2008 Advocacy Targets

1. Programs and policies across all levels of government to ensure that all people have access to an adequate and sustainable supply of affordable, healthy, nutritious food.

2. Phase out advertising and promotion of unhealthy* foods and beverages, underpinned by legislated controls.

3. Clear, accessible information on the nutritional content of all food products; front of pack “traffic lights” labelling.

4. Regulations and planning codes that require provision of a built environment that supports accessible daily recreational physical activity, sport and active transport (e.g. walking and cycling).

5. Reorientation of transport and planning priorities to enable expansion of an affordable and accessible public transport network.

6. Rules, policies programs and infrastructure in schools and workplaces that support regular physical activity and healthy eating.

7. Sustained adequately funded public education programs on physical activity and healthy eating.

8. Programs, policies and infrastructure to inform and support parents and carers to maximise health, physical activity and good nutrition in the early years.

9. Policies and structures in all relevant agencies at all levels of government that prioritise the reduction of overweight and obesity.

10. Tax incentives and subsidies that encourage physical activity and healthy eating and policy and financial disincentives that discourage inactivity and unhealthy eating.

11. Specific and culturally appropriate programs to meet the needs of disadvantaged and at risk communities.

12. Adequately funded and sustained population monitoring, research and evaluation.

*Unhealthy foods are those high in kilojoules but lacking in vitamins, minerals, fibre and other nutrients required for a healthy diet. These can also be described as High in Fat, Sugar and Salt (HFSS) or Energy Dense Nutrient Poor (EDNP).
The Process of Creating the 12 Advocacy Targets for Overweight and Obesity

In 2008 the PHAIWA organised an Obesity Forum attended by approximately 140 professionals from public health and related areas to discuss the development of agreed priority areas for advocacy on obesity in WA. To progress the outcomes we recently convened a workshop with a smaller group of experts from organisations with which we work to distil these down further. The result of the workshop was agreement on 12 Advocacy Targets for Overweight and Obesity.

The intention of the Overweight and Obesity targets is to build on the work of many people and groups in this area rather than constraining people or organisations from doing what they would otherwise do. It is recognised that reducing obesity in the community requires a comprehensive approach.

It should be noted that the targets are not listed in priority order. Some targets are likely to be more achievable than others and some relate primarily to public policy change not necessarily professional or personal activities of health professionals. Inevitably, some are more amenable to action at the national than the local level. Nonetheless, despite these caveats we are conscious from other areas of public health advocacy of the importance of consensus.