

Response ID ANON-PR8U-2N85-V

Submitted to **Draft National Preventive Health Strategy**

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Introduction

1 What is your name?

Name:

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3 What is your organisation?

Organisation:

Institute for Physical Activity and Nutrition, Deakin University

VISION

4 Do you agree with the vision of the Strategy? Please explain your selection. (1000 word limit)

Agree

Vision Text:

We would like to see inclusion of 'evidence-based strategies' in the Vision statement, as outlined here: "To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors via evidence-informed strategies and addressing the broader causes of poor health and wellbeing."

It is good that certain environmental sustainability concerns, such as climate change and biodiversity, are mentioned on pages 40-41 of the Strategy, as these are going to have a significant influence on food and nutrition security into the future. However, there are other components of this concern that are not included, and these include water quality and quantity and soil health. These considerations are the primary risks to public health into the future. Currently the draft does not adequately address these concerns. Two changes are needed:

- a. The concern needs to be recognised and addressed as a prominent issue throughout the Strategy, eg, in the vision, aims and principles.
- b. The focus needs to be on mitigation, building resilience and adaptation to environmental sustainability concerns. Currently the document focuses on adapting to the changes, rather than prevention in terms of mitigation and building resilience.

Please ensure that the term 'physical activity' (not 'physical movement') is used consistently throughout the document.

AIMS

5 Do you agree with the aims and their associated targets for the Strategy? Please explain your selection. (1000 word limit)

Agree

Aims Text:

Strongly support increasing the investment in prevention. Arguably this should be the highest priority aim which underpins the overall vision of the Strategy. We encourage a "Health in all Policies" agenda which acknowledges that population health is often influenced, impacted or managed by sectors other than health.

• 5% of overall health expenditure is a start but given already stretched health services, identifying a novel funding mechanism to support a quarantined prevention fund is preferable (eg, the UK sugar tax). Other avenues of funding could incorporate expansion of the scope of the Medicare Benefits Schedule to fund more preventative health initiatives. EG, expanding access to exercise physiologists for those at risk of chronic disease, not just for rehabilitation; greater 'incentives' for GP's and clinicians to apply prevention practices.

We support the focus on "the best start in life" as this should result in implementation and action to improve the health of Australia's infants, children and young people. Adolescents in particular are often overlooked in preventive health strategies.

However, the majority of information presented in the strategy (particularly on p 8-9, but elsewhere too) relates to the burden of disease in adults and the benefits of adults being more active, for example. Given the preventative approach being taken here, it would be good for greater acknowledgment of the importance of physical activity and nutrition in childhood for current and future health (including tracking of physical activity and nutrition).

For example, the Report Card for Physical Activity for Children and Young People (2018) shows how poorly Australia is ranked for children's physical activity by the Global Alliance (<https://www.activehealthykids.org/australia/>). This is a major concern and should be reflected in the strategy, including not just overall physical inactivity, but also other markers such as:

- Physical activity participation in schools
- Active transport
- Active play
- Screen time
- Physical and muscular fitness
- Physical literacy (i.e., motivation, confidence and competence to be active)

We support a focus on quality of life and life expectancy. Quality of Life target should additionally focus on priority groups, including disadvantaged and Aboriginal and Torres Strait Islander communities.

PRINCIPLES

6 Do you agree with the principles? Please explain your selection. (1000 word limit)

Agree

Principles Text:

IPAN, Deakin University agrees with the Six principles in the Strategy, in particular a multi-sectoral collaborative approach. However, adequate funding will be required to enable a dedicated public health workforce. Just asking the current health workforce working primarily in treatment and management of disease to do more in the prevention area has been tried and simply isn't feasible.

Furthermore the 5th principle on "adapting to emerging threats and evidence" must include a focus on mitigation, building resilience and adaptation to environmental sustainability concerns. Currently the document focuses on adapting to the changes, rather than prevention in terms of mitigation and building resilience.

We suggest establishing an enabling prevention system, including support for a dedicated prevention fund, strong prevention institutions, workforce capability and support for implementation. This draws from excellent content on pp 31-41.

ENABLERS

7 Do you agree with the enablers? Please explain your selection. (1000 word limit)

Agree

Enablers Text:

1. Leadership, governance and funding
2. Prevention in the health system
3. Partnerships and community engagement
4. Information and health literacy
5. Research and evaluation
6. Monitoring and surveillance
7. Preparedness

We consider the focus on a systems approach is a key strength of this draft of the NPHS. It would be helpful for this to be referenced to 'conceptual framework'. A useful example is the International Union for Health Promotion and Education (IUHPE). 'Ten System requirements for Health Promotion and the Primary Prevention of Noncommunicable Diseases (NCDs)' (IUHPE, 2018; Shilton & Robertson 2018).

Enabler 2 'Prevention in the health system' should be broadened to encapsulate other systems. Although this is mentioned in the policy achievements in Point 1, it would be stronger if population health is the responsibility of the whole system ("Health in all policies").

There is a risk that prevention is seen as the responsibility of only the primary health care sector and a diminished role of the public health and health promotion workforce. There is a need to better integrate the public health and health promotion workforce with the health care system, but there is also a need to better invest in a public health system and support of multi-sectoral, collaborative systems to embed health across the whole of government.

8 Do you agree with the policy achievements for the enablers? (1000 word limit)

Agree

Enablers - Policy Achievements Text:

Prevention in the health system

See previous comments regarding a conceptual framework for the system requirements for implementation success (IUHPE 2018; Shilton and Robertson 2018).

See previous point about responsibility of all sectors. Agree that health should lead though.

With Policy Achievements in Point 2, more clarity is needed about the Public Health workforce. Who is this workforce and where will they be situated and how will this be resourced in the future?

"Although embedding prevention in the health system requires a shift in capacity and capability, through leadership, for all health workers" This should not be re-purposing of the current health workforce but a specifically funded and trained workforce.

"All Australians should have access to high quality, evidence-based information about how to manage their health and wellbeing through appropriate preventive action across each stage of their life." It is important to note here that health literacy starts from a young age. For children, physical literacy should be taught in schools (eg, Transform-Us!, iPLAY, KIDDO programs), adolescents (e.g., Physical Activity 4 Everyone, Resistance Training for Teens) and parents supported through parent education initiatives from infancy (eg, INFANT program).

Policy achievement: "A national health literacy strategy is developed and implemented, and guides health service improvements"

Cross-sectoral approaches are critical here, not just health service improvements. There is no mention of Education system engagement, Transport, Planning, Sport or other sectors?

Sport Australia can play a strong and positive role in the promotion of physical activity (in addition to sport), however, in the last 2 years, Sport Australia has dismantled and defunded their innovative Physical Literacy program and Sporting Schools Plus program. The former aimed to promote lifelong improvements in Physical Literacy and the latter aimed to promote children's physical activity and Physical Literacy in the education and sport systems. This work should be reinstated.

ASPA recommends the NPHS incorporates a broader definition of health literacy to include physical literacy and lifelong learning through health, education, transport, planning and sport and recreation systems.

Research and evaluation

"A systematic approach to the prioritisation of preventive health research is established."

ASPA recommends a greater funding stream for preventative health research through the MRFF/NHMRC. Funding for scale-up and implementation of evidence-based programs that demonstrate partnerships between research, practice and policy is critical and should be given high priority.

"National guidelines are developed to ensure high-quality evaluation is a key part of preventive health policy and program development and implementation." This should read "National guidelines are developed and their implementation funded to ensure...." Our experience in national guideline development is that guidelines are often developed but there is no funding allocated to support dissemination or implementation.

"The development, testing and evaluation of preventive health interventions in Australia are enhanced" should be expanded to include an evaluation of scaled up preventative health interventions.

Monitoring and surveillance

"A preventive health governance mechanism supports the monitoring and surveillance of this Strategy." As above this should include a clear funding commitment. For nutrition and physical activity and obesity monitoring, the data in Australia is historically poor and ad hoc. An on-going commitment to a funded regular monitoring system is critical for informing how we are meeting targets and where to invest funding in population strategies.

Preparedness

It is good that certain environmental sustainability concerns such as climate change and biodiversity are mentioned on pages 40-41, as these are going to have a significant influence on food and nutrition security into the future. However, there are other components of this concern that are not included, and these include water quality and quantity and soil health. These considerations are the primary risks to public health into the future. Currently the draft does not adequately address these concerns. Two changes are needed:

- a. The concern needs to be recognised and addressed as the most prominent issue throughout the report, eg, in the vision, aims and principles.
- b. The focus needs to be on mitigation, building resilience and adaptation to environmental sustainability concerns. Currently the document focuses on adapting to the changes, rather than prevention in terms of mitigation and building resilience.

"Public health workforce is 'future proofed' through the enhancement of availability, distribution and the capacity and skills of the workforce." More clarity about the public health workforce is needed – which professionals does this include, what are their qualifications etc.? Public Health and Preventive Health are used interchangeably. It is pertinent to use the terminology 'Preventive Health and Health Promotion' more often in the NPHS. This applies to Health Promotion systems and the Health promotion workforce also.

Immediate priorities: (p. 42)

2. We suggest "Increased investment in prevention and health promotion".

"4. Embedding prevention in primary health care and aligning with the Primary Health Care 10 Year Plan" This needs to be much broader than Primary Health Care, the medical system is already swamped! IPAN recommends building a sustainable public health workforce which engages with many sectors (eg, urban planning, food systems, the education sector etc) which will have far greater impact than just working through the primary health care settings.

"6. National health literacy strategy." A more sophisticated approach than just providing 'information' is needed here with a focus on skill building across the lifespan starting from a young age (for example physical literacy and food literacy).

FOCUS AREAS

9 Do you agree with the seven focus areas? Please explain your selection. (1000 word limit)

Strongly Agree

Focus Areas Text:

Decreasing sedentary behaviour seems to be an important focus area that has been omitted. We recommend focus area 3. Increasing Physical Activity be expanded to incorporate sedentary behaviour so the focus area title would be, "Increasing physical activity and decreasing sedentary behaviour". This reflects the national guidelines in Australia and internationally and the policy achievement targets outlined on page 53.

10 Do you agree with the targets for the focus areas? (1000 word limit)

Strongly Agree

Focus Areas - Targets Text:

Focus Area 2. Improving access to and the consumption of a healthy diet- Targets

Good to see focus on fruits, vegetables and discretionary foods as well as breastfeeding and added sugars and salt.

The target 'reduce overweight and obesity in children aged 5-17 years by 5% by 2030' should be expanded to children aged 2-17 years in recognition of the high prevalence of overweight and obesity in children 2-4 years (25% in 2018, increasing from 20% in 2014, Australian Health Survey Data) and the tracking of weight from early childhood to later childhood and adolescence.

It is unclear why the target for exclusive breastfeeding of '50% of babies are exclusively breastfed until around 4 months of age by 2030' is not in line with NHMRC Infant feeding guidelines which recommend exclusive breastfeeding to 6 months of age.

The targets for "improving access to and the consumption of a healthy diet" focus on children 5-17 and breastfed children. There is therefore an oversight of children aged between 4 months and 5 – a key window for preventative health.

Very supportive of the National Food and Nutrition Policy by 2030.

Any marketing and communications strategies must be supported by evidence to ensure these results in real behaviour change for the Australian community.

Focus Area 3. Increasing Physical Activity

A single target under the physical activity focus area (compared with 8 under nutrition) is inappropriate and does not reflect the necessary life-course approach to addressing physical inactivity and decreasing sedentary behaviour in Australia, reflective of the Australian physical activity and sedentary behaviour guidelines.

While we support the target of decreasing physical inactivity by 15% by 2030, we would also like to see additional targets included in the Strategy, consistent with the way the WHO Global Action Plan on Physical Activity 2018-2030 (which the Australian Government endorsed at the World Health Assembly in 2019), has approached their targets, and consistent with other global and national physical activity consensus documents e.g. ISPAH 8 Investments (2020), and Heart Foundation BFAA (2019). These targets should reflect different domains for action as below:

- A 15% reduction in sedentary behaviour. EG, reduce the prevalence of sedentary behaviour in adults and sedentary behaviour and screen time in children and adolescents
- Supportive environments for physical activity policy targets
- Physical activity participation in schools (eg, the Education state target (Vic Govt) By 2025, 20 per cent more students will be doing physical activity for an hour a day, five times a week.
- Increase in active transport
- Increase in active play
- Increase in physical and muscular fitness
- Increase in physical literacy for children and adolescents
- Increase in organised sport

National funding for routine and regular surveillance of physical activity and fitness (e.g., aerobic and muscular) of all Australians, including consensus on measurement methods among states and their government departments.

1) There is no national physical activity plan or strategy. It is important to see commitment made as a specific Physical Activity Policy or Action Plan to support and complement the NPH Strategy, just as there is a commitment to a food and nutrition, tobacco and alcohol policies. Without one physical activity will be the exception. The interface between the NPA Strategy and these specific area Action Plans needs to be consistently addressed.

2) Study conducted by Koorts et al (2019) shows that sport participation alone is not sufficient for addressing inactivity levels. Sport participation may be associated with activity later in life, but this potentially limited impact on activity levels is important to note.

REF: Koorts H, Timperio A, Arundell L, Parker K, Abbott G, Salmon J. (2019). Is sport enough? Contribution of sport to overall moderate-to vigorous-intensity physical activity among adolescents. *Journal of Science and Medicine in Sport*. 22(10): 1119-1124.

The overweight and obesity targets included in the nutrition focus area targets are also relevant to the physical activity focus area and should be repeated there. We should not perpetuate a myth that Obesity is related to nutrition alone.

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
- Reduce overweight and obesity in children aged 5-17 years by 5% by 2030

Links between physical activity and mental health and screen-time and mental health should also be noted.

11 Do you agree with the policy achievements for the focus areas? (1000 word limit)

Agree

Focus Areas - Policy Achievements Text:

Focus Area 2. Improving access to and the consumption of a healthy diet: Proposed Policy Achievements

"Nutrition and food action in Australia..."

- There needs to be funding attached to this with agriculture and food sustainability as key components of the food system.

"Consumer choice is guided by the Health Star Rating system..."

We do not support this policy achievement as our research shows that the current system is ineffective and a risk to public health as it promotes health halos for discretionary foods that display the health stars on their labels. Specifically, 52.8% of discretionary foods displaying health stars did so with an HSR ≥ 2.5 (Dickie, S., et al. (2020). "Evaluating Nutrient-Based Indices against Food- and Diet-Based Indices to Assess the Health Potential of Foods: How Does the Australian Health Star Rating System Perform after Five Years?" *Nutrients* 12(5): 1463). We recommend careful revision of the HSR system to ensure an evidence-informed effective and safe approach.

"Healthy eating is promoted through widespread multi-media education campaigns"

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. A greater focus on scaling up effective nutrition interventions targeting individuals/families at key receptive times in the life span (e.g during pregnancy and early life, see infantprogram.org), food literacy and nutrition education in schools.

“Decreased structural and environmental barriers to breastfeeding...”

This should include advocating at national level for longer paid parental leave (at minimum wage) to support breastfeeding for longer, especially among families experiencing higher levels of disadvantage as well as advocating for a national social marketing campaign promoting breastfeeding, as underpinned by the National Breastfeeding Strategy.

“Exposure to unhealthy food and drink marketing for children is restricted”

It is important to also restrict sponsorship by the junk food industry of National and State Sporting Organisations, as well as other key settings where children are exposed to unhealthy food & drink marketing (eg on public transport, online).

“Reduced sugar, saturated fat and sodium content of relevant packaged and processed foods”

There is no evidence in Australia that this works and some evidence that reformulation may work for sodium reduction but not other nutrients. Smaller portions and tweaked nutrient profiles of ultra-processed foods needs to be mandatory. The voluntary approach used in Australia for past 10-15 years has achieved very little in reducing these nutrients.

“The nutritional & health needs of priority populations”

We recommend these programs should be based, where possible, on evidence-informed initiatives that can be implemented at scale. EG, IPAN Deakin University's INFANT program.

Overarching comments on what's missing

- No focus on food security. At a national level, advocating to Commonwealth Government for permanent increases to Centrelink payments, given the positive impact this would have on food security and the economy, specifically in regional economies (fiscal lever).
- No focus on food system sustainability and ultra-processing of food.
- Food and nutrition policy needs to be protected from food industry and related eg retailers, agribusinesses interference.

Focus Area 3. Increasing Physical Activity

- The strategy must include a policy action to have a funded national physical activity plan to align Australia with almost all other developed nations and guide this focus area, and link strongly with the NPH Strategy.
- The policy actions in the increasing physical activity focus area centre almost exclusively on active recreation/structured activity (e.g. sports).
- There needs to be specific attention to walking and cycling infrastructure and a built environment that is supportive of walking, cycling and everyday movement as well as recreation.
- Needs to be an emphasis on active play (particularly in children). This could link to a parent-based policy achievement which is also currently lacking.

“Behavioural and social marketing approaches...”

As shown during COVID, the infrastructure needs to be there to support this (i.e. separated bike lanes, safe walking infrastructure, connected bike and walking routes, protected intersections, crossings etc). The evidence clearly shows that if people don't feel safe, then they will not choose active transport options.

“Increased physical activity and reduced sedentary behaviour is promoted and facilitated in Australian workplaces”

Agree, but same for schools, kindergartens and child-care settings as well.

“Pre-school, primary and secondary schools are supported to ensure that children and students are physically active”

We recommend whole-of-school approaches to physical activity. EG, the Victoria government's Joint Ministerial Statement on Physical Activity for Children and Young People between the Ministers for Education, Community Sport and Health sets out how schools, in partnership with families and the community, can set our children on a physical activity path for life, including through the Active Schools Framework.

(<https://www.education.vic.gov.au/about/programs/Pages/activeschools.aspx>)

Note – this is the only child-specific policy action.

Recommend expanding this to also include child-care settings (to use proper terminology childcare and preschool could be encapsulated in) – “are physically active across the day in both indoor and outdoor environments through structured and free play opportunities”

“Health care professionals are trained and supported”

Also needs to incorporate the physical activity preventive health and health promotion workforce (eg. PE teachers, Recreation officers, active transport workers, exercise physiologists, physiotherapists, occupational therapists, health promotion officers, etc.)

“Communities are encouraged and supported to deliver locally designed programs ...”

Investment should focus on implementing and scaling up evidence-based or evidence-informed programs. Taking a systems and implementation science approach, ideally these programs would be implemented through key stakeholders in the physical activity system. These should be adapted in accordance with local needs.

REFERENCES:

Koorts et al. Mechanisms of scaling up: combining a realist perspective and systems analysis to understand successfully scaled interventions. *International Journal of Behavioral Nutrition and Physical Activity* (2021) 18:42 <https://doi.org/10.1186/s12966-021-01103-0>

Koorts et al. Implementation and scale up of population physical activity interventions for clinical and community settings: the PRACTIS guide. *International Journal of Behavioral Nutrition and Physical Activity* (2018) 15:51 <https://doi.org/10.1186/s12966-018-0678-0>

CONTINUING STRONG FOUNDATIONS

12 Do you agree with this section of the Strategy? Please explain your selection. (1000 word limit)

Strongly Agree

Continuing Strong Foundations Text:

FEEDBACK

13 Please provide any additional comments you have on the draft Strategy. (No word limit)

Comments Text:

The strategy is a good step forward in moving the prevention agenda along at the national level. It is great to see funding targets as part of the strategy as well as whole of life and a systems focus. IPAN looks forward to having input to the "Blueprint for Action" and welcomes the implementation of the strategy, with adequate funding allocation to ensure it meets its aims and vision.