

National Obesity Prevention Strategy – VicHealth’s survey response

Section 1 – Privacy

1. Do you consent to your submission being published on the Department's website, and accessible to the public, including persons overseas, in accordance with the following preference:

Publish entire response, including my name and organisation's name

Publish response without my name but including my organisation's name

Publish response without my name or my organisation's name

Publish my name and organisation, do not publish my response

Do not publish

2. Please read and agree to the below declarations:

I consent to the Department collecting the information requested in Citizen Space about me, including any sensitive information, for the purposes indicated above.

By making a submission, I acknowledge that:

- I understand that the giving of my consent is entirely voluntary
- I am over the age of 18 years
- I understand the purpose of the collection, use, publication or disclosure of my submission
- I understand that copyright in the content of my submission will vest in the Commonwealth of Australia
- Where relevant, I have obtained the consent of any individuals whose personal information is included in my submission, to the Department collecting this information for the purposes outlined in this notice
- I understand that, where I have provided consent to my submission being published, the Department has complete discretion as to whether my submission, in full or part, will be published.

I have read, understood and consent to the above statements.

Section 2 – Introduction

3. What is your name?

Dr Sandro Demaio

4. What is your email address? If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.
[email]

5. What is the name of your organisation? Organisation (if not representing an organisation you can enter 'member of community')

Victorian Health Promotion Foundation (VicHealth)

6. Are you completing this survey on behalf of your organisation?

Yes

No

7. What sector do you represent? You may select more than one option.

Health professions

Academia or research

Federal, state or territory, or local government

Health promotion

Food/drinks production/manufacturing/retail/advertising

Agriculture and primary industries

Health/fitness/sport/wellness industry

Education

Consumer/population group (e.g. ATSI/CALD) representative

Member of the community

Other

Prefer not to say

Section 3 – Overarching Concepts

8. Do you agree with the overall approach of the Strategy?

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

Not relevant to me

You can explain your selection or provide comments (250-word limit):

VicHealth strongly supports a National Obesity Preventive Strategy (NOPS) as a fundamental tool to address overweight and obesity in Australia. We are particularly supportive of the guiding principles, objectives, ambitions, and individual strategies in the draft NOPS, and the inclusion of:

- a strong focus on changes to the environment, including the food environment
- strategies that address broader determinants of health and multisectoral actions beyond the health system.

The draft NOPS, however, does not represent a commitment to strong, sustained, best practice action and, in its current form, is unlikely to reduce overweight/obesity and improve the health of Australians.

To ensure its objectives and ambitions are realised, the NOPS must be accompanied by:

- strong targets that, at a minimum, align with the National Preventive Health Strategy (NPHS)
- a national governance committee to oversee implementation of the NOPS, with representation from all governments, led by Health Ministers
- a national implementation plan to be developed within 6 months of the NOPS' release that includes:
 - > agreed evidence-based actions for each strategy, with responsibility for each action assigned to federal, state and territory governments or both, as appropriate
 - > a timeline for implementation and reporting, with the NOPS' 10-year timeframe divided into blocks at 3, 6 and 9 years
 - > a funding plan that identifies committed, ongoing and adequate funding from all governments
 - > a monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact
 - > a process free from conflicts of interest.

9. The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

Not relevant to me

You can explain your selection or provide comments (250-word limit):

VicHealth supports the title, as it reflects the need to take a primary prevention approach to reduce the likelihood of diet- and obesity-related disease.

10. The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles?

Equity	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Sustainable Development	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for explanation:

1. EQUITY

Action must be taken to address the disproportionate rates and drivers of overweight and obesity within some population groups. The NOPS must prioritise strategies/actions that will have the most impact on ensuring this guiding principle is honoured, as evidence shows that:

- measures that focus on education and behaviour change alone are likely to reduce inequities
- policies that change structural conditions and daily living conditions should be prioritised.

Integrating a strong health equity approach throughout the NOPS will be essential to ensuring all Australians – particularly those facing greater barriers to good health – can benefit from the actions, and unintended consequences are avoided.

To achieve this, VicHealth recommends the NOPS achieves the following:

- Seeks to address both inequities in health outcomes and the wider social determinants of these inequities (see recommended actions in our response to question 18).
- Incorporates explicit equity objectives.
- Applies principles of proportionate universalism: interventions should be universal, but the level of support should be proportionate to need.
- Ensures that targeted supports do not stigmatise particular groups.
- Promotes active and meaningful engagement of a wide range of stakeholders, and increases the diversity of representation at all stages of development and implementation.
- Conducts a thorough assessment of the needs, assets, preferences and priorities of target communities.
- Allocates adequate, dedicated capacity and resources to ensure sufficient intensity and sustainability.
- Includes high-quality, equity-focused evaluations of overweight and obesity prevention interventions with long-term follow-up.
- Monitors and evaluates differential impacts across a range of social indicators to ensure that they achieve their objectives without doing any harm, as well as to strengthen the evidence base for future interventions.
- Invests in equity-focused training and capacity building in both health and non-health sectors, from front-line staff to policy and program decision-makers.
- Makes strategies flexible and adaptable at the local level.

– Includes prospective action-oriented applied research on overweight and obesity interventions at all levels, with a focus on collaborative knowledge production and intersectoral participation.

Further information on health equity approaches, including strategies to promote equity in healthy eating and physical activity, can be found at <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity>

2. SUSTAINABLE DEVELOPMENT

VicHealth strongly supports the inclusion of sustainable development as a guiding principle of the NOPS. It is essential that all government action prioritises the wellbeing of people and the planet. We recommend that the NOPS emphasises the importance of social equity, health and wellbeing outcomes and environmental protection over economic growth alone, and has a clear focus on supporting those factors today and for future generations of Australians.

As noted in the draft NOPS, there are clear co-benefits to many strategies, including reductions in emissions through prioritising active travel options and locally available and sustainably-produced healthy food and drink, and increased tree canopy and open green space reduces urban heat. Any actions taken under the NOPS should consider and minimise planetary health impacts.

It is essential that a focus on ‘economic growth’ does not become a barrier to implementing evidence-based action that will improve public health outcomes.

Where economic impact is considered in a policy or regulatory context, this must be assessed broadly, and include assessment of the economic impact of poor diet, overweight and obesity and the cost-effectiveness of intervention. Economic impacts of any interventions that affect the food industry must be considered across all sectors. For example, there is evidence that there will be no loss of jobs if sugary drinks taxes or/and marketing restrictions are introduced – just shifts in the types of jobs [1-3].

In addition, some interventions will have a positive economic effect on the food industry as well as benefiting health. For example, economic modelling suggests a \$10 million marketing spend per year would deliver an increase in vegetable consumption of around 0.5 serves per person, per day within 5 years. This would confer significant economic benefits to vegetable levy payers (\$1 billion net increase in farm income over 11 years), and retailers (cumulative \$1.9 billion over 11 years). It would also reduce government expenditure. If every Australian ate an additional half a cup of vegetables per day, government health expenditure would reduce by an estimated \$100 million per year (\$60.7 million to the Commonwealth Government and \$39.2 million to the states and territories) [4].

The NOPS recognises the importance of sustainable development as a guiding principle and of the Sustainable Development Goals (SDGs) but provides few actions to ensure this is prioritised throughout the NOPS. The SDGs should be leveraged more explicitly throughout the NOPS and all 17 SDGs should be used to guide the NOPS strategies.

References:

[1] Powell, LM, Wada, R, Persky, JJ & Chaloupka, FJ 2014, ‘Employment impact of sugar-sweetened beverage taxes’, *American Journal of Public Health*, vol. 104, no. 4, pp. 672–7.

[2] Guerrero-Lopez, CM, Molina, M & Arantxa Colchero, M 2017, ‘Employment changes associated with the introduction of taxes on sugar-sweetened beverages and nonessential energy-dense food in Mexico’, *Preventive Medicine*, vol. 105, suppl. 1, pp. s43–9.

[3] Parajea, G, Colchero, A, Wlasiukc, JM, Sota, AM & Popkin, BM 2021, 'The effects of the Chilean food policy package on aggregate employment and real wages', Food Policy, vol. 100.

[4] Deloitte Access Economics 2016, The impact of increasing vegetable consumption on health expenditure, Horticulture Innovation Australia, Melbourne.

11. The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision?

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

Not relevant to me

You can explain your selection or provide comments (250-word limit):

VicHealth supports the vision for an Australia that encourages and enables healthy weight and healthy living for all. Unhealthy diets are responsible for a significant proportion of Australia's chronic disease burden. The prevention of obesity and diet-related chronic diseases is a national priority. VicHealth supports the notion that all people should have a fair opportunity to attain their full health potential, and that no one should be disadvantaged from achieving this potential if it can be avoided.

12. The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly Disagree

Not relevant to me

You can explain your selection or provide comments (250-word limit):

VicHealth believes that one target is not adequate and will not capture all relevant factors that contribute to the objectives and ambitions of the draft NOPS. Additional targets should be included and, at a minimum, should align with those presented in the draft NPHS in relation to improving access to and the consumption of a healthy diet and increasing physical activity. These are:

1. Not only halting the rise of obesity by 2030 (as per current draft NOPS target) but also reversing this trend by 2030.
2. Reduce overweight and obesity in children aged 5-17 years by 5% by 2030.
3. Adults and children (≥ 9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030.
4. Adults and children (≥ 9 years) increase their vegetable consumption to an average 5 serves per day by 2030.

5. Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030.
6. Reduce the average population sodium intake by 30% by 2030.
7. Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030.
8. 50% of babies are exclusively breastfed until around 4 months of age by 2030.
9. Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030.

13. The Strategy includes five Objectives outlined on page 12 of the draft. Do you agree with the Objectives?

More supportive and healthy environments	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More people eating healthy food and drinks	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More people being physically active	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More resilient systems, people, and communities	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
More accessible and quality support for people	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for explanation:

VicHealth strongly supports the five objectives. We recommend changing the third objective from 'more people being physically active' to 'more people being physically active and less sedentary' as this will capture the need for people to be not only more physically active but less sedentary.

14. Are there any Objectives missing?

Space for comments:

Yes. VicHealth recommends the inclusion of an additional objective: More people reducing their consumption of unhealthy food and drinks.

The draft NOPS notes that 'unhealthy food and drinks are convenient, can cost less, are aggressively promoted and are available almost everywhere'. To change population diets in any meaningful way, the NOPS must include an objective to reduce the availability and consumption of unhealthy foods and drinks.

A stand-alone objective is required to reduce the consumption of unhealthy food and drinks to give sufficient attention to the impact these unhealthy food and drinks have on rates of overweight and obesity, and poor health outcomes. A focus on increasing consumption of healthy food is not sufficient.

We note the definition of ‘unhealthy food and drinks’ in the draft NOPS, which states that these are also called discretionary foods and are those foods that are not necessary for healthy diet and are too high in fat and/or added sugars, added salt, kilojoules, or alcohol or low in fibre, as described in the Australian Dietary Guidelines (ADGs). The ADGs are currently under review, and we expect that review to consider and incorporate the emerging evidence on the role that the level of processing plays in the influence of food on health, particularly overweight and obesity.

The NOVA classification system is a food classification system which categorises foods by the nature, extent and purpose of industrial food processing. Ultra-processed foods represent the highest level of food processing. These products are designed to be hyper-palatable, affordable, convenient and are often marketed intensively [1]. Ultra-processed foods have known adverse health and environmental impacts, including increased risk of obesity [2,3], cardiovascular disease, cancer, type-2 diabetes, and all-cause mortality [4–7], greenhouse gas emissions, deforestation, biodiversity loss, food waste, increased land clearing and water use [8,9].

Therefore, we recommend that the definition of unhealthy food and drinks in the NOPS includes all ultra-processed foods and aligns with the ADGs when they are updated.

We note that all references to ‘unhealthy food and drinks’ in our submission assumes that all ultra-processed food and drinks are unhealthy foods and drinks.

References:

- [1] Monteiro, CA, Cannon, G, Levy, RB, Moubarac, J-C, Louzada, ML, Rauber, F, et al. 2019, ‘Ultra-processed foods: What they are and how to identify them’, *Public Health Nutrition*, vol. 22, no. 5, pp. 936–41.
- [2] Machado, PP, Steele, EM, Levy, RB, da Costa Louzada, ML, Rangan, A, Woods, J, Gill, T, Scrinis, G & Monteiro, CA 2020, ‘Ultra-processed food consumption and obesity in the Australian adult population’, *Nutrition & Diabetes*, vol. 10, no. 39.
- [3] Livingston, AS, Cudhea, F, Wang, L, Steele, EM, Du, M, Wang, YC, Pomeranz, J, Mozaffarian, D & Zhang, FF 2021, ‘Effect of reducing ultraprocessed food consumption on obesity among US children and adolescents aged 7–18 years: Evidence from a simulation model’, *BMJ Nutrition, Prevention & Health* bmjnph-2021-000, <https://doi.org/10.1136/bmjnph-2021-000303>
- [4] Elizabeth, L, Machado, P, Zinöcker, M, Baker, P & Lawrence, M 2020, ‘Ultra-processed foods and health outcomes: A narrative review’, *Nutrients*, vol. 12, no. 7, p. 1955.
- [5] Srour, B, Fezeu, LK, Kesse-Guyot, E, Allès, B, Méjean, C, Andrianasolo, RM, et al. 2019, ‘Ultra-processed food intake and risk of cardiovascular disease: Prospective cohort study (NutriNet-Santé)’, *BMJ*, vol. 365, <https://doi.org/10.1136/bmj.l1451>.
- [6] Rico-Campà, A, Martínez-González, MA, Alvarez-Alvarez, I, de Deus Mendonça, R, de la Fuente-Arrillaga, C, Gómez-Donoso, C, et al. 2019, ‘Association between consumption of ultra-processed foods and all-cause mortality: SUN prospective cohort study’, *BMJ*, vol. 365, <https://doi.org/10.1136/bmj.l1949>.

[7] Chen, X, Zhang, Z, Yang, H, Qiu, P, Wang, H, Wang, F, et al. 2020, 'Consumption of ultra-processed foods and health outcomes: A systematic review of epidemiological studies', Nutrition Journal, vol. 19, no. 1, pp. 1–10.

[8] Nguyen, H 2018, Sustainable Food Systems Concept and Framework, Food and Agriculture Organization of the United Nations, Rome.

[9] Rockström, J, Steffen, W, Noone, K, Persson, Å, Chapin III, FS, Lambin, E, et al. 2009, 'Planetary boundaries: Exploring the safe operating space for humanity', Ecology and Society, vol. 14, no. 2.

15. The Strategy includes three Ambitions outlined on page 12 of the draft. Do you agree with the Ambitions?

All Australians live, learn, work, and play in supportive and healthy environments.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
All Australians are empowered and skilled to stay as healthy as they can be.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
All Australians have access to early intervention and primary health care.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for explanation:

VicHealth strongly supports the three ambitions. In particular, we strongly support the focus on creating environments that promote health, especially changes to the food and social environments.

16. The Strategy includes three Enablers outlined on page 12 and pages 42-44 of the draft. Do you agree with the Enablers?

Lead the way	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Better use of evidence and data	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Invest for delivery	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for explanation:

1. LEAD THE WAY

VicHealth strongly supports the need for ‘strong national leadership and accountability’. The NOPS must recognise the importance of strong leadership from the Australian Government, including the Prime Minister and the Federal Minister for Health, as well as from state and territory governments, and the Australian Government must visibly and strongly support and fund the NOPS and preventive health more generally to enable meaningful change nationally. It is vital that all governments across Australia commit to the NOPS and prioritise its implementation. To enable and oversee this, we recommend the establishment of a national governance committee, with membership from the Commonwealth and State and Territory Governments, led by Health Ministers. See our response to question 25 for more detail.

We strongly support the need for ‘collaborative government leadership across sectors’ and recommend the adoption of a new stand-alone enabler of a ‘health-in-all-policies approach’ to reflect the importance of cross-sectoral, collaborative action. This enabler should be reflected throughout the NOPS and its implementation plan, ensuring that public health is considered when developing or implementing government policy in all areas. This is consistent with the NPHS, where one of the policy achievements is that ‘a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health’ by 2030.

The NOPS must also ensure that any supporting documents, policies or regulations are developed using a process free from conflicts of interest. We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the NOPS. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2].

References:

[1] World Health Organization 2018, Safeguarding against possible conflicts of interest in nutrition programmes: Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: Report by the Director-General, viewed 28 October 2021, <https://apps.who.int/iris/handle/10665/274165>

[2] National Health and Medical Research Council n.d., ‘Guidelines for Guidelines Handbook’, viewed 28 October 2021, <https://www.nhmrc.gov.au/guidelinesforguidelines>

2. BETTER USE OF EVIDENCE AND DATA

VicHealth strongly supports Enabler 2 and the investment in national co-ordination for sustained data collection and use. Specific targeted funding for Enabler 2 should be outlined in the implementation plan for the NOPS.

VicHealth supports the creation of a centralised, and easily accessible location for data which can be used by health professionals, policymakers and the public.

There is also a need for accountability by food companies, including the need for companies to regularly share data (on their products and sales) and mandatory reporting of key indicators related to health and environmental sustainability of food systems to enable analysis of trends over time and to evaluate the impact of policy measures.

3. INVEST FOR DELIVERY

VicHealth strongly supports investment to deliver the NOPS, both in terms of financial investment and in building a skilled, well-resourced workforce.

In relation to funding, we recommend the NOPS be accompanied by an implementation plan developed within 6 months by a National Governance Committee, with membership from the Commonwealth and each state and territory government, led by Health Ministers. This implementation plan must include a detailed funding plan that identifies committed, ongoing and adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.

We strongly support enablers 3.1 and 3.2, to explore new funding mechanisms and to investigate ways of shifting economic policies, subsidies, investment and taxation systems to more strongly benefit healthy eating and active living, positive health outcomes, communities and the environment.

Evidence shows that population-level interventions to improve diet and reduce overweight and obesity are very cost-effective, with the vast majority being cost-saving in the longer term [1]. Investment in these cost-effective interventions represent an opportunity for governments to save costs as well as improve health outcomes. However, current levels of funding for nutrition and obesity prevention are very low. Significant increases in funding are required to invest in cost-effective and cost-saving interventions. For example, 16 cost-effective interventions for Australia were estimated to cost A\$3 billion over the first three years of implementation [1]. This demonstrates the importance of adequate funding for strategies under the NOPS.

We strongly recommend the introduction of a health levy on sugary drinks by the Australian Government, with revenue from the levy then used to fund evidence-based actions under the NOPS. A health levy on sugary drinks would provide a significant revenue source for the Australian Government, estimated by various studies and reports at between \$400 and \$642 million annually [2–4]. The health levy on sugary drinks is also predicted to reduce healthcare spending. A 2018 analysis of cost-effective policies to tackle Australia’s obesity epidemic by Deakin University found that a health levy on sugary drinks would save the Australian Government \$1.7bn in total healthcare cost offsets, while costing relatively little (~\$11.8m) to implement [5].

Enabler 3.3 is also critical to ensuring Australia has a skilled workforce to implement strategies and actions. The health promotion and public health workforce in many states and territories has been significantly reduced both in terms of the community-based workforce itself and people with the policy and legislation expertise. The NOPS provides a clear opportunity to reverse this trend and build the skills of current and future workforces.

References:

[1] Ananthapavan, J, Sacks, G, Brown, V, Moodie, M, Nguyen, P, Barendregt, J, Veerman, L, Mantilla Herrera, A, Lal, A, Peeters, A & Carter, R 2020, ‘Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study’, PLOS One, vol. 15, no. 6, e0234804, <https://doi.org/10.1371/journal.pone.0234804>

[2] Veerman, JL, Sacks, G, Antonopoulos, N & Martin, J 2016, 'The impact of a tax on sugar-sweetened beverages on health and health care costs: A modelling study', PLOS One, vol. 11, no. 4, <https://doi.org/10.1371/journal.pone.0234804>

[3] Duckett, S, Swerissen, H & Wiltshire, T 2016, A sugary drinks tax: Recovering the community costs of obesity, Grattan Institute, Melbourne.

[4] Lal A Mantilla-Herrera, AM, Veerman, L, Backholer, K, Sacks, G, Moodie, M, Siahpush, M, Carter, R & Peeters, A 2017, 'Modelled health benefits of a sugar sweetened beverage tax across different socioeconomic groups in Australia: A cost-effectiveness and equity analysis', PLOS Med, vol. 14, no. 6.

[5] Ananthapavan, J, Sacks, G, Brown, V, Moodie, M, Nguyen, P, Barendregt, J, Veerman, L, Mantilla Herrera, A, Lal, A, Peeters, A & Carter, R 2018, Assessing cost-effectiveness of obesity prevention policies in Australia 2018 (ACE-Obesity Policy), Deakin University, Melbourne.

17. Are there any Enablers missing?

Space for comments:

VicHealth recommends the introduction of additional enablers:

1. Policy to safeguard against conflicts of interest – We suggest that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the NOPS. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2].

2. Health in all policies approach – Making sure public health is a consideration when developing government policy in all areas and at all levels of government (e.g. planning, transport, agriculture, education) and that workforce development supports the skills needed for successful multisectoral action. This is consistent with the NPHS, where one of the policy achievements is that 'a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health' by 2030.

References:

[1] World Health Organization 2018, Safeguarding against possible conflicts of interest in nutrition programmes: Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: Report by the Director-General, viewed 28 October 2021, <https://apps.who.int/iris/handle/10665/274165>

[2] National Health and Medical Research Council n.d., 'Guidelines for Guidelines Handbook', viewed 28 October 2021, <https://www.nhmrc.gov.au/guidelinesforguidelines>

Section 4 – Ambition 1 – All Australians live, learn, work and play in supportive and healthy environments

18. Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?

Strategy 1.1 Build a healthier and more resilient food system.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.2 Make sustainable healthy food and drinks more locally available.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

relationship with healthy eating and physical activity.						
Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for comments:

VicHealth recommends that the strategies and actions detailed below are added or strengthened. We also support the recommendations provided by the Obesity Policy Coalition within their response to this consultation – please see their response for further actions and evidence.

1. OVERARCHING RECOMMENDATIONS

– VicHealth strongly supports strategies 1.1 and 1.2, however we recommend they are combined and renamed: ‘Build a healthier and more equitable and sustainable food system in Australia that promotes equitable local availability of healthy and sustainable foods and drinks’. This would reflect that the current strategy 1.2 is a function of current strategy 1.1. We also believe the focus should be on the system being ‘equitable’ and ‘sustainable’ into the future rather than ‘resilient’ as this reflects the NOPS guiding principles.

– For all strategies the language should be strengthened around the actions by calling them ‘recommended actions’ instead of ‘example actions’.

– Ensure strategies and actions reflect key documents such as the Global Action Plan on Physical Activity and the Heart Foundation Blueprint for an Active Australia, as they provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the NOPS.

– Implement evidence-based programs for families and early childhood education and care (ECEC) settings to promote healthy eating (including breastfeeding) and physical activity from the start of life. This includes workforce training and regulations within the settings to ensure they provide healthy and sustainable food and physical activity environments.

2. HEALTHY EATING RECOMMENDATIONS

– Ensure that across all strategies, actions are included that specifically aim to reduce the availability of unhealthy food and drinks, not just increase availability of healthy food and drinks. This includes action within retail settings and around land use planning.

– Where action will be taken to reduce the availability and promotion of unhealthy food and drinks, this should be achieved through mandatory government policy or regulation, and not only through voluntary measures.

– Ensure actions that aim to reduce unhealthy food and marketing focus on restrictions, rather than just reductions or reducing prominence or visibility.

- Restrict advertising of unhealthy food and drinks on digital media to ensure children are not exposed to it. Unless digital platforms can guarantee that children will not be exposed to unhealthy food marketing, they should not be able to publish it.
- Introduce regulatory measures to restrict unhealthy marketing on television, cinema and radio, at peak viewing times for children, which are: 6am to 9am and 4pm to 9.30pm on weekdays, and 6am to 12pm and 4pm to 9.30pm on weekends.
- Ensure public spaces and events are free from unhealthy food and drink marketing. Public spaces and public events include:
 - > all government owned, managed and funded facilities, assets and events
 - > public transport vehicles and infrastructure
 - > public outdoor locations
 - > education, healthcare, sporting and recreation facilities
 - > cultural institutions, for example libraries, museums and galleries
 - > sporting, cultural and music events, including sponsorship
 - > shopping centres.
- Prevent processed food companies from targeting children, including:
 - > marketing that uses any feature or technique that is likely to appeal to children including images, activities, characters and prizes
 - > marketing in any physical place or form of media that is primarily for children
 - > marketing sent or displayed directly to a child by email or in any other way.
- Regulate marketing of infant formula and toddler milk and the labelling and promotion of infant and toddler foods.
- Develop a whole-of-government policy that requires healthy and sustainable food procurement, prioritising local and regional food options. This will require building capacity of short supply chains to ensure procurement can be done effectively and sustainably.
- Introduce a health levy on sugary drinks to increase price by at least 20%.
- Mandatory adoption of the Health Star Rating, and continued commitment to further review of the Health Star Rating algorithm to ensure it remains up to date with evolving nutrition science, including consideration of degree of processing in scoring foods.
- Other actions to improve information provided to consumers around healthiness and nutrient levels – see the Obesity Policy Coalition’s response to this consultation for further detail.

3. PHYSICAL ACTIVITY

- Enable the creation of conditions to facilitate active transport and the design of communities to ensure activities of daily living (e.g. shopping) are within walkable/cyclable distances, for example using approaches such as 20-minute neighbourhoods.
- Work with local and state/territory governments to support more walking and bike riding. This can be achieved by embedding the recommendations of the ‘Streets are for everyone’ consensus statement, which includes recommendations to:
 - > include walking and bike riding as an essential part of integrated transport planning
 - > prioritise streets for people in residential areas, around schools and shopping strips
 - > upgrade cities, regional centres and local neighbourhoods by improving footpaths, bike lanes, crossing opportunities and completing missing links (see <https://www.victoriawalks.org.au/news/1683> for further details).
- Open up local streets for activity and play at designated times and locations (especially around schools and at drop off and pick up times) as the default.
- Prioritise green spaces in neighbourhood planning.

– Improve the policies and environments of the places where people who have lower levels of physical activity (e.g. women and girls, people from lower socioeconomic areas, and Aboriginal and Torres Strait Islander people) go to be active, so they are welcomed, included and supported.

19. Are there any Strategies missing in Ambition 1?

Space for comments:

VicHealth supports all strategies under Ambition 1, they fail to specifically call out the need to reduce the availability, affordability and consumption of unhealthy food and drinks. Both an increase in healthy food consumption and a decrease in unhealthy food consumption are needed for the draft NOPS objections and ambitions to be met.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be

20. Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

Strategy 2.1 Improve people's knowledge, skills and confidence.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.2 Use sustained social marketing.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

Space for comments:

VicHealth recommends that the strategies and actions detailed below are added or strengthened. We also support the recommendations provided by the Obesity Policy Coalition within their response to this consultation – please see their response for further actions and evidence. Please note that we

recommend that for all strategies the language is strengthened around the actions by calling them 'recommended actions' instead of 'example actions'.

- Ensure communities are engaged in identifying, designing and leading delivery of solutions to ensure they meet community needs and are culturally appropriate. This should include a strong focus on engaging diverse communities and self-determination approaches for Aboriginal and Torres Strait Islander communities.
- Promote healthy weight and provide comprehensive support to mothers before, during and after pregnancy, including family-friendly social-protection policies that guarantee adequate income and maternity benefits, and allow parents to balance their time spent at home and work.
Create comprehensive early childhood education initiatives, including by providing long-term, sustainable funding for universal access to two years of early childhood education (ECE) and scaling up of evidence-based integrated models of ECE.
- Implement multicomponent whole-of-school interventions that account for social and cultural variations in food preferences.
- Continue to regularly update the Australian Dietary Guidelines (ADGs) to ensure they reflect the most current evidence, and complete this process free from vested interests. The current review of the ADGs must consider and incorporate the emerging evidence on the role that the level of processing plays in the influence of food on health, particularly overweight and obesity.
- Target disadvantaged groups, including those with low literacy skills, with clear, easy-to-use and -understand nutrition labels on packaged foods and menu labelling in food service outlets, and implement complementary interventions to enhance their effectiveness among disadvantaged groups.
- Develop nutrition education, advice and counselling in primary health care settings for individuals at highest risk of unhealthy diets. Multicultural health workers can improve effectiveness.
- Implement economic and welfare policies that ensure Australians, particularly those experiencing disadvantage, can afford and access healthy food and drinks (see the Obesity Policy Coalition's submission for further detail).
- Introduce a health and wellbeing principle as part of local government decision-making when considering land use planning and zoning permissions.
- Continue to invest in physical education to ensure that all schools, including those with a high proportion of disadvantaged students, engage students in a minimum level of quality physical education and physical literacy that helps contributed to recommended physical activity levels as per the Physical Activity and Exercise Guidelines for All Australians.
- Improve provision of and access to public transport.
- Combine changes to the physical environment with informational outreach activities (such as education, and support or buddy systems), and ensure that they are available and physically, economically and socially accessible to disadvantaged groups, including people with disability.
- Implement peer- or group-based physical activity and/or social support programs that address barriers to physical activity among disadvantaged groups.
- Implement tailored motivational, cognitive-behavioural and/or mediated individual-level approaches for promoting physical activity as part of a multilevel approach, complemented by broader social and environmental supports.
- Use internet and mobile technologies to create tailored, flexible, interactive physical activity programs that meet the specific requirements of the individual user.
- Implement initiatives that address social inequities in physical activity and sedentary behaviours related to disability, ethnicity, rurality and Indigeneity.
- Implement initiatives that address social inequalities in transport-related physical activity.

- Develop understanding of when and why socioeconomic inequities in physical activity and sedentary behaviours emerge during childhood/adolescence.
- Challenge social norms that contribute to variations in physical activity or sedentary behaviours across social groups.
- Use differential impact evaluations of interventions across social groups.

21. Are there any Strategies missing in Ambition 2?

Space for comments:

VicHealth supports the strategies for Ambition 2. We strongly support the implementation of these strategies alongside strategies in Ambition 1 to reduce inequities and produce large-scale effect.

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care

22. Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me
Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Not relevant to me

VicHealth supports the recommendations made by the Obesity Policy Coalition in their response to this consultation, and we refer the Working Group to their response for further information.

23. Are there any Strategies missing in Ambition 3?

Space for comments:

VicHealth strongly supports all strategies under Ambition 3 as they all contribute to the prevention of overweight and obesity. We also support the need for primary care to shift towards prevention, risk assessment and management of risk to help people stay well for longer (and potentially halt and reverse disease progression). However, unless implemented alongside strategies in Ambition 1, these will only have limited effect and widen inequities.

24. What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.

	5 most important strategies	5 least important strategies
Strategy 1.1 Build a healthier and more resilient food system.	✓	
Strategy 1.2 Make sustainable healthy food and drinks more locally available.	✓	
Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.		
Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.		
Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.		
Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.	✓	
Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.	✓	
Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.		
Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.		
Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.		
Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.		
Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.		
Strategy 2.1 Improve people's knowledge, skills and confidence.		
Strategy 2.2 Use sustained social marketing.		
Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.		
Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.	✓	
Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.	✓	

Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.		
Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.	✓	
Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.		
Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.		
Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.		
Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.		

Space for comments – no word limit stated

VicHealth has selected 7 strategies in our top 5. This is to reflect that we recommend that strategies 1.1 and 1.2 are combined into one (see our response to question 18) and both need to be selected in our top 5 to show this combined strategy is in our top 5.

The NOPS must prioritise the implementation and funding of those strategies and actions that are supported by the strongest evidence base. They will have the most significant impact on reducing overweight and obesity and improving diets across the population. We know that the strategies and actions that will have the most significant impact are those that will create environment and systems change, addressing food, physical and health environments to influence meaningful change. Strategies must also address social and commercial determinants of health. This is supported by the evidence review completed in 2019 to inform the development of the NOPS. It is also clear that interventions that change the environment are likely to have a positive impact on equity.

Although we strongly support a focus on policy and regulation to change the food system as the key priority of the NOPS, we consider that all of the included strategies have an important role to play as part of a comprehensive set of interventions and should remain in the final NOPS. VicHealth does not support the removal of any strategy.

Section 7: Making it happen

25. Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

Space for comments:

VicHealth is concerned that the model of flexible implementation as outlined does not present a committed pathway to ensure the NOPS is fully implemented at a national level. While we support the ability of governments to tailor implementation to the local context and to build on policies in place or under development, this must be done under a collaborative national approach to implementation that establishes agreed actions and commitments to timely implementation that will lead to significant change at a population level.

A collaborative national approach to implementation should involve the following:

(a) A national governance committee, established to oversee the implementation of the NOPS (the Committee). The Committee must have representation from the Commonwealth and each state and territory government and be led by Health Ministers to reflect the breadth of the ambitions of the NOPS.

(b) A national implementation plan to be put together by the Committee, in consultation with key stakeholder groups, and signed onto by each jurisdiction within 6 months of the NOPS' release. The implementation plan must include:

- > agreed evidence-based actions for each strategy, with responsibility for each action assigned to either federal, state and territory governments or both, as appropriate.

- > a timeline for implementation and reporting, with the NOPS' 10-year timeframe divided into blocks at 3, 6 and 9 years.

- > a funding plan that identifies committed, ongoing and adequate funding from all governments.

Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.

(c) A monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.

(d) A process free from conflicts of interest. We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1] should be used across all aspects of the NOPS. Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia [2]. The finalisation and implementation of the NOPS should be a transparent process, free from influence of industries that stand to financially benefit from behaviours that contribute to obesity (i.e. unhealthy food/drink, tobacco, alcohol industries). Individuals who are involved in finalisation and implementation of the NOPS should declare potential conflict of interests [3].

The NOPS must also aim to work with communities, particularly Aboriginal and Torres Strait Islander communities, to ensure successful implementation of the NOPS's Ambitions and actions. The Strategy must include measures to ensure it is meeting the Closing The Gap priority reforms around working with communities, including sharing relevant data and information to set and monitor the implementation of efforts.

References:

- [1] World Health Organization 2018, Safeguarding against possible conflicts of interest in nutrition programmes: Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level: Report by the Director-General, viewed 28 October 2021, <https://apps.who.int/iris/handle/10665/274165>
- [2] National Health and Medical Research Council n.d., 'Guidelines for Guidelines Handbook', viewed 28 October 2021, <https://www.nhmrc.gov.au/guidelinesforguidelines>
- [3] VicHealth n.d. 'VicHealth harmful industry relationship funding and procurement policy', viewed 28 October 2021, <https://www.vichealth.vic.gov.au/media-and-resources/vichealth-harmful-industry-relationship-funding-and-procurement-policy>

26. Do you have any additional comments on the draft Strategy?

Space for comments:

The NOPS must align with the NPHS as far as possible and must represent a position that is at least equal to, or stronger than, the actions, targets, outcomes and funding mechanisms set out in the NPHS. These two important strategies must complement and support each other and work together.

The NOPS and the implementation plan must prioritise those strategies and actions that are supported by the strongest evidence. Interventions recommended by the evidence review must be given priority, with a focus on systems and environment change to achieve significant change at a population level, as well as actions to address social determinants of health and reduce health inequity.

The draft NOPS overall is focused on increasing availability and consumption of healthy food, with limited focus on reducing availability and consumption of unhealthy food. The NOPS must be refocused to give equal or greater priority to reducing availability and consumption of unhealthy food. Both are important and although related, should be distinct goals.

The definition of unhealthy food should be broader than the current NOPS definition linked to the 'discretionary food' definition in the Australian Dietary Guidelines. The Australian Dietary Guidelines are currently under review, and we expect that review to consider and incorporate the emerging evidence on the role that the level of processing plays in the influence of food on health, particularly overweight and obesity. Outcomes, targets, strategies and actions should be considered in terms of their application to ultra-processed foods.

The language throughout the NOPS should be strengthened, including a change from 'example actions' to 'recommended actions'. Many strategies and actions use language that do not indicate an intention or commitment to act, including words such as 'explore' or 'investigate'. This wording should be strengthened to 'implement' or similar. This is particularly the case where the strategy or action is already supported by a significant evidence base.

VicHealth recommends the using the term 'bike riding' rather than 'cycling' throughout the NOPS. Bike riding is a more inclusive term and captures a range of bike-riding skill levels [1].

We also recommend the use of 'healthy options' as opposed to 'healthy choices'.

[1] VicHealth 2021, Framing walking and bike riding: Message guide, viewed 28 October 2021, <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/VBM-Framing-Walking-Bike-framing---message-guide.pdf?la=en&hash=FFC180B06C5C26E8EACECA7AB2BBF9BE62B9EEF0>