

2016

AUSTRALIA'S HEALTH TRACKER

A report card on preventable chronic diseases,
conditions and their risk factors
Tracking progress for a healthier Australia by 2025

November Second Edition



AUSTRALIAN
HEALTH POLICY
COLLABORATION



1 in 2

Australians
have a chronic
disease.

Chronic diseases, like
**CARDIOVASCULAR
DISEASE**
CANCER
and
DIABETES

are the leading cause
of illness, disability and
death in Australia.



Almost
ONE THIRD
could be prevented

by removing exposure
to risk factors such as
smoking, high body
mass, alcohol use,
physical inactivity and
high blood pressure.

Despite the
need...

ONLY
1.5%

of health spending
is dedicated to
prevention.

FOREWORD

Chronic disease is the biggest health challenge of the 21st century. Australia lags well behind comparable countries in tackling the risk factors for preventable chronic diseases. National action must be focused on population-level interventions that target risk factors shared by many population groups and communities. There is strong evidence about what works to achieve positive change and there are numerous opportunities for governments, community and industry to act collaboratively for the benefit of all Australians.

Much of Australia's chronic disease burden is preventable or capable of significant amelioration. Risk factors for chronic diseases that are shared by many in the population are modifiable. For example, people can be influenced to move more and to drink less; salt and sugar in food and beverages can be reduced. Through effective evidence-based changes to relevant public policy, funding, services and to daily environments such as schools and workplaces; we can create healthier products, people and places to live.

Australia's Health Tracker shows where preventative health policy efforts have been successful in tackling risk factors for chronic diseases in Australia. It also shows where Australia is lagging behind world standards and failing to prevent chronic diseases.

This report card builds on work undertaken in 2015, through a national collaboration of public health and chronic disease organisations and experts that produced health targets to support, guide and track progress towards a substantial change in the health of our nation.

The collaboration drew on the agenda set by the World Health Organization in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 and the Mental Health Action Plan 2013-2020, to provide a set of Australian chronic disease prevention and reduction targets and indicators for achievement by the year 2025 (see p.5).

Australia's Health Tracker is the first comprehensive assessment of how Australia's population is faring when measured against these health targets for 2025. It includes data on Aboriginal and Torres Strait Islander and non-Indigenous people, and children as well as adults.

In 2016, Australia must commit to supporting policies and interventions that reduce chronic disease risk factors and underlying determinants, and significantly scale up existing effective action. More than 50 organisations have joined together to hold governments, and others, to account – political will, leadership and investment in a national prevention agenda is vital.

Australians deserve a healthier future. We can, and we must, do better

TECHNICAL NOTE

The indicators that are used in this report card are drawn mainly from Targets and Indicators for Chronic Disease Prevention in Australia (AHPC, 2015). This report card shows the latest Australian data about health status and risks for adults and children/young people and how the data compares to population health targets for 2025. The baseline data is the nearest data to 2010, the year used for baseline data by the World Health Organization (WHO). Additional targets may be developed subsequently to address significant risk factors and indicators, including, where relevant, socio-economic disadvantage, rural and remote environments, gender, age or Aboriginal and Torres Strait Islander-specific targets. On the basis of available data, comparable Indigenous and non-Indigenous data are presented. There are limitations in the currently available data. Australia does not have regular, comprehensive health surveillance that includes anthropometric, biomedical and environmental measures. Comparative data in this report is drawn from data from the most recent reputable source for the most appropriate age cohort with some of the data as recent as 2015/16, and some dating from 2011/12. International, Indigenous, and non-Indigenous comparisons may be measured on different timescales, for different age groups, and may involve slightly different concepts. For full details regarding the source and selection of data, refer to the technical appendix available at vu.edu.au/ahpc

ACKNOWLEDGMENTS

The Australian Health Policy Collaboration at Victoria University, in collaboration with expert working group members from Australian universities and public health organisations, has developed this report card to inform and influence health policies and services in Australia. Australia's Health Tracker will be used by collaborating organisations. It is published for use by all with an interest in improving the health of Australians. Working group members and organisations are acknowledged on page 15. This work was led by Penny Tolhurst of AHPC.

Preferred citation: Tolhurst, P., Lindberg, R., Calder, R., Dunbar, J., de Courten, M. Australia's Health Tracker. Melbourne: The Australian Health Policy Collaboration; November 2016.

AUSTRALIAN CHRONIC DISEASE TARGETS MEASURES FOR ACHIEVEMENT BY 2025¹

25%

25% reduction in the overall mortality from cardiovascular diseases, common cancers, chronic respiratory diseases and diabetes



Reduce smoking to **5%**



20% reduction in the harmful use of alcohol



10% reduction in insufficient physical activity



30% reduction in average salt/sodium intake



25% reduction in high blood pressure



60% reduction in smoking rates of adults with a mental illness



10% reduction in the national suicide rate



Halt the rise in obesity



Halt the rise in new diabetes



Halve the employment gap for people with a mental illness



Improve participation rates of young people with mental illness in education and employment, halving the employment and education gap

ADDITIONAL RELEVANT AUSTRALIAN TARGETS INCLUDED IN REPORT CARD²



54% of women 50-69 years of age participate in BreastScreen Australia



41% of people invited to take part in the National Bowel Cancer Screening Program participate

1. McNamara, K, Knight, A, Livingston, M, Kypri, K, Malo, J, Roberts, L, Stanley, S, Grimes, C, Bolam, B, Gooley, M, Daube, M, O'Reilly, S, Colagiuri, S, Peeters, A, Tolhurst, P, Batterham, P, Dunbar, JA & De Courten, M (2015), Targets and indicators for chronic disease prevention in Australia, Australian Health Policy Collaboration technical paper No. 2015-08, AHPC, Melbourne.
2. Department of Health (DoH) (2016), 2016-17 Portfolio Budget Statements, http://www.health.gov.au/internet/budget/publishing.nsf/content/2016-2017_health_pbs

ADULTS

HOW ARE AUSTRALIAN ADULTS TRACKING?

Most Australian adults have access to high-quality health care for acute conditions and trauma and enjoy long-life expectancy. Australia is a global leader in tobacco control and has a strong record in public health measures to prevent infectious diseases and threats to health safety – such as through food and water security and road safety measures.

However, there is significant room for improvement in Australia's health, particularly in incidence, prevalence and management of preventable chronic diseases and associated risk factors for adults. Some of the report card's key findings include:

63.4% of the non-Indigenous adult population and 71.4% of the Aboriginal and Torres Strait Islander adult population is **overweight or obese**

Almost a quarter (23%) of the adult population has **high blood pressure** and the trend is moving in the wrong direction to reach the 2025 target

44.5% of the adult population is not meeting **physical activity** recommendations

23.5% of adults with mental illness **smoke daily**

COMPARED TO OTHER NATIONS:

- > Amongst high-income countries Australia has some of the highest obesity rates. Australia is ranked 30th out of 34 – indicating we are in the bottom third performers amongst OECD countries
- > Australians eat too much salt. Our relative lack of progress on reducing salt consumption and high blood pressure shows up markedly, when compared to strong voluntary and mandatory salt-reduction approaches in Finland, the United Kingdom, the United States of America, Argentina and South Africa

- > Australia currently ranks 13th highest consumer of litres per capita alcohol consumption out of 34 OECD countries

- > Australia is one of the top performing countries for low rates of smoking – ranked 4th out of 34 OECD countries




Overall, the data suggests that Australia's adults are not tracking well to reach the following 2025 targets:


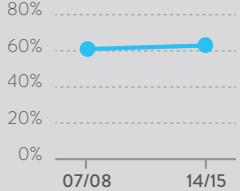


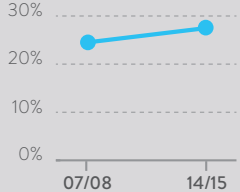






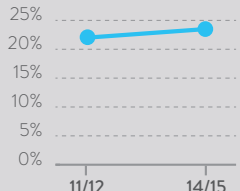

- > Halt the rise in obesity and diabetes
- > Reduce raised blood pressure
- > Reduce presentations to emergency departments for alcohol-related injuries
- > Reduce national suicide rate

WE CAN AND WE MUST DO BETTER.

The tables in this report card outline the latest Australian data about adults and how the data compares to the 2025 targets. As far as possible both Indigenous and non-Indigenous data is presented. The baseline data is the nearest data to 2010 available and trends (not necessarily statistically significant differences) are reported on.

TABLE KEY


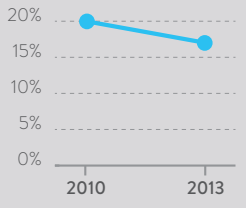


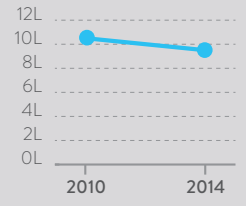


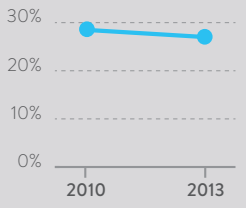


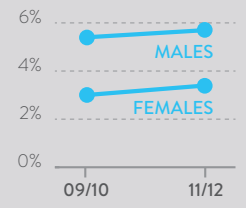


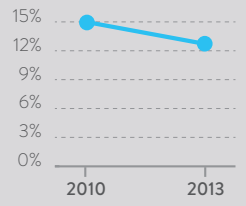


-  Trend in right direction. **Good progress** towards target. Maintain efforts.
-  Trend indicates **no/limited progress** towards target.
-  Trend in wrong direction. **Poor progress** against target.


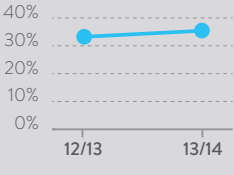


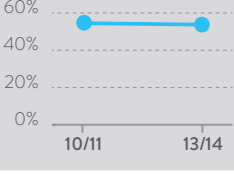


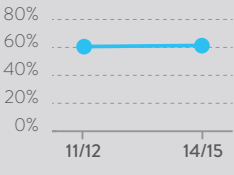


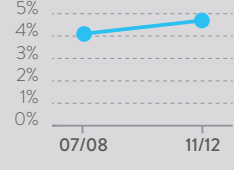


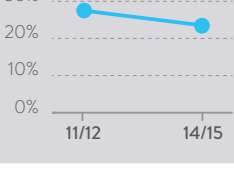

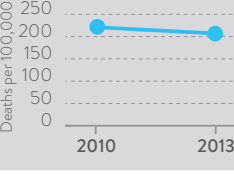


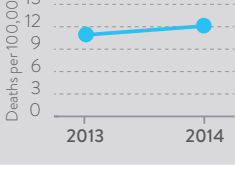

ADULTS					
RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
 Adults who are overweight or obese	63.4%	61.1%			71.4%
 Adults who are obese	27.9%	24.6%			41.7%
 Adults not meeting physical activity recommendations	44.5%	40%	No new data	Inadequate data to assess trend	65%
 Adults consuming too much salt	8.1g	5.7g	No new data	Inadequate data to assess trend	Not available
 Proportion of total energy intake from discretionary or "junk" food in adults diets	34.6%	Indicator to be monitored	-	-	40.7%
 Adults consuming too much sugar	47.8%	Indicator to be monitored	-	-	Not available
 High blood pressure	23%	16.1%			20.4%

ADULTS

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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RISK FACTORS – CONTINUED

 <p>Drinking at 'risky' levels</p>	18.2%	16.1%			22.7%
 <p>Per capita pure alcohol consumption</p>	9.7 litres	8.4 litres			Not available
 <p>Heavy episodic drinking</p>	26.4%	23.2%			37.8%
 <p>Emergency Department presentations (estimated alcohol injuries) per 1,000</p>	Males 5.7 Females 3.4	Males 4.3 Females 2.4			Not available
 <p>Daily smokers (aged 14 and over)</p>	12.8%	5%			38.9%
 <p>High cholesterol</p>	32.8%	24.6%	No new data	Inadequate data to assess trend	25%

ADULTS					
	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
SCREENING					
 Bowel cancer screening (50-74 years)	36%	41%*			Not available
 Breast cancer screening in women (50-69 years)	53.7%	54%*			35.5%
SOCIAL INCLUSION					
 Employment of people with mental illness	61.4%	70.5%			Not available
ILLNESS					
 Prevalence of diabetes in adults (25-65 years)	4.7%	4.1%			Not available
 Adults with mental illness who smoke daily	23.5%	11%			50%
DEATHS					
Death rates from CVD, stroke, common cancers, or chronic respiratory disease (30-70 years)	207 deaths per 100,000	166 deaths per 100,000			Not available
 Suicide rate	12.0 deaths per 100,000	9.8** deaths per 100,000			20.3 deaths per 100,000

*2019/20 target, ** 2020 target

CHILDREN AND YOUNG PEOPLE

HOW ARE AUSTRALIAN CHILDREN AND YOUNG PEOPLE TRACKING?

Most Australian children and young people have access to high-quality health care for their early years and throughout their life for acute conditions. In Australia, a male born in 2011–2013 can expect to live to the age of 80.1 years and a female would be expected to live to 84.3 years.

However, there is significant room for health improvement in the early and teen years, particularly in the risk factors for chronic disease that can impact short and long-term health. Some of the report card's key findings include:

70.8% of children (5-11 years) and 91.5% of young people (12-17 years) are not meeting **physical activity recommendations**

More than one quarter of Australia's children (25.6%) and young people (29.5%) are **overweight or obese**

40.7% of total energy intake is from **discretionary or "junk" food** in young non-Indigenous people's (14-18 years) diets




42.9% of total energy intake is from **discretionary or "junk" food** in young Aboriginal and Torres Strait Islander people's (14-18 years) diets

Overall, the data suggests that children and young people are not tracking well to reach the obesity and overweight 2025 targets. Furthermore, efforts must be maintained to sustain progress in smoking cessation and reduction in alcohol emergency department presentations.




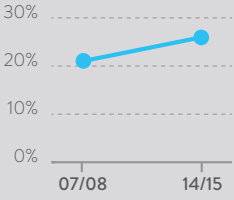


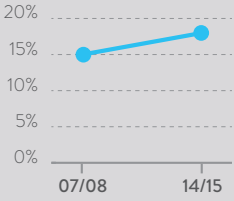


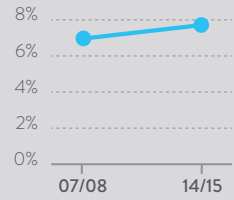



In some areas such as breastfeeding and physical activity, new guidelines have been adopted and with the next report card, relevant data will be available to allow trends to be reported on. Targets may also be developed to help better track consumption of discretionary foods, sugar intake and gender, age and/or Aboriginal and Torres Strait Islander-specific indicators.

The tables in this report card outline the latest Australian data about children and young people and how the data compares to the 2025 targets. As far as possible both Indigenous and non-Indigenous data is presented. The baseline data is the nearest data to 2010 available and trends (not necessarily statistically significant differences) are reported on.

TABLE KEY

-  Trend in right direction. **Good progress** towards target. Maintain efforts.
-  Trend indicates **no/limited progress** towards target.
-  Trend in wrong direction. **Poor progress** against target.

CHILDREN AND YOUNG PEOPLE



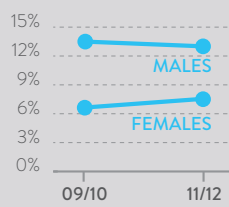



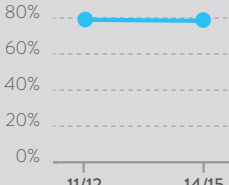


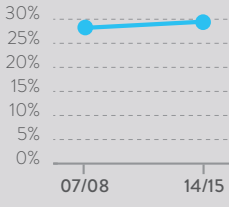


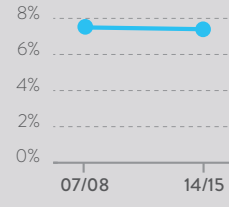

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
 <p>Proportion of infants exclusively breastfed to six months of age</p>	2.1%	Indicator to be monitored	–	–	Not available
 <p>Children (5-11 years) not meeting physical activity recommendations</p>	70.8%	63.7%	No new data	Inadequate data to assess trend	40.5%
 <p>Children (5-11 years) who are overweight or obese</p>	25.6%	21.6%			32.8%^
 <p>Children (5-11 years) who are overweight</p>	18.1%	15%			21.2%^
 <p>Children (5-11 years) who are obese</p>	7.8%	6.6%			11.8%^
 <p>Proportion of total energy intake from discretionary or “junk” food in children’s (9-13 years) diets</p>	39.4%	Indicator to be monitored	–	–	41%
 <p>Children (9-13 years) consuming too much sugar</p>	70.3%	Indicator to be monitored	–	–	Not available

^ Aged 5-14 years

CHILDREN AND YOUNG PEOPLE

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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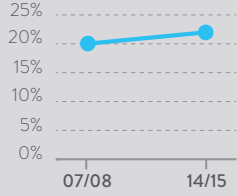


YOUNG PEOPLE

 Young people (12-17 years) who binge drink	6.4%	5.1%	No new data	Inadequate data to assess trend	Not available
 Emergency Department presentations (estimated alcohol injuries) per 1,000 young people (15-19 years)	Males 12.9 Females 7.5	Males 10 Females 5.4		 Males Females	Not available
 Young people (12-17 years) not meeting physical activity recommendations	91.5%	82.6%	No new data	Inadequate data to assess trend	65.2%
 Young people (16-30 years) with mental illness in education or employment	78.4%	84.5%			Not available
 Young people (12-17 years) who are overweight or obese	29.5%	28.3%			36.3%^^
 Young people (12-17 years) who are obese	7.4%	7.5%			15.8%^^

CHILDREN AND YOUNG PEOPLE

RISK FACTORS	LATEST AUSTRALIAN DATA	2025 TARGET	BASELINE DATA AGAINST LATEST DATA	TREND	LATEST INDIGENOUS DATA
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YOUNG PEOPLE – CONTINUED

 <p>Young people (12-17 years) who are overweight</p>	22.4%	19.8%			20.6%^^
 <p>Proportion of total energy intake from discretionary or “junk” food in young people’s (14-18 years) diets</p>	40.7%	Indicator to be monitored	–	–	42.9%
 <p>Young people (14-18) consuming too much sugar</p>	73.1%	Indicator to be monitored	–	–	Not available

^^ Aged 15-17 years

Chronic diseases prevention for Australia: Statement of commitment

We call for, and are active contributors towards, a systemic and sustained approach to the prevention and management of chronic diseases in Australia.

Core principles

Action is required urgently to reduce the incidence and impact of chronic diseases, and must address the underlying risk factors and determinants. There is a critical need for a national prevention agenda.

We support a set of core principles that provide a common platform for interventions to prevent chronic diseases:

1.	A systemic approach—focussing on common risk factors and determinants.
2.	Evidence-based action—acting now, using best available evidence, and continuing to build evidence.
3.	Tackling health inequity and health disparity—working to improve and redress inequities and disparities in access to programs, services and inequities in outcomes.
4.	A national agenda with local action—building commitment and innovation with local and community-level actions.
5.	A life course approach—intervening early and exploiting prevention opportunities at all ages and across generations.
6.	Shared responsibility—encouraging complementary actions by all groups.
7.	Responsible partnerships—avoiding ceding policy influence to vested interests.

The benefits of reducing the incidence and impact of chronic diseases are nationally significant. They extend beyond the impact on the health of individuals to our children's future, the wellbeing of the communities in which we live, and the economic prosperity of our society.

Australians deserve a healthier future. We can, and we must, do better.

For further details, please see the accompanying report cards and technical appendix available on the AHPC website.

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Signatories and supporters for chronic diseases prevention for Australia

Australia and New Zealand Obesity Society
Australian Centre for Health Research
Australian Dental Association
Australian Disease Management Association
Australian Federation of AIDS Organisations
Australian Health Care Reform Alliance
Australian Health Promotion Association
Australian Healthcare and Hospitals Association
Australian Psychological Society
Australian Women's Health Network
Baker IDI Heart and Diabetes Institute
Better Health Plan for the West
Brimbank City Council
Cabrini Institute
Cancer Council Australia
Catholic Health Australia
Caring & Living As Neighbours
Charles Perkins Centre, University of Sydney
Chronic Illness Alliance
Cohealth
Confederation of Australian Sport
CRANaplus
Deakin University
Diabetes Australia
Foundation for Alcohol Research and Education
George Institute for Global Health
Health West Partnership
Inner North West Primary Care Partnership
Jean Hailes for Women's Health
Kidney Health Australia
Lowitja Institute
Mental Health Australia
MOVE muscle, bone & joint health
National Alliance for Action on Alcohol
National Heart Foundation
National Rural Health Alliance
National Stroke Foundation
NCD FREE
Network of Alcohol and other Drugs Agencies
Networking Health Victoria
Obesity Australia
Overcoming Multiple Sclerosis
People's Health Movement OZ
Public Health Association of Australia
Royal Flying Doctor Service
School of Medicine, University of Notre Dame
School of Psychology and Public Health, La Trobe University
Services for Australian Rural and Remote Allied Health
Social Determinants of Health Alliance
South Australian Health and Medical Research Institute
Suicide Prevention Australia
The Telethon Kids Institute
Victoria University
Victorian Health Promotion Foundation
YMCA

Acknowledgment of working group members

Expert Advisory Group – Chair Prof. Maximilian de Courten, Director of the Centre for Chronic Disease Prevention and Management, Victoria University; Prof. Alex Brown, Deputy Director, SAHMRI, Adelaide; Prof. Brian Oldenburg, Melbourne School of Population and Global Health, University of Melbourne; Colin Sindall, Chief Preventative Health Officer, Population Health and Prevention Strategy, DHHS Victoria; Dr Erin Lalor, Policy Advisor, Australian Health Policy Collaboration; Prof James Dunbar, Director at Professor James A Dunbar Consulting, Research Advisor, Australian Health Policy Collaboration; Leonie Scott, General Manager, Health Outcomes, National Heart Foundation; Martin Laverty, CEO, Royal Flying Doctors Service; Michael Moore, CEO Public Health Association of Australia; Prof. Ian Olver, Director, Sansom Institute, University of South Australia; Prof. Rob Carter, Alfred Deakin Professor And Chair In Health And Human Services Economics, Deakin University; Prof. Rob Moodie, Melbourne School of Population and Global Health, University of Melbourne; Sharon McGowan, CEO of National Stroke Foundation. **Working Group 1 – Mortality, morbidity and high-risk populations Chair** Dr Andrew Knight, Fairfield General Practice Unit, UNSW and Clinical Adviser, Improvement Foundation **Rapporteur** Dr Kevin McNamara, Senior Research Fellow, School of Medicine, Deakin University, Adjunct Senior Lecturer, School of Pharmacy, Monash University. Prof. Alex Brown, Deputy Director, SAHMRI, Adelaide Mr Bill Stavreski, National Director, Data and Evaluation, National Heart Foundation Dr Christine Connors, General Manager Primary Health Care, NT Dept. of Health Dr Dale Ford, Improvement Foundation, Adelaide Dr Erin Lalor, CEO, National Stroke Foundation. Prof. Ian Olver, Director, Sansom Institute, University of South Australia Ms Jan Chaffey, Camp Hill Healthcare, Brisbane and Life Member of Australian Association of Practice Management A/Prof. John Rasa, CEO, Networking Health Victoria Prof. Jon Emery, Professor of Primary Care Cancer Research, University of Melbourne Ms Karen Booth, Australian Primary HealthCare Nurses Association Prof. Mark Harris, Director, Centre for Primary Care and Equity, UNSW Dr Mark Morgan, Hills Medical Practice, Adelaide Prof. Nigel Stocks, Head of Discipline of General Practice, University of Adelaide Dr Rob Grenfell, National Medical Director, BUPA A/ Prof. Ron Tomlins, President International Primary Care Respiratory Group and University of Sydney Prof. Sabina Knight, Director, Mt Isa Centre for Rural and Remote Health, JCU Dr Steve Bunker, Clinical Research Adviser, Medibank Private. **Working Group 2 – Alcohol Chair** Prof. Kypros Kypri, Senior Brawn Fellow, School of Medicine and Public Health, Newcastle University **Rapporteur** Dr Michael Livingston, NHMRC Early Career Research Fellow, Centre for Alcohol Policy Research, La Trobe University. A/Prof. Kerry O'Brien, School of Social Sciences, Monash University Prof. Maree Teesson, Director, NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS National Drug & Alcohol Research Centre, UNSW Mr Michael Thorn, CEO, Foundation for Alcohol Research and Education, Canberra A/Prof. Peter Miller, Principal Research Fellow, School of Psychology, Deakin University Prof. Robin Room, Centre for Alcohol Policy Research, La Trobe University Prof. Steve Allsop, Director, National Drug Research Institute, Curtin University Prof. Tanya Chikritzhs, National Drug Research Institute, Curtin University. **Working Group 3 – Physical Inactivity Chair** Dr Lyn Roberts AO, Principal Adviser, VicHealth **Rapporteur** Dr Jonathan Malo, Public Health Medicine Advanced Trainee, VicHealth Prof. Adrian Bauman, Sesquicentenary Professor of Public Health, Boden Institute, University of Sydney Prof. Fiona Bull MBE, Director, Centre for the Built Environment and Health,

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