



Obesity in Australia **A decade of inaction**

Evaluating 10 years of government (in)action
against the National Preventative Health
Taskforce's obesity policy recommendations

March 2020



ABOUT THE OBESITY POLICY COALITION

The Obesity Policy Coalition (OPC) is a partnership between Cancer Council Victoria, Diabetes Victoria, VicHealth and the Global Obesity Centre at Deakin University; a World Health Organization (WHO) Collaborating Centre for Obesity Prevention. The OPC advocates for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia, particularly among children.

Policy areas in which the OPC has been particularly engaged in political discourse and advocacy since the recommendations of the National Preventative Health Taskforce were released in 2009 have included:

- * participating in the ongoing governmental process to develop and implement a system for front-of-pack labelling to assist Australians to make healthier choices
- * advocating for legislative reform to reduce children's exposure to marketing for unhealthy food and drinks, and
- * pricing measures to reduce consumption and tackle high rates of overweight and obesity in Australia.

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INTRODUCTION

In June 2019, Health Minister Greg Hunt announced that the Australian Government would develop a National Preventive Health Strategy – a 10-year plan to improve the health of Australians at all stages of life including by targeting modifiable risk factors for chronic disease.¹ Public health leaders welcomed the announcement but noted that even with the very best strategy, benefits would only be delivered through effective implementation.²

It is timely, therefore, to reflect on the legacy of a major blueprint that had the ambitious goal of making Australia the healthiest country by 2020. In 2008, the Australian Government (Government) appointed a National Preventative Health Taskforce (Taskforce) to develop strategies to tackle chronic disease caused by tobacco, alcohol and obesity. After 18 months of work by some of Australia's leading experts the Taskforce released a final report entitled *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – The roadmap for action* (Roadmap).³

The Roadmap outlined 27 recommended action items designed to reduce and control obesity in Australia. Preventative health measures were proposed for implementation in a staged manner from 2009. Specific recommendations were set out under 10 Key Action Areas as follows:

- 1| Drive environmental changes throughout the community to increase levels of physical activity and reduce sedentary behaviour.
- 2| Drive change within the food supply to promote healthy diets.
- 3| Embed physical activity and healthy eating in everyday life.
- 4| Encourage healthier eating and activity through comprehensive and effective social marketing.
- 5| Reduce peoples' exposure to marketing of unhealthy products.
- 6| Support the health workforce to support people in making healthy choices.
- 7| Address maternal and child health, enhancing early life and growth patterns.
- 8| Develop effective community-based programs in low socio-economic status (SES) communities.
- 9| Develop effective interventions among indigenous communities.
- 10| Build the evidence base, monitor and evaluate the effectiveness of actions.

In 2010, the Government published its response to the Roadmap, indicating its plans and intended actions in relation to each Key Action Area.

Ten years on Australia's obesity rates continue to rise, driving increases in noncommunicable diseases (NCDs) such as heart disease, type 2 diabetes and cancer. So, what happened to the vision of Australia becoming the healthiest country in the world?

This review considers the Federal Government's response to each of the Taskforce's recommendations and what, if any, progress has been achieved in each proposed action. Modelled on an existing methodology and reporting structure, the research analyses government reports, websites and media releases to assess the degree to which recommendations have been considered, developed and implemented since the Taskforce's report.⁴ This report represents an overview of our research. A detailed analysis can be found at opc.org.au. Progress for each recommendation has been rated according to a four-level scale as either 'completed', 'ongoing progress', 'progress stalled' or 'no progress'.

Our analysis reveals that of the 27 recommended actions, only one has been fully completed, 20 have progressed to some extent, and six have not been progressed at all.

Of note, for 11 of the 20 incomplete action areas, progress has stalled after a strong start was made under the auspices of the Australian National Preventive Health Agency (ANPHA) and the National Partnership Agreement on Preventive Health (NPAPH), a partnership of the Commonwealth, States and Territories set up to improve outcomes in the area of preventative health.

The removal of funding for this work in 2014 saw progress falter and completely cease in many of the action areas which were linked to these initiatives.

Most telling of all is the lack of progress on the overarching roadmap target of halting and reversing the rise in obesity by 2020. The Taskforce endorsed a target to increase the proportion of adults with a healthy body weight by 3% within 10 years (set by the 2008 COAG National Partnership on Preventive Health). Instead the rate of overweight and obesity in adults continued to rise from 61% in 2007⁵ to 67% in 2017-18.⁶

Ten years on Australia's obesity rates continue to rise, driving increases in noncommunicable diseases such as heart disease, type 2 diabetes and cancer.

SUMMARY OF FINDINGS

KEY ACTION AREA AND RECOMMENDATIONS

RATING

1| Drive environmental changes throughout the community to increase levels of physical activity and reduce sedentary behaviour.

1.1 Establish a Prime Minister’s Council for Active Living and develop a National Framework for Active Living encompassing local government, urban planning, building industry and developers and designers, health, transport, sport and active recreation.	No progress
1.2 Develop a business case for a new Council of Australian Government (COAG) national partnership agreement on active living.	No progress
1.3 Australian and state governments to consider introducing health impact assessments in all policy developments.	Progress stalled
1.4 Commission a review of economic policies and taxation systems, and develop methods for using taxation, grants, pricing, incentives and/or subsidies to promote active living and greater levels of physical activity and decrease sedentary behaviour.	No progress

2| Drive change within the food supply to promote healthy diets.

2.1 Develop a comprehensive National Food and Nutrition Framework.	No progress
2.2 Commission a review of economic policies and tax systems and develop methods for using taxation, grants, pricing and incentives and/or subsidies to promote production, access and consumption of healthier foods.	No progress
2.3 Examine and develop systems and subsidies that increase the availability of high-quality fresh food for regional and remote areas, focusing on regional and remote transport, and increasing the production of high-quality, locally grown fresh foods that are available to the community.	Progress stalled
2.4 Drive change within the Australian food supply by establishing a Healthy Food Compact between governments, industry and non-government organisations to reduce the production and promotion of foods and beverages that are energy dense and nutrient poor, are high in sugar, saturated fats and salt which contain trans fats, by setting targets for these nutrients.	Ongoing progress
2.5 Introduce food labelling and front of pack and menus to support healthier food choices, with easy to understand information on energy, sugar, fats and saturated and trans fats, salt, and a standard serve/portion size within three years.	Ongoing progress

3| Embed physical activity and healthy eating in everyday life.

3.1 Fund, implement and promote school programs that encourage physical activity and enable healthy eating.	Ongoing progress
3.2 Fund, implement and promote comprehensive programs for workplaces that support healthy eating, promote physical activity and reduce sedentary behaviour.	Progress stalled
3.3 Fund, implement and promote comprehensive community-based interventions that encourage people to improve their levels of physical activity and healthy eating, particularly in areas of disadvantage and among groups at high risk of overweight and obesity.	Progress stalled

4| Encourage healthier eating and activity through comprehensive and effective social marketing.

4.1 Fund effective social marketing campaigns to increase physical activity and healthy eating and reduce sedentary behaviour and support people to make informed choices about their health.	Ongoing progress
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5| Reduce peoples' exposure to marketing of unhealthy products.

5.1 Phase out the marketing of energy-dense nutrient-poor (EDNP) food and beverage products on free-to-air and Pay TV before 9pm within four years. Phase out premium offers, toys, competitions and the use of promotional characters, including celebrities and cartoon characters, used to market EDNP food and beverages to children across all media sources. Develop and adopt an appropriate set of definitions and criteria for determining EDNP food and drink.	No progress
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6| Support the health workforce to support people in making healthy choices.

6.1 Contribute to relevant national policies (e.g the National Primary Health Care Strategy) to ensure key actions to improve preventative health are considered and implemented in the primary care setting.	Progress stalled
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7| Address maternal and child health, enhancing early life and growth patterns.

7.1 Establish and implement a national program to alert and support pregnant women and those planning pregnancy to prevent lifestyle risks of excessive weight, poor nutrition, smoking and alcohol consumption.	Ongoing progress
7.2 Support the development and implementation of a National Breastfeeding Strategy in collaboration with the state and territory governments.	Ongoing progress

8| Develop effective community-based programs in low SES communities.

8.1 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in low-income communities, such as lack of access to affordable, high quality fresh food.	Progress stalled
8.2 Fund, implement and promote multi-component community-based programs in low SES communities.	Progress stalled
8.3 Provide resources for brief interventions from the primary healthcare setting.	Progress stalled

9| Develop effective interventions among Indigenous communities.

9.1 Fund, implement and promote multi-component community-based programs in Indigenous communities.	Progress stalled
9.2 Strengthen antenatal, maternal and child health systems for Indigenous communities.	Ongoing progress
9.3 Fund, implement and promote effective and relevant strategies and programs to address specific issues experienced by people in Indigenous communities such as lack of access to affordable, high quality food.	Progress stalled

10| Build the evidence base, monitor and evaluate the effectiveness of actions.

10.1 A national prevention agency to develop a national research agenda for overweight and obesity with a strong focus on public health, population and interventional research.	Progress stalled
10.2 Expand the National Health Risk Survey Program to cover adults and the indigenous population.	Completed
10.3 Ensure that the National Children’s Nutrition and Physical Activity Survey is repeated on a regular basis to allow for the ongoing collection of national data on children.	Ongoing progress
10.4 Support ongoing research on effective strategies to address social determinants of obesity in Indigenous communities.	Ongoing progress

Scorecard

This table illustrates the level of progress on the Taskforce's recommendations within each of the 10 key action areas and provides a total progress rating.

Key Action Area	Completed	Ongoing progress	Progress stalled	No progress
1 Drive environmental changes throughout the community to increase levels of physical activity and reduce sedentary behaviour	0	0	1	3
2 Drive change within the food supply to promote healthy diets	0	2	1	2
3 Embed physical activity and healthy eating in everyday life	0	1	2	0
4 Encourage healthier eating and activity through comprehensive and effective social marketing	0	1	0	0
5 Reduce peoples' exposure to marketing of unhealthy products	0	0	0	1
6 Support the health workforce to support people in making healthy choices	0	0	1	0
7 Address maternal and child health, enhancing early life and growth patterns	0	2	0	0
8 Develop effective community-based programs in low SES communities	0	0	3	0
9 Develop effective interventions among indigenous communities	0	1	2	0
10 Build the evidence base, monitor and evaluate the effectiveness of actions	1	2	1	0
TOTALS	1	9	11	6

DISCUSSION

The National Preventative Health Taskforce spent considerable time and effort to develop a suite of promising evidence-informed interventions to improve population health in Australia and meet the goal of becoming the healthiest country by 2020. Ten years on, most of the Taskforce's recommendations for policy reform to reduce overweight and obesity rates have not been developed or implemented.

Apart from the introduction of the Health Star Rating System, key policy and regulatory interventions to create a healthier environment, such as taxes and pricing strategies to reduce consumption of harmful products and measures to reduce children's exposure to marketing have not been implemented. This is despite robust supporting evidence, strong and documented public support and established international action bringing such measures squarely into the mainstream of policy options to reduce rates of chronic disease.

There has been an emphasis on actions which focus on individual behaviour change, rather than on policies and regulation that would create an environment supportive of healthy eating and active living. Measures that focus on influencing the environment through systems change are more effective and less likely to widen inequities. The policy and regulatory initiatives to create a healthier environment are those that the ultra-processed food industry, together with other vested interests, fight hardest against.⁷

The positive steps the low-hanging fruit

Australia has made some progress to drive change within the food supply to promote healthy diets (Key Action Area 2) by developing and implementing the Health

Star Rating system (HSRS). Implementing an interpretive front-of-pack labelling scheme, supported by public education to increase nutrition literacy for both adults and children,⁸ is a key recommendation of global reports such as the World Health Organization's recent Commission on Ending Childhood Obesity. Australia has been assessed as meeting best practice on implementation of policies to improve population nutrition, due to implementation of the HSRS.⁹

The overarching objective of the HSRS to provide nutrition information on food packages to assist consumers to make healthier choices is not being fully realised however due to significant flaws that impact on its public credibility. This includes the current algorithm generating inappropriately high ratings for some foods with high levels of added sugar, sodium and saturated fat. It is also important to note that the HSRS remains a voluntary system with variable uptake between product categories, and even within them,¹⁰ thereby limiting its benefits for consumers.

There has been some progress to build the evidence base (Key Action Area 10); in particular, there has been progress in funding research on effective strategies to address social determinants of obesity in Indigenous communities. In addition, significant data has been collected through the Australian Health Survey, but further data collection is required to better inform

policy and practice interventions for the Indigenous population. Some progress has also been made to develop and run social marketing initiatives and public education campaigns (Key Action Area 4).

Missed opportunities

The OPC believes that the termination of the National Partnership Agreement on Preventive Health (NPAPH) and the Australian National Preventive Health Agency (ANPHA) marked a backwards step for public health policy and programs, and public education on preventive health. A key component of NPAPH was to establish enabling infrastructure to drive national preventive health policy and programs. ANPHA was established under NPAPH to provide evidence-based advice to Federal, State and Territory Health Ministers, support research on preventive health in Australia, improve the effectiveness of health interventions, and implement national guidelines and standards to guide prevention activities. ANPHA was mainly focused on addressing risk factors of alcohol, tobacco consumption and obesity (including diet and physical activity), which contribute to approximately 40% of preventable hospitalisations and chronic conditions.¹¹

When NPAPH and ANPHA were terminated, ANPHA's essential functions were transferred to the Department of Health. This increased the pressure on the health budget and led to fewer programs and research on the key risk factors of overweight, obesity and physical activity. As a result, many of the programs that had started to address the recommendations in this report were discontinued due to lack of funding or only continued sporadically in some jurisdictions with reduced state funding. Programs discontinued when ANPHA and NPAPH were terminated included the Healthy Communities Initiative, which delivered community-based interventions to improve nutrition and

physical activity across the population, with a focus on vulnerable communities. Work on the National Nutrition Policy and the National Research Agenda for Overweight and Obesity was also discontinued.

Since then, there has been a lack of federal leadership to prevent overweight and obesity in Australia. A major failing has been the failure to adopt obesity prevention goals across sectors (Key Action Area 1). There has been a lack of ongoing interest in South Australia's 'Health in All Policies' approach at a national level, and few efforts to incorporate considerations of health into other portfolios. Lack of national leadership in this area may have contributed to the relatively poor uptake of a Health in All Policies approach by Australian states in influential policy areas such as planning, environment and transport.

In several other policy areas, action started strongly, but development and implementation of many initiatives has faltered. Funding for the the Healthy Workers Initiative and the Healthy Children's Initiative was withdrawn with the cancellation of the NPAPH in 2014 and some programs were continued sporadically in jurisdictions that provided funding.

In Key Action Area 9: prioritising the implementation of preventative health initiatives in Indigenous communities, action faltered despite an encouraging start. Specifically, funding for the Healthy Lifestyle Workers Initiative was discontinued when the government reduced the Tackling Chronic Disease Package prevention measure to Tackling Indigenous Smoking alone. Since the expiry of the National Aboriginal and Torres Strait Islander Nutrition Strategy (2000–2010) there has been no specific food and nutrition policy targeting Indigenous diet, nutrition and food security.¹²

In the area of physical activity (Key Action Area 1) there has been little action to

change the environment. Planning and development provides an illustrative example of a potentially influential policy area that has not adequately incorporated preventive health considerations. A lack of leadership at the national level has meant insufficient impetus for states to amend planning, development and building policies, and laws to promote physical activity. Although some states have investigated the possibility,¹³ only Queensland's *Sustainable Planning Act 2009* has prioritised the physical health and sustainability of communities through reform to planning legislation,¹⁴ while Tasmania's *Land Use Planning and Approvals Act (1993)* objectives include promoting sustainable development "which enables people and communities to provide for their social, economic and cultural well-being and for their health and safety." The opportunity for national leadership in increasing active transport through planning and transport reforms has also been missed.

Failure to tackle key interventions

Key interventions where there has been a complete lack of action have included investigating taxes and pricing strategies to reduce consumption of harmful products, and implementation of measures to reduce children's exposure to unhealthy food marketing.

Reducing exposure to advertising (Key Action Area 5)

The OPC believes that the lack of action to reduce Australians' exposure to marketing of unhealthy food and beverages has been particularly disappointing. Australia has fallen further behind comparable jurisdictions such as the United Kingdom, that started to implement broadcast regulations to reduce children's exposure to harmful food advertising in 2007,¹⁵

and more recently in 2017 introduced regulations in non-broadcast media.¹⁶ Chile has implemented the world's most comprehensive approach to marketing restrictions to date, introducing regulations that restrict advertising for TV programs or websites targeting children younger than 14 years, or where children younger than 14 make up more than 20% of the audience. In 2019, the advertising ban in Chile was extended to advertising on TV, radio and movie theatres between 6am and 10pm.¹⁷

The Australian Government's approach to the issue has also been at odds with international recommendations. In 2010, recognising the evidence of the effects on children of unhealthy food advertising, the World Health Assembly endorsed recommendations by the World Health Organization for countries to develop policy mechanisms to reduce children's exposure to unhealthy food advertising and to eliminate this advertising from all children's settings.¹⁸ The World Health Organization's Commission on Ending Childhood Obesity recommendations also include reducing children's exposure to marketing of unhealthy foods and beverages.¹⁹

In light of the international momentum that has amassed in support of this Key Action Area since the Taskforce's report, it is particularly disappointing that in Australia, progress on the issue has not even extended to Government monitoring or evidence gathering to determine the extent and nature of Australians' exposure to different types of marketing. No comprehensive independent evaluation of the existing industry-based codes, which were developed around the same time as the Taskforce's recommendations, has been undertaken, nor any evidence gathering to establish baseline measurements of adults' and children's exposure to marketing. Moreover, the media landscape has undergone dramatic changes over

the last 10 years with the advent of digital marketing, and the codes have failed dismally to keep pace.

Investigation of economic, pricing and tax mechanisms to promote health (Key Action Areas 1 and 2)

Another notable disappointment to the OPC has been the lack of willingness from successive Australian Governments to consider economic strategies, including tax and pricing measures, to improve health through active living and healthy eating. Research has shown that in relation to sugary drinks, implementation of a tax to reduce rates of overweight and obesity in Australians is cost-effective and acceptable to most consumers.^{20 21} The Government response to the roadmap advised that the ANPHA would play a critical role in the development of any economic interventions. However, the ANPHA was terminated prior to the development of any economic strategies.

No other strategies to use economic policies, subsidies or pricing mechanisms to shape behaviour to improve health have been announced, trialled or implemented. A 2015 Federal Government discussion paper, calling for submissions on tax reform, merely referred to a levy on sugary drinks as an example of a corrective tax used in other parts of the world.²² The current refusal by the two major Australian political parties to give proper consideration to such policies puts Australia out of step with growing international implementation of policies using food and beverage taxes to reduce consumption of specific products and/or nutrients.

There is increasing impetus in international law and policy discourse for countries to adopt economic measures such as taxes to change behaviours at the population

level and to curb the global rise of life-style related non-communicable diseases.²³ Taxes on sugary drinks have been introduced in more than 45 countries and smaller jurisdictions.²⁴ Evaluation data from Mexico demonstrates that the tax was generally passed on through the prices and that consumers have reduced their purchases of taxed beverages. Purchases of taxed beverages decreased 5.5% in 2014 and 9.7% in 2015, yielding an average reduction of 7.6% over two years.²⁵

Australia's lack of engagement with the issue is also contrary to global health imperatives. The WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 recommends governments consider economic policies, including taxes and subsidies, to improve the affordability of healthier food products and discourage the consumption of less healthy options, to help achieve goals for improved health and contained obesity rates by 2020.²⁶

The WHO has also recently recommended that governments tax sugary drinks to address type 2 diabetes, overweight and obesity and tooth decay. This measure is also acknowledged for its role in cutting healthcare costs and increasing revenues to invest in health services.²⁷ The WHO's Commission on Ending Childhood Obesity Report, released in 2016, also recommends an effective tax on sugary drinks to increase the price by at least 20%. The Commission clearly states that there is sufficient rationale to implement a tax on sugary drinks.²⁸

The Australian Senate Inquiry into the Obesity Epidemic in Australia also recommended consideration of the introduction of a tax on sugary drinks.²⁹

CONCLUSION

Overall, our analysis found a general lethargy and lack of progress on the part of successive Australian governments to implement the elements of a comprehensive strategy to address obesity. This has been characterised by an obvious reluctance by government to support obesity prevention and general preventive health organisations, and to engage in regulatory and legislative reforms to address environmental factors. This includes a failure to consider regulation of advertising to children, or to implement tax and pricing measures to improve health through active living and healthy eating.

In addition, many of the positive efforts made by the Government since 2009, including significant funding for community, school and workplace-based programs, and research, have been discontinued with the termination of NPAPH and ANPHA.

At this point in time, when the present Government is considering introducing a national obesity strategy, it is instructive to review the failure of successive governments to deliver outcomes against the National Preventative Health Taskforce's obesity policy recommendations. A comprehensive approach, crossing sectors and including regulatory and legislative reforms, is needed to make progress towards reducing the prevalence of overweight and obesity in Australia.

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