

Achieving the Policy Objectives

In order to establish that any action relating to alcohol consumption would be successful in achieving the policy objective of decreasing the proportion of Australians who are overweight and obese, it would need to be established that alcohol consumption causes or significantly contributes to obesity.

The relationship between patterns of alcohol consumption and obesity is complex and influenced by many factors including gender, genetics, diet, physical activity, sleep, and body weight.

Approximately one third of epidemiological studies on alcohol and body weight suggest that there is a positive correlation between alcohol consumption and body weight, one third found a negative correlation and one third found no association at all. The discrepancies in data may result from methodological differences between the studies.

When alcohol is consumed in conjunction with a meal, as is the general cultural approach to alcohol in Australia, it becomes the priority substrate and temporarily displaces carbohydrate and fat from oxidative metabolism in the liver. Since there is a maximum oxidation rate for alcohol of approximately 0.1 g/kg (0.7 kcal/g) fat-free mass per hour, only approximately 50% of the resting energy expenditure can be covered by alcohol oxidation and substantially less if this is related to total energy expenditure, which includes physical activity.

This implies that alcohol can temporarily and transiently spare the oxidation of other substrates up to a maximum level of 50% the resting value. This means that alcohol is metabolized before carbohydrates and fats and as such delays the energy inputs of these nutrients into the body, resulting in a lower likelihood of additional calories that contribute to weight gain.

In relation to light to moderate alcohol consumption, there have been several studies that have found that light to moderate drinkers have lower odds of being overweight or obese compared with non-drinkers and ex-drinkers.

For example, a study of 43 543 participants considered the relationship between alcohol consumption and weight over a 13-year period.¹ Some key findings from this study are as follows:

- There is an inverse relationship between drinking frequency and weight gain when compared to non-drinkers, non-drinkers had the highest odds of weight gain.
- Importantly, weight loss was not associated with the amount of alcohol consumed.
- Light to moderate alcohol consumers were less likely to gain weight compared to non-drinkers.

Heavy drinking and binge drinking i.e. harmful alcohol consumption, however, are more likely to carry such an association with excess body weight (Tolstrup et al. 2005, Arif and Rohrer 2005, Lukasiewicz et al. 2005, Wakabayashi et al. 2010, Shelton et al. 2010, Lee 2012). These studies are limited in their ability to demonstrate cause-and-effect relationships or changes in weight status over time, due to significant confounders within this cohort and likelihood of drinking with other behaviors such as consumption of bar or other discretionary snacks and levels of physical activity.

In addition, the caloric profile of alcohol beverages vary considerably. There are alcoholic beverages such as 'no sugar' ready to drink beverages, low carbohydrate beer and Weight Watchers approved wine. This means that there are alternative alcoholic beverages for those wishing to limit their caloric intake. It also means that a blanket decision on alcohol is meaningless.

As there is no conclusive evidence to support a causative link between alcohol consumption and being overweight or obese, the policy position to include alcohol in the strategy is not evidentiary supported and references to alcohol should be removed. The appropriate place for alcohol policy and strategy is to be found with another arm of Government that is focussed on this area through the National Alcohol Strategy.

Prevention of Harmful Alcohol Consumption

As outlined above, the only area in which alcohol consumption poses the possible associated risk to obesity is where there is heavy drinking or binge drinking. There are multiple strategies in place to reduce harmful alcohol consumptions as follows:

National Drug Strategy - A ten-year framework that aims to reduce and prevent the harmful effects of alcohol, tobacco and other drugs approved by the federal, state and territory governments of Australia.

National Alcohol Strategy - A framework to prevent and reduce alcohol-related harm approved by the federal, state and territory governments of Australia.

National Alcohol and other Drug Workforce Development Strategy - To enhance the capacity of the Australian AOD workforce to prevent and minimise alcohol and other drug-related harm across the domains of supply, demand and harm reduction activities approved by the federal, state and territory governments of Australia.

NSW Health Alcohol and Other Drugs Strategy - The Centre for Population Health is finalising a strategy for the NSW Health system to address and minimise harm associated with alcohol and other drug use.

ACT Drug Strategy Action Plan 2018-2021 - outlines ACT Government priorities to address and minimise harms from alcohol, tobacco, illicit drugs and non-medical use of pharmaceuticals in the territory.

VicHealth Alcohol Strategy 2019-2023 - reaffirms the 10-year goal of 200,000 more Victorians drinking less alcohol by 2023.

Queensland Mental Health, Drug and Alcohol Strategy - brings together the best ideas to shape a new direction for mental health, drug and alcohol reform.

Tasmanian Alcohol Action Framework – a new framework is being developed and will be informed by both the new National Alcohol Strategy and by a new Tasmanian Drug Strategy expected to be developed in 2019.

Northern Territory Alcohol Harm Minimisation Action Plan – an action plan for the minimisation of alcohol related harm in the Northern Territory.

Western Australian Alcohol and Drug Interagency Strategy 2018-2022 - WA's key policy document that outlines strategies to prevent and reduce the adverse impacts of AOD.

South Australian Alcohol and Other Drug Strategy 2017-2021 – the guiding strategy for harm minimisation of alcohol and other drugs in SA.

As there a plethora of strategies dedicated to the reduction of harmful alcohol consumption any references to alcohol in the obesity strategy should be removed. This will ensure the focus on harmful alcohol consumption is clear and unambiguous.

Consideration of Nutrition Warning Labelling for Alcoholic Beverages

The consultation paper includes the following:

Action 4.6.2 - Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, energy content) to complement the Health Star Rating system.

Alcoholic beverages are clearly labeled as such. The label includes information on the percentage of pure alcohol by volume as well as the number of standard drinks in each product. The labelling of alcoholic beverages are regulated by FSANZ in a way that recognises it as a unique product. As such, a label warning that a beverage contains alcohol is not necessary as the information already exists on label.

It is important to note that Health Star Rating system specially excludes alcohol. This means that the nutrition warning label for alcohol would not be complementary to the Health Star Rating system in this case.

Lastly, Australia is a signatory to many worldwide trade agreements that are prescriptive on what information can and cannot be mandated for the front-of-label of an alcoholic beverage. Actions by the Australian Government to mandate specific information on front-of-label would be strongly contested and be in breach of many treaties that Australia is a signatory.

As alcoholic products are clearly sold as such with alcohol content stated on the front of label a nutrition warning label for alcohol is unnecessary. As such ABA recommends removing reference to alcohol from action 4.6.2 and that the limited resources available to an obesity strategy are maximised.

Consideration of Price Mechanism to Reduce Alcohol Consumption

The consultation paper includes the following:

4.7.3 Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price.

Action 4.7.3 is aimed to reduce all alcohol consumption. As outlined above, the risk of obesity becomes a possible issue when there is binge or heavy drinking taking place, noting correlation is not causation.

Price mechanisms have not been proven to be effective in reducing harmful alcohol consumption. Evidence demonstrates that while higher prices can influence the amounts of alcohol light to moderate drinkers consume, heavy and harmful drinkers are price inelastic and do not moderate their consumption in a significant way.

This matter has been considered as part of the National Alcohol Strategy and the Australian Government has clearly signalled it is not supportive of changes to alcohol tax².

As such, ABA recommends the removal of action 4.7.3 in its entirety.

Unintended Consequences on the inclusion of alcohol in the Strategy

A possible unintended consequence of including alcohol in the obesity strategy is exacerbating the issue of 'drunkexia'. 'Drunkexia' refers to extreme weight control behaviours to compensate for binge drinking. The messaging that alcohol causes obesity may further fuel situations where 'drunkexia' is taking place.

As alcohol can form part of a balanced diet and lifestyle, it is important to ensure alcohol is not portrayed as a beverage that will necessarily lead to weight gain.

Further Consultation

While some mention is made on the overarching webpage that there will be further consultation, there is no clarity on whether there will be an opportunity to provide written feedback on the draft strategy. ABA submits that a second consultation period of at least 60 days be provided once the draft strategy is developed and include consultation to include written submissions.

For any questions on this submission please contact:



Have your say on a national obesity strategy

PLEASE NOTE: THIS WORD VERSION OF THE SURVEY IS FOR REFERENCE PURPOSES ONLY. PLEASE SUBMIT YOUR RESPONSE VIA THE ONLINE SURVEY AT

<https://www.surveygizmo.com/s3/5291207/national-obesity-strategy-long-survey>

Introduction

The Australian community is invited to take part in a national consultation to inform a national obesity strategy. This consultation runs from 4 November to 15 December 2019 and is being conducted by The Social Deck on behalf of the Council Of Australian Governments (COAG) Health Council.

This survey is one of the ways you can have your say.

While completing this survey you may want to refer to the consultation paper. The consultation paper provides details of the proposed framework and ideas for consideration to be included in a national obesity strategy. There is also a shorter version of the consultation paper.

About the survey

This survey is most relevant to organisations or interested individuals who want to have their say about the specific ideas and strategies being considered for inclusion in a national obesity strategy.

The survey will close at 11:59 pm on Sunday, 15 December 2019.

This survey includes some questions that ask you to rate items on a scale and other questions that ask you to write about your views, suggestions and feedback on specific strategies and ideas that are outlined in the consultation paper. It is designed to enable you to submit comments about each of the proposed strategies if you want to.

The survey may take at least 45 minutes to complete, or longer if you provide comments on specific strategies. There is also a shorter survey available, which will only take approximately 20 minutes to complete. The shorter survey is for members of the public.

The survey is in six parts, which includes:

- Section 1. Proposed timeframe and scope for a national obesity strategy
- Section 2. Proposed principles to guide a national obesity strategy
- Section 3. Proposed priority areas and strategies for a national obesity strategy
- Section 4. Proposed enablers for a national obesity strategy
- Section 5. Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy
- Section 6. Questions about you [please note these questions are not provided in this word version].

If you wish, you can complete the survey in stages. On the bottom right of each page of the survey, there is an option to supply an email address to save your progress. A unique link will be emailed to you that will allow you to return where you left off. Email addresses entered for this purpose are not saved with your responses to the survey. Please note that, depending on which email service you use, these emails can take up to a few hours to come through to your inbox.

This survey is being conducted in accordance with the Privacy Act 1988. You can access The Social Deck's research privacy policy [here](#).

Support to help you complete the survey

If you have difficulty understanding the survey and need a translator or interpreter, please call the Translating and Interpreting Services (TIS National) on 131 450 and ask them to contact The Social Deck on 0491 617 118.

The National Relay Service (NRS) is a service for people who are deaf, hard of hearing and/or have a speech impairment. If you need help contacting us, the NRS can assist. To contact the NRS visit <https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service> or call the following numbers:

- TTY — 133 677
- Speak and Listen — 1300 555 727
- SMS relay — 0423 677 767

If any of the questions or content in the survey/s cause you distress, you can end the survey at any time. If you or someone you know is in crisis or feeling distressed and needs support, call Lifeline on 13 11 14 or Beyond Blue on 1300 224 636. The Butterfly Foundation supports anyone concerned by an eating disorder or body image issues on 1800 334 673.

If you have any questions or concerns about the survey, please email engage@thesocialdeck.com

How will responses be used?

Findings from the survey will be collated and included in a report to inform the development of a national obesity strategy.

You will be required to consent to having information published or used publicly.

If you are an organisation completing this survey, you will be required to provide the name of your organisation and your responses may be attributed to your

organisation. A list of organisations who completed the survey may be published online and in the consultation report.

Organisations will also be required to provide a contact name and email address so that we can contact them about this consultation if required. Names and email addresses will not be published or shared with any third parties.

Thank you for completing the survey.

Consent to participate in this survey.

By participating in this survey, you indicate that:

- You have read the above information;
- Your participation in this survey is voluntary;
- You consent to your responses being included in public reports; and
- You are at least 14 years of age.

Q1. Do you wish to continue with this survey?

1. **Yes (skip to Q2)**
2. No (if you select no, you will be exited from the survey)

Q2. Are you completing this survey on behalf of an organisation or as an interested individual?

1. **On behalf of an organisation**
2. As an interested individual

Q3. What is your organisation's main role or interest in a national obesity strategy? You may select all that apply.

1. We are a health or medical organisation
2. We are a research organisation
3. We are an education institution
4. We are a government organisation
5. We are a business that sells and/or markets food/drinks/produce
6. **We are an organisation that represents businesses that sell and/or market food/drinks/produce**
7. We are a health/fitness/sport/wellness organisation
8. We represent a particular population group
9. Other (please specify)

Q4. What is your main role or interest in a national obesity strategy? You may select all that apply.

1. I am a health professional
2. I am an academic or researcher
3. I am employed by federal, state or territory, or local government
4. I am a business owner
5. I work in a health promotion organisation
6. I work for a business that sells and/or markets food/drinks/produce
7. **I work for an organisation that represents businesses that sell and/or market food/drinks/produce**
8. I work in the health/fitness/sport/wellness industry
9. I am a teacher/educator
10. I am an interested member of the community
11. Prefer not to say
12. Other (please specify)

Q5. Many people and organisations have a diverse range of views on what should be included in a national obesity strategy. To ensure transparency throughout the consultation process, it is important to consider these views in the context of any relevant interests.

As you are answering this survey on behalf of an organisation, please provide the name of your organisation in the space below. This information is required.

Australian Beverages Council

Q6. Please provide a contact name and email address for your organisation so that we may contact you about this consultation process if required. Your contact details will only be used for the purpose of this consultation and will not be shared with any third parties. Once again, this information is required.

Name:

Email

We are now going to ask you a series of questions about the proposed framework and ideas that could be included in a national obesity strategy. These are outlined in more detail in the [consultation paper](#).

The framework and ideas have been informed by the following sources:

- Senate Select Committee Inquiry into the Obesity Epidemic in Australia (2018);
- National Obesity Summit (February 2019);
- Two commissioned evidence reports (Population-level strategies to support healthy weight and Addressing the social and commercial determinants of healthy weight); and
- A practice review of state and territory, international, global and consensus strategies and statements.

Section 1. Proposed timeframe and scope for a national obesity strategy

Q7. Timeframe of a national obesity strategy

It is proposed that a national obesity strategy will guide action over the next 10 years – from 2020 to 2030. Do you think this timeframe is too short, about right, or too long?

1. Too short
2. **About right**
3. Too long
4. I'm not sure

Q8. Timeframe of a national obesity strategy

Why do you think the proposed timeframe of 10 years is (pipe response from previous question)?

The Australian Beverages Council supports the proposed timeframe of 10 years based on the following five key points:

1. It is an appropriate timeframe to allow for effective consultation with multiple stakeholders to develop a meaningful and measurable strategy with appropriate governance structures;
2. Overweight and obesity is a highly complex, multi-causal issue requiring a comprehensive, systemic program of multiple interventions to be effective which takes considerable time;
3. The timeframe allows for time to engage with and address the needs of the many culturally and linguistically diverse communities in Australia with targeted programs;
4. A multi-government (federal, state and local) and multi-department approach in conjunction with NFP and private sectors will require considerable coordination, capital, human resources and time;
5. Capital funding arrangements will need to be sought and this may be lengthy and/or subject to budgetary constraints; and

6. The implementation of any recommended changes for food and beverage industry, retailers and food service will require adequate transition periods.

The Australian Beverages Council supports the periodic review of long-term orientated strategies, such as the National Obesity Strategy. For example, the Australian Beverages Council has been involved with other long-term strategies, including the successful Health Star Rating system and the Healthy Food Partnership. In overseas jurisdictions, it is commonplace for industry, government and non-government organisations to collaboratively work on multi-year strategies.

Case Study: Health Star Rating

In this example, the Health Star Rating system has been the subject of periodic and ongoing review, and multiple stakeholders have provided detailed submissions and feedback in the review of the progress of implementation after two years (27 June 2014 to 26 June 2016) and most recently in the formal review of the system after five years of implementation (June 2014 to June 2019).

In addition to the formal review process, the Health Star Rating system is governed by a number of formal structures and is ultimately the responsibility of the Australia and New Zealand Ministerial Forum on Food Regulation [Forum]. The Health Star Rating system is governed by the Front-of-Pack Labelling Steering Committee and the Health Star Rating Advisory Committee [HSRAC].

The activity of the Front-of-Pack Labelling Steering Committee was absorbed into the Food Regulation Standing Committee [FRSC] in November 2015 and work related to the system continues under the FRSC.

The work of the HSRAC oversees the implementation and evaluation of the Health Star Rating system and includes the assessment of anomalies related to the system's calculator and emerging products. Importantly, Members of the HSRAC are from the New Zealand government, Australian state and territory governments, as well as representatives from industry, public health and consumer groups.

The HSRAC adheres to detailed Terms of Reference which includes a detailed role and purpose, including the provision of regular reports to the FRSC on:

1. timing, scope and processes for external reviews and on implementing recommendations arising from reviews;
2. budget needs and allocation of resources;
3. appointments to any sub-committees of the Advisory Committee; and

4. other matters related to the operation of the HSR System, including its administration.

Case Study: Healthy Food Partnership

The Australian Beverages Council has also been significantly involved in the oversight of the Healthy Food Partnership and its various working groups.

The governance structure for the Healthy Food Partnership comprises an Executive Committee, five working groups and where required industry roundtables.

The Healthy Food Partnership is based on the following key areas:

Portion Size – promote and communicate appropriate portion sizes, and consumption of portion sizes that align with the Australian Dietary Guidelines. Encourage more appropriate packaging of products to align with consumption, to encourage purchase and minimise wastage.

Communication and education – focus on whole foods and total diet. Work to explain the Australian Dietary Guidelines and how to eat a balanced diet encompassing all five food groups. Develop a long term strategy for education which recognises different behavioural, nutritional and information needs of the population.

Reformulation – work with industry and key stakeholders to make targeted manufactured foods healthier by building on existing strategies such as the Health Star Rating system and optimising the appropriate balance of nutrients and ingredients in food.

The Australian Beverages Council actively participates in these working groups, particularly the Implementation Monitoring and Evaluation Reference Group [IMERG].

In relation to the National Obesity Strategy, the Australia Beverages Council supports governance and review structures that are similar in nature to the Health Star Rating system and Healthy Food Partnership, particularly those that include opportunities for collaboration and partnership across stakeholder groups (NGOs, industry, government and academia).

The Australian Beverages Council would welcome opportunities to co-create and partake in formal governance structures, such as committees and working groups, and act as a conduit between the broader non-alcoholic beverage industry and the formal oversight structure.

Q9. The proposed scope of a national obesity strategy

Page 9 of the consultation paper outlines the proposed scope of a national obesity strategy. This includes:

Government leadership for a whole-of-society response - The strategy will be a unifying framework, to enable genuine partnerships, improved collaboration and shared responsibility. It will identify strategies for Commonwealth and State and Territory governments, as well as the community and other key stakeholders including, non-government organisations and the private sector.

Prevention is the focus – The strategy will focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all. Prevention actions benefit everyone, by helping to make the healthy option the easiest option. This includes actions to address environmental and social influences.

Outside the scope of a national obesity strategy are:

- Actions to manage and address underweight; and
- Tertiary prevention actions (e.g., treatment of obesity and/or obesity-related complications).

To what extent do you agree or disagree with each of the following components in the proposed scope for a national obesity strategy?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I'm not sure
The strategy should encourage government leadership for collaborative, whole-of-society action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should identify actions for Commonwealth and State and Territory governments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should identify actions that will involve non-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

government organisations and other community stakeholders.						
The strategy should identify actions that will involve the private sector.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should not focus on tertiary prevention actions to treat overweight and obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The strategy should not focus on actions to manage and address underweight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q10.

Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove? Please provide your suggestions about the proposed scope in the space below.

Please note there are many opportunities to comment on specific strategies and ideas proposed to be included in the strategy throughout the survey.

The Australian Beverages Council recommends the next phase of the development of the National Obesity Strategy should focus on clear measurable goals to provide a framework for the recommended strategies in a meaningful, measurable way.

Underpinning the National Obesity Strategy should be the reduction of overweight and obesity, prevention of overweight and obesity, and greater nutritional understanding.

There are a number of ways to measure a reduction in overweight and obesity while reinforcing strong nutritional literacy, including:

1. Reduction in BMI;
2. Reduction in high BMIs among certain at-risk groups
3. Reduction in the incidence of chronic disease;
4. Greater diet quality as measured by longitudinal dietary records;
5. Consumer awareness of balanced, nutritious diets;
6. Greater awareness of balanced, nutritious diets among at-risk groups; and
7. Ongoing improvement in diet quality and risk factors for those monitored in clinical settings.

Currently, the goal of the strategy is unclear, beyond to 'reduce overweight and obesity'. The Australian Beverages Council recommends careful consideration of the feasibility of this goal within the context of the following outlined in the Consultation Paper: "the number of adults living with obesity has doubled in the last 10 years". A more realistic goal of the strategy might be, "To prevent any further increase in adults living with obesity".

In addition, the development of specific goals for higher risk communities, such as those living in areas of high disadvantage or communities that have high Cultural and Linguistically [CALD] backgrounds, may be beneficial to ensure the strategies and actions are targeted to address the needs of specific groups.

As the current Consultation Paper does not include clearly defined goals, it is difficult to comment on specific strategies with confidence. The Australian Beverages Council supports the development of committees or special interest working groups to oversee the creation of specific strategies that target vulnerable or 'at-risk' groups.

Important comment about the nature of the long-form survey:

The nature of the long-form survey presents some challenges in responding to the complex issue of overweight and obesity. The Australian Beverages Council understands that:

1. The ratings of strategies and sub-strategies in the long form survey allow the reviewer to see which strategies are most important and least important to respondents.
2. The ratings give additional context to the comments provided and will not be interpreted in isolation.
3. The rating scales also help the reviewer to dissect the details of the consultation paper, beyond feedback comments.
4. The ratings will be used to split the analysis of the comments provided. For example, the reviewer can split the ideas and comments by those who rated a strategy as more important and those who rated it as less important.

Given the broad nature of some of the strategies/ideas contained in the consultation paper, it is challenging to accurately reflect a position and it is imperative that all comments be considered as qualifying remarks to the respective positions expressed in the ratings boxes.

In the next sections we will ask you a series of questions related to each of the components of the proposed framework for action:

- Five proposed principles that will guide development and implementation of a national obesity strategy.
- Four proposed priority areas and the specific strategies included under each of these priority areas.
- Four proposed enablers that will help support sustained implementation of a national obesity strategy.

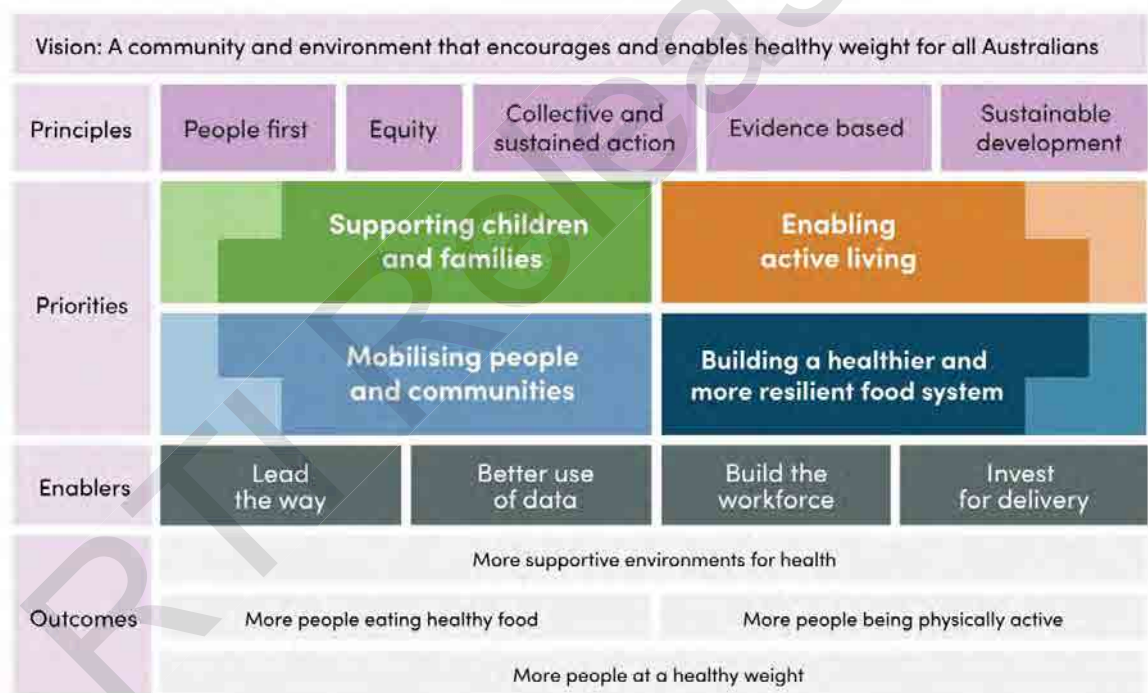


Figure 1. Proposed framework for a national obesity strategy

Section 2. Proposed principles to guide a national obesity strategy

Q11.

The proposed guiding principles for a national obesity strategy

We are interested in what you think of the five proposed guiding principles for a national obesity strategy. They are described in detail on pages 11 and 12 of the [consultation paper](#).

Please rate how important you think each of the following proposed principles are for guiding the development and implementation of a national obesity strategy.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
People First - the strategy is person-centred, meaning it recognises the unique situations, experiences and strengths of individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equity - the strategy will promote equity, acknowledging some people and groups need additional supports to achieve good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collective and Sustained Action - the strategy will promote partnerships and ongoing shared commitment from government and other key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence-Based - the strategy will be informed by up-to-date evidence and promising or emerging strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sustainable Development - the strategy will align with the pillars of sustainable development: economic growth, social equity and environmental protection.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12.

The proposed guiding principles for a national obesity strategy

Thinking about the five proposed guiding principles, is there anything you would change, add or remove? Please provide your comments in the space below.

The Australian Beverages Council supports the first four proposed guiding principles since overweight and obesity is a highly complex, multi-causal issue and requires a comprehensive, systemic program of multiple interventions to be effective.

The following is recommended with specific reference to each Principle:

Principle 3: The Australian Beverages Council supports the principle of working collaboratively in meaningful partnerships and notes the term “other key stakeholders”. It is recommended that the food and beverage industry be included in these partnerships as a key stakeholder to ensure the principle of collective and sustained action is met.

Principle 4: The Australian Beverages Council supports the strategy being informed by up-to-date evidence but rejects the consideration of ‘promising or emerging strategies’ given the high risk of unintended consequences of unproven, untested strategies. Only the most credible, highest quality evidence should inform the strategy, taking into account the totality of the evidence base.

Principle 5: The Australian Beverages Council strongly rejects the inclusion of economic or environmental policy in the National Obesity Strategy. Given the complexity of obesity reduction, there is risk of failure in developing a strategy with a broad scope. In assessing the overarching goal of the strategy to prevent the increase in overweight and obesity, and ultimately aiming to reduce those who are already overweight or obese, it is recommended that the scope of the strategy focuses on Principles 1- 4.

Section 3. Proposed priority areas and strategies for a national obesity strategy

The proposed priority areas and strategies for a national obesity strategy

We are now going to ask you about the four proposed priority areas for a national obesity strategy. The proposed areas are:

1. Supporting children and families – starting early to support healthy weight throughout life
2. Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

3. Enabling active living – supporting a way of life that helps people move more throughout the day
4. Building a healthier and resilient food system – producing and promoting healthier food and drinks with little impact on the environment

We are interested in what you think of the strategies included under each priority area.

You can answer questions relating to all four of these priority areas, or just chose the areas that interest you most.

Q13.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

For this priority area, there are three proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 14 to 16 of the consultation paper.

The first proposed strategy for this priority area is:

Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

Remember that you can rate and comment on all of the ideas, or you can skip to the next section if you do not want to provide feedback on a particular area.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide healthy eating and drinking support and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide support for mothers to breastfeed and continue to breastfeed by implementing the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Breastfeeding Strategy						
Explore policy options to strengthen protection of infants and families from excess availability and marketing of breast milk substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their new roles as parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for infants (e.g., appropriate introduction of solids, responsive feeding, portion size, screen time, motor skill development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

The second proposed strategy for this priority area is:

Enable parents, carers and families to encourage lifelong healthy habits for children and young people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support parents, carers and families to purchase, prepare and enjoy healthy food and drinks, whilst limiting unhealthy food and drinks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage parents, carers and families of children and young people to use parks and recreation facilities, role model active transport and active living, be active with children (co-participation) and restrict screen time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage greater availability of healthy food and drinks, whilst also limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase availability of, and equitable access to, appropriate programs that support weight management for children, young people and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR COMMENT:

SECOND PROPOSED STRATEGY: The Australian Beverages Council recognises the importance of early education of children about healthy lifestyles and diet.

The non-alcoholic beverage industry welcomes the opportunity to collaborate on the development of education programs, particularly in relation to the role of core and discretionary beverages in children's diets, including flavoured milk and fruit juice with 'no added sugar'.

At present, there is significant confusion about the role of these nutritious beverages in children's diets which requires clarity and practical advice commensurate with the Australian Dietary Guidelines. The Australian Beverages Council believes important education on good nutrition, regular sport or physical activity and recreation should be available to all children, regardless of socio-economic status, as a mandatory part of the school curriculum.

IDEA 4: While the Australian Beverages Council supports the need to encourage greater availability of healthy food and drinks, and limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events, it is important that the venues provide choice (meaning, a range of different types of food and beverages available to meet all needs, including some sugar-sweetened beverages).

Case Study: Advertising on Queensland Government spaces

The Queensland Government's advertising policy on government spaces refers to the '*National interim guide to reduce children's exposure to unhealthy food and drink promotion*', which was endorsed by COAG Health Council in 2018. It is important to note that no sugar drinks were not explicitly included in the categories not recommended for promotion.

The COAG Health Council document references these products as varying 'per application and, is therefore optional; to be decided by each jurisdiction, depending on the setting and proposed use of the guide in that setting.'

The Australian Beverages Council strongly rejects the classification of no sugar beverages as products that are 'not recommended for promotion' or that these products are in any way 'unhealthy'.

Scientific evidence tabled to Food Standards Australia New Zealand [FSANZ] recently substantiates sweeteners used in a broad range of foods and drinks as safe and suitable for consumption by an array of consumers, including those seeking to reduce their intake of sugar from beverages. This supports the industry's efforts to reduce sugar, as part of the sugar reduction pledge, and encourage healthier lifestyles.

The consumption of no sugar beverages also supports the World Health Organisation's sugar intake recommendations for less than ten per cent of daily energy to come from free (added) sugars.

The Australian Beverages Council would suggest replacing 'unhealthy', with 'less healthy', as a more accurate descriptor. In assessing 'less healthy' products, it is crucial that consumer education underpins any change in policy while recognising that many sports and entertainment venues provide social opportunities for individuals and families, many of whom frequent these settings on occasion. As such, it is appropriate that consumers are offered a broad array of foods and drinks that reflect a social setting, including the availability of sugar-sweetened beverages.

The creation of national criteria for "healthy" and "less healthy" food and drinks is strongly recommended, as there is inconsistency across Australian jurisdictions.

The Health Star Rating system would be the most appropriate system to use as:

- 1) studies consistently show that the System is well aligned with Dietary Guidelines and effectively directs consumers towards foods lower in energy, saturated fats, sugars and sodium.
- 2) The recommended agreed improvements to the HSR System will ensure even better alignment with Dietary Guidelines e.g. increase the HSRs of certain Five Food Group (FFG) products (including certain fruits, vegetables and dairy products) and re-categorise certain discretionary foods (such as jellies and ice confections) to decrease their HSRs.
- 3) The proposed changes will also more effectively guide consumers on healthier choices within the non-dairy beverage category; and
- 4) Members of the Australian Beverages Council have agreed to support greater uptake of the Health Star Rating on the front-of-pack to meet the government's 70 per cent coverage target.

15.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

The third proposed strategy for this priority area is:

Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Enhance leadership, professional knowledge, relevant policies and practices, curriculum design and delivery aligned with national guidelines, and partnerships within and beyond the early childhood education and care and school community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate policy and community-led options to extend student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q16.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

Thinking about the strategies you just read for supporting children and families, are there any additional strategies or you think should be included to start early to support healthy weight throughout life?

Please provide your comments in the space below. The three proposed strategies are listed again below if you need to re-read these.

Proposed strategies:

- Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days.
- Enable parents, carers and families to encourage lifelong healthy habits for children and young people.
- Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

Q17.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

For this priority area, there are five proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 17 to 19 of the [consultation paper](#).

The first proposed strategy for this priority area is:

Improve people's knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of their weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms, whilst minimising weight-related stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity that are accessible and responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The second proposed strategy for this priority area is:

Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify a diverse range of local leaders to 'champion' place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure local communities have access to health promoting sponsorship options for events and sport, and are empowered and informed to consider the impact of unhealthy sponsorship choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The third proposed strategy for this priority area is:

Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Evidence-based weight management interventions, ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight-related stigmatisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The fourth proposed strategy for this priority area is:

Support health and social services to prioritise the prevention of obesity-related chronic disease.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Support better collaboration between sectors dealing with unemployment, social protection and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop labour and social policies that provide secure and decent work for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide professional development for clinicians to support the improvement of healthy eating and physical activity behaviours in their patient/clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

people from at-risk population groups						
Increase the availability of, and clarity of referral pathways to, evidence-based weight management treatments (including community-led programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The fifth proposed strategy for this priority area is:

Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Adopt best-practice breastfeeding policies and practices (e.g., workplace facilities, maternity leave, flexible work times to allow for breastfeeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt policies and practices that promote and prioritise physical activity, increase access to healthy food and drinks, and limit access to, or remove unhealthy food and drinks through catering, vending machines, cafes and canteens	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Design buildings that support and encourage healthy behaviours (e.g., stairs, kitchen facilities, end-of-trip facilities, storage, standing desks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create physical environments, policies and programs that incentivise and support active travel to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer flexible work options to reduce travel time, freeing up time for meal planning/preparation and physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer or facilitate access to multi-component, non-discriminatory programs and information to support healthy eating, physical activity and healthy weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

Thinking about the strategies you just read for mobilising people and communities, are there any additional strategies you think should be included to mobilise people and communities to use knowledge, strengths and community connections to enable healthy weight?

Please provide your comments in the space below. The five proposed strategies are listed again below if you need to re-read these.

IDEA TWO: While the Australian Beverages Council supports the need for workplaces to “adopt policies and practices that promote and prioritise physical activity, increase access to healthy food and drinks, and limit access to... unhealthy food and drinks through catering, vending machines, cafes and canteens”, the recommendation to “remove unhealthy foods and drinks” is not supported. The Australian Beverages Council reiterates its preference for the term ‘less healthy’ as opposed to ‘unhealthy’.

The Australian Beverages Council supports broad consumer choice and sustained behavioural change towards healthier options through actions including providing more low-sugar and no-sugar drinks in vending machines, a greater proportion of low- and no- sugar products on shelf and in targeted promotions.

Many Members of the Australian Beverages Council have changed vending machine stock to comprise more low- and no-sugar drinks, including many vending machines that are exclusively stocked with bottled water. Moves toward stocking more low- and no-sugar products and vending machines with exclusively or largely bottled water support healthier lifestyles and are commensurate with the Australian Dietary Guidelines.

The National Obesity Strategy must recognise, however, that vending machines are a key channel offering convenience to consumers. Accordingly, vending machines are stocked according to the appropriateness of the setting. For example, vending machines in stadia, sports settings, fitness centres and gyms are likely to be stocked with a higher proportion of electrolyte drinks and water products while those in shopping centres will stock a range of sugar-sweetened, non-sugar sweetened and unsweetened products.

The creation of national criteria for “healthy” and “less healthy” food and drinks is strongly recommended, as there is inconsistency across Australian jurisdictions.

The Health Star Rating system would be the most appropriate system to use as:

-
- 1) studies consistently show that the System is well aligned with Dietary Guidelines and effectively directs consumers towards foods lower in energy, saturated fats, sugars and sodium.

- 2) The recommended agreed improvements to the HSR System will ensure even better alignment with Dietary Guidelines e.g. increase the HSRs of certain Five Food Group (FFG) products (including certain fruits, vegetables and dairy products) and re-categorise certain discretionary foods (such as jellies and ice confections) to decrease their HSRs.
 - 3) The proposed changes will also more effectively guide consumers on healthier choices within the non-dairy beverage category; and
 - 4) Members of the Australian Beverages Council have agreed to support greater uptake of the Health Star Rating on the front-of-pack to meet the government's 70 per cent coverage target.
-

Case study: Amsterdam's healthy-weight programme

In 2013, one in four to five children in Amsterdam were found to have overweight or obesity. To tackle this problem, the Council and Health Department of Amsterdam set out to develop a long-term approach that reaches into every domain of a child's life. Council members awarded the programme with unanimous approval and a sizeable, structural budget, reaching as far as 2033, when children of the first 'healthy generation' will celebrate their 18th birthday.¹

Amsterdam views a healthy life for children not just as a responsibility of the parents, but as a responsibility shared by everyone who plays a part in the life of children, be it close by like neighbours and teachers, or from afar like policy makers and the food industry.

The programme has steadily been working on building a coalition of partners, all working in their own domain on this issue, sending out the same message: healthy behaviour is normal behaviour. Three simple lifestyle rules form the basis of this message: Healthy food and drink, exercise, and sleep.

Key actions of Amsterdam's healthy-weight programme include:²

- Making primary schools healthier places;
- Ensuring cycle routes are made safer;
- Arranging after-school activities for children;
- Subsidisation of sports club membership for low income families; and
- Working with supermarkets and local food suppliers to: modify menus and reduce portion sizes; manage stock better; create healthier checkout environments; use traffic-light labelling posters.

From 2012 to 2015, the number of overweight and obese children has dropped by 12%. Of particular note, Amsterdam has realised the biggest fall in overweight and obesity among the lowest socio-economic groups.

Case Study: Community Support in the United States

In a number of communities in the United States, the American Beverage Association has partnered with local leaders to enact real change across the community. These

diverse initiatives include collaborating with mayors and public health groups on community health initiatives, creating jobs and driving environmental programs.

East Los Angeles:

In 2015, beverage companies began working with supermarkets, convenience stores, restaurants and local partners in communities in eastern Los Angeles. The initiative is part of the Balance Calories Initiative, a partnership with the Alliance for a Healthier Generation, to reduce beverage calories consumed per person 20% by 2025 across the nation.³

Specifically, the initiative focusses on the Boyle Heights, Lincoln Heights, El Sereno and East LA neighbourhoods. Efforts behind building more balanced communities in East Los Angeles include:

- working with retailers to display and offer reduced-calorie/kilojoule beverages;
- offering in-store samples and other incentives to try new beverages;
- partnering with community organisations to educate families about this new initiative;
- education to increase calorie awareness.

Similar initiatives have been developed in:

New York City (South Bronx and the Brooklyn neighbourhoods of Stuyvesant and Crown Heights); Greater Montgomery; Little Rock; and the Mississippi Delta (Coahoma County, Panola County, Quitman County and Tunica County).

The Australian Beverage Council would welcome an opportunity to collaborate with governments on developing specific, community-based initiatives for populations at risk of poor diets and less healthy lifestyles.

Proposed strategies:

- Improve people's knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of people's weight.
- Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.
- Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.

- Support health and social services to prioritise the prevention of obesity-related chronic disease.
- Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.

¹Gemeente Amsterdam (2019). Amsterdam Healthy Weight Programme. Available at: <https://www.amsterdam.nl/sociaaldomein/blijven-wij-gezond/amsterdam-healthy/> Last accessed: 11 December 2019

² Obesity Policy Research Unit (2017). What can be learned from the Amsterdam Healthy Weight Programme to inform the policy response to obesity in England? Available at: <https://www.ucl.ac.uk/obesity-policy-research-unit/sites/obesity-policy-research-unit/files/what-learned-from-amsterdam-healthy-weight-programme-inform-policy-response-obesity-england.pdf> Last Accessed 11 December 2019

³ American Beverage Association. East Los Angeles. Available at: <https://www.balanceus.org/community-support/balance-la/> Last accessed 11 December 2019

RTI Release

Q23.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

For this priority area, there are two proposed strategies, each containing a number of ideas for guiding action. These are discussed in detail on pages 20 and 21 of the consultation paper.

The first proposed strategy for this priority area is:

Invest in connected active places and spaces in urban, regional and rural areas.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Develop and maintain infrastructure that grows participation in sport, active recreation, walking, cycling and public transport use to encourage individuals and families to be active together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a culture that promotes active travel through safe walking networks, drinking water stations and pedestrian prioritisation; cycling networks with reduced crash risk; storage and end-of-trip facilities; and efficient, accessible and regular public transport systems with strong connectivity and after-hours service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apply integrated urban (and regional) design and transport policy, regulations and guidelines to create built environments that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

prioritise active living for people of all ages and abilities						
Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make communities safe with people-friendly spaces that favour people over motorised transport, and crime prevention strategies, such as community policing techniques, peer-led outreach programs and lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure strategic infrastructure policies and plans prioritise investment in public transport, walking and cycling infrastructure						
Consider fiscal policies to reduce driving and increase active travel and the availability and quality of recreation and sport facilities and opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

The second proposed strategy for this priority area is:

Motivate and inspire participation in regular physical activity by people of all ages and abilities.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide a range of fun, local and social active living options that match the interests of various ages and abilities, engage local communities and organisations, and build social cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with Aboriginal and Torres Strait Islander people, people living in regional and remote areas, people with disability, and people experiencing disadvantage, to develop targeted interventions that increase the availability, accessibility and affordability of physical activity opportunities and reduce barriers to active living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support regular participation initiatives in public spaces that engage large portions of the community (e.g., fun runs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer free or low-cost access to encourage use of public transport, walking and cycling infrastructure, recreation opportunities, natural environments, sports and active living programs (e.g., subsidies, public liability insurance scheme for cyclists, rental equipment, participation incentives, and after-hours use of public and school sport and recreation facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build physical literacy and promote community-based active events using sustained, evidence-based social marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENT:

SECOND PROPOSED STRATEGY: Motivate and inspire participation in regular physical activity by people of all ages and abilities.

The Australian Beverages Council supports the need for the National Obesity Strategy to focus on both healthy eating as well as active living. The cause of overweight and obesity is multifactorial, and therefore the National Obesity Strategy must focus on a range of levers including the food environment, physical activity and other environmental, behavioural and psychosocial factors.

Q25.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

Thinking about the specific strategies you just read for enabling active living, are there any additional strategies you think should be included to support a way of life that helps people move more throughout the day?

Please provide your comments in the space below. The two proposed strategies are listed again below if you need to re-read these.

Proposed strategies:

- Invest in connected active places and spaces in urban, regional and rural areas.
- Motivate and inspire participation in regular physical activity by people of all ages and abilities.

RTI Release

Q26.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

For this priority area, there are seven proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 22 to 25 of the [consultation paper](#).

Remember that you can rate and comment on all of the strategies, or you can skip to the next strategy if you do not want to provide feedback on a particular area.

The first proposed strategy for this priority area is:

Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Ensure planning and management policies for land and sea use safeguard food system resilience and productivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop innovative solutions to efficiently use natural resources, maximise biodiversity, minimise wastage, enable business growth and address climate change	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure economic policies make production and manufacturing of healthy foods and drinks, such as fresh fruit and vegetables, attractive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

FIRST PROPOSED STRATEGY: The Australian Beverages Council does not support the proposed strategy, particularly: “Ensure our food system favours the production, processing and manufacture of healthy and sustainable products” in so far as it focuses on “sustainable products” within a National Obesity Strategy.

Importantly, the Australian Beverages Council does not support the inclusion of Sustainability in the National Obesity strategy for the following reasons:

1. **Not evidence based.** Sustainability has been included in this strategy despite the Evidence Check (commissioned to inform the national obesity strategy) not evaluating the effectiveness of such interventions.¹ On closer review of the Evidence Check, it appears that the research cited to support the inclusion of sustainability in the National Obesity Strategy is one published paper which proposes the framework put forward by the Lancet Commission into the Global Syndemic of Obesity, Undernutrition and Climate Change.² While this framework is a proposed way of tackling obesity by linking it to climate change, there is no evidence for the effectiveness of such a framework.
2. **No place in obesity policy.** Globally and locally, national obesity strategies do not include sustainability in their remit, nor do international authorities such as the OECD recommend including sustainability in obesity policy.^{3 4}

Evidence-based strategies have been identified in key global reports including:

- **The McKinsey Global Institute** in the UK which analysed a wide range of interventions to tackle obesity and found that portion control, reformulation, parental education and weight management programs were some of the most effective policy measures.⁵
 - **OECD, Heavy Burden of Obesity: The Economics of Prevention.** This recently released report identified communication-based approaches such as regulation of advertising, food labelling, menu labelling and mass media campaigns as the most economically effective policy measures, as well as reformulation to achieve a 20% calorie reduction in energy-dense foods and drinks. The OECD report recognises that strategies to reduce obesity may have cross-sectoral effects, for example on climate change, however creating truly synergetic policies is challenging, requiring extensive stakeholder input from across sectors.
3. **Relevant to a national food and nutrition policy.** The issue of sustainable food systems is more relevant in a National Nutrition Policy than a National Obesity Strategy, as recommended in the recent Australian Academy of Science’s decadal plan.⁶ The Plan calls for: “a policy or plan based on robust evidence that ... would provide a framework for sustainable population health improvement initiatives” that would be “based on real-world experience and

robust evidence, together with monitoring, benchmarking and assessment of population-level health and welfare, nutrition equity, environmental sustainability and productivity ". Furthermore, the Plan acknowledges the need for significant research to identify sustainable diets that maximise nutritional outcomes yet require considerable changes in current production and commercial practices, management of resources and the food system as well as consumer education.

For clarity, the Australian Beverages Council supports Sustainability initiatives and partnerships with other stakeholders to:

- 1) Increase the availability and use of recycled material in beverage containers via Container Deposit Schemes;
- 2) Encourage responsible water stewardship across Australia and the South Pacific;
- 3) Reduce secondary and tertiary packaging across the supply chain;
- 4) Encourage the use of sustainably-sourced ingredients where possible.

While Sustainability is an important consideration for the non-alcoholic beverage industry, it is most appropriately handled in an environmental strategy in conjunction with support from the Department of Foreign Affairs and Trade, Department of Agriculture and Department of Industry, Innovation and Science.

Sustainability policies exist at the Commonwealth and State/Territory levels and via initiatives developed by private enterprise, such as increasing the level of recycled PET in containers to 100 per cent for many product lines and the sustainable sourcing of sugar and water across the industry.

¹ Sacks G, Looi E, Cameron A, Backholer K, Strugnelli C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.

² Swinburn, Boyd A., et al (2019). "The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report." *The Lancet* 393.10173: 791-846.

³ HM Government (2016). Childhood Obesity: A plan for action.

⁴ OECD (2019). Heavy Burden of Obesity. The Economics of Prevention

⁵ McKinsey Global Institute (2014). Overcoming obesity: an initial economic analysis

⁶ Australian Academy of Science (2019). Nourishing Australia: A decadal plan for the science of nutrition

Q27.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The second proposed strategy for this priority area is:

Increase the availability of healthy, more sustainable food and drinks in the places we live and work.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
<p>Create easier access to healthy food and drinks in local residential communities through:</p> <ul style="list-style-type: none"> • urban agriculture (e.g., community garden initiatives and encouraging home gardens); • urban design (e.g., density of fast food outlets and proximity to schools and community services; access to supermarkets and smaller food businesses); and • other local community actions (e.g., local food markets, healthy food supply at community events) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Encourage land use planning policies that protect high-quality agricultural land on the urban fringe and ensure that planning decisions achieve the policy intent</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Establish policies on food and drink procurement, catering, and provision across all government departments and settings to encourage healthy eating and drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment:

SECOND PROPOSED STRATEGY: The Australian Beverages Council supports the need to “Increase the availability of healthy, more sustainable food and drinks in the places we live and work”. It’s important to note that food and drink choice for consumers has never been greater as there is a wide range of food and drinks available in the food supply, facilitated by a multicultural society. To help consumers navigate this vast and changing food supply, it is recommended that targeted communications to improve consumer understanding of what constitutes a balanced nutritious diet, incorporating novel foods and drinks and ready-to-eat meals, be considered.

IDEA THREE: The Australian Beverages Council supports the need for one consistent national policy on the procurement of foods and drinks across government departments and in state-enterprise and institutions, including hospitals, schools and health care centres.

Presently, food and drink guidelines vary by jurisdiction and can create considerable confusion among purchasing/procurement managers, Members, and consumers.

In school settings, after school care and other environments in which the primary consumers of foods and drinks are children, the Australian Beverages Council advocates for juice (no added sugar) and flavoured milk to be provided by the caregiver in recognition of the positive nutritional profiles of these products.

Case study: Flavoured water range

A Member of the Australian Beverages Council launched a flavoured water range for children with no sugar, sweeteners or preservatives in late 2018. At the time of launch, there was considerable inconsistency in how the product met the Healthy Food & Drink Criteria in the following States & Territories:

Schools: Green (ACT, NSW and VIC), Amber (TAS), Red (NT, QLD, SA)

Health services: Green (ACT, NSW, VIC, TAS, QLD), Amber (NT and SA).

As stated in the response to Q22, the Australian Beverages Council recommends consideration of the adoption of the Health Star Rating for development of policies that will include clear consistent guidelines on foods and drinks that qualify for “healthy eating and drinking”. If the recommended and approved changes to the HSR are applied to the example above, the beverage would be defined as “unsweetened flavoured waters” with an HSR of 4.5 stars and would qualify as a healthier choice in all jurisdictions.

To avoid confusion, the Australian Beverages Council strongly recommends greater consideration be given to defining the use of ‘healthy’ or ‘unhealthy’ food and drinks. Although the Australian Dietary Guidelines provide advice on ‘core’ and ‘discretionary’ foods, they do not provide specific information on many packaged products. Additionally, the Australian Dietary Guidelines are not updated sufficiently frequently to reflect changes in the food supply, such as innovative new foods and drinks, including Kombucha, sports water, ready-to-eat snacks and meals. For packaged foods and drinks, a national adoption of the Health Star Rating algorithm as outlined in comments, Q22, is recommended.

Q28.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The third proposed strategy for this priority area is:

Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Work in partnership with industry to establish and monitor reformulation targets for food and drink manufacturers, retailers and caterers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Develop national targets to reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly for food and drink items designed for children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explore setting compositional limits for nutrients of concern (e.g., sodium, saturated fat, added sugar and/or energy content) across a range of food and drink types	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce food waste during manufacturing and processing and eliminate unnecessary packaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

THIRD PROPOSED STRATEGY: The Australian Beverage Council partially supports the third proposed strategy in relation to “*Make processed food and drinks healthier... by limiting energy and nutrients of concern*”, but strongly rejects the inclusion of “more sustainable” in the statement. Limiting energy (kJ) and nutrients of concern in processed foods and drinks will not necessarily make them more sustainable and focussing on Sustainability is unlikely to have an impact on obesity and overweight levels (please refer to comments under Q26).

The Australian Beverages Council and its Members have specific sustainability policies in place that acknowledge a responsibility and commitment to the environment.

The Australian Beverages Council supports Sustainability initiatives and partnerships with other stakeholders to:

- 1) Increase the availability and use of recycled material in beverage containers via Container Deposit Schemes;
- 2) Encourage responsible water stewardship across Australia;
- 3) Reduce secondary and tertiary packaging across the supply chain;
- 4) Encourage the use of sustainably-sourced ingredients where possible.

While Sustainability is an important consideration for the non-alcoholic beverage industry, it is most appropriately handled in an environmental strategy. Sustainability policies exist at the Commonwealth and State/Territory levels and via initiatives developed by private enterprise, such as increasing the level of recycled PET in containers to 100 per cent for most product lines and the sustainable sources of sugar and water across the drinks industry.

The Australian Beverages Council strongly recommends the focus of the National Obesity Strategy be limited to high impact and cost-effective interventions.

The Australian Beverages Council acknowledges the importance of the beverage industry’s contribution to the third proposed strategy, “to make processed foods and drinks healthier...”, and the industry has effective initiatives in place to reduce our contribution to energy and sugar intakes.

Case Study: Sugar Reduction Pledge

The Sugar Reduction Pledge, is an industry commitment to reduce sugar across the industry by 10 per cent by 2020 and 20 per cent by 2025.

The first independent progress report of the Pledge was released in November 2019 and covers the period 2015-2018. The progress report identified a seven per cent reduction in sugar across the period.

The report's findings are encouraging and demonstrate the effectiveness of actions being taken by signatories to the pledge, including product reformulation (reducing sugar and energy content of existing products), smaller pack sizes, product innovation (creating great tasting new lower or no sugar drinks) and innovative marketing to drive behaviour change towards no- and low-sugar options. These proactive actions are shifting behaviour and will continue to reduce sugar and energy (kJ) content across the industry.

The Sugar Reduction Pledge will be reviewed each year with both a 2020 and 2025 target.

The Australian Beverages Council is also committed to establishing a second tier of the Sugar Reduction Pledge, specifically for those Members that are unable to sign up to the 20 per cent reduction, but that wish to commit to a range of other initiatives in support of the Pledge's overarching objective to help people choose a drink with less, low or no sugar as a way to supporting a healthy lifestyle.

Supporter Members that become a part of the second tier may, in time, transition from the second to the first tier of the initiative and become a Signatory Member.

Participating in the Supporter Tier is a clear and identifiable example of a Member taking a proactive role by, for example, providing more choice for people, while continuing to provide great tasting and refreshing drinks.

Supporter Members will undertake a range of measurable activities, which will be subject to rigorous and regular review.

As with the other tier, Supporter Members will use a variety of levers or instruments to demonstrate their support for the intent of the Sugar Reduction Pledge, including:

- Reformulating existing products;
- Increasing the volume sales of low and no sugar varieties;
- Introducing additional low and no sugar varieties into the market by 2020 and 2025;
- Encouraging sales through the promotion and marketing of low or no sugar varieties;
- Introducing smaller pack sizes or reducing average container sizes;

- Promoting consumption of bottled water by young Australians and only milk and water for the very young;
- A cap in sugar content on all existing drinks brands;
- A cap in sugar on new recipes launched in Australia;
- Investing in improved nutritional literacy; and
- Transition vending machines to include more low, or no, sugar varieties (where practical).

Supporter Members will not be required to report on average reductions in total grams of sugar per 100mL or meet the 20 per cent target by 2025 that Signatory Members are subject to.

Further information about the Sugar Reduction Pledge can be found at www.australianbeverages.org/pledge

Case Study: Healthy Food Partnership

The first three of the recommended ideas for the third proposed strategy, are currently being implemented through the work of the Healthy Food Partnership (HFP). A public-private partnership, the HFP is designed to cooperatively reduce obesity and encourage healthy eating, including strategies to educate consumers on consuming fresh produce, appropriate portion sizes, and to accelerate efforts to reformulate food to make it healthier.

The Australian Beverages Council and its Members fully support the work of the HFP as outlined below:

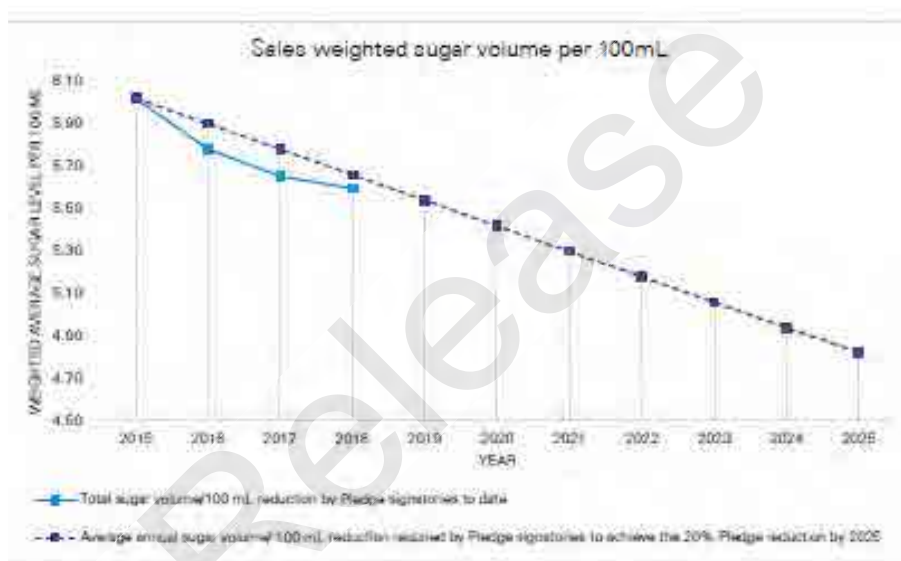
1. Meeting product reformulation targets. For example, several Members have reformulated some of the nation's favourite drinks to make them lower in kilojoules and sugar including reformulation of more than 30 recipes since 2015.

2. Educating consumers on appropriate portion and serve sizes. The Australian Beverages Council has worked with its Members over a number of years to introduce smaller pack sizes across the industry to support other initiatives that encourage healthy lifestyles and balanced diets. Smaller pack sizes, particularly in the sugar-sweetened beverage category, promote balanced diets and recognise that these beverages can be consumed in moderation as a discretionary food item. It is also important to note the wide variety of beverages in child-appropriate portion sizes are available on the market – a move by the industry as it has recognised the need to encourage portion control.

Furthermore, both the beverage and confectionery industry voluntarily introduced serve size guidelines. For example, our members have introduced new serves-per-pack labelling on our larger multi-serve bottles (e.g. 1.25L= 5 serves) to help better inform consumers on how many servings are in a bottle.

3. Explore setting compositional limits for nutrients of concern. We do not believe that this is necessary for the non-alcoholic beverage category for the following reasons:

- a. **Sugar Reduction Pledge by the Australian non-alcoholic beverage industry** (Ref: 2018 Aggregation Report, October 2019). The Pledge is in effect, driving compositional change for the two nutrients of concern – energy (kJ) and sugar. As stated, there has been a 7% reduction in sugar per 100mL (2015 to 2018). The graph below illustrates the industry's performance on a yearly basis (2015 – 2018), aggregated for the average sugar content (g/100mL) for all beverage categories as well as the remaining reduction required by the pledge signatories to achieve a 20% reduction by 2025.



- b. **Nutrition Guidelines to drive reformulation and new product development.** Many Members have introduced nutrition guidelines which in turn, reduce 'nutrients of concern' and align with the principles of the Industry Sugar Reduction Pledge. For example, a Member has strict Nutrition Guidelines for the Australian market, focussing on seven key areas that include energy (kJ), sugar (≤ 7.9 g sugar per 100mL (excluded 100% fruit juice) & 'no added sugar' – 100% Fruit Juice), total fat, saturated fat and caffeine. These are based on the Australian & New Zealand Dietary Guidelines as well as targets set by leading health authorities including the World Health Organisation guidelines on free sugars. They are reviewed annually and apply to new products and product reformulations.
- c. **Healthy Food Partnership**
The Healthy Food Partnership already addressing compositional limits continue to support industry to reformulate their foods, supported by the Health Star Rating system.
- d. **Administratively burdensome to implement**

Some stakeholders may advocate for the introduction of compositional limits of 'risk nutrients' on the basis of adopting a precautionary principle approach. Not only is this position redundant, as industry is already providing many new products that are low in risk nutrients or do not contain any at all, the cost incurred by government to administer a compositional mechanism would be high without realising any public health benefit.

IDEA FOUR: "Reduce food waste during manufacturing and processing and eliminate unnecessary packaging". This idea, although important, is not relevant to a National Obesity Strategy and likely belongs in a National Food and Nutrition Policy.

It's important to note that the Evidence Check commissioned to inform the National Obesity Strategy did not evaluate the effectiveness of interventions targeted at minimising food waste nor packaging on reducing obesity. ¹

The Australian Beverages Council recommends the National Obesity Strategy ideas focus on interventions that will have high impact on obesity in a cost-effective way. Evidence-based strategies have been identified in key global reports including:

- **The McKinsey Global Institute** in the UK which analysed a wide range of interventions to tackle obesity and found that portion control, reformulation, parental education and weight management programs were some of the most effective policy measures. ²
- **OECD, *The Heavy Burden of Obesity: The Economics of Prevention***. ³ This recently released report identified communication-based approaches such as regulation of advertising, food labelling, menu labelling and mass media campaigns as the most economically effective policy measures, as well as reformulation to achieve a 20 per cent calorie reduction in energy-dense foods and drinks.

¹ Sacks G, Looi E, Cameron A, Backholer K, Strugnell C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.

² McKinsey Global Institute (2014). Overcoming obesity: an initial economic analysis

³ OECD (2019). Heavy Burden of Obesity. The Economics of Prevention

Q29.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The fourth proposed strategy for this priority area is:

Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Encourage good quality, culturally appropriate, healthy food availability and affordability in stores, workplaces and institutions in rural and remote communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate partnership arrangements with large supermarkets to offset the price of healthier food and drinks in communities experiencing disadvantage and small remote stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celebrate cultural knowledge and diversity by using a self-determination approach to find the best solutions for reducing common barriers to healthy food and drink access, selection and preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build on existing housing initiatives to improve community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and household food preparation and storage facilities						
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Q30.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The fifth proposed strategy for this priority area is:

Reduce exposure to unhealthy food and drink marketing and promotion.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Reduce unhealthy food and drink marketing on publicly-owned or managed settings (e.g., public transport infrastructure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore options to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkouts and aisles, entertainment venues)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore options to reduce unhealthy food and drink sponsorship and marketing associated with sport and major community events	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrict unhealthy food and drink advertising during peak television viewing times for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Restrict promotions using devices that appeal to children (e.g. toys, games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with relevant industry stakeholders to introduce user controls that can limit exposure to digital advertising of unhealthy food and drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

FIFTH PROPOSED STRATEGY: The Australian Beverages Council supports, “*Reduce exposure to unhealthy food and drink marketing and promotion*”, in so far as it aligns with current policy actions by the Australian Beverages Council and other allied industry associations. These policies are effectively reducing exposure to less healthy beverage choices, via marketing and advertising Codes set out by the Australian Association of National Advertisers (AANA), the Australian Beverages Council and the Australian Food & Grocery Council’s Responsible Children’s Marketing Initiative.

The Australian Beverages Council understands that the World Health Organization Western Pacific Region, of which Australia is a member state, recently endorsed the *Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific*. The framework is centred on four pillars: strengthening policy frameworks, multi-sectoral and multi-stakeholder collaboration, advocacy and communication, and monitoring and evaluation. Members of the Australian Beverages Council support a robust self-regulatory approach to advertising and marketing in this market and it is important to note that the activities of Members are commensurate with the Framework, as the Non-alcoholic Beverage Industry Marketing and Advertising Standard and other self-regulatory codes contribute to its aims.

Case Study: Non-alcoholic Beverage Industry Marketing and Advertising Standard

The Australian Beverages Council recently updated it’s Non-alcoholic Beverage Industry Marketing and Advertising Standard. All Members of the Australian Beverages Council have committed to adhere to the Standard by ensuring that marketing and advertising communications, including digital communications are carried out in accordance with the Standard. Notably, Members have committed to promote the responsible consumption of all non-alcoholic beverages as part of a balanced diet and in support of the Australian Dietary Guidelines.

The Standard includes commitments to:

- reflect responsible consumption of beverages, illustrating appropriate portion sizes for the beverage consumption occasion;

- not direct market or advertising of sugar-sweetened drinks at children aged 14 years and under or to primary schools, including not advertising sugar-sweetened drinks during children's television programming
- encourage the consumption of bottled water, juice with no added sugar and flavoured milk for children and adolescents, where relevant.

Case Study: Promotion of water

The Australasian Bottled Water Institute (ABWI), the dedicated bottled and packaged water division of the Australian Beverages Council, promotes the consumption of water as the beverage of choice for young Australians. The industry acknowledges water is the healthiest beverage available to consumers and recommends drinking plenty of water every day, reinforcing one of the Australian Dietary Guidelines, 'drink plenty of water'. The industry encourages people to consume as much water as they need – from a tap, bubbler or bottle.

The work of ABWI is contributing to increased water consumption in Australia, as the most commonly consumed non-dairy, non-alcoholic beverage is water, which includes spring water, purified water and mineral water. This is often packaged in plastic and glass bottles, but also boxes (with a bladder), pouches, cartons and cans.

There has been considerable growth in bottled and packaged water in Australia as consumers embrace the convenience and health value while seeking beverages that contain no sugar at all. According to IBISWorld, the Bottled Water Manufacturing industry in Australia "is projected to grow modestly over the next five years" and "Rising health consciousness is also forecast to aid revenue, as consumers reduce their spending on soft drinks and shift towards healthy beverages such as bottled water." ¹

The Australian Beverages Council recommends any further actions related to marketing restrictions are based on evidence indicating the need for additional intervention. The effective self-regulatory model for advertising and marketing activity, overseen by the AANA, Australian Beverages Council and others, remain the most efficient and effective structure.

AUSTRALIAN BEVERAGES COUNCIL RECOMMENDATION:

We recommend advertising and marketing activity should not be the core focus of the National Obesity Strategy based on four key issues:

- **the long-term commitment** made by the non-alcoholic beverage industry under its revised Standard, which includes new media like digital and our commitment to advertise and market products in line with the Australian Dietary Guidelines;
- **lack of causation** between responsible advertising and harmful consumption, which means further restricting the advertising of certain products is highly unlikely to yield significant improvements in health outcomes but may lead to economic and societal costs in the advertising and marketing industry, and supporting sectors;

- **lack of evidence** on the effect of advertising on overconsumption of food and beverages which, if presented and on the weight of evidence, might present an evidence-driven basis for regulatory change. In short, evidence does not show a causal relationship between responsible advertising and harmful levels of consumption of food and beverages.
- **positive changes in marketing of reduced-, low- or no-sugar products.** Many Members of the Australian Beverages Council are harnessing their marketing capabilities to promote reduced and no sugar products and packs. For example, in 2018, 96% of one Member's product marketing featured reduced or no-sugar products for a best-selling brand.

NOTE: As stated in comments related to Q22 & Q27, consistent national criteria for "unhealthy" vs "healthy" foods and drinks, based on the Health Star Rating system, should be developed as a priority.

Case Study: Advertising on Queensland Government spaces

The Australian Beverages Council does not support bans on marketing unhealthy food and drinks on publicly-owned or managed settings, such as the Queensland Government's announcement of the phasing out of unhealthy marketing at more than 2,000 outdoor advertising spaces, including bus stops, train stations and road corridors.

The Queensland Government's advertising policy refers to the '*National interim guide to reduce children's exposure to unhealthy food and drink promotion*', which was endorsed by COAG Health Council in 2018. It is important to note that no sugar drinks were not explicitly included in the categories not recommended for promotion.

The COAG Health Council document references these products as varying 'per application and, is therefore optional; to be decided by each jurisdiction, depending on the setting and proposed use of the guide in that setting.'

The Australian Beverages Council strongly rejects the classification of no sugar beverages as products that are 'not recommended for promotion' or that these products are in any way 'unhealthy'.

Scientific evidence tabled to Food Standards Australia New Zealand [FSANZ] recently substantiates no sugar products as safe and suitable for consumption by a broad array of consumers, including those seeking to reduce their intake of sugar from beverages. The consumption of no sugar beverages also supports the World Health Organisation's sugar intake recommendations for less than ten per cent of daily energy to come from free sugars.

In assessing 'unhealthy' products, it is crucial that consumer education underpins any change in policy while recognising that many sports and entertainment venues provide social opportunities for individuals and families, many of whom frequent these settings on occasion. As such, it is appropriate that consumers are offered a

broad array of foods and drinks that reflect a social setting, including the availability of sugar-sweetened beverages.

¹ IBISWorld (2019). Bottled Water Manufacturing in Australia.

Q31.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The sixth proposed strategy for this priority area is:

Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Continue to strengthen the uptake of the Health Star Rating system towards universal implementation and continue to consider options for the ongoing enhancement of the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, high energy content) to complement the Health Star Rating system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Consider adoption of sustainability indicators that provide clear consumer information on the environmental impacts of food and drink products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS:

IDEA ONE: In relation to front-of-pack labelling, the Health Star Rating [HSR] system is performing well, with most Australian consumers viewing the HSR System as easy to understand and use. Most consumers have indicated the HSR makes it easier to decide which packaged foods are healthier.

As stated in the HSR Five Year Review Report, 23 per cent of surveyed Australian consumers were influenced by the HSR to change their purchasing behaviour and purchase a product with more stars. ¹ Importantly, the HSR System is also encouraging positive reformulation of foods and drinks.

An Australian study found that products displaying the HSR had made significant reductions in energy and saturated fat over the four years since the System was introduced, compared to those not displaying the HSR. With adoption of the recommended changes from the Review and additional consumer awareness campaigns, the Australian Beverages Council anticipates increased, positive consumer awareness and influence on purchasing behaviour.

IDEA TWO: The Australian Beverages strongly rejects the need for warning labels or any similar pictorial approach on front-of-pack as the HSR system will continue to function effectively.

Warning labels or pictorial approaches on the front-of-pack may confuse consumers, cause unintended consequences and introduce a competitive force into the existing labelling framework by challenging the Health Star Rating [HSR]. The proposed revised HSR should continue to be the only front-of-pack labelling [FoPL] system for supporting consumer choices in line with the ADGs. The HSR is an existing, reputable and widely used labelling system that considers the nutritional profile of food and drink. In short, an additional system for a single nutrient is misleading to consumers and contravenes ‘whole-of-diet’ advice.

IDEA THREE: While the Australian Beverages Council supports “multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets”, it is important that further information be provided prior to feedback being sought on behalf of the industry.

As detailed in the comments section of Q26, the Australian Beverages Council rejects the focus on Sustainability within a National Obesity Strategy. The inclusion of

indicators as part of Sustainability are more applicable to a national food and nutrition policy.

Sustainability has been included in the National Obesity Strategy despite the Evidence Check (commissioned to inform the National Obesity Strategy) not evaluating the effectiveness of such interventions.² On closer review of the Evidence Check, the research cited to support the inclusion of Sustainability in the National Obesity Strategy is a published paper which proposes the framework put forward by the Lancet Commission into the Global Syndemic of Obesity, Undernutrition and Climate Change.³ While this framework is a proposed way of tackling obesity by linking it to climate change, there is scant evidence for the effectiveness of such a framework, and further consultation and review must be carried out prior to recommendations being made.

By comparison, evidence-based strategies have been identified in key global reports including:

- **The McKinsey Global Institute** in the UK which analysed a wide range of interventions to tackle obesity and found that portion control, reformulation, parental education and weight management programs were some of the most effective policy measures.⁴
- **OECD, *The Heavy Burden of Obesity: The Economics of Prevention***.⁵ This recently released report identified communication-based approaches such as regulation of advertising, food labelling, menu labelling and mass media campaigns as the most economically effective policy measures, as well as reformulation to achieve a 20% calorie reduction in energy-dense foods and drinks. The OECD report recognises that strategies to reduce obesity may have cross-sectoral effects, for example on climate change, however creating truly synergetic policies is challenging, requiring extensive stakeholder input from across sectors.

¹ MP Consulting (2019). Health Star Rating System Five Year Review Report.

² Sacks G, Looi E, Cameron A, Backholer K, Strugnelli C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.

³ Swinburn, Boyd A., et al (2019). "The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report." *The Lancet* 393.10173: 791-846.

⁴ McKinsey Global Institute (2014). Overcoming obesity: an initial economic analysis

⁵ OECD (2019). Heavy Burden of Obesity. The Economics of Prevention

Q32.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The seventh proposed strategy for this priority area is:

Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Subsidise healthy food and drinks (e.g., fruit, vegetables and water), potentially including transport subsidies to remote communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explore and consider options for incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

SEVENTH PROPOSED STRATEGY: The Australian Beverages Council does not support, “Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options” in relation to the majority of ideas presented for guiding action under this strategy.

IDEA TWO: The Australian Beverages Council does not support “Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks”, since there is a growing body of evidence suggesting SSB taxes are a systematically flawed public health policy option to reduce overweight and obesity. Moreover, pricing measures between manufacturers and retailers should be excluded from the National Obesity Strategy as these are commercial agreements that operate in a functioning competitive market.

The key reasons are outlined below:

1. Global health fora are specifically avoiding SSB taxation

The UN has considered and rejected taxation as a public health recommendation three times in the last 18 months:

1. Political Declaration from the High-Level Meeting on Non-Communicable Diseases (NCDs) in September 2018;
2. Resolution for Global Health and Foreign policy in December 2018; and
3. Political Declaration from the High-Level Meeting on Universal Health Coverage (UHC) in September 2019.

Numerous input reports and fora serving to inform these meetings have specifically excluded SSB taxation from their final determinations, including:

- In the 2017 report, “**Tackling NCDs**,” WHO identified the 16 “Best Buy” interventions that governments can undertake to combat NCDs.¹ Notably, taxation of soft drinks is NOT a Best Buy intervention – WHO’s own internal modelling (the CHOICE analysis) concluded it did not meet those standards;
- In October 2017, a SSB tax was considered and rejected by Member States for the **Montevideo Roadmap** at the WHO Global High-Level Conference on NCDs;
- In May 2018, WHO’s “**Saving Lives, Spending Less**” Report, which serves as its global investment case for quantifying the best investments in evidence-based interventions in order to maximize health returns, focuses solely on WHO’s most cost-effective interventions, Best Buys.² As mentioned above, WHO does not consider an SSB tax to be a Best Buy, and therefore has not included it in this report as a best investment;

- In June 2018, **WHO's Independent High-Level Commission on NCDs** issued a report, **"Time to Deliver"** that identified the six key recommendations to accelerate progress in combating NCDs.³ This High-Level Commission considered and then explicitly rejected including a soft drink tax recommendation in their report, finding it to be neither bold, innovative or evidence-based.

2.SSB taxes lack any real-world evidence they have any discernible impact on obesity rates or public health

The global experience with SSB taxation to date demonstrates, initial minimal, then unsustained drop in calories/energy from taxation of beverages, which does not reduce obesity nor impact public health as outlined below.

MEXICO: In Mexico, the evidence from the 2014 SSB tax (also on high calorie snacks) has shown a brief, small and unsustained reduction in SSB consumption. Data from Mexico's 2016 national health and nutrition survey has shown that obesity rates have edged upward among adults from 2012-2016, especially among adult women (a statistically significant rise from 73% of the adult female population to 75.6% percent of that population).⁴ The tax resulted in a decrease of only four calories per day in year one with government sales tax receipts demonstrating resumed levels of consumption in years two and three.⁵

Moreover, the primary study from Mexico purporting a greater drop in sales to the tax receipts data, used counterfactuals to compare actual consumption with what consumption would have been, had the tax not been introduced (the counterfactual).⁶ This study showed an alleged decrease in calories from taxed beverages of only six calories per day and representing 0.2% of the average daily dietary intake of 3,025 calories.

BERKELEY, CALIFORNIA: A tax on SSBs has caused caloric intake to increase rather than decrease. While caloric consumption of taxed beverages dropped marginally by an average of six calories per day, caloric consumption of untaxed, non-alcoholic beverages rose by an average of 32 calories per day, resulting in a net increase of 26 calories per person per day as a result of the tax.⁷ Crucially, consumers in Berkeley responded by switching from taxed drinks to untaxed milkshakes, smoothies and other calorie-dense products, resulting in more calories consumed per day.

OAKLAND, CALIFORNIA: A study on the tax on SSBs in this jurisdiction was carried out and published in September 2019, 'Oakland's Sugar-Sweetened Beverage Tax: Impacts on Prices, Purchases and Consumption by Adults and Children'.⁸ The study found that 'We do not find evidence of substantial changes in the overall consumption of SSBs or of added sugars consumed through beverages for either adults or children after the tax.'

PHILADELPHIA, PENNSYLVANIA: This is the largest city in the United States with a soda tax. In Philadelphia, the tax also applies to low calorie beverages, underscoring the intention to raise revenue rather than reduce obesity.

The Philadelphia Beverage Tax, introduced by The City of Philadelphia from 1 January 2017, imposes a 1.5 cents per ounce tax on the supply of sweetened beverages to retail dealers (regular and diet sodas, teas, for example). The tax is also levied on syrups and concentrates used to make sweetened drinks.

An analysis of independent market data shows that consumption decreases are due to cross-border shopping: shoppers are crossing city boundaries where the tax applies to purchase the same beverages in jurisdictions where the tax does not apply. Beverage sales fell 24 percent at Philadelphia grocery stores but rose 14 percent in adjacent settlements.⁹ Seiler et al found that once cross-shopping was accounted for, there was no true reduction in sales as a result of the tax.¹⁰ Cawley et al supported these findings, showing that a shift was seen away from diet drinks (taxed) to 100% fruit juice (untaxed).¹¹ It is therefore not surprising that adult's added sugar intake decreased only by 6g (~ a teaspoon) and children by 2.5g (~0.5 teaspoon). Both reductions are small and statistically insignificant.

A number of reputable studies and reports from credible institutions further question the efficacy of sugar and/or soft drink taxes. For example:

- **“Sugar taxes: A review of the evidence”:** At the request of New Zealand’s Ministry of Health, the New Zealand Institute of Economic Research conducted this analysis and Report in which the authors ultimately concluded that **“the evidence that sugar taxes improve health is weak.”**¹² In their review of the 47 peer-reviewed studies and working papers on the topic of sugar taxes, the authors found, among other things, that: no study based on actual experience with sugar taxes has identified an impact on health outcomes.
- **McKinsey Global Institute’s 2014 Report:** This highly regarded analysis found that taxing sugar is one of the least effective interventions in combating obesity. This study reveals that out of more than 40 modelled interventions, taxation was not even among the top ten interventions. And even at this level of ineffectiveness, the science supporting taxation as an effective policy intervention was deemed weak (a 1 on a scale of 1-5, with 5 being the best science).¹³ According to the McKinsey Global Institute, the most effective ways to combat obesity include reformulating drinks, offering smaller portion sizes and providing better education.
- **International Tax and Investment Centre and Oxford Economics,** “The Impact of Selective Food and Non-Alcoholic Beverage Taxes,”¹⁴ published in June 2016 evaluated the different factors that influence the effectiveness of selective food and non-alcoholic beverage taxes (“SFBT”) on two policy objectives: improving public health and raising government revenues. It concluded that the evidence “suggests that the impact of introducing SFBT can be wide-ranging and highly uncertain. Very few studies provide a robust and complete account of the effects of such taxes, meaning that governments seeking to introduce them are doing so in a highly speculative context.”

- **Systematic Review 2017.** This published paper on the effectiveness of SSB taxation in middle income countries found no evidence that taxing SSBs would reduce population weight permanently.¹⁵

3.SSB taxes have been demonstrated to be poor economic policy

Considering selective, discriminatory and regressive taxation measures often oversimplifies the economic complexities of taxation and ignores significant pitfalls, including:

SSB taxation may lead to government revenue shortfalls and exacerbate the funding needs for certain programs. Taxation policy is complex, and there are documented “unintended consequences” to SSB taxation:

- **Case Study A: Philadelphia tax resulted in job losses and misdirected funds**

The tax raised \$79 million in 2017, but the impact on the cost of soda was not small. The tax adds approximately \$1 to the cost of a 2-litre bottle of soda and a 12-pack of 12-ounce sodas went up by \$2.16.

Philadelphia’s 1.5 cent per ounce Beverage Tax was intended to develop pre-kindergarten programs, parks, libraries and other services. Rather than this, the money raised has largely been left unspent. While the tax was billed as a capital stream to fund pre-kindergarten programs, parks, libraries and other services, according to a March 2018 report from the City Controller, only about 26 percent of the revenue generated from the tax has gone to the programs it was intended to fund. The remaining 74 percent has gone to a general fund.¹⁶ Crucially, the tax has not been used to tackle NCDs or fund public health campaigns.

There has been a very real economic cost in lost jobs, lower revenue and unkept promises for schools. The impact means that Philadelphia lost an estimated 1,190 jobs, \$54 million USD in labour income, and \$80 million USD in annual GDP.

Additionally, the City’s tax revenues are decreasing because shoppers are buying in bulk and/or in other jurisdictions where the tax does not apply. The revenue was expected to raise \$92 million in 2017, while it only raised \$79 million in reality.¹⁷

- **Case Study B: United Kingdom: Inflation and costs rise**

Unintended real-world fiscal consequences of a SSB tax are apparent elsewhere, such as the United Kingdom’s experience with its recently implemented Soft Drink Industry Levy (SDIL). The Government Office of Budget Responsibility (OBR) found that the increase in price of soft drinks due to the tax will increase inflation. This food inflation in turn will raise the cost of interest payments on index-linked payments by the Government by about £1 billion in 2018-19. Ultimately, the new SDIL will cost the Government more than it raises in revenue and do even less for taxpayers who will ultimately pay this bill.¹⁸ Reports indicate that the SDIL has raised less revenue than expected. It would seem incongruous that it could be good policy

to levy a new tax that costs more money than it raises, particularly in the absence of a strong altruistic public health argument.

It is important to note that comparisons drawn between the British non-alcoholic beverage industry and the Australian non-industry alcoholic beverage industry are unlikely to yield meaningful results, particularly within the context of the UK Soft Drinks Industry Levy. At the time of introduction, the Australian non-alcoholic beverage industry was already more than three years into its ongoing reformulation agenda which has most recently been demonstrated in the first progress report on the voluntary sugar reduction pledge (refer to Q28 Case Study for further information). Furthermore, the UK experience is markedly different to Australia's in respect to socio-economic factors.

4. A tax solely focused on SSBs is not supported by scientific evidence

Sugar and sugar-containing products are not uniquely responsible for the rising rates of obesity and other NCDs around the globe. As an initial matter, the intake of sugar and/or SSBs have been decreasing in several countries, yet the prevalence of overweight and obesity have either stayed the same or increased.¹⁹ Therefore, a unique focus on sugar and sugar-containing foods and beverages is misguided and unlikely to have a meaningful impact on obesity and overweight.

There is no rational basis for only taxing SSBs but not other sugar-containing products (e.g., cookies, cakes, pastries, etc.) or other products with comparable amounts of kilojoules. Ultimately, a tax that targets sugar and/or specific sugar-containing foods and beverages as unique contributors to obesity or other NCDs, independent of all other sources of sugar or kilojoules, is not only misleading to consumers, but would also fail to improve public health. It also fails to recognize that many SSBs such as 100 per cent juices (no added sugar), milk-based beverages, and reduced-kilojoule juice beverages are inherently nutrient dense products that provide a good source of nutrients such as Vitamin C, Vitamin D, protein, and calcium.

5. SSB taxation is regressive policy and places an unfair burden on lower SES households

Lastly, experience demonstrates that the burden of taxation is often carried by those who can least afford it. In Mexico, which adopted an SSB tax in 2014, 63.7% of the tax was collected from the lowest socio-economic group.²⁰ The tax successfully raised revenue from poorer Mexicans in exchange for a minimal decrease in calories and without a corresponding improvement in public health; while the poor were poorer, they were not healthier. Moreover, according to data from the National Household Income and Expenditure Survey ("ENIGH"), and the Monthly Survey of the Manufacturing Industry ("EMIM"), the tax reportedly cost the country 10,815 jobs both in the non-alcoholic beverage industry directly and in agricultural companies that are the major suppliers to the industry.²¹

The Evidence Check commissioned to inform the National Obesity Strategy notes that an SSB tax is consistently regressive across socioeconomic groups.²² However, more recent evidence has found that taxes financially impact lower socioeconomic groups more heavily with these groups reducing their sugar intake less than higher socioeconomic groups.^{23 24}

6. Alternatives to SSB tax

If the stated objective of a tax on products containing sugar is to reduce sugar in the diet through reduced consumption of regular sugar-sweetened beverages, then more innovative and creative ways of achieving this are already in market and having the desired effect.

For example, the Australian Beverage Industry's Pledge to reduce sugar by 20 per cent by 2025 is driving tangible and sustained change within the industry:

- 7 per cent reduction in sugar in the first progress report (more than one third of the way towards reducing sugar by 20 per cent by 2025).
- Sugar reduction achieved by voluntary actions including reformulation of existing high sugar drinks, reducing portion sizes and innovative marketing programs to increase consumption of low- and no-sugar drinks.
- Aligns with key statement in proposed priority 4, *to produce and promote healthier food and drinks...*, that are commensurate with the Australian Dietary Guidelines and the intent of the National Obesity Strategy.

In addition to Australia's sugar reduction pledge, around the globe and in various countries, the beverage industry has made specific commitments to reduce sugar and therefore calories in beverages. For example:

- In conjunction with Singapore's Ministry of Health, seven major beverage companies, including The Coca-Cola Company and PepsiCo, signed an industry pledge to remove by 2020 drinks that contain more than 12 percent sugar from their portfolios of SSBs.
- In partnership with the Conference Board of Canada, the Canadian Beverage Association and its membership have committed to reducing the non-alcoholic beverage calories consumed per person by 20 percent by 2025. A report prepared by The Conference Board of Canada shows that in the first two years of Balance Calories alone, calories have been reduced by an unprecedented 10.2 percent. That means that since 2004 there has been almost a 30 percent reduction in calories consumed from non-alcoholic beverages by Canadians.¹

¹ The Conference Board of Canada, "Counting the Calories, Canadian's Consumption of High-Calorie Beverages Continues to Decline" (August 2018), *available at* <https://www.conferenceboard.ca/press/newsrelease/2018/08/09/counting-the-calories-canadians-consumption-of-high-calorie-beverages-continues-to-decline?AspxAutoDetectCookieSupport=1> (last accessed January 7, 2019).

- In 2014, in partnership with the Alliance for a Healthier Generation, the American Beverage Association, The Coca-Cola Company, Dr Pepper Snapple Group and PepsiCo set a goal to reduce beverage calories consumed per person nationally by 20 percent by 2025. Working together, as well as individually as companies, the US beverage industry is increasing access to beverages with less sugar, as well as smaller portions, across the country. In the first three years of implementation (2015-2017), introduction of no-, low- and mid-calorie beverage innovations outpaced introductions of full-calorie beverages. Together, about 60 percent of all new brands and flavors introduced were no-, low- and mid-calorie choice.²
- Through the auspices of UNESDA, the European soft drink association, the leading beverage companies have committed to reducing the average added sugar content of their still and carbonated soft drinks by 10 percent between 2015 and 2020. This commitment was introduced at the EU Platform for Action on Diet, Physical Activity and Health, a multi-stakeholder convening chaired by the EU Commission, and will be rolled out across Europe and aims to deliver an average 10 percent sugar reduction, impacting over 500 million consumers. This commitment comes on top of the 12 percent sugar and calorie reduction already achieved from 2000 and 2015, and represents an effective tripling of the sugar reduction pace.³

² Keybridge, “2025 Beverage Calories Initiative: Report on 2017 Progress toward the National Calorie Goal” (August 2018), *available at*

<https://aba-bigtree.s3.amazonaws.com/files/resources/bci-2017-national-progress-report-vfinal-08-22-18-.pdf>

³ https://www.unesda.eu/wp-content/uploads/2017/02/UNESDA_Press-release_FINAL.pdf

In the U.S., under the Healthy Weight Commitment (“HWCF”), 16 food and beverage manufacturers, including leading drinks companies, collectively pledged to remove 1.5 trillion calories from the marketplace by 2015. By 2012, independent monitoring by the Robert Wood Johnson Foundation verified that 6.4 trillion calories had been removed from the food supply - exceeding the 2015 pledge by more than 400 percent and three years early.⁴ The McKinsey Global Institute ranked HWCF’s public-private partnership as one of two of the most effective programs in the global fight against obesity.⁵

As evidenced from the above, these public-private partnerships offer tangible results that align with governmental and public health objectives, in the absence of discriminatory and regressive taxes or other regulatory interventions or measures.

The importance of partnerships with the private sector is being echoed by leading global fora including the Political Declarations from the United Nation’s High-Level Meeting on Non-Communicable Diseases in September 2018 and on Universal Health Coverage in September 2019, and most recently by the WHO’s Independent High-Level Commission on Non-Communicable Diseases report ‘Time to walk the talk’ (Recommendation 6), released at the WHO Global Meeting to Accelerate Progress on SDG target 3.4, in Muscat, Oman, in December 2019.

Q33.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

Thinking about the specific strategies you just read for building a healthier and more resilient food system, are there any additional strategies or recommendations you think should be included to produce and promote healthier food and drinks with little impact on the environment?

These might include strategies that help people overcome specific challenges they encounter when making decisions about the food and drinks they consume.

Please provide your comments in the space below. The seven proposed strategies are listed again below if you need to re-read these.

⁴ Healthy Weight Commitment Foundation, available at <http://www.healthyweightcommit.org/about/> (last accessed January 7, 2019).

⁵ McKinsey Global Institute, “Overcoming obesity: An initial economic analysis” (November 2014), available at https://www.mckinsey.com/~media/McKinsey/Business%20Functions/Economic%20Studies%20TEMP/Our%20Insights/How%20the%20world%20could%20better%20fight%20obesity/MGI_Overcoming_obesity_Full_report.ashx (last accessed January 7, 2019).

The Australian Beverages Council strongly opposes the focus on Sustainability within a National Obesity Strategy. Sustainability indicators are more relevant to a National Nutrition Policy, and not to a National Obesity Strategy with a focus on reducing the prevalence overweight and obesity and preventing overweight and obesity.

Sustainability has been included in this strategy despite the Evidence Check (commissioned to inform the national obesity strategy) not evaluating the effectiveness of such interventions.²⁵ On closer review of the Evidence Check, it appears that the research cited to support the inclusion of sustainability in the national obesity strategy is one published paper which proposes the framework put forward by the Lancet Commission into the Global Syndemic of Obesity, Undernutrition and Climate Change.²⁶ While this framework is a proposed way of tackling obesity by linking it to climate change, there is no evidence for the effectiveness of such a framework.

Evidence-based strategies have been identified in key global reports including The McKinsey Global Institute in the UK which analysed a wide range of interventions to tackle obesity and found that portion control, reformulation, parental education and weight management programs were some of the most effective policy measures.²⁷ The recently released report *The Heavy Burden of Obesity: The Economics of Prevention* also identified the most economically effective approaches, which include communication-based approaches such as regulation of advertising, food labelling, menu labelling and mass media campaigns, as well as reformulation to achieve a 20% calorie reduction in energy-dense foods and drinks.²⁸

The Australian Beverages Council recommends changes to one of the proposed ideas in Strategy 4 in relation to “availability, accessibility and affordability of healthy food and drinks” as without engagement with each community, it will be unclear who the target group within the community is and what intervention levers are necessary (such as, availability, accessibility and affordability may not be the key issues).

The Australian Beverages Council recommends Strategy 4 is reworked to state: “support targeted interventions for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people”. Some examples of targeted, collaborative and multifaceted programs are outlined below:

- **The Dutch Obesity Intervention in Teenagers (DOiT) – Netherlands**
The DoiT intervention is a multicomponent school-based program aimed at preventing excess weight gain in adolescents aged 12-14 years. Its aim is to increase awareness and to induce behavioural changes concerning energy intake (e.g. consumption of SSB and high-energy snack foods) and energy output (e.g. physical activity and screen-viewing behaviour). The intervention consisted of both an individual component (i.e. an educational program), and an environmental component (i.e. encouraging schools to offer additional physical education classes and advice for changes to the foods sold in the school cafeteria).

Results from a randomised controlled trial in 18 secondary schools reported an improvement in body composition in girls and a reduction in SSB consumption in boys and girls.²⁹

▪ **The OPAL Program – South Australia**

The OPAL program in South Australia is the largest childhood prevention program in South Australia, operating in 20 local communities across the State and one community in the Northern Territory (over seven years of implementation).³⁰ It is a multi-setting, multi-sectoral, community-based, systems-wide program. The program has six goals around healthy eating and physical activity, with seven strategies to guide a comprehensive approach to health promotion. The program has taken multifaceted steps towards a healthier community, including encouraging children and families to walk and cycle to school, eat healthier breakfasts at school and home, and encouraging playing outdoors.

A 2016 evaluation of the OPAL program³¹ found that children in the OPAL community had a:

- 53 per cent reduced likelihood of obesity in children 9-11 years compared to the control group;
- 50 per cent increased probability of meeting the daily recommended servings for fruit, with no change in probability in the control group;
- 50 per cent increased probability of meeting the discretionary (“extra”) food and drink guideline compared to children in the control communities; and
- 60-70 per cent more likely to meet the physical activity guidelines at the end of the intervention, although no significant difference vs. the control community.

Proposed strategies:

- Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.
- Increase the availability of healthy, sustainable food and drinks in the places we live and work.
- Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern.
- Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people.
- Reduce exposure to unhealthy food and drink marketing and promotion.

- Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks.
- Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

¹ WHO, "Tackling NCDs" (2017). available at <http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;jsessionid=5F8B961B9136EBC7E5A23A3D9F15C789?sequence=1> (last accessed January 7, 2019).

² WHO, "Saving Lives, Spending Less, A Strategic Response to Non-communicable Diseases" (2018), available at <http://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1> (last accessed January 7, 2019).

³ WHO, "Time to Deliver" (2018), available at <http://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1> (last accessed January 7, 2019).

⁴ See Mexico's 2016 National Health Survey (ENSANUT), finding that the prevalence of obesity and overweight rose overall from 71.2% to 72.5% among adults from 2012-2016, and among adult women it rose from 73% to 75.6% during that same time frame, a statistically significant result.

⁵ Notably, a recent article in the journal Health Affairs claimed incorrectly that the drop in consumption witnessed in 2014 was sustained in later years. Regrettably, the authors of this article are relying on theoretical models, which are estimations that do not align with actual tax receipts from the Mexican Secretariat for Finance and Public Credit (SHCP). This real-world data shows increases in sugar-sweetened beverage sales through 2016, as opposed to the projected decrease suggested by the authors. This government tax receipt data can be reviewed here.

⁶ Colchero MA, Popkin BA, Rivera JA, Ng SW (2016). Beverage purchases from stores in Mexico under the excise tax on sugar-sweetened beverages: observational study. *BMJ*.

⁷ L. Silver et al., (2017) "Changes in prices, sales, consumer spending, and beverage consumption one year after a tax on sugar-sweetened beverages in Berkeley, California, US: A before-and-after study," *PLOS Medicine*.

⁸ Cawley, J., Frisvold, D. E., Hill, A., & Jones, D. (2019). Oakland's Sugar-Sweetened Beverage Tax: Impacts on Prices, Purchases and Consumption by Adults and Children (No. w26233). National Bureau of Economic Research.

⁹ Oxford Economics, *The Economic Impact of Philadelphia's Beverage Tax*, (2017), available at <https://www.ameribev.org/files/resources/oe-economic-impact-study.pdf>

¹⁰ Seiler, Stephan and Tuchman, Anna and Yao, Song, *The Impact of Soda Taxes: Pass-Through, Tax Avoidance, and Nutritional Effects* (October 26, 2019). Stanford University Graduate School of Business Research Paper No. 19-12. Available at SSRN: <https://ssrn.com/abstract=3302335> or <http://dx.doi.org/10.2139/ssrn.3302335>

¹¹ Cawley, J., Frisvold, D., Hill, A., & Jones, D. (2018). *The impact of the Philadelphia beverage tax on prices and product availability* (No. w24990). National Bureau of Economic Research.

¹² NZIER (2017). "Sugar taxes: A review of the evidence," available at https://nzier.org.nz/static/media/filer_public/f4/21/f421971a-27e8-4cb0-a8fc-95bc30ceda4e/sugar_tax_report.pdf (last accessed January 7, 2019)

¹³ R. Dobbs et al., (2014). "Overcoming obesity: An initial economic analysis," McKinsey Global Institute.

¹⁴ Oxford Economics and International Tax and Investment Center (2016). "The Impact of Selective Food and Non-Alcoholic Beverage Taxes" available at <http://www.oxfordeconomics.com/my-oxford/projects/341055> (last accessed January 7, 2019)

¹⁵ S. Nakhimovsky et al., (2016). "Taxes on Sugar-Sweetened Beverages to Reduce Overweight and Obesity in Middle-Income Countries: A Systematic Review" available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0163358> (last accessed January 8, 2019)

¹⁶ Oxford Economics (2017). *The Economic Impact of Philadelphia's Beverage Tax*.

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- ¹⁷ Seiler, S, Tuchman, A and Yao, S, (2019). The Impact of Soda Taxes: Pass-Through, Tax Avoidance, and Nutritional Effects. Stanford University Graduate School of Business Research Paper No. 19-12. Available at <http://dx.doi.org/10.2139/ssrn.3302335>
- ¹⁸ http://www.taxpayersalliance.com/unintended_consequences_of_the_sugar_tax
- ¹⁹ J. Brand-Miller and A. Barclay (2017). "Declining Consumption of Added Sugars and Sugar-Sweetened Beverages in Australia: A Challenge for Obesity Prevention" *Am J Clin Nutr*; 105:854-63
- ²⁰ Kantar World Panel Mexico Report (2014)
- ²¹ J. Cantu, D. Curiel, and L. Valero (2015). "The Non-Alcoholic Beverage Industry in Mexico, Centro de Investigaciones Económicas,".
- ²² Sacks G, Looi E, Cameron A, Backholer K, Strugnell C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.
- ²³ Seiler, S, Tuchman, A and Yao, S, (2019). The Impact of Soda Taxes: Pass-Through, Tax Avoidance, and Nutritional Effects. Stanford University Graduate School of Business Research Paper No. 19-12. Available at <http://dx.doi.org/10.2139/ssrn.3302335>
- ²⁴ Public Health England (2019). Sugar Reduction: Report on progress between 2015 and 2018.
- ²⁵ Sacks G, Looi E, Cameron A, Backholer K, Strugnell C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.
- ²⁶ Swinburn, Boyd A., et al (2019). "The global syndemic of obesity, undernutrition, and climate change: The Lancet Commission report." *The Lancet* 393.10173: 791-846.
- ²⁷ McKinsey Global Institute (2014). Overcoming obesity: an initial economic analysis
- ²⁸ OECD (2019). Heavy Burden of Obesity. The Economics of Prevention
- ²⁹ Singh AS, Chin APMJ, Brug J, van Mechelen W. (2009) Dutch obesity intervention in teenagers: effectiveness of a school-based program on body composition and behavior. *Arch Pediatr Adolesc Med*.
- ³⁰ City of Playford (2016). OPAL: The City of Playford Available from: www.playford.sa.gov.au/OPAL.
- ³¹ Flinders University (2016). OPAL Evaluation Project Final Report.

Q34.

Priority areas

Before we move on to the next section of the survey, do you have any other feedback about the four priority areas you have just read about:

1. Supporting children and families – Starting early to support healthy weight throughout life
2. Mobilising people and communities – Using knowledge, strengths and community connections to enable health weight
3. Enabling active living – Supporting a way of life that helps people move throughout the day
4. Building a healthier and resilient food system – Producing and promoting healthier food and drinks with little impact on the environment

Please provide your comments in the space below.

The Australian Beverages Council reiterates previous comments on the proposed priority areas and strategies:

1. **Sustainability should not be included in the National Obesity Strategy.**
Sustainability is more relevant to a national nutrition policy, as recommended in the Decadal Plan for Nutrition 2019. There is no evidence presented in the Evidence Check (commissioned to inform the National Obesity Strategy) regarding the effectiveness of interventions that include sustainability e.g. sustainability indicators and increasing the availability of healthy, sustainable food and drinks. ¹

Overweight and obesity is a highly complex, multi-causal issue requiring a comprehensive, systemic program of multiple interventions to be effective. It is therefore essential to focus on evidence-based strategies as identified in key global reports including The McKinsey Global Institute in the UK and OECD which analysed a wide range of interventions to tackle obesity and found that portion control, reformulation, parental education, weight management programs, food labelling and mass media campaigns were some of the most effective policy measures. ^{2 3}

¹ Sacks G, Looi E, Cameron A, Backholer K, Strugnell C et al (2019). Population-level strategies to support healthy weight: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for Queensland Health.

² McKinsey Global Institute (2014). Overcoming obesity: an initial economic analysis

³ OECD (2019). Heavy Burden of Obesity. The Economics of Prevention

Section 4. Proposed enablers for a national obesity strategy

Proposed enablers for a national obesity strategy

We are now going to ask you about the four proposed enablers for a national obesity strategy. The proposed enablers are:

1. Lead the way – collective commitment and action for overweight and obesity prevention and health equity across governments.
2. Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective.
3. Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments.
4. Invest for delivery – adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment.

We are interested in what you think of the strategies and ideas to guide action included under each of these proposed enablers.

Please select a set of proposed enabler questions to complete by clicking on the 'Answer' button.

After you have answered all of the enabler sections you would like to complete, the 'Next' button at the bottom of the screen will take you to the next part of the survey.

Q35.

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

For this proposed enabler, there is one proposed strategy with two ideas to guide action. These are discussed in detail on page 27 of the [consultation paper](#).

The proposed strategy for this enabler is:

Build and sustain collective commitment to, and action for, comprehensive and contemporary obesity prevention and health equity efforts.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Implement strong governance systems to facilitate multiple efforts by many sectors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore new collaborative ways of working with communities that create genuine partnerships, embed the right to self-determination and autonomy, co-develop solutions and elevate community voices to create change in their own communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36.

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

Are there any additional strategies you think should be included to enable strong national leadership and governance to deliver better outcomes at the national, state/territory, regional and local levels?

Please provide your comments in the space below.

The Australian Beverages Council supports collaborative multi-sectoral community interventions that empower communities to create change. Successful examples are cited above (Q33, comments section) and include programs such as the OPAL program in South Australia.

Q37.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

For this proposed enabler, there are two proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 28 and 29 of the [consultation paper](#).

The first proposed strategy for this enabler is:

Use evidence to inform policy and program development and implementation, and determine the effectiveness of collective actions.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct regular cross-sector monitoring and evaluation of a national obesity strategy to ensure accountability, continuous improvement and effectiveness of collective action, in consultation with national data agencies and data collection custodians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support research on obesity systems to grow the evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

base, reduce gaps in knowledge and assess promising approaches						
Co-develop evaluation and research approaches that align with community values to acknowledge the deep knowledge and experiences of people working to create change in their own communities and to ensure data sovereignty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Co-develop evaluation and research approaches with Aboriginal and Torres Strait Islander people, utilising cultural and traditional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Proposed Idea 1: *Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence*

The response “Not Sure” is based on our partial support for the proposed idea as outlined below.

It is the position of the Australian Beverages Council to support:

- The need to update Australian guidelines for healthy eating, physical activity and weight based on high quality up-to-date evidence. The current Australian Guide to Healthy Eating clearly identifies both core and discretionary foods and we see no need for this to change. For example, the inclusion of fruit juice (no added sugar) and flavoured milk as part of the core food groups e.g. one serving of fruit juice to be 125mL and one serving of fruit as 150g with the recommendation to consume fruit juice occasionally. The Health Star Rating system will further assist consumers with making healthier choices within the beverage category as it penalises both total sugars and saturated fats.

It is recommended that the updates are based on current consumer research to ensure the guidelines meet the changing and diverse needs of the Australian population. The consumer research report, Healthy Weight and Lifestyle commissioned by FSANZ in 2017 identified “a divergence in people’s perceptions of the value, relevance and credibility of a set of dietary guidelines for ‘all Australians’, distinguished mostly by people’s age/generation and their weight”.¹ Of relevance, is that older and less overweight participants were more supportive of a set of national guidelines

in helping them navigate the confusing and often contradictory healthy lifestyle information. In contrast, younger and healthier participants preferred more personalised and less prescriptive advice, viewing a single set of guidelines as outdated and impractical.

The Australian Beverages Council does not support:

- The inclusion of environmental sustainability under a National Obesity Strategy (as per comments, Q26). This strategy needs to be focused on the key long-term goal of preventing, reducing and stabilising overweight and obesity in Australia.
- The premise that the guidelines are “free from industry influence” which implies that industry is not an important stakeholder for consultation and it detracts from the importance of multisectoral approaches taken in food and nutrition policy and regulations. This recommendation is at odds with the Ottawa Charter, the outcome of the First International Conference on Health Promotion, organized by the World Health Organization (WHO) in 1986. The Charter states that “...the prerequisites and prospects for health cannot be ensured by the health sector alone.”
- More importantly, health promotion demands **coordinated action by all**: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organisations, local authorities, industry and academia. Industry can and should have a seat at the table as it is an important stakeholder with a valuable perspective on food supply issues related to guideline development.

It is the very strong view of the Australian Beverages Council and its Members that industry must be afforded the opportunity to contribute its expertise and to take part in all fora in the development and implementation of the National Obesity Strategy. Part of this engagement with industry should be a collaborative agreement to manage and monitor reformulation targets.

¹ Kantar Public (2017). Healthy Weight and Lifestyle, Exploratory Research Report.

Q38.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

The second proposed strategy for this enabler is:

Build and share knowledge so decisions are better informed.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Commit sustained funding to support data collection, shared data systems, enhanced sharing of effective and emerging initiatives, and regular population monitoring and surveillance of weight status and variables associated with overweight and obesity, including wider commercial, cultural and environmental determinants of obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boost participation rates in population monitoring and surveillance to ensure accurate and reliable statistics at sub-national levels and representativeness for at-risk population groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Investigate new data sources to supplement population monitoring and surveillance (e.g., supermarket transaction data, Google analytics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Use data to regularly update consumers, communities and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

stakeholders with independent, accurate and easily understood information						
Use data to build connections between communities and the health, social sciences and environmental disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support a collaborative analysis of research on interventions and strategies (from systematic reviews, and primary and grey literature) addressing healthy eating, physical activity and obesity-related outcomes for Aboriginal and Torres Strait Islander people and other population groups experiencing higher levels of overweight and obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

The Australian Beverages Council strongly supports the need to “Investigate new data sources to supplement population monitoring and surveillance (e.g. supermarket transaction data, Google analytics)”.

It is recommended that the proposed strategy “Build and share knowledge so decisions are better informed”, keeps up to date with:

1. **The changes in the influences on food purchasing behaviour and the channels consumers engage with including:**
 - the exponential increase in online meal delivery systems like Uber Eats and Deliveroo that are impacting on consumer choice with little or no information on the health or nutritional value of the food;
 - sources of healthy lifestyle and nutrition information e.g. the impact of social media influencers on millennials views on food and health.
2. **Consumer understanding, perceptions and motivations for healthier eating and lifestyles:**
 - Up-to-date consumer research is essential to inform the final strategy and actions to ensure targeted, meaningful communications as well as evaluation. Clearly, a ‘one-size fits all’ approach will not work. The need for targeted communications to accommodate the increasingly diversifying knowledge and understanding, perceptions and motivations of the Australian population with respect to healthy

lifestyle behaviours was a key recommendation from the “Healthy Weight and Lifestyle” consumer research report.¹ The researchers identified five consumer segments based on their commitment to eating healthily and being physically active with specific intervention recommendations. For example:

- **Priority 1 – Ambivalent.** Represents 40% of the population and has higher representation of males, younger people and mid to low household income. A multi-pronged approach was suggested to help this segment become more committed to achieving a healthier lifestyle, through a combination of motivation, incentives and inducement. Communication needs to: Reflect the younger demographic and be more contemporary; Have tailored executions for males and females; and depict people of a low and middle household income to ensure relevance.
- **Priority 2 – Committed and Engaged.** Represents 24% of the population and is characterised by very positive attitudes and behaviours. By comparison to the Ambivalent segment, the researchers recommended communication focused on positive “reinforcing and rewarding” while nudging them towards 4 serves of vegetables daily.
- **Priority 3 – Struggling and Deniers.** A challenging segment representing 37% of the population with the highest incidence of obesity. The researchers recommended that any messaging for this segment should focus on over-eating and portion control.

¹ Kantar Public (2017). Healthy Weight and Lifestyle, Exploratory Research Report.

¹Q39.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective

Are there any additional strategies you think should be included to strengthen evidence and data systems to help guide investment, assess impact, improve outcomes, and continue to grow the evidence base?

Please provide your comments in the space below.

The Australian Beverages Council strongly supports more regular Australian National Nutrition and Physical Activity Surveys as the last one was conducted eight years ago (2011-12)

In order to develop meaningful evidence-based policy, it is important that the Australian Government, through the Australian Bureau of Statistics, conducts regular surveys of the Australian population to estimate current food and nutrient intakes, and changes over time.

In a similar manner to the United States' National Health and Nutrition Examination Survey (NHANES), it is recommended that government funding be allocated for national nutrition and physical activity surveys of all Australians aged 2+ years every three to five years. Currently, the national nutrition survey is carried out in Australia on a sporadic basis. As other stakeholders have noted, to compliment this research, it would be worthwhile reinstituting the collection of Australian Bureau of Statistics Apparent Consumption data for all core commodities.

Q40.The Australian Beverages Council supports strong governance protocols to ensure the National Obesity Strategy meets its objectives while ensuring a multi-stakeholder approach is maintained.

The creation of a Retailers', Manufacturers' and Suppliers' Committee [RMSC] or similar is recommended to provide detailed feedback on each phase of the National Obesity Strategy and, where possible, assist in its implementation. The Australian Beverages Council would welcome the opportunity to support the non-alcoholic beverage industry on a committee of this nature by acting as a conduit between the non-alcoholic drinks industry and government.

Q42.

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

For this proposed enabler, there is one proposed strategy with four ideas to guide action. These are discussed in detail on page 31 of the [consultation paper](#).

The proposed strategy for this enabler is:

Provide adequate investment in sustainable interventions that promote healthy weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Provide additional funds for effective delivery of comprehensive, contemporary and sustained actions at an appropriate scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore new, innovative funding mechanisms for prevention of overweight and obesity, including a potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

prevention investment fund					
Ensure formal and informal engagement of public health expertise in trade and investment agreement development processes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess health impacts of trade agreements during negotiations to ensure they favour the production and distribution of healthy food and drinks and control that of unhealthy food and drinks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and drinking, active living, health outcomes, communities and the environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q43.

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

Are there any additional strategies you think should be included to provide adequate and sustainable investment in overweight and obesity prevention?

Please provide your comments in the space below.

Sustainability, trade policy and economic policy should be removed from the National Obesity Strategy. Sustainability is more relevant to a national nutrition policy. There is insufficient evidence to support its inclusion to reduce the prevalence of obesity and may result in unintended negative consequences. The inclusion of trade agreements and economic policy risk the National Obesity Strategy's core objective.

Section 5. Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy

Lastly, we would like to get your feedback on the proposed implementation and evaluation of a national obesity strategy.

This is discussed in detail on pages 32 and 33 of the consultation paper.

Q46.

Proposed governance arrangements for a national obesity strategy

The COAG Health Council will be responsible for strategy implementation, monitoring and progress reporting.

While the strategy will be led by Health, to achieve the vision, Health will work with partners across government and the community.

Accordingly, the COAG Health Council will be supported by:

- the Australian Health Ministers Advisory Council, and
- a new cross-portfolio federal, state and local government committee with representatives from essential supporting sectors.

Partnerships with non-government organisations, private sector, population group representatives and community members will inform implementation of the strategy. The Australian Institute of Health and Welfare will support development of indicators and monitoring and reporting.

Do you have any feedback about the proposed governance arrangements for a national obesity strategy?

Please provide your comments in the space below.

The Australian Beverages Council supports the creation of a Retailers', Manufacturers' and Suppliers' Committee [RMSMC] or similar and this structure is recommended to provide detailed feedback on each phase of the National Obesity Strategy and, where possible, assist in its implementation.

Q47.

Proposed implementation for a national obesity strategy

Under the auspices of the Australian Health Ministers Advisory Council, it is proposed the new cross-portfolio committee will be responsible for developing an implementation plan that will focus on those strategies best pursued at a national level.

This approach will be supported by implementation plans developed by each state and territory, in collaboration with local partners and in discussion with other jurisdictions to ensure breadth of coverage and coordination across Australia. The plans will include timeframes and responsibilities for implementation. Resources will be required for implementation.

Do you have any feedback about the proposed implementation for a national obesity strategy?

Please provide your comments in the space below.

The Australian Beverages Council welcomes the opportunity to provide a unified position on each part of the implementation plan at the national, state and local levels.

The creation of a Retailers', Manufacturers' and Suppliers' Committee [RMSC] or similar is recommended to provide detailed feedback on each phase of the National Obesity Strategy and, where possible, assist in its implementation.

Q48.

Proposed monitoring, evaluation and reporting process for a national obesity strategy

Monitoring the implementation of this strategy will require a coordinated national effort. A tiered national evaluation framework will monitor progress and achievements and include:

- indicators to show shorter-term progress
- outcome measures aligned with priority areas, and
- targets.

To ensure a transparent focus on equity, the framework will include indicators, outcomes and targets specifically for population groups who are unequally affected by overweight and obesity.

Existing data sources will be utilised with potential for additional new measures. Both national measures and jurisdictional information will contribute, and results will be regularly reported to COAG Health Council and available to the public.

Solutions to addressing overweight and obesity in Australia are not static. Incorporating feedback on barriers, enablers and effects of actions on a regular basis is necessary. Building a process of gathering information, reflecting and adapting will strengthen future action to ensure relevance and effectiveness.

Do you have any feedback about how the strategy should be monitored, evaluated and reported?

Please provide your comments in the space below.

The Australian Beverages Council supports the need for a regular evaluation process and propose an annual progress report is publicly available online that includes an update on current initiatives, current actions against milestones, challenges and opportunities.

It is essential that committees and working groups, comprised of government, industry, non-government organisations and academia, are created to develop the National Obesity Strategy and monitoring and evaluate its progress.

The Australian Beverages Council welcomes the opportunity to work with stakeholders to provide industry data and trends, as appropriate, to support the objectives of the National Obesity Strategy.

Each committee and working group, given the composition of these groups, should include:

- 1) A charter
- 2) Terms of reference
- 3) Code of conduct and complaints procedure
- 4) An anti-competition statement
- 5) Clear objectives and progress measurement

Novel ways to convene committee meetings and working groups should be considered to improve the accessibility of stakeholders outside of capital cities, including webinars or Zoom meetings.

Q49.

Do you think targets are needed for the strategy? If so, what should they be?

Please provide your comments in the space below.

The Australian Beverages Council supports the need for development of targets to guide the Strategy. The development of the National Obesity Strategy needs to include the development of clear measurable goals with specific targets and timelines to provide a framework for the recommended strategies and ideas in a meaningful way.

Currently, from reviewing the Consultation Paper, the goal of the strategy is unclear beyond to 'reduce overweight and obesity'. The Australian Beverages Council recommends careful consideration of the feasibility of this goal given the key fact outlined in the Consultation Paper, "the number of adults living with obesity has doubled in the last 10 years". Therefore, a more realistic goal might be "To halt any further increase in adults living with obesity".

In relation to childhood obesity, the prevalence of obesity can and should be reduced, with the strongest evidence supporting comprehensive, multi-faceted and system-wide intervention. There is evidence that these types of programs can be effective at improving diet and preventing obesity in both Australian children and in adolescent populations, and the effectiveness of systems-wide approaches likely reflects the highly complex and multifaceted nature of obesity.

In addition, the Australian Beverages Council suggests development of specific goals for higher risk communities e.g. people living in the areas of most disadvantage to

ensure the recommended strategies and actions are targeted to address the needs of the specific community and/or consumer segment within the community.

The Australian Beverages Council supports targeted approaches to reduce or prevent overweight and obesity with regard given to:

- o Remoteness and the distance from metropolitan areas;
 - o Socio-economics;
 - o The summary measure of disadvantage;
 - o Occupation or industry of occupation;
 - o Casual employees and shift or night workers;
 - o Indigenous Australians (Indigenous Status);
 - o Non-English-speaking background (NESB);
 - o Income support recipients;
 - o Barriers to accessing transport, healthcare or similar services; and
 - o Highest education levels.
-

Q50.

Do you have any suggestions for what a national obesity strategy could be called?

Please provide your comments in the space below.

Obesity 2030: Working together for a lighter future

Q51.

Lastly, do you have any final comments or ideas regarding the proposed national obesity strategy?

The Australian Beverages Council recommends that:

1. Additional work be carried out to define 'unhealthy' and 'healthy', and the industry supports the use of the revised Health Star Rating algorithm as a solution to define 'healthier' products.
2. Pricing measures between manufacturers and retailers be excluded from the National Obesity Strategy as these are agreements that operate in a functioning competitive market.
3. The prevalence of obesity can and should be reduced, with the strongest evidence supporting comprehensive, multi-faceted and system-wide intervention. There is evidence that these types of programs can be effective at improving diet and preventing obesity in both Australian children and in

adolescent populations, and the effectiveness of systems-wide approaches likely reflects the highly complex and multifaceted nature of obesity.

4. A collaborative approach between all stakeholders, including governments, food and beverage industry players and non-government health organisations, are needed to deliver comprehensive, system-wide models.
5. A coordinated approach should focus on reducing energy intake from *all* discretionary foods and not exclusively from certain non-alcoholic beverages.
6. Existing Government policies and programs, including the Health Star Rating and Healthy Food Partnership should be continued and their funding secured.
7. There is limited and weak evidence that sugar-sweetened beverage taxes are effective in reducing obesity, with consistent global evidence suggesting the introduction of a sugar-sweetened beverage tax has not any discernible impact on public health. A sugar-sweetened beverages tax may also have unintended consequences on the diet.
8. Recognition of the non-alcoholic beverage industry's public commitments be integrated as part of the holistic food supply solution to address obesity in Australia, particularly voluntary initiatives that have been undertaken to help reduce intake of sugars.
9. Sustainability, trade policy and economic policy should be removed from the National Obesity Strategy. Sustainability is more relevant to a national nutrition policy. There is insufficient evidence to support its inclusion to reduce the prevalence of obesity and may result in unintended negative consequences. The inclusion of trade agreements and economic policy risk the National Obesity Strategy's core objective.

Important comment about the nature of the long-form survey:

The nature of the long-form survey presents some challenges in responding to the complex issue of overweight and obesity. The Australian Beverages Council understands that:

1. The ratings of strategies and sub-strategies in the long form survey allow the reviewer to see which strategies are most important and least important to respondents.
2. The ratings give additional context to the comments provided and will not be interpreted in isolation.
3. The rating scales also help the reviewer to dissect the details of the consultation paper, beyond feedback comments.

4. The ratings will be used to split the analysis of the comments provided. For example, the reviewer can split the ideas and comments by those who rated a strategy as more important and those who rated it as less important.

Given the broad nature of some of the strategies/ideas contained in the consultation paper, it is challenging to accurately reflect a position and it is imperative that all comments be considered as qualifying remarks to the respective positions expressed in the ratings boxes.

Katrina Crompton

From: [REDACTED]@ausbev.org>
Sent: Monday, 16 December 2019 8:19 AM
To: Simone Braithwaite
Subject: RE: National Obesity Strategy Submission

Many thanks, Simone.

I received your voicemail, and apologise for the time it has taken to get back to you, but the mobile phone in the room isn't from our group.

Kind regards,

[REDACTED]



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From: Simone Braithwaite <Simone.Braithwaite@health.qld.gov.au>
Sent: 16 December 2019 08:57
To: [REDACTED]@ausbev.org>; Mark West <Mark.West@health.qld.gov.au>
Cc: Elizabeth Good <Elizabeth.Good@health.qld.gov.au>; [REDACTED]@ausbev.org>
Subject: Re: National Obesity Strategy Submission

Dear [REDACTED]

Thank you for this submission and your contribution to the national consultation process.

I appreciate you sending this through.

Simone

Get [Outlook for iOS](#)

From: [REDACTED]@ausbev.org>
Sent: Friday, December 13, 2019 1:21:57 PM

To: Mark West <Mark.West@health.qld.gov.au>

Cc: Simone Braithwaite <Simone.Braithwaite@health.qld.gov.au>; Elizabeth Good <Elizabeth.Good@health.qld.gov.au>;
 [REDACTED] <[\[REDACTED\]@ausbev.org](mailto:[REDACTED]@ausbev.org)>

Subject: National Obesity Strategy Submission

Dear Mark, Simone and Liz,

Many thanks for making the time to consult with us last week. We trust you found the discussion beneficial – we certainly did.

The Australian Beverages Council has submitted its feedback on behalf of the non-alcoholic beverage industry via the consultation portal. Some references may have not appropriately linked in the response forms and we have attached the full document for noting.

If you have any questions, please do not hesitate to contact us. We look forward to learning about the next stage of the National Obesity Strategy and supporting this important work.

Kind regards,

[REDACTED]



[REDACTED] | Public Affairs
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Katrina Crompton

From: NOS_Secretariat
Sent: Monday, 13 January 2020 8:58 AM
To: Engage Social Deck; Mel Butcher; Kate Bowmaker
Cc: Simone Braithwaite; Elizabeth Good; NOS_Secretariat
Subject: FW: Meeting notes - Aust Beverages Council re NOS
Attachments: Meeting - 19-12-6 - Notes - ABCL.docx

Dear Kate and Mel,

Please find attached some notes taken at a meeting between the Australian Beverages Council and the Preventive Health Branch. This meeting was requested by ABCL as an addition to their submission.

Please could you review the notes in relation to the consultation analysis, and only include any issues that were NOT covered in the ABCL submission (long form survey).

Let me know if you have any questions.

Cheers

Deanne

Deanne Wooden

Senior Public Health Nutritionist

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Queensland Health

Health and Wellbeing Unit, Preventive Health Branch, Prevention Division



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From: Elizabeth Good <Elizabeth.Good@health.qld.gov.au>
Sent: Friday, 10 January 2020 2:35 PM
To: NOS_Secretariat <NOS_Secretariat@health.qld.gov.au>
Subject: Meeting notes - Aust Beverages Council re NOS

Hi Deanne

As discussed, please find attached the notes from the meeting with Australian Beverages Council in December.

Also saved at: Y:\PHB\GOVERNMENT RELATIONSHIPS\PROJECT\HW - COAG - Nat Obesity Strat – Consultation

Apologies for not getting them typed pre-Christmas.

Cheers
 Liz

Liz Good

Senior Nutritionist
 (Monday, Thursday, Friday)

My workplace has a flexible working policy – I work from home on Mondays 9.45am to 1.45pm and can be contacted by email.

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Queensland Health

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National Obesity Strategy Public Consultation

Notes from meeting with the Australian Beverages Council Limited (ABCL) on 6 December 2019

Attendees:

- [REDACTED], Chief Executive Officer, Australian Beverages Council
- [REDACTED], Public Affairs Manager, Australian Beverages Council
- [REDACTED], Scientific and Regulatory Affairs Manager, Coca-Cola South Pacific
- [REDACTED], Public Affairs Manager, Coca-Cola South Pacific
- [REDACTED] Senior Director, Public Policy, Government Affairs and Communications - Asia-Pacific, PepsiCo
- Mr Mark West, Executive Director, Preventive Health Branch; and Chair of National Obesity Strategy Working Group
- Ms Simone Braithwaite, Manager, Preventive Health Branch
- Ms Liz Good, Senior Nutritionist, Preventive Health Branch

ABCL's objectives for the meeting:

- To introduce ABCL to the Queensland Government.
- To discuss topics in National Obesity Strategy of interest. Will provide submission (long form).

Background:

- ABCL has large members (e.g. Coca-Cola Amatil, Coca-Cola South Pacific, PepsiCo, Asahi) and small/medium members (e.g. Bundaberg Drinks, Cook Beverages).
- ABCL is part of many global networks and has internal working groups – refer to presentation.
- Key pillars have recently been updated.
- ABCL instrumental in getting Qld's container scheme up and running. The scheme works better in Qld than other jurisdictions as learnt from other schemes. Industry/government – mutual benefits, being involved at the beginning.
- Advocate an industry role in all parts of the policy process, including decision points. Government-Industry-Consumer arrangement is important. 80/20 to get things on the board and don't need to agree on everything.
- Sugar reduction pledge:
 - About 85% of the market with 4 signatories.
 - Looking at change from 2015 as had been talking for so long before the 2018 launch of the pledge.
 - 2020/2025 split of targets as needed a midpoint, reflected companies' level of confidence to reduce sugar, sugar level modelling known until 2020 when started discussing in 2015; 10-year timeframe too long.
 - To date – more no / low sugar varieties, small pack sizes, canteens, marketing of no / low sugar varieties, vending machines, reformulation.
 - New research on 20-year sales trend analysis – 1997-2011; 2012-2018 – just been submitted for publication.
 - 25 recipes changes across industry – all by Coca-Cola South Pacific.
 - Q1 2020 action – 'supporting signatories' – many smaller companies don't have the product breadth or depth to participate in the pledge.
- PepsiCo – 'winning with purpose' focus – people, planet, product; snack share is higher than drinks in Australia.
- Coca-Cola South Pacific – 17-20% of sales are water; Sprite 40% less sugar – long process to develop.
- Queensland – 10,000 industry jobs, \$1.2B contributed to economy.
- Energy drink commitments:
 - No sale into schools. Have a consuming facing website.

Prepared by Liz Good, Senior Nutritionist – 10 January 2019

Y:\PHB\GOVERNMENT RELATIONSHIPS\PROJECT\HW - COAG - Nat Obesity Strat - Consultation

- Food Standards Code Standard 2.6.4 – toughest in world.
- Caffeine in a 250mL can equals caffeine in 1 cup of instant coffee.
- Adolescents – more caffeine from coffee than energy drinks.
- Males 19-34yr are key market.
- 2% of total market of non-alcoholic drinks – minimal growth (cf flavoured milk 2-3%, sports drinks 2%); water is key growth market.
- Advertising standard:
 - Revised in 2019 – now 14-year threshold – previously 12 year and 35% audience share.
 - All media captured. Advertised directed to children.
 - Compliance and enforcement process being developed.
- Support transparency.

Comments on National Obesity Strategy:

- ABCL are excited by the strategy and want to play their part.
- Sugar-sweetened beverages taxation:
 - Do not support a sugar tax. It is not good economic policy. It is not good for public health – limited evidence.
 - Barry Popkin's research on the Mexico tax showed that sustained reduction in consumption was not met; and that while the tax revenue decreased 1.6% in the first year, it came back to pre-tax levels and is now climbing again.
 - In the UK, the tax kick-started reformulation, but the UK industry was lagging Australia in its reformulation efforts.

When asked what would work – need to be creative, bold, innovative; need to have discussions regarding alcohol and weight; include other industries (e.g. confectionery as have a higher contribution to discretionary food intake).

- Compositional limits:
 - Concerned that duplicates Healthy Food Partnership.
 - Do not support compositional limits for beverages or as a general concept.
 - Question what the link is to reducing obesity.
 - Coca-Cola South Pacific have internal composition limits to meet the industry's sugar reduction pledge.
- Advertising restrictions:
 - Already happening within industry self-regulation.
- Sustainability:
 - There is a risk that is too broad – the strategy is about obesity.
 - Should keep to level of Sustainable Development Goals – not focus on sustainability at sub-strategy level.
- What does success look like? – reduction of obesity is ambitious and slowing growth would be a better target.
- Cane growing industry – Coca-Cola Amatil and Great Barrier Reef Partnership. 20% domestic sugar production – sugar-sweetened beverages is biggest user.
- Industry will keep offering choice and make products with sugar.

Meeting with Australian Beverages Council: 6 December 2019

Recent engagement / correspondence in Queensland

- Met with Minister and CHO in March 2019 – industry pledge, labelling, HWQ
- Correspondence 21 March 2019 (to MIN) – meeting follow-up (MIN Response 10/6)
- Correspondence 24 April 2019 (to MIN) – advertising on government spaces (NRR)
- Correspondence 30 October 2019 (to CHO) – labelling and HWQ (CHO Response 14/11)

National Obesity Strategy (*ABC submissions available at PHB*)

- ABC attended the National Obesity Summit held on 15 February 2019
- ABC submission to the Federal Senate Select Committee into the Obesity Epidemic in Australia noted:
 - the voluntary initiatives undertaken by their industry
 - the importance of considering the total diet in contributing to obesity
 - the multiple causes of obesity
- What we would like them to do:
 - Consider how the non-alcoholic beverage industry can support the implementation of the NOS

Industry Sugar Reduction Pledge

- ABC committed to a 20% reduction across portfolio by 2025
- 1 Jan 2015 to 31 Dec 2018 – 7% reduction (on-track to achieve target) – how achieved not reported
- What we would like them to do:
 - Encourage more of the industry to become signatories (only 4 companies are currently – Asahi Lifestyle Beverages, Coca-Cola Amatil, Coca-Cola Australia, PepsiCo)
 - More transparency in reporting – e.g. how many products were reformulated and how much sugar was removed, how many new low/no sugar products were introduced and sold

Advertising to children

- ABC revised self-regulation policy to prohibit any direct advertising of SSBs to those under 14 years
- ABC advocated for diet drinks to be allowed to be advertised under the QG Policy (we are still awaiting final decision from Min's Office)
- What we would like them to do:
 - Further strengthen self-regulation advertising initiative, e.g. expand restriction to peak TV viewing times (not just designated children's programming)
 - Participate in any national discussions (FRSC-led work)

Health Star Rating (*ABC submissions available at PHB*)

- ABC will encourage ABC members to roll-out HSR across all products, coordinated with other labelling changes (71% of products display stars or energy icon)
- ABC want to change HSR calculator so that drinks have a greater distribution of stars to encourage water consumption, while also positively representing low/no kilojoule drinks and juices with no added sugar
- What we would like them to do:
 - Commit to roll-outing the stars on all products (once Forum response released)

Added sugar labelling (*ABC submissions available at PHB*)

- ABC support consumer education and added sugars on NIP
- ABC don't support FOPL/pictorial labelling for added sugar
- What we would like them to do:
 - Participate in the FSANZ consultation (timing unknown)
 - Implement any labelling change in a timely manner

Health and Wellbeing Queensland

- ABC would like an opportunity to be part of stakeholder process to review progress or inform future direction and priorities of HWQ

NOS Strategies – ones of relevance / potential concern (greatest concern)

- Limiting availability of unhealthy drinks – 1.2.2 (home/parents), 1.2.5 (sport & rec, community venues), 2.5.2 (catering, vending machines, cafes)
- Providing information to consumers – 2.1.1 (potential link to HSR, added sugar labelling), 4.6.1 (HSR universal), 4.6.2 (FOPL warning labels) – support HSR (want changes) but don't support over-emphasising single nutrients or warning labels
- Reformulation (4.3.1), serving size limits (4.3.2), compositional limits (4.3.3) – supports reformulation
 - as indicated in submission to HFP reformulation consultation: may want financial incentives to support these; would want to align with targets and timing of industry sugar pledge; would want to exclude some products (e.g. juice, diet drinks); would want changes to category definitions
 - Confidential: irrelevant
- Eliminating unnecessary packaging (4.3.4) – relevance to multi-packs – potential long-term cost saving for industry if implemented strategy
- Reducing unhealthy drink marketing (4.5) – further than what covered by self-regulation as goes beyond marketing directed to children and focuses on community-wide marketing
 - Confidential: irrelevant
- Sustainability indicators on packaging (4.6.5) – cost and regulatory burden to industry; consumer issue so further down food regulation hierarchy (not food safety or preventive health issue)
- Subsidising healthy drinks (4.7.1) – may be interested in who subsidising (industry or govt?)
- Pricing strategies to reduce consumption of SSBs (4.7.2, 4.7.4, 4.7.5)
- Removing Industry influence from ADGs (PE 2.1.1)
- Trade restrictions and taxation (PE 4.1.4, PE 4.1.5)

ABC Members

- Over 70 companies – producers of carbonated diet and regular soft drinks, cordials and concentrates, energy drinks, fruit juice and fruit drinks, functional non-alcoholic drinks, iced teas and coffees, mineral, spring, packaged water, and sports and isotonic drinks
- Qld-based members:

▪ Alchemy Cordial	▪ Norco Foods
▪ Bundaberg Brewed Drinks	▪ Nu-Pure beverages
▪ Bundaberg Sugar	▪ Queensland Bottlers
▪ Cooks Soft Drinks	▪ Red Kangaroo Beverages
▪ Grove Fruit Juice	▪ The Spring Waterman
▪ Lactalis Australia (Pauls)	



AUSTRALIAN
**FOOD &
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COUNCIL

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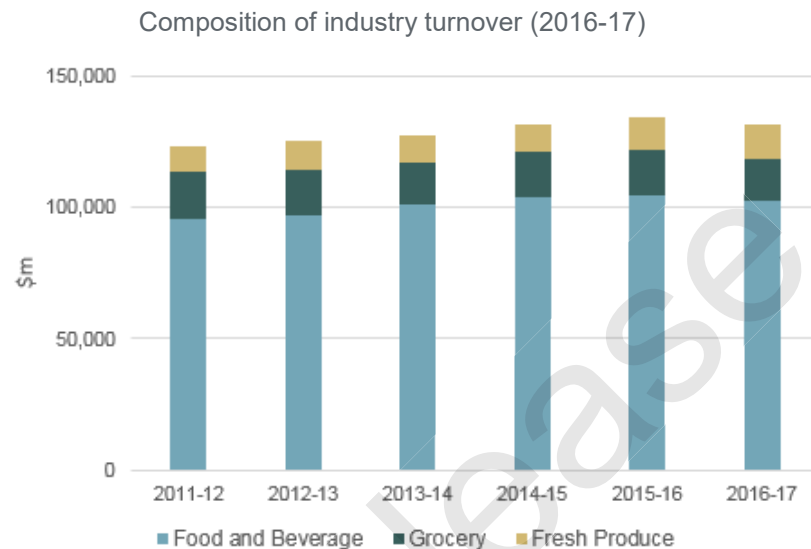
Have your say on a national obesity strategy
Consultation Paper

Sustaining Australia

PREFACE

The Australian Food and Grocery Council (AFGC) is the leading national organisation representing Australia's food, drink and grocery manufacturing industry.

There are over 180 member companies, subsidiaries and associates who together comprise 80 per cent of the gross dollar value of the processed food, beverage and grocery products sectors.



With an annual turnover in the 2016-17 financial year of \$131.3 billion, Australia's food and grocery manufacturing industry makes a substantial contribution to the Australian economy and is vital to the nation's future prosperity.

The diverse and sustainable industry is made up of over 36,000 businesses and accounts for over \$72.5 billion of the nation's international trade. These businesses range from some of the largest globally significant multinational companies to small and medium enterprises. Industry made \$2.9 billion in capital investment in 2016-17 on research and development.

Food, beverage and grocery manufacturing together forms Australia's largest manufacturing sector, representing 36 per cent of total manufacturing turnover in Australia.

The food and grocery manufacturing sector employs more than 324,450 Australians, representing almost 40 per cent of total manufacturing employment in Australia.

Many food manufacturing plants are located outside the metropolitan regions. The industry makes a large contribution to rural and regional Australia economies, with almost 42 per cent of the total persons employed being in rural and regional Australia.

It is essential to the economic and social development of Australia, and particularly rural and regional Australia, that the magnitude, significance and contribution of this industry is recognised and factored into the Government's economic, industrial and trade policies

EXECUTIVE SUMMARY

The AFGC is pleased to contribute to the *Have your say on a national obesity strategy, Consultation Paper* (the Consultation) through the COAG Health Council. The AFGC is committed to supporting initiatives aimed at preventing obesity and promoting good health, both as an organisation, and in collaboration with its individual member companies.

The Consultation's proposed scope is broad and the issues regarding overweight and obesity in Australia are complex. This submission focuses on the areas where the AFGC and its members have expertise. It provides an overview of the Australian food industry's extensive and effective engagement to date and evidence of the AFGC's readiness to work collaboratively with governments and other stakeholders to win the battle against obesity.

The overview is also supported with some detailed discussion on particular aspects of industry's activities. Individual companies are innovating to reduce total energy and to present products with portion control initiatives that help consumers moderate their portion size. They are also providing consumers with tools and information that empowers them to make healthy choices. AFGC and its members are active allies with the Government in flagship initiatives such as the Healthy Food Partnership and the Health Star Rating System (HSR), coupled with other State Government-based initiatives.

Through product development and reformulation, portion control measures, food and menu labelling, initiatives for responsible marketing to children and collaborations with Government, companies both individually and collectively under the AFGC, have demonstrated their readiness and ability to take action.

Dietary measures and interventions to prevent and reverse obesity must be holistic. Initiatives such as product reformulation and portion size of foods and beverages not only have the potential to achieve reductions in energy intake but also to increase the intake of positive nutrients and reduce those associated with risk. However, these must be supported by innovative, ongoing communication strategies underpinned by regularly updated dietary guidelines based on the best available evidence and the promotion of physical activity. Funding for research, evaluation of interventions and monitoring through regular national surveys, is essential to build the knowledge base for best practice and to guide the directing of resources.

The AFGC notes the Consultation's linking of obesity to the issue of sustainability. The AFGC is very supportive of efforts by the food industry, and the broader community, to reduce the impact of food production, processing, packaging and consumption on the environment. The AFGC also recognises that one step individuals can take to address weight gain (and hence risk of obesity) is to eat to their nutritional needs (often varied) through constructing balanced diets. This would minimise the impact of their food consumption on the environment. The industry is making efforts to reduce portion and packaging sizes to address overconsumption of energy as well as food wastage both in retail and QSR settings. Beyond that, the AFGC considers the link between obesity and sustainability to be tenuous, (yet to be supported by robust science) and potentially a distraction from the true objective and proposed outcomes.

The solution to the multi-factorial problem of obesity rests on the ability of stakeholders and sectors to work together in a systems approach that recognises the complexities and interactions of the issues. There is no silver bullet answer whether it be focussing on a single nutrient or simplistically linking obesity to the sustainability issue.

A well-considered, evidence-based approach where all players have a role in supporting a consistent and united strategy, based not only on products, but also diets, education and activity, is the way forward. **The AFGC and the Australian food industry is ready and well-positioned to be a key contributor and be involved at all stages of the development of the strategy.**

RECOMMENDATIONS

The AFGC recommends (not in priority order)

- The Government continues to work within cross-sectoral collaborative partnerships to address the obesity issue.
- An evidence based approach be applied to programs and initiatives - including regular monitoring of population food and nutrient intakes - to better inform decisions, actions and to assess outcomes in addressing obesity.
- Additional efforts to promote healthy eating based on the whole of diet, whole food approach of the Australian Dietary Guidelines rather than seeking to limit consumption of particular product categories or nutrients.
- Sustained funding to support regular population monitoring of weight, nutrition, and food and drink consumption of children and adults.
- Opportunity to participate in consultations of evidence-based guidelines (e.g. school canteen, and health and leisure) that impact on the food landscape.
- Continued and strengthened education to parents/carers and school-aged children and young people, and promoting the role of core foods in children's diets thereby encouraging life-long healthy eating habits.
- A consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food.
- A self-regulatory approach on the marketing of food to children with an independent auditing and complaints handling process.
- Education, promotion and packaging solutions via the current Healthy Food Partnership initiative that assist consumers to eat an appropriate quantity and quality of different food types.
- The voluntary HSR system remains science based, practical for industry to implement, and effective as a means of helping consumers to construct healthy diets.
- Voluntary innovation and renovation of products by the food industry in response to advances in nutritional science and particular public health concerns.
- Initiatives that motivate and inspire participation in regular physical activity by people of all ages and abilities.

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INTRODUCTION

The AFGC welcomes the opportunity to present this submission to the COAG Health Council *Have your say on a national obesity strategy, Consultation Paper* (the Consultation). The submission was developed in consultation with, and represents the collective view of, experts in nutrition, dietetics and food science within the AFGC membership. The submission addresses directly the food industry's role in the ongoing efforts to reduce levels of overweight and obesity in Australia, but places this in the context of the wider role of the food industry in providing wholesome, safe food every day to consumers, assisting them to construct healthy diets.

PROPOSED SCOPE OF THE CONSULTATION

The AFGC notes the proposed scope of the Consultation is broad being primarily focused upon primary and secondary preventions encompassing four priority areas of supporting children and families, mobilising people and communities, enabling active living, and building a healthier and more resilient food system.

Indeed, it needs to be broad as the causes of obesity are known to be multifactorial. That said, the Consultation has cast too wide a net suggesting a National Obesity Strategy should encompass issues for which broad associations with the incidence of obesity may have been identified, but for which there is very little evidence of a causative link, or mechanism.

SUSTAINABILITY

The AFGC strongly supports efforts made by the food industry to limit the impact on the environment of food production, processing, distribution and consumption. The reality is, however, that there is great variability in the magnitude and nature of the environmental effects of bringing food to the table of consumers. That variability occurs within the major food groups, between the food groups, and across the range of production regions, the types of processing and transport of food products. Moreover, sustainability is multi-faceted encompassing greenhouse gases, water availability and use, impacts on biodiversity on land and in the ocean, packaging impacts and food waste, which can occur at all stages of the food value chain up to and including the consumer. Consequently there is no simple 'sustainability' index which can be applied to food products which can be used to assist consumers to eat in a more sustainable manner. In the context of the National Obesity Strategy, the AFGC is unaware of any evidence which suggests that the environmental impact of food is associated directly with the incidence of obesity, and more specifically that a plausible causative mechanism has been identified, and therefore should be considered out of scope for this Consultation.

In the absence of such evidence, the AFGC will focus this submission primarily on the role of the food industry in assisting consumers to make healthier dietary choices, supplying a safe food system, and how the AFGC and its members do and can continue to contribute to collaborative activities with Government and other partners.

THE AUSTRALIAN FOOD INDUSTRY

The Australian food industry takes the commodity crops, animal products and fresh products of farmers to produce the foods Australian consumers eat every day. For example, the industry makes core foods such as bread and cereal products from grains, cheese and dairy products from milk and, of course, many other products from the rich variety of animal foods-derived, fruit and vegetables that Australia produces. The industry also produces a range of discretionary foods that consumers may enjoy as part of a balanced diet.

The magnitude of this task should not be underestimated. The food value chain from agriculture, through food manufacturing and into retail is complex. It not only transforms agricultural raw materials into edible, and often still perishable products, but also protects them as they are transported from sites of harvest and manufacture to retail outlets around the nation. The net result

is that Australian consumers enjoy, year-round, a wide variety of affordable, safe, sustainable, nutritious and convenient foods, that suit their lifestyles, and from which they can construct healthy diets.

Many more consumers enjoy the same products overseas. With a strong reputation for quality, safety and environmentally responsible production, Australian processed food and beverage exports generate around \$26 billion of income each year. And, future export growth is assured as the demand for quality food in Asian markets increases.

RTI Release

SUPPORTING CHILDREN AND FAMILIES

– PRIORITY AREA 1

The AFGC agrees that childhood overweight and obesity is a pressing problem, and supports proposed priority area 1: supporting children and families.

Apart from the concerns for the general welfare of this particularly vulnerable group, it is generally accepted that overweight and obese children are more likely to become overweight and obese adults with increased risk of chronic disease. In short, helping children to maintain healthy weights now assists in efforts to reduce adult obesity in the future.

HEALTHY EATING GUIDANCE

Providing general guidance on healthy eating for children is more challenging than with adults for a number reasons:

- There is much greater variability in their nutritional requirements with substantial increases in nutrients, as well as energy demands as they grow and develop. As with adults, their nutrient requirements, particularly for energy, also change with levels of physical activity,
- Their knowledge and understanding of good nutrition is less than most adults, although many even at a young age can recite some of the simpler nutrition messages,
- They are less able to analyse and assess information and changes in their environment in a way that is beneficial, or otherwise, to their wellbeing, and
- Their ability to take responsibility and make appropriate choices (including food and beverage choices) is underdeveloped, requiring guidance from parents and carers.

The corollary to this is that society in general, including the food and beverage industry, must be mindful of the vulnerability of children, and recognise its obligations to provide them with appropriate choices, information and protections.

Continued and strengthened education is fundamental to addressing concerns associated with overweight and obesity. The AFGC supports programs that encourage the consumption of core foods i.e. the five food groups, provide information and understanding around the Australian Dietary Guidelines (ADGs), and promote physical activity and sport as the best way to stay healthy.

In particular, continued investment in children's education programs such as the NSW Healthy Kids Initiative are essential in supporting the growth of healthy children. [Live Life Well @ School](#) and [Crunch&Sip](#) are initiatives that encourage consumption of core foods from the five food groups (Dairy, Grains, Vegetables, Fruit and Meats) and provide an opportunity to reinforce healthy eating, food preparation and cooking, and active living messages from the school curriculum from Kindergarten to Year 12.

There also needs to be a greater focus on promoting the ADGs to parents/carers. Education to parents/carers and their position as role models should focus on promoting the role of core foods in children's diets and equip parents/carers with the knowledge and skills to offer healthy diets, and appropriate portion sizes to their children.

The AFGC recommends continued and strengthened education of parents/carers and school-aged children and young people, and promoting the role of core foods in children's diets thereby encouraging life-long healthy eating habits.

RIGOROUS DATA GATHERING

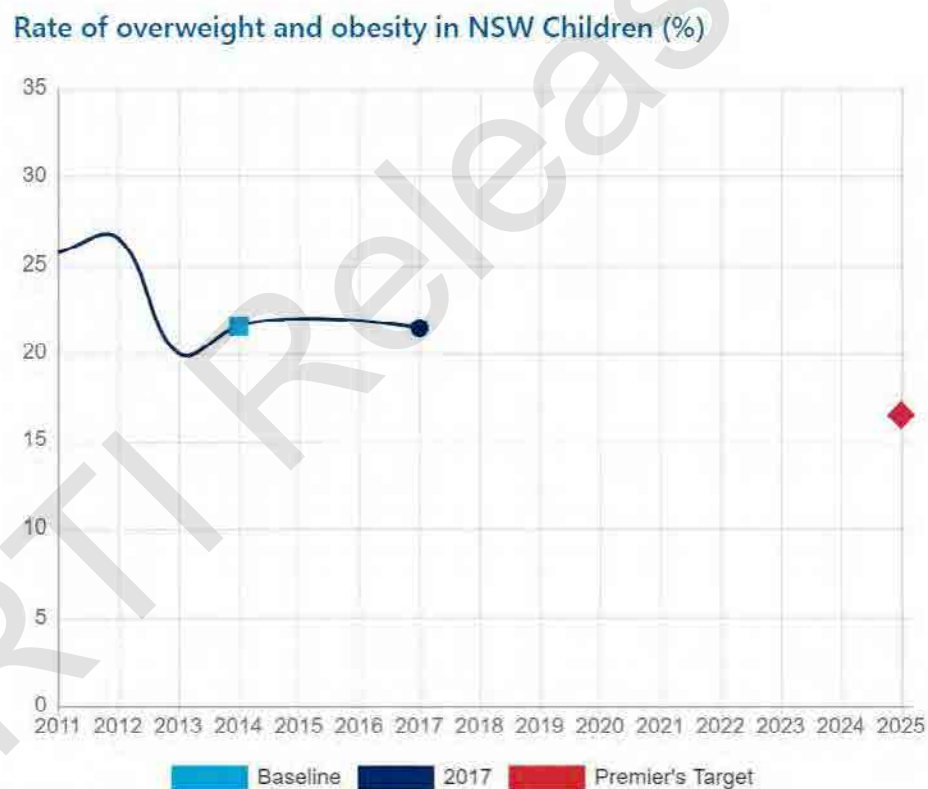
The Australian food industry has led the world in responding to concerns about childhood obesity.

Firstly, the AFGC provided \$1 million to help fund the [2007 Australian Children's Nutrition and Physical Activity Survey](#) which provided up-to-date information on the levels of overweight and obesity across Australia. The data indicated that while the levels were no longer rising (later confirmed in further studies), they remained too high, putting the health of children at risk.

More recent data suggests that childhood overweight and obesity levels are still stable. The Australian Health Survey reported that the prevalence of overweight and obesity in children aged 5-17 years increased between 1995 and 2007-08 (20.9 per cent and 24.7 per cent, respectively) and then remained stable to 2011-12 (25.7 per cent)

Data from NSW also suggests that the levels of childhood obesity are still relatively stable (see table). NSW Health comments:

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 22.0% in 5-16 year old children (2017). However, the prevalence remains high and is a cause for concern.



Source: NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

The Australian food industry has also funded a range of in depth secondary analyses of the Australian Health Survey, National Nutrition and Physical Activity Survey, to provide data on the nutritional contribution of specific food groups, and their relationship with nutritional and weight status.

The AFGC recommends sustained funding to support regular population monitoring of weight, nutrition, and food and drink consumption of children and adults.

MOBILISING PEOPLE AND COMMUNITIES - PRIORITY AREA 2

The AFGC notes the need to empower people and communities to make positive decisions about their health and their environment, and we support improving people's knowledge, awareness and skills to enable healthy eating along with the funding of mass media campaigns in this area.

The AFGC recommends that government actions motivate and inspire awareness and skills to enable healthy eating, active lives and healthy social and cultural norms by people of all ages and weight status.

ENABLING ACTIVE LIVING – PRIORITY AREA 3

The AFGC notes the need to encourage higher levels of physical activity given an increasingly automated and digital society, and in the face of a more sedentary lifestyle opportunities for incidental movement have been attenuated.

The AFGC has no expertise in this area, but nevertheless, physical activity, food, diet and health outcomes, are all interconnected by links to obesity.

Against this backdrop, Government actions seeking to address obesity must include substantial support for greater physical activity opportunities (i.e. sport and other outdoor activities for children).

The AFGC recommends that government actions motivate and inspire participation in regular physical activity by people of all ages and abilities.

BUILDING A HEALTHIER AND MORE RESILIENT FOOD SYSTEM - PRIORITY AREA 4

HELPING PEOPLE TO MAKE HEALTHY CHOICES

The links between diet and health have been long recognised by the food industry.

The AFGC supports proposed priority area 4 which focuses on and acknowledges the role the food industry has in helping consumers construct healthy diets, for example with appropriate portion sizes that help consumers moderate their intake; and through innovation and bringing new products or formats to market such as those with reduced total energy through fat and carbohydrate substitutes or with slow energy release (i.e. low Glycaemic Index) that can assist consumers to eat healthily. Examples of innovative food and beverage products that assist consumers with their dietary needs are in Appendix 1.

The food industry also helps people to make decisions through the provision of nutrition information through online resources and smart phone applications.

EMPOWERING CONSUMERS THROUGH INFORMATION

FRONT OF PACK LABELLING

Providing product choice in the market is an important step to helping consumers choose foods as part of a healthy diet, and in addition it is important they have ready access to information.

Again, the Australian food industry stepped up ten years ago to provide a world-first Front of Pack (nutrition) Labelling (FoPL) scheme. This voluntary program called the *Daily Intake Guide* (DIG) is run by the AFGC and in 2014 appeared on over 7200 products in all major food categories. The DIG provides contextual information about energy and other nutrients.



HEALTH STAR RATING

The AFGC has been integrally involved in the design and implementation of the HSR System. That involvement has included the initial discussions with the Commonwealth, participation on the original Project Committee and working groups, provision of food composition data to allow modelling and, following implementation, participation on the Health Star Rating Advisory Committee (HSRAC).

The HSR, which is based on the levels of nutrients and foods in the food product, assists consumers to compare similar products within food categories in order to construct healthier diets.

Over 10, 000 every day food products have participated, are participating or are soon to be participating in the HSR System, produced by more than 130 different companiesⁱⁱ. This is an example of how the food industry, working closely with public health organisations such as the *National Heart Foundation* and with consumer organisations such as *Choice*, can develop new initiatives, helping Australians to adopt healthier lifestyles.

The AFGC considers the implementation of the HSR System has been a successful public health intervention. Uptake by industry has exceeded expectations. Consumers understand, use and generally trust the on pack labelling – and as a result their diets are likely to have moved in a direction consistent with the advice of the Australian Dietary Guidelines (ADGs) and New Zealand Eating and Activity Guidelines (NZEAG). The HSR System has been endorsed by Government, and promoted to consumers and the food industry as a trustworthy aid to the selection of a healthier diet.

To maintain this trust and build upon its success, the AFGC considers it paramount that the recent [5 Year Review](#) results in as few changes as is necessary to improve the HSR System. All changes, and particularly those visible to consumers, when implemented must be true enhancements. They must be justified on the basis of better reflecting nutritional science and/or improving the functionality of the system to provide greater discernment between products to assist consumer choice within a category of food.

For example, as part of the HSR 5 Year Review, recommendation 2 is the removal of the energy icon option from the HSR system, which means the confectionary category initiative called “Be Treatwise” may no longer be a part of HSR system. This initiative provides meaningful front of pack information for consumers in helping them monitor their energy intake through discretionary foods, including information on portion size, which is important in discretionary food consumption but which the HSR system does not include.

The food and beverage industry will continue to support the HSR System through maintaining its ongoing relevance based on the best science while ensuring it is consistent with its intent of providing at a glance nutrition information that allows consumers to make comparisons within product categories, and selected choices which in aggregate will result in healthier diets.

The AFGC recommends that HSR system remains science based, practical for industry to implement and effective as a means of helping consumers to construct healthier diets.

MENU ENERGY LABELLING

The AFGC's Quick Service Restaurant Members have strongly partnered with the jurisdictions to implement menu board labelling schemes. Often companies have extended the labelling into jurisdictions where it was not yet required. The recent national review of fast food menu labelling schemes highlighted that:

Menu labelling schemes are an example of a contribution from the food sector which has improved diet and the availability of healthier food options.

In addition, evaluation results show:

...that the initiative was implemented well by industry and regulators, consumers noticed the new information in outlets, there was a shift towards consumers having a better understanding of average daily energy intake, and a significant reduction in kilojoules purchased was noticed.ⁱⁱⁱ

The AFGC supports a consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food.

BETTER PRODUCTS

In the 1970s, concerns about links between saturated fat and heart disease led to the development of polyunsaturated margarines.

The 1980s saw the enrichment of breakfast cereals and other foods with dietary fibre to lower the risk of bowel cancer, and the 1990s witnessed the development of lower fat milks, which now hold around 50 per cent of the market.

In almost every food category product types with low fat, low sugar, low salt, added fibre or high protein have been developed to provide choice to consumers.

One area where Australia leads the world has been the removal of trans-fats from the food supply so that the dietary intake is now 40 per cent lower than World Health Organization Recommendations (see Case Study 1).

The food industry not only removes nutrients that are associated with disease risk, but it adds many essential nutrients to foods (e.g. vitamins and minerals) under strict regulatory oversight that ensures there is no risk to health from overconsumption. Many companies are making public commitments across their portfolios, to deliver a percentage of revenue from 'better choice' products; as well as to increase ingredients such as whole grains and reducing sodium and saturated fats.

PORTION SIZE AND GUIDANCE

Weight gain leading to obesity is most strongly associated with energy intake particularly when adjusted for physical activity. Energy is provided by the macronutrients protein, carbohydrate, fibre, fat and alcohol. The challenge, therefore is to assist consumers to construct healthy diets that meet their energy needs.

To date, much of the focus of advice to consumers has been on achieving and maintaining a healthy weight and/or reducing risk associated nutrients in the Australian diet. An alternative approach is needed specifically to help consumers avoid eating above their total energy needs – and particularly to increase their consumption of core foods and beverages and to consume energy dense, nutrient poor foods in moderation. This will not only moderate their energy intake but also increase positive required nutrients and reduce risk associated nutrients intakes, all at once. More needs to be done to educate consumers on and promote the ADGs.

This approach is supported by the Australian Health Survey (AHS) data that shows 35 per cent energy in the Australian diet comes from foods described as discretionary¹ and five food group foods are significantly under consumed.

CASE STUDY 1. Trans-fats - an Australian success story

Background: The food industry introduced trans-fats into foods to replace saturated fats during the 1960s and 1970s. Trans-fats are produced when vegetable oils are processed to make them harder (less liquid) at room temperature. They found uses in margarines and products where hard animal fats had previously been used (e.g. shortening in pastry).

The Problem: In the early 1990s nutritional science indicated that some dietary trans-fats are a risk-factor for heart disease.

The Solution: The major oil producers in Australia agreed to change their processes to phase out trans-fats from all their fats and oil products. This carried across into the food manufacturing sector, significantly reducing the trans-fat levels in many processed foods where oil is an ingredient.

¹ Discretionary foods are those which tend to be higher in energy, fat, sodium and sugar. There is no established definition and no agreement on a nutrient criteria by which to identify them.

These include vegetables and legumes/beans; fruit; grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties; lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans; and milk, yoghurt cheese and/or alternatives, mostly reduced fat.

One approach to assist consumers to moderate their intake is through guidance on, or changes to, portion sizes.

Appropriate serving sizes on pack coupled with practical, convenient devices provides portion control (or portion guidance) assistance to consumers which underpins healthy diet selection. Examples of current industry initiatives can be found at *Appendix 1*. Examples include encouraging portion control through companies' participation in the 'Be Treatwise' campaign to help consumers understand how much of their recommended daily intake products contain.

Individual companies are also helping to address portion size through innovative consumer resources.^{iv v} Please see Appendices 2 and 3 which further showcases examples of innovation driving portion size for consumers.

The Healthy Food Partnership has identified [portion size](#) and portion control as priority areas within its work program. At the risk of pre-empting the outcomes of the program, the AFGC anticipates key deliverables will include:

- Clearer [advice](#) to food companies, in the form of industry best practice guides, on appropriate serving sizes on labels, particularly for mixed food products based on energy content and other nutritional criteria
- Voluntary serving size targets, and
- Consumer education materials supporting the ADGs with advice on serve sizes. (Please see Appendix 3)

A recent evidence [review](#) in 2018 from the Portion Size Working Group of the Healthy Food Partnership found compelling evidence that larger portion sizes of both five food group foods and discretionary food and drinks increase consumption.

Conversely, it has been shown that reducing plate size will lead to consumers eating smaller amounts under certain circumstances^{vi}.

Other options the Healthy Food Partnership could potentially consider to assist consumers to eat an appropriate quantity of different food types include:

- Better integration and promotion of practical advice on portion size selection with the recommended number of *serves* per day of the [Australian Guide to Healthy Eating](#). Consumer education is also important so there is understanding that, while people's choice of portion size varies over the day and week, total intake from each of the core food groups and discretionary foods should end up being similar to the number of serves suggested in the ADG for individual energy needs.
- Some people's portion sizes are smaller than the Australian Guide to Healthy Eating 'serve size' and some are larger, which means that some people may need to eat from the five food groups more or less often than others.^{vii}
- Clearer, practical guidance on appropriate serving sizes on pack for many miscellaneous food products – for example lasagne, meat pies, pizza slices, confectionary, cake – based on energy content and how the food contributes to a healthy diet, consistent with established scientific evidence and Government recommendations.
- Behaviour modification tips to assist consumers to moderate their intake such as developing specific routines leading to better choices and better diets and adopt a mindful approach to enjoying their treats – for example using smaller plates for some meals, making half of meals coloured vegetables or salad first, and increasing awareness of hunger and satiety cues.
- Exploring ways the packaged food industry can help consumers by using portion control devices to support a healthy diet. This may include:
 - suggested serving sizes on pack that reflect and communicate their contribution to a healthy diet

- serving suggestion images on pack that illustrate appropriate portion size and suggest other meal components to promote the intake of core foods
- ensuring a range of pack sizes are available to consumers, including single or smaller portion packaging
- imprinting 'cut here' lines on foods (e.g. cakes and tarts) to indicate portion divisions
- including scoops or other household measuring tools in packaging (e.g. teaspoons), and
- promoting convenient ways to increase intake of core foods as a way to increase variety and intake, as well as to reduce the overall energy density of a meal for example:
 - fresh, frozen and canned fruit, vegetables and legumes
 - ready-to-eat wholegrains, breakfast cereals and milk products
- Developing a clear framework to assist children, their parents and care givers to select appropriate amounts of food and beverages to consume in different settings can be part of addressing the childhood overweight and obesity issue.

The AFGC supports education, promotion and packaging solutions via the current Healthy Food Partnership initiative that assist consumers to eat an appropriate quantity of different food types.

PRODUCT DEVELOPMENT AND REFORMULATION

As previously noted in this submission, the food industry has an established track record of offering product variants which are reformulated in response to advances in nutritional science and particular public health concerns. In the past companies acted individually, but more recently have joined collective actions, such as the current [Healthy Food Partnership](#). Some examples of the food industry's ongoing commitment and efforts to assist consumers to healthy diets through different product formats are shown in Appendix 4.

QUICK SERVICE RESTAURANTS

The Australian Quick Service Restaurant (QSR) sector has been actively pursuing initiatives to support healthy eating by adults and children. In 2012, following the introduction of mandatory kilojoule [menu board labelling in NSW](#), leading QSR companies rolled out labelling nationally to ensure all Australians were able to quickly compare the energy content of their purchases and purchases for their children. In addition to kilojoule labelling, the major QSR companies provide nutrition information regarding the levels of saturated fat, sodium and sugar on company websites, smart phone apps and through in-store brochures.

QSR companies have also engaged in significant reformulation activities across their portfolios to reduce the levels of saturated fat and sodium. All major QSR companies have switched the oil they use, resulting in more than a 75 per cent reduction of saturated fat levels, consistent with the [Healthier Oils Program](#) initiative of The Heart Foundation Australia. These activities have impacted upon many offerings within these stores, with some companies reporting the following achievements in recent years (noting that these are company specific and have not been aggregated across the sector):

- 69 per cent reduction in saturated fat of chicken nuggets
- 15 per cent reduction in sodium across chicken range
- 21 per cent reduction in sodium in seasoned chip salt
- 58 per cent reduction in sugar in burger buns
- 30 per cent reduction in sodium in burger buns, and
- 20 per cent reduction in sodium in cheese

Children's meal offerings in QSRs have also evolved, with major QSR companies offering portion appropriate children's menu items and meal options that revolve around core foods including:

- Water, reduced fat milk and 100 per cent fruit juice beverages
- Grilled meat and salad mains, and
- Sides of fruit and vegetables (including apple slices, cherry tomatoes, peas)

McDonald's Australia has reported that '*1 in 3 Happy Meals sold include either a Seared Chicken Snack Wrap, apple slices, low-fat flavoured milk, fruit juice or water*'^{viii}.

The AFGC's QSR Forum has been strongly engaged in the Healthy Food Partnership. It is represented on the Executive Committee and two members have helped chair the Food Service Working Group and Reformulation Working Group to help deliver a suite of Voluntary Food Service Pledges and pending draft reformulation targets.

The AFGC supports and encourages voluntary innovation and renovation of products by the food industry in response to advances in nutritional science and particular public health concerns.

SETTINGS-BASED GUIDELINES – SCHOOL CANTEENS

There is the opportunity to help address dietary intake imbalance through the implementation of settings-based guidelines such as school or other canteen guidelines. They are an effective way for the food choices of children and adults to be influenced in the school or workplace setting, thereby assisting them to consume healthy diets.

School canteen guidelines have been well supported by industry. In 2003, following the introduction of *Fresh Tastes @ School* in NSW school canteens, many food companies reformulated their products or introduced new product lines to provide options for healthier choices in school canteens.

The AFGC is of the strong view, however, that there must be uniformity in the canteen guidelines across all Australian states and territories. There is no scientific or nutritional reason why they should be different between jurisdictions, so assuring national consistency should be a priority.

The AFGC welcomes the opportunity to participate in national school canteen guideline consultations that are evidence-based and looks forward to work on other initiatives which may be developed.

OBESITY AND THE PUBLIC POLICY DEBATE

The importance of tackling obesity cannot be understated. Apart from the loss of quality of life for individuals, the cost to the community is large.

The AFGC and the wider food industry have responded to the public health challenge through a comprehensive suite of company level activities, collective actions and cross-sectoral collaborative initiatives. Despite showing a willingness, indeed a desire, to be part of the solution in addressing the obesity issue, other parties to the debate see the food industry being part of the problem, if not the sole cause of the problem^{ix}. This contention is more often than not accompanied by calls to regulate the food industry with a combination of prohibitions and taxes. The AFGC rejects both the contention and the proposed regulatory responses as they are supported neither by nutrition and health science, nor by the principles of good policy and best practice regulation.

POTENTIAL REGULATORY LEVERS

There are five potential regulatory levers that can be used to influence consumers eating habits, and to some extent these have already been used in Australia:

1. **Applying taxes to discretionary foods or their components** – the GST applies to processed foods and not fresh foods. International examples of taxes on foods or food components have not impacted obesity levels.
2. **Restricting advertising, particularly to children** – the industry already has voluntary industry initiatives the [RCMI and QSRI](#) as described earlier. International examples of advertising bans and restrictions have not impacted obesity levels^x.
3. **Restricting the sale of foods** – School canteen guidelines restrict the food choices of children recognising they are a particularly vulnerable population group. The AFGC supports the use of school canteen guidelines.
4. **Mandated nutrition labelling** – there are already regulatory requirements for a Nutrition Information Panel labelling on packaged foods and the voluntary, but widely adopted, HSR labelling also aids consumers to make informed choices. AFGC supports the continuing voluntary status of the HSR to enable the system to be agile and respond to evaluation.
5. **Regulating the composition of foods** – the market already provides low energy, low fat, low sugar and low salt variants of many food products and further changes are occurring. Regulation would simply remove some, and possibly many, food products completely.

FOOD TAXES

The experience of applying sugar or fat taxes in other countries has been neither successful in reducing obesity nor popular. In 2012, Denmark abolished a tax of foods based on their saturated fat levels within a year because the tax was so unpopular that consumers were driving across the border to avoid it. Similarly, there are cases in the United States (US) where sugar taxes have been repealed. For instance, Cook County, which incorporates the City of Chicago, removed its soda tax just nine days after it came into effect in 2017 due to its unpopularity^{xi}.

Health experts cannot agree on the potential effectiveness of food taxes in reducing obesity^{xii}. This is because it is difficult to predict the final impact the taxes may have on food prices and the effects on demand and substitution (consumers switching to alternative foods). Other studies have found that consumers have:

- Switched from more expensive to cheaper brands of soft drink or buy larger sizes in bulk.^{xiii}
- Have less money left over to spend on healthier foods – an Australian study predicted a decrease in the consumption of fruit and vegetables after a sugar-sweetened beverages (SSBs) tax.^{xiv}
- Increased their intake of untaxed foods and beverages e.g. a U.S. study found a 124kJ increased intake in energy from untaxed beverages (such as milk, smoothies and milkshakes) and a no-significant reduction in energy intake from SSBs.^{xv}

Overall, the dietary impact may not be as great as anticipated, and there is agreement that effects are likely to be modest at most and there is insufficient evidence to support an ultimate effect on obesity.

Modelling of the effects of a tax on SSBs in Australia was published in April 2016^{xvi}. The overall effects, as reported, are very modest despite assumptions that are favourable to the proposal. The modelling predicts:

- A drop of energy from sugars in the population diet of 16kJ per day for men, 9kJ per day for women – this is less than 0.2 per cent of the average recommended daily intake (8700 kJ) and equivalent to about 1g of sugar, or one quarter of a teaspoon of sugar
- After 25 years, the average man (1.78m tall) will be 320g lighter, and the average woman (1.63m tall) 170g lighter
- Obesity rates would drop by 0.7 per cent in adult men and 0.3 per cent in adult women
- The early cost savings for the health budget are actually deferred costs. Costs increase later as deaths are pushed further down the timeline.

A recent review of the Mexican sugar tax implemented in January 2014 reported similar very modest effects on food, and therefore energy consumption (about 1.66 g per day decrease, or about 60kJ per day or 0.7 per cent of the daily energy requirement).

The authors concluded

'...the impact of this tax on overall energy intake, dietary quality, and food purchase patterns, as well as how these changes relate to weight status, remains to be studied'^{xvii}.

No studies, however, have been forthcoming which demonstrate unequivocally, or even give some confidence, to the proposition that the introduction of the tax on SSBs in Mexico has led to a significant decline in obesity levels in Mexico where it remains a major public health challenge.

A draft study that is yet unpublished and therefore not-peer reviewed, by researchers at the Instituto Tecnológico Autónomo de México compared body mass index (BMI) among 8,000 households in 2013 (the year before the tax) and 2015 (the second year into the tax). It appears to show the tax had a “very small” effect on calories consumed.

“There is no discernible difference across the years in BMI...If anything the tendency has continued to rise, albeit by a small quantity. It seems that so far the existing tax has not had a detectable decrease in BMI.”^{xviii}

The Henry Tax review^{xix} examined the potential use of taxes to modify consumption behaviour and concluded it is:

....very difficult to estimate spill over costs, if any, of identifiable foods or food types. In addition, any quantifiable health benefits of imposing the tax would need to be weighed against the loss to those people who are at low risk

In 2016, The Grattan Institute released a report^{xx} that favoured introduction of a tax on SSBs despite the fact it conceded that it would have minimal impact on levels of obesity due to the many contributors to obesity levels. Indeed they note:

..no one ingredient causes all obesity....

It noted also the imperfect, regressive nature of the tax justifying it on the basis that although it would impact lower socio-economic group the greatest, these groups would benefit the most. This report is consistent with many studies that are reliant on predictive models to project a likely or possible reduction in BMI and obesity, rather than from data gathered in the context of a tax having already been implemented.

A further justification presented by the Grattan Institute was the opportunity hypothecated that the tax take would be directed to health spending, ignoring the fact that Australia rarely uses hypothecated taxes (for reasons of economic efficiency and budget autonomy); and ignoring the fundamental inequity of selectively taxing the products of one industry and penalising their consumers (many of whom are not obese or over weight) to benefit the whole community was not drawn out.

Overall, it can be concluded that taxes to change consumer behaviour are inefficient and regressive, disadvantaging lower income groups and those consumers already adhering to the desired behaviour.

Perhaps it is best summed up, however, by the conclusions of a recent report commissioned by the New Zealand Ministry of Health in 2017^{xxi} looking at the strength of evidence regarding the effectiveness of a sugar tax. The report summarises the conclusions thus:

- *Taxes do generally appear to be passed through to prices and some reduced demand is likely*
- *Estimates of reduced intake are often overstated due to methodological flaws and incomplete measurement*
- *Price elasticities from early studies with fundamental methodological flaws have later been used in a number of other studies to assess the impact of sugar taxes, resulting in significantly overestimated reductions in demand*
- *There is insufficient evidence to judge whether consumers are substituting other sources of sugar or calories in the face of taxes on sugar in drinks*
- *Studies using sound methods report reductions in intake that are likely too small to generate health benefits and could easily be cancelled out by substitution of other sources of sugar or calories*
- *No study based on actual experience with sugar taxes has identified an impact on health outcomes*
- *Studies that report health improvements are modelling studies that have assumed a meaningful change in sugar intake with no compensatory substitution, rather than being based on observations of real behaviour.*

And finally

The evidence that sugar taxes improve health is weak.

RESPONSIBLE ADVERTISING

The data from the 2007 Australian Children's Nutrition and Physical Activity Survey was a call to action for the food industry and in 2009 the AFGC launched the [Responsible Children's Marketing Initiative](#) (RCMI) and the Quick Service Restaurant Initiative for Responsible Advertising to Children (QSRI), containing voluntary commitments by food and QSR companies on the marketing of food to children.

The objectives of the Initiatives are to:

- Reduce advertising and marketing communications to children for food and beverage products that do not represent healthier choices,
- Use advertising and marketing communications to children to help promote healthy dietary choices and healthy lifestyles amongst Australian children, and
- Provide an independent, best practice avenue for consumers to raise concerns regarding advertising and marketing communications to children for food and beverage products and issues of non-compliance through Ad Standards.

The RCMI and QSRI represent a very successful self-regulatory approach. Extending beyond television, they also apply to print media, radio, cinema, interactive games and the internet. Both Initiatives include fully independent complaints handling through Ad Standards and an Arbiter at the University of South Australia. Compliance is monitored and reported annually.

As a result of the introduction of the RCMI and QSRI, less than 1 per cent of all food and beverage advertisements placed by RCMI and QSRI signatories were for products that did not meet the healthy choice criteria and that were shown during children's TV programs or programs for which children represented more than 35 per cent of the audience.

The AFGC supports and encourages a self-regulatory approach on the marketing of food to children that incorporates monitoring, and an independent and complaints handling process and auditor.

RESTRICTING PROMOTIONS

Foods and beverages purchased in food retail stores contribute a significant portion of individual's total daily nutrient and energy intake. Food shopping behaviour continues to evolve, and food retail environments are increasingly more complex, requiring a more in-depth understanding of customer behaviours.

Price and promotion information can influence purchase intentions and choice. In Australia, in the past decade we have seen promotions increase to 40 per cent of products purchased on promotion making Australia one of the most highly promoted markets in the world^{xxii}. Customers' responses to price promotions are based on individual circumstances. The ability of price promotions to influence a customer to switch from one brand to another depends on the customer's reason to buy, the price-quality tiers of the brands, the make-up of the choice set, and individual differences^{xxiii}.

Price promotions occur across a range of food and drink categories including the core five food groups and discretionary foods in the retail setting. While promotions may influence a customer's decision to purchase, there is no evidence that these marketing activities are associated with a health outcome such as overweight and obesity. The AFGC is not aware of evidence-based research which demonstrates an association of price promotion restriction and impact on changing dietary patterns and weight status.

A restriction of promotion of certain food and drink categories would require a clear definition and criteria of those food and drink items that the restriction applies, which is challenging from a nutritional perspective as well as from a practical implementation and monitoring perspective. Any restriction of this nature may have implications that would require clarification of Australian competition and consumer law.

The AFGC does not support restricting promotions of food and drinks in the absence of evidence- based research demonstrating a health outcome in relation to weight status and would require careful design and monitoring of its effectiveness.

WARNING AND ADVISORY LABELS

The AFGC and its members support providing consumers with the information they need to make an informed choice about the foods they eat. This is important to assist consumers to construct healthy diets to meet their nutrient requirements. It also helps them to avoid potential hazards in food products such as allergens and other components to which they may be intolerant. Consumer advisory statements and directions for use including, for example, directions for preparation are critical to ensuring the safe handling and consumption of foods

Currently, there is not the scientific basis to categorise food risks based on warning thresholds of high/medium/low levels, %DI, etc. Prematurely implementing these “contextual” levels prior to the strong scientific basis needed may lead to consumer confusion and erode consumer trust.

The AFGC strongly opposes any form of front of pack advisory statement or warning label regarding the levels of certain nutrients (e.g. added sugar, sodium, saturated fats, alcohol and energy content) in food. Advisory statements are reserved in the FSC for cases where there is the risk of significant adverse health outcomes for consumers or sub-groups of consumers. There is simply no sound scientific nor nutritional basis which would justify the development of advisory statements or warning labels on nutrients levels. Moreover, there are practical reasons why such labelling is likely to cause confusion to consumers when displayed along with other nutrient labelling (such as the HSR).

The AFGC is very concerned that the role of certain nutrients, such as added sugars, as a potential risk associated nutrient has been grossly exaggerated^{xxiv}. More explicitly, there is no scientific evidence which suggests sugars, or added sugars, possess unique health risks or are substantially stronger drivers of overweight and obesity when compared to other carbohydrates. In reality, studies on iso-caloric diets constructed with differing levels of macro nutrients confirm energy content as the primary driver (see later).

The AFGC has noted that this type of labelling has the potential to conflict with the HSR labelling. In addition, the labelling may also conflict with the [Nutrient Profiling Scoring Criteria](#) and existing nutrient content claims such as ‘reduced’ sugar or sodium or fat made on food products. When such claims are made the comparison relates to a specified normal variant of the product type. In the case of sugar, there is the potential, for example, that ‘reduced sugar’ or ‘reduced added sugar’ claims to be made on products which remain ‘high’ depending on where the value cut off for the ‘high’ descriptor lands. This may result in considerable misalignment of labelling statements which would undermine community confidence in the integrity of food companies and brands, food labelling generally and possibly the food regulatory system.

The AFGC strongly opposes any form of front of pack advisory statement or warning label regarding the levels of certain nutrients (e.g., added sugar, sodium, saturated fats, alcohol and energy content) in food based on a lack of sound evidence, and conflict with the current HSR system.

REGULATING THE COMPOSITION OF FOODS

Food is already well regulated – foods must be safe and appropriately labelled for informed choice, and in Australia packaged foods meet both of these requirements. But obesity and associated illness are called *diet related disease* or *lifestyle related disease*. They are not called *food related disease*. In reality there is no single food, or food category that has been strongly linked to a disease. Nutrient levels in the *diet* are associated with health outcomes, but only as one of many factors contributing to that health outcome.

Heart disease, for example, is linked to diet (particularly saturated fat levels), but also to physical activity, tobacco, alcohol consumption and family history. The additional factors mean that regulating foods to reduce disease through their consumption alone is unlikely to be successful.

Many policy approaches to diet-related non-communicable diseases (NCDs) focus on modifying consumer dietary choices and behaviours, reformulation instead aims to change the underlying food supply. When a food is reformulated, 'the consumer does not have to modify drastically his or her habitual dietary food pattern', while benefitting from an improved diet.^{xxv} Reformulation may be industry-led (voluntary reformulation) or may be government-led (mandatory nutrient limits).

Mandatory nutrient limits work by specifying permissible amounts of a given nutrient in a given food, and so force food manufacturers to reformulate if they want their food to remain on the market.

Mandatory nutrient limits may prevent products from legally being sold in their current format, or result in the addition of preservatives, or other additives, which is not desirable by consumers or manufacturers. Additionally, for some food products the use of salt and sugar performs technological functions such as food preservation and shelf stability.

The AFGC strongly opposes regulation of the nutrient composition of foods as a means to modify consumer dietary choices and behaviours. Besides the impact on consumer and market freedom, there are other more effective policy activities to reduce consumption of less healthy foods for instance, through labelling and education, or through voluntary reformulation. The call to reformulate, and to encourage reformulation, has been consistent throughout recent policy statements and guidance documents, including the United Nations (UN)'s *Political Declaration on the Prevention and Control of Non-Communicable Diseases*^{xxvi} (United Nations General Assembly, 2018) and the WHO's *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*.

Food policy via national dietary guidelines exert a powerful, if indirect, effect on food producers to reformulate products. Additionally, mandatory nutrition labelling in which governments require food producers to present nutritional information, in a standardized format, on the packaging of eligible food and drink provide transparency to consumers about the composition of foods and drinks.

Voluntary reformulation - which has been endorsed by the WHO as an NCD-prevention strategy and has been adopted by the food industry - is currently resulting in changes to the nutrient composition of packaged foods without having to resort to mandated compositional nutrient limits^{xxi}. In Australia, the government has established collaborative initiatives, through which food companies can make voluntary sodium commitments on food reformulation across a number of food categories such as the [Food and Health Dialogue](#) and the current Healthy Food Partnership.

The AFGC recommends any initiative to promote healthy eating be based on the whole of diet, whole food approach of the Australian Dietary Guidelines rather than seeking to limit consumption of particular product categories or single nutrients.

DATA USE AND EVIDENCE

The AFGC supports the proposed enabler of strengthening the evidence and data systems to better inform decisions, actions and to assess outcomes.

In 2009, the National Preventive Health Taskforce completed the most comprehensive examination (before or since) of overweight and obesity in Australia^{xxvii}. No single factor or group of factors was identified as being strongly associated with, and therefore potentially driving, the increases in the weight of Australians. Of course, at a physiological level weight gain is caused by overeating relative to inactivity (where energy consumed exceeds energy expended), but there remains doubt as to what leads many individuals to eat above their energy needs; and there are different macronutrients, consumed in excess in different individuals.

For Australia, the most up-to-date health and nutrition data is from the ABS Australian Health Survey^{xxviii}. The results show that the average daily energy (kilojoule) intake has decreased for both men and women between 1995 and 2011-12. The average daily intake of sugars and saturated fat also declined significantly during this time.^{xxix} This suggests that there are factors other than increased energy intake, contributing to higher levels of obesity across the nation.

EVIDENCE VERSUS PERCEPTION - SUGAR

In recent years, there has been a public health focus on sugar with suggestions that it is a unique, and particularly potent, sole driver of obesity. The science does not support this proposition. Indeed, some studies^{xxx} suggest that sugar, or more particularly sucrose (which contains fructose) does not play a *dominant* role in being responsible for the rise in overweight and obesity in developed countries.

A recent review^{xxxi} in scientific literature suggests that

Guidelines on dietary sugar do not meet criteria for trustworthy recommendations and are based on low-quality evidence. Public health officials (when promulgating these recommendations) and their public audience (when considering dietary behaviour) should be aware of these limitations.

The Australian food and beverage sector accepts the advice of Food Standards Australia New Zealand (FSANZ)^{xxxii}.

Experts generally agree that eating excess kilojoules (energy) contributes to weight gain. Being overweight or obese increases the risk of chronic health problems like high blood pressure, type 2 diabetes and heart disease. Sugar provides the same amount of energy or kilojoules (kJ) per gram as other forms of digestible carbohydrates such as starch found in breads, rice and pasta. However some foods have a lot of sugar. It's important to remember that eating too much of any food can contribute to weight gain

Almost all the energy in the diet comes from the macronutrients fat, protein, alcohol and carbohydrate (starch and sugar). A recent study^{xxxiii} from the UK, analysing biometric data from over 130,000 individuals, demonstrated that the dietary intakes of all macronutrients were positively associated with body mass index (BMI) and other measures of adiposity, but the correlation was highest with fat, followed by protein and starch. The correlation with sugar was the lowest, and when the data were corrected for total energy, sugar was negative. That is, in persons with equal energy intake, those with highest sugar intake had the lowest BMI. The authors of the study commented that in the UK:

...policy makers are being encouraged to specifically target sugar intake in order to combat obesity.

And concluded:

Focusing public health interventions and messages on sugar may detract from the need to reduce overall energy consumption and could, paradoxically, increase fat consumption.

The public health focus on sugars is sometimes extended to target specific foods containing sugars, despite a lack of evidence base and the potential for unintended negative outcomes.

One example is breakfast cereal, a core food recommended in the ADGs. Breakfast cereals are frequently targeted in relation to public health advocacy on overweight and obesity strategies, the HSR and the Healthy Food Partnership reformulation agenda, usually on the basis of total sugars content. This is in direct contrast with the evidence base demonstrating breakfast cereal consumption is associated with better nutrition and better health, including a lower prevalence of overweight and obesity.^{xxxiv} Public health strategies that target breakfast cereals have the potential to discourage consumption of these important core foods and contribute to higher rates of overweight and obesity.

A systematic literature review^{xxxi}, using the same methodology used for the Evidence Reviews supporting the ADGs, found regular breakfast cereal consumption was associated with a significantly lower risk of overweight and obesity, alongside more nutritious diets and a greater likelihood of meeting recommended nutrient intakes.

Regular breakfast cereal consumption is associated with a lower body mass index and less risk of being overweight or obese. A 12 per cent lower risk of being overweight or obese was found for both adults and children.

Presweetened breakfast cereals do not increase the risk of overweight and obesity in children.

Consumption of pre-sweetened breakfast cereals does not increase daily total sugars intake in children and adolescents.

These findings are well supported by secondary analyses of the ABS Australian Health Survey, National Nutrition and Physical Activity Survey, which found: ^{xxxv, xxxvi, xxxvii}.

Australian adults who ate breakfast cereal had a significantly smaller waist circumference, were more likely to be a healthy weight and were less likely to be overweight or obese, than those who ate other breakfasts.

Australian adults who ate breakfast cereal had the lowest daily intake of added sugars – 10 per cent lower than those who ate other foods for breakfast and 26 per cent lower than breakfast skippers. This is consistent with the finding that most Australians (62% of adults and 62% of children) consumed breakfast cereals with less than 15g total sugars per 100g (including the sugars from fruit ingredients).

For Australian children, there was no difference in weight among children who ate breakfast cereal and those who ate other breakfasts.

For Australian children, there was no difference in added sugars intakes or energy intakes between children that ate breakfast cereal (regardless of its level of sweetening) and children that ate other breakfast foods.

Added sugars from breakfast cereal accounted for less than one per cent of the daily energy intakes in the diets of children (0.8%) and of adults (0.7%) who ate breakfast cereal.

Breakfast cereal eaters were also more likely to meet their nutrient requirements, especially for fibre and whole grains which is associated with chronic disease risk reduction. Therefore, penalising these foods could have additional consequences

This example demonstrates the importance of ensuring policy recommendations and preventative health strategies are strongly supported by the current evidence base.

The AFGC supports the ADGs, which are evidence based on the latest scientific evidence and promote healthy eating patterns.

The excessive and simplistic focus in the obesity debate on a particular nutrient – sugars, sodium or saturated fat – has no guarantee in addressing the issue. To quote one review^{xxxviii}

Nutritional nit-picking has been unsuccessful in improving public health. Nutrient based interventions are generally ineffective...Dietary pattern recommendations are more likely to show success in improving cardiovascular health.

With this in mind, it is important to consider the multifactorial nature of obesity as opposed to a single initiative or program to address the issue.

The AFGC recommends an evidence-based approach on regular monitoring of population food and nutrient intake to better inform decisions, actions and to assess outcomes in addressing obesity.

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COLLECTIVE COMMITMENT

The AFGC supports the proposed enabler of strong national leadership and governance to drive effective change through fostering collaborative partnerships.

The AFGC strongly supports collaborative cross-sectoral initiatives as the way forward in addressing the seemingly intractable problem of obesity. At the national level this approach has had a number of successes which have already been described above (the 2007 *Australian Children's Nutrition and Physical Activity Survey*; reformulation activities under the *Food and Health Dialogue*).

The AFGC has also worked with Government in the health area as a participant on the NSW *Premier's Council for Active Living*, NSW and Queensland *Fast Choices Reference Groups*, the *Healthy Food Partnership Executive Committee* and working groups and the *Health Star Rating Advisory Committee* and *Technical Advisory Group*.

PARTNERSHIPS WITH GOVERNMENT

Successive Australian Governments have recognised the value of working in partnership with the food industry and public health sector to improve the nutrition and health status of Australians.

The food industry worked closely with the previous Rudd/Gillard Government and the public health sector through the [Food and Health Dialogue](#). This initiative commenced in 2009 bringing together food industry and public health organisations in a coordinated category-by-category food reformulation program that achieved reductions in salt and saturated fat in food products.

More recently, under the current Coalition Government, the Healthy Food Partnership (announced in late 2015) has become the vehicle for cross-sectoral collaboration. With all sectors of the food industry represented (primary industry, manufacturers, quick service restaurants and retailers) as well as NGOs and the public health sector, working groups are preparing to make recommendations that will address portion size including an industry best practice guide to serving sizes and the development of voluntary serving size goals, voluntary reformulation of target food categories, and broad-based consumer education.

The value of cross-sectoral programs of this type is now widely recognised and encouraged as part of the WHO's *Global Action Plan for the Prevention and Control of Non-communicable diseases 2013-2020*^{xxxix}. Collaboration across sectors is the most effective way to take a systems approach to complex problems like obesity where simplistic, reductionist, single nutrient or one-size fits all approaches are unlikely to address the underlying drivers.

To change health behaviour, a range of governments, organisations and individuals need to work together in a coordinated way to attack the problem from many different angles and in dynamic, flexible ways. Applying systems thinking and systems approaches supports creating environments that assist people to make better health decisions and avoid chronic disease.

The importance of engaging across sectors has been restated most recently (May 2018) in the preparation documents for the World Health Assembly's 71st Meeting held in September 2018.

There it is stated:

We further encourage the private sector to produce and promote more food and beverage products consistent with a healthy diet including by reformulating products, especially those products with the largest impacts on health, to provide healthier options that are affordable and accessible for all and that follow appropriate nutrition facts and labelling standards, including information on sugars, salt and fats and, where relevant, trans-fat content. We also encourage the private sector to reduce the exposure of and impact on children of

marketing of foods and non-alcoholic beverages, consistent with WHO recommendations and guidance, and in accordance with national legislation, policies, and relevant international obligations.

The AFGC supports this statement in its entirety noting that Australia is well advanced in all the areas for action identified. In food labelling, in food reformulation, and in responsible marketing to children the Australian food industry at the company level, collectively under the AFGC and in collaboration with Government initiatives has a strong and proud track record established over many years.

The McKinsey Global Institute's *Overcoming Obesity: An initial economic analysis*^{xl} supported such an approach, also ranking portion control, reformulation and availability of energy dense products as the most impactful interventions ahead of media restrictions and taxes. The report observed that:

Capturing the full potential impact is likely to require commitment from government, employers, educators, retailers, restaurants, and food and beverage manufacturers, and a combination of top-down corporate and government interventions and bottom-up community-based ones.

The AFGC also considers that collaborative approaches to addressing issues such as obesity have demonstrated their value and effectiveness.

The AFGC recommends the Government continues to work within cross-sectoral collaborative partnerships to address the obesity issue.

THE SHARED CHALLENGE

Throughout this submission the AFGC has attempted to document comprehensively, but not exhaustively, the many actions taken by the food industry collectively in a number of partnerships with Government and other stakeholders in response to advances in nutritional science and the rising levels of diet-related NCDs, and obesity. In addition, examples of specific company level activities have also been provided each of which represents a tangible response both to the public health challenge as well as a greater demand from consumers for new products, in new formats, to assist them to healthy diets.

For the AFGC and its members the ongoing concerns about obesity are very real.

The AFGC in no way downplays the importance of the issue and the challenge it represents to Governments. Obesity and associated ill health places an unacceptable burden on the community as a whole. This manifests as burgeoning health budgets around the country at the population level. It also exacts a high price on individual Australians eroding their quality of life. There is an absolute imperative, therefore, of stopping and then reversing the current trajectory of ever increasing levels of overweight and obesity in the Australian population.

One thing is certain, however, and that is the multi-factorial aetiology of obesity. Although at a very basic level the energy in / energy out paradigm remains valid, factors such as variable genetics across the population, a more sedentary lifestyle (particularly at work), a move to passive rather than active transport, and perhaps most recently the growth in 'screen time' are many of the factors correlated with overweight and obesity.

Obesity is also correlated with socio-economic status and education levels which are, of course, linked. There are even suggestions that obesity is not simply heritable but from the field of epigenetics it seems that a child's genetic expression can be influenced by maternal nutritional status.

The AFGC has not expanded on any of these factors in this submission as it is beyond the expertise of the organisation and its members to provide a critical analysis of the relative

importance of these issues and the magnitude of their individual contributions to overweight and obesity in Australia.

The AFGC has noted that the Consultation has raised many of these issues and proposes some mechanisms of addressing them. Many of them, however, are based on obesity's associations with deep –rooted challenges such as levels poverty and income distribution. The AFGC supports those issues being addressed in the broader public policy context, but has reservations about them being included in a National Obesity Strategy.

The topics covered earlier in this submission illustrate well the steps the industry has taken already. Moreover, the AFGC and its members are committed to continuing to seek ways to make further changes and to take more steps and to remove more barriers to healthy eating by consumers both in Australia, and in markets to which Australian processed food products are exported.

Against this backdrop of complexity and uncertainty is the irrefutable corollary that a single, simple action or intervention is not going to solve Australia's obesity issue. Nor will a combination of actions with little evidence of their effectiveness shift the obesity dial significantly.

Investing efforts focused on a single nutrient, or category of food defies logic and is counter to the fundamental nutritional wisdom that all foods can be incorporated into healthy diets, and conversely unhealthy diets can be made up from foods which are generally perceived as healthy. Ultimately consumers determine the makeup of their diets. Upskilling consumers to better eating habits encouraged by innovative products from the industry is the key.

The AFGC supports a strategy which incorporates:

1. Greater promotion of the Australian Guide to Healthy Eating
2. More research into the genetic, biochemical, and physiological mechanisms which lead to obesity - How is it that humans have very good weight control over short time frames and Weight gain occurs at a rate of only 500-1000g / year for most people?
3. Developing novel approaches to communicate the importance of portion size and the amount people eat, not just the type of foods. This involves a specific understanding of the consumer experience in influencing purchasing decisions, particularly in relation to mobile communication and accounting for generational patterns.
4. Stressing the importance of physical exercise in the maintenance of general health and wellbeing. Physical exercise makes a marginal contribution to the energy in / energy out equation, but being physically fit provides substantial health benefit. It protects against a range of adverse health outcomes associated with overweight and obesity including diabetes, hypertension, heart disease, osteoporosis and mental illness.
5. Continued support for the collaborative, partnership approach which has a demonstrated effectiveness in Australia through initiatives such as the HSR front of pack nutrition labelling scheme.
6. Review and updating the ADGs as the science they are based on is approaching being 10 years out of date and may have been superseded.
7. Conducting another national nutrition survey. The most recent population level data is from the Australian Health Survey which was published five years ago. Periodic surveys are essential to obtaining trend data which can then inform health policy going forward.

CONCLUDING COMMENTS

The AFGC has welcomed the opportunity to provide input to the Consultation in the form of this Submission.

Notwithstanding this, the obesity issue and the process of finding a solution is complex, and the AFGC is aware that this Submission will not have covered completely all of the issues which the Inquiry will seek to address. Indeed, the responses to the Consultation may well unearth a number of new matters which will need to be considered. The AFGC stands ready to provide further clarification or feedback as development of the National Obesity Strategy proceeds.

For further information about the contents of this submission contact:

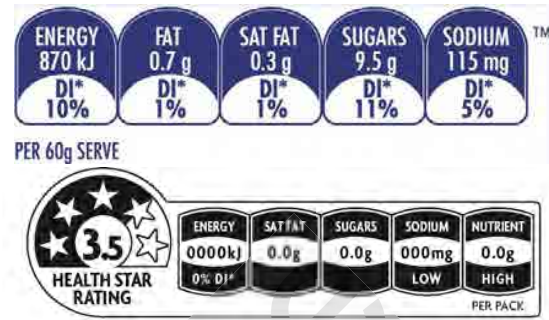


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APPENDIX 1 – HOW THE FOOD INDUSTRY ASSISTS HEALTHY EATING

FRONT OF PACK [NUTRITION] LABELLING

Introduced in 2006, the AFGC's Daily Intake Guide was the first industry agreed front of pack nutrition labelling scheme introduced to assist consumers to select healthy diets. At its last audit in 2010 was found to be on over 7200 products across all major food categories.



In 2014 industry adopted the newly developed *Health Star Rating* System which provides further interpretive advice to consumers to assist their dietary choices. The HSR now appears on over 10,000 products and continues to be supported by industry, government, public health and consumer groups.

The industry uses a range of other interpretive health marks and symbols to assist consumers to make healthy choices these include:

**The Australian Industry
Group's Be Treatwise**



**The Glycaemic Index
Foundation**



APPENDIX 2 – COMPANY INITIATIVES

The following are examples of the many initiatives food companies have implemented to provide consumers with more information

2.1 ALLEN'S – SPECIFIC PORTION ADVICE

Portion advice is being provided on almost all Nestle confectionery packets with supportive on and off pack messaging.

Keep the smiles going by enjoying the right portion combined with physical activity.



2.2. MILKY BAR – SHARE AND RE-CLOSE

Packaging is designed to enable resealing and messaging encourages intuitive (1 row) portioning and further sharing of the product.

Chocolate blocks are perfect for sharing. Break off 1 row for a delicious treat, then share or re-close for later



Off pack messaging also support appropriate portion size for chocolate.

<https://www.nestle.com.au/kitkat#1>



2.3 COMPANY WIDE COMMITMENTS

Mondelēz International has committed globally to increase its portion controlled products by 25% by 2020. This means more individually wrapped product in portions less than 840 kJ (200 cal). By July 2017, Mondelēz International had exceeded the target ahead of schedule, achieving 39% individually portion controlled options which is 11% of the revenue to date

In addition to individually wrapped single serve products, companies use packaging tools, such as re-sealable and reclose on multi-serve options to provide consumers with a prompt and tool to have some and save the rest for later and information about using the product within a sharing and social occasion. See below the "peel and reseal" packaging introduced in 2009 for Cadbury Dairy Milk family block with prompt to enjoy it at more than one occasion to encourage consumptions of smaller portions whilst preserving freshness.



2.4 BAKING MELTS – RECIPE PORTION GUIDANCE ON INGREDIENTS

Nestlé Portion Guidance has also been extended to ingredients used in recipes to indicate the appropriate portion sizes when serving the finished recipe.



2.5 UNCLE TOBYS MUESLI BAR – PORTION CONTROL

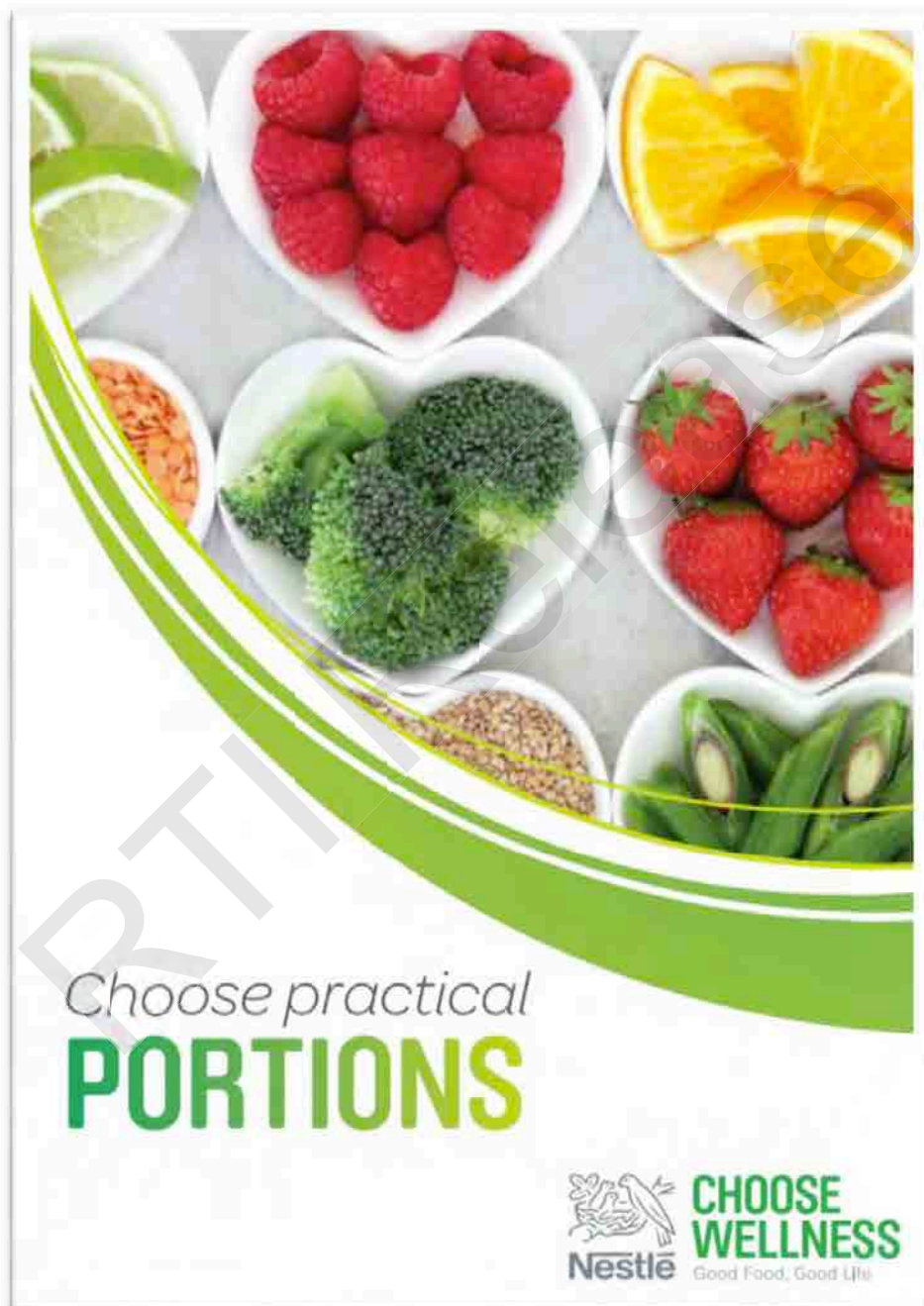
UNCLE TOBYS assists consumer to moderate their energy intake by presenting the product in single serve packaging. Moreover by providing clear portion size directions, further guidance on a serving is provided.



APPENDIX 3 CONSUMER EDUCATION MATERIALS

3.1 PORTION CONTROL RESOURCES

Nestlé Portion Guidance has also been extended to information in a consumer booklet.



INTERACTIVE RESOURCES

<https://www.mondelezinternational.com/impact/well-being-snacks>

In 2016 Mondelez International hosted a Mindful Snacking virtual discussion on Google Hangout in Australia and New Zealand as part of a global initiative. Mindfulness or mindful snacking is about being aware of the food you're eating – focusing on the taste and the enjoyment, and removing as many distractions as possible. Doing so can help translate to better eating habits.


The sessions explored how people were applying the concept of mindfulness to eating and snacking. They also discussed how a company like Mondelez might help consumers through information, education and innovation to make mindful food choices.

This program relates to nutrition, eating and adopting a mindful approach to enjoying treats and is supported by a mindful eating toolkit that can be used by health professionals, consumers and employees. These resources are based on scientific research, have been developed with nutritionists, and are designed to be easily understood and practical for health professionals and consumers. <http://www.health-pro.snackmindful.com/>

Three Mindful Snacking Tips: Why and How To Snack

Snacking mindfully can be taught in easy and practical steps. Several mindful eating protocols have been developed by clinical researchers, including the following three components that are key to snacking mindfully.

1 Focus on your body's internal cues and why you want to snack



- Check your hunger level before snacking
- Be aware of emotional and external cues that can trigger snacking - such as social settings, convenience, and time of day
- Tune in to your snack preferences at the present moment

2 Pay attention to the snacking moment



- Focus your awareness on the snacking experience, and pay attention to each bite or sip
- Reduce distractions such as your phone or the TV

3 Use your senses to savor snack foods



- Focus on the smells, tastes, textures, shapes, and colors of foods to enjoy the snacking experience
- Slow down the pace of eating and check to see if you are full and satisfied

The Benefits of Mindful Eating Principles for Snacking

APPENDIX 4 REFORMULATION AND INNOVATION

4.1 UP&GO – SUGAR REDUCTION

UP&GO Reduced Sugar is an example of a product innovation to provide consumers with a lower sugar choice. UP&GO Reduced Sugar contains 1/3 less sugar than regular UP&GO, while still being low in saturated fat.



4.2 YOPLAIT RANGE – SUGAR REDUCTION & PORTION CONTROL FOR CHILDREN

Lion Dairy & Drinks reformulated their Yoplait Petit Miam range to have **30% less sugar than the average flavoured yoghurt**, with real fruit and the goodness of milk in an appropriate serving size for kids.



This Yoplait Petit Miam reformulation removed >120 tonnes of added sugar from the food supply in 2017 (for the year post launch).

4.3 PEPSICO AUSTRALIA SNACKS - SATURATED FAT AND SODIUM REDUCTION

PepsiCo Australia has recently changed the cooking oil for all its major snack brands to Australian canola oil, significantly reducing the saturated fat content in Doritos, Tostitos Cantina Style tortilla chips, Twisties, Burger Rings and Cheetos.

For some of the company's iconic brands, the saturated fat content has been reduced by as much as 86%. PepsiCo Australia is committed to reducing the added sugars, saturated fat and sodium in PepsiCo's products for Aussie consumers.

Smith's chips made the shift to Australian canola oil in 2018, and this has now rolled out to the rest of the portfolio.

PepsiCo Australia is also in the process of rolling out the voluntary Health Star Rating on front of pack packaging for all of its snack foods. Health Star Ratings will be on 67% of PepsiCo's Australian snack products by the end of 2019, on track to meet government guidelines of 70% by 2023.

DORITOS ORIGINAL SALTED – 170g			
NUTRITIONAL INFORMATION			
SERVINGS PER PACKAGE : 6.3			
SERVING SIZE: 27g (About 11 chips)			
	Average Quantity Per serving	% Daily Intake* per serving	Average Quantity per 100g
ENERGY	570KJ	7%	2110KJ
PROTEIN	2.2g	4%	8.2g
FAT, TOTAL	6.3g	9%	23.2g
- SATURATED	0.7g	3%	2.7g
- TRANS	0.1g		0.2g
- POLYUNSATURATED	1.7g		6.4g
- MONOUNSATURATED	3.8g		14.0g
CARBOHYDRATE	17.2g	6%	63.7g
- SUGARS	0.3g	0%	1.0g
SODIUM	117mg	5%	435mg
POTASSIUM	51mg		189mg



4.4 MARS – INCREASED VEGETABLES, WHOLEGRAINS AND LEGUMES

Mars Health & Wellness Report 2019 details global results achieved within reformulation, front of pack labelling, and increases consumption of wholegrains etc.

<https://aus.mars.com/made-by-mars/food>

Mars Food Health & Wellbeing 2019 Progress Report

MARS
Food

Better food today
A better world tomorrow

Making Our Products Healthier

Adding vegetables, wholegrains, and legumes

As well as reducing the amount of salt and added sugar in our products, we are also working to increase the amount of legumes, wholegrains and servings of fruit and vegetables in our portfolio.

Since 2016, all of our tomato-based cooking sauces include at least one serving of fruit and vegetables per portion. Building on this, we are launching new products that contain more portions of fruit and vegetables per serving such as DOLMIO™ Veggie Goodness in the UK which contains two of your five a day per serving. The sauce was even voted Product of the Year in 2019.



We are continuing to make progress on the number of servings of wholegrains and legumes in our rice products. 37% of our portfolio now provides at least one serving which is an increase versus 35% in 2017. Last year, we launched more new products that contain wholegrains and legumes, such as SEEDS OF CHANGE™ and UNCLE BEN'S® Rice and Beans in the US and relaunching the EBLY™ brand in France with a new range of four grains and legumes blends (including one organic SKU). We will continue to develop and innovate our range as we work towards our goal of 50% of our rice and grains products delivering one serving of wholegrains and/or legumes per portion by 2021.



"I am very proud to work on EBLY™ since we offer delicious healthy products. With the new SKUs we have launched this year, I know we are making progress in offering consumers healthier meals that are easy to make and delicious"

Aurélié Gatou,
EBLY™ Brand Manager Mars France



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RTI Release

TIME TO WEIGH IN

Have your say on a national obesity strategy

PLEASE NOTE: THIS WORD VERSION OF THE SURVEY IS FOR REFERENCE PURPOSES ONLY.
PLEASE SUBMIT YOUR RESPONSE VIA THE ONLINE SURVEY AT

<https://www.surveygizmo.com/s3/5291207/national-obesity-strategy-long-survey>

The Australian Industry Group provided their submission via the long survey form. The responses to their survey have been extracted from the data base and pasted in the corresponding question below. Answering questions was not compulsory.

Introduction

The Australian community is invited to take part in a national consultation to inform a national obesity strategy. This consultation runs from 4 November to 15 December 2019 and is being conducted by The Social Deck on behalf of the Council Of Australian Governments (COAG) Health Council.

This survey is one of the ways you can have your say.

While completing this survey you may want to refer to the [consultation paper](#). The consultation paper provides details of the proposed framework and ideas for consideration to be included in a national obesity strategy. There is also a [shorter version of the consultation paper](#).

About the survey

This survey is most relevant to organisations or interested individuals who want to have their say about the specific ideas and strategies being considered for inclusion in a national obesity strategy.

The survey will close at 11:59 pm on Sunday, 15 December 2019.

This survey includes some questions that ask you to rate items on a scale and other questions that ask you to write about your views, suggestions and feedback on specific strategies and ideas that are outlined in the consultation paper. It is designed to enable you to submit comments about each of the proposed strategies if you want to.

The survey may take at least 45 minutes to complete, or longer if you provide comments on specific strategies. There is also a [shorter survey](#) available, which will only take approximately 20 minutes to complete. The shorter survey is for members of the public.

The survey is in six parts, which includes:

- Section 1. Proposed timeframe and scope for a national obesity strategy
- Section 2. Proposed principles to guide a national obesity strategy
- Section 3. Proposed priority areas and strategies for a national obesity strategy
- Section 4. Proposed enablers for a national obesity strategy
- Section 5. Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy
- Section 6. Questions about you

If you wish, you can complete the survey in stages. On the bottom right of each page of the survey, there is an option to supply an email address to save your progress. A unique link will be emailed to you that will allow you to return where you left off. Email addresses entered for this purpose are not saved with your responses to the survey. Please note that,

depending on which email service you use, these emails can take up to a few hours to come through to your inbox.

This survey is being conducted in accordance with the Privacy Act 1988. You can access The Social Deck's research privacy policy [here](#).

Support to help you complete the survey

If you have difficulty understanding the survey and need a translator or interpreter, please call the Translating and Interpreting Services (TIS National) on 131 450 and ask them to contact The Social Deck on 0491 617 118.

The National Relay Service (NRS) is a service for people who are deaf, hard of hearing and/or have a speech impairment. If you need help contacting us, the NRS can assist. To contact the NRS visit <https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service> or call the following numbers:

- TTY — 133 677
- Speak and Listen — 1300 555 727
- SMS relay — 0423 677 767

If any of the questions or content in the survey/s cause you distress, you can end the survey at any time. If you or someone you know is in crisis or feeling distressed and needs support, call Lifeline on 13 11 14 or Beyond Blue on 1300 224 636. The Butterfly Foundation supports anyone concerned by an eating disorder or body image issues on 1800 334 673.

If you have any questions or concerns about the survey, please email engage@thesocialdeck.com

How will responses be used?

Findings from the survey will be collated and included in a report to inform the development of a national obesity strategy.

You will be required to consent to having information published or used publicly.

If you are an organisation completing this survey, you will be required to provide the name of your organisation and your responses may be attributed to your organisation. A list of organisations who completed the survey may be published online and in the consultation report.

Organisations will also be required to provide a contact name and email address so that we can contact them about this consultation if required. Names and email addresses will not be published or shared with any third parties.

Thank you for completing the survey.

Consent to participate in this survey.

By participating in this survey, you indicate that:

- You have read the above information;
- Your participation in this survey is voluntary;
- You consent to your responses being included in public reports; and
- You are at least 14 years of age.

Q1. Do you wish to continue with this survey?

1. Yes (skip to Q2)
2. No (if you select no, you will be exited from the survey)

Q2. Are you completing this survey on behalf of an organisation or as an interested individual?

1. [On behalf of an organisation](#)
2. As an interested individual

Q3. What is your organisation's main role or interest in a national obesity strategy? You may select all that apply.

1. We are a health or medical organisation
2. We are a research organisation
3. We are an education institution
4. We are a government organisation
5. We are a business that sells and/or markets food/drinks/produce
6. [We are an organisation that represents businesses that sell and/or market food/drinks/produce](#)
7. We are a health/fitness/sport/wellness organisation
8. We represent a particular population group
9. Other (please specify)

Q4. What is your main role or interest in a national obesity strategy? You may select all that apply.

1. I am a health professional
2. I am an academic or researcher
3. I am employed by federal, state or territory, or local government
4. I am a business owner
5. I work in a health promotion organisation
6. I work for a business that sells and/or markets food/drinks/produce
7. I work for an organisation that represents businesses that sell and/or market food/drinks/produce
8. I work in the health/fitness/sport/wellness industry
9. I am a teacher/educator
10. I am an interested member of the community
11. Prefer not to say
12. Other (please specify)

Q5. Many people and organisations have a diverse range of views on what should be included in a national obesity strategy. To ensure transparency throughout the consultation process, it is important to consider these views in the context of any relevant interests.

As you are answering this survey on behalf of an organisation, please provide the name of your organisation in the space below. This information is required.

Australian Industry Group (Ai Group)

Q6. Please provide a contact name and email address for your organisation so that we may contact you about this consultation process if required. Your contact details will only be used for the purpose of this consultation and will not be shared with any third parties. Once again, this information is required.

Name: Nil response

Email

We are now going to ask you a series of questions about the proposed framework and ideas that could be included in a national obesity strategy. These are outlined in more detail in the consultation paper.

The framework and ideas have been informed by the following sources:

- Senate Select Committee Inquiry into the Obesity Epidemic in Australia (2018);
- National Obesity Summit (February 2019);

- Two commissioned evidence reports (Population-level strategies to support healthy weight and Addressing the social and commercial determinants of healthy weight); and
- A practice review of state and territory, international, global and consensus strategies and statements.

Section 1. Proposed timeframe and scope for a national obesity strategy

Q7. Timeframe of a national obesity strategy

It is proposed that a national obesity strategy will guide action over the next 10 years – from 2020 to 2030. Do you think this timeframe is too short, about right, or too long?

1. Too short
2. About right
3. Too long
4. I'm not sure

Q8. Timeframe of a national obesity strategy

Why do you think the proposed timeframe of 10 years is (pipe response from previous question)?

The evidence brief confirms that Australia's overweight and obesity rates have escalated over the last 40 years. It will take longer than 10 years to truly turn the tide, however a phased 10 year approach certainly is in the right direction. However, a sustained effort beyond 10 years, as a second stage will further embed lifestyle change.

Q9. The proposed scope of a national obesity strategy

Page 9 of the consultation paper outlines the proposed scope of a national obesity strategy. This includes:

Government leadership for a whole-of-society response - The strategy will be a unifying framework, to enable genuine partnerships, improved collaboration and shared responsibility. It will identify strategies for Commonwealth and State and Territory governments, as well as the community and other key stakeholders including, non-government organisations and the private sector.

Prevention is the focus – The strategy will focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all. Prevention actions benefit everyone, by helping to make the healthy option the easiest option. This includes actions to address environmental and social influences.

Outside the scope of a national obesity strategy are:

- Actions to manage and address underweight; and
- Tertiary prevention actions (e.g., treatment of obesity and/or obesity-related complications).

To what extent do you agree or disagree with each of the following components in the proposed scope for a national obesity strategy?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I'm not sure
The strategy should encourage government leadership for collaborative, whole-of-society action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should identify actions for Commonwealth and State and Territory governments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should identify actions that will involve non-government organisations and other community stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should identify actions that will involve the private sector.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should <u>not</u> focus on tertiary prevention actions to treat overweight and obesity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The strategy should <u>not</u> focus on actions to manage and address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

underweight.						
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Q10.

Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove? Please provide your suggestions about the proposed scope in the space below.

Please note there are many opportunities to comment on specific strategies and ideas proposed to be included in the strategy throughout the survey.

It is suitable for a National Obesity Strategy to be underpinned using the full range of instruments, from regulatory through co-regulatory and self-regulatory and voluntary mechanisms.

In the next sections we will ask you a series of questions related to each of the components of the proposed framework for action:

- Five proposed principles that will guide development and implementation of a national obesity strategy.
- Four proposed priority areas and the specific strategies included under each of these priority areas.
- Four proposed enablers that will help support sustained implementation of a national obesity strategy.



Figure 1. Proposed framework for a national obesity strategy

Section 2. Proposed principles to guide a national obesity strategy

Q11.

The proposed guiding principles for a national obesity strategy

We are interested in what you think of the five proposed guiding principles for a national obesity strategy. They are described in detail on pages 11 and 12 of the [consultation paper](#).

Please rate how important you think each of the following proposed principles are for guiding the development and implementation of a national obesity strategy.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
People First - the strategy is person-centred, meaning it recognises the unique situations, experiences and strengths of individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equity - the strategy will promote equity, acknowledging some people and groups need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

additional supports to achieve good health						
Collective and Sustained Action - the strategy will promote partnerships and ongoing shared commitment from government and other key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evidence-Based - the strategy will be informed by up-to-date evidence and promising or emerging strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sustainable Development - the strategy will align with the pillars of sustainable development: economic growth, social equity and environmental protection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q12.

The proposed guiding principles for a national obesity strategy

Thinking about the five proposed guiding principles, is there anything you would change, add or remove? Please provide your comments in the space below.

Whilst understanding the need to be bold, ambitious and aspirational we must also be realistic in relation to what is achievable, including in the context of a sustained funding commitment.

Section 3. Proposed priority areas and strategies for a national obesity strategy

The proposed priority areas and strategies for a national obesity strategy

We are now going to ask you about the four proposed priority areas for a national obesity strategy. The proposed areas are:

1. Supporting children and families – starting early to support healthy weight throughout life
2. Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight
3. Enabling active living – supporting a way of life that helps people move more throughout the day
4. Building a healthier and resilient food system – producing and promoting healthier food and drinks with little impact on the environment

We are interested in what you think of the strategies included under each priority area.

You can answer questions relating to all four of these priority areas, or just chose the areas that interest you most.

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Q13.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

For this priority area, there are three proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 14 to 16 of the [consultation paper](#).

The first proposed strategy for this priority area is:

Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

Remember that you can rate and comment on all of the ideas, or you can skip to the next section if you do not want to provide feedback on a particular area.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide healthy eating and drinking support and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide support for mothers to breastfeed and continue to breastfeed by implementing the National Breastfeeding Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explore policy options to strengthen protection of infants and families from excess availability and marketing of breast milk substitutes Refer to Comment 1 below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their new roles as parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for infants (e.g., appropriate introduction of solids, responsive feeding, portion size, screen time, motor skill development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. [Breast milk substitutes are essential alternatives - although generally breast is best is recognised. Families that use breast milk alternatives should not be made to feel it is an inferior choice when it may be the best choice in the circumstances.](#)

Q14.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

The second proposed strategy for this priority area is:

Enable parents, carers and families to encourage lifelong healthy habits for children and young people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support parents, carers and families to purchase, prepare and enjoy healthy food and drinks, whilst limiting unhealthy food and drinks. Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Encourage parents, carers and families of children and young people to use parks and recreation facilities, role model active transport and active living, be active with children (co-participation) and restrict screen time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Encourage greater availability of healthy food and drinks, whilst also limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase availability of, and equitable access to, appropriate programs that support weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

management for children, young people and their families						
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1. Improving nutrition and health literacy by bringing to life the Australian Dietary Guideline and Australian Guide to Health Living (and physical activity recommendations) is highly recommended - a whole of diet focus is important.

Q15.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

The third proposed strategy for this priority area is:

Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Enhance leadership, professional knowledge, relevant policies and practices, curriculum design and delivery aligned with national guidelines, and partnerships within and beyond the early childhood education and care and school community Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs) Refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities Refer to Comment 3. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities. Refer to Comment 4. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Investigate policy and community-led options to extend student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Top down, bottom up nutrition and health literacy (incorporating activity) is important to empower and upskill on a population wide basis.
2. Many of these partnerships currently exist. Identifying the gaps and opportunities to leverage existing, targeted programs is supported.
3. Better deployment of government facilities capitalised on existing resources.
4. Incidental activity (and free play) are without a cost impediment and therefore accessible to all.

Q16.

Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

Thinking about the strategies you just read for supporting children and families, are there any additional strategies or you think should be included to start early to support healthy weight throughout life?

Please provide your comments in the space below. The three proposed strategies are listed again below if you need to re-read these.

The up-skilling of nutrition, health and activity literacy is instrumental to change generational behaviour as is starting early.

Proposed strategies:

- Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days.
- Enable parents, carers and families to encourage lifelong healthy habits for children and young people.
- Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

Q17.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

For this priority area, there are five proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 17 to 19 of the [consultation paper](#).

The first proposed strategy for this priority area is:

Improve people’s knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of their weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I’m not sure
Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms, whilst minimising weight-related stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity that are accessible and responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Q18.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The second proposed strategy for this priority area is:

Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Identify a diverse range of local leaders to 'champion' place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community Refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure local communities have access to health promoting sponsorship options for events and sport, and are empowered and informed to consider the impact of unhealthy sponsorship choices Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. This should be a building capacity exercise, recognising efforts are already underway.

2. Within the 10 year strategy (and beyond) a phased approach is required - targeting the highest priorities to educate and mobilise behaviour change.

Q19.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The third proposed strategy for this priority area is:

Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Evidence-based weight management interventions, ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight-related stigmatisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Will the strategy achieve ALL.

Q20.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The fourth proposed strategy for this priority area is:

Support health and social services to prioritise the prevention of obesity-related chronic disease.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Support better collaboration between sectors dealing with unemployment, social protection and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Develop labour and social policies that provide secure and decent work for all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide professional development for clinicians to support the improvement of healthy eating and physical activity behaviours in their patient/clients Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

people from at-risk population groups						
Increase the availability of, and clarity of referral pathways to, evidence-based weight management treatments (including community-led programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. See attached submission to the previous Senate Obesity Inquiry and latest submission to the HSR consultation - setting out the confectionery industry initiatives to support consumers' enjoyment of confectionery in line with dietary guidelines - sometimes and in small amounts. The industry's approach to front of pack labelling is recognised by many NGOs and consumers as providing useful information with respect to energy and portion in the context of a healthy diet and lifestyle. It is viewed a a practical tool for the medical profession to engage patients/clients and communicate.

Q21.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

The fifth proposed strategy for this priority area is:

Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Adopt best-practice breastfeeding policies and practices (e.g., workplace facilities, maternity leave, flexible work times to allow for breastfeeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt policies and practices that promote and prioritise physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

activity, increase access to healthy food and drinks, and limit access to, or remove unhealthy food and drinks through catering, vending machines, cafes and canteens Refer to Comment 1. below						
Design buildings that support and encourage healthy behaviours (e.g., stairs, kitchen facilities, end-of-trip facilities, storage, standing desks) Refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create physical environments, policies and programs that incentivise and support active travel to work Nil response to tick box, made comment below at Comment 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer flexible work options to reduce travel time, freeing up time for meal planning/preparation and physical activity Nil response to tick box, made comment below at Comment 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer or facilitate access to multi-component, non-discriminatory programs and information to support healthy eating, physical activity and healthy weight Nil response to tick box, made comment below at Comment 5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The balance between energy in (in the context of making healthier choices easier) and energy out (through physical activities) put simply is the essence of the imbalance.
2. Are important considerations for new facilities, but need to be factored in over the long term.
3. Ditto, as above. Again, need to be factored in over the long term.
4. In theory this sounds good. However, making this the norm will take time to adjust commercial reality and perceptions.
5. People need to have the motivation to access and clinicians need to support. There is evidence of some dentists providing oral health education to young families with dental

check-ups as part of the appointment. Similar approaches could be adopted by other medical professions.

Q22.

Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

Thinking about the strategies you just read for mobilising people and communities, are there any additional strategies you think should be included to mobilise people and communities to use knowledge, strengths and community connections to enable healthy weight?

Please provide your comments in the space below. The five proposed strategies are listed again below if you need to re-read these.

Nil response

Proposed strategies:

- Improve people's knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of people's weight.
- Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.
- Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.
- Support health and social services to prioritise the prevention of obesity-related chronic disease.
- Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.

Q23.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

For this priority area, there are two proposed strategies, each containing a number of ideas for guiding action. These are discussed in detail on pages 20 and 21 of the [consultation paper](#).

The first proposed strategy for this priority area is:

Invest in connected active places and spaces in urban, regional and rural areas.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Develop and maintain infrastructure that grows participation in sport, active recreation, walking, cycling and public transport use to encourage individuals and families to be active together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Create a culture that promotes active travel through safe walking networks, drinking water stations and pedestrian prioritisation; cycling networks with reduced crash risk; storage and end-of-trip facilities; and efficient, accessible and regular public transport systems with strong connectivity and after-hours service Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Apply integrated urban (and regional) design and transport policy, regulations and guidelines to create built environments that prioritise active living for people of all ages and abilities Refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature Refer to Comment 3. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Make communities safe with people-friendly spaces that favour people over motorised transport, and crime prevention strategies, such as community policing techniques, peer-led outreach programs and lighting Refer to Comment 4. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure strategic infrastructure policies and plans prioritise investment in public transport, walking and cycling infrastructure					<input checked="" type="checkbox"/>	
Consider fiscal policies to reduce driving and increase active travel and the availability and quality of recreation and sport facilities and opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. [These are long term initiatives that require progressive evolution.](#)
2. [These are long term initiatives that require progressive evolution.](#)
3. [These are long term initiatives that require progressive evolution.](#)
4. [These are long term initiatives that require progressive evolution.](#)

Q24.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

The second proposed strategy for this priority area is:

Motivate and inspire participation in regular physical activity by people of all ages and abilities.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide a range of fun, local and social active living options that match the interests of various ages and abilities, engage local communities and organisations, and build social cohesion Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner with Aboriginal and Torres Strait Islander people, people living in regional and remote areas, people with disability, and people experiencing disadvantage, to develop targeted interventions that increase the availability, accessibility and affordability of physical activity opportunities and reduce barriers to active living Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support regular participation initiatives in public spaces that engage large portions of the community (e.g., fun runs) Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer free or low-cost access to encourage use of public transport, walking and cycling infrastructure, recreation opportunities, natural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

environments, sports and active living programs (e.g., subsidies, public liability insurance scheme for cyclists, rental equipment, participation incentives, and after-hours use of public and school sport and recreation facilities) Nil response						
Build physical literacy and promote community-based active events using sustained, evidence-based social marketing Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. As previously noted, nutrition, health and physical literacy are critical components that are needed for the mass population. The former Life Be in It campaign is an example as are sun smart campaigns. However, they need sustained, multi level commitment including funding. Program longevity will have the most effective cut through. Message needs consolidation and simplicity (too many messages at one time will dilute effectiveness and confuse people).

Q25.

Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

Thinking about the specific strategies you just read for enabling active living, are there any additional strategies you think should be included to support a way of life that helps people move more throughout the day?

Please provide your comments in the space below. The two proposed strategies are listed again below if you need to re-read these.

[Nil response](#)

Proposed strategies:

- Invest in connected active places and spaces in urban, regional and rural areas.
- Motivate and inspire participation in regular physical activity by people of all ages and abilities.

Q26.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

For this priority area, there are seven proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 22 to 25 of the [consultation paper](#).

Remember that you can rate and comment on all of the strategies, or you can skip to the next strategy if you do not want to provide feedback on a particular area.

The first proposed strategy for this priority area is:

Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Ensure planning and management policies for land and sea use safeguard food system resilience and productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop innovative solutions to efficiently use natural resources, maximise biodiversity, minimise wastage, enable business growth and address climate change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure economic policies make production and manufacturing of healthy foods and drinks, such as fresh fruit and vegetables, attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q27.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The second proposed strategy for this priority area is:

Increase the availability of healthy, more sustainable food and drinks in the places we live and work.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
<p>Create easier access to healthy food and drinks in local residential communities through:</p> <ul style="list-style-type: none"> • urban agriculture (e.g., community garden initiatives and encouraging home gardens); • urban design (e.g., density of fast food outlets and proximity to schools and community services; access to supermarkets and smaller food businesses); and • other local community actions (e.g., local food markets, healthy food supply at community events) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Encourage land use planning policies that protect high-quality agricultural land on the urban fringe and ensure that planning decisions achieve the policy intent</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Establish policies on food and drink procurement, catering, and provision across all government departments and settings to encourage healthy eating and drinking Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1. The Australian confectionery industry supports healthy eating and healthy lifestyles, including the provision of activity. The industry is actively engaged in supporting consumers understanding of the place for confectionery (as a discretionary food choice) in the context of a healthy diet and lifestyle (in line with the Australian Dietary Guidelines) alongside physical activity and will continue to do so. There is a place for discretionary foods to be enjoyed.

Q28.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The third proposed strategy for this priority area is:

Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Work in partnership with industry to establish and monitor reformulation targets for food and drink manufacturers, retailers and caterers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop national targets to reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly for food and drink items designed for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refer to Comment 1. below						
Explore setting compositional limits for nutrients of concern (e.g., sodium, saturated fat, added sugar and/or energy content) across a range of food and drink types Refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduce food waste during manufacturing and processing and eliminate unnecessary packaging Refer to Comment 3. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The Australian confectionery industry has had in place an industry agreed serving size (founded on the Australian Dietary Guidelines and Australian Guide to Healthy Eating that recommends a discretionary serve is about the amount that provides 600kJ) for about a decade. With the establishment of the Health Star Rating System this agreement was recognised (agreed by the FoFR) and embedded in the HSR System - recognising the importance of energy and portion size (and the industry's Be treatwise program introduced in 2006) in the context of confectionery.
2. The Health Food Partnership (HFP) Reformulation Working Group identified the reformulation targets for confectionery should focus on portion size and consulted on that basis. Given the limited nutrient reformulation capacity for confectionery - this approach has long been recognised by the industry - as noted in the above discussion - thereby (as the industry has) supported the important role of energy and consumption (ie portion) in the context of confectionery. Other jurisdictions eg Public Health England have taken this direction to 'reformulate' around energy per portion.
3. These initiatives are important as companions in the production of food and manufacturers are taking responsible steps independently to reduce waste, reuse resources and work toward a circular economy.

Q29.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The fourth proposed strategy for this priority area is:

Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Encourage good quality, culturally appropriate, healthy food availability and affordability in stores, workplaces and institutions in rural and remote communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate partnership arrangements with large supermarkets to offset the price of healthier food and drinks in communities experiencing disadvantage and small remote stores Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Celebrate cultural knowledge and diversity by using a self-determination approach to find the best solutions for reducing common barriers to healthy food and drink access, selection and preparation Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build on existing housing initiatives to improve community and household food preparation and storage facilities Nil response to tick box but comment is below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[1.This could be provided through nutrition literacy](#)

Q30.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The fifth proposed strategy for this priority area is:

Reduce exposure to unhealthy food and drink marketing and promotion.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Reduce unhealthy food and drink marketing on publicly-owned or managed settings (e.g., public transport infrastructure) <i>Nil response to tick box, made comment below at Comment 1.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore options to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkouts and aisles, entertainment venues) <i>Nil response to tick box, made comment below at Comment 2.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore options to reduce unhealthy food and drink sponsorship and marketing associated with sport and major community events <i>Nil response to tick box, made comment below at Comment 3.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrict unhealthy food and drink advertising during peak television viewing times for children <i>Nil response to tick box, made comment below at Comment 4.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrict promotions using devices that appeal to children (e.g. toys, games) <i>Nil response to tick box, made comment below at Comment 5.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Partner with relevant industry stakeholders to introduce user controls that can limit exposure to digital advertising of unhealthy food and drinks. Nil response to boxes, made comment below at Comment 6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1. In the context of the Responsible Children's Marketing Initiative.
2. In the context of the Responsible Children's Marketing Initiative.
3. Caution the sudden detriment of potentially withdrawing valuable sponsorship that underpins the provision of sports and community events.
4. In the context of the Responsible Children's Marketing Initiative.
5. In the context of the Responsible Children's Marketing Initiative.
6. Breaches in controls are minimal and typically go beyond direct activation by food industry. However, the food industry has control measures in place to review irregularities.

Q31.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The sixth proposed strategy for this priority area is:

Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Continue to strengthen the uptake of the Health Star Rating system towards universal implementation and continue to consider options for the ongoing enhancement of the system. Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, high energy content) to complement the Health Star Rating system Nil response to tick box, made comment below at Comment 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets Nil response to tick box, made comment below at Comment 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adopt consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food Nil response to tick box, made comment below at Comment 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider adoption of sustainability indicators that provide clear consumer information on the environmental impacts of food and drink products Refer to Comment 5. below	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Supported. However the confectionery industry remains concerned that the HSR five year review recommended removal of HSR graphic option 5 (energy icon) meaning that the minimum requirement to participate in the HSR System requires stars (Option 4). Despite the FoFR's agreement when it met on 15 November 2019, the confectionery industry remains concerned due to the impact of high stars on some confectionery product, eg 4 stars, which is contrary to the objectives of the HSR System. See background paper attached for more information. The HSR System should be recognised for the role it plays.
2. In the absence of the detail of this sub-strategy, it's likely to confuse consumers. For example a high HSR combined with a 'warning' about energy, sugar or fat is likely to communicate conflicting messages. Additionally, small pack space limitations exist as does the potential for an increasing number of messages that in the end will be ignored.
3. Improved understanding of currently available nutrition information ought to be a focus.
4. The value of energy per serve/portion information is acknowledged by the ongoing pursuit of menu board labelling. The confectionery industry, therefore, draws the parallel to HSR energy per serve/portion in the context of confectionery that has been

- rejected, and which we are concerned about, due to the potential prevalence of high stars on some confectionery (in a potentially growing category).
5. Although we have previously acknowledged that sustainability is a 'companion' strategy to the NOS manufacturers are taking responsible steps to ensure waste reduction, reuse, etc in a circular economy.

Q32.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

The seventh proposed strategy for this priority area is:

Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Subsidise healthy food and drinks (e.g., fruit, vegetables and water), potentially including transport subsidies to remote communities Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks Nil response to tick box, made comment below at Comment 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products. Nil response to tick box, made comment below at Comment 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore and consider options for incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks Refer to Comment 3. below	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Higher pricing (taxing) has not been conclusive in reducing long term consumption of sugar. There may be a short term reduction in consumption, but over time it is not sustained. Sales figures from Mexico showed an initial drop but within a year sales returned to pre-tax levels. Substitution of taxed goods with un-taxed foods is a further consideration. Noticable effects are not being found in other markets either and are unlikely to work in Australia. Additionally, overall sugar consumption is declining independent of a tax. The confectionery industry's initiatives are designed to ensure consumers understand the role of confectionery in a healthy diet, provide more smaller portion packs, reduced sizing, etc.
2. This is the space of retailers.
3. Government investment in preventative health should be considered an investment in the future. Environmental considerations should be incorporated in environmental policy.

Q33.

Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

Thinking about the specific strategies you just read for building a healthier and more resilient food system, are there any additional strategies or recommendations you think should be included to produce and promote healthier food and drinks with little impact on the environment?

These might include strategies that help people overcome specific challenges they encounter when making decisions about the food and drinks they consume.

Please provide your comments in the space below. The seven proposed strategies are listed again below if you need to re-read these.

[Nil response](#)

Proposed strategies:

- Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.
- Increase the availability of healthy, sustainable food and drinks in the places we live and work.
- Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern.
- Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage and Aboriginal and Torres Strait Islander people.
- Reduce exposure to unhealthy food and drink marketing and promotion.
- Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks.
- Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

Q34.

Priority areas

Before we move on to the next section of the survey, do you have any other feedback about the four priority areas you have just read about:

1. Supporting children and families – Starting early to support healthy weight throughout life
2. Mobilising people and communities – Using knowledge, strengths and community connections to enable health weight
3. Enabling active living – Supporting a way of life that helps people move throughout the day
4. Building a healthier and resilient food system – Producing and promoting healthier food and drinks with little impact on the environment

Please provide your comments in the space below.

[Nil response](#)

Section 4. Proposed enablers for a national obesity strategy

Proposed enablers for a national obesity strategy

We are now going to ask you about the four proposed enablers for a national obesity strategy. The proposed enablers are:

1. Lead the way – collective commitment and action for overweight and obesity prevention and health equity across governments.
2. Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective.
3. Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments.
4. Invest for delivery – adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment.

We are interested in what you think of the strategies and ideas to guide action included under each of these proposed enablers.

Please select a set of proposed enabler questions to complete by clicking on the 'Answer' button.

After you have answered all of the enabler sections you would like to complete, the 'Next' button at the bottom of the screen will take you to the next part of the survey.

Q35.

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

For this proposed enabler, there is one proposed strategy with two ideas to guide action. These are discussed in detail on page 27 of the [consultation paper](#).

The proposed strategy for this enabler is:

Build and sustain collective commitment to, and action for, comprehensive and contemporary obesity prevention and health equity efforts.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Implement strong governance systems to facilitate multiple efforts by many sectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explore new collaborative ways of working with communities that create genuine partnerships, embed the right to self-determination and autonomy, co-develop solutions and elevate community voices to create change in their own communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q36.

Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

Are there any additional strategies you think should be included to enable strong national leadership and governance to deliver better outcomes at the national, state/territory, regional and local levels?

Please provide your comments in the space below.

[Nil response](#)

Q37.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

For this proposed enabler, there are two proposed strategies, each containing a number of ideas to guide action. These are discussed in detail on pages 28 and 29 of the [consultation paper](#).

The first proposed strategy for this enabler is:

Use evidence to inform policy and program development and implementation, and determine the effectiveness of collective actions.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence. Nil response to tick box, made comment below at Comment 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct regular cross-sector monitoring and evaluation of a national obesity strategy to ensure accountability, continuous improvement and effectiveness of collective action, in consultation with national data agencies and data collection custodians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support research on obesity systems to grow the evidence base, reduce gaps in knowledge and assess promising approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-develop evaluation and research approaches that align with community values to acknowledge the deep knowledge and experiences of people working to create change in their own communities and to ensure data sovereignty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-develop evaluation and research approaches with Aboriginal and Torres Strait Islander people, utilising cultural and traditional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Up to date and evidence based data is important for policy, regulatory and non-regulatory interventions. We question the specific incorporation of environmental sustainability, which are environmental issues (or consumer lead). Industry, as do other stakeholders, have an important role to play and contribution to make in development of any regulatory/non-regulatory intervention. We therefore, are strongly opposed to the notion of industry exclusion.

Q38.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

The second proposed strategy for this enabler is:

Build and share knowledge so decisions are better informed.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Commit sustained funding to support data collection, shared data systems, enhanced sharing of effective and emerging initiatives, and regular population monitoring and surveillance of weight status and variables associated with overweight and obesity, including wider commercial, cultural and environmental determinants of obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boost participation rates in population monitoring and surveillance to ensure accurate and reliable statistics at sub-national levels and representativeness for at-risk population groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investigate new data sources to supplement population monitoring and surveillance (e.g., supermarket transaction data, Google analytics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use data to regularly update consumers, communities and stakeholders with independent, accurate and easily understood information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use data to build connections between communities and the health, social sciences and environmental disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support a collaborative analysis of research on interventions and strategies (from systematic reviews, and primary and grey literature) addressing healthy eating, physical activity and obesity-related outcomes for Aboriginal and Torres Strait Islander people and other population groups experiencing higher levels of overweight and obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Commitment to sustained and matching funding to the NOS is critical for success.

Q39.

Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective

Are there any additional strategies you think should be included to strengthen evidence and data systems to help guide investment, assess impact, improve outcomes, and continue to grow the evidence base?

Please provide your comments in the space below.

Current scientific and evidence based data is essential to underpin the NOS, for its evaluation and evolution.

Q40.

Proposed Enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments

For this proposed enabler, there is one proposed strategy with four ideas to guide action. These are discussed in detail on page 30 of the [consultation paper](#).

The proposed strategy for this enabler is:

Empower and strengthen a skilled workforce to better support individuals and influence community actions and environments that increase healthy weight, whilst reducing obesity stigma, blame and discrimination.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Strengthen the confidence and competence of primary health, allied health, and other health professionals to prevent unhealthy weight gain among patients; recognise and address overweight and obesity; and understand stigma, blame and the mental health implications of overweight and obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase health workforce understanding of equity and social justice, and cultural and language competency to respond to the diverse needs of the Australian community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the continued growth and development of the Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and Torres Strait Islander workforce						
Embed health promotion and equity into vocational and tertiary training for essential supporting sectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q41.

Proposed Enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments

Are there any additional strategies you think should be included to develop an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments?

Please provide your comments in the space below.

Can only agree.

Q42.

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

For this proposed enabler, there is one proposed strategy with four ideas to guide action. These are discussed in detail on page 31 of the [consultation paper](#).

The proposed strategy for this enabler is:

Provide adequate investment in sustainable interventions that promote healthy weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes in the online survey to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
Provide additional funds for effective delivery of comprehensive, contemporary and sustained actions at an appropriate scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explore new, innovative funding mechanisms for prevention of overweight and obesity, including a potential prevention investment fund Refer to Comment 1. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ensure formal and informal engagement of public health expertise in trade and investment agreement development processes Nil response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess health impacts of trade agreements during negotiations to ensure they favour the production and distribution of healthy food and drinks and control that of unhealthy food and drinks Nil response to tick box, made comment refer to Comment 2. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and drinking, active living, health outcomes, communities and the environment Refer to Comment 3. below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Governments need to invest in prevention initiatives as an investment in future health. Preventative activities are often less tangible and have less visible impact but more cost effective than cost of managing and treating overweight and obesity.
2. There is a rightful place for discretionary food in a healthy diet. The focus should be elevated from the individual food level to a healthy diet approach.

3. Governments need to invest in prevention initiatives as an investment in future health. Preventative activities are often less tangible and have less impact but more cost effective than cost of managing and treating overweight and obesity.

Q43.

Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

Are there any additional strategies you think should be included to provide adequate and sustainable investment in overweight and obesity prevention?

Please provide your comments in the space below.

Nil response

Section 5. Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy

Lastly, we would like to get your feedback on the proposed implementation and evaluation of a national obesity strategy.

This is discussed in detail on pages 32 and 33 of the consultation paper.

Q46.

Proposed governance arrangements for a national obesity strategy

The COAG Health Council will be responsible for strategy implementation, monitoring and progress reporting.

While the strategy will be led by Health, to achieve the vision, Health will work with partners across government and the community.

Accordingly, the COAG Health Council will be supported by:

- the Australian Health Ministers Advisory Council, and
- a new cross-portfolio federal, state and local government committee with representatives from essential supporting sectors.

Partnerships with non-government organisations, private sector, population group representatives and community members will inform implementation of the strategy. The Australian Institute of Health and Welfare will support development of indicators and monitoring and reporting.

Do you have any feedback about the proposed governance arrangements for a national obesity strategy?

Please provide your comments in the space below.

There is frequent criticism of the role of the private sector/industry in policy development. This criticism is unfounded given the important role the food industry plays in implementation.

Q47.

Proposed implementation for a national obesity strategy

Under the auspices of the Australian Health Ministers Advisory Council, it is proposed the new cross-portfolio committee will be responsible for developing an implementation plan that will focus on those strategies best pursued at a national level.

This approach will be supported by implementation plans developed by each state and territory, in collaboration with local partners and in discussion with other jurisdictions to ensure breadth of coverage and coordination across Australia. The plans will include timeframes and responsibilities for implementation. Resources will be required for implementation.

Do you have any feedback about the proposed implementation for a national obesity strategy?

Please provide your comments in the space below.

A coordinated national plan supported by state and territory jurisdictions is supported.

Q48.

Proposed monitoring, evaluation and reporting process for a national obesity strategy

Monitoring the implementation of this strategy will require a coordinated national effort. A tiered national evaluation framework will monitor progress and achievements and include:

- indicators to show shorter-term progress
- outcome measures aligned with priority areas, and
- targets.

To ensure a transparent focus on equity, the framework will include indicators, outcomes and targets specifically for population groups who are unequally affected by overweight and obesity.

Existing data sources will be utilised with potential for additional new measures. Both national measures and jurisdictional information will contribute, and results will be regularly reported to COAG Health Council and available to the public.

Solutions to addressing overweight and obesity in Australia are not static. Incorporating feedback on barriers, enablers and effects of actions on a regular basis is necessary. Building a process of gathering information, reflecting and adapting will strengthen future action to ensure relevance and effectiveness.

Do you have any feedback about how the strategy should be monitored, evaluated and reported?

Please provide your comments in the space below.

Nil response

Q49.

Do you think targets are needed for the strategy? If so, what should they be?

Please provide your comments in the space below.

A staged approach with phased implementation and targets is appropriate. Targets need to be evidence based and achievable, assessed and reviewed periodically and adjusted as required.

Q50.

Do you have any suggestions for what a national obesity strategy could be called?

Please provide your comments in the space below.

It is acknowledged that negative stigma is attached to 'obesity' at the same time 'obesity' used in the name of the strategy overtly places a clear focus.

Q51.

Lastly, do you have any final comments or ideas regarding the proposed national obesity strategy?

I would like to attach a copy of a paper the Australian Industry Group Confectionery Sector prepared in relation our concerns regarding high HSR stars on confectionery, as a consequence of the FoFR supporting HSR review Recommendation 2. A second attachment is an extract from the Ai Group Confectionery Sector's submission to the Senate Obesity Inquiry, which details many of the initiatives the confectionery industry has achieved over an extended period of time - since introducing Be treatwise in 2006, the industry agreed serve size in 2009, HSR in 2014 in addition to the industry's commitment to consumer nutrition/labelling information, commitment to more smaller packs, ie 250 calorie portions and more treat size, with a migration to more 200 calorie and 100 calorie portions and consumer education - see www.betreatwise.info which includes a new video segment explaining Be treatwise and role of confectionery, portion and activity.

About You

In which state or territory is your organisation or business located?

1. Australian Capital Territory
2. New South Wales
3. Northern Territory
4. Queensland
5. South Australia
6. Tasmania
7. Victoria
8. Western Australia
9. Australia wide
10. International

Q62.

About You

How would you best describe the location you live in?

1. A capital city
2. A regional city or town
3. A rural or remote town or area
4. Prefer not to say

Q63.

About You

How would you best describe the location of your organisation or business?

1. A capital city
2. A regional city or town
3. A rural or remote town or area

Q64.

About You

We value the thoughts of people who have lived experience of overweight or obesity; however, the following question is optional.

How would you best describe your current weight?

1. Underweight
2. About the right weight

3. A little overweight
4. Very overweight
5. Prefer not to say

Thank you for taking the time to share your valuable feedback.

This is the final page of the survey – please click the submit button below.

The national obesity strategy Working Group will use your feedback to shape a national obesity strategy. The COAG Health Council will consider the strategy in late 2020.

A report on the outcomes of the consultation will also be made publicly available.

RTI Release

Response ID:1235 Data

6. Consent to participate in this survey

1. By participating in this survey, you indicate that:

You have read the preceding information;

Your participation in this survey is voluntary;

You consent to your responses being included in public reports; and

You are at least 14 years of age.

Do you wish to continue with this survey?

Yes

7. Organisation or individual?

2. Are you completing this survey on behalf of an organisation or as an interested individual?

On behalf of an organisation

8. Main role

3. What is your organisation's main role or interest in a national obesity strategy? You may select all that apply.

Other (please specify): Our members manufacture raw sugar (non food grade) and/or grow sugarcane

9. Main role

What is your main role or interest in a national obesity strategy? You may select all that apply.

10. Name of your organisation

4. Many people and organisations have a diverse range of views on what should be included in a national obesity strategy. To ensure transparency throughout the consultation process, it is important to consider these views in the context of any relevant interests.

As you are answering this survey on behalf of an organisation, please provide the name of your organisation in the space below.

This information is required.

Australian Sugar Milling Council and CANEGROWERS Ltd

11. Organisation contact details

5. Please provide a contact name and email address for your organisation so that we may contact you about this consultation process if required.

Your contact details will only be used for the purpose of this consultation and will not be shared with any third parties. Once again, this information is required.

Contact name:

6. Contact email:

13. Section 1. Proposed timeframe and scope for a national obesity strategy

7. Timeframe of a national obesity strategy

It is proposed that a national obesity strategy will guide action over the next 10 years – from 2020 to 2030.

Do you think this timeframe is too short, about right, or too long?

About right

14. Section 1. Proposed timeframe and scope for a national obesity strategy

Timeframe of a national obesity strategy

Why do you think the proposed timeframe of 10 years is About right?

15. Section 1. Proposed timeframe and scope for a national obesity strategy

8. To what extent do you agree or disagree with each of the following components in the proposed scope for a national obesity strategy?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I'm not sure
The strategy should encourage government leadership for collaborative, whole-of-society action.					X	
The strategy should identify actions for Commonwealth and State and Territory governments.					X	
The strategy should identify actions that will involve non-government organisations and other community stakeholders.					X	
The strategy should identify actions that will involve the private sector.					X	
The strategy should focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.					X	
The strategy should <u>not</u> focus on tertiary prevention actions to treat overweight and obesity.					X	
The strategy should <u>not</u> focus on actions to manage and address underweight.				X		

16. Section 1. Proposed timeframe and scope for a national obesity strategy

9. *Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove?*

Please provide your suggestions about the proposed scope in the space below.

Please note there are many opportunities to comment on specific strategies and ideas proposed to be included in the strategy throughout the survey.

We strongly support the development of the strategy and we are keen to be involved, not least to support the Queensland communities that are dependent on the sugar industry, but who are also impacted by obesity. While prevention is key, we feel mitigating the affects for people who are currently overweight or obese should still be a focus. Ideally the strategy would target:

- General public prevention
- Prevention and mitigating of impacts of at-risk groups..

The strategy will need to be tailored to suit each community.

We note the inclusion in these survey questions of a number of additional areas that may be better defined as 'out of scope' to ensure the strategy is focused and able to define and measure clear targets/goals. Trade policy and sustainable development are important topics that are contentious and have the potential to distract and delay the objectives of this obesity prevention strategy. We also believe it will be important to include agribusiness, farmers, ingredient manufacturers and the food supply chain in all aspects of the strategy.

18. Section 2. Proposed principles to guide a national obesity strategy

10. *Please rate how important you think each of the following proposed principles are for guiding the development and implementation of a national obesity strategy.*

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure
People First - the strategy is person-centred, meaning it recognises the unique situations, experiences and strengths of individuals					X	
Equity - the strategy will promote equity, acknowledging some people and groups need additional supports to achieve good health					X	
Collective and Sustained Action - the strategy will promote partnerships and ongoing shared commitment from government and other key stakeholders					X	
Evidence-Based - the strategy will be informed by up-to-date evidence and promising or emerging strategies					X	
Sustainable Development - the strategy will align with the pillars of sustainable development: economic growth, social equity and environmental protection.		X				

19. Section 2. Proposed principles to guide a national obesity strategy

11. *Thinking about the five proposed guiding principles, is there anything you would change, add or remove?*

Please provide your comments in the space below.

While a worthy principle, there is a risk that sustainable development goals could become a distraction from the core aims of the strategy.

21. Section 3. Proposed priority areas and strategies for a national obesity strategy

Please select a priority area to complete by clicking on the 'Answer' button.

After you have answered all of the sections you would like to complete, the 'Next' button at the bottom of the screen will take you to the next part of the survey.

22. Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

12. *Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.*

You can use the comment boxes to provide any feedback you might have about each idea.

Remember that you can rate and comment on all of the ideas, or you can skip to the next section if you do not want to provide feedback on a particular area.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide healthy eating and drinking support and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy					X		
Provide support for mothers to breastfeed and continue to breastfeed by implementing the National Breastfeeding Strategy					X		
Explore policy options to strengthen protection of infants and families from excess availability and marketing of breast milk substitutes		X					Not sure there is evidence to suggest this is an issue or a problem for communities in Australia
Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their new roles as parents					X		
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for infants (e.g., appropriate introduction of solids, responsive feeding, portion size, screen time, motor skill development)					X		

23. Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	Comments
Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)					X		
Support parents, carers and families to purchase, prepare and enjoy healthy food and drinks, whilst limiting unhealthy food and drinks.				X			Do we have a definition of unhealthy foods? Is this a helpful distinction? Do we mean treats or discretionary foods/drinks?
Encourage parents, carers and families of children and young people to use parks and recreation facilities, role model active transport and active living, be active with children (co-participation) and restrict screen time					X		
Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers					X		
Encourage greater availability of healthy food and drinks, whilst also limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events.				X			
Increase availability of, and equitable access to, appropriate programs that support weight management for children, young people and their families					X		

24. Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Enhance leadership, professional knowledge, relevant policies and practices, curriculum design and delivery aligned with national guidelines, and partnerships within and beyond the early childhood education and care and school community					X		
Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs)					X		
Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities					X		
Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities					X		
Investigate policy and community-led options to extend student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups					X		

25. Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

15. Thinking about the strategies you just read for supporting children and families, are there any additional strategies or you think should be included to start early to support healthy weight throughout life?

Please provide your comments in the space below. The three proposed strategies are listed again below if you need to re-read these.

We agree it is important to provide clear information that is well understood by everyone – starting early with young families should assist them to understand the importance of eating well and keeping active. The definition of 'healthy' as opposed to 'unhealthy' foods is not clear here (although the paper is presumably discussing discretionary 'treats,' any food consumed in vast quantities or improperly prepared could be deemed as unhealthy) so measures requiring the availability of some foods to be limited need to be carefully considered.

26. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

12. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour					X		
Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms, whilst minimising weight-related stigma			X				Is there evidence to support this potentially costly approach to drive behaviour change?
Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs					X		
Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants					X		
Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity that are accessible and responsive					X		

27. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

13. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	Comments
Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces					X		
Identify a diverse range of local leaders to 'champion' place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community					X		
Ensure local communities have access to health promoting sponsorship options for events and sport, and are empowered and informed to consider the impact of unhealthy sponsorship choices			X				

28. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

14. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	Comments
Evidence-based weight management interventions, ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income					X		
Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs					X		
Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight-related stigmatisation				X			

29. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

15. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.

							Comments
	Not at all important	Slightly important	Moderately important	Very important	Extremely important	I'm not sure	
Support better collaboration between sectors dealing with unemployment, social protection and health						X	
Develop labour and social policies that provide secure and decent work for all						X	
Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours					X		
Provide professional development for clinicians to support the improvement of healthy eating and physical activity behaviours in their patient/clients					X		
Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and people from at-risk population groups					X		
Increase the availability of, and clarity of referral pathways to, evidence-based weight management treatments (including community-led programs)					X		

30. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight

16. Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy.

You can use the comment boxes to provide any feedback you might have about each idea.