



Obesity in Australia

A decade of inaction

Appendix

This document provides the detailed analysis that supports our main report: *Obesity in Australia – A decade of inaction*. The report can be found at opc.org.au.

PROGRESS AND IMPLEMENTATION OF RECOMMENDATIONS

Key Action Area 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.

1.2 Develop a business case for a new Council of Australian Government (COAG) national partnership agreement on active living.

Recommended timeframe

The establishment of a Prime Minister’s Council and development of National Framework was proposed for years 1–4, with implementation of the National Framework in years 5–8. The proposed business case was to be developed in years 1–4, the process to be informed by the Framework for Active Living. Monitoring with reporting progress of the National Framework in years 8–10.

Commonwealth Government response

“The Government supports the whole of Government approach, but considers the establishment of the Australian National Preventive Health Agency (ANPHA), embedding

preventative health within the primary care settings through the COAG agreed National Health and Hospitals Network, Medicare Locals, the National Sport and Active Recreation Policy Framework, and the National Partnership Agreement on Preventive Health (NPAPH), as providing sufficient infrastructure to deliver action in this area without the establishment of a new Council or framework.”

Status – no progress

Consistent with the Government’s response, a Prime Minister’s Council has not been established, nor has a National Framework been developed.

Further, ANPHA was defunded as of June 2014 and the Agency closed.ⁱ Its essential functions were transferred to the Department of Health. The NPAPH was also terminated in order to generate savings of \$367.9 million over four years, while the closing of ANPHA was predicted to save \$6.4million over five years.ⁱⁱ The main activities and major programs of ANPHA and NPAPH were to be transferred to the Department of Health, but it is unclear which specific functions were maintained and whether funds previously allocated to preventative health programs and campaigns were spent on those areas or reallocated.

The Government’s position that existing departments and partnerships provide adequate infrastructure to deliver environmental changes throughout the community is belied by the lack of uptake and coordination of the preventive health agenda across broad policy areas. The Government’s response refers to its commitment of significant funding for infrastructure such as recreation, sporting and park facilities. However, the absence of strong national leadership from a Prime Minister’s Council or other similar whole-of-government body has meant sectors such as transport and planning have a poor level of engagement with preventive health priorities.

While the ANPHA and the NPAPH funded certain initiatives to promote active livingⁱⁱⁱ they had been unable to lead a cross-sectoral policy shift towards incorporating health considerations into portfolios such as planning, development and transport, as envisaged by the Taskforce. These agencies bore multiple responsibilities and appeared to lack the resources and leadership status to effectively influence other policy areas.

No structure for national leadership or agency has been set up to replace ANPHA since its abolition. As a result, there has been no explicit national physical activity policy. This is despite Australia endorsing the *WHO Global Plan on Physical Activity 2018–30*. Australia does not have a National Physical Activity Framework or cross sectoral policy actions that would have a positive effect across different domains to increase physical activity as recommended in this action.

Sport is one area where the Government has developed a national strategy, by establishing *Sport 2030*, a national sport plan, with ‘four key priority areas to create a platform for sporting success through to 2030 and beyond’. The first is to “build a more active Australia — more Australians, more active, more often”.^{iv} While the strategies to increase participation in sport are useful, this is only one component of a physical activity strategy.

In collaboration with Australia’s leading experts on physical activity, the Heart Foundation recently released its third edition of the *Blueprint for an Active Australia*. It is a national call for government and community action on physical activity to deliver a healthy active Australia for all. It is designed across transport, health, education, sport and urban planning, and details 13 action areas which collectively address the wider systems that facilitate or limit opportunities for Australians to be active. It calls on the Australian Government to fund a National Physical Activity Action Plan that will resource and implement the recommendations.^v

The Prime Minister’s Council for Active Living was to develop a business case for consideration by COAG to deliver a new funding partnership agreement between governments to leverage future infrastructure funding for the built environment, transport and social engagement against agreed active living outcomes. The Government believed that ANPHA and NPAPH would have been adequate to advance policy in the area, but this was not the case. Now with both ANPHA and NPAPH terminated, not only is the agenda of preventive health set back, the establishment of the Prime Minister’s Council appears to have been suspended. Indeed, one of the specific recommendations of the *Blueprint for an Active Australia* echoes the roadmap objective and calls for the appointment of an Independent National Activity Council to monitor the implementation of the recommended action on physical activity.

1.3 Australian and state governments to consider introducing health impact assessments in all policy developments (including urban planning, education and transport), using models such as the South Australian ‘Health in All Policies’ (HiAP) approach.

Recommended timeframe

The South Australian approach should be monitored, and a trial of health impact assessments implemented across a range of priority policies and portfolios, within years 1–4.

Commonwealth Government response

“The Commonwealth Government will monitor the development of HiAP in South Australia as the first step in responding to this recommendation. The Government will also continue working across government to ensure health promotion, where appropriate, is incorporated into policy development.”

Status – progress stalled

In 2012, South Australia commenced a five-year research project to examine the adoption and implementation of HiAP in the state. The review noted that the political and economic context within South Australia changed considerably during the course of the research and that HiAP commenced in the context of a supportive political climate, when South Australia’s economy was buoyant and anticipating a mining boom. However, during the research period (2012–2017) the economy contracted significantly and health promotion lost funding support from SA Health.^{vi} The review found that despite these challenges, HiAP has continued to

play an important, although changing, role in promoting and supporting the development of healthy public policies in state and local government.^{vii} To protect and build on HiAP's gains and to maximise South Australia's opportunities to promote health, wellbeing and equity, the review also noted that a more systematic and mandated response to promoting health and wellbeing in other sectors is required for the future.^{viii}

The HiAP approach continues to be implemented by SA Health, including using Public Health Partner Authority (PHPA) Agreements. Where relevant, nutrition is considered as part of the work under the PHPA Agreements with a number of new agreements that explicitly include nutrition considerations.^{ix}

Health impact assessments have not been widely adopted in other jurisdictions. There have been some isolated cases, for instance HIA Connect, associated with the University of New South Wales, has adopted health impact assessments in their projects.^x The ACT Healthy Weight Initiative established a formal whole-of-government governance mechanism to integrate health considerations into policy making across sectors.^{xi} The Social Impact Assessment (SIA) Guideline was updated in March 2018 and applies to all Queensland Government projects that are subject to an Environmental Impact Statement process. The SIA Guideline states that the SIA must address 'health and community wellbeing' and considers a range of ways in which a project may impact health and wellbeing. Impact on population nutrition is not specified.^{xii}

It should be noted that some jurisdictions have introduced public health legislation. Victoria enacted the *Public Health and Wellbeing Act 2008*, requiring each local council in Victoria to develop a Municipal Public Health Plan outlining action to prevent or minimise public health risks and promote health and wellbeing. Similarly, South Australia's *Public Health Act 2011* and Western Australia's *Public Health Act 2016* set preventive health objectives including encouraging "individuals and communities to plan for, create and maintain a healthy environment."^{xiii} These laws mark a shift in responsibility, increasing local government accountability for delivering targeted preventive health initiatives in communities and ensuring public health is considered and planned for at a local council level, however they do not require public health to be considered specifically as a part of the policy making process for all policies which would have a more direct impact on improving public health.

The Government did not foreshadow any practical response to this recommendation. Its initial response does not discuss any particular national policy areas that might be informed by health impact assessments or a HiAP approach, such as agriculture, education, housing, transport and planning. Limited action has come from the state and territory governments and the federal government has not progressed this recommendation.

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.

Recommended timeframe

Independent review to be completed and strategies to overcome existing barriers to be implemented, along with systems for monitoring progress, within years 1–4. Review of progress should follow, in years 5–8.

Commonwealth Government response

“The Commonwealth Government has already commissioned an independent review of the Australian taxation system that did not recommend the introduction of such a taxation system. The Australian National Preventive Health Agency will play a critical role in building the evidence on a broad range of effective interventions supporting healthy lifestyles. The Agency has been allocated a research fund (\$13.1 million) and will develop a national preventative health research strategy, in conjunction with the NHMRC, to determine its allocation.”

Status – no progress

Australia’s future Tax System Review^{xiv} did not consider ways in which the tax system could be used to shape greater levels of physical activity and decrease sedentary behaviour, or any other methods of improving health. No national strategies to use economic policies, subsidies or pricing mechanisms to shape behaviour to improve health have been announced, trialled or implemented. The ANPHA funded research into the cost-effectiveness and consumer acceptability of taxation strategies to reduce rates of overweight and obesity in Australian children.^{xv} However, due to the premature termination of ANPHA, the research funds were retrieved for other governmental purposes and were directed to the Medical Research Future Fund. It does not appear that the ANPHA review was ever released.

No reviews of taxation or economic policies or economic methods to promote physical activity or reduce sedentary behaviour have been developed by subsequent governments. However, many states have introduced their own subsidy schemes to encourage sport in the form of sporting equipment rebates or fees.^{xvi}

Key Action Area 2: Drive change within the food supply to increase the availability and demand for healthier food products, and decrease the availability and demand for unhealthy food products.

2.1 Develop a comprehensive National Food and Nutrition Framework covering price, choices, access to food and food security through open and competitive markets, achieving healthier eating patterns, food safety and issues related to food production and agricultural policy that ensure a safe and environmentally sustainable food chain and food supply.

Recommended timeframe

Framework to be completed and implementation commenced within years 1–4.

Commonwealth Government response

“The Minister for Agriculture, Fisheries and Forestry, the Hon Tony Burke MP and the Parliamentary Secretary for Health, the Hon Mark Butler MP, will consider this recommendation in consultation with industry, states and territories.”

Status – no progress

The *National Food Plan* was released by the Minister for Agriculture, Fisheries and Forestry, Senator Ludwig, on 25 May 2013, dealing broadly with elements of food production, transport, supply, import and export.^{xvii} The *National Food Plan* noted Australia’s high prevalence of obesity and the significant resulting economic and social burden,^{xviii} stating that the Government (Department of Health and Ageing) will lead the development of a National Nutrition Policy with input from States and Territories. The Nutrition Policy’s objective was to provide an “overarching framework to identify, prioritise, drive and monitor nutrition initiatives within the context of the governments’ preventive health agendas”.^{xix} The *National Food Plan* was archived by the Department of Agriculture, Fisheries and Forestry on 19 July 2013.^{xx}

In January 2011 the Legislative and Governance Forum on Food Regulation agreed to develop a comprehensive National Nutrition Policy.^{xxi} A scoping study, as the first stage of the development of the National Nutrition Policy was tendered for in February 2013.^{xxii} The scoping study was completed but released only under a Freedom of Information Request in March 2016.^{xxiii} The scoping study includes eight recommendations and outlines an exemplar Food and Nutrition Policy stating that:

‘The evidence identified in this scoping study confirms that a new comprehensive nutrition policy is required urgently in Australia to address the high and increasing rates of diet-related disease and risk factors, including overweight and obesity, and to promote the health and wellbeing of the population, particularly vulnerable groups.’^{xxiv}

Despite this recommendation, there is no evidence that further action has been undertaken to develop a National Nutrition Policy.

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.

Recommended timeframe

Review to be completed and recommendations implemented, along with strategies to overcome existing barriers and a monitoring system, within years 1–4. A review of progress, which would consider the need for additional measures, to be undertaken in years 5–8.

Commonwealth Government response

See response to 1.4, above.

Status – no progress

As in the case of economic mechanisms to promote physical activity, noted in response to recommendation 1.4 above, *Australia's Future Tax System Review*^{xxv} did not consider ways in which the tax system could be used to improve access to, and consumption of, healthier foods. As with the closing of ANPHA and termination of its activities, no strategies to use economic policies, subsidies or pricing mechanisms to shape behaviour to improve health have been investigated or implemented.

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.

Recommended timeframe

Consultation and development of a best practice approach was to take place in years 1–2, with implementation across regional and remote Australia to take place in years 3–4, with monitoring and amendment.

Commonwealth Government response

This recommendation is addressed through initiatives in Obesity Recommendation 9.3.

Status – progress stalled

See 9.3 below.

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, and which contain trans fats, by setting targets for these nutrients.

Recommended timeframe

Compact to be established, voluntary targets developed, reporting and monitoring systems to be implemented, and uptake of voluntary measures evaluated, government regulation to be introduced if voluntary reformulation is ineffective in years 1–4. Continue implementation and evaluation of the Compact in years 5–8 with reporting and monitoring to continue in years 9–11.

Commonwealth Government response

“The Commonwealth Government supports the need to invest in initiatives that influence and shape the supply and demand of food products to shift consumption towards healthier products and work is underway on these recommendations through the Food and Health Dialogue and the Industry Partnership. The key activities will include food reformulation, with a focus on reducing levels of risk-associated nutrients such as salt, saturated fat, energy and sugar that, when consumed in excess, can contribute to adverse health outcomes, and increasing beneficial nutrients such as fibre, standardise and establish appropriate portion sizes for food and drink products, and promote healthy eating patterns and food choices.”

Status – ongoing progress

The Australian Government Food and Health Dialogue was established in 2009 as a joint initiative of government, industry and public health, aiming to make healthier food choices easier and accessible. Its activities mainly involved voluntary industry engagement in setting targets to reduce sodium in different products, with reductions in sodium levels in breads and breakfast cereals achieved.^{xxvi} In 2013, the George Institute of Global Health evaluated these measures, reporting a lack of substantial progress in decreasing salt in Australian products.^{xxvii}

In 2014, another evaluation of the Food and Health Dialogue found that while the efforts of the program to encourage healthy eating were applauded, the mechanisms of delivery were weak and unsupported.^{xxviii} evaluation found any real health gains were unlikely due to the small number of targets set and limited objective evidence of their effectiveness.

The Food and Health Dialogue was replaced by the Healthy Food Partnership (HFP), introduced in 2016 as a mechanism for government, the public health sector and the food industry to cooperatively tackle obesity, encourage healthy eating and empower food manufacturers to make positive changes.^{xxix} The scope of work within the HFP comprises several policy areas that consider portion size, food reformulation, food service environments and education.

The HFP has established working groups to address aspects of healthy eating and obesity. All groups regularly publish their activities, work plans and deliverables.

Between September 2016 and June 2018, the Portion Size Working Group developed a suite of voluntary activities for businesses, governments and non-government organisations to implement. The Healthy Food Partnership Executive Committee was provided with the

Portion Size Working Group's final report *Healthy Food Partnership Portion Size Working Group – Recommendations and summary of work* for consideration in December 2018.^{xxx}

The HFP has also established a Portion Size Industry Best Practice Guide Working Group. The HFP says the guide will 'provide guidance and support to food companies to incorporate nutrition as a key driver in labelling decisions regarding the size of servings and the size of food and drinks offered'.^{xxx}

Through the activities of the Food Service Working Group, the HFP explored voluntary initiatives to address the availability of healthy, compared to less healthy, in-store foods. The group developed a voluntary pledge-style scheme including pledges to increase fruit, vegetable and wholegrain intake in food service settings, and portion control strategies. The Food Service Pledge Scheme was to commence in 2019, however it is not clear whether it is in operation.^{xxxii}

The Reformulation Working Group (RWG) has developed draft targets for food product reformulation as part of the Partnership Reformulation Program initiative under the HFP. The RWG conducted a public consultation on the draft targets during the second half of 2018 covering sodium, sugar, saturated fat and portion size reduction in certain food categories.

There have been concerns about the recommendations made by the RWG including the exclusion of some food categories, targets set without clear explanation and targets not being ambitious enough.

In September 2019, the HFP website noted that the RWG is currently considering submissions as well as assessments and will finalise reformulation targets in the coming months.^{xxxiii} In February 2020, the Healthy Food Partnership Executive Committee endorsed a first wave of reformulation targets that it said would assist in reducing consumption of sodium and saturated fat. The HFP said a second wave of targets is expected in mid-2020.^{xxxiv} The endorsed targets had not been published at the time this report was written.

2.5 Introduce food labelling on front of pack and menus to support healthier food choices, with easy to understand information on energy, sugar, fats and saturated fats, salt and trans-fat, and a standard serve / portion size within three years.

Recommended timeframe

The new food labelling system should commence within three years. A national trial of appropriate approaches, monitoring and evaluation to take place in years 1–2, with implementation of a national system in year 3, along with monitoring and enforcement systems.

Commonwealth Government response

"The Commonwealth Government notes this recommendation. The Commonwealth Government as part of the Australian and New Zealand Food Regulation Ministerial Council and COAG strongly supported the establishment of an independent committee in October 2009 to conduct a review of food labelling law and policy ('the Blewett Review') in Australia

and New Zealand, chaired by Dr Neal Blewett, AC. The review will include consideration of policy drivers, the role of government, approaches to achieve compliance, and appropriate enforcement and evaluation of current policies.”

Status – ongoing progress

The final report of the Blewett Review into food labelling law was released by the Australian and New Zealand Food Regulation Ministerial Council in 2011.^{xxxv} One of the recommendations of the review was to introduce an interpretative front-of-pack labelling system that reflects a comprehensive Nutrition Policy and agreed public health priorities. The review proposed that the system be voluntary in the first instance, except where general or high-level health claims were made, and accompanied by monitoring and evaluation.

In December 2011, the Legislative and Governance Forum on Food Regulation (FoFR) agreed to facilitate the development of an interpretive, front-of-pack food labelling system, pursuant to recommendation 50 of the Blewett Review. A collaborative development process followed, involving stakeholders from government, the public health sector and industry. In June 2013, the Australian and New Zealand Governments announced approval of an agreed system, known as the Health Star Rating System (HSRS).^{xxxvi} They announced the system would be implemented voluntarily over two years from July 2014, with mandatory implementation to follow if it was not widely and consistently adopted.^{xxxvii}

By June 2018, only 5448 products displayed the Health Star Rating, representing 31% of eligible products in Australia.^{xxxviii} Within product categories, food manufacturers are selectively applying HSRs to their products, choosing to display HSRs on products that score more highly and not to display stars on lower rating products, even in the same product range. The result is that the most prevalent HSR appearing on packaging is four stars.^{xxxix}

There is evidence that the HSRS is having an impact and is creating behaviour change. Survey data from 2016 shows Australians have become increasingly aware of the HSRS and are using it to help make healthier choices when shopping, with 16% of respondents changing their shopping behaviour based on the HSRS.^{xl} Almost three in five surveyed respondents who reported purchasing a product with a HSR reported that the rating scale had influenced their purchasing decision. More than half of those who had been influenced by the HSR bought a different product from their usual purchase and would continue to buy it.^{xli} Despite this positive impact, in 2017, a large number of consumers did not have or had lost confidence in the HSR system; with only 52% of surveyed respondents saying they trust the system.^{xlii}

While the HSRS can be considered effective overall, there are significant flaws that prevent its widespread implementation and impact on its public credibility. Most notably there is concern that the current algorithm results in inappropriately high ratings for some foods with relatively high levels of added sugar, sodium and saturated fat, all ingredients known to increase the risk of chronic disease. In addition, the capacity of consumers to successfully make comparisons between products is hampered by the voluntary nature and limited uptake of the HSRS. This prevents the realisation of the overarching objective of the HSRS,

which is to provide nutrition information on food packaging to help consumers make healthier choices.

As part of a five-year review of the HSRS, the Health Star Rating Advisory Committee held several public consultations and commissioned an independent consultancy to manage the final stage of the review. The consultants provided a final report to the Australian and New Zealand Ministerial Forum on Food Regulation in June 2019. Ministers responded to the report and its recommendations in late 2019. Ministers supported most of the recommendations in the review's final report, including a range of changes to the way the HSR is calculated in particular product categories and to how sugar and sodium are treated (though these will be subject to further analysis before implementation). Ministers also agreed that the HSRS should remain voluntary, with clear uptake targets and a view to mandate if these are not achieved.^{xliii}

The Australian and New Zealand Governments are also considering options for labelling of sugars on packaged food and drinks as many Australians exceed the recommended intake of added sugars. In July 2018, at the request of the Australia and New Zealand Ministerial Forum on Food Regulation, the Food Regulation Standing Committee released a policy options paper for labelling added sugars on packaged food and drinks. After considering submissions in the options paper, the Ministerial Forum requested that Food Standards Australia New Zealand review nutrition labelling for added sugars, noting that the option to quantify added sugars in the nutrition information panel is the preferred option.

The Australian Government's *Labelling Logic* Review of Food Labelling Law and Policy in 2011 recommended requiring fast food chains to declare the kilojoule content of standard products on menus.^{xliv} Kilojoule labelling schemes have now been introduced in New South Wales, Victoria, Queensland, South Australia and the Australian Capital Territory, and a menu labelling scheme is under consideration in Western Australia. The Food Regulation Standing Committee is currently reviewing the effectiveness of menu labelling schemes in Australian jurisdictions. The committee has consulted with food industry, public health, consumer and government stakeholders, and the results are being considered by the Australia and New Zealand Ministerial Forum on Food Regulation and the Council of Australian Governments.^{xlv}

Key Action Area 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.

Recommended timeframe

Within years 1–4, existing state and territory approaches should be built on, a national program should be implemented to support a National Curriculum prioritising physical activity, and implementation of policies requiring at least two hours of physical activity per

week should occur, as well as a comprehensive national approach to phasing out soft drinks in schools. In years 5–8, national implementation of the Health and Physical Education Component of the National Curriculum is expected with processes in place for monitoring and evaluating impact.

Commonwealth Government response

“The Commonwealth Government supports the recommendations to embed physical activity and healthy eating in everyday life and is meeting these recommendations through the National Partnership Agreement on Preventive Health. The Partnership aims to address the rising prevalence of lifestyle related chronic diseases by laying the foundations for healthy behaviours in the daily lives of Australians through social marketing and the national roll out of programs supporting healthy lifestyles.

Through the National Partnership, the Commonwealth Government has made \$325.5 million available to states and territories through the Healthy Children Initiative for the provision of programs for children aged 0 to 16 years of age to increase the intake of fruit and vegetables and increase levels of physical activity in settings such as child care centres, pre-schools and schools.”

Status – ongoing progress

Through the NPAPH, funding was allocated to state and territory governments to deliver programs for children to increase physical activity and healthy eating, through the Healthy Children Initiative.^{xlvi} The funding was allocated from 2011 to 2015 and structured so that states and territories received payment incentives for meeting benchmarks.^{xlvii}

In its response, the Government also referred to prioritising physical education in schools through the revision of the Australian Curriculum by the Australian Curriculum Assessment and Reporting Authority, to maximise the number of hours committed to physical activity in schools. On 18 September 2015, the Education Council endorsed the Australian Curriculum in eight learning areas, including physical activity. The *Foundation – Year 10 Australian Curriculum: Health and Physical Education* does not set firm requirements for the time allocated to physical education. State and Territory curricula and school authorities advise schools of their implementation plans^{xlviii} and set their own guidelines to comply with the Australian Curriculum.

The Government-funded Healthy Active Australia Community and Schools Grants program also funded not-for-profit community organisations and schools to implement physical activity and healthy eating projects.

The funding for the Healthy Children’s Initiative was withdrawn with the cancellation of the NPAPH in 2014. When the funding was pulled from the NPAPH, most of the states continued the initiatives with their own funding. For instance, the NSW Ministry of Health continued to fund the NSW Healthy Children’s Initiative.

The Government is currently rolling out Sporting Schools, a \$200 million Australian Government initiative designed to help schools increase children's participation in sport and

connect them with community sporting opportunities. Since Sporting Schools started in 2015, over 7,000 schools have received funding.^{xlix}

In addition, the COAG Health Council has endorsed a joint statement with the COAG Education Council on healthy eating in school, and is collaborating to strengthen and increase the impact of school-based efforts to encourage and support healthy eating, including through supporting teachers to integrate food and nutrition into classes and developing practice standards for healthy eating in school.^l As part of this strategy, a draft *Good Practice Guide for Supporting Healthy Eating at School* was disseminated for consultation in early 2019.

3.2 Fund, implement and promote comprehensive programs for workplaces that support healthy eating, promote physical activity and reduce sedentary behaviour.

Recommended timeframe

Within years 1–4, a national accord to establish best practice principles for workplace programs should be developed, as well as national agreed accreditation standards for providers of workplace health programs and a national workplace health leadership program with resources and guidelines. Consideration of legislative changes and investigation of the feasibility of providing incentives for employers should also take place. In years 5–8, learn from best practice and implement best workplace programs and implement review of legislative changes to promote workplace programs.

Commonwealth Government response

“The Commonwealth Government will provide funding to states and territories through the Healthy Workers Initiative of the National Partnership to implement healthy lifestyle programs in workplaces. Of the \$289.4 million made available to the states and territories under this initiative, 50 per cent is subject to their demonstrating achievement against the following indicators: healthy weight, physical activity, fruit and vegetable consumption and smoking. To support the states achieve their targets, the Commonwealth will develop soft infrastructure, including nationally agreed standards of workplace based prevention programs, voluntary competitive benchmarking, a national healthy workplace charter developed in consultation with employer and employee groups and national awards for best practice in workplace health programs.”

“The Commonwealth Government is currently negotiating a Healthy Workplace Charter with peak employer and employee groups that will identify the principles of effective workplace programs, supporting the roll-out of effective activities.”

Status – progress stalled

The Department of Health and Ageing launched the *Healthy Workers* website, to provide resources and information on healthy lifestyles, eating and physical activity, as well as case studies of particular employers promoting healthy workplaces. States and territories developed implementation plans, setting goals and outlining interventions.^{li} These included

developing comprehensive Healthy Workplace Resource Kits, and a government subsidised service to consult, audit and assist workplaces to implement tailored measures that enable behaviour change among workers.

An evaluation conducted in 2015–16 found that the states took a variety of different approaches to the initiative, but that they had common goals of achieving sustainability and capacity for meaningful change. The evaluation also found that the Healthy Workers Initiative performance indicators were not used by the states and territories to assess the success of the programs because they were not meaningful.^{lii}

The funding for the Initiative was withdrawn with the cancellation of the NPAPH in 2014. When the funding was pulled from the NPAPH, most of the states carried on these initiatives with their own funding; for example, Victoria has the Achievement Program, NSW Health continues to support the ‘Get Healthy at Work’ initiative and the WA Department of Health continues to invest in the Healthier Workplace WA program.^{liii}

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.

Recommended timeframe

Within years 1–4, a national series of interventions in several communities should be implemented, as well as national strategies to mobilise and engage local communities.

Commonwealth Government response

“The Healthy Communities Initiative aims to reduce the prevalence of overweight and obesity within the target populations (that is, individuals not in the paid workforce and at risk of developing a chronic disease) of participating communities by maximising the number of at-risk individuals engaged in accredited physical activity and dietary education programs. As well as providing funds for local government areas to deliver programs, the initiative will fund organisations to provide healthy eating and physical activity programs nationally, increasing the availability of these programs for all Australians.”

“From 2010–11, the Commonwealth Government will support national sporting organisations (NSOs) to expand participation at a community level by providing NSOs with opportunities to access additional funding to grow participation at a community level. NSOs will be required to deliver increased participation outcomes through 44 participation plans required under their funding agreements with the Australian Sports Commission, thereby opening more opportunities for Australians to be more active and healthier as part of their everyday lives.”

Status – progress stalled

Under the Healthy Communities Initiative, 92 local governments across Australia received funding to implement local programs to promote healthy lifestyles.^{liv} The Government’s social inclusion agenda focused resources on ‘priority groups’ who are socially and economically

disadvantaged, including focusing its efforts on 20 geographic areas which are vulnerable to the impacts of economic recession and the associated impacts on health, wellbeing and employment.^{lv}

The final stage of grants to Local Government Areas for the Healthy Communities Initiative finished in June 2014. Funding was not renewed and an evaluation report does not appear to be available.

Current initiatives include the *Eat for Health* website, which provides information and associated resources related to the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. Associated print resources to support consumers, health professionals and educators are also available. The Department of Health has engaged the National Health and Medical Research Council to review and broadly consult on understanding of the term 'discretionary foods and drinks', to consider a more standardised approach to identifying these foods and drinks across multiple settings.^{lvi}

Physical activity and sedentary behaviour guidelines for different age groups were produced by the Department of Health in 2014.^{lvii}

Key Action Area 4: Encourage people to improve their levels of physical activity and healthy eating 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:

- Ensure that funding is sustained and at a sufficient level to allow adequate reach and frequency; and**
- Choose messages most likely to reduce prevalence in socially disadvantaged groups and provide extra reach to these groups.**

Recommended timeframe

Within years 1–4, implementation of effective campaigns should take place, with campaigns placed to maximise reach among low socio-economic status and other high-risk groups, with strengthened partnerships with non-government organisations and industry.

Commonwealth Government response

“The Commonwealth Government supports this recommendation and is implementing this through the Commonwealth Government’s Measure Up social marketing campaign which aims to reduce the prevalence of risk factors for lifestyle related chronic disease, in turn limiting the incidence and the impact of these diseases and reducing morbidity and mortality rates. The campaign targets 25 to 50 year olds with children (as changes in their behaviour will also influence their children) and 45 to 65 year olds (given relatively high prevalence of chronic diseases among this group). Measure Up components have also targeted

Indigenous adults with children (parents and carers) and adults from non-English speaking backgrounds with children (parents and carers).”

Status – ongoing progress

The Measure Up campaign’s funding was extended until July 2013 through NPAPH funding. A second phase of evaluation was undertaken in 2010.^{lviii} The second phase of the campaign, *Swap It Don’t Stop It* was rolled out in mid-2011, also involving television, print and online promotions.^{lix} An evaluation showed that 16% of survey respondents reported swapping behaviour as a result of the campaign’s key messages and concluded that the campaign achieved moderate levels of awareness and limited effects in terms of generating small behavioural changes.^{lx} *Swap It Don’t Stop It* ended in 2013, and *Shape Up* was launched by ANHPA in 2013 to replace *Swap It Don’t Stop It*, aiming to reduce the prevalence and impact of lifestyle-related chronic diseases.^{lxi} With the termination of ANPHA and NPAPH, *Shape Up* was one of the programs transferred to the Department of Health and subsequently discontinued.

Girls Make Your Move is a multi-media campaign that encourages young women to engage in physical activity regardless of ethnicity, size or ability. It was launched by the Australian Department of Health in 2016 and ran until 2018. Reactions were mixed. It drew a significant number of followers on Instagram but attracted criticism for engaging influencers to promote the campaign.^{lxii} The evaluation of the campaign found that the mass media physical activity campaign achieved high awareness and (largely) positive attitudes, but no meaningful behaviour change.^{lxiii}

The latest multi-media campaign launched by the Australian Sports Commission is *Move It*. This campaign started in mid-2018 and promotes a more active lifestyle by encouraging all Australians to commit at least 30 minutes a day to physical activity. The campaign targets the whole population, not socially disadvantaged groups as suggested by the objective.

Key Action Area 5: Reduce exposure of children and others to marketing, advertising, promotion and sponsorship of energy-dense nutrient-poor foods and beverages.

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 4 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.

Recommended timeframe

Monitoring and evaluation of voluntary industry codes to be undertaken and a set of definitions and criteria for determining EDNP food developed. A co-regulatory approach

addressing shortfalls in the current system should be implemented, monitored and evaluated. Introduce legislation in year 4 if the co-regulatory approach is ineffective.

Commonwealth Government response

“The Commonwealth Government notes this recommendation. Change is currently being achieved through a combination of Government regulation, industry self-regulation and new television initiatives.”

“The Commonwealth Government will continue to monitor the impact of these initiatives to ensure their effectiveness in reducing children’s exposure to advertising of energy-dense, nutrient-poor foods and beverages.”

Status – no progress

No effective measures aimed at reducing children’s exposure to marketing of harmful products have been undertaken. The Government states that regulation of marketing to children is covered by industry codes, administered by Ad Standards.^{lxiv} However, these codes are ineffective in protecting children from exposure to advertising for unhealthy foods. They do not cover all forms of promotion, do not cover many of the highest rating TV shows for children, do not adequately protect children from digital marketing, contain unclear and inadequate nutrition criteria, rely on complaints from the public and do not impose any meaningful sanctions for breach.^{lxv}

On 2 August 2018, the Council of Australian Governments Health Council released a definition of EDNP foods when it endorsed the *National interim guide to reduce children’s exposure to unhealthy food and drink promotion*.^{lxvi}

The Government also undertakes that it will “continue to monitor” the impact of these initiatives and children’s exposure to advertising of unhealthy foods. However, despite the Australian Communications and Media Authority’s statutory responsibility for regulating and monitoring the content of children’s broadcasting, the only monitoring conducted since the Taskforce’s report was an investigation into industry self-regulation of advertising in 2011,^{lxvii} which did not reach conclusive findings on the extent of exposure or efficacy of the self-regulatory codes.^{lxviii}

The Government has not undertaken any other monitoring of the operation of the industry codes, nor has it released any data on the true level of exposure of Australian children to advertising of unhealthy food and beverages. No plan for further monitoring has been announced, although the ANPHA developed two draft frameworks in 2013. These were aimed at monitoring television marketing and advertising to children of unhealthy food and drinks, and monitoring food industry compliance with self-regulatory marketing respectively.^{lxix} However, due to the termination of ANPHA, the final draft of the frameworks were not published and no exploration of improvement of the self-regulatory codes or development of regulatory mechanisms to reduce children’s exposure has been proposed.

A 2017 study found the amount of unhealthy food and drink advertisements on television during children’s peak viewing times has not changed since a similar analysis in 2011,

despite the fact that the food industry introduced voluntary self-regulatory initiatives in 2009.^{lxx} The media landscape has also changed dramatically over the last 10 years with the advent of digital marketing and the codes have failed to keep pace with these developments.

Key Action Area 6: Strengthen, skill and support primary healthcare and public 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. These may include:

- **Expanding the relevant allied health workforce and number of funded positions**
- **Ensuring all individuals have easy access to health services that provide physical activity, weight loss and healthy nutrition advice and support**
- **Funding, implementing and promoting evidence-based clinical guidelines and other multi-disciplinary training packages for health and community workers.**

Recommended timeframe

No timeframe specified.

Commonwealth Government response

“The Commonwealth Government supports this recommendation and recognises the important role that primary health care plays in preventative health. The National Primary Health Care Strategy, released in May 2010, identifies increasing the focus on prevention as one of the key priority areas for primary health care reform.”

“The Commonwealth Government will provide \$1.5 million over four years to review the NHMRC Clinical Practice Guidelines for the management of overweight and obesity in adults and children, as well as fund the development of new population Healthy Weight Guidelines for maintaining and achieving a healthy weight.”

Status – progress stalled

The Australian Government’s National Health and Medical Research Council (NHMRC) reviewed the Clinical Practice Guidelines, publishing updated guidelines in 2013. The guidelines are intended for use by clinicians, including GPs, primary health care nurses and allied health professionals. They address measures including healthy eating plans, increased physical activity and behavioral modification to address obesity in adult and child patients. The guidelines have not been updated since 2013 and the website now notes that they are rescinded as NHMRC approval is only valid for a period of five years.^{lxxi}

The Department of Health and Ageing also commissioned private consultants to develop a *National Healthy Weight Guide*. It has been finalised and is available online.^{lxxii}

A common critique made by medical professions is that there is no item number on the Medicare Benefit Schedule (MBS) for a GP consultation on obesity and it is also unclear whether a patient with obesity and no apparent complications is eligible for an MBS care plan, which would allow subsidised input from allied health, and personalised nutrition advice.

Australian governments also forged the *National Health Reform Agreement* in 2011, providing for the establishment of Medicare Locals as primary health care organisations able to provide communities with access to GPs and targeted preventive health care and interventions.^{lxxiii} Following this, a *National Primary Health Care Framework* was developed (released in April 2013), which was designed to build on the National Primary Health Care Strategy to better integrate health care across states and territories.

On 1 July 2015 Primary Health Networks (PHNs) replaced Medicare Locals. PHNs have the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.^{lxxiv} PHNs are to achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.^{lxxv} Flexible funding is provided to enable PHNs to respond to these identified national priorities, as determined by Government, and to respond to PHN specific priorities.^{lxxvi} The Government has agreed to seven key priorities for targeted work by PHNs,^{lxxvii} none of which target obesity specifically.

Key Action Area 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.

Recommended timeframe

Develop and implement strategies to ensure pregnant women receive appropriate information, advice and support, within years 1–4.

Commonwealth Government response

“The Commonwealth Government is addressing the identification and support of lifestyle risks in pregnant women through a number of initiatives.”

“The 2009–10 Improving Maternity Services Budget Package provides \$120.5 million over four years for a maternity reform package, which delivers a range of measures aimed at providing Australian women with more choice in their maternity care, while maintaining Australia’s strong record of safe, high quality maternity services.”

Status – ongoing progress

The National Maternity Services Plan, which followed the Department of Health and Ageing *Improving Maternity Services in Australia* report (2009), was endorsed by the Australian Health Minister’s Conference in November 2010. The plan acknowledged the risks of maternal obesity and of excessive weight gain during pregnancy, but did not set out any specific interventions.^{lxxviii} No national or state-based interventions to address weight gain and obesity in women who are pregnant or planning pregnancy, have been implemented under that plan.^{lxxix}

The National Maternity Services Plan provided a strategic framework to guide policy and program development over five years from 2010 to 2015, but it was subsequently extended for a further year until 30 June 2016 to enable work to continue on uncompleted actions.

At the Australian Health Ministers’ Advisory Council meeting on 22 September 2017, it was agreed to start a new process to develop a National Strategic Approach to Maternity Services (NSAMS). Members agreed that the work would be led by the Commonwealth and include all jurisdictions in a time-limited Project Reference Group.^{lxxx}

The expected outcome for the NSAMS project is a document to guide national maternity services policy. NSAMS will reflect the available evidence to support best practice care in maternity services and the delivery of quality and safe care to the Australian community. There has been an extensive process of consultation on the NSAMS and, in particular, on the draft paper *Strategic Directions for Australian Maternity Services*. The draft paper notes the promotion of preconception health and the importance of conveying the risks associated with factors, including obesity, as an enabler to support the safety and quality of maternal care which is a component of the draft plan’s safety objective.^{lxxxi}

The updated Clinical Practice Guidelines 2013 developed by the NHMRC provide some guidance for clinicians in lifestyle interventions for pregnant women to avoid excessive weight gain while maintaining adequate nutrition, including developing appropriate weight managing plans.^{lxxxii} The *Pregnancy Care Guidelines* released in June 2018 include a chapter on nutrition and physical activity.^{lxxxiii} Many of the practice points in the chapter have expired and are under review. We have been advised by staff at the Department of Health that the chapter on nutrition and physical activity is currently under review, with the revised chapter expected to be released in late 2020.

7.2 Support the development and implementation of a National Breastfeeding Strategy in collaboration with the state and territory governments.

Recommended timeframe

No time frame specified.

Commonwealth Government response

“The Government supports this recommendation and has developed the Australian National Breastfeeding Strategy 2010–15 which was endorsed by the Australian Health Ministers’

Conference in November 2009. The Strategy provides a framework for priorities and action for Governments at all levels to protect, promote, support and monitor breastfeeding throughout Australia. It recognises the biological, health, social, cultural, environmental and economic importance of breastfeeding.”

Status – ongoing progress

In April 2010, the Australian Health Ministers endorsed the implementation plan for the *Australian National Breastfeeding Strategy 2010–2015*, noting the plan would allow for a staged and flexible approach by states, with national leadership. The plan identified 10 action areas of focus, including monitoring, dietary guidelines, support for breastfeeding in workplaces and education.^{lxxxiv} Several states have developed Strategic Frameworks pursuant to the national strategy.^{lxxxv}

Acknowledging the need for information and support strategies to address obesity in the context of pregnancy and maternal care,^{lxxxvi} the *National Maternity Services Plan (2010)* also set out the Government’s program commitments to support breast feeding, including funding the Australian Breastfeeding Association’s breastfeeding helpline service, education for women and their families, and training for health professionals.^{lxxxvii}

The final progress report on the *Australian National Breastfeeding Strategy 2010–2015* details the substantial progress made across all 10 action areas of the implementation plan over the period of the Strategy.^{lxxxviii} It was endorsed by the COAG Health Council in September 2016. In 2016, Health Ministers agreed to develop an enduring breastfeeding strategy following the end of the *Australian National Breastfeeding Strategy 2010–2015*.

A partnership with all states and territories, under the auspices of the Australian Health Ministers' Advisory Council (AHMAC) developed the *Australian National Breastfeeding Strategy: 2019 and beyond*. The project was led by the Australian Department of Health in collaboration with the Breastfeeding Jurisdictional Senior Officials Group. After consultation in June 2018, the Strategy was endorsed by all health ministers on 8 March 2019^{lxxxix} and launched by the Health Minister Greg Hunt on 3 August 2019.^{xc} Listed as one of the steps in ensuring the Strategy is effective in fulfilling its objectives, the Strategy proposes to ‘Establish a national breastfeeding advisory committee to facilitate policy coordination, to engage community and health professional partners, and to drive implementation’.^{xci} The COAG Health Council agreed that the Australian Department of Health will lead national policy coordination, monitoring and evaluation and report annually to AHMAC on implementation progress.^{xcii} No information has been published about the establishment of the advisory committee or the steps taken to coordinate the implementation of the Strategy. An implementation report to AHMAC is expected later in 2020.

Key Action Area 8: Fund, implement and promote multi-component community-based programs in low socio-economic status (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.

8.2 Fund, implement and promote multi-component community-based programs in low SES communities.

Recommended timeframe

No time frame specified.

Commonwealth Government response

“The Commonwealth Government supports the recommendations for this action area and will achieve these outcomes through the National Partnership on Preventive Health, which includes provisions for the particular needs of socio-economically disadvantaged Australians.”

“The Healthy Communities Initiative aims to help reduce the prevalence of overweight and obesity in individuals that are predominantly not in the paid workforce and at risk of developing a chronic disease. The initiative will fund up to 90 Local Government Areas (LGAs) to deliver effective community-based physical activity and dietary education programs as well as develop a range of local policies to support healthy lifestyle behaviours.”

“The Government is committed through the social inclusion agenda to targeting services to address the causes of disadvantage, including the social determinants of health. The Government aims to improve people’s access to quality health care as well as encourage participation in healthy activities such as sport or participation at work.”

Status – progress stalled

The final stage of grants to Local Government Areas for the Healthy Communities Initiative finished in June 2014, with a focus on people not in the paid workforce.^{xciii} The Taskforce’s recommendation about developing programs targeting low SES communities and seeking to address problems such as lack of access to affordable, high quality fresh food highlighted the importance of policy areas such as transport, urban planning and the high cost of participation in sport, however, these areas have not been the focus of any Australian Government programs. The Healthy Communities Initiative provided National Program Grants for not-for-profit organisations to expand healthy lifestyle programs across Australia. However, all recipients of these grants had national programs which did not target low SES communities but took a whole-of-community approach.

In October 2018 the COAG Health Ministers considered a number of agenda items relating to obesity and agreed that a national strategy be developed on obesity with a

strong focus on the primary and secondary prevention measures, social determinants of health, especially in relation to early childhood, and rural and regional issues.^{xciv}

8.3 Provide resources for brief interventions from the primary healthcare setting.

Recommended timeframe

Refer to recommendation 6.

Commonwealth Government response

Refer to Obesity Recommendation 6.1.

Status – progress stalled

Refer to 6.1, above.

Key Action Area 9: Reduce Obesity Prevalence and Burden in Indigenous Communities and Contribute to ‘Close the Gap’.

9.1 Fund, implement and promote multi-component community-based programs in indigenous communities.

Recommended timeframe

Within years 1–4, project sites should be identified and projects developed and led in years 1–4. Continued implementation and evaluation in years 5–8 and community interventions to be scaled up in years 9–11.

Commonwealth Government response

“The Government is providing \$37.5 million over four years to fund the development of a national network of over 100 Healthy Lifestyle Workers in Indigenous communities around Australia as part of the \$1.6 billion COAG Closing the Gap in Indigenous Health National Partnership.”

“The healthy lifestyle workers will work with Indigenous communities to reduce chronic disease risk factors, particularly those relating to nutrition and physical activity, for individuals, families and communities. They will refer people who are at risk of developing a chronic disease to health services for help where necessary. People with established chronic disease will also be referred for help in managing their disease.”

Status – progress stalled

The Australian Government’s Healthy Lifestyle Worker program was rolled out in 50 sites across Australia under the Indigenous chronic disease package, and though a final evaluation is not available, it was estimated that by the end of 2013, regional teams had

national coverage across 57 regions.^{xcv} The program was designed to work directly alongside Tobacco Action Workers with individuals, families and communities to reduce risk factors for chronic disease with a focus on nutrition and physical activity. Healthy Lifestyle Workers undertook direct activities such as talking to individuals, families and schools, and running community events that involve physical activity.^{xcvi} It is noted that the program was defunded and ceased operation in 2014 and only the Tobacco Action Workers continued in a reduced number of sites.

The Commonwealth Government also developed the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*^{xcvii} (NATSIHP) in 2013 setting out initiatives over the decade from 2013,^{xcviii} however in 2014, following a change of government, there were significant federal budget cuts to Aboriginal and Torres Strait Islander health initiatives.^{xcix} One of the strategies of the NATSIHP plan to achieve increased life expectancy through attention to health across the whole of life, was to improve access to nutritious foods through a *National Nutrition Policy* which included a focus on at-risk mothers, infants and children. After the change of government the Coalition endorsed an implementation plan for the NATSIHP. The National Nutrition Policy was not included, instead there was a commitment to undertake a Nutrition Framework Gap Analysis which does not appear to have been developed.

9.2 Strengthen antenatal, maternal and child health systems for Indigenous communities.

Recommended timeframe

Development and implementation of strategies to improve maternal and child health services to occur within years 1–4. Evaluation to be ongoing.

Commonwealth Government response

“The Commonwealth Government agrees in principle with this recommendation, noting there may be difficulties in measuring the outcomes. The Commonwealth Government has demonstrated its support for strengthening antenatal, maternal and child health systems for Indigenous communities through [various] commitments.”

Status – ongoing progress

The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* notes a goal of ensuring Aboriginal and Torres Strait Islander mothers get the best possible care and support, noting that birth weight is important, reflecting the influence of parental lifestyle factors and being closely associated with risk of chronic disease in adult life.^c Key strategies identified for improving maternal and child health systems included improving the quality and accessibility of primary health care screening and antenatal care for all Aboriginal and Torres Strait Islander women, focusing on the extent to which the first antenatal visit occurs in the first trimester, and implementing strategies to increase rates and duration of breastfeeding.^{ci}

The NATSIHP implementation plan 2015 sets goals of increasing antenatal visits and children’s health checks with specific targets^{cii} and identifies nutrition, particularly for women,

children and infants as a priority but it does not articulate specific nutrition strategies. In addition, the implementation plan no longer mentioned a National Nutrition Policy but stipulated a key deliverable as “a nutritional framework gap analysis” considering actions responding to identified risks for pregnant mothers and infants by 2018.^{ciii}

As well, one of the strategies to support maternal health and parenting under the implementation plan is to ensure that mothers and fathers have access to affordable, culturally appropriate and high-quality antenatal and postnatal services, including nutrition, through New Directions: Mother and Babies Services Program, which is currently being implemented across multiple sites in Australia. One of the actions to support this strategy to be delivered by 2018 was the development of measures to identify the most vulnerable families and at-risk regions to guide future New Directions: Mothers and Babies Services and Australian Nurse-Family Partnership Program.^{civ} The Australian Nurse-Family Partnership is also being implemented, although through fewer sites than New Directions.

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.

Recommended timeframe

No timeframe specified.

Commonwealth Government response

“The Commonwealth Government agrees with these recommendations and is taking action in the following ways...”

“Government action is currently underway to improve systems for delivering food security in stores in remote Indigenous communities. ... Stores in the Northern Territory must be licensed in order to participate in income management arrangements under the Northern Territory Emergency Response. As well as facilitating income management in stores, community store licensing works to improve the sustainability and build the capacity of stores to deliver food security...”

“Building on this experience in the Northern Territory, COAG agreed to a National Strategy for Food Security in Remote Indigenous Communities on 7 December 2009. Two actions within the Strategy are the development of national standards for stores and takeaways in remote communities and a national quality improvement scheme to support these standards.”

“The Strategy also calls for the development of a National Healthy Eating Action Plan (NHEAP) for remote Indigenous communities. The NHEAP aims to build community capacity to promote healthy eating and will include consideration of factors that influence purchasing and consumption decisions, including price, and identify mechanisms to increase consumption of healthy foods.”

“In addition, the Commonwealth Government has funded Outback Stores (OBS) to provide improved management of remote stores through economies of scale, bulk purchasing and streamlined management systems. The OBS constitution includes an objective for the Company ‘to improve access to affordable, healthy food for Indigenous communities, particularly in remote areas, through providing food supply and store management and support services’.”

Status – progress stalled

The National Strategy for Food Security in Remote Indigenous Communities (NSFSRIC) purports to set out actions for a coordinated approach to ensure a secure, sustainable and healthy food supply to remote Indigenous communities, and increase the purchase and consumption of this healthy food.^{cv}

The NSFSRIC also proposed action to improve and increase the nutrition workforce to promote healthy eating in remote communities and to develop an adequately resourced, trained and supported workforce, driven by a National Workforce Action Plan. The Healthy Lifestyle Worker program (discussed at 8.1, above) was rolled out but has not received funding since 2014.

The National Healthy Eating Action Plan (NHEAP) was developed in 2010 and consists of 17 actions to: increase the demand for healthy food; facilitate access to healthy food; improve the supply of healthy food; build a sustainable and quality workforce; and ensure effective ongoing monitoring and evaluation. At its meeting in February 2011 COAG agreed that the NHEAP would be incorporated into the National Indigenous Reform Agreement as a schedule. The NHEAP was the only action under the Strategy that was completed^{cvi} but no funding was committed and it was not implemented.^{cvi}

The 2014–15 report on the NSFSRIC by the Australian National Audit Office concluded that of the five desired outcomes only the NHEAP had been completed at that time.^{cvi} It also reported that 97 community stores had been licensed,^{cix} but it is noted that the stores were all in the Northern Territory where the licensing of stores was mandated by the Northern Territory Emergency Response.

Regarding the proposed development of a “clear and consistent set of National Standards for stores and takeaways servicing remote Indigenous communities”, no National Standards have become available.

The report of the Australian National Audit Office confirmed a lack of implementation of the NSFSRIC and cited the ‘Lack of dedicated funding and generally limited engagement from the states and territories.’^{cx}

Addressing food insecurity and improving access to healthy food across metropolitan and rural, regional and remote communities remains a priority of the current government as it identified as a next step to remove the barriers to healthy living in the latest consultation on the next stage of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.^{cx}

The 2019 progress report on Closing the Gap acknowledged that poor nutrition was one of the common preventable risk factors contributing to the burden of non-communicable diseases. The report claims that the Commonwealth Government contributed to improved nutrition in remote communities; and that 100 licensed stores operate under the Northern Territory Community Stores Licensing Scheme, making healthy food and drinks more accessible for local residents; and Commonwealth-owned company, Outback Stores, manages 37 remote community stores on a fee-for-service basis across the Northern Territory, Western Australia and South Australia.^{cxii} At present Commonwealth investment in food security is almost entirely limited to the Northern Territory, apart from Outback Stores in other states. We note that the number of licensed stores is not significantly more than the 97 licensed in 2014 as noted in the Australian National Audit Office Report.

The Closing the Gap Refresh released in 2018 noted that health remained a priority but had no specific mention of nutrition. The framework and the targets for the Refresh are yet to be formalised. Disproportionately poor diets, poor nutrition and high levels of diet related conditions persist in the Aboriginal and Torres Strait Islander communities.^{cxiii}

At the August 2018 Indigenous Roundtable, Health Ministers agreed to develop a National Aboriginal and Torres Strait Health and Medical Workforce Plan that provides a career path, national scope of practice and attracts more Indigenous people into health professions.^{cxiv}

Key Action Area 10: Build the evidence base, monitor and evaluate the effectiveness of actions.

10.1 NPA to develop a national research agenda for overweight and obesity with a strong focus on public health, population and interventional research.

Recommended timeframe

In the first year, a national research agenda should be developed, with funding and implementation taking place in years 2–3, and dissemination of key findings in year 4.

Commonwealth Government response

“The Commonwealth Government is committed to ... ensuring that the evaluations are undertaken to determine the most efficacious interventions are identified and expanded. As noted above, the Australian National Preventive Health Agency will be tasked with developing a national preventative health research agenda with the NHMRC, which will incorporate information on obesity.”

“...The Commonwealth Government already funds activities that build the evidence for action on overweight and obesity. The Department of Health and Ageing, in partnership with the NHMRC, is undertaking a review of national nutrition recommendations including the Core Food Groups, Australian Dietary Guidelines and the Australian Guide to Healthy Eating publications. ... A committee of Australian health and nutrition experts has been established to guide the revision project, which is expected to be completed by mid-2011.”

“As part of the Dietary Guidelines review, the Commonwealth Government has also committed ... to undertake a rolling review of the Nutrient Reference Values for Australia and New Zealand (NRVs).... The Government’s rolling review will allow efficient and necessary updates of this key document to occur on an as-needs basis and ensure the currency of the evidence.”

Status – progress stalled

The ANPHA developed an Interim National Preventative Health Research Strategy 2011–2012, establishing a Research Committee of experts to advise on the Strategy and appraise research grants.^{cxv}

The National Preventative Health Research Strategy 2013–2018 was released in 2013. The strategy incorporates a chapter “A Priority Driven Research Agenda on Obesity Prevention” prepared by a panel of experts as an initiative of the Australian National Preventive Health Agency and the Government of Western Australia.^{cxvi} With the termination of the ANPHA, no funding was provided to pursue these research priorities.

With advice from the Dietary Guidelines Working Committee, the NHMRC reviewed the *Australian Dietary Guidelines* (ADGs), publishing updated guidelines in 2013 and updated Guides for Healthy Eating for children, adults, during pregnancy and for indigenous Australians.^{cxvii} We note that NHMRC approval is valid for a period of five years and these guidelines are over five years old. There has been no public advice as to when the ADGs will be reviewed.

In mid-2013 the Government foreshadowed a review of the existing 2006 Nutrient Reference Values (NRV), which are used to assist nutrition and health professionals assess the dietary requirements of individuals and groups. In March 2018, the Australian Government Department of Health commissioned NHMRC to continue the review of priority-driven nutrients (sodium, iodine, fluoride). The NRV website advises that after the partial pilot is completed by the Department of Health, NHMRC is working to refine the Methodological Framework before completing the update of priority nutrients.^{cxviii}

10.2 Expand the National Health Risk Survey Program to cover adults and the Indigenous population.

Recommended timeframe

The surveys should commence in year 1.

Commonwealth Government response

“The Australian Health Survey, which has superseded the National Health Risk Survey, was outlined in the Critical Infrastructure section. The Survey will cover Australians aged two years and over, including a representative sample of Indigenous Australians.”

“The Australian Health Survey will be complemented by the new National Longitudinal Study on Male Health, for which funding of \$6.9 million over four years from 2009–10 was

announced on 6 May 2010. Currently there are no longitudinal studies of male health which can provide evidence of the impact of social determinants of men's health, attitudes and behaviours in line with the National Male Health Policy directions. The Longitudinal Study will consider a range of determinants of male health, including social, economic and behavioural.”

Status – completed

In July 2011 the Australian Government Department of Health and Ageing released its report *Australian Health Survey: rationale for expanding the National Health Survey Series*, which foreshadowed the program's expansion to gather comprehensive information on risk factors for chronic disease, including data on self-reported diet, physical activity and obesity.^{cxix}

The 2011–13 Australian Health Survey was the first of the new, chronic disease-oriented surveys. It was conducted by the Australian Bureau of Statistics (ABS), sampling approximately 50,000 randomly chosen adults and children.^{cxx} Initial results were released by the ABS in November 2013, with updated results in June 2014.^{cxxi} Detailed Conditions and Other Health Data were released in August 2014, and Biomedical Results in September 2014. Other health data such as Physical Activity and Nutrition were released in 2014–2015.

In addition to the data relating to the representative sample of Aboriginal and Torres Strait Islanders as part of the Australian Health Survey, additional health data has been collected in the period under evaluation. As part of the Australian Health Survey, the Australian Aboriginal and Torres Strait Islander Health Survey (AATSIHS) collected information from the Aboriginal and Torres Strait Islander population in non-remote areas and remote areas, including discrete communities. It combined the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) with two new components – the National Aboriginal and Torres Strait Islander Nutrition and Physical Activity Survey (NATSINPAS) and the National Aboriginal and Torres Strait Islander Health Measures Survey (NATSIHMS), which includes objective measures of height and weight used to calculate Body Mass Index, waist and hip circumference as well as blood pressure.

The Australian Health Survey was also conducted in 2014–15 and again in 2017–18. The latest survey was conducted in all states and territories and across urban, rural and remote areas of Australia (excluding very remote areas) from July 2017 to June 2018. The survey included around 21,000 people in over 16,000 private dwellings.

In addition, the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) was conducted from September 2014 to June 2015 with a sample of 11,178 Aboriginal and Torres Strait Islander people living in private dwellings across Australia. The NATSISS is a six-yearly multidimensional social survey which provides broad, self-reported information across key areas of social interest for Aboriginal and Torres Strait Islander people. The NATSISS collected data on health risks factors including nutrition and child health.^{cxxii}

The most recent Aboriginal and Torres Strait Islander health survey ran until March 2019 with the first results available from late 2019. It will provide detailed information about health and health-related actions and is a key dataset for understanding Aboriginal and Torres

Strait Islander health and wellbeing. Results will assist in the administration, evaluation and planning of health and social policies and programs and services.^{cxxiii}

Although significant data has been collected through the Australian Health Survey it is noted that further data collection is required to better inform policy and practice interventions for the Indigenous population.

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.

Recommended timeframe

The survey should be repeated in 2012 and at regular intervals.

Commonwealth Government response

“As the Australian Health Survey will gather nutrition and physical activity information from children, there is no longer a need to repeat the National Children’s Nutrition and Physical Activity Survey.”

Status – ongoing progress

The Australian Health Survey 2011–2013 was structured to take account of research areas formerly addressed in the national Nutrition and Physical Activity Survey and the National Health Measures Survey.^{cxxiv} Data was collected on factors impacting children’s health, including physical activity and levels of overweight and obesity.

Children’s Risk Factors have been released in the first results of the Australian Health Survey 2011–2013, with a focus on childhood obesity and nutrition.^{cxxv} The two subsequent Australian Health Surveys in 2014–15 and 2017–18 collected information on children’s risk factors with a continued focus on obesity and nutrition. Physical activity data in the subsequent surveys has been limited to individuals over 15 years of age.

10.4 Support ongoing research on effective strategies to address social determinants of obesity in Indigenous communities.

Recommended timeframe

Support to commence within 12 months.

Commonwealth Government response

“The Commonwealth Government supports this recommendation and has already taken steps to implement it. The Department of Health and Ageing has been a partner organisation with the Cooperative Research Centre for Aboriginal Health (CRAH). The social determinants of health were a major program area of the CRAH and resulted in publications which provided an evidence-base for the link between income, education,

employment and other social factors with chronic disease health outcomes and risk factors such as obesity.”

“The CRCAH is continuing nutrition/obesity research under the ‘Healthy Start, Healthy Life’ program of its successor, the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH), until 2014. As a partner with the CRCATSIH, the Department of Health and Ageing will work with the CRCATSIH to continue research on strategies to address the social determinants of obesity under the ‘Healthy Start, Healthy Life’ program.”

Status – ongoing progress

Government funding of research of the CRCATSIH to 30 June 2014 was to focus on strategic research to investigate health conditions, health delivery and the social determinants of health.^{cxxvi}

The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC (LI CRC) commenced operations on 1 July 2014.^{cxxvii} The Institute is following in the footsteps of its predecessor the CRCATSIH (2010–2014). LI CRC aims to promote high-quality research and advocate through increasing ownership of Aboriginal and Torres Strait Islander people on the health research agenda, to undertake strategic research to investigate health conditions, and to ensure effective transfer of research findings into policy and practice.

The NHMRC administered ongoing research aimed at improving the health of Indigenous Australians generally, under the *NHMRC Strategic Plan 2013–2015*, committing at least 5% of its annual funding of research, capacity building and translation to Indigenous Health Research.^{cxxviii} The *NHMRC Road Map II: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research*, originally launched in 2010, forms part of the Strategic Plan and prioritises seven action areas including Close the Gap, Evaluation Research and Intervention Research.^{cxxix}

The NHMRC Corporate Plan 2018–2019 identifies improving the health of Aboriginal and Torres Strait Islander peoples including through research that builds capacity in Aboriginal and Torres Strait Islander researchers and addresses health disparities as a strategic priority. The plan commits to investing funds for health research to improve health outcomes for Aboriginal and Torres Strait Islander peoples and build Aboriginal and Torres Strait Islander researcher capacity and to continue committing 5% of the Medical Research Endowment Account annually to Aboriginal and Torres Strait Islander health research.^{cxxx}

REFERENCES

- ⁱ COAG Australian Government Directory, Australian National Preventative Health Agency. Available from: <https://www.directory.gov.au/portfolios/health/australian-national-preventive-health-agency>
- ⁱⁱ Amanda Biggs, (2014) 'Health funding agreements – Budget Review 2014-15 Index' (Parliament of Australia 2014) Available at http://www.aph.gov.au/about_parliament/parliamentary_departments/parliamentary_library/pubs/rp/budgetreview201415/healthfunding
- ⁱⁱⁱ These program-based initiatives have included the roll out of community-based healthy lifestyle programs to 92 local governments across Australia, designed to promote healthy eating and physical activities. Similarly, the ANPHA has funded programs involving local governments engaging local governments and Medicare Locals to promote healthy environments across Australia,
- ^{iv} Department of Health, (2018) Sport 2030. Available at https://www.sportaus.gov.au/_data/assets/pdf_file/0005/677894/Sport_2030_-_National_Sport_Plan_-_2018.pdf
- ^v National Heart Foundation, (2019) Blueprint for an Active Australia: National Heart Foundation of Australia, 2019. Available from: https://www.heartfoundation.org.au/images/uploads/publications/Blueprint/Blueprint_For_An_Active_Australia_Third_Edition.pdf
- ^{vi} Flinders University (2018), Does a Health in All Policies approach improve health, wellbeing and equity in South Australia? Available at: <https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/hiap-policy-brief.pdf>
- ^{vii} Flinders University, (2018) Does a Health in All Policies approach improve health, wellbeing and equity in South Australia? Available at: <https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/hiap-policy-brief.pdf>
- ^{viii} Flinders University, (2018) Does a Health in All Policies approach improve health, wellbeing and equity in South Australia? Available at: <https://www.flinders.edu.au/content/dam/documents/research/southgate-institute/hiap-policy-brief.pdf>
- ^{ix} Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available at: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ^x University of New South Wales, HIA Connect. Available at: <http://hiaconnect.edu.au>
- ^{xi} Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available at: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ^{xii} Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available at: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ^{xiii} *Public Health Act 2011 (SA) s.4(1)(e); Public Health Act 2016 (WA) s1(d)*
- ^{xiv} Australian Government, (2009) Australia's future Tax System Review – Report to the Treasurer December 2009. Available from: <https://treasury.gov.au/review/the-australias-future-tax-system-review/final-report>
- ^{xv} Comans T. et al, (2013) The cost-effectiveness and consumer acceptability of taxation strategies to reduce rates of overweight and obesity among children in Australia: study protocol, BMC Public Health volume 13, Article number: 1182.
- ^{xvi} <https://www.dlqsc.wa.gov.au/funding/kidsport>, <https://sport.nsw.gov.au/sectordevelopment/activekids> <https://nt.gov.au/leisure/sport/sport-and-swim-vouchers/sport-voucher-scheme-urban/get-sport-vouchers-for-your-child>
- ^{xvii} Australian Government, (2013), National Food Plan – Our food, archived at <https://webarchive.nla.gov.au/tep/141295>
- ^{xviii} Australian Government, (2013), National Food Plan – Our April, food, archived at <https://webarchive.nla.gov.au/tep/141295>
- ^{xix} Australian Government Department of Health and Ageing, (2013) Information on National Nutrition Policy. Available from <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-health>
- ^{xx} Rural Industries and Resource Development Corporation (2016), Food Security and Health in Rural and Regional Australia, p 29. Available from: <https://www.agrifutures.com.au/wp-content/uploads/publications/16-053.pdf>
- ^{xxi} Australian Government Department of Health, (April, 2013) Information on the National Nutrition Policy. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-nutrition-health>
- ^{xxii} Australian Government, (February 2013), Tender notice- To undertake a scoping study to inform the development of a National Nutrition Policy Available from: <https://www.tenders.gov.au/?event=public.cn.view&CNUUID=EB4A1CAB-E826-5830-4EB69079435AADBC>
- ^{xxiii} Lock M, Released; Scoping Study for the Australian National Nutrition Policy, Croakey, 15 March 2016, Available at: <https://croakey.org/released-scoping-study-for-an-australian-national-nutrition-policy/>
- ^{xxiv} Lee A, Baker P, Stanton R, Friel S, O'Dea K, Weightman (2013) A, Scoping Study to Inform the Development of the new National Nutrition Policy, 2013, QUT, Australian Department of Health and Ageing (RFT 028/1213). Released under FOI, March 2016 Available at: <http://webarchive.nla.gov.au/gov/20171113055450/http://www.health.gov.au/internet/main/publishing.nsf/Content/foi-074-1516>
- ^{xxv} Australian Government, (2009), Australia's future Tax System Review – Report to the Treasurer December 2009. Available from: <https://treasury.gov.au/review/the-australias-future-tax-system-review/final-report>
- ^{xxvi} <http://www.foodprocessing.com.au/news/55560-Food-and-Health-Dialogue-endorses-Quick-Service-Restaurant-strategy>
- ^{xxvii} The George Institute of Global Health, Australia, (February 2013) – Media Release 'Study finds salt content in Australian ready-to-eat meals remains excessive' 5 February 2013. Available from <http://www.georgeinstitute.org.au/media-releases/study-finds-salt-content-in-australian-ready-to-eat-meals-remains-excessive>
- ^{xxviii} Tamara Elliott et al. (2014), 'A systematic interim assessment of the Australian Government's Food and Health Dialogue' *The Medical Journal of Australia* 200 (2): 92-95.
- ^{xxix} <http://www.health.gov.au/internet/main/publishing.nsf/Content/Healthy-Food-Partnership-Home>
- ^{xxx} Australian Department of Health, (August 2019), Healthy Food Partnership, Portion Control Working Group. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/portion-control>
- ^{xxxi} Australian Department of Health. Healthy Food Partnership, Accessed February 2020. Available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/portion-size-industry-best-practice-guide-working-group>
- ^{xxxii} Australian Department of Health, Healthy Food Partnership, Food Service Working Group. Accessed March 2020, Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/food-service>
- ^{xxxiii} Australian Department of Health, (February 2019) Healthy Food Partnership, Reformulation Working Group. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/reformulation>
- ^{xxxiv} Healthy Food Partnership Executive Committee. (February 2020). Meeting Communique 14 February 2020. Available at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/B0653147363CEF33CA257FAD00823950/\\$File/DRAFT%20Communique%20Meeting%2011.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/B0653147363CEF33CA257FAD00823950/$File/DRAFT%20Communique%20Meeting%2011.pdf)
- ^{xxxv} Blewett et al, Commonwealth of Australia, (2011) Labelling Logic: Review of Food Labelling Law and Policy
- ^{xxxvi} Legislative and Governance Forum on Food Regulation – Final Communique, 14 June 2013, Available from <https://foodregulation.gov.au/internet/fr/publishing.nsf/Content/forum-communique-2013-June>
- ^{xxxvii} The Hon Tanya Plibersek MP, Minister for Health and Minister for Medical Research, Press Release, 14 June 2013, 'Star Rating System for Packaged Foods'
- ^{xxxviii} mp consulting, (2019) Health Star Rating System Five Year Review Report. 2019. Available from: <https://consultations.health.gov.au/>
- ^{xxxix} Australia and New Zealand Ministerial Forum on Food Regulation, (29 June 2018) Final Communique 29 June 2018. Canberra, Available from: <http://foodregulation.gov.au>
- ^{xl} Parker G and Frith R, Health Star Rating System: campaign evaluation report, June 2016, p3
- ^{xli} Health Star Rating Advisory Committee, (2017), Two year progress review on the implementation of the Health Star Rating system- June 2014- June 2016, April 2017, p13.
- ^{xlii} Health Star Rating Advisory Committee. (2017), Two Year Progress Review Report on the Implementation of the Health Star Rating System-June 2014–June 2016.

- ^{xliii} Australian and New Zealand Ministerial Forum on Food Regulation, response to the Health Star Rating System five year review, December 2019. Available at [https://foodregulation.gov.au/internet/ffr/publishing.nsf/content/5FFD7984439DAE74CA2584D30082C180/\\$File/V1-Forum-Health%20Star%20Rating%20System%20five%20year%20review%20response%202019-12.pdf](https://foodregulation.gov.au/internet/ffr/publishing.nsf/content/5FFD7984439DAE74CA2584D30082C180/$File/V1-Forum-Health%20Star%20Rating%20System%20five%20year%20review%20response%202019-12.pdf)
- ^{xliv} Blewett N, et al, (2011). Labelling logic – the final report of the review of food labelling law and policy. Canberra, Australia 2011. Available from: <http://webarchive.nla.gov.au/gov/20170215181007>
- ^{xlv} Australia and New Zealand Ministerial Forum on Food Regulation. Review of fast food menu labelling schemes. 2018. Available from: <http://foodregulation.gov.au>
- ^{xlvi} National Partnership Agreement on Preventive Health Implementation Working Group, (2009), National Partnership Agreement on Preventive Health, National Implementation Plan 2009 – 2015.
- ^{xlvii} National Partnership Agreement on Preventive Health Implementation Working Group, (2009), National Partnership Agreement on Preventive Health, National Implementation Plan 2009 – 2015.
- ^{xlviii} Australian Curriculum Assessment and Reporting Authority website. Available at: <https://www.acara.edu.au/curriculum/learning-areas-subjects/health-and-physical-education>
- ^{xlix} Sport Australia website (December 2019), Available from: <https://www.sportaus.gov.au/schools>
- ⁱ Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available from: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ⁱⁱ Australian Government, (January 2014), Department of Health, Healthy Workers Initiative. Available at: <http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/about>
- ⁱⁱⁱ Grunseit AC, Rowbotham S, Pescud M, Indig D, Wutzke S. Beyond fun runs and fruit bowls: an evaluation of the meso-level processes that shaped the Australian Healthy Workers Initiative. *Health Promot J Austr* 2016 doi: 10.1071/HE16049
- ⁱⁱⁱⁱ Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available at: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ^{lv} Australian Department of Health, (April 2012), National Partnership Agreement on Preventive Health, Healthy Communities Initiative, Local Government Area Grants, Phase 2 Funding and grant Distribution. Available from: <https://www.health.gov.au/internet/publications/publishing.nsf/Content/healthy-comm-lgag-guidelines-toc~healthy-comm-lgag-guidelines-funding-distrib>
- ^{lv} Australian Government, (2010), Taking Preventative Action – A Response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce.
- ^{lvi} Informas, (2018), Food Policy Index 2019 Progress update: Australian governments. Available from: <https://preventioncentre.org.au/wp-content/uploads/2018/08/Food-Policy-Index-Progress-Update-2019-Australia-FINAL.pdf>
- ^{lvii} Australian Department of Health, (April 2019), Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
- ^{lviii} GfK Blue Moon Measure (April 2010), Up Phase Two Qualitative Formative Research Report prepared for The Department of Health and Aging.
- ^{lix} Australian Medical Association, (April 2011), Campaign encourages patients to swap it, don't stop it. Available from: <https://ama.com.au/ausmed/campaign-encourages-patients-swap-it-dont-stop-it>
- ^{lx} O'Hara BJ, Grunseit A, Phongsavan, P, Bellow W, Briggs M, Baumann AE, (2016) Impact of the Swap It, Don't Stop It Australian National Mass Media Campaign on Promoting Small Changes to Lifestyle Behaviors, *Journal of Health Communication*, 2016 Dec;21(12):1276-1285.
- ^{lxi} Australian Government. (2013), Shape Up Australia. Available from: <https://healthinfonet.ecu.edu.au/key-resources/programs-and-projects/1796/>
- ^{lxii} Pemberton C, Dear Minister, (2018) Your instagram influencer campaign was a mistake from the start, Mamamia, July 23 2018. Available at: <https://www.mamamia.com.au/girls-make-your-move-campaign/>
- ^{lxiii} Jones J, (7 August 2018), Will the government's new 'Move It' exercise campaign move us or lose us?, *The Conversation*. Available at: <https://theconversation.com/will-the-governments-new-move-it-exercise-campaign-move-us-or-lose-us-100969>
- ^{lxiv} The 'industry-based codes' referred to are the Quick Service Restaurant Initiative 2011 ('QSRI'), the Responsible Children's Marketing Initiative ('RCMI'), developed by the Australian Food and Grocery Council and administered by the Advertising Standards Board. The Australian Association of National Advertisers' Code of Ethics and Food and Beverages Advertising and Marketing Communications Code also applies.
- ^{lxv} Hickey K, Mandelbaum J, Bloom K, Martin J, (2018), Overbranded, Underprotected: How industry self-regulation is failing to protect children from unhealthy food marketing. Obesity Policy Coalition, Melbourne.
- ^{lxvi} Council of Australian Governments Health Council (August 2018), The National interim guide to reduce children's exposure to unhealthy food and drink promotion. Available from: <https://www.coaghealthcouncil.gov.au/Publications/Reports>
- ^{lxvii} Australian Communications and Media Authority, (December 2011), Industry self-regulation of food and beverage advertising to children – ACMA monitoring report.
- ^{lxviii} "Self regulatory codes" is used to describe the Quick Service Restaurant Initiative for Responsible Marketing to Children 2009 and the Responsible Children's Marketing Initiative 2009.
- ^{lxix} Australian National Preventative Health Agency, (2013), Draft frameworks for monitoring television marketing and advertising to children of unhealthy food and drinks.
- ^{lxx} Watson W, Lau V, Wellard L, Hughes C, Chapman K, (2017), Advertising to children initiatives have not reduced unhealthy food advertising on Australian television, *Journal of Public Health*, Volume 39, Issue 4,
- ^{lxxi} Australian Department of Health, (2013), Clinical Practice Guidelines for the management of overweight and obesity. Available at: <https://www.nhmrc.gov.au/about-us/publications/clinical-practice-guidelines-management-overweight-and-obesity>
- ^{lxxii} Australian Department of Health, Healthy Weight Guide, http://healthyweight.health.gov.au/wps/portal/Home/helping-hand/about!/ut/p/a1/ZA7b4MwFIX_ShZGyw-MqZGSKBAVlqwFL5UhbjsBQyq3Kf--Ru2atmb1X2c7xzIYQW5ER-6F1ZPRxrx9lrRnY7TCiO9-yQoqMyqgoMTmGFL5ADnIr7GwVrJUUG1XL5iZ1r-ymnYvVxnpofNp4SMlh1qYHSpITh0Qzvdv1eG71CdZ-hJEFgtwLAigIEgEZBAGzSoYTTuAl86mtrRoDuVoH_BupV0n2Q0fHY3NClo3z5i2zAuEMrZz8lvErVICO-KIBQeHzR1-lvaudbn65UnLug10U8Lq8eTdl_IW5EWvYMTVgFtuqIW37N5HCN_AZeuLAFvltXUwbE6w!!/dl5/d5/L2dBISEvZOFBIS9nQSEh/
- ^{lxxiii} Australian Department of Health, (2013), The Australian Government Standing Council on Health National Primary Health Care Strategic Framework;
- ^{lxxiv} Australian Government Department of Health, (2016), PHN Grant Program Guidelines February 2016.
- ^{lxxv} Australian Department of Health, (2018), PHN Background. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Background>
- ^{lxxvii} Australian Department of Health, (2018), PHN Background. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Background>
- ^{lxxviii} Australian Health Minister's Conference, (2010), National Maternity Services Plan 2010. Available at <http://www.health.gov.au/internet/publications/publishing.nsf/Content/pacd-maternityservicesplan-toc>
- ^{lxxix} D Hector et al (2012) Evidence update on obesity prevention across the life course – prepared for the NSW Ministry of Health, at 28
- ^{lxxx} <https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/national-strategic-approach-to-maternity-services/b-maternity>
- ^{lxxxi} AHMAC, The Draft Strategic Directions for Australian Maternity services- Consultation Paper Number 2, December 2018, Commonwealth of Australia as represented by the Department of Health Australian. available at https://consultations.health.gov.au/office-of-the-chief-nursing-and-midwifery-officer/national-strategic-approach-to-maternity-services-1/supporting_documents/Strategic%20Directions%20for%20Maternity%20Services%20Consultation%20Paper%20DRAFT.pdf
- ^{lxxxii} NHMRC, Clinical Practice Guidelines, available at <https://www.clinicalguidelines.gov.au/>

- ^{lxxxiii} Department of Health, Clinical Practice Guidelines- Pregnancy Care 2019 Edition, available at https://beta.health.gov.au/sites/default/files/pregnancy-care-guidelines_0.pdf
- ^{lxxxiv} Australian Health Minister's Conference Communiqué (22 April 2010), available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mr-yr10-dept-dept220410.htm>
- ^{lxxxv} See, for example the ACT Government Breastfeeding Strategic Framework 2010-2015, NSW Government Department of Health Breastfeeding in NSW: Promotion, Protection and Support July 2011,
- ^{lxxxvi} Improving Maternity Services in Australia' Report of the Maternity Services Review at 32
- ^{lxxxvii} Australian Government Department of Health and Ageing, National Maternity Services Plan: 2010-2011. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-maternityservicesplan-annualrep>
- ^{lxxxviii} Final Progress Report: Australian National Breastfeeding Strategy 2010-2015. Available from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/D94D40B34E00B29CA257BF0001CAB31/\\$File/ANBS-2010-2015-Final-Progress-Report%20.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/D94D40B34E00B29CA257BF0001CAB31/$File/ANBS-2010-2015-Final-Progress-Report%20.pdf)
- ^{lxxxix} Australian Department of Health, (2019), Breastfeeding <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-publhlth-strateg-brfeed-index.htm>
- ^{XC} Australian Government Department of Health, Media Release the Hon Greg Hunt MP, Minister for Health. National Strategy to increase breastfeeding. 3 August 2019. Available at <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/national-strategy-to-increase-breastfeeding>
- ^{XCi} Council of Australian Governments (2019) Australian National Breastfeeding Strategy 2019 and beyond. Available at <http://www.coaghealthcouncil.gov.au/Portals/0/Australian%20National%20Breastfeeding%20Strategy%20-%20FINAL%20.pdf>
- ^{XCii} Council of Australian Governments Health Council, (2019) Communiqué 8 March 2019. Available at: http://www.coaghealthcouncil.gov.au/Portals/0/Final%20CHC%20Communiqué_Relissued%20290519.pdf
- ^{XCiii} Australian Government Department of Health <http://www.healthactive.gov.au/internet/healthactive/publishing.nsf/Content/healthy-communities#phase3>
- ^{XCiv} Council of Australian Governments Health Council, (2018) Communiqué 12 October 2018. Available at: <https://www.coaghealthcouncil.gov.au/Portals/0/CHC%20Communiqué%20121018.pdf>
- ^{XCv} Australian Government, (2013) Closing the Gap, Prime Minister's Report 2013.
- ^{XCvi} See the Healthy Lifestyle Worker Toolkit, available at [http://www.healthinfonet.edu.au/healthy-lifestyle-workers/toolkit#About the Toolkit](http://www.healthinfonet.edu.au/healthy-lifestyle-workers/toolkit#About%20the%20Toolkit)
- ^{XCvii} Australian Government Department of Health and Ageing, (2013) National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Available from <http://www.healthinfonet.edu.au/health-infrastructure/healthy-lifestyle-workers/nutrition/publications>
- ^{XCviii} Australian Government Department of Health and Ageing, (2013), National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Available at <http://www.healthinfonet.edu.au/health-infrastructure/healthy-lifestyle-workers/nutrition/publications> p 37
- ^{XCix} Australian Government. (2014) Budget 2014-15, Part 2: Expense measures. Prime Minister and Cabinet. Available from https://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=ld%3A%22library%2Fbudget%2F2014_15%22;src1=sm1
- ^c Australian Government Department of Health and Ageing, (2013), National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Available from <http://www.healthinfonet.edu.au/health-infrastructure/healthy-lifestyle-workers/nutrition/publications> p 30
- ^{ci} Australian Government Department of Health and Ageing, (2013), National Aboriginal and Torres Strait Islander Health Plan 2013-2023 . Available from <http://www.healthinfonet.edu.au/health-infrastructure/healthy-lifestyle-workers/nutrition/publications> p 31
- ^{cii} Australian Government, (2015) Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, Appendix A, available at [https://www.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan_v3.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan_v3.pdf)
- ^{ciii} Australian Government, (2015), Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, Appendix A 6
- ^{civ} Australian Government, (2015), Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023, Appendix A
- ^{cv} Council of Australian Governments, *National Strategy for Food Security in Remote Indigenous Communities*, December 2009, available at <http://www.coag.gov.au/node/92>
- ^{cvi} Australian National Audit Office, (2014), Food Security in Remote Indigenous Communities, Available from: <https://www.anao.gov.au/work/performance-audit/food-security-remote-indigenouscommunities>
- ^{cviil} Lee A, Ride K, (2018) Review of nutrition among Aboriginal and Torres Strait Islander People, *Australian Indigenous Health Bulletin* 18(1).
- ^{cviil} Australian National Audit Office, (2014), Food Security in Remote Indigenous Communities, Department of Prime Minister and Cabinet. Available at: <https://www.anao.gov.au/work/performance-audit/food-security-remote-indigenouscommunities>
- ^{cix} Australian National Audit Office, (2014), Food Security in Remote Indigenous Communities, Department of Prime Minister and Cabinet. Available at: <https://www.anao.gov.au/work/performance-audit/food-security-remote-indigenouscommunities>, p 14
- ^{cx} Australian National Audit Office, (2014), Food Security in Remote Indigenous Communities, Department of Prime Minister and Cabinet. Available at: <https://www.anao.gov.au/work/performance-audit/food-security-remote-indigenouscommunities>, p 17
- ^{cxii} Department of Health, (2017), My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous Health: Report on the National Consultations. ,
- ^{cxiii} Department of the Prime Minister, (2019), Closing the Gap 2019 Report.
- ^{cxiii} Lee A, Ride K, (2018), Review of programs and services to improve Aboriginal and Torres Strait Islander nutrition and food security, *Australian Indigenous Health Bulletin*, Available at <http://healthbulletin.org.au/articles/review-of-programs-and-services-to-improve-aboriginal-and-torres-strait-islander-nutrition-and-food-security/>
- ^{cxiv} Council of Australian Governments Health Council, Communiqué 8 March 2019, Available from: https://www.coaghealthcouncil.gov.au/Portals/0/Final%20CHC%20Communiqué_Relissued%20290519.pdf
- ^{cxv} Australian Government, Interim National Preventative Health Research Strategy 2011-2012. Available from: <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/research-strategy>
- ^{cxvi} National Preventative Health Agency, (2014), A Priority-driven Research Agenda for Obesity Prevention. Available from: https://www2.health.wa.gov.au/-/media/Files/Corporate/general%20documents/Obesity%20prevention/Obesity_prevention_priority_research_agenda_2014.pdf
- ^{cxvii} All available at <https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines>
- ^{cxviii} National Health and Medical Research Council (December 2019), Nutrient Reference Values for Australia and New Zealand. Available at: <https://www.nrv.gov.au/>
- ^{cxix} Australian Government Department of Health and Ageing (2014) Australian Health Survey: rationale for expanding the National Health Survey Series.
- ^{cxix} Australian Government, Department of Health and Ageing (4 March 2011) Media release: Australian Health Survey Gets Under Way.
- ^{cxixi} Australian Bureau of Statistics 4364.0.55.001 Australian Health Survey - Release Schedule. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.004Chapter2202011-12>
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0.55.001Media+Release12011-12>
- ^{cxixii} Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4714.0main+features122014-15>
- ^{cxixiii} Australian Bureau of Statistics, Media release, 18 July 2018, Aboriginal and Torres Strait Islander Survey underway. Available from: <https://www.abs.gov.au/AUSSTATS/abs@.nsf/mediareleasesbyReleaseDate/3DB4C16B17DAA28CCA2582C8007CFE73?OpenDocument>
- ^{cxixiv} Australian Bureau of Statistics, 163.0.55.001 – *Australian Health Survey: User's Guide 2011-2013* (August 2013). Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4363.0.55.001Chapter1102011-13>
- ^{cxixv} Australian Bureau of Statistics, Australian Health Survey: First Results, 2011-12, Children's risk factors Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/27D7FFFD3AEE46CCA257AA30014BFFA?opendocument>

-
- ^{xxxvi} The Lowitja Institute, CRC for Aboriginal and Torres Strait Islander Health. Available at: <http://www.lowitja.org.au/crcatsih>
- ^{xxxvii} The Lowitja Institute, Aboriginal and Torres Strait Islander Health CRC. 21 August 2014. Available at <http://www.lowitja.org.au/licrc>
- ^{xxxviii} N National Health and Medical Research Council , (2013), NHMRC Strategic Plan 2013-2015, at 6,
- ^{xxxix} National Health and Medical Research Council – Indigenous Health website <http://www.nhmrc.gov.au/your-health/indigenous-health>
- ^{xxxx} Australian Government, (2019) NHMRC Corporate Pan 2019-2020. Available at: <http://www.nhmrc.gov.au/your-health/indigenous-health>