

## Response ID ANON-T9XT-PHD4-9

Submitted to **Establishing a National Action Plan for the Health of Children and Young People: 2020 to 2030**  
Submitted on **2019-03-28 23:09:09**

### SECTION A – DEMOGRAPHICS

#### 1 Please provide your name (optional)

**Name:**

Emma Lonsdale

#### 2 Where are you based?

NSW

**Other location:**

#### 3 Are you providing your response on behalf of an organisation?

Yes - please provide the name of the organisation below:

**Organisation:**

Australian Chronic Disease Prevention Alliance (ACDPA)

#### 4 What is your email address?

**Email:**

#### 5 What is your area of expertise?

**Area of expertise:**

Preventing chronic disease with a focus on shared risk factors

#### 6 Are you providing your response as:

Other - please specify below:

**Other occupation:**

Alliance of NGOs, comprising Cancer Council Australia, National Heart Foundation, Diabetes Australia, Kidney Health Australia, Stroke Foundation

#### 7 Do you identify as an Aboriginal or Torres Strait Islander person?

No

#### 8 Priority population group status

None of the above

#### 9 Does your organisation represent one of the priority population groups?

No

**Priority population group:**

#### 10 In which country were you born?

Australia

**Country born:**

Australia

### SECTION B - THE STRUCTURE OF THE ACTION PLAN

#### 11 Overall structure of the Action Plan

Yes

**Overall structure - comments:**

The structure of the Action Plan flows logically. However, it would benefit from the articulation of responsibilities and inclusion of overarching targets, implementation detail, timeframes and accountability mechanisms for monitoring progress at agreed timepoints. We note that evaluation is raised in the next steps in the Plan; however it would be beneficial to include in this Plan.

**12 Adequate context and background for the Action Plan**

Yes

**Adequate context:**

We welcome the focus on priority populations, recognising the need to address the disparities in risk factors and health outcomes across populations. Engagement with children, young people and families from priority populations is essential for appropriate solutions. We support the life course approach to map changing risks and health needs across various life stages, as well as identifying potential intervention points to reduce risks, promote health and wellbeing, and improve engagement with health services. Chronic disease risks increase with age, however younger people are increasingly affected, possibly due to rises in risk factors such as poor diet, overweight and obesity, and physical inactivity.

**SECTION C - PRIORITY AREAS****13 Do you agree with the priority areas identified for the Action Plan?**

No - please provide comments on your selection below (200 word limit):

**Priority areas - agreement:**

ACDPA welcomes the focus on prevention and early detection in the policy principles. However, we recommend a greater focus on improving childhood health by reducing overweight and obesity, improving diet and physical activity. Childhood obesity is a key issue that is inadequately addressed in this Action Plan. More than one in four Australian children are overweight or obese and, alarmingly, 20% of very young children are already overweight or obese. The World Health Organization recognises that childhood obesity is a direct cause of childhood morbidities, including early onset of cardiovascular disease and type-2 diabetes, and potential psychological consequences. Childhood obesity also strongly predicts adult obesity, which is associated with a range of chronic diseases. Therefore, efforts to prevent childhood obesity are essential for improvements in short and long-term health. We also recommend a broader focus on the creation of health-conducive environments to empower children and families to make healthy life choices that promote wellbeing. For example, creating a safe physical environment with pathways and recreation spaces can promote walking and physical activity through the life course. Similarly, early nutrition education can improve health literacy, and food choices are influenced by commercial and environmental factors, including food marketing, retail environments, and food labelling.

**14 Priority area 1 – Enhance services for rural and remote areas**

Not Answered

**Disagreement to actions/activities under priority 1:**

We recommend including actions and activities that create healthy environments and enable prevention of chronic disease risk factors in children in rural areas – for example, improving access to affordable healthy foods in rural environments and creating spaces that empower children to be physically active. There is a disproportionate prevalence and burden of overweight and obesity amongst some population groups. Children living in Outer regional/Remote areas are more likely to be overweight or obese than children living in Major cities (36% compared to 25%), as are children in the lowest socioeconomic group (35%) compared to those in the highest socioeconomic groups (23%).

<https://www.aihw.gov.au/reports/overweight-obesity/interactive-insight-into-overweight-andobesity/contents/how-many-people-are-overweight-or-obese>

**15 Priority area 2 - Expand support for families, especially families living with adversity**

Not Answered

**Disagreement to actions/activities under priority 2 :**

No response proposed – this is not our area of expertise.

**16 Priority area 3 – Increase investment in research, policy and practice translation**

Not Answered

**Disagreement to actions/activities under priority 3:**

ACDPA supports research and evaluation to maximise child health and evaluate the effectiveness of population-based policies to improve health and reduce risk factors.

**17 Priority area 4 – Commit to nationally consistent data collection**

Not Answered

**Disagreement to actions/activities under priority 4:**

ACDPA recommends identifying regular, funded national health and nutrition surveys in this section to monitor the changing diets of Australian children, trends in weight, physical activity and health status. The last Australian Health Survey was conducted in 2011-13 and it collected valuable biomedical, health and nutrition data. ACDPA supports investment in a regular Australian Health Survey with biomedical measures to track changes in health and the effects of policies, and comprehensively measure nutrient intake, changes in weight status and chronic diseases linked to unhealthy diets and weight gain.

## SECTION D - OVERALL COMMENTS

### 18 Do you have any additional comments? (200 word limit)

#### Overall comments:

ACDPA supports the development of this Action Plan. This could be further strengthened through clearer targets, as well as designated responsibilities, implementation detail and timeframes. While this may be planned for a later stage, these points are crucial in creating an effective strategy with measurable outcomes.

It would be helpful to prioritise and commit to specific evidence-based activities for the short-term (i.e. first three to five years of the Action Plan), with strong accountability mechanisms to monitor progress at agreed timepoints and report against indicators and outcomes achieved. There is also the opportunity to identify existing effective programs that could be upscaled, rather than developing new programs.

Finally, the Action Plan must engage across sectors and tiers of government for shared responsibility and leadership to incorporate health into all policies and create health-conducive environments that support healthy choices and lifestyles for children and families.

#### About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the prevention of chronic disease, with emphasis on changes to food and physical environments to reduce risk, and changes to the health system to promote early assessment and management of chronic disease risk.