

WESTERN SYDNEY DIABETES PREVENTION STRATEGIC ALLIANCE WORKSHOP



5 APRIL 2016
NOVOTEL, PARRAMATTA



Health
Western Sydney
Local Health District

OVERVIEW



People in Western Sydney are living in a diabetogenic environment where it is difficult for the residents to engage in a healthy lifestyle.

There exists an urgent need to change the environments in which people live, work and play to address the social determinants of health in Western Sydney.

Change is required to enable the residents to purchase affordable fresh food, to have access to safe areas for physical exercise and to reduce the dependency on car travel in favour of active transport. Such change cannot be elicited by the health sector alone but requires a combined effort from government, community and the private sector.

This 'all of community approach' is resulting in the formation of a Western Sydney Diabetes Prevention Alliance attracting participation from a number of sectors. In preparation for the launch of this high-level Alliance, a multi sectoral Strategy Workshop was conducted.

The purpose of the Workshop was to gather experts in a number of fields which included health, urban planning, transport, education, sport, parks and recreation, as well as family and community services to develop a series of initiatives based on best available evidence to address the causes of diabetes. These initiatives would form a matrix which would involve participation from a variety of sectors.



THE OBJECTIVES

The Western Sydney Diabetes (WSD) Committee and the Department of Premier and Cabinet co-hosted a one day workshop in April 2016 with experts from a variety of sectors. The workshop aimed to:

1. Develop a series of initiatives to address the diabetes epidemic and obesity challenge in Western Sydney.
2. Develop a community based approach of preventative actions for Western Sydney.
3. Form an alliance of state and local government along with the private sector, to develop and implement the WSD Initiative.

Case studies were presented which highlighted programs that were locally and internationally successful. This helped the participants to define their roles and how they could have a positive impact on the behaviour and environment for people in Western Sydney.

A range of presentations, Q&A panel sessions and working groups allowed input and synergies to be created amongst the collection of sectors represented on the day.

THE EVENT

The Diabetes Strategy Workshop had 75 participants from a number of sectors including State Government, (Health, Premier and Cabinet, Sport and Recreation, Education, Police, Family and Community Services, Parklands Trust), Local Councils, NGOs, corporate organisations and TAFE.

Welcome and Vision for the Workshop: Daniel Simpkins, (Acting Senior Regional Co-ordinator, Department of Premier and Cabinet), Walter Kmet (CEO WentWest) and Charles Cascucelli (CEO Western Sydney Regional Organisation of Councils – WSROC) welcomed the participants and set the tone for the meeting by stressing the need to address diabetes through turning back the weight gain clock.

They noted that to achieve this goal, cross-sectoral and agency partnerships were critical. The formal proceedings commenced with three key speakers.

TAKING THE HEAT OUT OF OUR HOTSPOT WHAT CAN WE DO?



SPEAKER - PROFESSOR STEPHEN COLAGUIRI

Professor Stephen Colaguri, Boden Institute For Obesity, University of Sydney, provided statistical evidence on the extent of the diabetes problem, stating that in Australia around 1.5 million people have diabetes (1 in 5 people over the age of 65), with an additional 2 million having pre-diabetes. These statistics are even more serious in western Sydney where the occurrence is 1.5- 2 times that of the national average. There is a close link between BMI and the risk of developing diabetes which increases exponentially. Interventions during the first 1,000 days after conception can have a lifelong positive impact and can mitigate the risk of chronic non-communicable diseases such as obesity, type 2 diabetes and hypertension.

Randomised controlled trials have illustrated that a reduction in 5% body weight can reduce the risk of developing diabetes by 40-60% and in turn can have a positive long term risk reduction of approximately 30% for up to 20 years.

Three approaches are required for adoption in diabetes prevention. Firstly, a population based action that encourages and enables healthier lifestyles. In this case, the need to prevent people gaining weight is equally as important as weight loss. Secondly preventative interventions need to be implemented for people at high risk of developing diabetes. This needs to provide intervention options such as face to face groups, mobile technology, telephone counselling, webinars, and commercial programs.

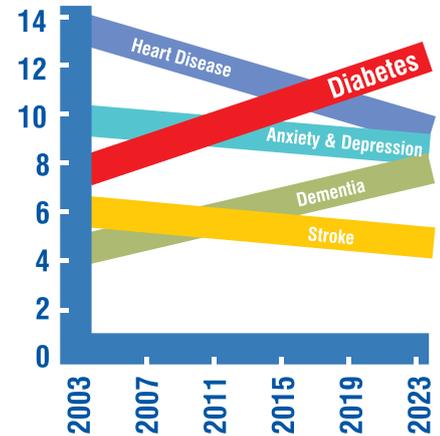


Finally, there needs to be an improvement in pre-conception health and care during and after pregnancy. Facilitating populations to reduce modifiable risk factors include a component for education, however education alone is not enough. It needs to be complemented with a supporting environment, financial incentives/disincentives and legislation/regulation. The need to implement regulation is essential, as every major successful public health initiative has included legislation and regulation. Such examples include smoking, road trauma, alcohol and fluoridation. A new sugar tax is about to be launched in the UK and a Mexico Sugar Tax of 10% on soft drinks has after 12 months reduced consumption by 6%.

The NHS in the UK is starting 'A Healthier You' diabetes prevention programme aimed at triple prevention with the health system taking on responsibility for targeting high risk patients, health care staff and the public. Health systems should lead by example to improve workplace wellness. Advocating prevention while hosting an unhealthy food environment on hospital premises is unacceptable.

In conclusion: Diabetes prevention is key to reducing the burden of diabetes. Strong evidence exists supporting diabetes prevention in high risk individuals. Early life interventions are very important. Population approaches and creating healthy health care facility environments are feasible. This prevention initiative has the potential to lead the way for the whole of Australia.

DALY's per 1000 population



Diabetes trajectory for prevalence overtaking other diseases



TAKING THE HEAT OUT OF OUR HOTSPOT WHAT CAN WE DO?



SPEAKER - PROFESSOR SUSAN THOMPSON

Professor Susan Thompson, City Wellbeing, City Futures Research Centre, UNSW addressed three important domains of a healthy built environment which can influence health. These are: getting people active, connecting and strengthening communities, along with providing healthy food options. There is increasing evidence linking the built environment to human health and well-being. Unfortunately environments have 'designed out' physical activity and social interaction resulting in unsafe, unfriendly, car dominated environments. Such settings make it difficult for maintaining physical and mental well-being and contribute to the major risk factors for chronic disease: obesity, physical inactivity and social isolation.

Research and practice provide evidence of built environment interventions that support health. Interventions that result in getting people active include well maintained and connected footpaths, bike paths and open spaces which are age appropriate, and suitable for differing abilities and culturally diverse groups. Destinations that are walkable ideally have mixed uses, are pleasant and connect to active transport. Staircases that are outside, as well as those in buildings, need to be central and easy to use. Parks need to be appropriate for the climate with adequate shade and water. They also need to be safe and free from crime and traffic, and if a park is not perceived as safe, it won't be used. Education needs to be provided on how to use facilities, especially those that are shared. Public transport is a key intervention in increasing physical activity, however it must be viable and easy to use, well connected to other uses and other forms of transport.

City density, mixed use and micro-design elements in some combination are most likely to influence levels of physical activity. Short trip distances are associated with higher population densities and support active transport, which in turn encourages greater physical activity.

Access to healthy food can be supported by councils, schools, farmers' markets and community gardens. Edible urban environments such as vegetables in grass verges also create a sense of community. The location and treatment of green and open spaces facilitate contact with nature, as well as contact with community. Good quality and sufficient green open space is critical for physical and mental health. To connect communities it is essential that there are public spaces within residential areas that combine a sense of history and culturally appropriate design. These places are important for people to be out and about, ensuing they are part of their communities. Walkways and greenways are essential. Resources include the 'Healthy Active by Design', 'Health by Design SA', NSW 'New Planner', 'Planning Australia', 'Making Healthy Places', 'Routledge Handbook of Planning For Health and Well-Being'.

<https://cityfutures.be.unsw.edu.au/research/programs/city-wellbeing/>

To be able to support healthy behaviours through the built environment, it is necessary to work across disciplines and bridge different knowledge bases and research traditions. Interdisciplinary education is required as is the need to recognise diversity and appreciate the local context. Advocacy is required for healthy built environment legislation. And finally, strong stakeholder partnerships are required with government, private corporations, researchers, educators, NGOs and the community.



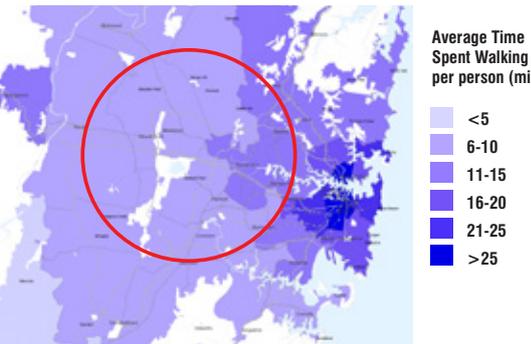
TAKING THE HEAT OUT OF OUR HOTSPOT WHAT CAN WE DO?



SPEAKER - BEN CEBULIAK

Ben Cebuliak, Active Transport Planning, Transport for NSW

addressed the issue of supporting customers to walk and cycle for transport. More than 2 million of the car trips we make each weekday are less than 2km. The aim is to convert a portion of these trips from car to foot with programs to get people walking more, through better connected walking, local walking routes, improved street crossings and other walking infrastructure especially in our most congested areas. The Household travel survey shows that people in western Sydney spend relatively less time walking as part of their daily travel than the average Sydneysider. Research has shown that most people are prepared to walk up to 2km, ride a bike up to 10km, catch a bus from 2-10km, and take rail for trips longer than 10km. Transport for NSW is committed to promoting walking and cycling as viable transport choices. The Sydney Cycling Survey shows that western Sydney has relatively good participation in cycling, however the bulk of this is for intermittent recreation. The challenge remains to convert these rides into part of peoples travel habits.



The people of Western Sydney spend less time walking on average than people in other areas

People walk for health and social benefits however also value direct routes, well connected footpaths, safety and security measures and better supporting facilities such as shade, rain coverage and signage. As well as cycling for health, riders also request high quality direct routes separate from other road users. More responsible sharing of paths and facilities such as street lighting, parking facilities at transport interchanges are also of importance.

To deliver walking and cycling initiatives there are 3 pillars of action:

1. Connecting the walking and cycling networks- connecting busy centres and interchanges through walking and cycling infrastructure and programs, along with promoting trip planning and way finding
2. Promoting cycling and walking – using existing infrastructure, promoting Pedestrian Safety and Cycling Safety Action Plans, traffic light safety and lower speed limits
3. Engaging with our partners, especially local councils in Community Strategic Plans and a 50-50 partnership in programs such as Walking Communities Program and the Connecting Centres Cycling Program.

Other programs to have been initiated include the Priority Cycleways Program and the Good Move walking and cycling promotional campaign. Priority has also been given to new roads having parallel structure for walking and cycling. Locally, priority is being given to completing the cycle network to link Blacktown shops, business and the hospital. Facilities for bike riders are to be installed at rail stations.

A large number of walking and cycling events are held and supported by Transport NSW. The Priority Precinct program and Urban Transformation Program aim to provide more homes closer to jobs, create walkable and cyclable neighbourhoods and provide improved access to public transport. Working with partners, stakeholders and other government agencies is vital as we endeavour to promote active and integrated transport. Our focus is on reducing obesity through active living programs and actions related to the Premiers Priority to fight diabetes. We count ourselves as a number of government and non-government agencies supporting this initiative.

THE PANEL



PANELIST - CHRIS RISSEL

Director Office of Preventive Health

Chris Rissel, Director Office of Preventive Health outlined the four key elements of the State Government's Healthy Eating and Active Living Strategy (HEAL) which incorporate Environments, Programs, Advice, along with Education and information. The NSW Office of Preventive Health contributes to implementing the HEAL Strategy through 4 areas of work.

- **Healthy Children Initiative** – a range of programs aimed at children and their parents from early childhood onwards in a variety of educational and sporting settings
- **Get Healthy Information and Coaching Service** – a six month individually tailored telephone based coaching programs. Additional modules are available for Aboriginals, Type 2 Diabetes Prevention and Gestational Weight Gain
- **Get Healthy at Work** – for organisations to provide health promotion activities to support workers to reduce their risk of lifestyle-related chronic disease. This can include brief health checks along with access to a workplace health provider, tools and resources. The focus areas are healthy eating, healthy weight, physical activity, active travel, smoking and harmful alcohol consumption.
- **Evaluation and strategic projects**

www.preventivehealth.net.au



PANELIST - PETER MCCUE

Active Local Councils: effective partnerships for Healthier Communities

Considerable action is taking place at the local government level with the proposed Integrated Planning and Reporting Frameworks (IPR) which have engaged consumers and set health as one of the key objectives. These objectives are leading to specific activities and actions. PCAL has a web-based guide to assist in utilising the IPR Frameworks to promote active transport, recreation and green space and supportive urban design and healthy eating. Advice for councils on funding opportunities is also available. www.nswpcalipr.com.au

All local councils need to update their Community Strategic Plan (CSPs) as part of the local council election cycle. That means councils across NSW, whether subject to forthcoming merger proposals or not, will be consulting with their local communities to update their CSP objectives throughout 2016-17. These CSP updates provide an opportunity to elevate improved health and active living as priority objectives across all NSW local communities.

'During 2015, WSROC Mayors engaged in a formal joint Walk 21 Charter signing event, with individual local councils to respond depending on local community priorities.' FitNSW 2016 included a case study presentation by WSROC and health representatives highlighting how their collaboration had facilitated ongoing improvements across a number of Western Sydney councils. Filmed brief presentations are available at: http://www.pcal.nsw.gov.au/fitnsw/fitnsw_2016



COMMITMENT TO CHANGE



PANELIST – EDWINA MORRIS

Urban Design, Parramatta Council

The Council has recognised that the reliance on cars in Parramatta had created left over spaces, abandoned by pedestrians and altered the shape of the built environment. There is a need to reshape the city to recreate a public life and increase walkability. They have implemented 2 creative plans to address this need.

The Laneways Project takes advantage of the city's historic grid of laneways to enhance both usage and access to the city's centre. The lanes are being revamped to become destinations in themselves with hole in the wall coffee shops, as well being painted, providing concessions to local businesses and hosting local events. More people walking then creates a positive loop.

The Parramatta Ways Strategy is designed to enhance access and mobility across the residential areas in the City. This has involved 51km of new footpath, 380km walking network, 28,000 new trees an average 2.8 degree temperature reduction and connections to all nature trails.



PANELIST – KERRY TURNER

Manager Industry Programs, NSW Department of Sport and Recreation

Sport in NSW is an area with high participation, multiple organisations, clubs, volunteers and coaches. Participation opportunities are ever increasing with 'social sport', a non- traditional version of sport, becoming an emerging trend. Such activities provide the opportunity for more people to play for fun, fitness and friends. Examples of products attracting new markets include Cardio Tennis, AFL 9s, and Park Run.

HEAL strategies that have been incorporated into Sport and Recreation include 'Finish with the Right Stuff', an exciting program to encourage children to eat healthy and drink water after sport, <http://www.rightstuff.health.nsw.gov.au/> as well as programs and grants that target under-represented and disadvantaged groups. Possible opportunities for Western Sydney include enhancing and promoting existing programs and forming strong linkages with local providers.

It will be important to connect people with opportunities as well as promote participation. For example there is potential to engage more Western Sydney schools in the national Sporting Schools Initiative and link these participants to local clubs.

PANELIST – JUDY DAVIE

The Food Coach

The Food Coach has been active in implementing a weight loss campaign called LightenUp Wagga in Wagga Wagga (the fattest city in NSW). LightenUp Wagga was an incentivised community weight loss program where people perceived value from day one before they realised the benefits of weight loss. Members were offered deals, incentives and free activities from the start and throughout the entire campaign with many of these deals developed in collaboration with the business community.

The campaign name was chosen with two aims:

1. To help people become lighter (lose weight)
2. It had to be enjoyable and light hearted so people wanted to join in.

Local business and media were encouraged to get on board and offer something to help the LightenUp community lose weight. Through various communication channels and events members were informed about what to eat and how to make it enjoyable and through the group interaction they inspired each other to keep going.

Each member was given a starting toolkit which included a copy of The Food Coach's book 'The Greengrocer's Diet'. A priority of the campaign was to reach those most in need and prove that fresh healthy food is simple, affordable and delicious. Outstanding community support and engagement was achieved and 155 members joined up. The average weight loss was 5.7 kg, however for those participants > 100 kg, the loss was 7 kg. The average weight loss of participants < 70 kg – 4.7 kg, with the greatest loss being 30 kg. This model is transferable to other regions within NSW and has potential for licensing and adoption within all or part of Western Sydney. The following URL provides a snapshot of the program: <https://youtu.be/zO3SoJzfHU0>



PANELIST – JENNY KNEIPP

Learning and Wellbeing Coordinator, Public Schools NSW

NSW Department of Education policies support a whole school approach to increasing physical activity, healthy eating and wellbeing.

The Personal Development, Health and Physical Education (PDHPE) curriculum has an important primary prevention and early intervention focus in assisting all children and young people to develop an understanding of healthy lifestyles. PDHPE develops the knowledge, skills and attitudes students need to lead healthy, active and fulfilling lives.

The Wellbeing Framework for schools outlines physical wellbeing including nutrition, preventative health care, physical activity and physical safety and security. Planned physical activity opportunities in the school setting offer the best opportunity to foster the development of physical literacy for all children and young people. This includes PDHPE and School Sport.

Trends toward physical inactivity and unhealthy eating habits in children and young people are of particular concern due to the associated range of short-term and long-term health implications. Schools work in collaboration with family, community, health agencies and local, state and national to implement strategies such as Crunch and Sip, Healthy Canteens and Live Life Well. This ensures a consistent message to students and contributes to establishing supportive environments that promote health.



TAKING THE HEAT OUT OF OUR HOTSPOT

WHAT CAN WE DO?

FOOD GROUP 1	FOOD GROUP 2	SPORT
Focus on Culturally and Linguistically Diverse (CALD) and lower Socio Economic Status (SES) with education on healthy food preparation, motivation to eat healthy & cooking skills	Food and nutrition security: form a multi-sectoral approach in making healthy food available, accessible and utilised effectively	Support the 'Sports in Schools' initiative. Identify schools who have and haven't signed up and work with both.
Provide evidence-based food guidelines for CALD and lower SES	Education required – both skills and capacity	Explore short and long- term evaluation strategies to assess effectiveness
Identify opinion leaders as advocates and train through Councils, Local Health Districts (LHDs), YMCA, NGOs and PHN	Resources required – for example, a mobile community kitchen	Provide free, low-cost facilities and equipment
The hub should be Diabetes NSW	Acknowledge and expand upon the existing programs such as 'make healthy normal' to eat less/ live more	Introduce a coaching service specifically for Western Sydney
Educate GPs (PHN)	Target 'low risk' to prevent deterioration	Promote walking especially to and from schools, medical centres/ hospitals and workplaces. WSROC could provide support through Walk 21 Initiative
Provide a 'tool-kit' of actions: recipes, meal plans and shopping lists	Targeted marketing campaign for at risk areas in Western Sydney	Kildare Road Medical Centre walking groups could be used as a model for other surgeries and workplaces
Additional targets include mother's groups	A Lighten Up weight loss initiative targeted at a specific hot-spot eg Blacktown	A project could involve assessing the overseas success in establishing walking groups
	Importance of portion control at food outlets, home, community and educational institutions	There has been success in soccer in WS and the Alliance should aim to work with them

ACTIVE TRANSPORT	URBAN PLANNING	CHILDREN & YOUTH	COMMUNITY ENGAGEMENT
1. Identify place- based neighbourhood groups at risk eg Pacific Islanders	Important that health is a significant input into the master planning of new communities	'I'm worth it' Campaign to promote sense of good self-worth (attend appointments, school, keeping healthy)	Under the banner 'Lighten Up Western Sydney' launch a number of engagement strategies
Work with them in 2-way dialogue	Opportunities exist within District Plans and PCAL's 'Healthy Planning Expert Working Group' with input into the Sydney Metro Strategy	Initiative would be supported by schools and include a Launch event and A 'Kid's Jury' to discuss 'what gets in the way of good food choices'	Identify what the community wants and what it can contribute to the program- no cookie cutter approach. Identify leaders in communities and families
Objective to increase walking and cycling eg in Blacktown	For Local Govt, Health needs inclusion in Community, Environmental and Development plans	A Kid's Debate to be run simultaneously at schools with the aid of social media. Run by and for young people	Identify existing programs and resources that are available
2. Introduce an annual walking festival – Diabetes West Walk	Open space and infrastructure such as cycleways to be provided up front	A Youth Development Program involving facilitation, specific projects and infrastructure	Provide education as to the risks of unhealthy living
Festival to include a 3 month build up, health checks, training	Allowance to be made for farmer's markets, community gardens and urban agriculture	Also target parents – 'What have you done for your kids this week?'	Shop, Cook, Save program in collaboration with councils
3. Look at the practicality of shared paths (cyclists and pedestrians)	'Hub & Spoke' approach to planning around nodes	Children and youth would develop the program to include sport and issues affecting self esteem	Develop a recipe app which is aimed at the region
	Health indicators should underpin plans	Launch with the Great West Walk	Target specific communities eg Chinese
	Demonstrate health outcomes align with economic and employment outcomes		Link in with Local Govt Integrated Planning and Reporting Framework & Community Plans
	Qualitative as well as quantitative measures are required		

TAKING THE HEAT OUT OF OUR HOTSPOT WHAT CAN WE DO?

COMMON THEMES AND THOUGHTS

Several recurring themes were evident amongst a number of groups. These were:

- Specific requirements for CALD residents. This extends to identifying opinion leaders, communicating specific risk factors and catering for specific diets.
- The concept of Lighten Up was widely accepted as providing the model for a campaign that could be implemented within Western Sydney. This was particularly attractive as it allowed for the different traits of resident groups and localities in Western Sydney.
- The need for community input into the design of targeted programs. Allowing the community to decide what they wanted and what they could contribute to a program was recommended in the development of several programs.
- The need to involve schools. This encompassed involvement in sport, walking incentives and programs aimed at children and youth.
- Walking. Suitable venues and models were identified as having potential for introduction into Western Sydney.
- Education. Whether it be about healthy food and how to prepare it, or the consequences of diabetes, education for all levels of the community was considered essential
- The need for Council involvement was included throughout. This spanned the provision of cooking facilities to planning new communities.
- The need to map existing programs and resources. This was considered an essential basis on which to build a number of new initiatives.

WHERE TO FROM HERE?

The key finding from the day was that a multi sectoral approach was required to address the causes of diabetes in Western Sydney.

To achieve this it was agreed to form a steering committee to develop a strategy for Western Sydney encompassing:

- Food
- Physical activity
- Urban planning and transport
- Communications and marketing.

A launch of the strategy is planned for late 2016.

DIABETES STRATEGY WORKSHOP PARTICIPANT LIST



NAME/ TITLE	ORGANISATION
Alan Barclay, Chief Scientific Officer	Glycemic Index Foundation
Amy Nguyen, RMO	WSLHD
Annette Saling, Health and Safety Coordinator	NSW Police Force
Anton Vandenberg	Harvest Hub
Archana Gulvady, Dietician, Clinical Governance and Therapists Team	FACS
Ben Cebuliak, Manager Active Transport	Transport NSW
Bethany Franklin, Acting Clinical Nurse Consultant	FACS
Bill Avery, Volunteer	Walking Volunteers
Bill Gastineau-Hills	Transport NSW
Carol Ashworth, Social Planning Co-ordinator	Blacktown Council
Charles Cascucelli, CEO	WSROC
Chris Rissel, Director	NSW Office of Preventive Health
Christine Newman, Deputy Director, Centre for Population Health	WSLHD
Christopher Ward, Senior Policy Officer	Ministry of Health
Clarissa Stepek, Urban Planner	Blacktown City Council
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Kerry Turner	NSW Department of Sport & Recreation
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Michele Walton, Nutrition Communications Advisor	Australian Food and Grocery Council
Monique Cashion, Nutrition Manager	Woolworths
Nathan Schlesinger, Partner	Price Waterhouse Coopers
Nick Wright, Service Manager, Recreation Facilities and Programs	Parramatta City Council
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