were shown images of mock food packs featuring various health claims and FoPLs (including the Daily Intake Guide, the Multiple Traffic Lights and the Health Star Rating). All mock foods were designed to be unhealthy (i.e. with a Health Star Rating of 2). Participants were provided with broad discussion prompts to elicit their spontaneous thoughts about the products represented by the mock packs. The discrepancy between the unhealthy FoPL and the positive health claim was noted by many participants (including children), particularly when the Health Star Rating was applied. These results illustrate the important role of FoPLs in providing consumers with an objective indicator of product healthiness.

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Attributes used by consumers to assess alternative front-of-pack food labelling systems

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Governments are increasingly relying on population-level interventions such as food labelling to encourage individuals to make healthier food choices. Such interventions are employed in an attempt to address high and growing levels of obesity and the rapidly increasing prevalence of nutrition-related diseases. There are many front-of-pack labelling systems in existence, but there is inadequate evidence available for policy makers to make informed decisions about the most appropriate system for their national context. The aim of the present study was to explore Australians' front-of-pack label preferences and the criteria they use to determine these preferences. More than 2,000 consumers aged 10 years and older responded to a national online survey that invited them to choose between the daily intake guide (DIG), multiple traffic lights (MTL), and health star rating (HSR) systems. They were then asked to provide any reasons for their stated preference; they were able to state as many reasons as they wished. The most popular system by a substantial margin was the HSR, with this stronger preference being especially apparent among children. The next most preferred system was the MTL, followed by the DIG. The label attributes most commonly cited as determining respondents' preferences were (1) ease of understanding and use, (2) speed of use, and (3) salience. The HSR system was considered most effective in terms of ease and speed of use, while the MTL system was perceived to be most salient due to the inclusion of colours. These results provide further evidence of the potential positive impact of the HSR system on consumers' food choices and suggest that future research assessing front-of-pack labelling systems should ensure the variables of ease and speed of understanding/use and salience are included in study instruments.

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Comparison of an electronic versus traditional food diary for assessing dietary intake — A validation study

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Background: Paper-based estimated food diaries are often used in research to collect dietary data, despite this method being burdensome for both participants and researchers. Such food diaries are often time consuming, labour intensive, and rely on participant literacy and therefore may lead to greater rates of under-reporting.

Methods: This study assessed the validity of the '*Boden Food Plate*', a novel web-based electronic application, compared to a paper-based three-day estimated food diary. Participants were also asked to rate their satisfaction with the new electronic diary. Sixty seven participants completed both the

electronic and paper-based diaries at two different time-points.

Results: Baseline BMI of participants (mean ± standard deviation (SD)) was 30.4 ± 2.9 kg/m^2, body weight was 87.6 ± 13.4 kg, and age was 42.3 ± 7.7 years. Fifty four percent (n = 41) of the cohort were female. Bland Altman plots for total energy, and percentage of total energy intake from fat, carbohydrate, and protein, indicated that the two methods of dietary data collection were in agreement. Participants rated the electronic food diary as easier to use and more fun than the traditional paper-based estimated food diary.

Conclusion: These results show that the Boden Food Plate would be as valid and reliable as current data collection methods and is therefore a practical, and easier, means of collecting data on dietary energy and macronutrient for future studies.

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Invited talk: Managing children and adolescents affected by overweight and obesity: Implications for health systems

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While there has been a recent plateauing in the prevalence of obesity in Australian children — although not adolescents — the prevalence of severe or morbid obesity in this age group continues to increase, as does that of central adiposity. Children and adolescents affected by overweight and especially obesity also present more frequently to primary, secondary and tertiary care services than would be expected from the background prevalence of the problem, although they are only infrequently treated for it. At the same time, most paediatric health professionals feel ill-equipped to manage patients affected by obesity; existing clinical services in Australia and New Zealand are sparse, poorly coordinated and at times inequitable; and there remains significant institutional, health professional and community stigma towards affected individuals.

The chronic disease care pyramid provides a model for delivering services to people with obesity. This is based upon a tiered level of service delivery relating to severity of disease, at primary, secondary and tertiary level. Thus, although most people affected by the problem of obesity can be managed via self-care or family-based care, with support from primary care or community-based health-service professionals, treatment by multidisciplinary care teams and possibly tertiary care clinics is needed for those who are more severely affected. Access to bariatric surgery should also be available at the tertiary care level. Individual clinicians and health service providers/funders should be aware of the presence of other services within their geographical region, and the capacity of these services to take referrals or to co-manage patients. These services could include group programs, individual consultations with allied health professionals or nurses, or specialised tertiary services.

There is a need for development and evaluation of cost-effective healthcare pathways that fit in with existing paediatric clinical services and which have broad reach, especially to more socially disadvantaged people. Further, significant investment in ongoing health care professional training is required at undergraduate and postgraduate level at different levels of intensity.

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Invited talk: Key learnings from the PEACH program in Queensland

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PEACH^{TM} (Parenting, Eating and Activity for Child Health) is a healthy lifestyle community program targeting Queensland families with overweight primary school children. PEACH^{TM} aims to assist parents to build knowledge, skills and confidence around health eating and physical activity. The program implements an evidenced-based intervention consistent with clinical practice guidelines.

Methods were designed with the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework in mind and the following data are collected:

Reach: Family demographics

Effectiveness: Changes in parental knowledge, skills and confidence; child anthropometry, diet and