

Eat Well Australia: Developing a national strategic framework for public health nutrition

John Catford DM, FRCP, FAFPHM

Chair, SIGNAL (Strategic Inter-Governmental Nutrition Alliance), and Director, Public Health and Chief Health Officer, Department of Human Services, Melbourne, Victoria, Australia

In Australia, diet-related disease ranks alongside tobacco-related disease as the most important preventable health area, accounting for at least 10% of the total burden of disease. A population approach to improve the nutrition of all Australians is a vital contribution to the nation's overall health and well-being, yet action has often been ineffective, uncoordinated and poorly resourced. Through the National Public Health Partnership's nutrition group, SIGNAL, an ambitious work program has been commenced to address this situation. This includes the development of a national framework for action in public health nutrition 2000–2010. Following extensive consultation with health groups and the food industry, the strategy, *Eat Well Australia*, is now in a late stage of development. Key priorities have been agreed and focus on: (i) Aboriginal and Torres Strait Islander people; (ii) vulnerable groups; (iii) maternal and child health; (iv) overweight and obesity; and (v) fruit, vegetables and legumes. *Eat Well Australia* should provide a new pathway for more concerted and integrated action from a wide range of organizations and interest groups. As a core component, SIGNAL has also developed an action plan to promote consumption of fruits, vegetables and legumes, which should mobilize responses at local, regional and national levels. Close cooperation between the food industry and the governmental and non-governmental sectors will be vital for success. A partnership platform is needed with clearly defined directions, operating principles and roles and responsibilities. Encouragingly, new and energetic alliances are now developing, which will be supported by *Eat Well Australia*.

Key words: Australia, public health nutrition, burden of disease, national strategy, partnerships.

Changing patterns of health and disease

Throughout Australia major gains have been made in the past few decades in improving cardiovascular health and preventing injuries. More recently, with the reduction in smoking amongst men, lung cancer rates are now falling — but not amongst women. If current mortality and morbidity changes continue at present and are not altered, Australia's scale and pattern of diseases will change dramatically in the future. This will also be compounded by the ageing of the population, which will accelerate as a consequence of increasing life expectancy and the large baby boom generation moving into an age range where health problems are more likely to occur.

The Victorian Burden of Disease (BoD) study is a major piece of work undertaken by the Public Health Division of the Department of Human Services, State Government of Victoria, Australia (PHD/DHS 1999¹ and 2000²). The BoD study has calculated the numbers of disability adjusted life years (DALY) that people would have lost (or forgone) had they not died or suffered disability prematurely. The DALY metric combines both measures of years of life lost (YLL) and years of disability lost (YDL) due to premature disease. It provides a more valid way of comparing the relative impact of disease because it gives a better balance (or recognition) to people dying or being disabled at an early age than merely counting the number of cases of people at any age. Findings for the major disease groups in 1996 are presented in Fig. 1. The study has also ranked disease groupings for 1996 and in 2016 by projecting current mortality and morbidity trends into the future and applying them to the changing

population distributions. The findings for the top 12 disease groupings in Victoria are presented in Table 1.

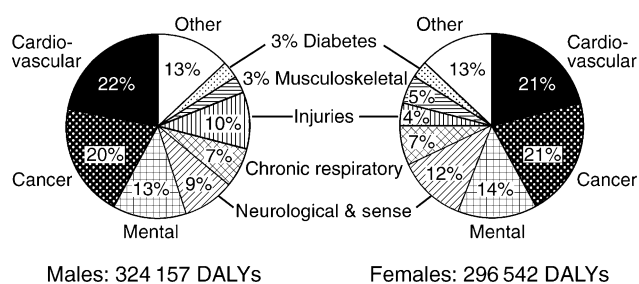
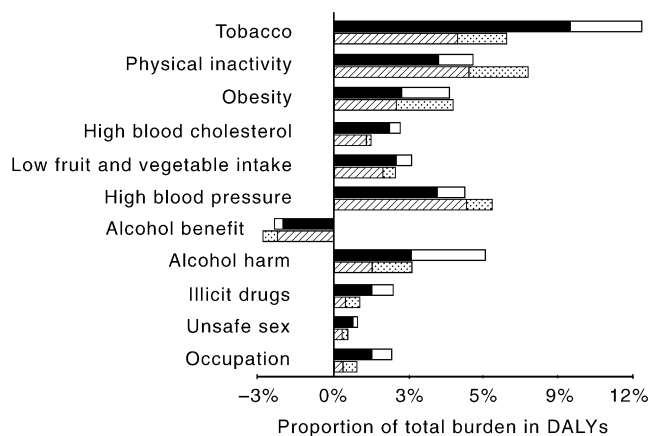
By 2016 it is estimated that for both men and women cardiovascular diseases will fall from first position, assuming current mortality trends continue. The leading cause of DALY in 2016 will then be from all cancers. There will also be major rises in other diet-related conditions; that is, diabetes and musculo-skeletal and digestive disorders. It is important to emphasize that these future predictions of disease patterns are based on current trends. The scenarios are not inevitable and could, in part, be averted by concerted and effective public health action if steps are taken now.

The Victorian BoD study has also analyzed the impact of known risk factors and lifestyles (Fig. 2). Tobacco consumption is estimated to be responsible for 9.8% of total DALY. Diet-related disease costs Australia at least \$2.5 billion per year in health-care costs and lost earnings. At least 10% of the total burden of disease in Australia can be attributed to nutrition; for example, through obesity (4.7%), inadequate consumption of fruit and vegetables (2.8%) and high blood cholesterol (2.1%). Therefore, nutrition ranks alongside tobacco control as the most important preventable health measure. Alcohol consumption appears to provide both bene-

Correspondence address: Professor John Catford, Director, Public Health and Chief Health Officer, Department of Human Services, 120 Spencer Street, Melbourne, Vic. 3000, Australia. Tel: 61 39637 4200; Fax: 61 39637 4250 Email: john.catford@dhs.vic.gov.au

Table 1. Projected changes in top 12 ranking order of the burden of disease in disability adjusted life years of major disease and injury groups by gender, Victoria, Australia 1996 and 2016

Males	Rank 1996	Rank 2016	Females	Rank 1996	Rank 2016
Cardiovascular diseases	1	2	Cardiovascular diseases	1	3
Cancer	2	1	Cancer	2	1
Mental disorders	3	3	Mental disorders	3	4
Neurological and sense disorders	4	4	Neurological and sense disorders	4	2
Chronic respiratory diseases	5	6	Chronic respiratory diseases	5	5
Unintentional injuries	6	9	Musculoskeletal diseases	6	6
Diabetes mellitus	7	5	Unintentional injuries	7	10
Intentional injuries	8	10	Diabetes mellitus	8	7
Infectious diseases	9	13	Digestive disorders	9	8
Musculoskeletal diseases	10	8	Genito-urinary disorders	10	9
Digestive disorders	11	7	Infectious diseases	11	12
Genito-urinary disorders	12	11	Intentional injuries	12	17

**Figure 1.** The disease and injury burden by gender and broad disease grouping, Victoria, Australia 1996.**Figure 2.** Proportion of total disability adjusted life years (DALYs) attributed to selected risk factors by gender, Victoria, Australia 1996. Years of life lost due to premature mortality in (■) males, (▨) females. Years of life lost due to disability in (□) males, (▤) females.

fits and risks in terms of mortality but when alcohol-induced non-fatal disease is included the harmful effects become much more prominent. The net burden of disease from alcohol consumption is 2.1%.

Although the nutritional content of the diet has improved in Victoria, calorie intake is still higher than energy expenditure from physical activity. Incidental exercise particularly seems to have declined through improved transport, mechanization and 'labour saving' devices. The consequence is increasing levels of overweight and obesity, which are continuing to worsen. In Victoria in 1996, 45.2% of men were overweight and 18.5% were obese. For women, the figures

were 28.8% overweight and 18.2% obese. Levels of alcohol misuse and illicit drug use do not appear to have stabilized yet either. Indeed, amongst the young, alcohol use and misuse is increasing.

The majority of Victorians eat too few fruits and vegetables. The highest proportion eating more than five servings a day is found in women aged between 55 and 64 years (54%) and this proportion drops to as low as 30% in men aged 35–44 years. Eating enough fruits and vegetables mostly prevents cancer (2.2% of total DALY) and, to a lesser extent, ischaemic heart disease (0.5%) and stroke (0.2%). It was found that 10.6% of all cancers are attributed to low intake of fruits and vegetables.

Changing focus of public health nutrition

A good diet and adequate food supply is therefore central for promoting health and well-being. The main dietary differences between social groups are the sources of nutrients and their calorie content. Although the food supply in Australia, overall, is one of the best in the world, the poor substitute cheaper processed foods for fresh food. People on low incomes, such as young families, elderly people and the unemployed, are least able to eat well. This is particularly the case amongst Aboriginal and Torres Strait Islander communities. The most important public health nutrition issue today is the availability and cost of healthy food.

Over the past few decades the focus of public health nutrition action in Australia has changed quite profoundly. In the 1970s the emphasis was on public information and mass media campaigns, but during the 1980s community health promotion programmes and high risk approaches became more apparent. In the 1990s there was increasing focus on food supply, catering and cultural diversity aspects. For the 2000s there appears to be a growing interest in partnerships with community groups, alliances with industry, plus cross-programme links with food safety and physical activity. These changes are a reflection of the importance of strategies to do with supply as well as demand, and the need for approaches to go beyond merely providing information for personal behaviour change.

Some of the challenges for the future can be summarized as follows:

- The emphasis should be on a total population approach rather than just a focus on high-risk groups;

- Synergistic and coordinated action at national, state, regional and local levels is critical for optimum impact and to achieve 'value for money';
- Structural, policy and environmental strategies are vital to improve food supply and create a supportive cultural climate;
- Approaches relating to demand should support rather than lead intervention programmes;
- The 'science of discovery' has outstripped the 'science of delivery' — more applied research is needed on the 'how' rather than the 'what' to improve programme effectiveness;
- Increased investment, sustainable resources and capacity building programmes are a necessary prerequisite for progress to be made.

Strategic Inter-Governmental Nutrition Alliance (SIGNAL)

National public health strategies have been a key mechanism for responding to public health issues in Australia over the past 20 years. There are currently over 20 such strategies. In 1996, Health Ministers established the National Public Health Partnership (NPHP), which is a working arrangement between the health departments of the Commonwealth and the states and territories, to plan and coordinate national public health efforts.

To address the sorts of national public health nutrition challenges outlined above, the Partnership created in 1998 the Strategic Inter-Governmental Nutrition Alliance or 'SIGNAL', bringing the governments together for the first time. Membership comprises senior public health nutritionists and managers representing all nine governmental jurisdictions in Australia (i.e. federal, states and territory governments). It also includes indigenous and independent experts, and representatives from the National Health and Medical Research Council (NHMRC), Australian Institute of Health and Welfare (AIHW), Australia–New Zealand Food Authority (ANZFA) and a representative of the Ministry of Health in New Zealand as an observer.

As the peak national governmental body in public health nutrition, the leadership roles of SIGNAL are to:

- Support the National Health Priority Areas agreed by Health Ministers;
- Build a common approach to public health nutrition across the nation;
- Provide advice to NPHP, NHMRC and other national bodies;
- Act as a catalyst for action and advocate for change;
- Promote better communication and coordination;
- Foster partnerships with public and non-government organizations (NGOs) and private sectors.

The rationale for such a national approach is to:

- Achieve greater consistency, better coordination of policy and strategy;
- Improve effectiveness, reduce duplication and achieve economies of scale in programme delivery, research, workforce development and monitoring;
- Provide a national face for cooperation with food industry, government, NGOs, media, professional and consumer groups.

The work of SIGNAL is broken down into two main areas: (i) health gain; and (ii) capacity building. Priorities for health gain are initially focusing on fruit, vegetables and legumes; overweight and obesity; women and children; and vulnerable and disadvantaged groups. The priorities of SIGNAL's capacity building comprise a national nutrition monitoring and surveillance scheme; revision of the Recommended Dietary Intakes (RDI) with the NHMRC; improved communications (e.g. communiques, website, *FoodChain* newsletter); partnership building and netweaving; and dissemination of the Australian Guide to Healthy Eating. To take this work forward SIGNAL has embarked on the development and implementation of a National Public Health Nutrition Strategy known as *Eat Well Australia*, and a discrete action plan for Aboriginal and Torres Strait Islander peoples (SIGNAL 2000,^{3,4} CDHAC⁴).

Eat Well Australia: Planning a national framework for action

Eat Well Australia has been designed to provide governments and other sectors with a strategic framework for action on public health nutrition for the first decade of the 21st century.³ The strategic framework has been built over 1999–2000 with two rounds of consultations: with public submissions and with seminars in major centres. It has benefited from the experience and expertise of a wide range of professional interests and in all sectors including governments, private industry, NGOs, research and teaching centres, and community and Indigenous organizations. *Eat Well Australia* has also been able to build on other national public health strategies, including 'Acting on Australia's Weight', 'Active Australia', the National Breastfeeding Strategy and the National Action Plan on Fruit and Vegetables. Most importantly, it sets out to learn from, build on, support and extend the existing state and territory food and nutrition strategies.

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)⁴ has been developed in conjunction with *Eat Well Australia*.³ As a sister strategy, it has both parallels and intersections with the whole-of-population document. NATSINSAP has been developed by an Indigenous working group in consultation with Indigenous health organizations and state and territory agencies. NATSINSAP sits partly within and partly additional to *Eat Well Australia*, reflecting the urgent need for action on the health of Australia's Indigenous population. It has been created by its own Indigenous working group and will report to its own steering committee.

Eat Well Australia is designed as a core resource to guide Australia's investment in public health nutrition over the next decade. The strategic framework will provide coordination for the many partners from different sectors who will be making individual contributions to the health of Australians through improving nutrition. By addressing national issues it adds to the many valuable programmes of state and territory governments; in many cases disseminating their good practice to assist other jurisdictions. It provides a focus for the NGOs that have been working in their areas of special interest, and for private companies in the food system, individually and through their associations. The strategy gives Australia's research and teaching institutions a vision of the issues for which their expertise will be needed for the coming

decade and beyond. It also provides community and consumer organizations with the information they need to see how their interests are addressed and their involvement is facilitated.

As a 10 year investment in Australia's nutrition, *Eat Well Australia* has the capacity to bring substantial returns in the social and economic life of the country, and in the personal well-being of all Australians. It seeks to provide a coherent national approach to the underlying causes of the preventable burden of diet-related disease and early death.

Design and content of *Eat Well Australia*

Eat Well Australia reflects the context of current public health policy, structures and practice. To address areas where greatest impact can be achieved, the strategy is focused largely on the partnership model, with priorities being:

- A major health issue: overweight and obesity;
- A critical food group: fruit and vegetables;
- A strategic population/target group: women, infants and children;
- The nutrition of vulnerable groups, especially Indigenous people;
- Capacity building: building and strengthening the basic infrastructure required for effective action, including strategic management, funding and resources, research and development, workforce development, communication, monitoring and evaluation.

The goal of *Eat Well Australia* is 'to improve the health of all Australians through nutrition'.³ It will do this through health promotion and capacity building initiatives that are national in scope, and are based in public health practices, addressing risk factors of the population as a whole and of high-risk groups. In addition, it will focus on priorities within broad nutrition issues; that is, the food system from production to consumption, consumer demand and the health system itself.

Eat Well Australia is built on a set of initial priorities, each of which is addressed by several initiatives, with objectives specific to each of the initiatives. Its broad aims are to:

- Support national health gains under the National Health Priorities and National Health Goals and Targets;
- Improve the capacity of Australians to choose a healthy diet in line with the Australian Guide to Healthy Eating;
- Support improved nutrition at all points in the food system and with stakeholders in relevant sectors;
- Provide targeted resources to those groups more vulnerable to poor nutrition;

- Monitor the food and nutrition system and seek opportunities for improvement.

Eat Well Australia will begin the decade with a first set of 36 capacity building and health promotion initiatives designed to:

- Improve knowledge of the benefits of nutrition and what makes a better diet;
- Educate and skill the population to be able to choose a healthy diet;
- Support the food industry to make healthy choices easier;
- Pay special attention to the nutritional needs of disadvantaged groups, including Indigenous people;
- Monitor the food and nutrition system;
- Establish the infrastructure and capacity needed for the strategy to succeed;
- Review progress and create future initiatives.

In evaluating and renewing the strategy, SIGNAL and its partners will review these initiatives and they are expected to change over time. As an agent for change, *Eat Well Australia* is based on the assumption that its purposes as well as its structures will evolve. A 10 year framework involves monitoring the food and nutrition environment and adjusting the initiatives over three triennia, with a full review in 2010. Part of the task of the evaluation in 2002 will be to assess the progress of each initiative and suggest time frames for the next triennium. Funding and other resources, and upcoming priorities, will also have an impact on time frames for each triennium. These time frames may change, but in 2009 a major review will be needed to assess the health gains made under *Eat Well Australia* and its role for the future.

Eat Well Australia uses an innovative format to present the critical information about each initiative. This matrix structure bridges broad strategy and itemized activity. It has been designed for utility: concrete actions with clear objectives, with potential partners indicated, and with the requisite machinery of capacity, indicators, milestones, risks and links to other initiatives. Each initiative is based on a rationale, and each is presented in a two-page matrix.

The main structural unit is the 'Initiative'. *Eat Well Australia* is composed of a series of initiatives, each of which is laid out as a 'Rationale' (Table 2) and an 'Initiative Matrix' (Fig. 3).

The 'Initiative Matrix' uses one page to summarize the essential components of the next steps in addressing the issue, given all the above (see Fig. 3). Importantly, this is not a table: the all important 'next steps' are at the centre, and the supporting components surround them. Each is tightly worded to be self-contained, but links to other initiatives and

Table 2. Content of the 'Rationale' for the *Eat Well Australia* initiatives

The issue	A summary of the issue the initiative is addressing
Evidence and context	Articulates the main contextual factors and the evidence behind the issue being addressed.
What is already being done	Acknowledges programmes or activities already addressing the problem, upon which EWA can build.
What more is needed	Points to the gaps that EWA can most usefully address, or which may need further work in the future.
Scope of <i>Eat Well Australia</i> response	Describes briefly the level and type of initiative the Strategy is able to extend to, given its mandate and the role of SIGNAL in relation to public health nutrition.
Partnerships	Suggests the type of intersectoral partnerships that may be appropriate for the initiative.

EWA, *Eat Well Australia*; SIGNAL, Strategic Inter-Governmental Nutrition Alliance.

to essential capacity components are noted. Each is able to be put into action quickly once partnerships are negotiated and resources identified.

Developing a national fruit and vegetable programme

One of the key nutrition priorities of *Eat Well Australia* is a major programme designed to increase the consumption of fruit, vegetables and legumes (Table 3). It will be an important component of the National Aboriginal and Torres Strait Islander Strategy and Action Plan, and has links with other components of *Eat Well Australia* concerning policy reform, partnerships, resource allocation, research and development, monitoring and evaluation.

The goal of the programme is to increase consumption from five serves to seven serves a day (five vegetable and two fruit). Although it will reach the general population, there will be a major focus on priority target groups; that is, young people, low-income groups, Indigenous people, and remote and rural communities.

From the findings of the consultation process there appears to be a strong commitment across sectors and jurisdictions for a 10 year investment including a long-term education campaign (relates to demand), and structural and policy change concerning access, taxation, transport and affordability (relates to supply). In addition, there will be a research and development agenda to improve intervention effectiveness, and to monitor intake, availability and quality of fruit and vegetables.

The development of effective and sustainable partnerships is seen as vital for the successful implementation of the fruit and vegetable programme. Already major strides are being taken with non-governmental health groups, profes-

sional associations and the fruit and vegetable industry (both producers and retailers).

Table 3. Key elements of the national fruit and vegetable programme

Education and promotion	
Develop national social marketing campaigns	
Support state and community campaigns	
Encourage co-promotion with other commodity groups	
Evaluate previous and future efforts.	
Food supply	
Test what critical factors impact on price, quality, access	
Encourage product development in convenience market	
Disseminate best practice guidelines for food service (e.g. take away)	
Support programmes promoting sustainable production systems.	
Community initiatives	
Establish and disseminate demonstration projects (e.g. Foodcents\$)	
Support state and local health promotion programmes that support a national campaign (e.g. Fruit & Veg Week)	
Mobilize action to improve local supply chain in disadvantaged areas.	
Schools and child care	
Specifically target during national campaigns	
Undertake comprehensive long-term work (e.g. curriculum based, policy and food service changes, canteens, incentive schemes	
Link with other strategies (e.g. health promoting schools, Heart Foundation).	
Health sector, including NGOs	
Disseminate patient education and support resources for use by general practitioners	
Develop partnerships with Heart Foundation, Diabetes Australia, and Cancer NGOs	
Ensure consistency with/between NGO position papers, and education materials.	
Management development	
Establish an organizational structure to manage intersectoral collaboration and programme coordination (e.g. <i>Eat Well Australia Foundation</i>).	
Information systems	
Enhance research and intelligence base	
Identify surveillance and monitoring determinants.	
Education, training and skill development	
Develop an accreditation/incentive scheme for retailers, suppliers and transport operators, particularly in rural and remote areas	
Encourage health service providers to use best practice guidelines and innovative practices	
Link to the broader workforce the development initiatives of <i>Eat Well Australia</i> .	
Policy development	
Review legislation regarding the positive/negative effect on consumption	
Consider ways to improve the environment for product developments	
Develop consumption guidelines	
Investigate resource allocation and incentives to support improved supply, affordability and education programmes	
Disseminate position papers.	

NGO, non-government organization.

Name of the initiative		
Potential sector partners	Objective	Target groups
Organizations in various sectors which could potentially be involved in this initiative. The first is seen as potentially taking a lead role.	The output or outcomes this initiative sets out to achieve, and against which it will ultimately be evaluated.	If the initiative has target groups – primary or secondary – they are listed here.
Next steps		Capacity components
<p>Who will do what to implement this initiative.</p> <p>(The processes and outputs at the centre of the initiative.)</p>		
Funding implications	Indicators	They may be at short term/ program level; medium term/ dissemination level; or longer term/broad capability level.
Main items of this initiative that will need to be costed and funded in the implementation of the strategy.	Measures of input, process, output or outcome, that can be used in monitoring or evaluating the initiative.	
Risks	Links to other initiatives	
What are the significant threats to the initiative achieving its objectives?	Cross-references to other initiatives in the strategy that usefully intersect with this one.	

Figure 3. Outline design for each of the *Eat Well Australia* initiatives.

Building a partnership platform for public health nutrition

Australia has a long and internationally recognized track record in public health action. Organizations such as VicHealth, community health centres, local government, universities, professional associations and NGOs (such as the Cancer Councils and the National Heart Foundation) have all contributed to the nation's capacity for better health. A number of productive partnerships have already been formed and there is an argument that we could continue 'business as usual'. However, the challenges discussed earlier indicate that a more synergistic, cohesive and determined plan of action is required. This means that we need to work in different and more coordinated ways, which build on each others' strengths and opportunities.

Partnerships for health bring together a set of factors for the common goal of improving the health of populations based on mutually agreed roles and principles. In the context of the present paper, partnership refers to a shared commitment to cooperate in the planning and implementation of public health programmes. The government's National Competition Policy means that there will be some aspects of service delivery where it will not be appropriate for different partners to work together cooperatively. However, it is important that this does not restrict partners from collaborating on other issues where there are no such restrictions.

Stronger partnerships should enable:

- More effective platforms for public health nutrition action;
- Shared vision, joint goals and more appropriate performance indicators;
- Stronger and more sustainable approaches to tackling the underlying determinants of health;
- Better opportunities for reaching the community;
- Coordinated strategies that reduce duplication of effort and use resources more effectively and efficiently;
- Distinctive and valued roles and responsibilities of partners;
- Cross-fertilization of ideas and expertise, and staff exchange;
- Consistent health messages to the public, thereby enhancing their impact and effect;
- Shared benefits and added value for all partners.

To achieve a partnership platform, clearly defined directions, operating principles, and roles and responsibilities will need to be established. A number of different types of partnerships could potentially exist:

- Intervention delivery partnerships (e.g. fruit, vegetables and legumes promotion);

- Intervention development partnerships (e.g. designing primary care weight loss protocols);
- Systems and settings partnerships (e.g. health promoting schools);
- Issue-based partnerships (e.g. childhood nutrition);
- Health message partnerships (e.g. Australian Guide to Healthy Eating);
- Knowledge partnerships (e.g. 'best practice' information exchange);
- Training partnerships (e.g. leadership development programmes);
- Research and monitoring partnerships (e.g. rural food supply).

The process of building and fostering partnerships is not simple; they do not just happen. They need to be built with skill, care and mutual trust. A partnership strategy needs to keep in mind each of the following steps: (i) considering opportunities for action; (ii) identifying potential partners; (iii) selecting the most suitable partners; (iv) negotiating/reaching a clear partnership agreement; (v) maintaining the partnership; and (vi) regularly evaluating the partnership.

There are limits to what can be done in terms of time, funding, capacity and opportunities. If a true partnership approach is to work, it will be necessary to agree to a limited set of priorities for action. By concentrating resources on a set of limited strategic directions over the next 5 years and working together synergistically, the results should be considerably greater than acting alone.

Table 4 shows some of the principles or ground rules for an effective partnership relationship.

Conclusion

Diet-related disease costs Australia at least \$2.5 billion per year in health-care costs and lost earnings. At least 10% of the total burden of disease in Australia can be attributed to nutrition; for example, through obesity (4.3%), inadequate consumption of fruit and vegetables (2.7%) and high blood cholesterol (2.6%). Nutrition ranks alongside tobacco control as the most important preventable health measure.

A population approach to improve the nutrition of all Australians is a vital contribution to the nation's overall health and well-being — yet action has often been ineffective, uncoordinated and poorly resourced. Through the National Public Health Partnership between the Commonwealth, States and Territory Health Departments, a new force for change has been initiated through the creation of SIGNAL, the Strategic Inter-Governmental Nutrition Alliance.

Comprising public health nutritionists and managers from all jurisdictions, NHMRC, AIHW, ANZFA, together with

Table 4. Principles required for an effective partnership

Openness	To share timely, strategic and accurate information between partner organizations.
Evidence	To develop plans on the basis of needs, cost-effectiveness, capacity and future trends.
Empowerment	To share power with and enable informed decision-making by people, partner organizations and other players.
Engagement	To encourage public participation, and strengthen community capacity and social capital.
Equity	To ensure access in providing appropriate public health services to those most in need and socially disadvantaged.
Intelligence	To undertake research and evaluation that will help improve quality, effectiveness and efficiency.
Commitment	To 'sign up' to a strategic framework for better health and allocate resources for a sustained programme of work.
Accountability	To make decisions transparently, measure performance and accept responsibility where appropriate.

external experts and Indigenous representatives, SIGNAL has embarked on an ambitious work programme. This has included the development of a national framework for action in public health nutrition 2000–2010.

Following extensive consultation with health groups and the food industry, the strategy, *Eat Well Australia*, is now in its late stage of development. Key priorities have been agreed and focus on (i) Aboriginal and Torres Strait Islander people; (ii) vulnerable groups; (iii) maternal and child health; (iv) overweight and obesity; and (v) fruit, vegetables and legumes.

Eat Well Australia comprises a series of initiatives for which there is widespread support from government, NGOs and private sectors. It uses an innovative format to present the critical information about each initiative. Following a summary of the rationale for action, a matrix presents the objectives, target groups, potential sector partners, capacity building components, funding implications, indicators, risks, links to other initiatives and next steps.

Eat Well Australia should provide a new pathway for more concerted and integrated action on nutrition from a wide range of organizations and interest groups. It should also strengthen the case for increased investments in health and other resources. Already SIGNAL is developing an action plan to promote the consumption of fruits, vegetables and legumes that should mobilize responses at local, regional and national levels.

Close cooperation between the food industry and the governmental and non-governmental sectors will be vital for

success. A partnership platform is needed with clearly defined directions, operating principles, and roles and responsibilities. Over the past decade, nutrition has taken a back seat compared to other public health issues — but, encouragingly, the situation appears to be changing. New and energetic partnerships are now developing, which will be supported and promoted by *Eat Well Australia*.

For more information on SIGNAL and progress of the *Eat Well Australia* strategy, contact the SIGNAL website (<http://www.dhs.vic.gov.au/nphp/signal>) or email the secretariat (signal@health.gov.au).

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