

SUBMISSION TO NATIONAL PREVENTATIVE HEALTH TASKFORCE

**From the
AUSTRALIAN CHRONIC DISEASE PREVENTION
ALLIANCE**

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

The members of the ACDPA are:

- *Cancer Council Australia*
 - *Diabetes Australia*
 - *Kidney Health Australia*
 - *National Heart Foundation of Australia*
 - *The National Stroke Foundation*
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Introduction

ACDPA welcomes the opportunity to comment on the initial recommendations for a national preventative health strategy outlined in the National Preventative Health Task Force's discussion paper Australia: the healthiest country by 2020.

ACDPA strongly supports the development and implementation of a national preventative health strategy for Australia to address the growing burden of chronic disease caused by overweight and obesity, excessive alcohol consumption and tobacco smoking and commends the Australian Government for initiating the development of a strategy through the establishment of the Taskforce.

We would also like to congratulate the Taskforce on the results of its deliberations so far and express our strong support for the overall direction and range of proposals presented in the Taskforce's discussion paper.

The focus of this submission is on the Taskforce's recommendations for obesity control. Issues relating to tobacco control and alcohol consumption are addressed in more detail in submissions to the Taskforce from individual ACDPA member organisations.

This submission complements and supports submissions to the Taskforce from the individual member organisations of the ACDPA.

The need for a national preventative health strategy.

ACDPA believes a comprehensive, well funded and sustained national obesity strategy, as part of a broader national preventative health strategy, must be implemented as an urgent priority if we are to have any chance of averting increasing rates of chronic disease resulting from the growing prevalence of overweight and obesity among Australians. This strategy must address the complex range of social, economic, educational, behavioural and environmental factors which contribute to overweight and obesity. A focus on equity and how to address the social gradient that strongly influences health status should also be an important part of the prevention strategy.

Obesity and overweight are major risk factors for a range of chronic diseases including cardiovascular disease, diabetes, cancer and kidney disease. 54.7% of the diabetes disease burden, 19.5% of the cardiovascular disease burden and 3.9% of the cancer disease burden can be attributed to overweight and obesity.¹

Australia's adult obesity rate is the fifth highest amongst OECD countries.² Estimates for 2008 are that obesity cost \$58.2 billion that 3.7 million Australians are obese and that obesity alone (excluding overweight) accounts for:

- 242,033 Australians with Type 2 diabetes (23.8% of all people with Type 2 diabetes);
- 644,843 Australians with cardiovascular disease (21.3% of all people with cardiovascular disease) and
- 30,127 Australians with cancer (20.5% of colorectal, breast, uterine and kidney cancers).³

Based on past trends and without effective interventions in place, it has been estimated that 4.6 million Australians are likely to be obese by 2025.³ Projections for both overweight and obesity indicate that over 10 million Australians were overweight or obese in 2005 and that this number is likely to increase to a staggering 16.9 million by 2025.⁴

As a result, unless effective interventions are put in place, major increases are expected in the number of Australians who develop cancer, cardiovascular disease, diabetes and kidney disease, placing major pressure on the health system and on health system expenditure in addition to reducing the wellbeing and life expectancy of increasing numbers of Australians. Health care expenditure for cancer, cardiovascular disease and diabetes is projected to increase by 80% over the next 15 years, from \$12.1 billion in 2002/03 to \$21.8 billion in 2022/23.⁵

In order to address the increasing but largely preventable burden of chronic disease a reorientation of the health system and other systems towards health illness prevention and health promotion must occur and must become embedded in our concept of “health care”.

Scope of the proposed strategy

ACDPA congratulates the Taskforce on developing an extensive range of proposed strategies designed to address the key social, economic, educational and environmental factors which contribute to overweight and obesity.

In particular, ACDPA supports the comprehensive multi-sectoral approach to prevention recommended by the Taskforce which involves all tiers of government – federal, state/territory and local – as well as the entire non-government sector, from private industry through to community groups.

The health behaviours which contribute to overweight and obesity are underpinned by a complex range of social, economic, educational and environmental factors, all of which need to be addressed if any significant change in obesity trends is to be achieved. Evidence increasingly indicates that comprehensive approaches, comprising multiple interventions targeting a range of health promotion outcomes, are required to deliver and sustain the population health behaviour changes required to address overweight and obesity, physical inactivity and poor nutrition.^{6 7 8}

ACDPA also supports the “learning by doing” approach proposed by the Taskforce. Obesity is a relatively new area for prevention activity and while the evidence base for appropriate interventions is growing, there is much that is yet to be learnt. Some interventions, guided by promising evidence or lessons from other public health interventions such as tobacco control, will need to be trialled and rigorously monitored and evaluated to help build the evidence base in this area. A corollary of the “learning by doing” approach is that flexibility will be required to incorporate new interventions or discard ineffective ones as further evidence becomes available.

While some of the proposals made by the Taskforce may seem contentious now, the lessons from other public health interventions such as tobacco control show that once controversial strategies can gain acceptance if a staged approach to implementation is adopted.

Targets

ACDPA applauds the Taskforce for setting challenging targets for its national preventative health strategy.

The targets for 2020 of reducing the prevalence of smoking to 9% or less and reducing the prevalence of harmful alcohol consumption by 30%, are likely to be ambitious but achievable with adequate funding. The proposed target of halting and reversing the rise in overweight and obesity by 2020, however, is likely to be more difficult to achieve because of the large population effect that would be required. A more realistic target may be to seek to substantially curb the rate of increase in overweight and obesity.

These kinds of measures are affected by many factors, and changes cannot easily be attributed to specific programs. It can also take many years before an impact on personal behaviours and health outcomes is achieved. Consequently, the Taskforce may also wish to consider setting some interim or proxy targets aligned to particular interventions, such as increases in healthy eating and physical activity, to help improve monitoring and evaluation.

National Prevention Agency

ACDPA notes the Taskforce’s recommendation to establish a National Prevention Agency to implement the proposed national preventative health strategy.

If such a national agency was established, it would be essential to ensure that it had support at the highest level across all tiers of government and across portfolios. This is critically important in terms of ensuring mutual ownership of the prevention agenda as well as effective action across governments.

The agency would need to have secure, on-going funding, be independent and be accountable directly to Health Minister or the Prime Minister and through them to the Council of Australian Governments (COAG). However, we would be concerned if the establishment of the agency delayed or significantly reduced the funding available for the implementation of interventions.

The primary role of the agency should be to lead and co-ordinate activity under the preventative health strategy, working in partnership with all levels of government as well as non-government organisations, education and community groups, workplaces and the private sector.

Specific Taskforce recommendations

Reshape the food supply towards lower risk products and encourage physical activity

As the Preventative Taskforce's Discussion Paper clearly points out, reshaping and reformulating the food supply towards healthier products is a key strategy. This must include a strong emphasis on increasing the population intake of fruit and vegetables, especially in disadvantaged communities, as well as meaningful improvements to the processed food supply, including the reduction of total fat, saturated fat, sugar and sodium, and increases in dietary fibre and fruit and vegetable content.

The food industry needs to be effectively engaged by the Australian Government to drive a comprehensive and targeted process of reformulation with the aim of improving the food supply and the diet of all Australians. Regulation to limit levels of trans fats, saturated fats, salt and sugar in processed foods would be the most effective means of achieving improvements to the processed food supply. Alternatively, a partnership approach may be the next best strategy particularly if supported by government and the large food manufacturers, retailers and food service industry.

A major benefit of food reformulation is that it has the potential to produce significant improvements in population health at little cost to government.

ACDPA also supports the use of taxation measures as proposed by the Taskforce to provide financial incentives which encourage healthier food choices and increased physical activity. However the impact of such measures needs to be carefully considered. For example, taxing unhealthy foods without improving the availability and affordability of healthier alternatives is likely to have a disproportionate impact on socio-economically disadvantaged groups who spend a greater proportion of their income on food than less disadvantaged groups.

Protect children and others from inappropriate marketing of unhealthy foods and beverages

ACDPA strongly supports the Taskforce's recommendation to curb inappropriate advertising and promotion including consideration of banning the advertising of energy-dense, nutrient-poor foods and beverages on free-to-air television during children's viewing hours (i.e. between the hours of 6.00am and 9.00pm), and reducing or removing such advertising in other media such as print, internet, radio, in-store and via mobile telephone.

There is a substantial body of evidence that advertising of unhealthy food and beverages is part of the obesity problem and that advertising to children influences their nutritional knowledge, food preferences, food purchasing and food consumption, as well as their diet and health status.

As a result there is increasing support, both internationally and locally, for the introduction of restrictions on unhealthy food advertising to children and restrictions have been introduced in a number of countries. While advertising restrictions alone will not solve the obesity problem, they are an important element of a comprehensive obesity strategy.

Advertising restrictions would work both to reduce children's exposure to unhealthy food promotion and to allow healthy eating messages to be more clearly heard.

The case for introducing restrictions on advertising of unhealthy foods and beverages is particularly compelling in the Australian context because:

- Nearly one in four Australian children is overweight or obese and poor dietary habits, in particular inadequate vegetable consumption and excess consumption of saturated fat, sugars and salt, are widespread.⁹
- Children are a major target of unhealthy food and beverage advertising¹⁰
- The bulk of food advertisements during children's television viewing times, between 48%–81%, is for foods and beverages high in fat, salt and sugar.^{11 12 13 14 15 16}
- Introducing restrictions on television advertising of unhealthy food has been identified as a cost-effective option for tackling obesity¹⁷
- Australia's geographic isolation limits the potential for restrictions on television advertising of unhealthy food to children to be undermined by cross-border advertising as occurs in some countries where restrictions have been introduced
- Children are frequently targeted with unhealthy food marketing from other non-broadcast (non-television) media, such as the internet, magazines and packaging promotions¹⁸

Improve public education and information

Public education and social marketing campaigns designed to improve healthy eating, increase physical activity and encourage maintenance of a healthy weight, will be an important part of a comprehensive obesity prevention strategy as they are a valuable tool in changing attitudes and behaviours and providing the information necessary to encourage people to make healthier choices.

Evidence from tobacco control, for example, indicates that hard-hitting public education and awareness campaigns as part of a comprehensive approach to reduce tobacco consumption (among a range of policies, including increased taxation, social marketing campaigns, advertising bans, graphic health warnings and smoke-free environment policies) have dramatically reduced the percentage of adults who smoke daily.¹⁹

For campaigns to be successful, they need to be adequately funded. Successful campaigns that influence behavioural change need 200–350 target audience rating points (TARPs) each week for eight weeks or more.²⁰

It is also important that the impact of such campaigns be monitored and evaluated and that the results of these evaluations are published, to build the evidence base on the effectiveness of interventions.

Food labelling

ACDPA strongly supports the introduction of a national food labelling scheme to assist consumers to easily identify healthier food choices. ACDPA has agreed to facilitate discussions between public health groups to reach agreement on the key principles for a national food labelling scheme, with a view to determining the most appropriate front of pack food labelling system for adoption in Australia.

ACDPA also supports the extension of a food labelling scheme to food eaten away from home, as over one-third of the average food budget is now spent eating out.

Reshape urban environments towards healthy options

ACDPA strongly supports the Taskforce's recommendations relating to reshaping urban environments to encourage physical activity and using a settings-based approach – schools, workplaces and communities – to implement programs to encourage healthy eating and increased physical activity.

Our environment is increasingly “obesogenic”, characterised by access to a wide variety of cheap, energy dense/nutrient poor food and by technologies, lifestyles and environments which encourage people directly or indirectly, to avoid expending energy through physical activity.²¹ We need to redesign our communities to support walking, cycling, sport and recreational physical activity.

Schools and workplaces also provide convenient settings for implementing prevention programs such as educational programs, healthy canteen policies, and active transport programs such as “walking school buses”.

Close the gap for disadvantaged communities

ACDPA welcomes the Taskforce’s recognition of the need to address health inequities by targeting programs to disadvantaged groups in the community such as Aboriginal and Torres Strait Islander peoples, socio-economically disadvantaged groups and people from particular cultural backgrounds in which overweight and obesity are particularly prevalent.

Aboriginal and Torres Strait Islander peoples are almost twice as likely as other Australians to be obese, with these differences greatest among women,²² while obesity rates for adults living in areas with the greatest disadvantage are 70% higher than for adults living in areas with the least disadvantage.²³ In addition obesity is more prevalent in certain cultural groups such as people of southern European and Middle Eastern origin.²⁴

Research on effective strategies to address the social determinants of obesity in these communities and the development of targeted programs will be essential to address these disparities.

Build the evidence base, monitor and evaluate effectiveness of actions

Research and Evaluation

ACDPA supports the development of a comprehensive prevention research agenda and increased investment in research and evaluation of interventions relating to overweight and obesity, healthy eating and physical activity.

As noted earlier, obesity is a relatively new area for prevention activity and while the evidence base for appropriate interventions is growing, much more work needs to be done to build the evidence on effective obesity prevention strategies.

In particular, evaluation strategies need to be built into obesity interventions from the start, and evaluation results need to be made publicly available so that the effectiveness of interventions can be adequately assessed. Evaluation strategies and publication of results/evaluations should be universally adopted as a routine component of interventions.

An important area to be addressed by the Taskforce within the research agenda is the need to undertake cost-effectiveness analyses of interventions using a consistent methodology that allows different interventions to be compared.

In addition, surveys of consumer attitudes towards obesity interventions would assist in gauging community readiness for increasingly hard-hitting interventions as the constituency of support for obesity prevention grows. Similar information on community attitudes to tobacco and drug control policies and strategies is collected as part of the National Drug Strategy Household Survey.²⁵

Surveillance

ACDPA strongly supports the recommendation for a comprehensive national health risk surveillance system, which includes behavioural, environmental and biomedical risk factors, to track and monitor performance and outcomes.

Research on the behavioural and social determinants of obesity is essential to promoting healthy weight among Australia's population. The lack of a comprehensive regular national program, including measured physical data collection to accurately determine prevalence and trends in overweight and obesity, has been a glaring omission in Australia's health data collection to date.

A regular national nutrition and physical activity survey program to monitor biomedical risk factors and trends in nutritional and physical activity behaviours and weight status of Australians, building on the recent national children's nutrition and physical activity survey and based on measured rather than self reported data for key biomedical risk factors, must become a routine component of our health surveillance systems. This survey program should cover children, adults and Aboriginal and Torres Strait Islander peoples, should be conducted at least once every five years and should provide a publicly accessible database for results.

Data

An important part of evaluating obesity intervention programs will be the availability of adequate data for the purpose. Existing data collections do provide a range of data that could be used to assist in evaluating interventions, although additional collections will also need to be considered and developed.

However access to existing data collections for detailed analysis, especially cross-jurisdictional data, is not always available or straightforward. In addition, data from different databases, such as Medicare and hospital data collections, cannot usually be linked to build a comprehensive picture of the impact of interventions.

These systemic issues will need to be addressed if such data collections are to be used effectively to monitor progress and evaluate outcomes for specific interventions.

Performance Indicators

The ACDPA considers that the performance indicators outlined by the Taskforce are generally appropriate. However we propose that additional indicators be added as follows:

- Performance indicators that apply to children under 12 years of age need to be specified as currently the indicators relating to the determinants of health apply only to adults or to children over 12 years of age. Given that obesity and overweight are a significant problem amongst younger children as well, it is important that performance indicators relating to younger children also be specified. Consequently ACDPA recommends that the current performance indicators specified for adults relating to overweight and obesity levels, intake of fruit and vegetables and physical activity also be applied to children under 12.
- Performance indicators that capture the social determinants of obesity also need to be included. In this context, the proposal to report determinant of health indicators by indigenous status is strongly supported. Reporting of determinants by socio-economic status should also be specified. In addition the indicator relating to expenditure on prevention research and social marketing and public education efforts should be expanded to specify the level of expenditure on research and social marketing programs targeting indigenous, low socio-economic and other disadvantaged groups.
- Performance indicators relating to reshaping industry supply and consumer demand towards healthier products should be included. These indicators could include
 - Consumption levels of key dietary indicators such as saturated fat, poly- and mono-unsaturated fat, salt and sugar, and wholegrain and dietary fibre intake
 - Number of food industry products formulated/reformulated to meet healthy eating guidelines
 - Uptake of nutrition information labelling – including industrially produced trans fats, saturated fat, salt and other nutrition information – on foods purchased when eating out, together with standard serve size information.

Additional performance indicators will also need to be developed for individual interventions to allow the impact of these interventions to be adequately assessed and evaluated. For example if a preventative health item was provided on the Medical Benefits Schedule, then uptake of the item would be an appropriate performance indicator to monitor.

Conclusion

ACDPA congratulates the Taskforce for developing a potential framework for a comprehensive obesity prevention strategy, both outlining the key policy directions and

programs required to curb increasing obesity levels in Australia and addressing the support systems required to ensure the strategy's effective implementation.

We call on the Government to ensure that the national preventative health strategy developed by the Taskforce is implemented as soon as possible, supported by continuing strong political leadership and robust and sustained funding which goes beyond the current election and budgetary cycles.

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