# Response ID ANON-WK6N-8H7F-3

Submitted to **Consultation Paper for the National Preventive Health Strategy**
Submitted on **2020-09-28 12:24:00**

## Development of the National Preventive Health Strategy

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## Vision and Aims of the Strategy

### 4 Are the vision and aims appropriate for the next 10 years? Why or why not?

**Vision and aims :**
The Institute for Physical Activity and Nutrition (IPAN), Deakin University supports the vision outlined in the National Preventative Health Strategy. We also support the focus on "targeting risk factors and addressing the broader causes of health and wellbeing". As physical activity and nutrition are major contributors to obesity and many other common chronic health conditions, a 10-year vision and aims are appropriate. With high population prevalence rates of overweight and obesity and other chronic health conditions, longer-term strategies are needed to improve the health of the Australian population, especially our most vulnerable groups.

On p.5, under the 'Role of the Strategy', the prevention approaches are described as "need to be adaptable and targeted to meet the different needs of different communities, particularly those communities most at risk." It is also important that these approaches are "evidence-based" as well as adaptable and targeted.

p.10 under the heading 'Healthy environments support healthy living' the final sentence states "Creating supportive and enabling environments for health is a collective responsibility of communities, individuals, organisations, governments at all levels, the private sector and industry". While government at all levels is mentioned, it would be good to also add here across sectors; that is, not just under the purview of health. Health care settings can be useful for some aspects of the proposed strategy, such as education and community-based strategies. However, for many workers there is a tension between treatment and prevention, often with treatment addressed first due to significant pressures including the waiting lists of new patients. Funding to these agencies that allows for dedicated prevention related work without a focus on treatment is imperative.

p.10 under the heading 'Data, research and evidence are important drivers'. There is a sentence about knowing what works in prevention i.e. "We know a great deal about what works in prevention, but still have much to learn – especially in designing effective interventions for populations with the greatest need". We suggest this sentence is modified as follows "We know a great deal about what works in prevention, but still have much to learn – especially in the translation and implementation of evidence to practice at scale and in designing effective interventions for populations with the greatest need."

While we support the four aims outlined in the consultation paper, we would suggest the following amendments:
• The Vision diagram on p12 describes 'early intervention' – which could mean waiting until a person has a disease or health condition before intervening or could refer to intervening in the early years of life. We believe this needs a definition or alternative wording used to avoid misunderstanding.
• We would like the inclusion of the word 'prevention' explicitly in the Vision.
• The second bullet point under Goals at the bottom of the pyramid i.e. "Prevention will be embedded in the health system", should be amended to read "Evidence-based prevention strategies will be embedded across sectors (in addition to health) at all levels of the system"

P.13 & 14, The vision, aims and goals explained:
• Aim 1 should be expanded to include supporting promotion of the drivers of health (e.g. health promoting behaviours) for all children. A healthy start to life is not just about preventing disease later in life but about providing an optimal start to life that supports children to grow and develop to their full potential.
• Aim 2 should include mention that in addition to the Strategy supporting action to prevent infectious disease, injuries and chronic conditions across the life-span, it should also "enhance functional ageing and independent living".
• Aim 3 describes "parts of the Australian community who are burdened unfairly due to personal circumstances", it would be good to also acknowledge the role of environment here. Environments in which people live can have a substantial impact on inequality.
• Aim 4 could also note that "Investment in prevention" should be a shared investment across sectors, not just health; that is, health in all policies (e.g., transport, planning, education, etc). A systems approach is important for other sectors to be co-opted and supportive.
• We suggest a focus on prevention that includes both primary and secondary prevention. Currently, resources and services are targeted to the treatment of illness as outlined in the proposal. However, secondary prevention and long-term recovery post-illness is poorly resourced. Secondary prevention often falls between the funding cracks as it is not included in primary prevention initiatives nor in health care/medical treatments.
• Over and above population and policy interventions, our understanding of 'health and wellbeing' is embodied by sustainability and planetary health. Any

preventive health strategy that does not prioritise the health of our ecosystem loses the opportunity to create truly impactful and lasting improvements to our nation's health. For reference, the importance of a holistic outlook on public health has been outlined in depth in the United Nation's 2030 Sustainable Development Goals, which include such components as sustainable cities and communities, zero hunger and responsible consumption and production. Therefore, while we feel that the four aims outlined in the consultation paper are appropriate, we must emphasise that achieving them is not truly possible without addressing sustainable food and physical activity systems.

## Goals of the Strategy

### 5 Are these the right goals to achieve the vision and aims of the Strategy. Why or why not? Is anything missing?

**Goals :**

We recommend definitions of some of the key terms used in the Goals be added for the sake of clarity. For instance, the first goal calls upon the co-operation between 'Different sectors' to achieve the aforementioned vision and aims. However, it is unclear whether this includes members of Australia's food industry. The food industry contributes important economic activity for Australia, but is also often responsible for production of food and beverage products that contribute to ill-health and are inconsistent with the Australian Dietary Guidelines. For the preventive health strategy to be effective, the government must acknowledge and address the commercial determinants of health. We note that the strategy will be consistent with the WHO Global Action Plan in relation to being protected from undue influence by any form of vested interest and are supportive of this. This also includes the food and alcohol industry strategically aligning with other health behaviours such as physical activity and sport sponsorship.

- We endorse the inclusion of 'environments' within the consultation paper as a public health goal. However, we suggest the definition of 'environment' encompasses the social, cultural, structural, economic, and physical environments experienced throughout life. Thus, interventions should be focused on improving these environments through a socio-ecological approach, rather than focusing on lifestyle and behaviour changes only.
- Within 'community engagement', we think the promotion of culturally sensitive diets, including those from the traditional owners of the land, should be prioritised, consistent with the focus on vulnerable groups as outlined in the introduction on page 4 of the Consultation Paper.
- In addition, we support the acknowledgement of the need to be flexible in adapting the strategies to emerging evidence.

## Mobilising a Prevention System

### 6 Are these the right actions to mobilise a prevention system?

**Enablers :**

- Information and literacy skills

We are concerned that the first action relates to information and literacy skills, thus perpetuating the existing focus of much preventive work in Australia. Evidence shows that approaches which focus solely on education/mass media strategies are not effective in leading to sustained improvements in health, and that they do not reach those most affected by chronic diseases.

Skill-building should extend beyond health literacy, as we know that information is the first step but not enough to promote health. Skill-building could be incorporated into information e.g. "…have access to high quality, evidence-based information and skill-building to stay healthy….". It would be good if the definition of health literacy also included health behaviour literacy, which underpins individual capabilities and engagement in health behaviours (e.g. food literacy, physical literacy).

- Health system action

The actions appear to be appropriate but will need to be underpinned by an appropriately resourced workforce or alternate models of information/health care delivery, such as telehealth or telerehabilitation. At present health professionals in all sectors (acute, community, primary care) are stretched to the limit in managing only acute health issues. There is no time to focus on prevention or holistic health care. This will need to be addressed and solutions underpinned by high quality research and be affordable for all to access.

Currently, the Consultation Paper is largely silent on increasing the prevention workforce (i.e. Accredited Practising Dietitians, Accredited Exercise Physiologists and Health Promotion Officers embedded in local government and the health system nationally) and broader workforce development in relation to prevention (e.g. could GPs and nurses be required to do further training in prevention, along with a range of other healthcare providers).

- Partnerships

Partnerships between researchers and policy makers will help mobilise the prevention system.

We strongly recommend a stronger focus on the 'health in all policies' approach. There needs to be an expectation reset in every sector.

We applaud the specific articulation of protection from undue influence by any form of vested interests consistent with the WHO Global Action Plan for the Prevention and Control of NCDs.

- Leadership and Governance

Leadership is crucial to policy and strategy achievement and is often cited as the main barrier to effective action. Leadership and governance arrangements need to be legislated, have bi-partisan support, and enacted such that longer-term outcomes are possible and that changes in government do not signal the end of each strategy.

- Research & evaluation

Research and evaluation are essential to determine the effectiveness of the strategy and to develop new approaches that may be more effective over time. Expanding evidence-based interventions to whole populations at-scale will have stronger effects than small localised approaches.

While intervention evidence is critical, other forms of evidence are also required (e.g. epidemiological) or we will miss the next threat.

From a research and evaluation perspective, understanding how to effectively translate and implement interventions is where most major knowledge gaps reside. There is a need for stronger partnerships between researchers and policy makers to improve the translation and implementation of evidence.

• Monitoring/surveillance
This is a critical action area for the Strategy and will require adequate and ongoing resourcing, including investment in the platforms required to undertake ongoing monitoring and surveillance across all areas of the Strategy, especially in the areas of food, nutrition and physical activity.

There is currently no regular food and nutrition or physical activity monitoring system in Australia, with current policy relying on inadequate information from ad hoc surveys. An effective monitoring and surveillance system includes, at a minimum, regular (at least every 5 years) population-based dietary and physical activity surveys, food supply and apparent consumption information. An ongoing system is essential to ensure workforce capacity building, and the development and continuation of infrastructure required for these activities.

## Boosting Action in Focus Areas

### 7 Where should efforts be prioritised for the focus areas?

**Boosting Actions:**
We agree with the six identified focus areas outlined in the Consultation Paper. However, to achieve the aims of the strategy, priority should be given to improving consumption of a healthy diet and increasing physical activity - as these two focus areas apply across the lifespan and help address equity gaps.

A focus on physical activity and healthy eating is justified given their contribution to the overall burden of diseases and their role in so many non-communicable diseases (NCDs). Priority should also be placed on supportive environments (all environments) for physical activity and movement as well as healthy food environments (this should include neighbourhood, schools, etc).

Priority should be placed on translation and implemention of existing evidence, including the scale-up of promising evidence-based approaches (we provide three examples at the end of this section from our own research group for potential inclusion in the Strategy). We must take a whole of systems approach to improving the diet quality, physical activity and health of the Australian population that draws from diverse instruments – including through the use of law, regulation and fiscal measures, and not just consumer education and voluntary industry initiatives.

Efforts to improve healthy diet and increase physical activity should be targeted towards parents with young children (under 5 years of age). Diet and physical activity behaviours are known to begin and track from early childhood1. In Australia, a minority of children meet dietary (including breastfeeding), physical activity or sedentary behaviour guidelines2. It is recommended that efforts to support healthy eating and physical activity should commence early:
- Pre-conception/during pregnancy - Anticipatory guidance for breastfeeding should start in pregnancy as evidence3 suggests that feeding decision are made during pregnancy and these intentions influence breastfeeding outcomes. At present no universal free antenatal support for breastfeeding exists in Australia.
- Evidence based programs should be offered to parents in the first year of their child's life to support the establishment of healthy nutrition (including breastfeeding) and physical activity habits. Most population-based interventions to improve children's health behaviours in early life occur via settings, such as child care. These do not reach most children in their first year of life, when the foundations for healthy eating and active play are established. At this time, the main influences are the family and home environment.
- We also recommend a focus on the early years' sector where young children spend a lot of their time – family day care, centre-based care as well as playgroups – educators/facilitators based at these settings are an important part of the prevention system and conduits to improving food literacy of families and diet behaviours of children in their care4.
REFERENCES:
1. Moore TG, Arefadib N, Deery A, Keyes M, West S: The First Thousand Days: An Evidence Paper – Summary. 2017.
2. Australian Bureau of Statistics: National health survey first results, 2014-15: Australian Bureau of Statistics; 2015, Canberaa.
3. Roll C et al. Expectant parents' views of factors influencing infant feeding decisions in the antenatal period: A systematic review. International Journal of Nursing Studies. 2016;60:145-155.
4. Laws R, Love P et al (2020) Healthy Lifestyle Behaviours in the First Five Years of Life. Chapter 6. In: Strong Foundations: Evidence Informing Practice in Early Childhood. Kilderry A, Raban B (due for release October 2020). ACER Press. Strong Foundations: Evidence informing practice in early childhood education and care.)

Improving consumption of a healthy diet

We welcome the consideration of 'improving consumption of a healthy diet' as a key focus area for action. This is especially important considering the crucial fact that dietary risk factors are one of the leading contributors to the global and national burdens of disease. Nevertheless, we highlight the importance of a clear definition of what a healthy diet entails. We advocate for adopting the FAO 2019 definition of Healthy and Sustainable Diets, i.e. "Sustainable Healthy Diets are dietary patterns that promote all dimensions of individuals' health and wellbeing; have low environmental pressure and impact; are accessible, affordable, safe and equitable; and are culturally acceptable".

A particular focus on promoting breastfeeding since the start of life and intake of whole, diverse plant-foods throughout life; and discouraging the intake of ultra-processed foods (soft drinks, confectionery, sweet or savoury packaged snacks, microwaveable frozen meals, fast food dishes and other foods made with cheap ingredients such as starches, vegetable oils and sugars, combined with cosmetic additives like colours, flavours and emulsifiers) would be in line with the above definition and the latest research on sustainable and healthy diets.
Australians get 42% of their daily energy from ultra-processed foods, which are linked with a number of adverse health outcomes. Relying on reformulation, our current voluntary health star rating system does not go far enough to address this problem, and in fact, could promote even greater consumption. To reduce consumption and minimise harm, new regulatory measures are needed. The consideration of an ultra-processed food and beverage tax, or simply a sugary drinks tax, is an initial first step. Much stronger controls on the marketing of these products, including to children, is urgently needed considering the continuing failure of voluntary self-regulation by industry. As the Government initiates the next Australian Dietary Guideline revision process, and to be consistent with the rapidly

growing international evidence on the harms of ultra-processed foods, the Strategy should support the use of a new food profiling approach that differentiates foods by their degree of processing, and not just the nutrients foods contain.

A National Nutrition Policy and a National Nutrition Implementation Action Plan, which addresses the entire food system, protects our agricultural land and primary industries, is environmentally sustainable, and supports access by all Australians to a healthy, affordable diet should also be a key pillar of the Strategy. A National Nutrition Policy must address the full spectrum of malnutrition, including undernutrition, micro-nutrient deficiencies, infant feeding, over-consumption of discretionary foods and drinks, and under-consumption of healthy, protective foods 1,2. It must address issues of equity and ensure food and nutrition security for all Australians. The current COVID19 pandemic has highlighted the issue of food security both in terms of individual and household food security but also security of our food systems, which need to be considered in any national Food Policy addressing prevention of ill-health.
REFERENCES:
1. https://dietitiansaustralia.org.au/wp-content/uploads/2019/02/DAA_NOURISH-NOT-NEGLECT_Putting-health-on-our-nations-table_2019.pdf
2. https://www.humanfuture.net/sites/default/files/The%20Need%20for%20Strategic%20Food%20Policy%20in%20Australia.pdf
We suggest that the majority of policy efforts should be aiming to achieve a food system that promotes the affordability, availability and accessibility of healthy and sustainable foods.
Increasing physical activity
Development of a dedicated National Physical Activity Plan is an urgent priority. The existing Sport 2030 lacks a comprehensive plan to tackle physical activity. The need for this has become even more apparent during the current COVID19 pandemic, given there was no sport or 'offerings'. For example, there is nothing in Sport 2030 on walking and cycling or active recreation. It is important that a National Physical Activity Plan has cross-government and inter-sectoral buy-in, it should not reside with health or sport. There are excellent examples nationally (e.g., Heart Foundation Blueprint1) and internationally (e.g., WHO Global Action Plan on Physical Activity 2018-2030 (GAPPA2) to draw on. More than 30 countries globally have a Physical Activity Action Plan, including Scotland, Pakistan and New Zealand; Australia is not one of them.
REFERENCES:
1. https://www.heartfoundation.org.au/activities-finding-or-opinion/physical-activity-blueprint
2. https://www.who.int/ncds/prevention/physical-activity/global-action-plan-2018-2030/en/

Built and natural environments and health:
The role of the built and natural environments are recognised as an important influence on how people live, work, learn and play and can be designed to support opportunities for physical activity via incidental activity, active play, active transport, sport and recreational physical activity.1 They can also impact access to healthy and unhealthy food. Neighbourhoods that promote active transport and use of public transport have been shown to increase physical activity levels and also deliver benefits for the environment. Often supportive physical activity and food environments are not equitably distributed across the population.
REFERENCE:
1. https://www.who.int/news-room/initiatives/gappa
Examples of evidence-based programs for potential inclusion in the Strategy
Outlined below are three examples of initiatives which could be identified in the Strategy as evidence-based scalable programs or interventions that can improve health, performed by various sectors.

Early years intervention: INFANT
Infant feeding, active play and nutrition program (INFANT) (www.infantprogram.org.au) is an example of an evidence based program designed to help parents give their babies the best possible start to life, through promoting healthy eating and physical activity behaviours for themselves and their children.1,2 This program designed by experts at the Institute for Physical Activity and Nutrition (IPAN), Deakin University is currently being scaled up across Victoria and available for implementation nationally. For more information www.infantprogram.org, Email: infant-study@deakin.edu.au
REFERENCES:
1. Campbell K, et al: The Infant Feeding Activity and Nutrition Trial (INFANT) an early intervention to prevent childhood obesity: Cluster-randomised controlled trial. BMC Public Health 2008
2. Hesketh et al. Long-term outcomes (2 and 3.5 years post-intervention) of the INFANT early childhood intervention to improve health behaviors and reduce obesity: cluster randomised controlled trial follow-up. IJBNPA 2020:17

Physical activity in primary schools
Children's physical activity levels halve during the primary school years.1 Transform-Us! (https://transformus.com.au/) is an evidence-based initiative developed by Professor Jo Salmon and her team at IPAN, Deakin University, and uses innovative strategies within the classroom, school and home settings to get students moving more and sitting less.2,3,4 Transform-Us! is being delivered at-scale to all primary schools and teachers in Victoria, uses a partnership approach (particularly with the Vic Dept of Education), and has had strong support from the Victorian Government and the Sporting Schools Plus initiative.
REFERENCES:
1. Ball K, et al. (2009) Socioeconomic position and children's physical activity and sedentary behaviors: Longitudinal findings from the CLAN study. Journal of Physical Activity and Health 6 (3): 289-98.
2. Yildirim et al. (2014) What helps children to move more at school recess and lunchtime? Mid-intervention results from Transform-Us! cluster-randomized controlled trial. Brit J Sport Med 48: 271-277
3. Carson et al. (2013) Examination of mid-intervention mediating effects on objectively assessed sedentary time among children in the Transform-Us! cluster-randomized controlled trial. Int J Behav. Nutr. Phys. Act. 10(1): 62
4. Salmon et al. (2011) A cluster-randomized controlled trial to reduce sedentary behavior and promote physical activity and health of 8-9 year olds: The Transform-Us! Study. BMC Public Health 11: 759.

Built and natural environments and health:
IPAN's Associate Professor Jenny Veitch has conducted one of the world's first natural experiments, the multi-award winning REVAMP study, that provides crucial evidence that the design and installation of a new play-space in a low socioeconomic area has the potential to positively influence park visitation and park-based physical activity among children and adults.1,2
REFERENCES:
1. https://www.deakin.edu.au/__data/assets/pdf_file/0019/1313524/REVAMP-Summary-Report.pdf
2. Veitch et al. (2018). The REVAMP natural experiment study: the impact of a play-scape installation on park visitation and park-based physical activity.

## Continuing Strong Foundations

### 8 How do we enhance current prevention action?

**Continuing Strong Foundations:**
We support the focus on continuing and building on current prevention activity where it is evidence based and shown to be effective. It is also important to de-implement programs that are not effective. The Consultation Paper highlights the role of government, non-government organisations and communities as key players but omits the crucial role of partnerships with academic institutions working in public health – particularly implementation scientists and evaluation experts such as those at IPAN, Deakin University.

We concur with the need to implement and scale up effective evidence-based strategies and interventions across jurisdictions and nationally. The Strategy presents an opportunity to develop an integrated approach which joins up disparate programs and activities, rather than funding one-off projects or initiatives. This Strategy should build up a long-term, sustained approach to prevention in Australia. To achieve this, funding should be long term for any program of activity (at least 5 years).

We agree with the Strategy's inclusion of flexibility to build on this sustained approach as new knowledge emerges which will require a means of communication between the research community, government and health professionals/ services. Consistency in health messages is also key in building community trust in scientists and health professionals as the experts in evidence-based advice. Conflicting information is a key factor in poor uptake of evidence-based health advice. However, we call for caution in further investment into mass media campaigns. Rather, we call for better support to be given to established NGO's who already have credibility, existing networks and experience.

Preventive action should be underpinned by implementation plans that address the food and physical activity systems.

## Additional feedback/comments

### 9 Any additional feedback/comments?

**Additional feedback:**
The proposed Strategy must be more than a 'strategy on paper' – there must be an implementation plan, targets, funding and evaluation strategies to support it. As outlined above, it is crucial for this strategy to be maintained in the long term.

Government investment in public health and prevention is currently less than 2% of national health spending. This is very low by the standard of other OECD nations. This investment needs to increase to 5% immediately with an annual increase in line with the