Eat Well Queensland: Are we half-way there yet?

Mid-Point Implementation Review
Summary of Findings

Queensland Public Health Forum

Queensland Government
Queensland Health

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Further information: http://www.health.qld.gov.au/qphf/

Foreword

Eat Well Queensland: Smart Eating for a Healthier State (EWQ) was developed by the Queensland Public Health Forum (QPHF). Until the development of EWQ, Queensland had never had a comprehensive, whole-of-population strategy to address food and nutrition issues.

The health and nutrition of Queenslanders is influenced by many sectors of society, including food producers, manufacturers, wholesalers, retailers and transporters, the media, education providers, health providers, and social policy-makers within local, state and federal governments. Until EWQ, there had been relatively little strategic coordination or investment in public health nutrition initiatives throughout Queensland.

This document is the result of a comprehensive evaluation of the activities being undertaken as part of the EWQ framework. The report highlights the significant work undertaken to date in the area of food and nutrition in Queensland, but also acknowledges the level of future activity and investment still required to reduce the prevalence of diet-related diseases and improve the nutritional health status of all Queenslanders.

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Contents

1. Introduction 4

2. Background 4

2.1. The Eat Well Queensland (EWQ) Strategy 4

2.2. Nutrition-Related Health Indicators in Queensland 7

3. Methodology 9

4. Results 10

4.1. Achievements related to the Smart Buys 10

4.2 Achievements Identified by Stakeholders 13

4.3. Gaps Identified by Stakeholders 14

4.4. Emerging Issues 16

4.5. Barriers 16

4.6. Outcomes for Priority Population Groups 17

5. Discussion and Recommendations 18

5.1 Recommendations 19

References 22

List of Tables

Table 1: EWQ overview 6

Table 2: Criteria used to select the Smart Buys 7

Table 3: Achievements for the EWQ Smart Buys 10

Eat Well Queensland: Are we half-way there yet? A summary of the mid-point review

1. Introduction

Eat Well Queensland (EWQ): 2002-2012 Smart Eating for a Healthier State is the first public health food and nutrition strategy developed for all Queenslanders. This report summarises a comprehensive mid-point review of the EWQ Strategy and its implementation, conducted during 2008.

The EWQ mid-point review addresses one broad question: 'Eat Well Queensland: Are we half way there yet?'. The review involved a range of methodologies, including interviews with key stakeholders, an online questionnaire with a broad group of stakeholders, a workshop with practitioners and a summary of EWQ-related projects, to consider the success of the EWQ Strategy.

EWQ is a complex, multi-sector, multi-strategy, systematic, state-wide public health initiative involving stakeholders across a wide range of agencies and organisations. A formal mid-point review is needed to provide an overview of achievements and progress to date, and to identify barriers, gaps and emerging issues that can be addressed in the second half of the strategy's implementation. The mid-point review provides an impetus for formulating recommendations that will re-establish priorities and guide EWQ's implementation until the end of 2012. This will allow for continued efficient and strategic use of available resources, ultimately resulting in improved nutrition practices and improved nutrition-related health behaviours and indicators for all Queenslanders.

The outcome of the mid-point review is that the EWQ has achieved significant success, particularly in the expansion of the nutrition workforce capacity and projects. However, expansion of the nutrition workforce has created challenges for EWQ in relation to coordination, collaboration and communication. This report presents the issues highlighted through the EWQ mid-point review, and outlines recommendations for the remainder of EWQ's implementation.

2. Background

2.1. The Eat Well Queensland (EWQ) Strategy

The EWQ Strategy is an initiative of the Queensland Public Health Forum (QPHF) – a strategic alliance of 18 public health-related organisations, including representatives of state, commonwealth and local government, non-government organisations, professional associations and universities. EWQ was developed in 2002 as a 10-year strategy to help improve the health and well-being of all Queenslanders through better food and nutrition.

The EWQ Strategy identifies six inter-related Priority Action Areas:

- Addressing food supply issues;
- Promoting healthy eating;
- Increasing the consumption of vegetables and fruit;

- Enhancing the health of mothers, infants and children;
- Helping Queenslanders to achieve and maintain a healthy weight; and
- Developing infrastructure and capacity.

EWQ provides a blueprint for action for better health through identifying required actions across a range of sectors, including food producers, manufacturers, wholesalers, retailers, restaurateurs, caterers, transporters, advertisers, urban planners, sporting associations, the fitness industry, community groups, the media, education and policy makers at all levels of government.

EWQ 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; and
- Recognise that a living, sustainable strategy requires continuing research, innovations, evaluation and renewal.

EWQ Vision: Better food, better nutrition, better health. In 10 years, the nutrition and health status of Queenslanders will be measurably improved, particularly for Indigenous Queenslanders and other vulnerable groups.

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

EWQ Strategies: The aim of EWQ will be achieved by implementation, evaluation and dissemination of best-practice initiatives, research and innovation in the six Priority Action Areas. Table 1, below, gives an overview of EWQ. It summarises the targeted health gains, identifies the priority groups, and identifies key issues for each of the six Priority Action Areas.

Table 1: EWQ overview

Health gains targeted by EWQ	
Enhance nutritional status	▪ Increase the proportion of the population consuming a diet consistent with the Dietary Guidelines for Australians ▪ Increase nutrient density of diets
Prevent chronic disease	▪ Achieve and maintain a healthy weight ▪ Prevent diabetes, cardiovascular disease, and some types of cancers
Priority groups for EWQ	
Priority population groups	▪ Aboriginal and Torres Strait Islander peoples ▪ Vulnerable groups ▪ Older people
Critical lifecycle stages	▪ Mothers and infants ▪ Childhood growth and development
Priority Action Areas and key issues to be addressed	
Address food supply issues	▪ Costs and availability ▪ Equity issues ▪ Food safety and standards ▪ Food service settings ▪ Rural/remote issues
Promote healthy eating	▪ Promote consistent messages ▪ Social marketing and advertising
Vegetables and fruit	▪ Supply issues ▪ Promote demand
Mothers, infants and children	▪ Well-nourished mothers and infants ▪ Promote breastfeeding ▪ Healthy childhood growth and development
Achieve and maintain healthy weight	▪ Decrease energy density of diets ▪ Increase physical activity
Develop infrastructure and capacity	▪ Management, implementation and evaluation ▪ Research and development ▪ Human and financial resources

EWQ Smart Buys: The EWQ Strategy includes 22 'Smart Buys' – key potential actions that were prioritised for EWQ and categorised under each Priority Action Area. The 22 Smart Buys included in EWQ were selected from a list of 63 'potential actions' that were identified during the development of EWQ. The Smart Buys were chosen according to set criteria, including their potential for significant health gain, ability to address risk assessment, support by expert consensus opinion, and potential for partnership and collaboration. Table 2, below, outlines the full list of criteria used to choose the Smart Buys. The 22 Smart Buys are listed in Section 4.1 of this report.

Table 2: Criteria used to select the Smart Buys

Criteria for Smart Buys
Issues that were considered in determination of Smart Buys in public health nutrition intervention include support for the intervention as assessed by NHMRC level of evidence and whether the intervention: 1. Has the potential for significant health gain (likely to contribute to reduction of burden of disease; is practical, able to be generalised , sustainable; is likely to be acceptable to the target group) 2. Addresses risk assessment (including relative risk of maintaining the status quo, which frequently and unfortunately involves doing nothing in the case of public health nutrition) 3. Is supported by expert consensus opinion (this is no longer included in the NHMRC level of evidence scale) 4. Builds on past investment supported by observational effectiveness 5. Has potential for collaboration (inter-disciplinary, intra- and inter-agency) 6. Supports a partnership approach with consumers within a community development framework 7. Addresses socio-environmental determinants of health (service access, macro environment, e.g., food supply, social attitudes, knowledge, beliefs, attitudes and behaviour) 8. May acknowledge new ideas or methods (i.e., is innovative) 9. Has the potential to address social justice and equity issues 10. Has the potential to deliver 'early wins', i.e., health gain achieved within a short to medium time frame.

2.2. Nutrition-Related Health Indicators in Queensland

2.2.1 Current data

Nutrition-related health indicators were recently reported in *The Health of Queenslanders 2008: Prevention of Chronic Disease. Second Report of the Chief Health Officer Queensland* http://www.health.qld.gov.au/cho_report/ and data for Queensland children and young people are available from the *Healthy Kids Queensland Survey 2006.* http://www.health.qld.gov.au/ph/documents/hpu/32848.pdf

Poor nutrition is the single most significant preventable risk factor contributing to chronic disease in Queensland and causes at least 16% of the burden of disease in the state, which is about double that due to cigarette smoking.

Nationally poor nutrition costs more than $5 billion each year, including direct health care costs of about $3 billion per year. Poor nutrition, together with physical inactivity, is also a causal factor of unhealthy weight. Overweight and obesity currently cost Australia $11.6 billion per year, an increase of 42% in three years. In Queensland 57% of adults self-report as being overweight or obese – 62.7% for males and 50.6% for females – with 600,000 Queenslander now obese and another 1.6 million overweight. The obesity rate is double for Aboriginal and Torres Strait Islander adults. 21% of Queensland children are now overweight or obese. At least 36,000 children are obese and another 120,000 overweight. Obesity prevalence amongst adults is projected to increase by up to 200% by 2025, to 1.4 million obese Queenslanders.

Unfortunately only limited nutrition data are available in Queensland.

Queensland adults do not eat enough fruit and vegetables: only 9% eat at least five serves of vegetables per day and only 55% of adults eat at least 2 serves of fruit. Increasing average vegetable and fruit consumption just by one serve daily would result in direct health care savings of $180 million a year in Australia. This same increase in fruit and vegetable consumption would boost the horticulture industry by $430 million a year.

The Healthy Kids Queensland survey showed that on average, Queensland children aged 5-17 consumed diets in which, of the energy intake, 50% was derived from carbohydrate (nearly half of this from sugars), 32.5% was derived from fat, and 14.5% was derived from saturated fat. Current NHMRC dietary guidelines recommend approximately 30% of energy intake as fat and no more than 10% as saturated fat. One in ten Year 10 girls had diets inadequate in iron. One in twenty Year 1 boys and girls, half of all children in Year 5, half of Year 10 boys and six in seven Year 10 girls had diets inadequate in calcium. Diets low in calcium were more common in girls than in boys at all ages. This is matched by lower intakes of milk and other dairy foods amongst girls. In contrast to the recommendation that children aged over 2 years should choose low fat milk, most children drank whole milk. Approximately two-thirds of Year 1 and just over half of Year 5 boys and girls met recommendations for fruit consumption, but Year 10 children fell significantly short. The average Year 1, Year 5 and Year 10 child failed to meet recommendations for serves of vegetables and legumes, with half of the sample consuming less than one serve on the day of the survey. Approximately 1 in 5 of Queensland 5-17 year olds had take-away food on the day of the survey. Soft drink consumption increased with age. On the day of the survey, a third of Year 10 boys and a quarter of year 10 girls had consumed soft drink. No consistent differences in dietary intakes or behaviours were observed between children in urban areas and children in rural areas

The cost of healthy food remains much higher in very remote stores (24.2%) and in towns more than 2,000 kilometres from Brisbane (32.6%).

2.2.2 Longitudinal trends and impact of EWQ to date

Many interrelated factors contribute to the current status of nutrition-related health indicators in Queensland. This means that it is difficult to attribute any change in nutrition-related health indicators specifically to the EWQ strategy, and especially to isolate the component contributions of EWQ. The lack of a comprehensive baseline measurement of nutrition-related health indicators in 2002 further impedes a rigorous evaluation of nutrition-related change since implementation of EWQ in Queensland.

However, it is possible to provide some trends in nutrition-related health indicators from several data sources including the *Health of Queenslanders 2008* [1] and the outcomes of the *Healthy Kids Queensland Survey 2006: Full Report* [2] to provide the context in which the outcomes of EWQ strategy need to be interpreted.

The Chief Health Officer's report states that from 2002-03 to 2008-09, Queensland has added to the existing investment by investing incrementally up to $16 million per year in promoting healthy weight, nutrition and physical activity. This investment supports the work of 148 new primary prevention positions. Over 100 coordinated nutrition and physical activity initiatives are being progressed in Queensland under *Eat Well Queensland,* and related strategies including the *Eat Well Be Active – Healthy Kids for Life Action Plan 2005-2008*,[3] the work plan of the Premier's *Eat Well Be Active Taskforce* and the *Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (QATSINSAP).*[4]

Data from the Go for 2 and 5 fruit and vegetable promotion campaign showed an increase in serves of fruit and vegetables per person per day from 3.5 in 2005 to 4.6 in 2007. In 2008 ongoing campaign tracking suggests that recent price increases in fruit and vegetables and long off-air periods have eroded some of these gains.

Many improvements in early feeding practices across Queensland have also occurred in the past 5 years. Breastfeeding initiation has increased by 3.8% up to 95% which is well within the national target of 90%; and rates of breastfeeding duration have also increased, with

infants fed at one and six months up 5.1% and 5.2% to 83% and 63% respectively, but falling short of the 80% national target for six months. Whilst an encouraging trend was observed in exclusive breastfeeding for the first six months, rising from 3.1% to 13.3%, it is well below Queensland Health's target of 60%. There has also been a positive shift to delay the introduction of solids to around six months, with far fewer infants receiving solids in the first three months of life.

3. Methodology

The EWQ mid-point review used a multi-method framework to evaluate the achievements, gaps, barriers and emerging issues of the EWQ implementation. The review included four parts:

- Part 1: Key stakeholder interviews. Structured interviews were conducted with 31 individuals, including 24 from Queensland and 7 from interstate. Key stakeholders were chosen on the basis of their involvement in the development of EWQ or other significant contribution to public health nutrition in Queensland and/or Australia. Interviews were conducted in July 2008. They varied in length from 20 minutes to 2 hours.
- Part 2: Online stakeholder questionnaire. A structured online questionnaire was used to seek input from the broader Queensland nutrition workforce, including people involved at the 'coalface' with the development, implementation and evaluation of local health and nutrition-related projects conducted as part of EWQ. The questionnaire was returned by 83 individuals, with 74 completed questionnaires being used for analysis. Responses were categorised by area of employment: (i) staff within Population Health Services Queensland Health, including Public Health Nutritionists and Indigenous Health Promotion Officers (n= 33); staff within Health Service Districts Queensland Health (including Community Nutritionists and Advanced Health Workers (Nutrition Promotion) (n= 18); clinical staff within Health Service Districts (Dietitians) (n = 8), staff within non-government organisations (n= 11); academics (n= 3) and others (n= 1).
- Part 3: Practitioners' workshop. In November 2007, over 150 Queensland nutrition practitioners and other stakeholders met at a two-day EWQ workshop: 'Are we half-way there yet?'. The workshop involved small and large group discussions organised according to the six EWQ Priority Action Areas. The chairs of the Queensland Health state-wide steering groups for each Priority Action Area were asked to condense and synthesise the data generated by this process. The data was further summarised into identified gaps, emerging issues and proposed actions to address gaps. In September 2008, the chairs of each Queensland Health state-wide steering group for the Priority Action Areas also used information from status reports to record progress in each area since November 2007.
- Part 4: Overview of EWQ-related projects. A template was used to collect data from the nutrition workforce about EWQ-related projects. The data was collected prior to the 'Are we half-way there yet?' workshop and as part of this review. The project information was collated into relevant categories according to the EWQ Priority Action Areas to identify areas where significant activity has occurred and areas where more effort may be warranted. Information about 124 EWQ-related projects was collected prior to the 'Are we half-way there yet?' workshop, and information about an additional 96 EWQ-related projects was collected as part of this review. Some reports were unusable and some projects were reported twice, giving a total of 209 projects.

In addition, the nutrition-related indicators, as reported in the latest *Report of the Chief Health Officer Queensland (2008)* and the *Health Kids Queensland Survey 2006: Full Report* were summarised and assessed for changes and trends.

The results of the four parts of the review were summarised and qualitatively analysed to present a comprehensive overview of the EWQ Strategy at its mid-point. The over-arching themes identified throughout the thematic review are presented in this report.

Detailed reports from each part of the review are available online at http://www.health.qld.gov.au/qphf/ . A more detailed presentation of the thematic summary is also available online.

4. Results

4.1. Achievements Related to the Smart Buys

The key achievements for each Smart Buy, as identified by the EWQ mid-point review, are reported in Table 3, below. The achievements listed are based on an overview of the EWQ projects, the outcomes identified by staff in Queensland Health Central Office and by the EWQ Implementation Review Steering Committee. The achievements noted by stakeholders interviewed as part of the review are summarised in the following sections.

Table 3: Achievements for the EWQ Smart Buys

Smart Buys	Achievement Level	Comment
Food Supply		
1. Continue support for successful projects, e.g., Healthy Food Access Basket Surveys, Nutrition Policy for Remote Retail Stores	High	HFAB conducted 2001, 2004, 2006 and planned for 2010. Nutrition Policy for Remote Stores revised.
2. Investigate and address barriers affecting food access for Indigenous and disadvantaged people in remote, rural and urban areas	Low	ACCC Inquiry into grocery prices in urban areas in 2008. National RIST project supported and resources disseminated. More specific local projects required.
3. Promote the extension of water fluoridation, in collaboration with local governments, communities and other key stakeholders	High	Fluoridation of the water supply in South East Queensland has been mandated by the Queensland Government.
4. Promote incentives for non-government stores in remote areas to undertake initiatives similar to those in DATSIP stores, e.g., Food West	Low	National RIST project supported and resources disseminated; does not include incentives *per se*.

5. 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	Very low	Some discussions but little progress. Potentially resource intensive and has been overtaken by other developments and policies and is no longer considered to be a Smart Buy.
Promote Healthy Eating; increase demand for healthy food		
6. Develop partnerships between public health nutrition professionals, other stakeholders and communities to develop local solutions and programs addressing barriers to safe and healthy food	Medium	Several local and statewide projects instigated, but more required.
7. Promote revised NHMRC Dietary Guidelines series	Very high	Over 30,000 brochures distributed each year; consistently promoted in all communication initiatives.
8. Advocate for national action to ensure that food advertising directed towards children is more consistent with healthy eating guidelines	High	Active advocacy at national level; investigating options to restrict advertising in Qld.
9. Review implementation of the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (QATSIFNS)	Completed	Results to be incorporated in this review and disseminated.
10. Implement 'Creating a Healthier Queensland' workshops across the State	High; completed	Implemented successfully 2002-06; incorporated in Lighten Up training; stand alone program recently reviewed.
11. Produce a series of evidence-based *Eat Well Queensland* fact sheets on key nutrition issues for media releases and response	Medium	Produced under other initiatives such as Eat Well Be Active social marketing campaign, and other projects and initiatives. ? no longer Smart Buy.
Increase consumption of fruit and vegetables		
12. 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	Very high	Go for 2 and 5 social marketing campaign and multi-strategy components including local activities implemented from 2005. Aboriginal and Torres Strait Islander campaign under development.
Enhance the health of mothers, infants and children		

13. Establish regular, consistent, standardised monitoring and surveillance of infant and child nutrition throughout the State	High	Healthy Kids Qld survey conducted in 2006. Infant nutrition survey completed 2003 and 2008. Bids for ongoing funding submitted. Active advocacy at national level; technical advice re Kids Eat Kids Play survey provided.
14. Support implementation of Queensland Health Policy Statement for Optimal Infant Nutrition, including Breastfeeding and the Introduction of Solid Food 2002–2007	Medium	More specific components still to be implemented. QH Breastfeeding and Work Policy updated and promoted.
15. Develop a coordinated state-wide strategic approach to nutrition education in schools and childcare	Very high (schools) Low (childcare)	Smart Choices implemented; HPE (including) nutrition curriculum revised; joint work plan established between EQ and QH. Establishment of the Early Childhood Education and Care centre within Education Qld is likely to drive coordinated nutrition education in childcare
16. Implement a comprehensive growth assessment and action program throughout the State	Medium	GAA implemented in some Aboriginal and Torres Strait Islander communities in North Qld.
Achieve and maintain a healthy weight		
17. Develop and implement sustainable systems to monitor overweight and obesity throughout the State in adults as well as children	Medium	Adults BMI measured in 2006. Bids for ongoing funding submitted Active advocacy at national level; technical advice re national adult survey provided.
18. Implement the Queensland Physical Activity Strategy 2002–2007	Low	Queensland Physical Activity Strategy not developed (lead agency Sport and Recreation Qld); QPHF developed and implementing *Be Active Qld.*
19. Support widespread implementation of best practice, group-based intervention programs such as Lighten Up to a Healthy Lifestyle, Just Walk It, Healthy Weight Program	High	Increased investment and capacity to deliver programs throughout the state.

Develop infrastructure and capacity		
20. Create an *Eat Well Queensland* Foundation or an *Eat Well Queensland* implementation team	Low	QPHF EWQ implementation group established. EWQ implementation supported by other governance structures, eg EWQ Priority Area Steering Groups and Plans within QH.
21. Advocate for a sustainable, coordinated national nutrition monitoring and surveillance system which supports state estimates	High	See 13 and 17 above.
22. Advocate for enhanced investment in the public health and community nutrition workforce	Very high	Successful advocacy with increased investment of $16M per annum new funding and over 130 nutrition-related positions established.

4.2 Achievements Identified by Stakeholders

In general, the majority of nutrition stakeholders consulted through the different parts of the mid-point review indicated excellent achievements for the EWQ strategy at its mid-point:

- 70% of stakeholders rated the achievements of EWQ to date as 'excellent' or 'good'; and
- 60% of stakeholders rated the implementation of EWQ 'excellent' or 'good'.

Representative statements include:

- EWQ has done an excellent job; Queensland is exemplary; a lot has been achieved so far;
- It is good to have EWQ as a guide; it is a great strategy; and
- QLD is well ahead with the implementation of 'Eat Well Australia' and has more capacity, infrastructure and strategic leadership compared to other states.

Stakeholders reported several key achievements of EWQ:

- The large increase in the Queensland nutrition workforce capacity. For stakeholders, this was the most reported and most important achievement of EWQ. This is supported by evidence showing that 137 new nutrition positions have been created since the beginning of EWQ. Stakeholders highlighted that without the growth in the workforce, many other EWQ achievements would not have been possible.
- An increase in the focus for public health nutrition work in Queensland (this was also described as clarity, direction or coordination). EWQ has brought stakeholders closer to each other and improved collaboration. EWQ has also put public health nutrition on the agenda for key decision-makers.
- The creation of state-wide steering groups within Queensland Health for the Priority Action Areas.
- The attraction of increased resources to nutrition.
- Progress in all the EWQ Priority Action Areas, but those mentioned frequently included:
    - Increased monitoring and surveillance throughout the state such as the Healthy Kids Queensland Survey, the Healthy Food Access Basket survey, Growth Assessment and Action (in some communities), measurement of adult

BMI in Qld during the national Oral Health Survey, and inclusion of nutrition indicators regularly in the Queensland Health Omnibus Survey.
    - Increased range of major state-wide initiatives are being implemented including 'Go For 2&5', 'Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools' and 'A Better Choice Healthy Food and Drink Supply Strategy for Queensland Health Facilities'. (This was also supported by the information collected on 209 projects, of which 25% were reported to be state-wide, 25% regional and 40% local).

- Stakeholders reported many other achievements that relate specifically to a Priority Action Area under EWQ. In addition to Smart Buy achievements listed above, stakeholders frequently mentioned the following achievements:
    - Development and implementation of 'A Better Choice Healthy Food and Drink Supply Strategy in Queensland Health Facilities';
    - Progress on national food standards and regulations work;
    - Establishment of a close partnership between Queensland Health and Education Queensland;
    - An increase in nutrition resources for Indigenous nutrition projects (40% of all nutrition resources, which equates to $6.5 million per annum; 27% of all reported EWQ projects had an Aboriginal and Torres Strait Islander focus);
    - A focus on projects in the Mothers, Infants and Children Priority Action Area (this area included the largest number of reported projects (81 in total) – 37% of all projects were aimed at families, parents, mothers, children and infants, and 64% of stakeholders rated the EWQ reach for children and infants to be 'good' or 'excellent'.

Those stakeholders reporting achievements of EWQ as being "less than excellent or good" were employed across all five categories (Population Health Services Queensland Health, Health Service Districts Queensland Health, non-government organisations, academia, and others) but tended to be employed in the workforce for a shorter period, and were less likely to have been in the workforce when the initial development of EWQ occurred, than respondents rating achievements of EWQ as excellent or good.

Several key stakeholders indicated that it is good to have a mid-point review, and that there should be a full review at the end of the strategy in 2012. Stakeholders recommended that an EWQ implementation plan should be developed, and the results of this review should be widely disseminated so that the workforce is well aware of EWQ achievements. Stakeholders recommended that the current strategy should be updated and revised and that EWQ should be followed by a new state-wide nutrition strategy from 2012.

4.3. Gaps Identified by Stakeholders

Stakeholders identified a series of gaps in the implementation of EWQ. These gaps include:

- A need for further increases in the capacity of the nutrition workforce. While all stakeholders acknowledged that there has been a huge investment in the nutrition workforce, they argued that more critical mass is needed to get the work done. Difficulties were reported with the organisation and coordination of the new workforce, particularly given the structure of Queensland Health. The relative lack of capacity of the workforce that sits outside of government was also mentioned. The need for a better coordination of, and communication within, the workforce was raised frequently.
- Problems with coordination, collaboration and communication in the workforce. Stakeholders felt that EWQ has improved coordination, collaboration and communication throughout Queensland, particularly with the development of state-wide steering groups within Queensland Health for the Priority Action Areas. However, most

stakeholders also reported problems in this area. They argued that better communication is needed between state-wide, regional and local workers.
    - Stakeholders said that the structural organisation of Queensland Health causes problems in communication and workforce segmentation. There is a reported sense of disconnection between Public Health Nutritionists (in Population Health Services) and Community Nutritionists (in Health Service Districts). This may contribute to misunderstandings about the roles and responsibilities of different segments of the workforce, duplication of effort, and inconsistencies in implementation of initiatives across the state.
    - Stakeholders also reported that there are limited collaborations between agencies, departments, industry and NGOs – this perception exists even though 80% of the EWQ projects analysed for the mid-point review demonstrated collaboration or partnerships between various agencies or institutions.
    - Stakeholders argued that collaboration for projects where Queensland Health is not the driver is difficult and slow, because there is a perceived lack of ownership for nutrition-related issues outside of Queensland Health.
- A need for improved support, supervision and resources for Community Nutritionists and Advanced Health Workers in the District Health Services and non-government organisations. Whilst Community Nutritionists value their independence to respond to local issues, many Community Nutritionists reported that they feel isolated and under-supported.
- It was reported that the current structures within Queensland Health do not foster the provision of professional nutrition support to Health Service District staff.
- A skills shortage, particularly for Indigenous and remote positions. This is coupled with reported difficulties in recruiting and retaining nutrition staff.
- A need for improved professional development opportunities for:
    - Nutrition staff, particularly new graduates.
    - Generalist health staff and teachers. This is linked to a perceived need for improved nutrition knowledge for health professionals and teachers who do not work directly in nutrition but are often expected to provide nutrition messages. Stakeholders reported that the end of the separate ‘Creating a Healthier Queensland’ workshops means that there are no nutrition-specific initiatives for generalist staff, and they argued that these workshops should be updated and re-commenced.
    - Aboriginal and Torres Strait Islander staff. Some respondents suggested that the nutrition knowledge of some Advanced Health Workers is inadequate. The general Certificate IV for Aboriginal and Torres Strait Islander Primary Health Care does not have a nutrition component, and, whilst the newly offered Certificate IV Primary Health Care (Nutrition) should assist, enrolments and uptake are disappointing.
- A need for better evaluation of EWQ projects. Only 48% of projects include an impact evaluation, and only 25% include an outcome evaluation. Evaluation is not systematically planned in new projects, particularly those conducted at the local level.
- A lack of awareness of EWQ projects. Stakeholders suggested that there is inadequate dissemination of EWQ achievements to date.
- A need for further improvements in monitoring and surveillance. Stakeholders argued that more work is needed in this area, and that Queensland should continue to advocate strongly for a national nutrition monitoring and surveillance system. Stakeholders suggested that further work is needed in relation to regular, systematic monitoring and surveillance of children, schools, child growth, overweight and obesity, and infant feeding practices particularly in Indigenous communities and other vulnerable groups. They also argued that there needs to be a specific system for collecting Aboriginal and Torres Strait Islander nutrition and physical activity data.

- Several stakeholders reported as gaps, issues that some EWQ projects have tried to address. For example, some stakeholders reported that there are few nutrition curriculum resources for schools, however over 30 resources have been identified, reviewed and posted on the Nutrition Australia website. Others appeared to have little awareness of physical activity initiatives in schools, such as 'Smart Moves' and the Year of Physical Activity 2008. Similarly, several stakeholders mentioned lack of nutrition resources for pregnant women and lack of nutrition resources about the introduction of solid food, and appeared to have little awareness of the 'Growing Strong - feeding you and your baby' resources or the "Your Guide to the First 12 Months", which contains detailed and staged nutrition information and is provided to every new mother throughout the state. While available resources and current initiatives may not meet local needs, reporting of such issues as gaps may also reflect the need for greater support, coordination, collaboration and communication as discussed above.

Stakeholders argued that ongoing work is needed in each of the six Priority Action Areas. The details of their suggestions are included in the comprehensive reports of the EWQ mid-point review, available at: http://www.health.qld.gov.au/qphf/ .

4.4. Emerging Issues

Emerging issues are those issues that have become increasingly important since the beginning of EWQ in 2002. For stakeholders, the most commonly reported emerging issues were:

- The environmental and ecological sustainability of the food supply, particularly in relation to climate change and global warming;
- Food access, security, equity and affordability – for example, the increasing cost of food is having an impact on the health of vulnerable population groups;
- Increasing transport costs, which make it harder to provide fresh and healthy food in rural and remote communities;
- The need for environments that support healthy food consumption, at a time when the population is experiencing increasing prevalence of overweight and obesity, a growing proportion of people eating out multiple times each week, and a continued decline of food literacy, preparation skills, and awareness of appropriate serve sizes.

4.5. Barriers

Stakeholders were asked to identify barriers to EWQ implementation. Barriers discussed by stakeholders include:

- A lack of political will to address the underlying issues;
- A battle to get recognition for the importance of nutrition and prevention in a system that is set up to treat illness;
- Skills shortages and recruitment difficulties;
- Low levels of collaboration and partnership, and a lack of ownership for nutrition projects outside of Queensland Health;
- Inadequate inter-sectoral collaboration;
- The huge influence of the food industry lobby and the advertising industry; and
- Inadequate national monitoring and surveillance.

4.6. Outcomes for Priority Population Groups

The EWQ strategy identifies four priority population groups that should receive extra attention under the strategy:

- Aboriginal and Torres Strait Islander peoples
- Children and infants
- Disadvantaged groups (people with CALD backgrounds, including refugees; those with lower socioeconomic status; residents of remote areas)
- Older people.

Stakeholders were asked to discuss the success of EWQ in reaching these target groups. Most stakeholders argued that there has been a lack of action for vulnerable groups, and that more effort is required. For example:

- Many stakeholders recognised that a large proportion of nutrition resources are specifically aimed at Indigenous people, and this was confirmed from the EWQ project reports (27% of all projects have a specific Aboriginal and Torres Strait Islander focus). However, only 26% of stakeholders rated the EWQ reach for Indigenous people as 'good' or 'excellent'. Many stakeholders recognised the EWQ activity in this area, but were sceptical about the outcomes of those efforts. Stakeholders also reported that there has been limited progress in addressing barriers for food access in remote communities.
- Stakeholders argued that very few nutrition initiatives have been aimed specifically at older people, and this was confirmed by the EWQ project reports (less than 1% of projects focus on older people). While some stakeholders labelled this as a gap, others argued that there is no need to develop an increased focus at the elderly as they are already reached indirectly via whole of population initiatives such as 'A Better Choice' or 'Go For 2&5' (which targets ages 25-55). Consequently, 51% of stakeholders still rated the EWQ reach for older people 'good' or 'excellent'.
- Stakeholders suggested that EWQ has been successful in reaching children and infants as a priority population group. Almost 64% of stakeholders rated EWQ as 'good' or 'excellent' in this area. Stakeholders argued that more needs to be done in this area, particularly in relation to support for mothers and families during the antenatal and postnatal periods, and breastfeeding education pre-conceptually and antenatally.
- Many stakeholders argued that more effort should be made to reach vulnerable groups other than Aboriginal and Torres Strait Islander people, and not many projects have focused on this area. This was confirmed from the EWQ project reports, with only 6% of projects specifically aimed at culturally and linguistically diverse groups and 3% specifically aimed at disadvantaged people. While there is evidence of audience segmentation and effective targeting of lower socioeconomic status (SES) groups in some projects, e.g., Go for 2&5, more effort is required across the State. While efforts have been made to reach rural and remote communities, only 28% of stakeholders rated the EWQ reach for rural and remote areas as 'good' or 'excellent'. Stakeholders were particularly concerned that there is no sustainable and affordable supply of fresh fruit and vegetables in rural and remote areas, and there has been a lack of action to address this.

5. Discussion and Recommendations

Since its implementation in 2002, the EWQ Strategy has resulted in:

- An expanded workforce
- The attraction of significant resources for nutrition
- The promotion of public health nutrition on social and health agenda
- The enhancement of a strategic focus on nutrition
- Delivery of health and nutrition outcomes, as exemplified by the project reports and nutrition indicators where data are available.

Interstate stakeholders indicated that the EWQ implementation has been 'exemplary' and that Queensland is showing strong leadership for public health nutrition in Australia.

This review demonstrates that EWQ is truly at its mid-point. Significant achievements have been made, but more work remains to be done. Being half-way indicates that EWQ is well on track, but that more needs to happen to make EWQ a true success.

The mid-point review has identified a series of gaps in EWQ's implementation and emerging issues that need to be addressed. In doing so, this review provides an excellent opportunity to address the gaps and issues that still exist in the strategy, with the development of an implementation plan for the remaining years of the EWQ Strategy.

The biggest challenge for EWQ relates to its biggest achievement: the rapid expansion of the Queensland nutrition workforce. This expansion has substantially increased the capacity to address public health nutrition issues across Queensland. However, true advancement and achievement appear to be hindered by a lack of coordination, collaboration and communication throughout the entire workforce. Addressing workforce issues will need to be a priority for EWQ. In particular, there is need for renewed effort to improve current levels of:

- workforce capacity
- recruitment and retention of staff
- professional development
- support, supervision and resources for Community Nutritionists and Advanced Health Workers
- accountability for the work and achievements of Community Nutritionists and Advanced Health Workers

Other EWQ achievements are largely dependent on how successfully these issues are handled.

A large proportion of the nutrition workforce has limited awareness about EWQ achievements, as evidenced by the project reports, and a lack of knowledge of what is happening in nutrition in other parts of Queensland. Increased efforts are needed to disseminate EWQ achievements both within and outside the nutrition workforce, and for the establishment of a reporting system and resource database accessible to the entire nutrition workforce.

The importance of the Food Supply Priority Action Area seems to be growing rapidly. While many projects are planned for this area, a lot more effort will be needed, not only to cover the current gaps, but to deal with major emerging issues around food sustainability, supportive environments for healthy eating, and increasing food affordability and security.

5.1. Recommendations

These recommendations were formulated by the EWQ Implementation Review Steering Committee (IRSC) based on the data collected and the analyses made as part of this review. The Steering committee also assessed each of the current Smart Buys in consideration of the results of the review.

5.1.1. Priority Action Areas

The EWQ IRSC recommends splitting the Mothers, Infants and Children Priority Action Area into two separate priority action areas, each with their own specific Smart Buys: '*School aged children'* and *'Early life'*.

5.1.2. Smart Buys

The EWQ IRSC recommends changing the EWQ Smart Buys in the following ways.

1. Addressing Food Supply Issues Priority Action Area

Reformulated Smart Buys

1. Continue support for successful projects, e.g., Healthy Food Access Basket Surveys, Nutrition Policy for Remote Retail Stores and takeaways', Smart Choices' and 'A Better Choice' initiatives, and extend their reach, e.g., at sporting venues, within government departments other than Queensland Health, and other workplaces.
2. Develop partnerships between nutrition professionals, other stakeholders and communities to investigate and address barriers affecting local food affordability, access, security, equity and availability in remote, rural and urban areas.
3. Build the capacity of and support for non-government stores in remote areas to increase supply and sales of healthy food and reduce sales of unhealthy foods, through the Remote Indigenous Stores and Takeaway project (RIST) and other initiatives.
4. Support the extension and implementation of water fluoridation, in collaboration with local governments, communities, and other key stakeholders.

New Smart Buys

5. Investigate interagency and intersectoral collaboration to develop and implement initiatives to improve the environmental and ecological sustainability of the food supply.
6. Increase active contribution to consultation regarding the growing importance of new and more complex food regulations and standards, e.g., front of pack labelling and health claims.
7. Create supportive environments for healthy eating through regulatory and non-regulatory approaches that promote community food security through access, availability and affordability of healthy food choices, such as advocating for and implementing strategies that decrease children's access to junk food and increasing access to healthy food, e.g., local government regulations that restrict fast food outlets being opened near schools and provision of healthy food at community sporting clubs and events.

Removed Smart Buys

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. (Rationale for removal is that this initiative is potentially resource intensive and has been overtaken by other developments and policies e.g. Heart Foundation Local Government Awards and Healthy Qld Awards.

2. Promoting Healthy Eating Priority Action Area

Reformulated Smart Buys

8. Advocate for national action and support state action to ensure that food advertising directed towards children is more consistent with healthy eating guidelines.
9. Promote the NHMRC Dietary Guidelines series, as evidence-based and consistent nutrition messages.

New Smart Buys

10. Investigate options to develop and implement a state-wide initiative to increase food literacy and cooking skills within the community.

Removed Smart Buys

- Produce a series of evidence-based Eat Well Queensland fact sheets on key nutrition issues for media releases and response. (Rationale: Such resources are produced under other initiatives such as the Eat Well Be Active social marketing campaign and specific projects).
- Implement Creating a Healthier Queensland workshops across the State. (Rationale: Implemented successfully in 2002-06; has been incorporated in Lighten Up training; and the stand alone program has recently been reviewed).

3. Increase Consumption of Fruit and Vegetables Priority Action Area

Reformulated Smart Buys

11. Continue support for the implementation of the effective 'Go For 2&5' social marketing campaign, including promotion of resources including the local activity resource kit, consideration of approaches to promote fruit and vegetable consumption beyond 2010, and implement relevant initiatives outlined in the Queensland Action Plan to Promote Vegetable and Fruit Consumption

4. Early Life Priority Action Area

Reformulated Smart Buys

12. Establish regular, consistent, standardised monitoring and surveillance of nutrition indicators fundamental to good maternal and early childhood health.
13. Advocate for and support the implementation of growth assessment as part of child health checks, in particular in relevant priority populations.
14. Support and advocate for the implementation of the Queensland Health Policy Statement for Optimal Infant Nutrition, including Breastfeeding and the Introduction of Solid Food 2003–2010.

New Smart Buys

15. Support and implement a coordinated approach to embed healthy eating practices across early childhood services including child care.
16. Advocate for a coordinated approach for preconception and antenatal nutrition support in maternity services.

5. School Aged Children Priority Action Area

Reformulated Smart Buys

17. Establish regular, consistent, standardised monitoring and surveillance of school aged children's nutrition throughout the State.

18. Develop a coordinated approach to support the education sector to implement nutrition education in schools, including provision of professional development of teachers.

6. Achieve and Maintain a Healthy Weight Priority Action Area

Unchanged Smart Buys

19. Develop and implement sustainable systems to monitor overweight and obesity throughout the State in adults as well as children.

Reformulated Smart Buys

20. Support and promote Be Active Queensland 2006-2010 and other relevant state-wide physical activity strategies.
21. Support widespread implementation of best practice, group-based intervention programs such as Lighten Up to a Healthy Lifestyle, Heart Foundation Walking and Living Strong.

New Smart Buys

22. Support widespread implementation of best practice group-based intervention programs for overweight children and their families.

7. Develop Infrastructure and Capacity Priority Action Area

Unchanged Smart Buys

23. Advocate for a sustainable, coordinated national nutrition monitoring and surveillance system which supports State estimates.

Reformulated Smart Buys

24. Advocate for enhanced investment in the public health and community nutrition workforce, which includes increasing workforce numbers as well as enhancing workforce capacity through improved communication, coordination and collaboration across the state.

New Smart Buys

25. Implement a coordinated nutrition workforce up-skilling and professional development program.
26. Develop a structured communication plan to promote increased awareness of EWQ and EWQ achievements throughout all relevant sectors, for example through widespread promotion of the benefits of investment in improved nutrition and dissemination of specific project outcomes

Priority Population Groups

New Smart Buy to fit in all Priority Action Areas

27. Increase efforts under all Priority Action Areas, to address the needs of Priority Population Groups, including Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse populations, refugees and disadvantaged people, including those of low socioeconomic status.
28. Incorporate relevant key findings of the Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy (QATSIFNS) review into the EWQ implementation plan.

5.1.3. Other Recommendations

- That the findings of this review are incorporated into the development of an EWQ Implementation Plan to be developed at a QPHF Workshop in early 2009 which will outline priority initiatives for the next 4 years.
- That nutrition services within Queensland Health should be restructured to provide greater support, direction and professional development opportunities to Community Nutritionists and Advanced Health Workers (Nutrition Promotion) currently employed by Health Service Districts to ensure better communication and delivery of evidence-based local nutrition projects consistent with the strategic priorities of EWQ. This could be achieved by these positions being formally line-managed and professionally supported within the nutrition program of Population Health Queensland.
- That Queensland Health should (where appropriate and if not currently in place) consider inclusion of representatives of other government agencies, non-government organisations, academia and industry groups in governance structures such as state-wide Steering Groups and Reference Groups to develop, implement and evaluate current EWQ Priority Action Area Plans, to enhance stat-wide communication and delivery of evidence-based nutrition projects consistent with the strategic priorities of EWQ,.
- That the EWQ strategy is reviewed again in 2012, and the necessary time and resources to complete this review are provided in order to allow the evaluation of change in objective nutrition-related health indicators.
- That a new Queensland public health food and nutrition strategy is developed when EWQ finishes.
- That a Queensland nutrition practitioners' professional development workshops are organised every two years: one in 2010 and one at the end of the strategy in 2012.
- That the QPHF and member organisations investigate the feasibility of developing an interactive, EWQ-specific web-portal for the nutrition workforce. Ideally this web-portal should be structured in line with the priority action areas and be a place where nutrition workers can find tools, resources, nutrition information, fact sheets, action plans, a project database, information about and access to all relevant funding schemes, inter-agency nutrition staff lists, news items, discussion boards, and frequently asked questions, and be easily accessible, user-friendly and well-maintained.

References

1. Queensland Health. *The Health of Queenslanders 2008: Prevention of Chronic Disease. Second Report of the Chief Health Officer Queensland*. Queensland Health. Brisbane; 2008

2. Abbott RA, MacDonald D, Stubbs CO, Lee AJ, Harper C, Davies PSW. *Healthy Kids Queensland Survey 2006 – Full Report.* Queensland Health. Brisbane; 2008

3 Queensland Government. *Eat Well Be Active – Healthy Kids for Life Action Plan 2005-200.* Queensland Government Brisbane; 2005

4 Queensland Health and University of Queensland. *Queensland Aboriginal and Torres Strait Islander Food and Nutrition Strategy.* Queensland Health. Brisbane; 2008