Victorian Public Health and Wellbeing Plan 2015 - 2019

Consultation

Feedback Form

Thank you for taking the time to consider the Victorian Public Health and Wellbeing Plan 2015 – 2019 Consultation Paper (available at www.health.vic.gov.au/prevention/vphwp.htm).

Feedback is sought from key stakeholders about the proposed approach outlined in that Consultation Paper. Six questions are outlined below and responses of up to 500 words each would be appreciated.

Some information about you is requested below. We may publish submissions received on the department's website, your permission to do so is sought below.

Name of person completing this form:
Todd Harper (Cancer Council Victoria), Craig Bennett (Diabetes Victoria) and Boyd Swinburn (WHO Collaborating Centre for Obesity Prevention at Deakin University)

Organisation:
Obesity Policy Coalition.

The Obesity Policy Coalition (OPC) is a partnership between Cancer Council Victoria, Diabetes Victoria, and the World Health Organization Collaborating Centre for Obesity Prevention at Deakin University, with funding from VicHealth. The OPC is concerned about the high rates of overweight and obesity in Australia, particularly among children.

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Are you completing this feedback on behalf of your organisation? Yes

We may publish submissions received. Do you agree to your submission being made public?
Yes you can publish my submission

Please forward your response to prevention@dhhs.vic.gov.au by Wednesday 1 July 2015.

1. **What is your opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper?**

The Obesity Policy Coalition's (OPC) primary interest in this review relates to how the Public Health and Wellbeing Plan 2015-2019 (the Plan) may best support Victorian state and local governments to take the urgent steps needed to improve diets and reduce the impacts of overweight and obesity in Victoria.

The OPC welcomes the proposed focus on prevention and intention to place stronger emphasis on the social and environmental determinants of health and wellbeing. It also welcomes the proposed recognition of the need for a "whole of system, whole of society" approach to prevention, however it would urge the DHHS to place a stronger focus on the need for government leadership in the area of obesity prevention, ensuring that government led actions are being developed, implemented and soundly evaluated. The importance of the Plan supporting an across government approach cannot be understated, it will be vital to support other departments to understand their role and how they can influence the drivers of good health and wellbeing. Additional funding linked to the Plan will also be vital to ensure it is adequately resourced to achieve its objectives.

In determining the scope of the Plan, compared to matters to be included in a separate Action Plan, the OPC would highlight the department's obligations under section 49 of the Public Health and Wellbeing Act 2008 (the Act) to develop a plan that specifies or incorporates not only objectives and policy priorities, but also how to achieve these (based on available evidence) and how the state government will work with other bodies. The OPC would therefore urge the DHHS to include greater detail in the Plan itself about the evidence based strategies and partnerships that should be developed to achieve the stated objectives. Or alternatively, if strategies are not to be included in the Plan itself, it would urge that the Plan make provision for the Action Plan to be annexed as a schedule to the Plan when finalised to ensure that the Action Plan is part of, and most importantly has the same status as the Plan itself. Ideally, the Plan itself should still identify some high level policy strategies that are to be detailed in the Action Plan/schedule (particularly if the Action Plan will not be released prior to the commencement of the new Plan).

The OPC urges this approach for two reasons. Firstly, it was clearly Parliament's intention that the Plan provide the overarching policy framework for improving public health and wellbeing in Victoria. It should be driving the programs and policy initiatives that will be needed across sectors and departments and ensuring that they are capable of achieving the Plan's objectives. Secondly, the Plan has a key role to play in guiding the development of Municipal Public Health and Wellbeing Plans (MPHWPs). Under section 26(3) of the Act Councils *must* have regard to the Plan when developing their MPHWPs. It was clearly Parliament's intention that Councils be guided by evidence based strategies outlined in the Plan, taking into account local context. In the absence of the Plan providing clear guidance in this regard (directly or through the Action Plan being annexed to the Plan), or the clear and measurable objectives and targets they should be working towards (see discussion below), councils will continue to find it difficult to prioritise actions and implement policy initiatives capable of achieving meaningful outcomes. The OPC has recently analysed a sample of MPHWPs across Victoria and has found that, guided by the current state Plan, they are often vague and fail to include any real strategies capable of achieving objectives to improve diets or weight outcomes. Clear guidance on specific and evidence based policy and program options for local councils are urgently needed.

2. **What do you see as the pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)?**

The OPC supports the articulation of objectives and policy priorities in the new Plan, as required under

section 49(2)(c) of the Act However, it does not support the inclusion of only broad long term objectives and medium term priorities. Rather, the OPC would welcome a Plan that identifies SMART (Specific, Measurable, Achievable, Realistic and Timely) *long term* and *medium term* objectives.

A combination of SMART medium and long term objectives, supported by more directly linked risk and outcome measures in the Plan, would better guide state government decision makers and stakeholders, ensure stronger accountability and evaluation and provide better guidance to local governments in their development of MPHWPs. Medium term objectives should be for the term of the Plan, to 2019, and evaluated as the Plan comes to a close, to inform the new Plan for 2020 and measure progress towards long term objectives (also enabling review of those long term objectives for the new Plan).

In particular, long term objectives are vital to ensure that all stakeholders are clear about what should be achieved and to guide the development of medium and long term strategies and priorities. However medium term objectives and targets are also necessary to assist state and local governments and stakeholders to prioritise their actions and identify whether they are on track to reaching longer term objectives and targets. They will also enable them to learn by doing, act on new evidence and incorporate evaluation results to improve policies and programs as they work toward achieving long term objectives.

In the area of obesity prevention, change will take time. It will be the result of a range of government led programs and policy initiatives across sectors, and will require long term investment. As discussed below in response to question 3, while longer term objectives should relate to improved diets and reducing the impacts of overweight and obesity, medium term objectives should relate to policy implementation and improved public knowledge and attitudes in relation to the health impacts of overweight and obesity.

The priorities, for the term of the Plan, should be aimed at the achievement of both medium and long term objectives and targets.

3. What is your opinion of the scope of the proposed *objectives*?

- **would you exclude or include any?**

The OPC generally supports the proposed objectives, however as discussed above in response to question 2, it would encourage the DHHS to set medium and long term objectives, ensure that these objectives are SMART and that they are clearly linked to the risk and outcome measures to be included in the Plan. Progress towards, and achievement of, the objectives currently stated will be difficult to measure and evaluate. The objectives are very broad and do not link clearly enough to the proposed high level risk and outcome measures.

In developing SMART medium and long term objectives, the OPC would encourage the DHHS to draw upon the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 (GAP) and the National Preventative Health Strategy (NPHS). These documents provide clear examples of long and medium term objectives (incorporating targets) that are realistic, measurable and easily adapted to Victoria's local context.

In terms of obesity prevention, and drawing on the GAP and NPHS, any SMART long term objectives should include 'to halt and reverse the rise in overweight and obesity'. While the OPC recognises that the consultation paper identifies 'stem the rise in obesity' as a priority, it would urge the DHHS to lift a change in obesity rates to a measurable objective against which medium term objectives and strategies, and risk and outcome measures, may be developed. For reasons of better clarity and consistency with the GAP and NPHS, it would also encourage the DHHS to use the word 'halt' rather than stem. Furthermore, the OPC would encourage the DHHS to be bold and set a long term objective not just to halt the rise in obesity, but also reverse it. In Victoria there is some evidence that the rise in obesity has already halted in some age groups, including among 5 – 17 year olds. By building on initiatives to date and prioritising a government led cross-sectoral package of policies and interventions,

halting and reversing the rise of obesity across all age groups (and including among vulnerable groups) could be achieved by 2025.

The DHHS may also be guided by voluntary target in the GAP, to achieve a 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, type 2 diabetes, or chronic respiratory diseases by 2025. Given the increasing prevalence of type 2 diabetes and its health and economic burdens, the DHHS may also draw on the GAP and NPHS to specifically aim not only to halt and reverse the rise in obesity, but also the rise in type 2 diabetes by 2025.

Medium term objectives and targets, for 2015 – 2019, linked to risk and outcome measures, should also draw on the GAP and NPHS and may include: to increase exposure to social marketing campaigns, to increase the capacity of local councils to support healthy living (including through strengthened MPHWPs capable of producing meaningful outcomes), to improve consumer knowledge of the health impacts of obesity and to advocate for diet related behaviour change (for example, to increase the proportion of children and adults meeting national guidelines for healthy eating and physical activity by 15%). Most importantly, medium term objectives should also be linked to policy initiatives and strategies, such as reducing children's exposure to unhealthy food marketing (with a target to eliminate it in junior sport) and reducing the number of calories purchased in fast food outlets. These objectives would obviously need to be supported by policy initiatives to restrict unhealthy food advertising in children's settings, particularly junior sport and introduce a mandatory kilojoule or Health Star Rating system on menus in chain food outlets.

4. What is your opinion of the scope of the proposed *priorities*?

- **would you exclude or include any?**

The OPC welcomes the proposal to identify stemming the rise in obesity as the first priority for 2015 – 2019. However as discussed above, the OPC submits that 'to halt and reverse the rise in obesity' should be an objective of the Plan. Having regard to the urgent and comprehensive programs and policy initiatives that will be required to achieve this objective, the number one priority under the Plan should be to achieve this objective. The Plan (or an annexed Action Plan) should then more specifically identify the priority programs and policy initiatives that will be needed to achieve this objective.

Making obesity prevention the first priority under the Plan recognises that poor diet and elevated Body Mass Index are the two leading contributors to the burden of disease in Australia (see Global Burden of Disease Country Profile data). Victorians (and Australians) continue to suffer high levels of overweight and obesity. Most Australians (63%) are now overweight, including almost one third (28%) who are obese. A quarter of Australian children are overweight or obese (see Australian Health Survey 2011-12 data) Outer-suburban and regional areas are disproportionately affected, with the Loddon-Mallee-Murray region experiencing the country's highest rate of obesity, at 41%. Gippsland ranks among the top five regions for combined rates of overweight and obesity, with prevalence at 75% (In Focus Healthy Communities – Overweight and Obesity rates across Australia, 2011-12) Low SES communities are also likely to experience higher rates than wealthier areas (see Weight and Place: a multilevel cross-sectional survey of area-level social disadvantage and overweight and obesity). In 2008, Access Economics estimated that obesity cost Victoria $485 million in direct health care costs, and $899 million in lost production each year. The consequences of these high rates and costs will have a huge impact on productivity, prosperity and quality of life for Victorians now and in coming decades.

The Victorian Government has been a national leader in prioritising obesity prevention, particularly through its commitments to Healthy Together Victoria, the *Life!* Program and Live Lighter. It must now build on these achievements and lead an overarching, cross-sectoral package of policies and effective interventions to reduce overweight and obesity across the state. For further information regarding the evidence based programs and strategies that need to be prioritised to improve diets and reduce the impacts of overweight and obesity in Victoria, please see the OPC Policy Brief: Next steps: building on the prevention system to address overweight and obesity in Victoria. Examples include the need to build upon the work of health promoting programs such as Healthy Together Victoria, the *Life!* Program

and Live Lighter, to reduce children's exposure to unhealthy food marketing (especially through junior sport) and implement a mandatory kilojoule or Health Star Rating system on menus in chain fast food outlets. No single intervention in isolation can be expected to have a substantial effect on overweight and obesity rates; a comprehensive approach across sectors is urgently needed.

5. How do you see your organisation contributing to achieving these proposed objectives and priorities?

A systems approach to obesity prevention is urgently required and the OPC has demonstrated a very effective approach to highlighting the need for policy/regulatory reform in this area. Since commencing in 2006, the OPC has become the leading expert and advocacy group in obesity prevention policy in Victoria and nationally. It has had significant influence in shaping obesity policy agendas, particularly in the areas of food marketing and labelling. The OPC is also a leading voice in Australian media on childhood obesity policy related issues, improving consumer awareness and holding the food and advertising industries to account. The OPC has undertaken a substantial amount of research and drafted detailed position statements on unhealthy food advertising to children, front of pack labelling and fiscal measures to improve diets. It has engaged extensively with government and non-government stakeholders on these issues and participated in numerous consultations. It has also successfully complained to regulators about breaches of food labelling regulations in Australia, including in relation to children's products. The OPC has held the food and advertising industries to account for several breaches of their industry codes, as well as highlighting some of the failures of these codes and the need for improved regulation. It has also prepared a blueprint for legislation to restrict unhealthy food advertising to children, undertaken significant analysis of the powers of state and local government in this regard, and would be pleased to share this knowledge with the Victoria government. For more information and access to the OPC's work (including policy briefs, submissions, complaints to regulators and media releases) please visit the OPC's website at http://www.opc.org.au

Initiatives such as Live Lighter, the *Life!* Program and Healthy Together Victoria also have a significant contribution to make to the achievement of these objectives and priorities. They have contributed significantly to improved community awareness and built capacity to improve diet and health outcomes across sectors and communities. However, ongoing funding, evaluation and a long term commitment by governments will be needed to enable such programs to achieve improved weight reduction and health targets over time. For example, LiveLighter, funded by the Victorian Government and delivered by Cancer Council Victoria (CCV) and the Heart Foundation, was designed to strengthen Victoria's prevention system (Healthy Together Victoria) and target priority populations to reduce health disparities. While this campaign had significant reach, improved the public's knowledge of the health impacts of overweight and had significant public support, long term investment to achieve longer term goals is vital. The same is true of the *Life!* Program, which, at this stage, is only funded through to 30 June 2016.

The OPC would also highlight the contributions that may be made by its partner organisations – Cancer Council Victoria and Diabetes Victoria. For example, CCV's Prevention programs are leading experts and advocates for policy reform to reduce cancers attributable to tobacco, UV radiation, alcohol, obesity and infection, particularly in high risk populations. They also promote the benefits of screening, vaccination and early detection. CCV has provided obesity prevention policy expertise to Live Lighter and would be pleased provide similar expertise to other programs and initiatives in the future. Diabetes Victoria is the leading charity and peak consumer body working to reduce the impact of diabetes in the Victorian community, including through information, services, education, support, advocacy and a range of programs, including the *Life!* Program.

6. Do the proposed high level risk and outcome measures reflect a healthy and well Victoria?

- **if you had to choose five or six measures, what would they be?**

The OPC is concerned that a number of the risk and outcome measures identified in the Consultation Paper do not support the objectives as currently stated. When reviewing the objectives and identifying strategies in the Plan (or an annexed Action Plan) the OPC urges the DHHS to review the risk and outcome measures identified and ensure that they are well linked to the final strategies and objectives. When developing specific measures, the OPC also urges the DHHS to draw upon the Final

Comprehensive Global Monitoring Framework for NCDS. The DHHS should also ensure that the Plan identifies where new data and measures are required, not just those already existing.

In relation to obesity prevention, the OPC would urge the DHHS to include measures of policy effectiveness, for example to measure the exposure of children to unhealthy food advertising and the sale of unhealthy food and beverages to children in schools. It also recommends measuring not only consumption of soft and/or sports drinks daily, but the purchase or consumption of all sugar-sweetened beverages (including all non-alcoholic water based beverages with added sugar, such as sugar-sweetened soft drinks, energy drinks, fruit juices and fruit drinks, sports drinks and cordials) as it is the sugar in this entire category that is contributing to adverse diet and weight outcomes in Victoria .

Risk and outcome measures should also be set to ensure development and delivery of initiatives and policies supporting those most at risk. Therefore, we recommend using measures to demonstrate change in those furthest from the guidelines, for example, reducing the number of people doing no physical activity and eating no vegetables. Measuring the increase in adherence to the guidelines, such as improving the proportion of people doing 150 minutes of physical activity each week, may inadvertently prioritise programs targeted to those under, but close to the guidelines, and provide less opportunities for those most in need and at risk.