Response ID ANON-D6TS-MY38-J

Submitted to Draft National Obesity Prevention Strategy
Submitted on 2021-11-03 18:03:01

Section 1: Privacy information

1 Do you consent to your submission being published on the Department's website, and accessible to the public, including persons overseas, in accordance with the following preference:

Publish entire response, including my name and organisation's name

2 Please read and agree to the below declarations:

I have read, understood and consent to the above statements.:
Yes

Section 2: Introduction

3 What is your name?

Name:
Alfred Deakin Professor Jo Salmon

4 What is your email address?

Email:
ipandir@deakin.edu.au

5 What is the name of your organisation?

Organisation (if not representing an organisation you can enter 'member of community'):
Institute for Physical Activity and Nutrition (IPAN), Deakin University

6 Are you completing this survey on behalf of your organisation?

Yes

7 What sector do you represent? You may select more than one option.

Academia or research

Section 3: Overarching concepts

8 Do you agree with the overall approach of the Strategy?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

We support the National Obesity Prevention Strategy (NOPS), with a strong focus on systems-level change and strategies that address the broader determinants of health and multisectoral actions beyond the health system. However, we would like to see stronger commitments and accountability in the NOPS to deliver on the WHO targets for obesity, nutrition, and physical activity. There must also be stronger alignment between the NOPS and the National Preventive Health Strategy (NPHS) so that Government commitments and investments are coordinated to reduce overweight and obesity and improve the health of Australians.

To ensure the NOPS realises its ambitions and meets the target to halt the rise of obesity in Australia by 2030, the Strategy requires the following additions:
* strong targets that align with NPHS.
* a national governance committee to oversee implementation with representation from the Commonwealth and each jurisdiction.
* a national implementation plan developed in consultation with key stakeholders and signed onto by each jurisdiction to outline:
- agreed evidence-based actions for each strategy, with responsibility for each action assigned to a jurisdictional lead.
- a timeline for implementation and reporting.
- a funding plan that identifies committed, ongoing and adequate investment from all governments for all elements of the Strategy.
* a monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.
* a process free from conflicts of interest. We recommend the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [1].

[1] Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy.

9 The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

IPAN Deakin University supports the term Prevention in the title of the NOPS. This should encompass primary, secondary and tertiary prevention of overweight and obesity.

10 The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles?

Guiding Principles - Equity:
Strongly agree

Guiding Principles - Sustainable development:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Equity
The NOPS rightly acknowledges the role of the social determinants of health in contributing to the uneven distribution of overweight and obesity in population groups in Australia. Actions that target societal and environmental determinants are therefore critical inclusions in the Strategy. Actions that focus solely on education and behaviour change are likely to have a negative or null impact on equity and may widen inequalities in health though these actions may play an important role in complementing systems and environment changes.

The strategies should prioritise systems and environmental change, as well as individual behaviour change, in order to address inequity.

Sustainable Development
While we strongly support the inclusion of sustainability as a guiding principle, the NOPS does not articulate how each strategy in the NOPS will contribute to sustainability. It seems tokenistic to have it here as a Guiding Principle. For example, the Sustainable Development guiding principle is not well integrated throughout the rest of the NOPS. While we support linking the Strategy to the Sustainable Development Goals (SDGs), we feel more actions are needed to ensure the NOPS helps Australia deliver on commitments to the SDGs. All relevant SDGs should be explicitly linked throughout the NOPS to guide strategies and actions.

Investing in policies to promote walking, cycling, sport, active recreation and active play can contribute directly to achieving many of the 2030 SDGs. Policy actions on physical activity have multiplicative health, social and economic benefits, and will directly contribute to achieving many of the SDGs [1].

With respect to ‘economic growth’, this must not be a barrier to evidence-based action that will improve public health outcomes. Where economic impact is considered in a policy or regulatory context, this must be assessed broadly, and include assessment of the economic impact of poor diet, inactivity, overweight and obesity and the cost-effectiveness of interventions. Economic impacts of any interventions that affect industry (e.g. food and automotive industry) must be considered across all sectors. For example, SSB taxes and marketing restrictions have been linked to shifts in types of jobs, rather than job losses [2,3,4 and 5].

REFERENCES
[1] http://apps.who.int/iris/bitstream/handle/10665/272722/9789241514187-eng.pdf

[2]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4025719/]

[3] https://www.sciencedirect.com/science/article/pii/S0091743517303249]

[4] Parajea. G., Colchero. A., Wlasiukc. J.M., Sota. A.M., Popkin. B.M. The effects of the Chilean food policy package on aggregate employment and real wages. Food Policy. 2021;100]

[5] https://www.ama.com.au/articles/tax-sugar-sweetened-beverages-what-modelling-shows

11 The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

Given that sustainable development is one of the Guiding Principles and that the draft NOPS needs greater integration of this principle throughout (see our response to Question 10), IPAN, Deakin University, would suggest that the Vision be re-worded as follows:
"For an Australia that encourages and enables healthy weight and healthy, active and sustainable living for all."

12 The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?

Disagree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

IPAN, Deakin University supports the inclusion of appropriate targets, including but not limited to the WHO 2030 obesity targets. One target does not adequately capture all the objectives of the Strategy. The targets included in the NOPS should align with the targets included in the NPHS.

We recommend strengthening the targets in the following areas:
1) The World Health Organisation (WHO) and the United Nations have committed to reducing physical inactivity across the world by 15% by 2030. To achieve this target, member states, including Australia, are being encouraged to establish a multi-sectoral national committee or coalition to provide necessary leadership and coordination. Investment and leadership by the Australian Government is vital.
2) Align food and nutrition targets with those in the NPHS, including those for fruit and vegetable consumption, discretionary foods (%energy), sodium, and added sugars.
3) Target relating to energy from discretionary foods should be accompanied by a separate target in respect of ultra-processed foods (UPFs):
- Reduce the consumption of ultra-processed foods to <20% of total energy intake
4) Targets for breastfeeding should be consistent with the National Breastfeeding Strategy [4]):
- 50% of babies are exclusively breastfed until around 6 months of age by 2025

REFERENCES:
[1] Elizabeth L, Machado P, Zinöcker M, Baker P, Lawrence M. Ultra-Processed Foods and Health Outcomes: A Narrative Review. Nutrients. 2020;12(7):1955.

[2] Machado PP, Steele EM, Levy RB, da Costa Louzada ML, Rangan A, Woods J, Gill T, Scrinis G, Monteiro CA. Ultra-processed food consumption and obesity in the Australian adult population. Nutrition & diabetes. 2020 Dec 5;10(1):1-1.

[3] Dickie S, Woods JL, Baker P, Elizabeth L, Lawrence MA. 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. 2020; 12(5):1463.

[4] Australian National Breastfeeding Strategy: 2019 and Beyond. COAG Health Council 2019.

13 The Strategy includes five Objectives outlined on page 12 of the draft. Do you agree with the Objectives?

Do you agree with the Objectives? - More supportive and healthy environments:
Strongly agree

Do you agree with the Objectives? - More people eating healthy food and drinks:
Agree

Do you agree with the Objectives? - More people being physically active:
Agree

Do you agree with the Objectives? - More resilient systems, people, and communities:
Strongly agree

Do you agree with the Objectives? - More accessible and quality support for people:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

IPAN strongly supports the first objective of having more supportive and healthy environments.

The second objective should be changed to reflect the Australian Dietary Guidelines (ADG) which encourage a healthy eating pattern rather than specific individual healthy foods and drinks. Suggest: “More people have a healthy eating pattern consistent with the ADG.” This incorporates both the consumption of healthy foods and drinks, but also the reduction of unhealthy foods and drinks – as both are covered in the ADG. Furthermore, if the NOPS refers to the ADG, then it will cover any emerging evidence that may be incorporated when the ADGs are reviewed and updated.

IPAN recommends the wording of the third objective to be “more people being physically active and spending less time sitting” so it aligns with the Australian Physical Activity and Sedentary Behaviour Guidelines.

14 Are there any Objectives missing?

You can provide comments in the text box if you wish.:

IPAN, Deakin University also recommends the addition of specific objectives for muscle strengthening, sleep and reducing screen time in children and adolescents:

In line with government Physical Activity Guidelines for Australians, muscle strengthening activities should be performed at least 2 days per week (adults) and 3 days per week (children and adolescents). As noted in the Dept of Health website, “Muscle strengthening activities are important for metabolic and musculoskeletal health (including maintaining bone density), and for maintaining functional status and ability to conduct activities of daily living in older age.” [1]

The government Sedentary Behaviour Guidelines for Australian children and young people recommend spending no more than 2 hours per day in recreational screen time and ensuring that they establish and maintain healthy sleep patterns. Following these guidelines is associated with better body

composition, cardiorespiratory and musculoskeletal fitness, cardiovascular and metabolic health, academic achievement and cognition, mental health and quality of life, emotional regulation, and pro-social behaviours.

[1] https://www.health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians

15 The Strategy includes three Ambitions outlined on page 12 of the draft. Do you agree with the Ambitions?

Ambitions - All Australians live, learn, work, and play in supportive and healthy environments.:
Strongly agree

Ambitions - All Australians are empowered and skilled to stay as healthy as they can be.:
Strongly agree

Ambitions - All Australians have access to early intervention and primary health care.:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

We strongly support these three ambitions. We strongly support the focus on creating environments that promote health, especially changes to the food, physical activity, and social environments.

We particularly support that these ambitions have an overarching focus on health, rather than representing nutrition and physical activity as separate, distinct, and competing focuses (which is a shortfall of much of the document). This symbiotic representation is key for those who will need to implement the actions. Nutrition and physical activity do not sit separately in most of the relevant systems targeted in this document and clearly, both are key for having impact on obesity, yet they are constantly separated in much of what is presented in the strategy which seems both counter-intuitive and counter-productive (e.g. harder for industry to criticise strategies that do not focus solely on food or to pressure for prioritisation of physical activity focused strategies if strategies cover both nutrition and physical activity).

16 The Strategy includes three Enablers outlined on page 12 and pages 42-44 of the draft. Do you agree with the Enablers?

Enablers - Lead the way:
Strongly agree

Enablers - Better use of evidence and data:
Strongly agree

Enablers - Invest for delivery:
Agree

You can explain your selections or provide comments in the text box if you wish.:

We would like to see wording strengthened for Enabler 1 “Lead the Way” to ensure strong national leadership and accountability. This should include Government committing to the Targets set out in the Strategy (including the broader targets we have recommended for inclusion, consistent with the NPHS, not just WHO overweight and obesity targets alone). It is vital that all governments across Australia commit to the Strategy and prioritise its implementation. To enable and oversee this, we support the establishment of a national governance committee.

We strongly support Enabler 2 and the investment in national coordination for sustained data collection and use. There is also a need for accountability by food companies, including the need for companies to regularly share data (on their products and sales) and mandatory reporting of key indicators related to health and environmental sustainability of food systems to enable analysis of trends over time and to evaluate the impact of policy measures.

Regarding the third Enabler, "Invest for Delivery", we have concerns about workforce capacity being singled out for investment. This Enabler must focus on sustained investment for the delivery and implementation of all aspects of the NOPS, across all its ambitions and strategies – not call out workforce capacity on its own. This must include targeted funding for Enabler 2 as part of the implementation plan for the NOPS.

Research funding should also be prioritised for solution-focused public health intervention research that aligns with the ambitions and actions of the NOPS. Funding should also be prioritised for the implementation of evidenced-based scalable approaches, such as IPAN Deakin University’s INFANT, TransformUs and REVAMP initiatives [1,2,3].

REFERENCES
[1] https://www.infantprogram.org/

[2] https://transformus.com.au/

[3] https://ipan.deakin.edu.au/wp-content/uploads/sites/101/2020/08/REVAMP-infographic-web.pdf

17 Are there any Enablers missing?

You can provide comments in the text box if you wish.:

We strongly support the need for ‘collaborative government leadership across sectors’ and recommend the adoption of a new stand-alone Enabler to reflect the importance of this 'health-in-all-policies' approach.

Section 4: Ambition 1 - All Australians live, learn, work, and play in supportive and healthy environments.

18 Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?

Ambition 1 - Strategy 1.1 Build a healthier and more resilient food system.:
Strongly agree

Ambition 1 - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:
Strongly agree

Ambition 1 - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:
Strongly agree

Ambition 1 - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:
Disagree

Ambition 1 - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:
Strongly agree

Ambition 1 - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:
Strongly agree

Ambition 1 - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:
Strongly agree

Ambition 1 - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:
Strongly agree

Ambition 1 - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:
Disagree

Ambition 1 - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:
Strongly agree

Ambition 1 - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:
Strongly agree

Ambition 1 - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Strategy 1.1 and 1.2
Many of the strategies in this ambition will benefit from building a healthier and more resilient food system (Strategy 1.1). However, we recommend strategies 1.1 and 1.2 be combined and reworded: 'Build a healthier and more equitable and sustainable food system in Australia that promotes equitable local availability of healthy and sustainable foods and drinks'.

This would reflect that 'making sustainable healthy food and drinks more locally available' (current strategy 1.2) is a function of 'building a healthier and more resilient food system' (current strategy 1.1) and cannot be seen as an independent strategy. We also think the focus should be on the system being 'equitable' and 'sustainable' into the future rather than 'resilient' as this better reflects the NOPS guiding principles.

This strategy would:
* favour the production, processing and distribution of healthy and sustainable food and drinks
* improve food systems while protecting land, sea and biodiversity and reducing waste
* implement land use planning and urban design, drive community agriculture initiatives and strengthen Aboriginal and Torres Strait Islander traditional food systems.

Additional actions for this strategy should be added:
* National Nutrition Policy– we recommend the development of a contemporary framework, which integrates current and new guidelines and programs, including the Australian Dietary Guidelines (under review), Nutrient Reference Values, food labelling initiatives, with relevant taxes, laws, and monitoring systems. This will address the cost and prevalence of diet-related chronic diseases, the nutritional needs of vulnerable and disadvantaged Australians and improve food and nutrition security, sustainability, social equity, and productivity.[1]
* Trade agreements influence food environments [2] and we recommend that the Australian Government review and consider the inclusion of ultra-processed food and industrial ingredients in future global free trade agreements, including:

- Focused ultra-processed food and industrial ingredient import volumes

- Actual and bound tariff rates for ultra-processed foods and industrial ingredients

- Tariff-rate quotas for ultra-processed foods and industrial ingredients

- Tariff differential (if any) between whole foods (minimally processed grains, whole plant foods) and ultra-processed foods, industrial ingredients

- Anti-dumping and countervailing measures for ultra-processed foods and industrial ingredients.

* Increase federal agricultural subsidies to whole fruit and vegetable producers. Evidence suggests that there could potentially be large health benefits for the Australian population and large benefits in reducing health sector spending on the treatment of non-communicable diseases as a result.[3]

REFERENCES:

[1] Public Health Association Australia, Dietitians Australia, Nutrition Australia, Heart Foundation. National Nutrition Strategy background paper. 2021. Available from: https://dietitiansaustralia.org.au/voice-of-daa/advocacy/call-for-a-new-national-nutrition-policy/

[2] Friel, S., Hattersley, L., Snowdon, W., Thow, A.-M., Lobstein, T., Sanders, D., Barquera, S., Mohan, S., Hawkes, C., Kelly, B., Kumanyika, S., L'Abbe, M., Lee, A., Ma, J., Macmullan, J., Monteiro, C., Neal, B., Rayner, M., Sacks, G., Swinburn, B., Vandevijvere, S., Walker, C. and (2013), Trade agreements and food environments. Obes Rev, 14: 120-134. https://doi.org/10.1111/obr.12081

[3] Cobiac LJ, Tam K, Veerman L, Blakely T (2017) Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study. PLoS Med 14(2): e1002232. https://doi.org/10.1371/journal.pmed.1002232

Strategy 1.3
We strongly support this objective. We recommend that the word ‘implement’ is used in the strategy heading rather than ‘explore’ to reflect that there is now sufficient international and Australian-based evidence for the implementation of economic measures to curb intake of unhealthy foods and drinks. [1, 2, 3, 4, 5]. It is also important that the focus is on reducing the affordability and consumption of unhealthy food and drinks and not just shifting purchases towards healthier foods and drink options and making them more affordable.

In remote Aboriginal communities, there is evidence and active examples of economic and marketing measures in place to shift consumers towards healthier food and drink purchases, including Healthy Stores 2020 policy actions, $1 dollar water initiatives and across store fruit and vegetable subsidisation. There is not full support or evidence supporting all economic measures put forward by the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities. Unregulated increased store competition within remote communities has the potential to increase access to unhealthy food and drinks and drive down prices for undesirable food choices at the expense of lower prices for fruits and vegetables.

Additional actions for this strategy should be added:

* A health levy on sugary drinks to increase price by at least 20% should be specifically included as an additional action. Following the lead from the UK, South America, and others, we recommend these funds put explicitly towards public health initiatives supporting healthy eating and physical activity.
* Regulation of grocery pricing in regional and remote Australia to reduce the cost of fruit and vegetables and increase the cost of unhealthy food and drinks to support healthy eating.
* Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products.

In relation to the examples of actions listed in strategy 1.3 we note the following:
* We explicitly support retaining the GST exemption on healthy foods as noted in the examples of actions. The economic, social and environmental payback to invest to lift Australia’s low vegetable consumption is compelling. There is a strong evidence base for sustained, collaborative effort:
- A 10% increase in vegetable consumption would reduce annual health expenditure in Australia on certain cancers and cardiovascular diseases alone by $100 million. [6]
- That is, 10% of national average 2.5 serves = .25 serve or 18.75g of vegetables

* We suggest strengthening wording around a sugary drinks tax to 'implement' rather than 'investigate' policy approaches. Policy options in this space are already very clear. We also suggest removing the words ‘while minimising impacts on disadvantaged Australians’ - evidence suggests the benefits are stronger for disadvantaged Australians (for both SSB and food taxes) [5].

REFERENCES:
[1] Cobiac, LJ, Tam, K, Veerman, L & Blakely, T 2017, ‘Taxes and Subsidies for Improving Diet and Population Health in Australia: A Cost-Effectiveness Modelling Study’, PLoS medicine, vol. 14, no. 2.

[2] Teng, A.M., Jones, A.C., Mizdrak, A., Signal, L., Genç, M. and Wilson, N., 2019. Impact of sugar□sweetened beverage taxes on purchases and dietary intake: Systematic review and meta□analysis. Obesity Reviews, 20(9), pp.1187-1204.

[3] Brimblecombe, J., Ferguson, M., Chatfield, M.D., Liberato, S.C., Gunther, A., Ball, K., Moodie, M., Miles, E., Magnus, A., Mhurchu, C.N. and Leach, A.J., 2017. Effect of a price discount and consumer education strategy on food and beverage purchases in remote Indigenous Australia: a stepped-wedge randomised controlled trial. The Lancet Public Health, 2(2), pp.e82-e95.

[4] Passos, C. M. D., et al. (2020). "Association between the price of ultra-processed foods and obesity in Brazil." Nutrition, Metabolism and Cardiovascular Diseases 30(4): 589-598.

[5] https://journals.plos.org/plosmedicine/article/authors?id=10.1371/journal.pmed.1002326

[6] Deloitte Access Economics 2016.

Strategy 1.4

Unhealthy food and drinks, in particular, ultra-processed food and drinks, contribute a disproportionate amount of the Australian diet. [1,2] Reformulation can be used in limited circumstances as a tool to reduce harmful nutrients in processed foods, such as sodium. However, reformulation will be insufficient to improve dietary health if overall dietary patterns remain high in unhealthy food and drinks, particularly ultra-processed foods. This is because epidemiological and experimental studies indicate that an ultra-processed diet may increase risks for obesity and related diseases in ways that extend beyond the nutritional composition of the foods consumed. [2,3] Many efforts to reformulate processed foods, for instance, using non-nutritive sweeteners to replace sugar or adding various additives to replace taste and texture from fat, result in an increase in ultra-processed foods in the marketplace and may increase exposure to harmful outcomes. [4]

Given the lack of any demonstrable efficacy, we do not support ongoing investment in initiatives such as the Healthy Food Partnership which rely on voluntary buy-in from industry. Nearly six years after it was created, there is little evidence the Partnership is operating in accordance with best-practice recommendations.[5] Reformulation targets took more than five years to agree, apply to a narrow range of product categories, and are so weak that even if met by all manufacturers would not make a significant impact on population health.[6] Similar voluntary reformulation initiatives in the United Kingdom have also failed to show meaningful effects, except for a limited window between 2010-2013 when there was a credible political threat to make targets mandatory.

We do not support the following example actions included in the draft NOPS:

* Working in partnership with industry on reformulation targets, for the reasons set out above that there is no evidence base for efficacy of this strategy.
* Increasing the nutrient density of unhealthy food and drinks through using vegetables, legumes or wholegrain cereals in food service and retail settings, for the reasons outlined in the opening paragraph that if these foods remain ultra-processed this effort is likely of limited utility to population health. Australians need to eat more of these foods from whole, and minimally processed food sources.

We support the following example actions, with some amendments:
* Work with the food regulation system to set compositional limits for nutrients of concern (such as added sugar, salt and harmful fats) that can be used in packaged foods aimed at infants and toddlers).

REFERENCES

[1] Australian Bureau of Statistics. 4364.0.55.012 - Australian Health Survey: Consumption of Food Groups from the Australian Dietary Guidelines, 2011-12. 2016. http://www.abs.gov.au/ausstats

[2] Machado, Priscila & Martinez Steele, Euridice & Levy, Renata & Louzada, Maria Laura & Rangan, Anna & Woods, Julie & Gill, Tim & Scrinis, Gyorgy & Monteiro, Carlos. (2020). Ultra-processed food consumption and obesity in the Australian adult population. Nutrition & Diabetes. 10. 1-11. 10.1038/s41387-020-00141-0.

[3] Elizabeth L, Machado P, Zinöcker M, Baker P, Lawrence M. Ultra-Processed Foods and Health Outcomes: A Narrative Review. Nutrients. 2020; 12(7):1955. https://doi.org/10.3390/nu12071955

[4] Scrinis G, Monteiro CA. Ultra-processed foods and the limits of product reformulation. Public Health Nutr. 2018 Jan;21(1):247-252. doi: 10.1017/S1368980017001392

[5] Jones, A., Magnusson, R., Swinburn, B. et al. Designing a Healthy Food Partnership: lessons from the Australian Food and Health Dialogue. BMC Public Health 16, 651 (2016). https://doi.org/10.1186/s12889-016-3302-8

[6] Rosewarne, E.; Huang, L.; Farrand, C.; Coyle, D.; Pettigrew, S.; Jones, A.; Moore, M.; Webster, J. Assessing the Healthy Food Partnership's Proposed Nutrient Reformulation Targets for Foods and Beverages in Australia. Nutrients 2020, 12, 1346. https://doi.org/10.3390/nu12051346

Strategy 1.5

A key barrier to healthy eating patterns is the overrepresentation of unhealthy food and drinks on supermarket shelves, and the misleading marketing of these products as healthy options on product labels. It is essential that food and drink labelling accurately represents the healthiness of products. Accurate and transparent information on food labels is important in facilitating informed consumer choice.

The information and example actions under Strategy 1.5 currently reference nutrition information specifically and the continued use of the Health Star Rating (HSR) to provide consumers with information about healthier food choices.

We do not support continued use of the HSR if the focus remains on nutrient profiling. IPAN research has found that the currently implemented HSR system is inadvertently providing a 'health halo' for almost 3/4 of UP foods and 1/2 of discretionary foods displaying an HSR. IPAN studies of 4451 products analysed over a 5-year period since the HSR was introduced found that 76.5% were ultra-processed (UP) and 43% were discretionary with 73% of UP foods, and 52.8% of discretionary foods displaying an HSR of 2.5 or higher. [1] This is supported by a recent study assessing the ability of the French Nutri-score (a nutrient profiling scheme similar to HSR) to discriminate ultra-processed foods., which found ultra-processed foods in all Nutri-Score categories, ranging from 26.08% in category A (healthiest), 51.48% in category B, 59.09% in category C, 67.39% in category D and up to 83.69% in category E. [2] This indicates that the current algorithm does not sufficiently capture and correctly rate ultra-processed foods and needs to be modified. When this has been achieved, we would support mandatory adoption of the updated HSR.

Accessibility and availability of healthy food and drinks are core components of food security, which is an ongoing issue in regional and remote Australia [3], and a growing issue across the country in the midst of the COVID-19 pandemic [4,5]. Ensuring food security for all people in Australia is essential for health promotion and obesity prevention, and to meet Australia's international obligation to Sustainable Development Goal 2 [6].

We support the following existing actions, with some amendments as follows:
* Actions related to implementing advisory labels for unhealthy foods and drinks (ultra-processed) and ingredients such as added sugar, salt, harmful fats and alcohol.
* The increased prominence, promotion and availability of healthy food and drinks in food retail, however this must be strengthened to also include reducing the prominence, promotion and availability of unhealthy food and drinks in food retail. This can encompass measures including limiting the placement of unhealthy food and drinks in supermarkets (at checkouts, ends of aisle etc) and limits on promoting price promotions (for example, large signs and displays highlighting discounts on unhealthy food and drinks), as well as removing shelf-space allocation differences between socioeconomic areas. This action must also be government led and mandatory and should be amended to reflect this.
* Consistent national menu labelling regulation.

We recommend additional actions for Strategy 1.5:
* Strengthen regulation of nutrition content claims and health claims on foods and drinks to allow only healthy products to display nutrition content claims.
* Replace industry self-substantiation and notification processes with an independent review process.
* Prohibit alcoholic products from displaying any nutrition content claims.
* Review and update of the Nutrient Profiling Scoring Criteria (used to assess eligibility of products to display nutrition content and health claims) to incorporate level of processing.
* Regulation of infant formula and toddler milk marketing.
* Regulation for labelling and promotion of infant and toddler foods.

REFERENCES
[1] Dickie S, Woods JL, Baker P, Elizabeth L, Lawrence MA. 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. 2020; 12(5):1463.

[2] Romero Ferreiro, Carmen, David Lora Pablos, and Agustín Gómez de la Cámara. 2021. "Two Dimensions of Nutritional Value: Nutri-Score and NOVA" Nutrients 13, no. 8: 2783. https://doi.org/10.3390/nu13082783

[3] Understanding food insecurity in Australia CFCA Paper No.55. Australian Institute of Family Studies. 2020 (https://aifs.gov.au/cfca/publications/understanding-food-insecurity-australia)

[4] Food Bank Hunger Report 2020 FB-HR20.pdf (foodbank.org.au)

[5] Food Bank Hunger Report 2021 Foodbank Hunger Report 2021 - Foodbank Reports

[6] Goal 2 | Department of Economic and Social Affairs (un.org)

Strategy 1.6
We strongly support a strategy to protect children from unhealthy food marketing. The strategy and recommended actions must focus on government regulation to protect children from unhealthy food marketing in all areas of their lives. Industry codes in Australia have been shown on numerous occasions to be ineffective in achieving public health benefits. Government regulation at a federal level is needed, with an independent monitoring system and strong sanctions for breaches. But note the following:

* The fourth action around marketing of breastmilk substitutes should be strengthened to refer to implementing regulation, instead of policies. We note the National Breastfeeding Strategy's recommendation to 'review regulatory arrangements for restricting the marketing of breastmilk substitutes'. [1]
* We do not support the introduction of user controls or parental controls to limit exposure to digital marketing of unhealthy food. This is not likely to be effective. Instead, what is needed is to restrict all digital marketing of unhealthy food.

REFERENCE
[1] Australian National Breastfeeding Strategy: 2019 and Beyond. COAG Health Council 2019

Strategies relating to Physical Activity (1.7-1.9)
NOPS acknowledges via its objectives that a more active population is an integral component of addressing current trends of overweight and obesity. Development of a dedicated National Physical Activity Plan is an urgent priority to increase national levels of physical activity. 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 to draw on both nationally (eg, the Heart Foundation Blueprint for an Active Australia) [1] and internationally (eg, WHO Global Action Plan on Physical Activity (GAPPA)) [2]. More than 30 countries globally have a Physical Activity Action Plan, including Scotland, Pakistan and New Zealand.

We recommend that strategies 1.7-1.9 in the NOPS reflect key agreed documents like WHO's GAPPA and the Heart Foundation Blueprint for an Active Australia. These documents provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the NOPS. Consistency is most likely to result in best outcomes. For example, GAPPA includes 20 policy actions across 4 strategic objectives (create active societies, create active environments, create active people, create active systems). Example policy actions include:
* Strengthen pre- and in-service training of professionals, within and outside the health sector, to increase knowledge and skills related to their roles and contributions in creating inclusive, equitable opportunities for an active society including, but not limited to, the sectors of: transport, urban planning,

education, tourism and recreation, sports and fitness, as well as in grassroots community groups and civil society organizations.
* Improve the level of service provided by walking and cycling network infrastructure, to enable and promote walking, cycling, other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and the use of public transport, in urban, peri-urban and rural communities, with due regard for the principles of safe, universal and equitable access by people of all ages and abilities
* Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities and faith-based centres, to support participation in physical activity, by all people of diverse abilities.
* Strengthen policy frameworks, leadership and governance systems, at the national and sub-national levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability

REFERENCES
[1] https://www.heartfoundation.org.au/activities-finding-or-opinion/physical-activity-blueprint

[2] https://www.who.int/health-topics/physical-activity#tab=tab_1

Strategy 1.7
Strategy 1.7 is limited in its scope at the moment. We recommend that this strategy be reframed to reflect that active transport networks, active recreation and sport infrastructure, and the natural environment are in fact all 'spaces'. Strategy (1.7) should more clearly emphasise the creation of conditions to facilitate active transport. These are currently noted as 'potential actions'. In addition, to increase active transport the strategy must also incorporate walking and cycling infrastructure to a diverse range of places, services and amenities that are part of daily living such as schools, shops, workplaces and services.

For example, relevant actions from the Global Action Plan for Physical Activity (GAPPA) which the NOPS should implement in Australia include:
* Deliver compact walkable city design and transport systems that aim to increase walking and cycling.
* Promote and implement integrated urban design and land-use policies at all levels of government, that prioritize the principles of compact, mixed-land use to create highly connected, walkable neighbourhoods, with equitable and inclusive public space, as well as pedestrian access to a diversity of local amenities for daily living (for example, local shops, services, green areas, and educational facilities).

Active Transport related actions could be enhanced with actions to promote walking and cycling and concurrent strategies to discourage driving. Evidence-based active transport strategies include;
* Introduce workplace bike fleets (including electric bikes) across Government department workplaces and provide cycle training and encouragement for staff
* Support, fund, evaluate and scale community initiatives bringing cycling to priority groups. Examples include a mums' bicycle group on Elcho Island (https://www.abc.net.au/news/2021-10-26/nt-elcho-island-mums-bicycle-riding-group-oversubscribed/100567368); Cycling Without Age (https://cyclingwithoutage.org.au/) and, in the UK, Wheels for Wellbeing for people with disabilities (https://wheelsforwellbeing.org.uk/cycling-sessions/)
* Remove the financial incentives for driving and instead introduce financial incentives for cycling, such as the UK CycleScheme (https://www.cyclescheme.co.uk/)
* Introduce road pricing to reduce congestion, improve the productivity of the existing road network, and provide the necessary replacement for fuel excise
* Make the General Urban Speed Limit 30km/h to improve safety for people using active transport (we note this action is already articulated in the NOPS).

Strategy 1.10
There is strong evidence around the health and economic benefit of early intervention, particularly the first 2000 days yet this strategy focuses almost entirely on school-aged children and predominantly on education settings. We recommend that evidence on the first 2000 days is prioritised more strongly and additional actions are added to support this. This should include implementation of evidence-based programs for families and early childhood education and care (ECEC) settings to promote healthy eating (including breastfeeding) and physical activity from the start of life, training of ECEC and maternal and child health workforce, and regulations to ensure ECEC settings provide healthy and sustainable food and physical activity environments. For example, see Deakin University, IPAN's INFANT program https://www.infantprogram.org/

19 Are there any Strategies missing in Ambition 1?

You can provide comments in the text box if you wish.:

The NOPS overall and strategy 1.5 specifically is focused on increasing availability and consumption of healthy food. The objective which is missing is one focussed on reducing availability and consumption of unhealthy foods and drinks. Both increasing healthy choices AND reducing unhealthy choices are critically important to overweight and obesity and should have specific strategies articulated in the NOPS. Reformulation alone will not create a food system that reduces the risk of overweight and obesity in the Australian population.

Ensure provision of physical literacy programs for children commencing in the early childhood period and throughout the school years. Continued support for physical literacy is needed throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework (https://www.sportaus.gov.au/physical_literacy).

It is important that strategies, approaches and programs used to change people's knowledge, skills and confidence are evidenced-based and can be scaled up within existing service delivery systems. Criteria should be developed to define 'evidenced-based scalable' programs/strategies and these should be prioritised for implementation. For example, see https://transformus.com.au/ and https://www.infantprogram.org.

The development of a database of evidenced-based scalable programs/strategies should be made available for public health agencies, communities and

services (as has been done by the National Cancer Institute in the US).

Overwhelmingly the focus in Ambition 1 is on creating supportive infrastructure to support walking and cycling. Research, including from IPAN, Deakin University (Sahlqvist et al., 2015; Guell et al, 2013; Jones et al., 2012) shows that an environment supportive of walking and cycling is not sufficient to prompt behaviour change when the alternative (car travel) is more convenient. To that end, we recommend a strategy with a focus on disincentivising car travel alongside prioritising walking and cycling.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be.

20 Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

Ambition 2 - Strategy 2.1 Improve people's knowledge, skills and confidence.:
Strongly agree

Ambition 2 - Strategy 2.2 Use sustained social marketing.:
Disagree

Ambition 2 - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:
Strongly agree

Ambition 2 - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:
Strongly agree

Ambition 2 - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:
Agree

Ambition 2 - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:
Strongly agree

Ambition 2 - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Strategy 2.1 and 2.3
Important that strategies, approaches and programs used to change people's knowledge, skills and confidence are evidenced-based and can be scaled up within existing service delivery systems. Criteria should be developed to define 'evidenced-based scalable' programs/strategies and these should be prioritised for implementation. Infantprogram.org.au is an example of an evidenced-based scalable program to address strategy 2.3 that can be embedded into existing health services [1].

REFERENCE
[1] Laws R et al . Translating an early childhood obesity prevention program for local community implementation: A Case Study of the Melbourne InFANT Program. BMC Public Health 2016; 16:748

Ensure provision of physical literacy programs for children commencing in the early childhood period and throughout the school years. Continued support for physical literacy is needed throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework https://www.sportaus.gov.au/physical_literacy .

Food literacy is also key. 'Food literacy' is defined as the knowledge, skills and behaviours needed to navigate the everyday practicalities associated with food intake, including decision-making and purchasing of foods, preparation, hygiene, cooking, food sustainability and food waste disposal.

Poor understanding of food and nutrition information and low levels of food literacy may contribute to unhealthy eating choices. For example, a study with women showed that lower education was associated with lower levels of nutrition knowledge and less priority given to health when choosing foods, contributing to lower intake of fruit and vegetables [1].

REFERENCE
[1] Ball, K, Crawford, D & Mishra, G 2005, 'Socio-economic inequalities in women's fruit and vegetable intakes: a multilevel study of individual, social and environmental mediators', Public Health Nutrition, vol. 9, no. 5, pp. 623–630.

Strategy 2.1
When properly implemented, social marketing can be reasonably effective. However, often social marketing initiatives are poorly implemented, and government tends to invest heavily in mass media campaigns (just one component of social marketing) which can raise awareness but has little impact on population prevalence rates of desired health behaviours. [1,2]

REFERENCES
[1] https://journals.sagepub.com/doi/abs/10.1177/1524500415606671

[2] https://academic.oup.com/her/article/26/6/1060/595711?login=true

21 Are there any Strategies missing in Ambition 2?

You can provide comments in the text box if you wish.:

n/a

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care.

22 Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

Ambition 3 - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:
Strongly agree

Ambition 3 - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:
Agree

Ambition 3 - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:
Strongly agree

Ambition 3 - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

n/a

23 Are there any Strategies missing in Ambition 3?

You can provide comments in the text box if you wish.:

It is vital that early intervention programs and strategies are evidenced-based and scalable within existing service delivery systems. Criteria should be developed to define 'evidenced-based scalable' programs/strategies and these should be prioritised for implementation. Infantprogram.org.au is an example of an evidenced-based scalable approach to promoting optimal nutrition and movement behaviours early in life that can be embedded within primary care services [1].

Funding structures need to be reviewed within primary health care to enable the workforce to address obesity prevention, for example, this needs to be embedded into Maternal and Child Health Service funding and appropriate rebates for practice nurses and GPs.

REFERENCE
[1] Laws R et al . Translating an early childhood obesity prevention program for local community implementation: A Case Study of the Melbourne InFANT Program. BMC Public Health 2016; 16:748

24 What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.

5 most/least important strategies - Strategy 1.1 Build a healthier and more resilient food system.:

5 most/least important strategies - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:
5 most important Strategies

5 most/least important strategies - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:
5 most important Strategies

5 most/least important strategies - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

5 most/least important strategies - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

5 most/least important strategies - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

5 most/least important strategies - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:
5 most important Strategies

5 most/least important strategies - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

5 most/least important strategies - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:
5 least important Strategies

5 most/least important strategies - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:
5 most important Strategies

5 most/least important strategies - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

5 most/least important strategies - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

5 most/least important strategies - Strategy 2.1 Improve people's knowledge, skills and confidence.:

5 most/least important strategies - Strategy 2.2 Use sustained social marketing.:
5 least important Strategies

5 most/least important strategies - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:
5 most important Strategies

5 most/least important strategies - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

5 most/least important strategies - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

5 most/least important strategies - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

5 most/least important strategies - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

5 most/least important strategies - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

5 most/least important strategies - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

5 most/least important strategies - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

5 most/least important strategies - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

You can explain your selections or provide comments in the text box if you wish.:

While we have included some selections as part of the "least important" list, it is important to note that a comprehensive approach with adequate funding is required to reach the vision and targets set out in the NOPS. So, all the strategies are important overall and must be considered over the 10 years of the Strategy's implementation.

Section 7: Making it happen

25 Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

You can provide comments in the text box if you wish.:

In Australia, there is a long history of development of strategies aimed at addressing and reducing the burden of preventable dietary related chronic disease that have had limited impact on halting the escalating rates of obesity and NCDs in the population. For example, the Better Health Commission in the 1980s, Eat Well Australia in the late 1990s, the National Preventive Health Taskforce and associated National Preventive Health Strategy in the late 2000s, and the National Preventive Health Agency in the 2010s [1]. Similarly, the Getting Australia Active versions I, II and III [2].

What is needed now is action. While we support the NOPS, the most crucial step is the development of an implementation plan with sustained investment, commitment and accountability across Commonwealth and State and Territory Governments to ensure the NOPS is not another visionary document to add to the list.

To ensure the NOPS realises its ambitions and meet the target to halt the rise of obesity in Australia by 2030, the Strategy requires the following additions:
* strong targets that align with NPHS.
* a national governance committee to oversee implementation with representation from the Commonwealth and each jurisdiction.
* a national implementation plan developed in consultation with key stakeholders and signed onto by each jurisdiction to outline:
* agreed evidence-based actions for each strategy, with responsibility for each action assigned to a jurisdictional lead.
* a timeline for implementation and reporting.
* a funding plan that identifies committed, ongoing and adequate investment from all governments for all elements of the Strategy.
* a monitoring and evaluation framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.

* a process free from conflicts of interest. We recommend the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests [3].

REFERENCES
[1] Lee, A., Cullerton, K., Herron, L. (2020). 'Achieving Food System Transformation: Insights from a Retrospective Review of Nutrition Policy (In)Action in High-Income Countries', International Journal of Health Policy and Management, (), pp. -. doi: 10.34172/ijhpm.2020.188

[2] I: http://www.sportni.net/wp-content/uploads/2013/03/getting_Australia_active.pdf

II: Bull, Fiona, Bauman, Adrian, Brown, Wendy, and Bellew, Bill (2004). Getting Australia active II: an update of evidence on physical activity for health. Melbourne, Australia: National Public Health Partnership

III: https://preventioncentre.org.au/wp-content/uploads/2020/05/Getting-Australia-Active-III-April-2020.pdf

[3] Safeguarding against possible conflicts of interest in nutrition programmes: draft approach for the prevention and management of conflicts of interest in the policy.

26 Do you have any additional comments on the draft Strategy?

You can provide comments in the text box if you wish.:

Thank you for the opportunity to provide feedback on the draft NOPS. IPAN, Deakin University are committed to continuing to work with Government and other public health stakeholders to work towards the targets and vision set out in the Strategy.
* The Strategy and the implementation plan must prioritise those strategies and actions that are supported by the strongest evidence. Interventions recommended by the evidence review must be given priority, with a focus on systems and environment change to achieve significant change at a population level, as well as actions to address social determinants of health and reduce health inequity.
* The Strategy overall is focused on increasing availability and consumption of healthy food, with limited focus on reducing availability and consumption of unhealthy food. The Strategy must be refocused to also address reducing availability and consumption of unhealthy food. Both are critically important to obesity and should have specific strategies articulated in the NOPS. All food and drink based strategies should be consistent with the Australian Dietary Guidelines (ADGs) which articulate the evidence base for what to consume more and what to consume less.
* The definition of unhealthy food should reflect the upcoming review of the Australian Dietary Guidelines. Given the emerging evidence, the ADG review may consider the role that level of processing plays in the influence of food on health, particularly overweight and obesity, and be incorporated into the NOPS. Outcomes, targets, strategies and actions will need to reflect the latest evidence on unhealthy foods (eg ultra-processed foods) as part of the implementation plan over 10 year period of the NOPS.
* The focus on all domains of physical activity (not just active recreation, sport and active transport) needs to be strengthened and not including all the behavioural targets in the national physical activity guidelines (e.g., sedentary behaviour, screen time, muscle strengthening, and sleep) is a major oversight. All of these behaviours have been shown to be important for preventing obesity from early in childhood to older adulthood.
* The language throughout the Strategy should be strengthened, including a change from ‘example actions’ to ‘recommended actions’. Many strategies and actions use language that do not indicate an intention or commitment to act, including words such as ‘explore’ or ‘investigate’. This wording should be strengthened to ‘implement’ or similar. This is particularly the case where the strategy or action is already supported by a significant evidence base.
* The top level of the document does a good job of taking a broad health focus and recognising the importance of multiple influences in the prevention of obesity which is less well reflected in the strategies, with many dichotomised into food-focused or physical activity-focused silos. Ensuring the implementation plan takes an inclusive health focus will be important to ensuring those tasked with implementation can most efficiently and effectively undertake the actions e.g. local communities will want to consider addressing active transport systems alongside local food systems.