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Introduction

1 What is your name?

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3 What is your organisation?

Organisation:

Obesity Policy Coalition

About You

4 I am responding as an individual:

None of the above

5 I am responding as a Health Professional

Please specify:

6 I am a Researcher/Academic (please specify field of expertise in the text box below)

Please specify:

7 I am providing an official submission on behalf of:

Please specify:

Organisation

8 I am of Aboriginal or Torres Strait Islander descent

Please specify:

No

9 I am a person from a culturally linguistic and diverse background

Please specify:

No

10 I live in an:

Please specify:

Urban area

11 Please indicate if your responses:

may be published online or quoted, with your name included

GOAL 1 - Reduce the prevalence and incidence of people living with type 2 diabetes

1 a) Which of the areas for action described for this goal are most appropriate and why?

Enter your answer in the box below:

The Obesity Policy Coalition (OPC) is a coalition between Cancer Council Victoria, Diabetes Victoria and the WHO Collaborating Centre on Obesity Prevention at Deakin University. The OPC advocates for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia.

The OPC welcomes and strongly supports a multi-strategy approach to the prevention of type 2 diabetes and agrees that reducing the prevalence of modifiable risk factors in the general population will be a key area for action. This comprehensive approach should be implemented as soon as possible, supported by

appropriate funding. With overweight and obesity in children and adults being a primary modifiable risk factor for type 2 diabetes, reducing the percentage of adults and children that are overweight or obese must be a key priority within this action area, and the focus must be on prevention.

The Australian National Diabetes Strategy (AND Strategy) should actively seek the development of a national strategy on overweight and obesity, in partnership with government, primary health and other health organisations. As recognised in the consultation paper, no single intervention in isolation can be expected to have a substantial effect on overweight and obesity rates. A national long term strategy, which includes a comprehensive approach across sectors (encompassing the types of initiatives identified at pages 19 – 20 of the consultation paper) is urgently needed to reduce the impact of overweight and obesity on diabetes and other diseases, such as heart disease and some cancers. This strategy should be centrally coordinated by government, set realistic targets, work across sectors, be supported by social marketing and provide for regular monitoring and evaluation.

As recognised on pages 19 and 20 of the consultation paper, the AND Strategy should recognise that policy and possibly regulatory change will be required as part of any comprehensive approach to reducing the prevalence of overweight and obesity across Australia, including continued implementation and targeted education on the Front of Pack Labelling - Health Star Rating system. If this system is not appropriately adopted across the processed food industry by 2019, government action will be required to make it mandatory. As also recognised, children's exposure to the marketing of energy-dense, nutrient-poor foods and beverages must be reduced, however we urge the AND Strategy to call for "government led" action to effect a "meaningful" reduction in the exposure of children to, and the power of, these types of marketing (as called for in the WHO Set of Recommendations on the marketing of foods and non-alcoholic beverages to children). For more information, please see the OPC's publication A comprehensive approach to protecting children from unhealthy food advertising and promotion. As discussed below, the current co-regulatory scheme has proven inadequate to meaningfully reduce the exposure of children to, and the power of this type of marketing to children. The AND Strategy should recognise that if meaningful reductions cannot be achieved through a co-regulatory approach led by government, full regulation will be needed to adequately protect children.

1 b) Are there any additional actions you would like to see governments and/or other stakeholders take and why?

Enter your answer in the box below:

Further to the types of initiatives identified at pages 19-20 to address overweight and obesity and improve population health, the AND Strategy should recognise the potential value of fiscal measures to influence the price of food and beverages, as recommended in the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. Mandatory chain food outlet menu labelling should also be rolled out across all states in Australia.

Price interventions can impact on purchasing habits and weight outcomes if they are well targeted, demand is reasonably elastic and consumers have a choice to shift to healthier food (Powell L et al, Assessing the Potential Effectiveness of Food and Beverage Taxes and Subsidies for Improving public Health: A Systematic Review of Prices, Demand and Body Weight Outcomes, Obesity Review 2013;14(2): 110-128) The AND Strategy could advocate for options to reduce the price of fruit/vegetables relative to unhealthy foods, or it could focus on foods/beverages that contribute most to overweight, obesity and type 2 diabetes, such as sugar-sweetened beverages (SSBs).

A significant relationship exists between SSBs consumption and the increased risk of type-2 diabetes (Malik VS et al, SSBs and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. Diabetes Care 2010; 33(11):2477-83). Experts estimate that a 10% increase in soft drink prices could reduce consumption by 8-10% (Andreyeva, T et al (2010), The impact of food prices on consumption: a systematic review of research on the price elasticity of demand for food. Am J Public Health. 2010;100(2):216-222). It has also been estimated that a 20% tax on SSBs could reduce body weight by 0.7 to 1.2kg per capita per year (for example, Sharma A et al, The effects of taxing sugar-sweetened beverages across different income groups. Health Economics. 2014;23(9):1159-84;). A 10% tax on SSBs was implemented in Mexico in January 2014 and preliminary data suggests that consumption has fallen while the consumption of healthier drinks has increased (Secretaria De Salud, Mexico at <http://www.insp.mx/epppo/blog/preliminares-bebidas-azucaradas.html>.)40

The AND Strategy may therefore seek the exploration of fiscal measures to influence purchasing habits and achieve healthier diets, and as a first step, suggest the investigation of a tax on SSBs by the Department of Treasury and Finance. For more information, see the OPC's Policy Brief – The case for a tax on sugar sweetened beverages.

There is also local and international evidence that clear and mandatory kilojoule labelling in chain fast food outlets can reduce the energy content of foods purchased. Despite evidence of the effectiveness of menu labelling legislation in NSW, the Victorian, Tasmanian, WA and the Northern Territory governments have failed to introduce similar measures. The AND Strategy may therefore note that action by these states (or a national approach) is urgently required, together with an appropriate education campaign to ensure all Australian consumers are appropriately informed about the energy content of these foods at the point of sale. For more information, see OPC's Policy Brief – Mandatory Kilojoule Labelling in Chain Food Outlets in Australia.

2 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

Enter your answer in the box below:

No program in isolation will significantly reduce the prevalence of modifiable risk factors for type 2 diabetes, such as poor diet or overweight and obesity. However a range of evidence based programs, together with a systems based approach, have the potential to be highly effective. For example, programs such as Live Lighter, Healthy Together Victoria, the Healthy Eating Advisory Service and the Victorian Prevention and Health Promotion Achievement Program have improved community awareness and built capacity to improve diet and health outcomes across sectors. However, ongoing funding, evaluation and a long term commitment by governments will be needed to enable such programs to achieve improved weight reduction and health targets over time.

For example, LiveLighter, delivered by Cancer Council Victoria (CCV) with Heart Foundation and launched in 2014, is a social marketing campaign aimed at reversing obesity and preventing chronic disease. Funded by the Victorian Government it is designed to strengthen Victoria's prevention system (Healthy Together Victoria) and target priority populations to reduce health disparities. Recent evaluation by CCV found that the LiveLighter campaign reached and resonated with those most at risk of weight-related health problems. The campaign also performed well on outcomes associated with health-related intention and behaviour change. A high level of public support was found, with 92.2% of Victorians supporting government investment in campaigns such as LiveLighter. Further funding is now required to enable the program to continue. Its goals to reverse obesity and prevent chronic disease are long term goals, long term

investment is therefore essential, together with appropriate funding to enable long term evaluation.

A systems approach to these issues is also required and the Obesity Policy Coalition (CCV, Diabetes Victoria and the WHO Collaborating Centre for Obesity Prevention at Deakin University) has demonstrated a very effective approach to highlighting the need for policy/regulatory reform in this area. Since commencing in 2006, the OPC has become the leading expert and advocacy group in obesity prevention policy in Victoria and nationally. It has had significant influence in shaping obesity policy agendas, particularly in the areas of food marketing and labelling. The OPC is also a leading voice in Australian media on obesity policy related issues, improving consumer awareness and holding the food and advertising industries to account. For example, the OPC has been a leading advocate on food labelling issues since 2007. It has undertaken a substantial amount of research, drafted detailed position statements and engaged extensively with government and non-government stakeholders on front-of-pack labelling. It played an integral role in the development of the Health Star Rating system, as a member of a Project Committee established by the national Food Regulation Standing Committee and through numerous submissions and public campaigns. It has held the food and advertising industries to account for advertising in breach of industry codes, as well as highlighting the failures of these codes and the need for improved regulation. For more information and access to the OPC's work (including policy briefs, submissions, complaints to regulators and media releases) please visit www.opc.org.au

2 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness).

Enter your answer in the box below:

The OPC is concerned that approaches by the ultra-processed food and advertising industries that purport to improve the food environment, consumption patterns and weight and population health outcomes are generally of limited affect. This is essentially because these industries have little incentive to take meaningful steps. Ultra processed food companies that sell predominantly unhealthy food have no desire to reduce sales and indeed have obligations to their shareholders to maximise profits. The only real incentive for the processed food and advertising industries to appear to take action is to ward off government intervention.

For example, the four year phase out period for unhealthy food advertising to children recommended by the National Preventative Health Taskforce in 2009 has expired and there has been no meaningful progress towards this under the food or advertising industries' self-regularly codes (or indeed the broadcasting industries co-regulatory standards and codes). This is because these codes do not restrict the amount, timing or placement of food advertising directed to children, or the nature of products that may be advertised. There are also no meaningful sanctions or penalties for breaching the codes (for more information, see the OPC's publication titled Exposing the Charade – the failure to protect children from unhealthy food advertising).

Similarly, the food industries' front of pack labelling scheme 'Daily Intake Guide' labels has proven ineffective to inform consumers. Research has found that the scheme is confusing for consumers, especially consumers with low literacy and from lower socio-economic groups. The scheme is not based on current recommended energy and nutrient intakes, may be misleading (particularly when used on children's products), may encourage people to aim to reach (rather than stay below) 'recommended' intake levels for unhealthy nutrients (e.g. sodium, saturated fat and sugar) and energy, and does not provide consumers with interpretive guidance about the healthiness of products. For more information, see the OPC's Policy Brief - Problems with the Daily Intake Guide food labelling scheme

The food and advertising industries will not submit to regulation that will substantially reduce children's exposure to unhealthy food marketing unless they are compelled to do so in some way. We are also concerned that the Health Star Rating system will not be widely adopted to the extent necessary to enable consumers to compare products within food categories unless it is made mandatory.

Legislation – or, at a minimum, regulatory underpinning or strong government oversight and involvement in improving the efficacy of industry self-regulation in these areas – is needed to ensure restrictions are meaningful and achieve public health goals, such as reducing the prevalence of overweight, obesity and type-2 diabetes.

3 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Enter your answer in the box below:

The OPC agrees with the need to identify targets for reducing the percentage of people that are overweight or obese, as well as regularly monitoring progress toward these targets. However, these targets should be realistic and start with a target for no further increases in obesity, which would reduce population prevalence of obesity. Regular dietary surveys in adults and children are also required.

It will also be essential to set 'mediator' targets for policy implementation (such as effective implementation of the health star rating system), environmental changes (such as reductions in junk food marketing exposure for children), and behavioural changes. Short and long-term outcome measures should be tied to each of the proposals, these will also encourage/support monitoring to ensure that targets are being met. Consideration should be given to requiring food, tobacco and alcohol companies to disclose financial and marketing information. This is done in the US where the Federal Trade Commission collects this information as part of its consumer protection role. This information would provide data for the mediator targets.

GOAL 2 - Promote earlier detection of diabetes

4 a) Which of the areas for action described for this goal are most appropriate and why?

Enter your answer in the box below:

4 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Enter your answer in the box below:

5 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

Enter your answer in the box below:

5 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness).

Enter your answer in the box below:

6 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Enter your answer in the box below:

GOAL 3 - Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

7 a) Which of the areas for action described for this goal are most appropriate and why?

Enter your answer in the box below:

7 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Enter your answer in the box below:

8 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

Enter your answer in the box below:

8 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness).

Enter your answer in the box below:

9 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Enter your answer in the box below:

GOAL 4 - Reduce the impact of diabetes in Aboriginal and Torres Strait Islander peoples and other high risk groups

10 a) Which of the areas for action described for this goal are most appropriate and why?

Enter your answer in the box below:

The OPC welcome the goals and areas for action to reduce the impact of diabetes in Aboriginal and Torres Strait Islander (ATSI) peoples, other culturally and linguistically diverse (CALD) communities, older Australians, and rural and remote communities. As discussed in response to question 1, prevention must be the priority.

Different policy or health system approaches, led by these groups, are needed to reduce risk factors such as poor diet, overweight and obesity which are highly prevalent in these groups. In particular, the prevention of overweight and obesity in these communities must be a key priority. As recognised in the consultation paper, the availability, affordability and consumption of health foods needs to be increased for these groups, as does access to tailored (community led) education and information to improve food choices.

10 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Enter your answer in the box below:

Further to the at risk groups identified in the Consultation Paper, increased risks to lower socio-economic status (SES) groups more broadly should also be considered, together with policy approaches to these groups. With respect to poor diets, overweight and obesity, the National Health Survey 2011-12 found that 66% of people in the most disadvantaged fifth of the population are overweight and obese, compared to 59% in the least disadvantaged fifth. The gap is largest among women, with 63% of women in the lowest SES group overweight or obese, compared with 47% in the highest SES group.

It is well recognised that poor diets are more prevalent among lower SES groups compared to high SES groups. For example, people from socially disadvantaged groups are significantly higher consumers of sugar-sweetened beverages than those from higher socio-economic groups (see Mortensen A. The role of beverages in the diet of Australian children. Analysis and summary report commissioned by the Australian Beverages Council. Australia, 2010, pp. 1-15; Hector D et al, Soft drinks, weight status and health: a review. A NSW Centre for Public Health Nutrition project for NSW Health, 2009; Food Standards Australia and New Zealand. Consumption of intense sweeteners in Australia and New Zealand – Roy Morgan Research Report, Canberra. Prepared for Food Standards Australia

New Zealand. 2003). Of particular concern, the National Children's Nutrition and Physical Activity Survey in 2007 found that 30% of children in the lowest socio-economic status (SES) regions of Australia consumed sugar-sweetened soft drinks on the day of the survey, compared to 19% in the highest SES regions.

Policy approaches to support access to healthy food and beverages should be explored for lower socio-economic groups. For example, there is evidence that fiscal measures (i.e. food taxes or subsidies) may benefit this group, although the potential for any regressive impact must also be considered. As discussed in support of goal 1, there is emerging evidence that a sugar-sweetened beverages (SSBs) tax may reduce consumption of these drinks and improve health outcomes. Given lower SES groups are disproportionately affected by high rates of obesity and overweight and consume larger amounts of SSBs, they potentially stand to derive the greatest benefit from reduced consumption of these products (see, Mytton OT, Clarke D, Rayner M. Taxing unhealthy food and drinks to improve health. *BMJ* 2012; 344: e2931). While some opponents of an SSBs tax argue that such a tax would unfairly burden lower socioeconomic groups (as they have the least means to cope with price increases) emerging evidence suggests that it may fairly support lower SES groups to reduce consumption and improve weight and population health outcomes (Backholer K et al. The effect of a sugar sweetened beverage tax across different socioeconomic groups. Submitted for publication. 2015).

In light of this evidence, the AND Strategy should also highlight lower SES groups as being at increased risk of poor diet, overweight, obesity and type 2 diabetes, and the need for targeted policy approaches to improve outcomes for this groups.

11 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

Enter your answer in the box below:

We welcome the Rethink Sugary Drink web-based ad campaign directed to ATSI peoples, highlighting the problems with sugar-sweetened beverages in these communities and encouraging a switch to water, reduced-fat milk or unsweetened drinks (see at <http://www.rethinksugarydrink.org.au>). However greater funding of targeted initiatives such as this are required to ensure comprehensive reach, i.e. through multi-media campaigns, including television. They must also form part of a comprehensive approach to these issues - social marketing campaigns alone will not be enough to achieve the desired public health goals.

We are also aware of extremely valuable work being led by these communities to improve diet and reduce overweight, obesity and type 2 diabetes. For example, the work of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) has been incredibly value to promote healthy eating and physical activity to the Victorian Aboriginal Community. VACCHO has also worked on a number of projects in partnership with Diabetes Victoria, including the Aboriginal Life! Taking Action on Diabetes program and the development of a range of Koori-specific diabetes education resources, including on diabetes and healthy eating.

11 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness).

Enter your answer in the box below:

12 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Enter your answer in the box below:

Regular monitoring of diets and weight within these high risk groups is essential, together with targets for reducing these risk factors. Mediator targets for policy implementation in these areas (as per goal 1) should also be set by government. For example, in relation to the Front of Pack labelling - Health Stars Rating system, careful monitoring will be required to ensure it is reaching these groups. Associated education campaigns must also be tailored to the specific needs of these groups, with comprehensive evaluation to ensure their effectiveness. The first evaluation of this system will be available in December 2015.

13 In relation to the impact of diabetes in Aboriginal and Torres Strait Islander peoples and high risk groups, please describe any barriers in accessing health services and/or education.

Enter your answer in the box below:

GOAL 5 - Strengthen prevention and care through research, evidence and data

14 a) Which of the areas for action described for this goal are most appropriate and why?

Enter your answer in the box below:

14 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Enter your answer in the box below:

15 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

Enter your answer in the box below:

15 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness).

Enter your answer in the box below:

16 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Enter your answer in the box below:

17 Please provide any further comments you may have. (1,000-2,000 word limit)

Enter your answer in the box below:

The Obesity Policy Coalition (OPC) would like to highlight its strong support for the submission to this consultation from Diabetes Australia (DA). As the national body for people affected by all types of diabetes and those at risk, it is clearly in the best possible position to drive the development of the AND strategy. DA has an incredibly strong reputation for being evidence based, providing leadership and identifying research priorities to prevent and manage diabetes in Australia.

The OPC also urges you to carefully consider submissions from members of the community that are impacted by diabetes. Every individual's account matters and will demonstrate the matters of direct and most concern to them. A strategy driven by organisations such as DA and community expectations, together with submissions focussed on discreet issues (such as the OPC's submission with its focus on obesity prevention) will be greatly positioned to prevent and reduce the impacts of diabetes in Australia.