physical activity in the settings where people live, work, study and play. The promotion of physical activity has, in fact, been strengthened in this action plan, in recognition of its well established health benefits, even in the absence of weight loss.¹⁰

Finally, to be effective and sustainable, nutrition and physical activity interventions require the development of partnerships with other stakeholders, both internal and external, so that ownership and carriage of strategies does not remain only with people working in the area of nutrition and physical activity.

¹ Indigenous infant mortality rate has halved during the 18 years between 1986-2003³⁸

Vision

Improved nutritional status and health of Territorians.

Target groups

The primary target groups for nutrition interventions outlined in this action plan are:

- women of child bearing age
- children under five years
- school aged children
- Indigenous people, particularly in remote communities.

Priority areas

- maternal and child nutrition
 - nutrition during pregnancy and breastfeeding
 - nutrition of children under five years
 - nutrition of school aged children
- food supply
 - availability, affordability and adequate consumption of core foods in remote communities
 - commercial and non-commercial food services
 - fruit and vegetable consumption
- participation in regular physical activity
- healthy weight for all
- prevention and management of Chronic Disease.

Role of the Nutrition and Physical Activity (NPA) team

The main role of the NPA team in the implementation of the *Nutrition and Physical Activity Action Plan 2006-2011* is in capacity building through:

- training
- support
- communication and networking
- promotion and advocacy
- monitoring and surveillance.

Relationship to other NT policies and strategies

The *Northern Territory Nutrition and Physical Activity Action Plan 2007- 2012* supports the goals of the following NT documents:

- Building Healthier Communities, a Framework for Health and Community Services 2004-2009¹¹
- Aboriginal Health and Families, a Five year Framework for Action
- The Northern Territory Food and Nutrition Policy 1996²
- GoNT A Physical Activity Strategy and Action Plan for the Northern Territory (2006-2007)¹²
- NT Growth Assessment and Action - Guidelines and Strategic Plan 1998-2003
- Preventable Chronic Disease Strategy 1999³
- In addition, the action plan addresses priorities identified in Eat Well Australia - An agenda for Public Health Nutrition 2000-2010⁴
- National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) 2000-2010⁵
- Healthy Weight 2008¹³
- Be Active Australia: a Framework for Health Sector Action for Physical Activity 2005-2010¹⁴
- Healthy Weight for Adults and Older Australians 2006-2010¹⁵
- National Chronic Disease Strategy 2005¹⁶
- National Breastfeeding Strategy (1996-2001)¹⁷
- National Diabetes Strategy 1998¹⁸

Guiding principles

A number of fundamental principles underpin the strategies identified in the *Northern Territory Nutrition and Physical Activity Action Plan 2007-2012*. These are outlined below.

Capacity building

A key element to the sustainability of all initiatives identified in this plan is the capacity of an agency or group. Capacity building encompasses training and support, sharing knowledge, assisting with ensuring that the infrastructure is in place, addressing the issue of sustainability and in facilitating the process of problem solving and evaluation.

The commitment to capacity building is evidenced in the many activities that the nutrition and physical activity team is currently involved with, such as:

- training and support of Community Nutrition Workers
- Aboriginal Health Worker training and support
- implementation of the Growth Assessment and Action Program and dissemination of community growth data
- surveys of remote stores and dissemination of results
- assisting store committees to develop and implement nutrition policies in their store
- training of store staff in nutrition
- training of food services staff in preparation of healthy meals.

Increased participation of Indigenous people in decision-making, program implementation and evaluation

Indigenous people should be involved in all phases of planning, implementation and evaluation of initiatives. Failure to engage Indigenous people and to acknowledge their experience and knowledge creates a dependency and is disempowering to Indigenous people, and fails to recognise that participation develops the motivation and commitment required to achieve sustainable activity.

Community control and ownership

The preferred model is for Indigenous control of all programs and services targeting Indigenous communities.

Intersectoral action

Many of the areas that impact on physical activity or the food supply are outside the influence of the health system. For sustained improvements in both these areas, it is necessary to engage the support of all external stakeholders.

Partnership approach

Establishment of partnerships between agencies and groups, both government and non-government, that have an interest in progressing specific initiatives is important for successful outcomes. Partnerships are particularly important when working with people from different cultural backgrounds.

Cultural safety

Any program targeting a specific population group must recognise the key values of this group and be delivered in such a manner that is sensitive to the cultural values and beliefs of the population group.

Holistic approach

Good nutrition and regular physical activity are essential to good health. However attaining or maintaining good health are not the only reason people eat or exercise. Food or exercise play important social functions and contribute not only to physical health but also to social and mental well being. Consumption of food or participation in sports or physical activity need to be considered in a holistic sense rather than just as a means to achieving health benefits.

Working through the family networks

In Indigenous society behaviour is strongly influenced by the family and family life. Any intervention should recognise the importance of the family and this should be the target group for any nutrition or physical activity promotion activity.

Maternal and child nutrition

Nutrition during pregnancy and breastfeeding

The nutritional status of mothers affects the growth and development of the foetus. Low birth weight infants are at increased risk of chronic disease later in life. Indigenous women are more likely to have a low birth weight infant. Breastfeeding is important as it offers protection against infectious diseases and malnutrition in childhood, and may confer some protection from chronic diseases later in life.¹⁹

Outcome

Improved birth outcomes and increased breastfeeding rates.

Objectives

- decrease proportion of low birth weight babies in Indigenous population
- increase proportion of exclusive breastfeeding at discharge, and at three and six months, to meet national targets.

Strategies	Actions
Increase awareness of association between poor maternal nutrition and adverse birth outcomes.	Provide training and support to community based workers and health professionals to support pregnant women to eat a healthy diet that meets the Australian Dietary Guidelines. ²⁰
Promote healthy nutrition during pregnancy and lactation.	Develop culturally appropriate means of communication with fathers and male carers to convey the importance of healthy nutrition during pregnancy. Develop culturally appropriate resources to convey the importance of healthy eating during pregnancy and lactation.
Encourage, support and promote breastfeeding in line with the NT Infant Feeding Guidelines. ²¹	Develop and review appropriate training programs and resources for health professionals and community based workers to promote and support breastfeeding. Ensure that suitable alternatives to breastfeeding are also available in the community, as required.

Target group

All women of child bearing age.

Partners

Primary health care workers, including midwives, RNs, AHWs, DMOs, GPs, hospital midwives; MCYH Program; SWSBSC Program; SWWs; CNWs; Community health groups (eg. Australian Breastfeeding Association, Childbirth Education Association, Family Planning Association); FACS; Training institutions (eg. BIITE, CDU).

Indicators

- proportion of low birth weight babies in Indigenous population
- mean birth weight of Indigenous infants
- breastfeeding rates at discharge from hospital
- percentage of women exclusively and partially breastfeeding at three and six months.

Nutrition of children under five years

Malnutrition is a major cause of childhood mortality and hospitalisation. Poor growth in the first year of life is related to high rates of infection and risk of chronic disease later in life.¹⁹ There are still high levels of wasting, stunting and underweight amongst the Indigenous population, particularly in remote communities. Iron deficiency anaemia is also a major problem and is linked to poor growth and poor learning outcomes.²²

Outcomes

Improved nutritional status of children aged under five years.

Objectives

- decrease wasting, stunting and underweight in children under five years in the Indigenous population
- decrease iron deficiency anaemia in children under five years in Indigenous population.

Strategies	Actions
Encourage, support and promote infant and child nutrition, in line with the NT Infant Feeding Guidelines ²¹ and the Dietary Guidelines for Children and Adolescents. ²³	Provide nutrition training for staff working in child care centres. Provide targeted education sessions for individuals and groups, including fathers or male carers.
Implement the Growth Assessment and Action (GAA) Guidelines and encourage community participation in all aspects of GAA program.	Provide training and support to community based workers and health professionals. Provide support for implementation of action plans for at-risk children.
Investigate culturally acceptable methods of increasing oral iron intake amongst infants and young children .	Support formative research into acceptability of micro-nutrient sprinkles. Implement research recommendations.

Target groups

- children under five years
- caregivers
- families.

Partners

Primary health care workers including RNs, SWWs, CNWs, AHWs, DMOs, GPs, SWSBSC Program, GAA Program, MCYH Program, FACS, Oral Health staff; Australian Breastfeeding Association; Child Care Centres staff.

Indicators

- prevalence of wasting, stunting and underweight in children under five years (GAA Growth surveillance data)
- prevalence of iron deficiency in children under five years (GAA Growth surveillance data).

Nutrition of school aged children

Inadequate nutrition amongst some NT children is evidenced through prevalence of both underweight and overweight and obesity.²⁴

Despite improvements, underweight continues to be a problem amongst Indigenous school age children in remote communities. Under nutrition in childhood is associated with increased susceptibility to infections, delayed motor and intellectual development, and adult chronic disease.

At the other end of the spectrum, prevalence of overweight and obesity amongst non-Indigenous Territorian children—and some Indigenous children—is also high, in line with national data. Childhood obesity is usually the result of energy imbalance, where energy intake exceeds energy expenditure; it is associated with obesity in later years and risk of chronic disease. Promoting energy balance requires both a focus on nutrition and physical activity (the latter is addressed under the ‘Participation in regular physical activity’ section of this plan).

Outcome

Improved nutritional status of school age children.

Objective

Promote adequate nutrition and balanced diet for school age children.

Strategy	Actions
<p>Promote healthy eating in line with the Dietary Guidelines for Children and Adolescents.²³</p>	<p>Schools setting</p> <ul style="list-style-type: none"> • Fund and coordinate the School Breakfast Program in remote communities. • Promote and support uptake of NT school canteen guidelines and assist schools to develop school canteen policies and/or whole of school nutrition policies. • In collaboration with DEET and the NHF, assist with the implementation of the National Canteen Framework. • Liaise with DEET to ensure that nutrition related materials or activities (including fund raising and food served at events or excursions) refer to, or are consistent with, national dietary guidelines. • Contribute nutritional advice to Child Care Centres, Out of School Care Programs and the AASC. • Provide advice, training and support to teaching staff to deliver nutrition education in schools. <p>Other settings</p> <ul style="list-style-type: none"> • Fund and support the Childhood Healthy Weight project officer position (based with the NHF); chair Steering Committee for the position. • Provide training and support to health professionals on child nutrition. • Work with support groups to develop initiatives to target school age individuals/groups with special needs, including overweight and obesity. • Provide targeted education sessions for individuals and groups.

Target groups

Children aged five to 18 years and their families or caregivers.

Partners

DHCS Oral health staff; PHC workers including RNs and school nurses; FACS; DEET (Health Promoting Schools); NT School Canteen Network; AASC; Community support groups (eg. Attention Deficit Hyperactivity Disorder/Eating Disorders); NHF; Catholic Education; Independent Schools Association.

Indicators

Consumption of fruit and vegetables, other core foods, water and non-core foods (Child Health Survey and national survey); BMI; School Canteen Survey.

Food Supply

Availability, affordability and adequate consumption of core foods in remote communities

Poor diet is a major risk factor for chronic diseases such as type 2 diabetes, cardiovascular disease, hypertension and renal disease, all of which have a high prevalence in the Indigenous population. Most of the food eaten in remote Indigenous communities is food purchased from the store and/or the takeaway.²⁵ Often availability and variety of food is limited, and because of distances from regional centres, prices are higher. Lack of storage facilities in homes and poor budgeting skills further compounds this problem.²⁵

Outcome

Increased consumption of core foods at recommended levels in remote communities.

Objectives

- improve the availability, variety, quality and affordability of core foods in remote communities
- increase consumption of specific core foods in remote communities.

Strategies	Actions
<p>Develop local capacity to influence availability, variety, quality and affordability of core foods in remote communities.</p> <p>Work in collaboration with Outback Stores to promote healthy food.</p>	<p>Assist communities to develop food and nutrition policies for their local store and takeaways.</p> <p>Work with store/takeaway management and store committee to implement food and nutrition policies and improve availability of core foods.</p> <p>Promote awards/incentives for the provision of healthy food in the store and takeaway.</p> <p>Provide advice, upskilling and learning opportunities to store staff to implement initiatives to improve food supply in the store.</p> <p>Contribute to the development of healthier alternatives for stores and takeaways, tailored for remote community requirements (eg. 1+ 1 in ALPA stores).</p>

Strategies	Actions
Implement <i>FoodNorth</i> ²⁵ recommendations	<p>Through the RIST project:</p> <ul style="list-style-type: none"> • establish commitment by relevant organisations to work collaboratively on addressing food supply for remote communities • develop a set of guidelines and monitoring tools that promote access to healthy foods and discourage the promotion of energy-dense/nutrient-poor food and drinks in remote stores and takeaways • implement and evaluate guidelines and tools across a select number of remote community store and takeaway trial sites • seek endorsement of guidelines by key stakeholders who can influence their uptake • develop tool to monitor consumption of key indicator foods • work collaboratively with Outback Stores.
Monitor food supply	<p>Undertake and coordinate the Market Basket Survey (MBS); disseminate results.</p> <p>Adapt reporting format to ensure that MBS information is fed back to stakeholders in appropriate form.</p> <p>Review current use of the MBS results and investigate opportunities to maximise their application.</p>

Target group

People in remote communities.

Partners

Outback Stores; IBA; Environmental Health Program; DPIF; DBERD; DPI; DOJ (Consumer and Business Affairs); MSHR; Food wholesalers and manufacturers; Community Councils; Store managers and staff; Store committees; CDU (School of Tourism and Hospitality); Local Government Association; Aboriginal Land Councils; Community Councils; NTETA; RTOs; ITABs; Keep Australia Beautiful - Territory Tidy Towns; NHF; agencies involved in food supply in remote communities (eg. ALPA, Fred Hollows Foundation); OIPC.

Indicators

- availability, variety, quality and relative costs of core foods (MBS)
- consumption of core foods in sentinel sites (modified store turnover).

Commercial and non commercial food services

Food and beverages purchased and consumed away from home form a large and increasing contribution to the diet of Australians.²⁶ Much of the food eaten by Territorians is now provided through commercial or non commercial food services. Takeaway foods are generally high in fat and salt and low in fibre and complex carbohydrates.

Outcome

Territorians are able to access food compliant with Australian Dietary Guidelines in commercial and non-commercial food services.

Objective

- increase availability of food compliant with Australian Dietary Guidelines in commercial and non-commercial food services.

Strategies	Actions
Encourage proprietors of remote community takeaways to provide food in line with the Australian Dietary guidelines. ^{20;23}	Develop nutrition guidelines for remote community takeaways and promote to proprietors of remote community takeaways.
Encourage services in non-commercial and institutional premises (eg. aged care institutions, jails, hostels) to provide meals in line with the Australian Dietary guidelines. ^{20;23}	Act as a resource to develop nutrition policies/guidelines and/or to review, analyse and make recommendations on changes to menus.

Target groups

Commercial and non-commercial food services.

Partners

Environmental Health Program; Aged and Disability Program; FACS; Proprietors and managers of commercial, non commercial and institutional food services; Proprietors of commercial food outlets; Local Government Association NT; NT School Canteen Network and remote school canteens; DEET; Private nutrition consultants; Aboriginal Hostels Ltd.

Indicators

- numbers of remote takeaways with nutrition guidelines
- numbers of organisations funded by Government with nutrition policies/guidelines.

Consumption of fruit and vegetables

There is strong evidence that an adequate intake of fruit and vegetables is protective against diseases such as coronary heart disease, hypertension, type 2 diabetes, stroke and some cancers.⁴ Results from national surveys have shown that Australians do not consume enough fruit and vegetables.²⁷ For people living in remote communities in the NT, consumption is further compromised because of limited availability and high costs.²⁵

Outcome

Increased consumption of fruit and vegetables throughout the NT.

Objective

- improve the availability, variety, quality and affordability of fruit and vegetables
- increase consumption of fruit and vegetables to recommended levels.

Strategies	Actions
Coordinate Territory-wide promotional activities to increase fruit and vegetable consumption.	Roll out and consolidate the Go for 2 and 5 [®] campaign in the NT. Provide education/training to key community members (eg. store managers, store workers, AHWs, teachers, school nurses).
Liaise and network with local growers, suppliers and freight companies.	Implement recommendations of the RIST Project.
Collaborate with staff and management from stores and food outlets to promote fruit and vegetables.	Consider opportunities for cross subsidisation of fruits and vegetables in remote community stores. Assist with store-based promotional activities (eg. cooking demonstrations, use of Vegie Man and related resources). Work with commercial and non commercial food outlets to encourage increased use of fruit and vegetables on the menu. Encourage and support use of NT School Canteen Guidelines (including the guidelines for remote schools).
Promote and support development of self-sufficient fruit and vegetable supplies.	Promote establishment of community gardens in a variety of settings (eg. remote communities and schools)

Target group

General population.

Partners

PHC staff, including RNs, AHWs, SWWs, CNWs; DEET; MSHR; DPFIM (The Crops, Forestry and Horticulture Division); CDU; Horticultural industry; Food wholesalers and retailers; Indigenous buying groups; Store managers; Proprietors of commercial and non commercial food outlets, including school canteens.

Indicators

- availability, variety, quality and relative costs in remote communities (MBS)
- apparent consumption of fruit and vegetables (Wholesalers/ABS)
- modified store turnover - consumption of fruit and vegetables in sentinel sites
- proportion of population consuming at least two serves of fruit and five serves of vegetables (CATI survey)
- proportion of children consuming fruit and vegetables at recommended levels (CATI survey and national survey).

Participation in regular physical activity

Participation in regular physical activity (PA) confers significant health benefits, even in the absence of weight loss.^{10:28} Gains have been established in the following areas: reduction of all-cause mortality; cardiovascular health; diabetes (prevention and management); mental health; cancer prevention (strong evidence for colon and breast cancers); musculoskeletal health, including falls prevention; overweight/obesity prevention and maintenance of healthy weight after weight loss.

Research shows that maximum population benefits are accrued when the sedentary move to the level recommended by the Australian physical activity guidelines.²⁹ Moderate and brisk intensity walking can reduce the risk of cardiovascular disease at least as much as vigorous activity.²⁹ There is also evidence that even short bouts of physical activity, such as stair climbing, | may have a positive impact on cardiovascular risk factors.²⁹

In the NT, a survey conducted in July 2003 showed that 55 per cent of non-Indigenous Territorians aged 18-54 years reported engaging in sufficient physical activity for health benefits.³⁰ A 2004 survey of the same population - using the same questionnaire and definition, but conducted in December - reported a lower rate of sufficient participation, down to 50.5 per cent.³¹

Levels of activity are also low among Indigenous people, as indicated by a 2002 report showing that 51 per cent of Indigenous people over the age of 15 had not engaged in any sport or recreation activity during the previous 12 months.³²

Women were more likely than men to have been inactive. The report also indicated that inactivity increased with age.

There are no published NT or national data available in relation to children and youth levels of participation in physical activity.

Outcome

Increased proportion of Territorians participating in regular physical activity for health benefits.

Objectives

- increase the proportion of adult Territorians meeting the national physical activity guidelines for adults.
- encourage children and youth to participate in regular physical activity to the level recommended for their age group.

Strategies	Actions
<p>Implement relevant actions from <i>goNT: a Physical Activity Strategy and Action Plan for The Northern Territory</i>.¹²</p>	<p>Health care settings</p> <ul style="list-style-type: none"> • upskill PHC teams in motivational interviewing and brief interventions in physical activity • develop key physical activity messages for remote communities • develop resources to assist remote staff deliver brief interventions in physical activity during health checks or other opportunities as they present • promote uptake of Lifescrpts (including version adapted for Indigenous Communities - when available) among GP practices and Primary Health Care settings. <p>Schools</p> <ul style="list-style-type: none"> • liaise with DEET to ensure that PA related health curriculum materials and health promotion messages are consistent with Australia’s Physical Activity Recommendations for Children and Youth33 • in collaboration with DEET, encourage schools and OSHC centres to maximise opportunities for PA (including incidental PA) in their programs. <p>Communities</p> <ul style="list-style-type: none"> • Actively promote the reintegration of physical activity into daily routines by advocating for, and supporting: • community and workplace based physical activity, including incidental physical activity • active transport to and from work and/or within the community (e.g. ride/walk to work/school). <p>Contribute to the development of community based sustainable sport and recreation programs/ policies/ infrastructure in remote communities, that cater for both men and women across all age groups (eg. ‘Dump club’, community based pedometer challenges and ‘healthy lifestyle’ programs).</p>

Target group

General population.

Partners

DHCS (PHC staff including school nurses RNs, AHWs, SWWs, CNWs, DMOs, GPs); GHANT; DPI; SR; DEET; DCM (Office of Senior Territorians); TEDGP, GPPHCNT; CADPHC; Australian Government (ASC, DCITA).

Indicator

- proportion of population groups that engages in sufficient activity for health benefits (ABS - ERASS - Active Australia; AusDiab survey; NT CATI survey, National nutrition and physical activity surveys).

Healthy weight for all

In Australia, the proportion of adults classified as overweight or obese increased over the last ten years: for men from 52 per cent to 62 per cent and for women from 37 per cent to 45 per cent.³⁴ NT Indigenous rates are even higher, with 61 per cent and 57 per cent, for men and women respectively.³⁵ Rates of overweight and obesity amongst children and adolescents are also on the rise. In the 10 year period between 1985 and 1995, the number of overweight children has doubled and the number of obese children has tripled.³⁶

Overweight and obesity are major risk factors for chronic diseases such as cardiovascular disease, type 2 diabetes, hypertension and renal disease. In the NT, there is a high prevalence of overweight and obesity amongst the Indigenous population.⁹ The main factors in this 'obesity epidemic' appear to be changes in the food supply and a decline in physical activity levels. Prevention is thought to be the most effective intervention.

Weight loss—and its maintenance—is complex and challenging as it relies both on reduced energy intake and increased energy expenditure. While immediate weight loss can be achieved through dietary restrictions only, long term weight loss is more likely to be maintained if people participate in regular levels of increased accumulated PA, while maintaining an adequate energy intake.²⁸

Outcome

Increased proportion of the population in the healthy weight range.

Objective

- increase the proportion of the population in the healthy weight range.

Strategies	Actions
<p>Promote and support participation in regular physical activity and adoption of healthier diet.</p>	<p>Health care setting</p> <ul style="list-style-type: none"> • promote awareness of the risks associated with weight gain and the need to address even modest weight gain • promote the NHMRC recommendations for the management of overweight and obesity in adults and in children and adolescents²⁸ • promote uptake of Lifescripts (including version adapted for Indigenous Communities - when available) among GP practices and Primary Health Care settings • develop key physical activity and nutritional messages relevant to remote communities. <p>Community</p> <ul style="list-style-type: none"> • implement relevant actions from previous section on physical activity • promote the Australian Dietary Guidelines for Adults²⁰, Dietary Guidelines for Children and Adolescents²³; the Australian Guide to Healthy Eating and the ATSI Guide to Healthy Eating • promote participation in, and facilitate delivery of, Queensland Health's <i>Healthy Weight Program</i>, a community based weight and waist management and healthy lifestyle program, designed for Aboriginal and Torres Strait Islander adults • support community initiated programs that assist individuals and groups adopt healthy lifestyle practices (eg. Palmesstonnes, Alice Springs Lifestyle Challenge, proposed Yuendumu 'healthy lifestyle' project) • develop feedback mechanisms to report back to the community on program progress, using local media (eg. BRACS). <p>Schools</p> <ul style="list-style-type: none"> • liaise with DEET to ensure that nutrition related materials or activities (including fund raising and food served at events or excursions) refer to, or are consistent with, national dietary guidelines • in collaboration with DEET and the NHF, contribute to the implementation of the National Canteen Framework • fund and support the Childhood Healthy Weight Project Officer position (based with the NHF); chair the Steering Committee for the position.
<p>Encourage all food services and catering supplied within the NTG to offer a variety of food choices consistent with the Australian Dietary Guidelines for Adults.²⁰</p>	<p>Develop catering and food services guidelines for use within the NTG (eg. workplaces, prisons, canteens, hospitals) that are consistent with the Australian Dietary Guidelines for Adults.</p> <p>Develop a promotion and implementation plan for these guidelines.</p>

Target group

General population.

Partners

DHCS [PHC staff including school nurses, RNs, AHWs; SWWs; CNWs; DMOs; GPs (DHCS and NGOs)]; Mental Health Program; OSR; DEET; DCM (Office of Senior Territorians); TEDGP and CADPHC; NHF; Life. Be in It. Remote store managers and takeaway staff; Food industry; Commercial and non commercial food outlets including school canteens.

Indicator

- proportion of adults and children who are overweight/obese (Well adult screenings; AusDiab; CATI Survey; NHS; National Child Nutrition and Physical Activity Monitoring surveys).

Prevention and management of preventable chronic diseases

In the 25 years between 1977 to 2001, chronic diseases accounted for 30 per cent of NT Indigenous deaths, with mortality rates from ischaemic heart disease and type 2 diabetes increasing.³⁷ Although the gap between NT Indigenous and non-Indigenous life expectancy has remained the same between 1981-2000, the actual contribution of chronic diseases to this gap has increased.³⁷

Chronic diseases such as type 2 diabetes, renal disease, high blood pressure and ischaemic heart disease are preventable, and nutrition and physical activity play an important role in both the prevention and management of these conditions. {Bull, Bauman, et al. 2004 475 /id}

Outcome

Decreased incidence and impact of preventable chronic diseases.

Objective

- decrease incidence and impact of preventable chronic diseases.

Strategies	Actions
Encourage development of, and support for, primary prevention programs with a nutrition and physical activity component for the general population.	Provide training and support to PHC staff to enable them to implement primary prevention programs with nutrition and/or physical activity components in their communities. Develop and disseminate appropriate education resources. Participate in health screenings and provide brief interventions.

<p>Encourage development of, and support for, community based programs with a nutrition and physical activity component that promote healthy lifestyle for people with risk factors or established chronic diseases.</p>	<p>Provide training and support to PHC staff to enable them to implement healthy lifestyle programs with nutrition and/or physical activity components in their communities.</p> <p>Advocate for community based lifestyle educator positions in communities and support these positions, as required.</p> <p>Provide targeted education sessions to individuals and groups.</p>
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Target groups

- general population, particularly those at high risk of preventable chronic diseases
- people identified with preventable chronic diseases and their families.

Partners

PHC staff including AHWs; RNs; CNWs; DMOs; GPs (DHCS and NGOs) Health Promotion Program; TEDGP; CADPHC; Hospital based education and rehabilitation teams; Health Boards and relevant Indigenous organisations; NHF; Kidney Foundation; SR.

Indicator

- Number of programs aimed at the prevention and/or management of chronic disease, with a nutrition and/or physical activity component, operating in targeted communities.

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