

eatwell

QUEENSLAND

2002-2012



Queensland Public Health Forum

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Queensland Health



**Smart Eating
for a Healthier State**

SUMMARY



Queensland Public Health Forum June 2002

Overview

Eat Well Queensland 2002–2012: Smart Eating for a Healthier State

Vision: Better food, better nutrition, better health. In ten years, the nutrition and health status of Queenslanders will be measurably improved, particularly for Indigenous Queenslanders and other vulnerable groups.

Aim: To improve the health and wellbeing of all Queenslanders through better food and nutrition.

Strategies: The aim of *Eat Well Queensland* will be achieved by implementation, evaluation and dissemination of best-practice initiatives, research and innovation as outlined in the action areas of this document.



Health gain	
Enhance nutritional status	<ul style="list-style-type: none"> • Increase the proportion of the population consuming a diet consistent with the Dietary Guidelines for Australians • Increase nutrient density of diets
Prevent chronic disease	<ul style="list-style-type: none"> • Achieve and maintain a healthy weight • Prevent diabetes, cardiovascular disease, and some types of cancers
Priority groups	
Priority population groups	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander peoples • Vulnerable groups
Critical lifecycle stages	<ul style="list-style-type: none"> • Mothers and infants • Childhood growth and development
Priority action areas and key issues to be addressed	
Address food supply issues	<ul style="list-style-type: none"> • Costs and availability • Equity issues • Food safety and standards • Food service settings • Rural/remote issues
Promote healthy eating: increase demand for healthy food	<ul style="list-style-type: none"> • Promote consistent messages • Social marketing and advertising
Increase consumption of vegetables and fruit	<ul style="list-style-type: none"> • Supply issues • Promote demand
Enhance the health of mothers, infants and children	<ul style="list-style-type: none"> • Well-nourished mothers and infants • Promote breastfeeding • Healthy childhood growth and development
Achieve and maintain a healthy weight	<ul style="list-style-type: none"> • Decrease energy density of diets • Increase physical activity
Develop infrastructure and capacity	<ul style="list-style-type: none"> • Management, implementation and evaluation • Research and development • Human and financial resources



Better food, better nutrition, better health



Optimum nutrition is essential for the normal growth and the physical and cognitive development of infants and children, enhanced resilience and quality of life, good physical and mental health throughout life, resistance to infection and protection against chronic diseases and premature death.

Queensland generally has a varied, safe and nutritious food supply, and enjoyment of good food is an important part of the Queensland lifestyle. However, all available Queensland data describe an extremely high prevalence of diet-related disease, including cardiovascular disease, diabetes and some forms of cancers (Queensland Health 2001).

Of further concern, available data suggest that Queensland has mortality rates from some diet-related conditions that are higher than the national average (HIC 1998).

There is clear evidence that poor nutrition is a major determinant of premature death and morbidity, contributing at least as significantly as cigarette smoking to the burden of disease throughout Australia and Queensland. Dietary factors are an important risk factor for at least 56% of all deaths (Crowley et al. 1992).

The growing and ageing Queensland population and the increasing cost of pharmaceutical and technological advances in medical treatment will lead to a crisis in health and social systems unless innovative solutions are embraced (Queensland Health 2002). In particular, the treatment of diet-related conditions, such as cardiovascular disease, type 2 diabetes and some forms of cancer, requires extremely costly medical interventions and is a huge burden to the community. However, these conditions are *preventable* by addressing underlying determinants within a population-based framework (SIGNAL 2001a). For example:

- Between 30% and 40% of all cancers are preventable by feasible and appropriate diets and maintenance of appropriate bodyweight (WCRF and AICR 1997).
- Interventions that result in a weight loss of 5 kg in all Australians who are overweight or obese could reduce the health care costs associated with type 2 diabetes and its complications alone by up to \$43.7 million per year (Marks, Coyne & Pang 2001).
- If dietary salt were decreased by an average of 3 g (50 mmol sodium) per day, the average systolic blood pressure of those aged over 50 would be expected to fall by about 5 mmHg. Stroke mortality would decrease by about 22% and ischaemic heart disease mortality would decrease by about 16% (Law, Frost & Wald 1991; Law 2000; NHMRC 2002a).

In 1992 the Australian Institute of Health and Welfare (AIHW) estimated that the direct health-care costs attributable to diet in Australia in 1989–90 were between \$1,241 and \$2,851 million (Crowley et al. 1992). In 1992–93, diet-related diseases accounted for 14% of the annual Queensland hospital budget or \$192 million; the direct dietary component was \$78 million. Current and future costs are likely to be much greater due to effects of the current epidemic of obesity and ageing of the population.

Like other Indigenous Australians, Indigenous Queenslanders still suffer a much greater burden of ill health and chronic disease attributable to nutrition, in comparison to other groups. In Queensland for heart disease alone, the excess mortality is at least twice as high as in the non-Indigenous population; for diabetes, the estimate is 17 times higher.

The health and nutrition of Queenslanders is influenced by many sectors of society, including



food producers, manufacturers, wholesalers, retailers and transporters, advertisers, the media, education and health providers, and social policy makers at local, state and commonwealth level. Until recently, however, there has been relatively little strategic coordination or investment in public

health nutrition initiatives throughout Australia. The intersectoral approach adopted by *Eat Well Queensland* will provide the framework for more effective and concerted action in health and nutrition promotion across a range of sectors throughout Queensland.

Guiding principles for Eat Well Queensland

Eat Well Queensland seeks to:

- make an impact on the whole of the population, while reducing health inequalities and raising the health status of disadvantaged groups
- recognise and value the diversity of the Queensland population including Indigenous peoples
- enhance the efforts of all relevant sectors and strategies in a partnership environment
- protect and acknowledge public and consumer interests
- facilitate partnerships based on clear ethics and protocols
- provide for the capacity required to achieve success
- base initiatives on the available scientific evidence, and help develop evidence where it is needed
- recognise that a living, sustainable strategy requires continuing research, innovations, evaluation and renewal.

Effectiveness of nutrition interventions

There is now good evidence of the effectiveness of nutrition intervention programs in addressing the determinants of chronic disease. Recent reports concern the effectiveness of nutritional interventions in reducing the prevalence of hypertension (Harsha et al. 1999), cardiovascular mortality and morbidity (de Lorgeril et al. 1999) and lifestyle interventions in delaying or preventing type 2 diabetes and its complications (Pan et al. 1997; Tuomilehto et al. 2001; Diabetes Prevention Program Research Group 2002).

Culturally-appropriate, community-based nutrition programs, which address both supply and demand issues related to the food supply in Indigenous communities, can lead to marked and sustained improvements in anthropometric, biochemical and haematological risk factors of chronic disease (Lee et al. 1994; Lee et al. 1995; Rowley et al. 2001). The implementation of community store nutrition policies has also demonstrated positive effects (Lee, Bonson & Powers 1996; DATSIP 2001)



Benefits of Eat Well Queensland



Eat Well Queensland supports best practice in the delivery of primary prevention nutrition programs across the State.

Eat Well Queensland considers the wider foundations of health, including social determinants of health, fiscal and social policy and legislation, knowledge, attitudes, skills and abilities of the community, sustainability and globalisation.

Effective implementation of *Eat Well Queensland* strategies should result in substantial health gains and improvements in community mortality and morbidity from chronic diseases, reduced avoidable hospital admissions, substantial savings throughout Queensland, and improved economic and social, as well as health, outcomes.

Quantification of potential benefits and savings is difficult due to the enormity of the nutrition problem and the economic and social determinants involved. As a guide to potential savings on a national basis, it has been estimated that interventions resulting in a weight loss of 5 kg in target groups would reduce the prevalence of overweight and obesity by 40% and lead to a potential saving of at least \$45 million per year in the cost of type 2 diabetes and its complications alone. The potential savings to the health care system of increasing average vegetable consumption by one serve per day is at least \$24.4 million per year for four major types of cancers alone.

These examples represent only a small fraction of the economic benefits enhanced nutritional status would bring. Additional benefits would also include savings due to reduced incidence and prevalence of coronary heart disease and stroke, hypertension, some renal and gallbladder diseases, gastrointestinal disorders, osteoporosis, dental caries and enhanced immune competence.

Eat Well Queensland provides the framework for a coordinated Queensland response to *Eat Well Australia: An Agenda for Action for Public Health Nutrition 2000–2010* and the *National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP) 2000–2010*, which were endorsed by the Australian Health Ministers' Council in October 2001.

Eat Well Queensland 2002–2012: Smart Eating for a Healthier State articulates with other important State initiatives, including the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy 1995, the Risk Based Food Safety Management System Framework developed by the Food Safety Stakeholders Forum, the Queensland Physical Activity Strategy 2002–2007 and *Towards a Smoke-free Future: Queensland Tobacco Action Plan 2000/2001 to 2003/2004*, to provide a blueprint for the prevention of chronic disease and enhanced health status in Queensland.

Issues

Six interrelated priority issues have been identified through wide consultation. These relate to all Queenslanders, but are particularly important for Indigenous groups and vulnerable members of the community including the elderly, people on low incomes, sole parents and their dependants, young children, homeless people, residents of remote areas, people with mental health problems, disabled people, those with alcohol and drug dependencies, asylum seekers and migrants (Lester 1994). Actions to address each of these issues are outlined in the full version of the *Eat Well Queensland* document under priority action areas (pages 36–66) and summarised in the tables here.



1: Food supply

Food supply is the system by which food is made available to consumers, including production, processing, transport, storage, wholesaling and retailing of food. Over the last three decades there has been an enormous expansion in the number of foods available in Australian food stores. However, many of these items are not consistent with those recommended in the Australian dietary guidelines (NHMRC 2002a). There is also increasing consumption of food prepared outside the home and a need to increase the availability of healthy options in the takeaway and restaurant sector. For all Queenslanders, adequate access to a nutritionally sound and varied diet (i.e., food security) is an important social determinant of health and wellbeing. However, food security is becoming an increasing problem throughout Australia. In Queensland, people living in rural and remote areas of the State pay more for basic healthy food than those living in metropolitan areas, and also have less access to a wide range of fresh vegetables, fruit and some other nutritious food. Food security is also an issue in some urban areas. Other food supply issues include the implementation of food safety initiatives and the new Australia and New Zealand Food Standards Code.

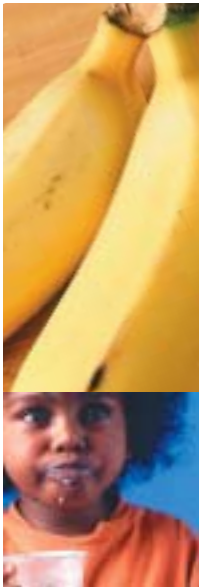
2: Healthy eating

Dietary habits and eating behaviour are affected by knowledge, attitudes, skills and abilities related to nutrition and food preparation. Consumers need access to consistent nutrition information that is based on good science, is readily understood, regularly reviewed and readily available. Although both general interest in nutrition and availability of information about food and nutrition in the print and electronic media are increasing, much of the available information lacks a scientific basis and is conflicting, leading to confusion amongst the public. Food advertising, including that directed towards children, also has

a big influence on food choice and dietary intake. The NHMRC Australian Dietary Guidelines series (NHMRC 2002a), the Australian Guide to Healthy Eating (1998) and the National Physical Activity Guidelines (1999) provide evidence-based messages and practical information to develop nutrition interventions, tools and resources. Scientific nutrition information needs to be disseminated and promoted widely to health professionals and the community.

3: Vegetables and fruit

There is overwhelming evidence that people who regularly eat diets high in fruits and vegetables including legumes, have substantially lower risks of a wide range of chronic diseases including coronary heart disease, stroke, type 2 diabetes, obesity and several major cancers (Baghurst et al. 1999; SIGNAL 2001a). The epidemiological evidence supports the roles of the whole foods, i.e., the vegetables and fruits themselves, in enhancing and protecting health, rather than individual phytochemical components such as antioxidant nutrients and non-nutrient substances (including bioflavonoids, phytoestrogens and indole carbinols). Intake of a minimum of five serves of vegetables and two serves of fruit per day is recommended for optimal health of adults (DHAC 1998). In 2001 in Queensland, less than 15% of adult males and less than 21% of adult females meet the recommended minimum daily intake of vegetables, and only 42% of adult males and 55% of adult females meet the minimum recommended daily intake for fruit (HIC 2001a). Ten per cent of Australian children consumed no fruit and vegetables at all on the day of the national survey (ABS 1999). Fruit and vegetable intake of Queensland children is also much less than recommended levels for each age group. Efforts to increase vegetable and fruit consumption need to address issues affecting supply and availability of quality fresh produce, in addition to promoting demand for vegetables and fruit.



4: The nutritional health of mothers, infants and children

Good maternal nutrition, healthy infant and childhood nutrition and growth are fundamental to the achievement and maintenance of health throughout the life cycle and affect the health of succeeding generations (SIGNAL 2001b). The period from pre-conception through to childhood provides a time-limited opportunity to improve the health status of the whole population through optimal nutrition. Breastfeeding is the physiological norm for feeding infants and is associated with improved general health, growth and development of infants and protection against several acute and chronic diseases, including diabetes, obesity, allergic disease, and dental caries (NHMRC 2002b). NHMRC recommendations include exclusive breastfeeding until around six months of age (NHMRC 2002b). Although limited, the available data suggest current breastfeeding rates are well below desirable levels at three and six months in all sections of the population (NHMRC 2002b).

Children need good nutrition to develop and grow to their full physical and cognitive potential, to support immunity against infectious disease and to be protected against chronic disease in later life. Growth is the most important indicator of the health status of a child, and is an indirect reflection of the health status of the entire community (HIC 2001). There are two major issues related to child growth affecting Queensland. Firstly, childhood overweight and obesity has emerged as a major public health problem. Secondly, undernutrition affects the health of some Indigenous children, and some other children in disadvantaged circumstances. Children are learning eating behaviours, skills, knowledge and attitudes relating to food, which will influence their nutrition and health throughout their lives. Schools and childcare are important settings for interventions to promote good nutrition amongst children.

5: Healthy weight

The prevalence of overweight and obesity in Australia is increasing rapidly and is a major public health problem. In 1995, 55% of adult Australians (ABS 1998) and 19% to 24% of school-age children (HIC 2001) were classified as overweight or obese. Rates are even higher amongst Indigenous Queenslanders. These conditions are important risk factors for a range of chronic diseases in Queensland. Both decreased physical activity and increased energy intake (NHMRC 1997; Cook, Rutishauser & Seelig 2001) have contributed to the substantial increase in prevalence of overweight and obesity in recent decades. The most promising strategies for addressing this epidemic are population approaches to promoting healthy growth of infants and children, and preventing inappropriate weight gain by increasing physical activity and improving the quality and quantity of dietary intake through environmental interventions (NHMRC 1997; WHO 1997). Prevention of overweight and obesity requires structural changes in the broader social environment that promotes sedentary lifestyles and the consumption of energy-dense diets (NHMRC 1997).

6: Infrastructure and capacity

Limited nutrition capacity, resources and workforce remain major barriers to achieving improved health and social outcomes throughout Queensland. Effective intervention in the above areas will require strategic management and leadership; monitoring and surveillance; research and development; dissemination and communication; innovation; workforce development (including increasing the size of the available community and public health nutrition workforce); evaluation of interventions; practice improvement; and management of alliances and partnerships.



Priority action areas and 'smart buys'

Address food supply issues	<ul style="list-style-type: none"> • Continue support for successful projects, e.g., Healthy Food Access Basket Surveys, Nutrition Policy for Remote Retail Stores • Investigate and address barriers affecting food access for Indigenous and disadvantaged people in remote, rural and urban areas • Promote the extension of water fluoridation, in collaboration with local governments, communities, and other key stakeholders • Promote incentives for non-government stores in remote areas to undertake initiatives similar to those in DATSIP stores, e.g., Food West • Develop recognition schemes to provide incentives for retailers, transporters, manufacturers, government and non-government organisations to increase availability of healthy options e.g., Healthy Choices Award scheme • Develop partnerships between public health nutrition professionals, other stakeholders and communities to develop local solutions and programs addressing barriers to safe and healthy food
Promote healthy eating: increase demand for healthy food	<ul style="list-style-type: none"> • Promote revised NHMRC Dietary Guidelines series • Advocate for national action to ensure that food advertising directed towards children is more consistent with healthy eating guidelines • Implement social marketing/promotion of vegetables and fruit in a range of settings • Review implementation of the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (QATSIFNS) • Implement Creating a healthier Queensland workshops across the State • Produce a series of evidence-based <i>Eat Well Queensland</i> fact sheets on key nutrition issues for media releases and response
Increase consumption of vegetables and fruit	<ul style="list-style-type: none"> • Implement interventions outlined in the Queensland Action Plan to Promote Vegetables and Fruit including social marketing/promotion of vegetables and fruit in a range of settings
Enhance the health of mothers, infants and children	<ul style="list-style-type: none"> • Establish regular, consistent, standardised monitoring and surveillance of infant and child nutrition throughout the State • Support implementation of Queensland Health Policy Statement for Optimal Infant Nutrition, including Breastfeeding and the Introduction of Solid Food 2002–2007 • Develop a coordinated statewide strategic approach to nutrition education in schools and childcare • Implement a comprehensive growth assessment and action program throughout the State
Achieve and maintain a healthy weight	<ul style="list-style-type: none"> • Develop and implement sustainable systems to monitor overweight and obesity throughout the State in adults as well as children • Advocate for national action to ensure that food advertising directed towards children is more consistent with healthy eating guidelines (as above) • Implement the Queensland Physical Activity Strategy 2002–2007 • Support widespread implementation of best practice, group-based intervention programs such as Lighten Up to a Healthy Lifestyle, Just Walk It, Healthy Weight Program • Implement Creating a healthier Queensland across the State (as above)
Develop infrastructure and capacity	<ul style="list-style-type: none"> • Create an <i>Eat Well Queensland</i> Foundation or an <i>Eat Well Queensland</i> implementation team • Advocate for a sustainable, coordinated national nutrition monitoring and surveillance system which supports State estimates • Review implementation of the QATSIFNS (as above) • Advocate for enhanced investment in public health and community nutrition workforce • Implement Creating a healthier Queensland across the State (as above)

References



- ABS (1999). National Nutrition Survey: foods eaten, Australia, 1995. Canberra, Australian Bureau of Statistics.
- Baghurst, P, Beaumont-Smith, N, Baghurst, K & Cox, D (1999). The relationship between the consumption of fruits and vegetables and health status. Report to Department of Health and Aged Care and the Strategic Intergovernmental Nutrition Alliance.
- Cook, T, Rutishauser, I & Seelig, M (2001). Comparable data on food and nutrient intake and physical measurements from the 1983, 1985 and 1995 National Nutrition Surveys. Australian Food and Nutrition Monitoring Unit.
- Crowley, S, Antioch, K, Carter, R, Waters, A-M, Conway, L & Mathers, C (1992). The cost of diet-related disease in Australia. Canberra, AIHW.
- DATSIP (2001). Nutrition policy for remote retail stores. Brisbane, Queensland Department of Aboriginal and Torres Strait Islander Policy.
- de Lorgeril, M, Salen, P, Martin, J-L, Monjaud, I, Delaye, J & Mamelle, N (1999). 'Mediterranean diet, traditional risk factors, and the rate of cardiovascular complications after myocardial infarction. Final report of the Lyon Diet Heart Study.' *Circulation* 99: 779–785.
- DHAC (1998). Australian guide to healthy eating. Canberra, Department of Health and Aged Care.
- Diabetes Prevention Program Research Group (2002). 'Reduction in the incidence of type 2 diabetes with lifestyle intervention or Metformin.' *N Engl J Med* 346(6): 393–403.
- Harsha, D, Lin, P, Obarzanek, E, Karanja, N, Moore, T & Caballero, B (1999). 'Dietary approaches to stop hypertension: a summary of study results. DASH Collaborative Research Group.' *J Am Diet Assoc* 99 (8 Suppl): S35–S39.
- HIC (1998). Health of Queenslanders Status Report. Brisbane, Health Information Centre, Queensland Health.
- HIC (2001). Information circular 58: towards healthy growth and development: issues of overweight, obesity and under-nutrition among children in Queensland. Health Information Centre, Queensland Health.
- Law, M (2000). 'Salt, blood pressure and cardiovascular diseases.' *J Cardiovasc Risk* 7(1): 5–8.
- Law, M, Frost, C & Wald, N (1991). 'By how much does dietary salt reduction lower blood pressure? III. Analysis of data from trials of salt reduction.' *Br Med J* 302: 819–824.
- Lee, A, Bailey, A, Yarmirr, D, O'Dea, K and Mathews, JD (1994). 'Survival tucker: improved diet and health indicators in an Aboriginal community.' *Aust J Public Health* 18: 277–285.
- Lee, A, Bonson, AP & Powers, JR (1996). 'The effect of retail store managers on aboriginal diet in remote communities.' *Aust NZ J Public Health* 20(2): 212–214.
- Lee, A, Bonson (Bailey), A, Yarmirr, D, Mathews, J & O'Dea, K (1995). 'Sustainability of a successful Aboriginal community-based nutrition project.' *Med J Aust* 162: 632–635.
- Lester, I (1994). Australia's food and nutrition. Canberra, Australian Government Publishing Service.
- Marks, GC, Coyne, T & Pang, G (2002). Type 2 diabetes costs in Australia- the potential impact of changes in diet, physical activity and levels of obesity. Canberra, Commonwealth Department of Health and Ageing.
- NHMRC (1997). Acting on Australia's weight—a strategic plan for the prevention of overweight and obesity. Cat. No. 96 0928 8. Canberra, National Health and Medical Research Council (NHMRC).
- NHMRC (2002a). Dietary guidelines for Australians . Canberra, NHMRC.
- NHMRC (2002b). Infant feeding guidelines. Canberra, NHMRC.
- Pan, X, Li, G, Hu, Y, Wang JX, Yang WY, An ZX, Hu ZX, Lin J, Xiao JZ, Cao HB, Liu PA, Jiang XG, Jiang YY, Wang JP, Zheng H, Zhang H, Bennett, PH & Howard, BV (1997). 'Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: the Da Qing IGT and Diabetes Study.' *Diabetes Care* 20: 537–544.
- Queensland Health (2001). Health indicators for Queensland 2001. Brisbane, Public Health Services, Queensland Health.
- Queensland Health (2002). Smart state: Health 2020 discussion paper. Brisbane, Queensland Government.
- Rowley, KG, Su, Q, Cincotta, M, Skinner, M, Skinner, K, Pindan, B, White, GA & O'Dea, K (2001). 'Improvements in circulating cholesterol, antioxidants and homocysteine after dietary intervention in an Australian Aboriginal community.' *Am J Clin Nutr* 74(4): 442–448.
- SIGNAL (2001a). Eat Well Australia: an agenda for action for public health nutrition 2001–2010. Canberra, National Public Health Partnership.
- SIGNAL (2001b). National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan. Canberra, National Public Health Partnership.
- Tuomilehto, J, Lindstrom, J, Eriksson, J, Valle, T, Hamalainen, H, Ilanne-Parikka, P, Keinanen-Kiukkaanniemi, S, Laakso, M, Louheranta, A, Rastas, M, Salminen, V & Uusitupa, M (2001). 'Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance.' *N Engl J Med* 344(18): 1343–1350.
- WCRF (World Cancer Research Fund) & AICR (American Institute for Cancer Research) (1997). Food, nutrition and the prevention of cancer: a global perspective. Washington, DC, AICR.
- WHO (1997). Obesity: preventing and managing the global epidemic: report of a WHO consultation on obesity. Geneva, World Health Organisation.

Development of Eat Well Queensland

Eat Well Queensland 2002–2012: Smart Eating for a Healthier State is an initiative of the Queensland Public Health Forum (QPHF).

QPHF is a partnership of 18 organisations and networks with a commitment to improving public health outcomes in Queensland including:

- Australasian Faculty of Public Health Medicine (Qld)
- Australian Health Promotion Association, Qld Division
- Australian Institute of Environmental Health (Qld)
- Commonwealth Department of Health & Ageing (Qld)
- Department of Aboriginal and Torres Strait Islander Policy
- Department of Families
- Diabetes Australia (Qld)
- Education Queensland
- National Heart Foundation (Qld)
- James Cook University
- Local Government Association of Queensland
- Public Health Association of Australia (Qld)
- Queensland Aboriginal and Islander Health Forum
- Queensland Cancer Fund
- Queensland Centre for Public Health
- Queensland Council of Social Service
- Queensland Divisions of General Practice
- Queensland Health.

Development of *Eat Well Queensland* has been overseen by the Queensland Public Health Forum Food and Nutrition Working Group, which includes representatives from the above organisations and from the Department of Primary Industries, Dietitians' Association of Australia, Nutrition Australia and the Nutrition/Public Health Units of Griffith University, Queensland University of Technology and the University of Queensland. The process has been funded by Public Health Services, Queensland Health.

Eat Well Queensland has been informed by wide consultation across Queensland including two public rounds of written consultation, a workshop on food supply issues, a workshop on food demand issues, and 10 regional workshops throughout the State.

Eat Well Queensland recognises the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (QATSIFNS) which was developed in 1995. *Eat Well Queensland* is the State's first comprehensive, whole-of-population strategy to address food and nutrition issues.

For further information

The complete version of *Eat Well Queensland 2002–2012: Smart Eating for a Healthier State* is available on the Queensland Public Health Forum website:
<http://www.health.qld.gov.au/qphf/FoodNutrition.htm>

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This summary provides a brief overview only. Intervention strategies are outlined in the full version of the *Eat Well Queensland* document. It is intended for a professional audience.