**Eat Well Australia: An Agenda for Action for Public Health Nutrition**

**Goals**

Goals, objectives or targets related to nutrition:

1.3 EWA- a framework for a decade of improvement in public health nutrition

The goal of EWA

EWA will achieve this through health gain and capacity building initiatives that are:

1. **national** in scope, with recognition of the importance of state/territory, regional and local actions;
2. **based in** public health practices, addressing underlying determinants of health in the population as a whole as well as high-risk groups; and
3. focused on measurable actions within broad **nutrition** issues, including the food system from production to consumption, consumer demand and the health system itself.

EWA is built on a set of initial **priorities**, each of which is addressed by several **initiatives**, with **objectives** specific to each of the initiatives. Broad aims are to:

1. support health gains in the context of the National Health Priorities Areas;
2. improve the capacity of Australians to choose a healthy diet in line with the "Australian Guide to Healthy Eating" and NHMRC Dietary guidelines;
3. support improved nutrition at all points in the food system in partnership with stakeholders in relevant sectors;
4. provide targeted resources to those groups more vulnerable to poor nutrition; and
5. monitor the food and nutrition system and seek opportunities for improvement.

EWA: summary of initiatives

**Strategic management**
1 Steering the implementation of EWA and NATS/NSAP
2 Developing nutrition policy
3 Establishing criteria for resource allocation
4 Managing partnerships

**Promoting healthy weight**
1 Promoting healthy weight

**Vulnerable groups**
1 Promoting organizational change in services
2 Influencing broad social policy
3 Addressing structural barriers to safe and healthy food

**Vegetables and fruit**
1 Undertaking vegetables and fruit promotions
2 Addressing underlying structural factors which influence vegetables and fruit consumption
3 Enhancing research

**Maternal and child health**
1 Improving nutrition for pregnant and lactating women
2 Promoting breastfeeding and improving infant nutrition
3 Improving nutrition for children

**Capacity-building initiatives**

**Research and development**
1 Investing in public health nutrition research
2 Disseminating research evidence
3 Promoting private sector investment in research
4 Promoting innovation

**Workforce development**
1 Building human resource requirements
2 Expand and extend tertiary education
3 Training primary health care professionals
4 Training the non-health workforce

**Communication**
1 Disseminating EWA
2 Communicating with the public
Monitors and evaluation
1. A national food and nutrition monitoring system
2. Evaluating EWA

Part 2 Strategic management
This section addresses the implementation of EWA and NATSINSAP, its policy and resource environments. It consists of four initiatives:
1. Steering the implementation of EWA and NATSINSAP;
2. Developing nutrition policy;
3. Establishing criteria for resource allocation; and

Strategic management
Initiative no. 1: Steering the implementation of EWA and NATSINSAP

Objectives
Manage the implementation of EWA and NATSINSAP;
Establish the formal networks needed for EWA and NATSINSAP to be sustained.

Initiative no. 2: Developing nutrition policy

Objectives
Identify public policy needs that impact on nutritional health and develop appropriate and timely public policy;
Achieve consistency and/or complementarity between the activities of major Commonwealth government and state/territory health agencies.

Initiative no. 3: Establishing criteria for resource allocation

Objectives
Improve the measurement of the social and economic benefits of investments in public health nutrition;
Improve the effectiveness of resource allocation to nutrition and other public health interventions by providing health planners, public health nutritionists and public health decision makers with updated advice based on economic modeling.

Initiative no. 4: Managing partnerships

Objective
Identify, foster and effectively manage the partnership arrangements needed to implement EWA and NATSINSAP.

Part 3 EWA Health gain initiatives
Vulnerable groups
Initiative no. 1: Promoting organizational change in services

Objective
Ensure that vulnerable groups have access to sufficient and nutritionally adequate food by bringing about organizational change in government and non-government services where these services impact on food and nutrition needs, and by developing effective model programs that address food and nutrition issues for a range of groups.

Initiative no. 2: Influencing broad social policy

Objective
Influence broad social policy to make food affordable and accessible for vulnerable groups.

Initiative no. 3: Addressing structural barriers to safe and healthy food

Objective
Ensure that vulnerable groups have equitable access to foods, which are safe, nutritious, affordable and culturally appropriate.

Promoting healthy weight

Initiative no. 1: Promoting healthy weight

Objective
Halt the trend of increasing overweight and obesity by giving added impetus to implementing the NHMRC strategic plan “Acting on Australia’s Weight”, by coordinating action between national strategies to focus on promoting healthy lifestyles and by developing guidelines for professionals on healthy weight management and obesity prevention.

Vegetables and fruit

Initiative no. 1: Undertaking vegetables and fruit promotions

Objectives
Increase the proportion of the population who consume vegetables and fruit every day;
Increase the proportion of the population who consume vegetables and fruit at or above the recommended level.

Initiative no. 2: Addressing underlying structural factors which influence vegetables and fruit consumption

Objective
Increase vegetable and fruit consumption through modification of social, physical and economic factors and policies, which impact on consumption.

Initiative no. 3: Enhancing research

Objective
Develop effective interventions for the promotion of vegetables and fruit.

Maternal and child health

Initiative no. 1: Improving nutrition for pregnant and lactating women

Objectives
Increase the proportion of babies born within the healthy weight range by promoting high quality diet among pregnant women at risk;
Reduce the prevalence of iron-deficiency anaemia of attributable to poor nutrition through monitoring and promotion of high quality diet among women at risk;
Reduce the incidence of birth defects by increasing average folate intakes and the proportion of pregnant women who meet the recommended intake of 400 mcg through promotion of fortified foods, supplement use and intake of natural dietary folate sources; increase the proportion of lactating women with adequate intakes of energy/calcium; and decrease the exposure of pregnant women to foods contaminated with listeria through education about high-risk foods, and training of food handlers.

Initiative no. 2: Promoting breastfeeding and improving infant nutrition

**Objectives**
- Increase the proportion of mothers who breastfeed to at least six months of age by reducing cultural, structural and economic barriers to breastfeeding;
- Increase the proportion of mothers who introduce solid foods consistent with NHMRC Infant feeding guidelines;
- Increase health system policies that encourage and support breastfeeding to at least six months;
- Introduce, implement, maintain and monitor policies, practices and facilities in the community that encourage mothers to decide to breastfeed and support breastfeeding to at least six months.

Initiative no. 3: Improving nutrition for children

**Objectives**
- Increase the proportion of children within the healthy weight range, through improved growth monitoring, and promotion of good eating habits and physical activity.
- Increase the availability of healthy meals and snacks for children from institutional food services (canteens, pre-schools, day care) through policies, training, incentives and by working with industry.
- Promote a wide range of food experiences and positive attitudes to food and body image among children.

Part 4 EWA Capacity-building initiatives

Initiative no. 1: Investing in public health nutrition research

**Objective**
Achieve an adequate level of appropriate public health research by establishing research priorities and increasing the proportion of government health research funding dedicated to public health nutrition research.

Initiative no. 2: Disseminating research evidence

**Objective**
Increase the use of research evidence in public health nutrition planning and practice by actively disseminating the results of research on EWA priorities to policy-makers, practitioners and researchers.

Initiative no. 3: Promoting private sector investment in research

**Objective**
Increase the level of private sector investment in public health nutrition research in priority areas by facilitating industry involvement and establishing protocols to maintain standards and credibility.
Initiative no. 4: Promoting innovation

**Objective**

Resolve public health nutrition problems by promoting innovative solutions and providing practitioners with information on innovative research and practice development.

**Workforce development**

Initiative no. 1: Building human resource requirements

**Objective**

Improve the capacity of public health nutrition and health promotion workforces, including increasing the specialist nutrition workforce, to support and deliver EWA and NATSINSAP initiatives.

Initiative no. 2: Expand and extend tertiary education

**Objectives**

Enhance the capacity of the public health nutrition workforce to plan, implement and evaluate public health nutrition programs through improvement to tertiary education;

Enhance the capacity of managers in public health to oversee public health nutrition programs.

Initiative no. 3: Training primary health care professionals

**Objective**

Improve the capacity of primary health care practitioners to support the implementation of relevant EWA and NATSINSAP initiatives.

Initiative no. 4: Training the non-health workforce

**Objective**

Improve the capacity of the non-health workforce to support the implementation of relevant EWA initiatives.

**Communication**

Initiative no. 1: Disseminating the EWA strategy

**Objective**

Ensure all current and potential stakeholders are aware of, and committed to, the aims and the scope of initiatives of EWA and NATSINSAP.

Initiative no. 2: Communicating with the public

**Objectives**

Expose the Australian community to consistent and readily understood nutrition messages;

Provide consumers with clear, concise information about the composition of foods and key nutrients of public health significance.

**Monitoring and evaluation**

Initiative no. 1: A National Food and Nutrition Monitoring System (NFnMS)

**Objectives**
Establish an on-going national food and nutrition monitoring system; 
Provide policy makers and practitioners with timely information upon which to evaluate current practice and plan for the future; 
Identify emerging trends and work with jurisdictions to address information requirements; 
Ensure that EWA and component initiatives have a firm evidence base for planning, and evaluation.

Initiative no. 2: Evaluating EWA

**Objectives**
Ensure the ongoing relevance and effectiveness of EWA and NATSINSAP;
Ensure accountability of contributions from all partners for the implementation of EWA and NATSINSAP.

**Strategies**
**Strategies and activities related to nutrition:**

Part 2 Strategic management

Initiative no. 1: Steering the implementation of EWA and NATSINSAP

**Proposed actions**
1 Develop priorities for implementing EWA;
2 Establish dedicated strategic management team with support of lead and other partners or other mechanism;
3 Establish an Aboriginal and Torres Strait Islander Steering Committee or other mechanism;
4 Address NATSINSAP ?first phase? priorities;
5 Establish formal mechanisms to consult with food industry and NGO representative bodies;
6 Establish working relationships with government departments responsible for agriculture, transport, community services and environment;
7 Establish working relationships with national peak bodies responsible for regulation and policy development;
8 Establish a partnership development process within and across initiatives.

Initiative no. 2: Developing nutrition policy

**Proposed actions**
1 Identify policy issues for review or development;
2 NHMRC establishes a standing committee on nutrition;
3 Relevant government health agencies clarify the roles and responsibilities of each agency in relation to policy development and deliver consistent and timely health policy advice to governments;
4 ANZFA to develop a policy on the effects of regulatory changes on public health nutrition;
5 DHAC/NHMRC reviews and revises the Dietary guidelines and Recommended Dietary Intakes as needed.

Initiative no. 3: Establishing criteria for resource allocation
Proposed actions

1. Review and expand work on "attributable risk";
2. Identify and apply a range of economic measures, such as burden of disease, capacity to benefit, and Program Budgeting Marginal Analyses to planning EWA initiatives;
3. Through the Public Health Evidence Base Advisory Mechanism, investigate opportunities for assessing public health nutrition/physical activity interventions and initiatives;
4. Pilot the Public Health Planning and Practice Framework on vegetables and fruit initiatives, and further refine the methodology for other fields;
5. Disseminate the Public Health Planning and Practice Framework to public health nutrition practitioners;
6. Explore potential applications of economic modeling to Indigenous health.

Initiative no. 4: Managing partnerships

Proposed actions

1. Review current materials and best practices in partnerships, and develop national protocols, guidelines and resources accordingly;
2. Promote the use of guidelines and resources in tertiary public health nutrition education, continuing education and professional development;
3. Disseminate partnership models and protocols to stakeholders at all levels;
4. Investigate the feasibility of developing a national nutrition promotion group to promote effective management of partnerships across sectors;
5. Disseminate partnership protocols to state and local stakeholders and public health nutrition workforce;
6. Use Framework Agreements to progress Indigenous nutrition related health measures.

Part 3 EWA Health gain initiatives

Vulnerable groups

Initiative no. 1: Promoting organizational change in services

Proposed actions

1. Review the range of existing services, identify where services impact on food and nutrition and recommend what organizational changes and training are needed to improve food and nutrition;
2. Encourage the development of partnerships at a local level to increase the nutrition capacity of welfare organizations;
3. Identify and disseminate resources and models of effective food and nutrition initiatives for vulnerable groups (such as FOOD Cent$ Program) across jurisdictions and sectors;
4. Set up a nutrition information service for welfare providers;
5. Develop nutrition guidelines for agencies that provide meal services for vulnerable groups and recommend ways to ensure they are adopted;
6. Provide expert advice on nutrition training needs to the community services training and education sector as opportunities arise.

Initiative no. 2: Influencing broad social policy

Proposed actions

1. Account of nutrition issues in public health responses to vulnerable people;
2 Conduct feasibility studies into the potential impact of relevant non-health government policies, e.g., tax or pensions or other economic instruments, on consumption of foods that meet dietary guidelines;
3 Identify research needs around the nutritional impact of poverty and other disadvantage;
4 Develop policy positions based on the feasibility and research studies;
5 Consider policy modifications as a result of studies.

Initiative no. 3: Addressing structural barriers to safe and healthy food

**Proposed actions**

1. Commission studies into non-policy based structural barriers and promoters that impact on the consumption of healthy foods by at risk groups;
2. Develop policy positions based on the feasibility and research studies’ results;
3. Bipartisan government supports for government and non-government initiatives that address structural barriers to food access;
4. Identify actions that retailers, food manufacturers and private transport can take;
5. Recognize retail, transport and food manufacturers who change their practices toward increasing the availability of affordable and nutritionally desirable food;
6. Develop and implement a remote food subsidies program in collaboration with non-health government agencies and the private sector;
7. Improve access to healthy food including traditional foods for Indigenous Australians;
8. Review and disseminate evidence to practitioners on the role of local government food policies in addressing local structural barriers and promoters which impact on the consumption of healthy food.

Promoting healthy weight

Initiative no. 1: Promoting healthy weight

**Proposed actions**

1. Strategic research on issues relating to overweight and obesity;
2. Develop guidelines for the prevention, management and treatment of obesity in clinical settings and for community-based programs;
3. Develop a strategy to reduce the prevalence of childhood obesity;
4. Develop systems and tools to monitor overweight and obesity, particularly for children;
5. Design and develop model multi-strategy regional or population level interventions to guide national policy and planning on overweight and obesity;
6. Increase awareness of the health impact of overweight and obesity.

Vegetables and fruit

Initiative no. 1: Undertaking vegetables and fruit promotions

**Proposed actions**

1. Establish long-term national and state-based partnerships with industry, vegetables and fruit peak groups, non-government and sector partners;
2. Parameters of social marketing and promotional programs defined by social marketing research as outlined in the National Vegetables and Fruit Action Plan;
3. Disseminate best practice models across jurisdictions, including seed funding of local initiatives;
4. Address issues of supply to remote communities;
5 Develop guidelines (recommended intake, messages) for the promotion of vegetables and fruit;

6 Public health nutrition professionals build partnerships with the community to develop local solutions and programs that support promotional campaigns.

Initiative no. 2: Addressing underlying structural factors which influence vegetables and fruit consumption

Proposed actions
1 Research the potential impact of non-health government policies, for example tax or pensions, or of other economic instruments, on the consumption of vegetables and fruit;
2 Commission studies into non-policy based structural barriers and promoters which impact on consumption of vegetables and fruit;
3 Develop policy positions based on research results;
4 Review and disseminate evidence to practitioners on role of local government food policies in addressing local structural barriers and promoters;
5 Public health nutrition professionals build partnerships with the community to develop local solutions and programs that support safe and healthy food.

Initiative no. 3: Enhancing research

Proposed actions
1 Provide resources for systematic evaluation of campaigns;
2 Fund health promotion researchers to test interventions;
3 Disseminate research results and base funding decisions for future interventions on research;
4 Reach consensus on development of tools to assess intake of vegetables and fruit and assess quality.

Maternal and child health

Initiative no. 1: Improving nutrition for pregnant and lactating women

Proposed actions
1 Report on the incidence, trends and distribution of birth weight;
2 Fund studies to document circumstances where inadequate diets are likely to contribute to the incidence of low birth weight, high birth weight and iron deficiency;
3 Develop criteria for assessing dietary interventions or programs for pregnant and lactating women at risk; identify programs for evaluation; and recommend further program development based on reviews and other new information;
4 Disseminate effective community-based programs to appropriate local health organizations and service deliverers;
5 Develop and evaluate Indigenous access and participation in antenatal and postnatal care programs;
6 Review folate fortification program and other national and international approaches to increasing folate awareness;
7 Investigate the need for dietary guidelines for pregnant and lactating women;
8 Assess the links between adult health and maternal nutrition, disseminate results and recommend further research.

Initiative no. 2: Promoting breastfeeding and improving infant nutrition

Proposed actions
1 Evaluate and expand effective National Breastfeeding Strategy activities;
2 Review policies and practices that influence breastfeeding decisions and make practices/policies more supportive;
3 Review progress and identify ways to accelerate the uptake of the Baby-friendly Hospital initiative in all maternity hospitals;
4 Review the current status of Australia’s implementation of the WHO Code of Marketing of breast-milk substitutes;
5 Reach consensus on standard methods for measuring duration and initiation rates of breastfeeding;
6 Review and recommend growth standards for use in assessment of breastfed babies;
7 Review previous strategies (across sectors) for disseminating information on nutrition, first foods, social aspects and active lifestyles for children in early life to parents and other caregivers and recommend future directions.

Initiative no. 3: Improving nutrition for children

Proposed actions
1 Develop criteria, identify best practice programs/materials across a range of settings, issues and age groups, disseminate these programs;
2 Review research on food advertising and adequacy of TV Advertising Code for Children and recommend future directions;
3 Review food supply strategies for school canteens and identify appropriate national approaches, funding mechanisms and structures;
4 Review recommendation by state groups on preventing eating disorders and distorted body image, and fund pilot initiatives;
5 Identify specific groups in the community whose children are at high risk and fund research and programs to address the problem.

Part 4 EWA Capacity-building initiatives

Research and development

Initiative no. 1: Investing in public health nutrition research

Proposed actions
1 Fund research to support the implementation of EWA including: identifying and setting priorities, funding key aspects of scientific and applied research relevant to EWA, developing practice based guidelines and building the capacity of government health departments in critical appraisal and evidence based approaches;
2 Conduct trials of national significance of practice guidelines and intervention programs;
3 Commission reviews of existing evidence to inform EWA nutrition promotion priorities;
4 Review range of research funding available (including overseas funding) and disseminate to researchers, practitioners and community health organizations;
5 Develop the research skills of public health nutrition workforce. Scholarships and fellowships related to the nutrition research should be evaluated, and if assessed as worthwhile, encouraged and expanded.

Initiative no. 2: Disseminating research evidence

Proposed actions
1 Develop formal links between researchers and practitioners on an as needs basis;
2 Support biennial conferences to report progress and results of public health nutrition research and EWA initiatives;
3 Undertake reviews of evidence relating to priority initiatives and establish a process for conducting the reviews, types of evidence required and criteria for appraising evidence and setting priorities;
4 Use the reviews of evidence as a basis to develop good practice guidelines for EWA interventions;
5 Publicise completed reviews and other research such as successful intervention models and guides for best practice through established state/territory, professional and organizational networks, conferences, newsletters and by posting on SIGNAL/ NPHP website;
6 Develop policy for formal links between state-based nutrition networks and public health nutrition research consortia, eg practitioner representatives on consortia steering committees;

7 Encourage the inclusion of dissemination strategies as part of research, including progress reports and to community/Indigenous health organizations.

Initiative no. 3: Promoting private sector investment in research

Proposed actions
1 Develop protocols for conducting joint research in consultation with stakeholders and linked to Partnership agreements;
2 Investigate the feasibility of a national foundation for nutrition which has public and private funding;
3 Establish joint research topics/areas of interests between governments, industry groups and peak NGOs;
4 Establish protocols for conducting joint research between governments, industry, NGOs and NHMRC.

Initiative no. 4: Promoting innovation

Proposed actions
1 Undertake a scan of national and international research and practice development and disseminate results;
3 Investigate the feasibility of funding a grants program for innovative research and practice development;
4 Create and promote a national award system for innovation in public health nutrition;
5 Disseminate new successful innovative practice to public health nutrition workforce using formal networks.

Workforce development

Initiative no. 1: Building human resource requirements

Proposed actions
1 Fund a needs assessment to investigate the workforce requirements and structural relationships necessary to deliver EWA initiatives and state/territory food and nutrition policies in light of current funding arrangements, workforce capacity and composition;
2 Fund adequate human resources to implement EWA initiatives;
3 Review, restructure and resource workforce infrastructure according to recommendations of needs assessment;
4 Include public health nutrition (including community level) training as part of a new monitoring system of public health workforce needs;
5 Offer training packages tied to implementation of EWA initiatives and core competency initiatives;
6 Examine outcomes of Public Health Education Research Program (PHERP) in relation to public health nutrition workforce.

Initiative no. 2: Expand and extend tertiary education

Proposed actions
1 Conduct an annual survey of available courses, course content and disseminates on website/newsletter;
2 Review professional and tertiary studies which document levels and scope of current tertiary education of workforce as part of needs analysis of workforce requirements;
3 Identify the demand for different kinds/ modules of education;
4 Provide more PHERP funding to enhance tertiary training in public health nutrition, using a national approach;
5 Expand and extend flexible learning specialist public health nutrition courses and public health courses;
6 Further integrate effective public health nutrition approaches into existing general public health coursework;
7 Investigate the value of introducing a system of public health nutrition competencies;
8 Develop an implementation and action plan for introducing public health nutrition competencies, if warranted.

Initiative no. 3: Training primary health care professionals

**Proposed actions**
1. Undertake training needs analysis for primary health care professionals when nutrition promotion action plans are being developed;
2. Develop training modules/strategies for nutrition;
3. Develop and disseminate best practice guidelines for training primary health care professionals;
4. Fund and evaluate general practice programs, which focus on EWA priorities.

Initiative no. 4: Training the non-health workforce

**Proposed actions**
1. Undertake needs assessment/s of key non-health sector workforce (including food industry) which reviews current levels of involvement in public health nutrition activities and determine training needs for each health gain initiative as implemented;
2. Professional and food and other industry associations and NGOs to develop a nutrition component to on-the-job training and resource materials;
3. Audit and review nutrition course work and competencies across workforces relevant to EWA;
4. Tertiary training institutes to develop and offer short courses on EWA initiatives to food industry staff as needed;
5. Develop and provide accessible training packages for community and consumer groups such as sporting clubs.

Communication

Initiative no. 1: Disseminating the EWA strategy

**Proposed actions**
1. Undertake a communications strategy;
2. Develop website that provides up-to-date information on initiatives and links to sector partner sites suitable for both professionals and the general public;
3. Facilitate a biennial national conference to report on the progress of initiatives and encourage presentations at other national forums;
4. Disseminate EWA and NATSINSAP through established professional and organizational networks and consultative groups;
5. Report regularly through NPHP channels to the Australian Health Ministers Advisory Council;
6. Disseminate information on initiatives through state-based public nutrition networks;
7. Sector partners develop

Initiative no. 2: Communicating with the public

**Proposed actions**
1. Disseminate authoritative information on high profile public health nutrition issues;
2. Disseminate government nutrition guidelines and materials through professional networks and public meetings;
3. Ensure website information is consumer-friendly and linked to other credible websites;
4. Develop culturally appropriate resources based on the Australian Guide to Healthy Eating, for large ethnic minorities;
5. Gain agreement on nutrition messages and then develop consumer-friendly messages and resources for programs and general education purposes as needed;
6 Review research into effective delivery of nutrition information, and disseminate results;
7 Review education materials as needed;
8 Develop regulations relating to food in response to new scientific knowledge, particularly in relation to food labeling;
9 Develop a plan for educating the public and health practitioners on matters relating to food regulation, particularly food labeling.

Monitoring and evaluation

Initiative no. 1: A National Food and Nutrition Monitoring System (NFNMS)

**Proposed actions**

1. Resource continuing evaluation of EWA over 3, 6 and 10 years;
2. Identify indicators and data sources for assessing EWA short and long term impacts and other monitoring needs;
3. Make long term plans for a national food and nutrition monitoring and surveillance system;
4. Ensure current and new monitoring and surveillance reports are developed, data is collected as required and of sufficient quality and usability to fit users needs;
5. Consult with different sectors to assess data needs;
6. Disseminate information to policy makers, the research sector, practitioners and other stakeholders as needed and interpret to fit the information needs of the specific user;

Initiative no. 2: Evaluating EWA

**Proposed actions**

1. Develop guidelines for incorporating monitoring and evaluation activities into all initiatives;
2. Partners leading each initiative need to develop suitable evaluation plans agreed to by government health departments and other funding partners;
3. Identify priority areas for review every 3 years and commission reviews to reassess priority status;
4. Commission external evaluation of EWA after 5/6 and 10 years, and NATSINSAP on its schedule, to review overall appropriateness and effectiveness;
5. Report annually to all partners on the progress of implementation and outcomes achieved;
6. Update food and nutrition policies using evidence from EWA evaluations and reviews.

**M&E Indicators**

**M&E Indicators related to nutrition:**

Part 2 Strategic management

Initiative no. 1: Steering the implementation of EWA and NATSINSAP

**Potential indicators**

Management team employed;
Extent stakeholders perceive the strategy as effectively managed;
Extent stakeholders perceive that networks function as intended.

Initiative no. 2: Developing nutrition policy
Potential indicators
Specific policy tasks completed;
Extent to which key stakeholders perceive policies as consistent and complementary;
Extent to which key stakeholders perceive policies are developed in a timely fashion in response to emerging issues.

Initiative no. 3: Establishing criteria for resource allocation

Potential indicators
Extent economic tools such as PHPPF and PHEBAM are used to plan and assess initiatives;
Public health nutrition funding allocation demonstrates optimal investment.

Initiative no. 4: Managing partnerships

Potential indicators
Extent stakeholders perceive improved partnership capacity and practices;
Uptake of formal partnership arrangements with the private sector;
Range and types of partnerships formed;
Number of MOUs signed between partners.

Part 3 EWA Health gain initiatives

Vulnerable groups

Initiative no. 1: Promoting organizational change in services

Potential indicators
Extent of changes to key services that impact on food and nutrition; Extent of uptake of models/nutrition standards; percentage of people defined as ?food insecure? using a range of validated measures; Extent groups using emergency food sites.

Initiative no. 2: Influencing broad social policy

Potential indicators
Number of feasibility studies completed;
Extent and type of research funded;
Extent NPHP policy/statements take account of nutrition;
Extent beneficial policy modifications identified;
Extent new policy/ies implemented.

Initiative no. 3: Addressing structural barriers to safe and healthy food

Potential indicators
Studies completed; Extent of bipartisan support;
Extent of actions taken by private sector to address structural barriers to access; Extent remote subsidies program implemented;
Range of affordable and nutritious food available in disadvantaged locations.
Promoting healthy weight

Initiative no. 1: Promoting healthy weight

**Potential indicators**

- Guidelines developed by type;
- Communication strategy developed & implemented;
- Extent key decision makers recognize the implications of trend to overweight and obesity;
- Number of intervention projects implemented and evaluated; The prevalence of overweight and obesity by target group.

Vegetables and fruit

Initiative no. 1: Undertaking vegetables and fruit promotions

**Potential indicators**

- National Vegetables and Fruit Action Plan process indicators;
- Consumption patterns show correlation with promotional activities; Level of funding committed by partners.

Initiative no. 2: Addressing underlying structural factors which influence vegetables and fruit consumption

**Potential indicators**

- Feasibility studies completed;
- Beneficial policy modifications identified;
- Extent modifications agreed to by sector.

Initiative no. 3: Enhancing research

**Potential indicators**

- Funding for evaluation;
- Extent campaign elements evaluated;
- Extent intervention research tools developed;
- Extent stakeholders perceive research enhances intervention.

Maternal and child health

Initiative no. 1: Improving nutrition for pregnant and lactating women

**Potential indicators**

- Development/dissemination of successful programs/new dietary guidelines;
- Awareness of folate and NTDs link among health professionals, and women of childbearing age; Awareness of research findings re maternal nutrition and health, among health professionals;
- Nutritional status of pregnant and lactating women by key nutrients.

Initiative no. 2: Promoting breastfeeding and improving infant nutrition

**Potential indicators**

- National rates of breastfeeding initiation and duration, particularly low socio-economic groups and teenage mothers; Number of workplaces participating in ?breastfeeding friendly? practices; Number of hospitals that are accredited BFHIs; Extent of coalitions formed;
Extent WHO Code implemented; Proportion of mothers who introduce solid foods consistent with NHMRC Infant feeding guidelines; Monitoring tools developed; Extent growth monitoring system established; Extent take-up of effective infant nutrition programs and materials available nationally.

Initiative no. 3: Improving nutrition for children

**Potential indicators**

Reviews complete and programs disseminated
Extent children’s diets meet Dietary guidelines for children and adolescents;
Number/extent health promoting schools projects address nutrition issues; Extent food sold in school canteens fits dietary guidelines;
Extent food provided in childcare meets nutrition standards; Prevalence of eating disorders/overweight/obesity;
Proportion of ?junk? food ads in children’s peak viewing time

Part 4 EWA Capacity-building initiatives

Research and development

Initiative no. 1: Investing in public health nutrition research

**Potential indicators**

Funding priorities and process established;
Funding allocated to type of research;
Amount and proportion of funding available from key funding bodies for public health nutrition research priority areas;
Number and type of coordinated national trials.

Initiative no. 2: Disseminating research evidence

**Potential indicators**

Reach of national conferences; Number of reviews;
Extent reviews/other research actively publicized;
Extent evidence from trials and reviews is used by practitioners in planning EWA initiatives;
Extent practitioners and researchers perceive links strengthened.

Initiative no. 3: Promoting private sector investment in research

**Potential indicators**

Extent key stakeholders agree on protocols;
Amount spent on public health research priorities from industry and NGOs;
Proportion of total research funding from private sector;
Number of private sector research projects which make results available to public sector practitioners;
Extent stakeholders perceive research credible and useful.

Initiative no. 4: Promoting innovation

**Potential indicators**

Grants scheme established;
Award scheme established;
Rate of innovation increases in priority areas, as judged by stakeholders.

Workforce development
Initiative no. 1: Building human resource requirements

**Potential indicators**

Extent needs assessment and reviews completed by state/territories;
Extent to which human resource capacity matches infrastructure needs over 10 years of program, by state/territory;
Stakeholders’ perception of quality of state/territory implementation of EWA interventions.

Initiative no. 2: Expand and extend tertiary education

**Potential indicators**

Extent of agreement and introduction of competencies;
Number of courses/modules/case studies developed by type, student numbers, institutions and delivery mode;
Number of nutrition/dietetic graduates with public health qualifications, by year;
Number of public health nutrition workers with recognized qualifications in public health and/or public health nutrition, by year;
Use of nutrition examples in public health courses.

Initiative no. 3: Training primary health care professionals

**Potential indicators**

Extent of need assessments completed by state/territory;
Extent training strategies developed;
Extent primary health care professionals involved in implementing initiatives by state/territory.

Initiative no. 4: Training the non-health workforce

**Potential indicators**

Number, type and quality of short courses offered to non-health workforce, which coincide with implementation of EWA initiatives;
Range of non-health sector offered training in EWA initiatives; Extent nutrition coursework in place by sector.

Communication

Initiative no. 1: Disseminating the EWA strategy

**Potential indicators**

Extent EWA name is recognized and role understood by key stakeholders;
Extent initiatives are known to stakeholders with intersecting interests;
Extent initiatives are known to government representatives with responsibilities for health, agriculture, social welfare and Aboriginal affairs.

Initiative no. 2: Communicating with the public

**Potential indicators**

Culturally appropriate guidelines developed;
Extent Australian community exposed to messages by target groups;
Extent messages are perceived as consistent by key stakeholders and target groups;
Extent nutrition guidelines are understood by key professional groups and consumers.
Monitoring and evaluation
Initiative no. 1: A National Food and Nutrition Monitoring System (NFMNS)

Potential indicators
Extent information required by stakeholders is provided over the long term;
Extent long-term sustainability of a national food and nutrition monitoring system is assured;
Extent data is available to monitor trends of specific priorities;
Extent key users perceive data meets their needs.

Initiative no. 2: Evaluating EWA

Potential indicators
Evaluation guidelines developed;
Annual reports produced;
Reviews completed;
Extent stakeholders perceive that evaluations produce credible and useful findings;
Stakeholders have sufficient information to assess whether EWA is relevant and effective and make changes in light of information.

URL link:

File upload:
AUS 2000- Eat Well Australia Full Document.pdf
AUS 2000 Eat Well Australia - Summary.pdf

Reference:
WHO Global Database on National Nutrition Policies and Programmes

Policy topics:

- Low birth weight
- Underweight in women
- Breastfeeding
- Complementary feeding
- Overweight and obesity in school age children and adolescents
- Overweight and obesity in adults
- Raised blood cholesterol
- Raised blood glucose/diabetes
- Raised blood pressure
- Fruit and vegetable intake
- Food distribution/supplementation for prevention of acute malnutrition
- Folic acid
- Calcium
- Iron
- Iron and folic acid
- Food fortification
- Baby-friendly Hospital Initiative (BFHI)
- Maternity protection
- International Code of Marketing of Breast-milk Substitutes
- Nutrition counselling on healthy diets
- Media campaigns on healthy diets and nutrition
- Food-based dietary guidelines (FBDG)
- Food labelling
- Regulating marketing of unhealthy foods and beverages to children
- Subsidies on healthy foods
- School-based health and nutrition programmes
- Provision of school meals / School feeding programme
- Nutrition in the school curriculum
- School fruit and vegetable scheme
- Regulation/guidelines on types of foods and beverages available
- Food safety
- Conditional cash transfer programmes
- Vulnerable groups

Links