VICTORIA’S CITIZENS’ JURY ON OBESITY

INSIGHTS REPORT 2016
ACKNOWLEDGEMENTS

Steering Group
AMA Victoria
Australian Beverages Council
Australian Food & Grocery Council
CHOICE
City of Melbourne
Coles
C-PAN Deakin University
Department of Premier and Cabinet in Victoria
Foodbank Victoria
Obesity Policy Coalition
Tennis Australia

Invited observers
Behavioural Insights Team
Professor Annette Braunack-Mayer
Dr Jackie Street

Delivery Partners
KINSHIP Digital
MosaicLab
newDemocracy Foundation
Wildwon

Presenters
Opening speakers to the jury
Mary-Anne Thomas, MP
Dr David Halpern
Jerril Rechter

Expert witnesses called by the jury
Adam Ferrier
Dr Daniel Little
Dr Anna Peeters
Dr Gyorgy Scrinis
Andrea Sloane

Most of all, we acknowledge the contribution from the 114 Victorians who comprised Victoria’s Citizens’ Jury on Obesity.
This year marks the 30th anniversary of the historic declaration of the Ottawa Charter for Health Promotion. At its core were the three actions of advocacy, enablement and mediation. These actions remain as relevant to health promotion today as they were back in 1986.

In recent years, we have witnessed many changes with major demographic shifts, technological advances, and the rise of new, participatory models of democracy. These have occurred against the backdrop of dramatic increases in chronic diseases.

Obesity is now undoubtedly the most significant health challenge of our generation. It accounts for approximately 85 per cent of Australia’s burden of disease, and many chronic diseases are preventable if we can reduce the risk factors including obesity. 63 per cent of Victorians are now overweight or obese as are approximately 25 per cent of our children which is astounding as well as very troubling.

Our response needs to be both creative and collaborative, drawing on those foundations of health promotion. Solving a problem such as obesity cannot be done by one agency alone; it cannot be achieved by governments alone. We must work across government, business and industry, and with the community to create the solutions that will benefit the whole of our population. We need the resolve to maintain our courage, our investment and our commitment to innovate for better health.

Victoria’s Citizens’ Jury on Obesity, an initiative of VicHealth, represents one of the cutting edge approaches needed to partner with the public and build consensus on how to tackle obesity. Working with a diverse range of stakeholders and experts, this model gave everyday Victorians a journey of discovery to understand the factors influencing the way they eat and exercise. The result is 20 clear ‘asks’ which form a blueprint for coordinated action from government, industry and the community.

A recent Lancet study indicates that overeating has become a bigger problem than world hunger. Almost a fifth of the world’s obese adults now live in six high-income countries including Australia. This is a stark reminder that there has never been a more pressing time for urgent action on obesity.

Professor John Catford
Chair VicHealth
VicHealth has a strong commitment to innovation as a way of surfacing opportunities to accelerate the progress of health promotion efforts, as well as that of our own Action Agenda for Health Promotion. This includes trialling new approaches to solve complex public health issues, such as obesity.

Obesity is described by the World Health Organization as ‘one of today’s most blatantly visible – yet most neglected – public health problems’ (World Health Organization n.d.). Despite the continuing efforts of governments and advocates around the world, we continue to see rates of obesity worsening. In Australia, almost two-thirds of adults are overweight or obese (Department of Health 2014) with predictions indicating that 72 per cent of adults will be overweight or obese by 2025 (Leung 2014). Estimates suggest that, by 2025, one-third of Australian children will be overweight or obese (Leung 2014). The increasing social and economic costs of obesity highlight the need to explore new and comprehensive approaches.

In 2014, Dr David Halpern from the UK’s Behavioural Insights Team started a two-year residency with VicHealth as our inaugural Leading Thinker, with a focus on obesity. As a part of his residency, Dr Halpern challenged us to consider how we might apply behavioural insights to health promotion, and to re-envision the policy development process to enable citizens to engage with complex public health issues. By enabling citizens to understand influences which shape how they make decisions in practice, and by building community consensus on the required actions, we might be able to shift the dial on obesity by providing a more cohesive environment to support government, industry and community action.
A traditional approach to policy development focuses on five key stages: agenda setting, policy formulation, policy adoption, policy implementation and policy evaluation (The Texas Politics Project n.d.). Citizens are primarily engaged in this process through opportunities such as opinion polls and once every three to four years at the ballot box.

Governments have begun to explore innovative democratic models such as citizens’ juries to develop better, and more enduring, public policy and deliver public value. Across Australia and around the globe, civic participation is being reimagined to address issues as diverse as environmental sustainability (Geraldton, WA), waste management (Noosa, Queensland), energy reform (Parliament of NSW), constitutional reform (Ireland), political donations (Estonia), chemical exposures and public health (USA), rebuilding of lower Manhattan after the World Trade Center attacks (USA), and mental health strategy (Canada). A growing body of evidence suggests that greater democratic participation is proving to be effective in finding impactful, long-term policy solutions (MacDonald 1998; Irvin and Stansbury 2004; Street et al. 2014).

Recognising existing efforts around obesity in Victoria by state and not-for-profit organisations, VicHealth identified an opportunity to test out the value of democratic innovation in public health. It was a chance to engage Victorians in debate and conversation as a means of informing mainstream policy and practice. In 2015, we instigated a deliberative process to catalyse public discussion and debate on the issue of overweight and obesity: Victoria’s Citizens’ Jury on Obesity.

This report describes our deliberative process and presents some of the key insights and learnings from our journey.

Jerril Rechter
CEO VicHealth
BACKGROUND AND OVERVIEW

A citizens’ jury is an innovative means of involving everyday people in the process of government decision-making. Actions to address complex public health issues such as obesity can elicit polarised responses from government, industry and the community at large. Understanding the interaction between human behaviour and the environments in which we live, work and play is critical when translating research into effective and enduring public health policy.

Victoria’s Citizens’ Jury on Obesity, an initiative of VicHealth, provided 100 everyday Victorians with an independently designed and facilitated process to allow them to make their own decisions on obesity, and how they would like government, industry and community to respond. The intent was to mobilise communities and individuals to take action, encourage industry to initiate change, and create an enabling environment for stronger government action.

The jury was asked to respond to the following remit:

**We have a problem with obesity. How can we make it easier to eat better?**

Submissions of evidence responding to the question were invited by newDemocracy Foundation. Jurors were provided with 64 submissions encompassing a broad range of views from public health advocates, food retailers and industry groups, community organisations and individual community members. After six weeks reviewing and discussing this evidence online, using a specially designed collaboration platform, the jury was asked to identify any gaps and to select experts they would like to hear further evidence from in person.

On 17 and 18 October 2015, 78 people randomly selected from the broader Victorian population came together as citizen jurors to consider the additional evidence, consolidate their views and develop their asks. An ‘ask’ is the jury’s perspective, after considering the evidence, on what needs to be done to address the issue.

The jury presented 20 asks to a Steering Group comprising key government, industry, public health and community decision makers and convened by VicHealth. The group included representatives from AMA Victoria, Australian Beverages Council, Australian Food and Grocery Council, CHOICE, City of Melbourne, Centre for Physical Activity and Nutrition Research at Deakin University, Coles, Foodbank Victoria, Obesity Policy Coalition, Tennis Australia, VicHealth and the Department of Premier and Cabinet.

The Steering Group publicly responded to the jury’s asks on 4 December 2015.

The progress of the jury’s asks (see Appendix 1) will be monitored by VicHealth. We and some members of the Steering Group will continue to work with policy makers, public health and consumer advocates, and industry to promote the asks of the jury.
Victorian Citizens’ Jury Timeline
Overview of the entire deliberation process

1. ORIENTATION (28 AUG - 6 SEP)
Settling into online space, the process and introductions.

2. FACT FINDING (7 SEP - 13 SEP)
Reviewing pre-reading material, ensuring understanding of the case for change.

3. SUBMISSIONS IMMERSION (14 SEP - 20 SEP)
Review the submissions, seek additional expert content.

4. KNOWLEDGE GAPS (21 SEP - 27 SEP)
Identify knowledge gaps and agree on who could fill those gaps as speakers at face to face forum.

5. INITIAL IDEAS (12 OCT - 18 OCT)
An opportunity to review/reflect on all activity to date.

6. FINAL IDEAS (5 OCT - 11 OCT)
An opportunity to poll on discussion topics and generate our skeleton themes/asks for the final report.

7. REFLECTION (17 & 18 OCT)
An opportunity to poll on discussion topics and generate our skeleton themes/asks for the final report.

WELCOME EMAIL (28 AUG)
Welcome and login details.

WELCOME PACK (1 SEP)
Reviewing pre-reading material, ensuring understanding of the case for change.
The Asks

1. Provide ongoing funding for community level programs that encourage healthy eating.

2. Mandate healthy eating and cooking as part of the school curriculum from pre-school to year 10.

3. Develop an ongoing "Life Be In It" or “Slip Slop Slap” style campaign for healthy eating across all types of media.

4. People on low incomes will have a discount on healthy food when they go to the shops.

5. A government-funded program to teach practical skills such as budgeting, shopping and cooking to at-risk groups.

6. Amend State planning regulations to improve access to fresh produce by:
   - requiring the incorporation of edible, green spaces in new housing and community developments
   - protecting a proportion of fertile land for agricultural purposes as opposed to housing development, specifically in the ‘green belt’ surrounding the outer suburbs.

7. Make drinking fountains and taps freely available, accessible and visible at public events and places, parks and shopping centres.

8. Restrict visibility and accessibility of ‘Red traffic light’ drinks and foods at the point of sale (where you complete the sale).

9. Establish more healthy kitchens in schools, universities hospitals and large workplaces.

10. Ban “junk food” and beverage marketing to children under the age of 16 years.

11. Provide only healthy food and drinks in Victorian schools.

12. Ask that the Victorian government prevent companies from locking farmers into unfair, restrictive contracts. Where a company does not require all the produce it has requested from a farmer the produce does not go to waste. Surplus must be made available for sale in the local/national area and other regions or to donate the surplus to charitable organisations, with farmer's controlling what is grown on their farm.

13. (1) Increase level of taxation by imposing an additional tax at point of purchase on sugar-sweetened beverages to raise prices and disincentivise consumption – Tax of at least 20%.

   (2) These additional taxes imposed on food and beverages must be earmarked (hypothesized) to fund new health promotion initiatives.

   (3) Ban use of discounts applied for bundling and multiple purchases designed to increase consumption of junk food and soft drink (i.e. discounting for bulk purchase).

   (4) Regulate beverage sizes, imposing a maximum size that can be sold through restaurants and retail outlets (soft drinks and other calorie-dense beverages).

   (5) Introduce legislation requiring all venues at all times serving food to offer at least one healthy meal option.


15. Give local government the final say in deciding whether a fast food outlet is developed within their municipality.

16. Exclusion zones of unhealthy fast food chains/franchises outlets around schools, sporting clubs, youth and community centres where children <18 years spend time.

17. All projects that are implemented as a result of these asks to be monitored and evaluated to determine long term outcomes.

18. Government funding for easy and regular access to health services which enable individuals to better their eating behaviour.

19. All donations to political parties, decision makers and regulatory organisations from food and beverage interest groups must be publically declared.

20. Limit the ability of food and beverage producers to market unhealthy products by advertising a healthy component of an unhealthy product.

Refer to Appendix 1 for the jury's full report.
With the overarching objective of a citizens' jury process being to build trust through public accountability and transparency, our process design featured a range of distinctive aspects that distinguish this process from other citizens' juries. This section of the report outlines our multidisciplinary approach, key factors influencing jury recruitment, and the development of a clear remit and authorising environment for the jury. It also explores strategies to facilitate large-scale deliberation, maintain neutrality of information and amplify the jury’s efforts across Victoria.

The following design features are highlighted:
1. Key delivery partners
2. Jury recruitment and selection
3. Establishment of remit and authority: the Steering Group
4. Facilitation, deliberation and consensus
5. Stakeholders, submissions and information management
6. Media partner
VicHealth appointed a multidisciplinary consortium of suppliers to combine leading expertise in democratic research, large-scale deliberative facilitation, user experience design and social technologies. This blend of methodologies was deliberately applied to extend the project’s impact beyond policy outcomes, in order to empower and strengthen the growing social movement for change. Such an approach has not been previously tried in other citizens’ juries.

**1. KEY DELIVERY PARTNERS**

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<tr>
<th>PARTNER</th>
<th>ROLE</th>
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<tr>
<td>NEWDEMOCRACY FOUNDATION</td>
<td>As a nonpartisan organisation with no stakeholders or conflict of interest in the issue, the institute was engaged to design the process, manage the recruitment and selection of jurors, and oversee submissions to the jury. This was deliberate to ensure that integrity of the process was maintained throughout project delivery.</td>
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<td>MOSAICLAB</td>
<td>The team was responsible for designing and facilitating discussions and activities for both the online component and the face-to-face event. They supported the jury to stay focused on the remit – helping them to work through the submissions, determine who they wanted to hear from at the face-to-face event and, ultimately, turn their initial ideas into concrete asks.</td>
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<td>WILDWON</td>
<td>The company’s experience in user experience design and social impact brought intentionality and focus to external communications, the online portal and event production. They focused on maximising the jury’s experience across the initiative, as well as supporting project management.</td>
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<tr>
<td>KINSHIP DIGITAL</td>
<td>The consultancy worked with VicHealth ICT, Wildwon and MosaicLab to build the online portal using Zimbra, an online collaboration platform.</td>
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In addition to managing the supplier consortium, VicHealth provided the jury with their remit and an overview of obesity and food in Victoria to assist them to embark on their deliberations from a common starting point. We handled stakeholder relations, and chaired the Steering Group.
2. JURY RECRUITMENT AND SELECTION

The newDemocracy Foundation employed a random selection process to secure a descriptively representative sample of the Victorian community. The sample was stratified by a range of variables including age, gender and geography. In other words, people from ‘all walks of life’ were selected.

Invitations were distributed electronically to approximately 20,000 addresses, drawn from samples of:

- the VoteCompass database (at least 570,000 of 1.2 million participants opted in to participate in events related to public policy)
- two student databases (to maximise reach to the 18–24-year age group).

It was recognised in the process design that solely using electronic databases would limit the ability to draw a truly representative sample of the population. However, given the extensive use of online engagement in the process design, newDemocracy Foundation considered drawing on electronic databases to be an appropriate proxy for internet accessibility and digital literacy.

An initial pool of 117 jurors commenced the online process, allowing for individuals to withdraw without jeopardising the validity of the process. (Jurors self-withdrew for a number of reasons including changes in personal circumstances, lack of interest and lack of time.) From this initial pool, 78 jurors participated in the face-to-face event. A citizens’ jury of this scale and magnitude had not previously been attempted in Australia.

A $250 honorarium was provided to avoid excluding participants who may have found participation a hardship. Accommodation was offered to participants travelling from regional locations to attend the in-person deliberation.

The key measure of success for jury recruitment and selection was partly subjective: ‘do parliamentarians, the local community and the media see a group that looks like everyday Victorians they see in their daily lives?’

3. ESTABLISHING REMIT AND AUTHORITY: THE STEERING GROUP

Previous citizens’ juries in Australia have been commissioned by government departments and agencies, with a clear remit or focus, for action on the issue being deliberated. Two key factors influenced our approach to establishing an authorising environment. First, as VicHealth, our role within Victoria is to conduct research into health promotion and chronic disease prevention, and advise the Victorian Government on policy-relevant findings. Second, the Obesity System Atlas (Vandenbroeck et al. 2007) highlights that effectively tackling obesity requires action from a broad range of multisector stakeholders. As such, a Steering Group was established to involve key decision makers and influencers representing government, health care, industry bodies, retailers, consumer advocates, local government, academia, non-government organisations, public health advocates and sporting bodies. The deliberate use of a representative Steering Group had not been employed in previous citizens’ juries.

Previous juries designed by newDemocracy Foundation have demonstrated that providing a clear remit and demonstrating an authorising environment is vital to maximising the effectiveness of this model. Similarly, expressing the issue in neutral terms and plain English is essential for people to understand the problem to be deliberated.

It is well documented that obesity is a complex issue: there are many potential causes and many stakeholders involved in effective solutions. Tackling the full range of factors that influence obesity (including physical activity, genetics and income inequality) was deemed too large for a citizens’ jury process. Drawing on the experience of other deliberative processes, our method focused on a singular question around eating behaviour. We recognised the large role food plays in society, and the range of sociological and psychological influences on food choices. This focus provided the jury with tighter parameters on possible areas for action.

1. Refer to Appendix 2 for the names of the Steering Group’s members.
MosaicLab and newDemocracy Foundation worked together to build a facilitation process that would enable the large number of jurors to work through a significant amount of information online and then meet face-to-face to come up with tangible solutions that were practical and clear in intent.

Jurors were arranged into small groups, both online and in person, which were regularly mixed into new groups to avoid factions. The facilitators used a blend of synchronous (webinars) and asynchronous (example) learning approaches to assist people with the large amount of information in the submissions. This blended approach was essential to provide a balance between structured and self-paced activities during the six weeks of online deliberation.

Wildwon’s design approach focused on user experience and informed jury management, communications and the build of an appropriate online environment. The facilitators worked closely with Wildwon to enable a smooth transition for the jurors from online interaction to face-to-face conversation.

A supermajority of 80 per cent was used for voting on the asks, with a complementary minority report for jurors to provide background on discussions that didn’t achieve the minimum support required for a supermajority. Jurors were able to discuss their ideas with members of the Steering Group at the beginning of the second day, to help them strengthen or clarify their asks, before final voting and report writing.

"Understanding the solutions consumers want to tackle obesity will help guide future advocacy and campaigning work. It also allows us to highlight why we are working on current issues. It’s a great process to show what consumers want." –Steering Group member

2. A supermajority is a number which is much more than half of a total, especially in a vote.
“Having the opportunity to hear real grass-roots thoughts of everyday Victorians through the Citizen’s Jury, rather than the often diluted and top-down information presented in research papers, not only allowed us to provide a valuable new approach to the issue, but also has much greater resonance and cut-through with the very people who need to hear the message the most.”

—Grant McArthur, Health Editor, The Herald Sun

6. MEDIA PARTNER

An essential aspect of the process design was building broader awareness of this initiative among the wider Victorian population. So that the process was seen as legitimate, we had to leverage the ‘human element’ so that the wider community had an opportunity to see and identify with the people involved. It was clear that the jurors were not merely interested activists but represented the bell curve of views within the community at large.

A partnership was established with The Herald and Weekly Times, publishers of the Herald Sun and Sunday Herald Sun, to promote the initiative through a series of news articles, profiles of jurors, opinion editorials and a poll that elicited the views of its readership. The Herald Sun is read by 1.3 million Victorians every week day and the Sunday Herald Sun by 1.4 million people every Sunday, with a combined weekly circulation of more than 3.4 million, the highest circulation for a newspaper in Australia.

Media activities generated significant interest and discussion on overweight and obesity across Victoria. The VicHealth-Herald Sun Readers Poll held in October 2015 yielded 2580 responses – the highest response the newspaper has had to a public survey. The jury generated 126 media mentions (58 plus 68 syndications), including print, online and radio.
INSIGHTS

We have extracted eight key insights arising from our experience of using participatory democracy to build community consensus in addressing public health challenges. These insights surface critical success factors, explore inherent challenges, consider collaboration in developing enduring public policy, and highlight the importance of transparency, commitment and action.
INSIGHT 1: THE FOCUS ON FOOD AND OBESITY STRONGLY RESONATED WITH THE JURY

The importance of obesity as a significant public health issue was evident by the manner in which the jury seriously and deeply considered the evidence before them. People spoke of their personal connection to the issue. Obesity is a visible problem, so there was no need to convince them that it needed to be addressed.

Public perception undoubtedly influenced how newDemocracy Foundation designed the recruitment process because we relied on community members selecting to opt in to be involved. This was factored into the recruitment design to ensure that the group coming together represented the diversity of views within the broader community. It was also factored into facilitation design, to enable jurors to comprehensively explore the diverse perspectives associated with causes of obesity, where responsibility lies and what needs to be done.

“… Felt that the issue of obesity was an important one that warrants greater attention”
—Steering Group member

The framing of the question proved to be critical, particularly with regards to informing the jury deliberations with clear parameters. Expressing the problem in lay terms aided clarity and kept the jury’s deliberations focused.

The focus on food (rather than physical activity, for example) as a component of the obesity issue was a deliberate decision – everyone has a relationship with food. People were able to contextualise both the topic and the evidence. They did so by applying and exploring the differing perspectives to their day-to-day lived experiences.
Governments are facing issues with community engagement, such as perceived consultation fatigue among stakeholders and the community, and cynicism that governments only seek input using a consultation process after they have already determined the action they intend to take. Traditional approaches enforce a view that community engagement is an adjunct to ‘real’ policy making in the legislature, which is subject to political cycles (Rose 2010).

If policy discussions are government-led, then typically we can expect responses to focus on government action. Complex and high-impact issues such as obesity need clear community consensus on the types of action required across sectors and actors – public, corporate and civil society.

Barriers to community engagement are also present in business. The increasing importance of free market economics in public policy, combined with perceptions of self-interest of companies, presents challenges for corporate social responsibility. With this citizens’ jury, the independent and apolitical voice offered by VicHealth as a statutory authority was an essential element in being able to indicate a neutral conversation.

Disagreement among various groups on objectives and what actions are needed is common. However, this deliberation process allowed everyone to have their view heard. We were able to bring together all those perspectives.

A final point to make relates to devolution of power. Rather than focusing on who owns the issue or is responsible, this process put those who are impacted in the driving seat.

The result was a community-driven blueprint for action on obesity.

“VicHealth’s leadership in bringing together key representatives from both the private and public sectors to form the Steering Committee, which in turn oversaw a thorough community engagement process, ensured a diverse and robust conversation was held by citizens representing the community.”

–Steering Group member
INSIGHT 3: CREDIBILITY, TRANSPARENCY AND PERMISSION ARE THE ESSENTIAL PRINCIPLES FOR A CITIZEN’S JURY PROCESS

To create the necessary conditions for authentic collaboration, the principles of credibility, transparency and permission must be the foundations of process design, stakeholder engagement and consensus building. They are instrumental at each decision-making stage throughout development and implementation.

These principles significantly impact the experience and engagement of all involved in a citizens’ jury:

- Provides an authorising environment within which to consider the issue.
- Ensures that the process and evidence are seen to not be biased.
- Asserts that citizens are genuinely in the driver’s seat.
- Validates that the position the jury arrives at will be seriously considered.

Expert or stakeholder

- Enables input into process design.
- Ensures that the process and evidence are seen to not be biased.
- Ensures that the jury is not being unduly influenced.

Wider community

- Emphasises that the jury is representative.
- Builds public confidence in both the process and the jury’s asks.

Almost two-thirds of participants reported that if they heard a citizens’ jury process was commissioned by another government department, that they would very much trust what it said. Only 3% indicated they would not trust what it said.

—Extract from the jury evaluation
The fundamental proposition of a citizens’ jury is that, when given a clear remit, adequate time and unfettered access to information, a group of representative citizens are capable of arriving at a sensible position that broadly reflects the views of the wider population. Neutrality of information is critical to success. This means representing fairly, proportionately and, as far as possible, without editorial bias all of the significant views within the community and among stakeholders. Evidence is only withdrawn when content is reasonably and independently seen as slanderous, vicious and capable of causing direct harm. In those instances, the specific phrases were redacted.

As Victoria’s public health statutory authority, VicHealth provided the jury with a transparent, accessible and evidence-based overview of obesity and food in Victoria as a starting point. We also provided our own separate evidence-based submission on what we believe needs to be done to make it easier for all Victorians to eat better.

The newDemocracy Foundation managed all submissions of evidence so that it was well understood that VicHealth and Steering Group members were not biasing or compromising the information provided. To enhance credibility in the process design, observer access was granted to all members of the Steering Group for the online and face-to-face forums. To further ensure transparency, all submissions of evidence were made publicly available.

Jurors’ comments about whether they would trust the recommendations from a citizens’ jury

“If [the citizens’ jury] was in line with this one, I know it’s carefully considered and a particular line wasn’t pushed.”

—Juror

“It would depend on the issue”

—Juror

“People power”

—Juror

“I know what we have been through so I know [the citizens’ jury] would be representative and impartial.”

—Juror
INSIGHT 5: CITIZENS’ JURIES HARNESS THE POWER OF COLLECTIVE INTELLIGENCE TO PRODUCE CREDIBLE RECOMMENDATIONS

One of the common criticisms of the citizens’ jury was that we already know what needs to be done to address the obesity epidemic; we just need to listen to the experts and to do what they say.

This was not an exercise that expressly aimed to find new ideas or solutions, but was about providing a new process to enable community to build consensus on action needed, in order to collaboratively build a more cohesive environment for action by government, industry and civil society.

This process has validated that it is possible for a descriptively representative group of everyday citizens to come up with sensible solutions, not by having to be or become experts in obesity, but by relying on collaboration and the collective efforts of many individuals.

Technology played a key part in collaboration: facilitators used email, news groups, chat rooms, blogs, wikis and podcasts to facilitate interactions and share information. In this way, jurors could deeply and intelligently become familiar with a lot of information in preparation for the face-to-face deliberation.

Given the prominent role of technology within this process, it is important to note that the jury’s evaluation survey indicated a need to improve useability and accessibility of the online platform. A number of respondents suggested that an initial face-to-face gathering would have been useful, and nearly three-quarters of the jury reported being very satisfied with the two-day face-to-face gathering at the end.

While the online component assisted the jury to digest and deliberate the submissions, the face-to-face gathering was instrumental in the jury’s arrival at supermajority consensus on a broad range of asks.

COMMENTs ABOUT THE METHODOLOGY AND FACILITATION

“The actual discussion face-to-face that brought practical real life examples of issues that I had only read about.”
– Juror

“Greater understanding of public misconceptions around health/obesity.”
– Juror

“Being able to reality test ‘asks’, hearing nominated speakers, having a wide range of jury voices.”
– Juror

“I found the actual deliberation/discussion making process very interesting and enjoyable. I was quite surprised how easy the writing process turned out to be.”
– Juror
INSIGHT 6: CONCRETE AND TIMELY ACTION IS ESSENTIAL

Our process placed a strong emphasis on creating the authorising environment for citizens to form a jury. Equally, commissioning bodies should address how to ensure public accountability for action.

To validate the jury’s effort, we need to demonstrate the impact of their deliberations. Within a policy context, this presents challenges as policy development inherently takes a longer term view and, often, considerable time. The jury’s asks are likely to influence policy in the long term, but more immediate actions and commitments are necessary to demonstrate that government, industry and community stakeholders take the public’s views seriously. This is particularly important given that a key driver of citizen participation was that citizens would be influencing action on obesity.

An empowered citizens’ jury will anticipate that all recommendations put forward will be acted upon. It is important to highlight that not all asks will be taken up, but that there should be a commitment to respond to each of the asks directly.

Some members of the jury had an expectation that the Steering Group would respond more directly to the asks with new commitments to action. The Steering Group concept was established to support the engagement of stakeholders. Due to the diversity of organisations and their different views on the solutions required to deal with overweight and obesity, opportunity to achieve consensus on each ask was limited. As a result, the Steering Group’s responses to the asks were individualised based on what each organisation was prepared to communicate externally at that time, and the context of current policy discussions.

The jury has no formal powers, which reinforces the need for the commissioning body or group to demonstrate progress and ongoing action.

STAKEHOLDER COMMENTS

“Might use to back up some of the work we are already doing.”
— about the jury’s report

“Refer to it occasionally and if relevant, particularly in reference to our organisation’s submission and the support the jury showed for it.”
— about the jury’s report

“I think the proof is in the pudding, we’ll see what actually changes in funding, policy and programs. especially around prevention prioritisation”
— about the Steering Group response

50% of stakeholders surveyed said that they would use the jury’s report in their work
— Extract from the jury evaluation
Participatory democracy aims to do more than inform, consult or involve the community in public policy. Citizens’ juries and similar models can enable governments and policymakers to genuinely collaborate with citizens, particularly in complex public policy issues such as obesity, where often a range of possible factors, levers and stakeholders need to be considered. Collaboration enables stakeholders to work together with community to formulate solutions and recommendations into the decision-making process.

In developing the remit and authorising environment for Victoria’s Citizens’ Jury on Obesity, we were faced with two key questions: who is responsible for the issue, and who is responsible for action? Recognising the complexities associated with obesity, VicHealth established a representative Steering Group as a stakeholder engagement strategy, and to respond directly to the jury’s asks. We deliberately chose the language of an ask as opposed to a recommendation, in recognition that neither the jury, VicHealth nor the Steering Group were positioned to implement the jury’s findings in a straightforward manner. Our emphasis was on a collaborative process that enabled consensus among the jurors, and elicited their view on the actions needed across government, industry and civil society.

To extend the jury’s influence, it may be possible to strengthen the jury asks through specific social movement-building strategies such as amplification via media channels or an extension of the jury’s remit to include specific advocacy actions or activities. This would shift the overall purpose of the process from community collaboration to community empowerment.

“The concept has high potential. Response to the suggestions made by the jury could be significantly strengthened.”
—Stakeholder

“Great initiative to watch in terms of process and engage community voice. Will be interesting to see an evaluation of process and outcomes in 12 months’ time.”
—Stakeholder
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<th>PUBLIC PARTICIPATION GOAL</th>
<th>PROMISE TO THE PUBLIC</th>
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<tr>
<td><strong>INFORM</strong></td>
<td>We will keep you informed.</td>
</tr>
<tr>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
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<tr>
<td><strong>CONSULT</strong></td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.</td>
</tr>
<tr>
<td>To obtain public feedback on analysis, alternatives and/or decisions.</td>
<td></td>
</tr>
<tr>
<td><strong>INVOLVE</strong></td>
<td>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.</td>
</tr>
<tr>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
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<tr>
<td><strong>COLLABORATE</strong></td>
<td>We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.</td>
</tr>
<tr>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
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<tr>
<td><strong>EMPOWER</strong></td>
<td>We will implement what you decide.</td>
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<tr>
<td>To place final decision making in the hands of the public.</td>
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</table>
FUTURE CONSIDERATIONS

Citizens’ juries build awareness, knowledge and consensus.

Feedback from jurors highlights the power of a citizens’ jury process to actively engage people in collaborative decision making and promote consensus building. Our evaluation survey has highlighted increased awareness and knowledge among the jury on both the issue of obesity as well as ways we can make it easier to eat better.

REFLECTING ON THE VALUE OF THE CITIZENS’ JURY

“Pleasantly surprised that most of the asks were sensible based on existing evidence.”
— Steering Group member

“Overweight and obesity has been a major issue in public health policy for a number of years with little progress being made. … many of the familiar positions and arguments [were] suggested, promoted, pursued again. … We were hopeful that a new paradigm in tackling obesity might emerge, but it does not seem that this is the case.”
— Steering Group member

“As a major stakeholder in the public policy obesity debate we felt it valuable to the process to participate.”
—Steering Group member

EXTRACT FROM THE JURY EVALUATION

More than one-third of jurors reported their level of understanding of the issue of obesity had changed a lot.

Just over half indicated their level of understanding had change moderately or somewhat.
Evolving social technologies will continue to enrich civic participation

A key challenge facing participatory democracy will be the development of more sophisticated social technologies that support civic participation and address current useability and accessibility issues. Further investment will enhance viability of these models by lowering costs and reducing the extent to which physical location limits participation. Consideration, however, must be given to digital literacy and the digital divide. The newDemocracy Foundation addressed this by deliberately recruiting our jurors from digital databases. We recognise that the digital platform we built had its limitations, including variable responsiveness to different platforms (e.g. mobile phones).

To build trust and norms among people, it is clear that there still has to be a physical presence first. As technology changes and more of us identify as digital natives rather than digital immigrants, the need for face-to-face interaction is also likely to change. Technology will not replace the need for personal interaction, but will transform how we do it.

Stakeholders see value in partnering with the community

Witnessing the energy and determination of the jury, particularly in the final stages of voting on their asks, was an electrifying experience. The Steering Group acknowledged the level of preparation, discussion and consideration given, and the jury’s commitment to the process. Some stakeholders were hopeful that this process might uncover new solutions, and others identified this as an opportunity to learn about community expectations and galvanise support for existing efforts.
The community has endorsed a blueprint for government, industry and community action

This process has elicited a range of considered actions, which have been endorsed by the Victorian community. The question that remains is how to empower the community to ensure that there is accountability when it comes to stakeholder action. In instances in which a central body has commissioned a jury, such as a government department or local government, authority is clearer, as is accountability for action. However, as for many public health issues like obesity, responsibility for action does not reside with one stakeholder or sector alone. Establishing a Steering Group was our attempt to address this through collaboration and partnership, highlighting the many players who need to be involved in formulating a comprehensive response to obesity.

This process has demonstrated that citizens’ juries are an effective mechanism for collaboratively working with citizens in public policy development. Of the stakeholders surveyed, 69 per cent saw citizens’ juries as an effective way to involve everyday Victorians in public decision making. However, we recognise it will take more time, advocacy and increased public accountability to determine the enduring impact of a citizens’ jury process on driving multisector action to address complex public health issues such as obesity. Over the coming year, VicHealth will continue to monitor progress against the asks. We will actively work with policy makers, public health and consumer advocates and industry to promote the jury’s asks.
REFERENCES


RESOURCES

Victoria’s Citizens Jury on Obesity  

Videos and photo library  

Process, evidence and insights  
<table>
<thead>
<tr>
<th>Strengths and Opportunities</th>
<th>Weaknesses and Concerns</th>
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<tbody>
<tr>
<td>Drs and nurses may need for lifestyle eating choices education</td>
<td>Not our brief - off the point</td>
</tr>
<tr>
<td>Drs are often first port of call for people entering health care system</td>
<td>Lacking responsibility</td>
</tr>
<tr>
<td>GPs are massively underestimated and definitely need more funding for complex care like obesity</td>
<td>ARE GPs not supposed to be dealing with this already?</td>
</tr>
<tr>
<td>More testing to find out if weight gain more if there is another issue</td>
<td>Already available yes!</td>
</tr>
<tr>
<td>Broaden to other health professionals eg pharmacists</td>
<td>make sure mental/psychological is not sidelined</td>
</tr>
<tr>
<td>Visit to psychologist, nutritionist to be included</td>
<td>Dieticians - link with GPs</td>
</tr>
<tr>
<td>GP very important role in education &amp; seeking trust relationship with exercise and specialist services</td>
<td>Needs extending - psychology a vital interpersonal disease role can it be shown currently</td>
</tr>
<tr>
<td>Public needs to learn with dietitian help</td>
<td>Do any medical specialists have the time/energy? Maybe a new allied health area</td>
</tr>
<tr>
<td>Not our remit</td>
<td>Need not go to gyms</td>
</tr>
<tr>
<td>companies</td>
<td>to eat healthy</td>
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APPENDIX 1:

JURY'S REPORT
Preamble

The Citizens’ Jury on Obesity recognises the importance of helping people eat better to address problems of overweight and obesity. The following points represent our common ‘Asks’. They reflect our considered deliberations over a wide range of evidence on how to make it easier to eat better.

For the purpose of these ‘Asks’, the Jury considers “healthy food” to be food that meets Australia’s Healthy Eating Guidelines.

We call on all members of the Steering Committee to support and implement the measures below.

<table>
<thead>
<tr>
<th>Ask</th>
<th>Rationale</th>
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| Provide ongoing funding for community level programs that encourage healthy eating | • There is evidence that programs delivered at the local level, and involving the whole community, have successful healthy weight and healthy eating outcomes.  
  • State Government will have primary funding responsibility. Other levels of Government (Federal and LGA) and industry should contribute to funding, implementing, and supporting the programs.  
  • Funding will be prioritised to programs supported by strong evidence, such as Healthy Together Victoria, OPAL/EPODE, and community garden programs. Build on existing programs, don’t “reinvent the wheel”.  
  • The programs need to be targeted to meet community needs, and implementation should initially focus on communities at high risk or with high levels of overweight/obesity. We want to see adoption of programs by every LGA.  
  • The programs must include monitoring and evaluation components to measure long term effectiveness, allow for improvement and encourage sustainability. |
| Mandate healthy eating and cooking as part of the school curriculum from pre-school to year 10 | • It is better to educate children earlier. Children can influence parents.  
  • Children will benefit from learning where food originates.  
  • Evidence exists to suggest that school programs are effective.  
  • There is popular support for these changes.  
  • It is possible to integrate healthy food messages in other areas of the curriculum. |
<table>
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<tr>
<th>Ask</th>
<th>Rationale</th>
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</table>
| **Develop an ongoing “Life Be In It” or “Slip Slop Slap” style campaign for healthy eating across all types of media** | - All inclusive campaign sending messages to all segments of society  
- Snappy and shareable campaign that is recognisable easily  
- A vehicle for teaching the ‘how’ not just the ‘what’  
- For example: Healthy Eating week in January (post Christmas) promoting No Junk Food for January, incorporating a week of Healthy Eating programming to run on all traditional media outlets (TV/Radio/digital/social media)  
- Campaign will be politically neutral and non-judgmental - community announcement that is to be run by commercial and non-commercial channels |
| **People on low incomes will have a discount on healthy food when they go to the shops** | - Evidence shows that when healthy foods are cheaper, people will buy them  
- Lower socioeconomic households are a high risk group  
- A concessions program targets people with lower incomes and aims to change shopping decisions and food choices  
- Avoid stigmatising disadvantaged households when promoting the program |
| **A government-funded program to teach practical skills such as budgeting, shopping and cooking to at-risk groups.** | - At-risk groups include (but are not limited to): people with disability, CALD and low literacy, people who are overweight or obese and low income households  
- Evidence shows that skills-based learning leads to behaviour change  
- There is an overload of nutrition based learning and information - this program creates everyday skills to make it easier for people to eat better.  
- Equitable access to the program across the state is necessary |
| **Amend State planning regulations to improve access to fresh produce by:**  
- requiring the incorporation of edible, green spaces in new housing and community developments  
- protecting a proportion of fertile land for agricultural purposes as opposed to housing development, specifically in the ‘green belt’ surrounding the outer suburbs | - Improving access to fresh produce makes it easier to eat better.  
- Communities become better involved in growing their own produce, taking responsibility for their green spaces, and more appreciative of the food they produce. When people become more engaged with their local produce they are more likely to eat healthier.  
- Community Gardens allow children to learn more about growing their own healthy food and produce. Children learn more about health and nutrition and are more likely to then eat healthy.  
- The most fertile land in proximity to Melbourne is currently being developed into housing developments that prevent the production of food. If this land is lost, we will decrease access to healthy food. We therefore need to protect a proportion of this land for production of fresh produce. |
| **Make drinking fountains and taps freely available, accessible and visible at public events and places, parks and shopping centres** | - Water is often replaced with unnecessary calories and contributes to obesity. Increased accessibility to water will reduce temptation to purchase unhealthy drinks.  
- This should be rolled out in railway stations, food courts, recreation spaces, beach and commercial environments such as shopping centres |
| **Restrict visibility and accessibility of ‘Red traffic light’ drinks and foods at the point of sale (where you complete the** | - The Alfred Health ‘A Green light for Healthy Consumption’ program has demonstrated that removing unhealthy and high sugar drinks from visibility at the point of purchase in canteens has led to reduced consumption of these products, with minimal impact on profitability. |
| Sale | This should be implemented in hospitals, schools and universities, in supermarkets, fast food outlets and cafe drink and food fridges.  
Point of sale = at the checkout. |
| --- | --- |
| Establish more healthy kitchens in schools, universities, hospitals and large workplaces | These kitchens will provide healthy meals for a reasonable cost-covering price, in a financially sustainable way.  
Currently there is serious limitations on what is available commercially. |

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<th>Ask</th>
<th>Rationale</th>
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| Ban “junk food” and beverage marketing to children under the age of 16 years. | Ban junk food and beverage marketing in all current and future media formats, particularly aimed at children under 16 years of age.  
For remaining junk food and beverage marketing, equal media exposure for food education (eg. live lighter campaign) that matches junk food marketing. This is to be measured in terms of volume of advertising (eg. thirty seconds for thirty seconds, two page spread for two page spread, etc.)  
Prohibit junk food and beverage companies from sponsoring children's organisations, such as junior sporting clubs. Also prohibit sponsorship of sports at all levels.  
Implement harsher penalties if breaches occur.  
Start an innovative and engaging advertising/marketing campaign targeted at children and young people.  
Ban the inclusion of non-food incentives such as toys inside unhealthy foods |
| Provide only healthy food and drinks in Victorian schools | Food preferences are learned early. Schools can play a vital role in establishing lifelong healthy eating and lifestyle preferences.  
School Canteens and Other School Food Services Policy mandatory for all Victorian schools - including private, independent and religious schools  
Support FoodBank’s School Breakfast Program in food-disadvantaged schools  
Guarantee long-term funding and evaluation - 15+ years  
Extend the program to lunch and, secondary and more schools  
Funding for healthy food programs in schools to be added and incorporated into permanent and ongoing school funding |
| Ask that the Victorian government prevent companies from locking farmers into unfair, restrictive contracts  
Where a company does not require all the produce it has requested from a farmer the produce does not go to waste. Surplus must be made available for sale in the local/national area and other regions or to donate the surplus to charitable organisations, with farmer’s controlling what is grown on their farm | We want the right to purchase produce direct from local farmers  
We want changes to be made immediately  
We would like to see over production be donated into the charitable services rather than disposed of to best serve the local community.  
Small scale agriculture options must be introduced in existing and new communities  
We believe the farmers need to be protected with a minimum farm gate price  
We believe the overall health and wellness of the community will benefit from the natural effects of more edible resources. |
(1) Increase level of taxation by imposing an additional tax at point of purchase on sugar-sweetened beverages to raise prices and disincentivise consumption - Tax of at least 20%

(2) These additional taxes imposed on food and beverages must be earmarked (hypothecated) to fund new health promotion initiatives

(3) Ban use of discounts applied for bundling and multiple purchases designed to increase consumption of junk food and soft drink (i.e. discounting for bulk purchase)

(4) Regulate beverage sizes, imposing a maximum size that can be sold through restaurants and retail outlets (soft drinks and other calorie-dense beverages)

(5) Introduce legislation requiring all venues at all times serving food to offer at least one healthy meal option.

- Taxation and regulation have been shown to be very effective in reducing use of other substances such as tobacco.
- There is evidence from other jurisdictions to suggest that imposition of a tax on items such as sugar-sweetened beverages will influence consumer choice.
- It is vital that some additional taxation be introduced to increase prices of unhealthy foods to make them more expensive than healthier options (i.e. soft drinks must be more expensive than water).
- We would support a tax on sugar-sweetened beverages (including beverages sweetened with sugar alternatives) and a tax on fast food and confectionary.
- The reason for an additional, separate tax (in addition to existing taxes) is because we would ask for it to be hypothecated. Preventive health strategies are incredibly difficult to fund given the emphasis on funding for clinical care. Earmarked funding collected from taxation on unhealthy foods would provide adequate funding for health promotion projects and other activities necessary to promote population health. This would also make the taxation more palatable to the community.
- Unhealthy foods and drinks should not be sold at a discount for buying in bulk or at high quantities, as this encourages increased consumption.
- Regulations should also be introduced to prevent the use of these kind of marketing strategies, such as discounting for bulk purchase, which encourage purchase of greater volumes of unhealthy food at point of sale.
- Retailers are increasingly selling large volume sugar-sweetened beverages, which creates an “anchoring” effect, encouraging people to drink more in one sitting.
- We want the Victorian Government to impose a maximum size of beverages that can be sold through retail outlets.

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<th>Ask</th>
<th>Rationale</th>
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<tr>
<td>Government mandated health star labelling. No self regulation of labelling in the food and beverage industry.</td>
<td>Front of package labelling must be mandatory, under a single scheme, such as the health star system or the hybrid traffic light system (traffic lights on the table of nutritional information) Commit to an ongoing evaluation and refinement of the labelling system in influencing consumer purchase behaviours. All nutritional information be required to be publicly available in a central and universally accessible database. Any intake advice account for differences in age and gender.</td>
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<table>
<thead>
<tr>
<th>Ask</th>
<th>Rationale</th>
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<tbody>
<tr>
<td>1. Give local government the final say n deciding whether a fast food outlet is developed within their municipality.</td>
<td>To prevent the oversupply of unhealthy fast food outlet options To allow local government to tailor food outlet planning to their community’s interests Reduce childhood exposure to fast food Preventing the dominance of unhealthy food options in local communities.</td>
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<tr>
<td>2. Exclusion zones of unhealthy fast food chains/franchises outlets around schools, sporting clubs, youth and community centres where children &lt;18 years spend time.</td>
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<td>Ask</td>
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| All projects that are implemented as a result of these asks to be monitored and evaluated to determine long term outcomes. | - There must be dedicated funding enshrined in legislation for monitoring and evaluation.  
  - Evaluation should cover:  
    * Reach  
    * Sustainability  
    * Cost effectiveness  
    * Impact  
  - Be funded for the requisite period to ensure success or otherwise.                                                                 |
| Government funding for easy and regular access to health services which enable individuals to better their eating behaviour. | - Expand subsidised access to experts including nutritionists, dieticians, psychologists and exercise physiologists (including at the preventive stage).  
  - Available to all people at any stage of life in all areas, especially rural.  
  - Allowing focus on prevention rather than treatment.                                                                 |
| All donations to political parties, decision makers and regulatory organisations from food and beverage interest groups must be publically declared. | - As our food choices are strongly influenced by regulatory bodies, their decisions must not be disproportionately influenced by interest groups.  
  - To ensure transparency and to avoid conflicts of interest.  
  - Declarations must be published within 60 days of receipt and readily available to the public.  
  - Both monetary and non-monetary donations of greater than $1,000 must be included.  
  - Political parties to declare this to the AEC (Australian Electoral Commission) |
| Limit the ability of food and beverage producers to market unhealthy products by advertising a healthy component of an unhealthy product. | - Currently food and beverage producers have too much flexibility to circumvent existing guidelines and regulations by highlighting specific healthy ingredients without the entire product being healthy.  
  - This ‘ask’ is to be informed by and reflect understanding within the current regulations and guidelines.  
  - Refer to the Food Standards Australia and New Zealand (FSAANZ) for clarification of healthy and unhealthy foods.  
  - Current regulations and guidelines are too vague and ambiguous without any enforcement. This must change.  
  - Current guidelines still enable food & beverage producers to market unhealthy products by misleading consumers by advertising a healthy component, not a healthy product.  
  - Marketing Guidelines should encourage manufactures to produce health food.  
  - We have bought age in as a factor because children live in the same world as adults.  
  - Fresh produce and unprocessed foods need to be exempt  
  - People need food, so we are simply helping informing decisions. |
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<tr>
<th>Minority report links to</th>
<th>Minority statement</th>
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| 1: Original Ask: Establish a health database to baseline and monitor progress (ref. Asks 72, 65, 20, 01) | - Applications pertaining to health, lifestyle supports & psychological services linked & available on demand, subsidized and mobile accessible; in a safe, online space.  
- Complementary to other consumer campaigns; nationwide.  
- Larger than local reach with a forum connecting clients to services, applications & each other (MESH NETWORK)  
- Lifestyle supports & psychological services include but are not limited to: psychologists, counsellors, hypnotherapists, lifestyle coaches, nutritionists, personal trainers etc.  
- Self referral to services through online portal.  
- Programs & software can easily be implemented in a portal.  
- Privacy & confidentiality is addressed through correct implementation of computation processes.  
- Planning, implementation & evaluation of processes funded & followed through. |
| 2: Minority report for low SES concessions on healthy food/fresh food | It is hard to predict the outcome of this ask. If fresh food is subsidised the money saved may result in:  
- Overall increase in food purchasing and consumption.  
- Money saved used to buy additional unhealthy food. The potential for harm means this should be carefully considered. |
| 3: Develop an ongoing “Life be in it“ or “slip slop slap“ style campaign across all types of media. Any such campaign must be linked to an complement the regulatory changes that are to be introduced to support healthy eating. | - The campaign will be meaningless if not supported and linked to regulatory changes.  
- For example mandating a “Health Star” labelling regime must be supported by a consumer campaign to educate the public on its meaning. |
| 4: Minority report relating to ask 20: Develop and implement consumer campaign ... | As an initial ask, I recommended the implementation of a breastfeeding support program. This ask was bundled into the ‘campaigns’ group. I believe this ask got ‘lost’ in a very large bundle of asked. There is evidence to support that breastfeeding is protective against overweight and obesity. I recommend Victorians are informed about the benefits of breastfeeding in relation to ongoing health and employee rights in the workplace related to work flexibility for breastfeeding. |
| 5: Mandatory labelling of nutritional information and ingredients of Alcoholic beverages | Alcoholic beverages have been exempted from food/ beverage labelling laws for no apparent reason. Alcoholic beverages marketed towards mainly 18-24 year olds can be very high in sugar (alcopops, etc) This would bring alcoholic beverages into the status quo of labelling. |
| 6: Mandatory kilojoule labelling on all ready-to-consume food and beverages. | If people know what’s in the food, it is easier to make informed choices.  
- Kilojoule labelling to be present on menus and menu boards, and recommended on food or beverage packaging, including take-away containers.  
- Menus to feature kilojoule count alongside price.  
- Kilojoule content labelling is not to the exclusion of any other required labelling.  
- Raw food is exempt.  
- Alcohol is included.  
- Applies to all establishments that serve food and beverages, including restaurants, cafes, food-trucks, and take-away outlets. |
- Local Government to provide support for small businesses during implementation.
  - Local Government to monitor adherence during health and safety inspections.

REASONS FOR THE MINORITY REPORT
This revised Ask was developed from two earlier asks:
1. Fast food labelling, and
2. Adopt the NSW calorie labelling system in fast food restaurants in Victoria.

Both of these earlier ‘Asks’ achieved well over 80% support from the Jury both at the third webinar stage and also at the initial voting stage. However when these ‘Asks’ were combined the 80% support was not achieved (around 75% supported). Many Jurors considered that insufficient time was available to work on this ‘Ask’ to word it in a way that was acceptable to all Jurors. Many Jurors spoke of disappointment that this ‘Ask’ for Kilojoule labelling on fast food did get across the line.

<table>
<thead>
<tr>
<th>7: 095 original ask</th>
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<tbody>
<tr>
<td>It was clearly stated that capitalist economics plays a large part in people’s ill health. Growing inequality is going to produce further obesity when free market ideology belief systems guide people’s business decisions.</td>
</tr>
<tr>
<td>I was heartened by steering committee members stating they believed capitalism is not an effective economic system to protect people and our environment. The Victorian constitution needs to change stating that all commerce needs to benefit the majority not the minority.</td>
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</tbody>
</table>
As part of the Leading Thinkers Initiative, VicHealth held a Citizens’ Jury in October 2015 with the aim of engaging the community in discussion and debate about the issue of obesity. It was not a jury in the traditional sense; it was a non-legal process designed to empower everyday citizens to identify solutions and initiate change to stem the obesity epidemic. The Jury responded to the question:

**We have an obesity problem. How can we make it easier to eat better?**

100 Victorians engaged with facilitators and reviewed submissions online in the six week lead up and 78 participated in the 2 day face-to-face event. At the closing session, the Jury put forward 20 ‘asks’ to increase the availability of healthy food, reduce the appeal of junk food and improve understanding around healthy eating.

The resulting report was delivered to a Steering Group, made up of food industry, research, government and not-for-profit representatives who responded to the Jurors’ asks. In this document, we present the Steering Group statement and individual member responses to each ask. Please note that the Jury’s asks and rationale are worded exactly as received. The asks have been numbered for ease of reference.

**Steering Group members**

- Australian Beverages Council (ABC)
- Australian Food and Grocery Council (AFGC)
- Australian Medical Association, Victoria (AMA)
- City of Melbourne
- Centre for Physical Activity and Nutrition Research, Deakin University (CPAN)
- CHOICE
- Coles
- Foodbank Victoria
- newDemocracy Foundation
- Obesity Policy Coalition (OPC)
- Tennis Australia
- Victorian Department of Premier and Cabinet (DPC)
- the Victorian Health Promotion Foundation (VicHealth)

**Steering Group statement**

The Steering Group acknowledges the level of preparation, discussion and consideration given by the Jurors, both via the online process, as well as the commitment the face-to-face deliberations.

Following the face-to-face Jury deliberations on 17 & 18 October 2015, the Steering Group met to formulate a response to the asks. Individual members commenced discussions within their own respective organisations to determine their response. The outcomes of the discussions are represented by commentary on the following pages. In many cases you will see individual member responses as well as collective responses when a consensus was reached.

**VicHealth statement**

VicHealth thanks the Jury members for their invaluable contribution. We encourage all Jury members, and everyone else reading this document, to continue to champion the fight against obesity in their local community and bring the Jury’s asks to life. VicHealth will continue to use the report to work towards initiatives that address healthy eating and physical activity as outlined in our 10 year Action Agenda.
Ask 1.

Provide ongoing funding for community level programs that encourage healthy eating

Rationale:
• There is evidence that programs delivered at the local level, and involving the whole community, have successful healthy weight and healthy eating outcomes.
• State Government will have primary funding responsibility. Other levels of Government (Federal and LGA) and industry should contribute to funding, implementing, and supporting the programs.
• Funding will be prioritised to programs supported by strong evidence, such as Healthy Together Victoria, OPAL/EPODE, and community garden programs. Build on existing programs, don’t “reinvent the wheel”.
• The programs need to be targeted to meet community needs, and implementation should initially focus on communities at high risk or with high levels of overweight/obesity. We want to see adoption of programs by every LGA.
• The programs must include monitoring and evaluation components to measure long term effectiveness, allow for improvement and encourage sustainability.

Steering Group response:

1. CPAN endorses a skills-based approach as part of a comprehensive package of initiatives that cover both the food environment/system, as well as individual behaviour change.

2. Foodbank Victoria has introduced ‘Pop Up farmers markets’ in low income public housing estates providing free fruit, vegetables, dairy and key staple pantry items. This program is designed to ensure financial impediments are removed from accessing healthy food for people on low incomes. A government-funded pilot of this program will be launched in April, 2016. The intention is to demonstrate state-wide scalability.

3. VicHealth trialled this approach in a Seed Challenge (2013) to support innovation in local fresh food production and distribution so that nutritious food is sustainable, available and affordable for all Victorians. The two winning ventures shared $100,000 of capital investment. They also received 12 months of mentoring and additional support to enhance their business models.
   - Open Food Network is an online marketplace making it easier for farmers, consumers and independent food enterprises to connect, trade and manage their business, resulting in the consumer having easier access to affordable local food.
   - 3000acres has now facilitated the conversion of seven plots of underutilised land into productive community gardens, thereby taking food education to the streets.

Ask 2.

Mandate healthy eating and cooking as part of the school curriculum from pre-school to year 10

Rationale:
• It is better to educate children earlier. Children can influence parents.
• Children will benefit from learning where food originates.
• Evidence exists to suggest that school programs are effective.
• There is popular support for these changes.
• It is possible to integrate healthy food messages in other areas of the curriculum.

Steering Group response:

1. VicHealth will have initial discussions with the Department of Education along with partners, such as the Stephanie Alexander Garden Program and others to determine the most appropriate way forward.

Other comments
• AFGC is supportive of the re-introduction of home economics into schools.
Ask 3.

Develop an ongoing “Life Be In It” or “Slip Slop Slap” style campaign for healthy eating across all types of media.

Rationale:
- All inclusive campaign sending messages to all segments of society
- Snappy and shareable campaign that is recognisable easily
- A vehicle for teaching the ‘how’ not just the ‘what’
- For example: Healthy Eating week in January (post Christmas) promoting No Junk Food for January, incorporating a week of Healthy Eating programming to run on all traditional media outlets (TV/Radio/digital/social media)
- Campaign will be politically neutral and non-judgmental - community announcement that is to be run by commercial and non-commercial channels

Steering Group response:

1. VicHealth will look at media opportunities through our existing consumer campaigns to include healthy eating messages.

2. A Salt Reduction Strategic Partnership led by VicHealth commenced in May 2015. Its aim is to help reduce high salt intake by supporting policy and initiatives that ensure a healthier food supply. VicHealth will work with food industry partners to find solutions to lowering salt in foods and meals, and undertake research and monitoring to ensure progress towards the salt reduction targets set by the World Health Organization.

Other comments
- OPC noted the Victorian Government is funding the Live Lighter campaign, which operates across all media and supports community activation and engagement www.livelighter.com.au.
- The Steering Group acknowledged that there is information available from the CSIRO on public education and campaigns.
- It is understood that Coles is supportive of both ask 1 and 3 and see them as linked.

Ask 4.

People on low incomes will have a discount on healthy food when they go to the shops

Rationale:
- Evidence shows that when healthy foods are cheaper, people will buy them
- Lower socioeconomic households are a high risk group
- A concessions program targets people with lower incomes and aims to change shopping decisions and food choices
- Avoid stigmatising disadvantaged households when promoting the program

Steering Group response:

1. The OPC is supportive of the current exemption of fresh fruit and vegetables remaining. If the GST is extended to basic foods, then the OPC has recommended that the Federal Government give consideration to ameliorating the impact of this for disadvantaged groups.

2. CPAN strongly endorses this recommendation based on evidence of effectiveness and on the potential impact for reducing socioeconomic inequities in nutrition and related health outcomes.
Other comments
- Foodbank commented that the mechanism needs to be simple with a more targeted approach to locations, as well as learning from existing joint work between Foodbank, Coles and other supermarkets.
- AFGC suggested using price signals instead.
- Coles did not support this ask as their own in store trial findings suggested the behaviour change of buying healthy foods was not maintained once the financial incentive was removed.

Ask 5.
A government-funded program to teach practical skills such as budgeting, shopping and cooking to at-risk groups.

Rationale:
- At-risk groups include (but are not limited to): people with disability, CALD and low literacy, people who are overweight or obese and low income households
- Evidence shows that skills-based learning leads to behaviour change
- There is an overload of nutrition based learning and information - this program creates everyday skills to make it easier for people to eat better.
- Equitable access to the program across the state is necessary

Steering Group response:

1. CPAN endorses a skills-based approach as part of a comprehensive package of initiatives that cover both the food environment/system, as well as individual behaviour change.
2. The City of Melbourne has previously engaged the Jamie Oliver Ministry of Food Mobile Kitchen in Victoria.

Other comments
- The Steering Group noted that the FOODcents Program (from Western Australia) exists in Victoria and is managed by the Department of Health and Human Services. The program is underway in the Baw Baw region run by the West Gippsland Healthcare Group.

Ask 6.
Amend State planning regulations to improve access to fresh produce by:

a. - requiring the incorporation of edible, green spaces in new housing and community developments

b. - protecting a proportion of fertile land for agricultural purposes as opposed to housing development, specifically in the ‘green belt’ surrounding the outer suburbs

Rationale:
- Improving access to fresh produce makes it easier to eat better.
- Communities become better involved in growing their own produce, taking responsibility for their green spaces, and more appreciative of the food they produce. When people become more engaged with their local produce they are more likely to eat healthier.
- Community Gardens allow children to learn more about growing their own healthy food and produce. Children learn more about health and nutrition and are more likely to then eat healthy.
- The most fertile land in proximity to Melbourne is currently being developed into housing developments that prevent the production of food. If this land is lost, we will decrease access to healthy food. We therefore need to protect a proportion of this land for production of fresh produce.
Steering Group response:

1. VicHealth will discuss this matter with the Parliamentary Secretary for Health, the Hon Mary-Anne Thomas MP.

2. The City of Melbourne has a number of community gardens, some of which have a wait list for involvement. They also have a street gardens policy that includes food plants and vegetables.

3. VicHealth supports the Open Food Network, an innovative not-for-profit network that connects local farmers directly with customers and local distribution hubs, making it easy to buy and sell affordable, fresh food straight from the farm.

Other comments

- The Steering Group noted that:
  
  (i) The Victorian Government is committed to refreshing ‘Plan Melbourne’, the plan for the city to 2050. A discussion paper has been developed and comments and submissions on the discussion paper can be made until 18 December 2015. There is a challenge in meeting the needs of all stakeholders in this discussion. See: www.planmelbourne.vic.gov.au.

  (ii) Foodbank has a partner agency, FoodAid that meets the immediate needs of individuals and families to receive adequate daily nutrition. They provide food, emergency relief and support programs to people in need.

Ask 7.

Make drinking fountains and taps freely available, accessible and visible at public events and places, parks and shopping centres.

Rationale:

- Water is often replaced with unnecessary calories and contributes to obesity. Increased accessibility to water will reduce temptation to purchase unhealthy drinks.

- This should be rolled out in railway stations, food courts, recreation spaces, beach and commercial environments such as shopping centres

Steering Group response:

1. The City of Melbourne has a Heat Wave Strategy in place and is working with VicHealth to install more fountains and to promote them. There is a smart phone app called ‘Choose Tap’ which maps drinking fountain locations.

2. Tennis Australia is promoting water and water stations across their major events.

3. VicHealth is conducting trials to increase foot traffic to water fountains installed at Etihad Stadium. The fountains were installed as a joint partnership between Yarra Valley Water and VicHealth.

Other comments

- The Steering Group commented that Geelong Council has installed another three fountains in the city, and other councils are taking action in this area.
Ask 8.

Restrict visibility and accessibility of ‘Red traffic light’ drinks and foods at the point of sale (where you complete the sale).

Rationale:
- The Alfred Health ‘A Green Light for Healthy Consumption’ program has demonstrated that removing unhealthy and high sugar drinks from visibility at the point of purchase in canteens has led to reduced consumption of these products, with minimal impact on profitability.
- This should be implemented in hospitals, schools and universities, in supermarkets, fast food outlets and cafe drink and food fridges.
- Point of sale = at the checkout.

Steering Group response:

1. VicHealth will be working with the City of Melbourne to restrict visibility and accessibility of ‘red light’ drinks and food at the point of sale as part of their existing Healthy and Nutritious Food Choices program.

2. OPC is supportive of labelling the kilojoules at point of sale in fast food chain outlets. This, together with an education campaign in NSW, has shown that people order fewer kilojoules when they have access to this information.

3. The City of Melbourne has trialled these restrictions at QV Melbourne as a part of their Green Light Eat Right Program.

Other comments
- The Steering Group noted the following initiatives in this area:

Ask 9.

Establish more healthy kitchens in schools, universities hospitals and large workplaces.

Rationale:
- These kitchens will provide healthy meals for a reasonable cost-covering price, in a financially sustainable way.
- Currently there is serious limitations on what is available commercially.

Steering Group response:

1. The Steering Group noted the Victorian Government has developed the Healthy choices: policy and catering guidelines for workplaces to help workplaces practise a holistic approach to healthy eating.

Other comments
- AFGC noted we should use existing school canteen guidelines such as The National Healthy School Canteens Guidelines (NHSCG) developed by the Federal Department of Health and Ageing, although these guidelines are not mandatory for Victorian Government schools and agencies working with school food service providers.
The Steering Group noted other activity in this area includes:


(ii) The Victorian Government’s Achievement Program helps schools to promote healthy eating and physical activity through meeting benchmarks.

**Ask 10.**

**Ban “junk food” and beverage marketing to children under the age of 16 years.**

**Rationale:**

- Ban junk food and beverage marketing in all current and future media formats, specifically aimed at children under 16 years of age.
- For remaining junk food and beverage marketing, equal media exposure for food education (e.g. live lighter campaign) that matches junk food marketing. This is to be measured in terms of volume of advertising (e.g. thirty seconds for thirty seconds, two page spread for two page spread, etc.)
- Prohibit junk food and beverage companies from sponsoring children’s organisations, such as junior sporting clubs. Also prohibit sponsorship of sports at all levels.
- Implement harsher penalties if breaches occur.
- Start an innovative and engaging advertising/marketing campaign targeted at children and young people.
- Ban the inclusion of non-food incentives such as toys inside unhealthy foods

**Steering Group response:**

1. The OPC is advocating for policies to be adopted by all levels of government to protect children from unhealthy food marketing. The OPC has produced a document outlining how to define unhealthy food and how to address the different media channels used to target children. See: [www.opc.org.au](http://www.opc.org.au).

**Other comments**

- Not supported by AFGC and the Australian Beverages Council.
- The OPC noted that the Victorian State government:

  (i) has power to regulate unhealthy food marketing in, on or through the following; children’s institutions and activities (e.g. schools, kindergartens, childcare centres); children’s sports (including sponsorship); public places; cinemas; the radio; retail outlets; competitions, premiums and give-aways; direct mail; and unsolicited flyers or pamphlets.

  (ii) may have power to regulate unhealthy food marketing on free to air television, although potential constitutional barriers would need to be explored.

  (iii) should be encouraged to work with other states and territories to advocate to the Commonwealth Government for a national approach where required, i.e. internet marketing, subscription television and possibly free-to-air television.

**Ask 11.**

**Provide only healthy food and drinks in Victorian schools.**

**Rationale:**

- Food preferences are learned early. Schools can play a vital role in establishing life-long healthy eating and lifestyle preferences.
- School Canteens and Other School Food Services Policy mandatory for all Victorian schools- including private, independent and religious schools
• Support FoodBank’s School Breakfast Program in food-disadvantaged schools
  o Guarantee long-term funding and evaluation- 15+ years
  o Extend the program to lunch and, secondary and more schools
• Funding for healthy food programs in schools to be added and incorporated into permanent and ongoing school funding

Steering Group response:

No direct response available at the time of writing.

Other comments
• The Steering Group noted:
  (i) The Victorian Government’s Achievement Program helps schools to promote healthy eating and physical activity through meeting benchmarks (www.achievementprogram.healthytogether.vic.gov.au/schools).

  (ii) ‘Amber light’ foods are still allowed in Victorian school canteens although schools are encouraged to limit the availability of these foods.

Ask 12.

Ask that the Victorian government prevent companies from locking farmers into unfair, restrictive contracts. Where a company does not require all the produce it has requested from a farmer the produce does not go to waste. Surplus must be made available for sale in the local/national area and other regions or to donate the surplus to charitable organisations, with farmer’s controlling what is grown on their farm.

Rationale:
• We want the right to purchase produce direct from local farmers
• We want changes to be made immediately
• We would like to see over production be donated into the charitable services rather than disposed of to best serve the local community.
• Small scale agriculture options must be introduced in existing and new communities
• We believe the farmers need to be protected with a minimum farm gate price
• We believe the overall health and wellness of the community will benefit from the natural effects of more edible resources.

Steering Group response:

1. Foodbank Victoria has launched the ‘Farms to Families program’. This program is designed to ensure farmers receive payment for produce that has been rejected and ensures landfill of fresh produce is minimised.

Other comments
• The Steering Group noted that:

  (ii) The ACCC is the responsible agency and not the Victorian Government.
Ask 13.

Increase level of taxation by imposing an additional tax at point of purchase on sugar-sweetened beverages to raise prices and disincentivise consumption - Tax of at least 20%

a) These additional taxes imposed on food and beverages must be earmarked (hypothesized) to fund new health promotion initiatives

b) Ban use of discounts applied for bundling and multiple purchases designed to increase consumption of junk food and soft drink (i.e. discounting for bulk purchase)

c) Regulate beverage sizes, imposing a maximum size that can be sold through restaurants and retail outlets (soft drinks and other calorie-dense beverages)

d) Introduce legislation requiring all venues at all times serving food to offer at least one healthy meal option.

Steering Group response:

1. The OPC is supportive of this policy and has put a submission to the Federal Government tax review recommending this with the addition inclusion that the funds raised may be used for obesity prevention activities.

Other comments
- There was general acknowledgement from the Steering Group that there is an opportunity to link into the Federal Government tax review.
- It was agreed there is an industry view that market forces will help to drive pack/beverage container size changes.
- A tax increase is not supported by the ABC. However they did comment on the voluntary reductions in beverage sizes being offered in the industry.

Ask 14.

Government mandated health star labelling. No self regulation of labelling in the food and beverage industry.

Rationale:
- Front of package labelling must be mandatory, under a single scheme, such as the health star system or the hybrid traffic light system (traffic lights on the table of nutritional information)
- Commit to an ongoing evaluation and refinement of the labelling system in influencing consumer purchase behaviours.
- All nutritional information be required to be publicly available in a central and universally accessible database.
- Any intake advice account for differences in age and gender.

Steering Group response:

1. The OPC supports a mandatory approach as this labelling would be most effective if its adoption was widespread.

2. Coles indicated their commitment to the roll out of the star rating on their branded products.

3. CHOICE is calling on major food manufacturers to roll out health stars on their food products. CHOICE stated: “We have congratulated the food manufacturers who have already implemented health stars. But there are six major food manufacturers who are yet to get on-board the new system. Consumers can call on these remaining food manufacturers by writing to them via our campaign: https://www.choice.com.au/consumer-advocacy/campaigns/health-star-ratings”

Other comments
- The Steering Group noted Woolworths have indicated their commitment to the roll out of the star rating on their branded products.
Ask 15.
Give local government the final say in deciding whether a fast food outlet is developed within their municipality.

Ask 16.
Exclusion zones of unhealthy fast food chains/franchises outlets around schools, sporting clubs, youth and community centres where children <18 years spend time.

Rationale:
- To prevent the oversupply of unhealthy fast food outlet options
- To allow local government to tailor food outlet planning to their community’s interests
- Reduce childhood exposure to fast food
- Preventing the dominance of unhealthy food options in local communities.

Steering Group response:

1. CPAN endorses these approaches based on collaborative work with local governments where this need has been expressed.
2. OPC supports amendments to the Planning and Environment Act and/or state level policy documents, such as the Victorian Planning Provisions, to give state and local governments a say in the placement of fast food outlets.

Other comments
- The Steering Group raised a suggestion that local councils could explore the feasibility of putting an overlay onto their planning regulations. Further assessment would be required to determine whether this would achieve the desired outcomes.

Ask 17.
All projects that are implemented as a result of these asks to be monitored and evaluated to determine long term outcomes.

Rationale:
- There must be dedicated funding enshrined in legislation for monitoring and evaluation.
- Evaluation should cover:
  * Reach
  * sustainability
  * cost effectiveness
  * impact
- Be funded for the requisite period to ensure success or otherwise.

Steering Group response:

1. In principle support from the Steering Group on this ask.
2. CPAN endorses this recommendation, which is critical in order to build the evidence base on effective approaches.
Ask 18.

Government funding for easy and regular access to health services which enable individuals to better their eating behaviour.

Rationale:
- Expand subsidised access to experts including nutritionists, dieticians, psychologists and exercise physiologists (including at the preventive stage).
- Available to all people at any stage of life in all areas, especially rural.
- Allowing focus on prevention rather than treatment.

Steering Group response:

The Steering Group noted:
(i) There is already existing Federal Government funding for subsidised access via Medicare.
(ii) There is a role for health insurers in this area.

Ask 19.

All donations to political parties, decision makers and regulatory organisations from food and beverage interest groups must be publically declared.

Rationale:
- As our food choices are strongly influenced by regulatory bodies, their decisions must not be disproportionately influenced by interest groups.
- To ensure transparency and to avoid conflicts of interest.
- Declarations must be published within 60 days of receipt and readily available to the public.
- Both monetary and non-monetary donations of greater than $1,000 must be included.
- Political parties to declare this to the AEC (Australian Electoral Commission)

Steering Group response:

The Steering Group understand this is the role of the Australian Electoral Commission (AEC).

Other comments
- The AEC threshold for gifts and donations was changed to $10,000 in 2005 and is indexed. Currently it is $13,000.1 Donors are required to declare only their donations. Political Parties and Associated Entities must report all donations and give all receipts above the threshold to the AEC.

Ask 20.

Limit the ability of food and beverage producers to market unhealthy products by advertising a healthy component of an unhealthy product

Rationale:
- Currently food and beverage producers have too much flexibility to circumvent existing guidelines and regulations by highlighting specific healthy ingredients without the entire product being healthy.
- This ‘ask’ is to be informed by and reflect understanding within the current regulations and guidelines.

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- Current regulations and guidelines are too vague and ambiguous without any enforcement. This must change.
- Current guidelines still enable food & beverage producers to market unhealthy products by misleading consumers by advertising a healthy component, not a healthy product.
- Marketing Guidelines should encourage manufactures to produce health food.
- We have bought age in as a factor because children live in the same world as adults.
- Fresh produce and unprocessed foods need to be exempt
- People need food, so we are simply helping informing decisions

Steering Group response:

1. OPC would like to see the use of fruit and vegetable claims, and nutrient content claims restricted on foods that are profiled as unhealthy overall. Currently foods that meet these criteria are not able to carry any health claims, this should be expanded to these other claims.

2. CHOICE stated that it “is always on the look-out for ‘health halos’ on food products. In May this year, we found a number of food products advertising themselves as healthy but performing poorly in the health star rating system: https://www.choice.com.au/food-and-drink/nutrition/food-labelling/articles/health-claim-halos”.

3. CHOICE is also campaigning for the removal of self-made school canteen certification logos. These logos predominantly appear on discretionary foods such as Paddle Pops and Shapes and reference the school canteen guidelines. CHOICE surveyed consumers and found that consumers believe products with these logos are a healthier option. They also thought the logos were audited and/or regulated by the government. Consumers can call on food manufacturers to remove these logos from their products via CHOICE’s campaign page: choice.com.au/dodgylogos.

General comment: The AMA representative has presented to the AMA Board about the Citizens’ Jury on Obesity report. AMA is broadly supportive of the asks particularly those in line with their submission and they will continue to encourage meaningful action to help prevent overweight and obesity.