



Australian Government

Australian Government response to the
House of Representatives Standing Committee on Health and
Ageing report:

Weighing it up: Obesity in Australia

February 2013

Introduction

The report of the House of Representatives Standing Committee on Health and Ageing inquiry, *Weighing it up: Obesity in Australia* provides 20 recommendations on a range of issues affecting obesity in Australia.

Since the report was tabled the Australian Government has been taking action through a wide range of new initiatives targeting obesity and related population health issues. Many of these initiatives are described in the Australian Government's 2010 *Taking Preventative Action* report, a response to *Australia: the Healthiest Country by 2020*, the report of the National Preventative Health Taskforce. The Preventative Health Taskforce was initiated by the Minister for Health and Ageing in April 2008, a similar timeframe and complementary process to the Parliamentary inquiry into obesity in Australia.

Taking Preventative Action sets out the Australian Government's agenda for preventive health, including the following key activities:

- a. funding the *National Partnership Agreement on Preventive Health*;
- b. establishing the Australian National Preventive Health Agency;
- c. launching a new social marketing campaign encouraging Australians to adopt a healthier lifestyle; and
- d. reviewing current clinical guidelines on obesity and developing new guidance for consumers.

Aspects of this agenda are also being pursued through the Australian Government response to the release of the *Labelling Logic: Review of Food Labelling Law and Policy (2011)* report.

As there is some overlap between the recommendations of *Weighing it up* and *Australia: the Healthiest Country by 2020*, in this response the Australian Government has focused on the specific recommendations of *Weighing it up* rather than the broader range of issues brought out by the inquiry. *Taking Preventative Action* continues to be the central document for guiding Australia's obesity prevention and management policy.

National Partnership Agreement on Preventive Health

The *National Partnership Agreement on Preventive Health* is a joint commitment between the Commonwealth, states and territories, which was announced in November 2008. Under this Agreement \$932.7 million over nine years from July 2009 has been committed by the Australian Government to fund national preventive health initiatives.

This Agreement is the largest single commitment to health prevention and promotion by an Australian Government and will be used to fund healthy lifestyle programs in workplaces, communities and childhood settings; social marketing campaigns; and to establish necessary infrastructure to deliver, monitor and evaluate these programs.

Australian National Preventive Health Agency

As one of its commitments under the National Partnership, the Australian Government has established the Australian National Preventive Health Agency (ANPHA) to support all health ministers by providing evidence-based advice on appropriate programs, manage a research fund to build further supportive evidence in preventive health, and to focus on a range of other initiatives targeting chronic conditions and their lifestyle related risk factors. The Agency has been operational since 1 January 2011.

The Agency will play a critical role in building the evidence base on a broad range of effective interventions supporting healthy lifestyles. The Agency has been allocated a research fund and will develop a national preventive health research strategy, in conjunction with the National Health and Medical Research Council (NHMRC), to support decisions about projects to be funded.

Recommendation 1

The Committee recommends that the Minister for Health and Ageing commission economic modelling in order to establish the cost implications of obesity to Australia and the cost-benefits of various interventions.

Agreed in part.

The Australian Government recognises that there are challenges to producing accurate estimates of the costs of obesity and the cost-benefits of interventions, as noted in the *Weighing it up* report. One of the input requirements for high quality modelling is population data on the current prevalence of obesity and related chronic diseases. Information from the 2011-13 Australian Health Survey provides up-to-date cross-sectional prevalence data upon which future modelling work can be based.

The ACE-Prevention report (*Assessing Cost-Effectiveness in Prevention*), a recent study of the cost-effectiveness of 150 health interventions, was released on 8 September 2010. This work, which was conducted by researchers from the University of Queensland and Deakin University, was funded by a National Health and Medical Research Council grant. The ACE-Prevention project aimed to provide a comprehensive analysis of the cost-effectiveness of 123 preventive intervention options, compared with 27 treatment interventions, addressing the non-communicable disease burden in Australia. The project found that a large impact on population health can be achieved by a limited number of cost-effective interventions, while a greater number of cost-effective interventions (such as physical activity promotion involving pedometers or mass media) can have more moderate, but still significant impacts on population health.

The Australian Government also recognises the importance of collecting high quality data on its own initiatives targeting obesity and related non-communicable diseases. The *National Partnership Agreement on Preventive Health* includes performance indicators to track the achievements of the Agreement against its objectives; evaluations of the key activities funded by the Agreement; and a comprehensive evaluation of the Agreement's outcomes. The body of data that will be generated by these activities will also support cost-benefit analyses of specific interventions funded by the Agreement.

Recommendation 2

The Committee recommends that the Minister for Health and Ageing commit to regular and ongoing surveillance and monitoring of Australian's weight, diet and physical activity levels, and that data gathered is used to formulate, develop and evaluate long-term policy responses to obesity in Australia. This data collection should build on the foundation established by the 2007 Australian National Children's Nutrition and Physical Activity Survey, and proposed National Nutrition and Physical Activity Survey and National Health Risk Survey, providing up-to-date information about the prevalence of obesity in Australia.

Agreed.

The Australian Government is undertaking the largest ever survey of Australia's health through the 2011-13 Australian Health Survey. This survey brings together the:

- National Health Survey series (undertaken every three years since 2001);
- National Nutrition and Physical Activity Survey (building on the 2007 Australian National Children's Nutrition and Physical Activity Survey);
- National Health Measures Survey (a new component involving voluntary provision of biomedical samples and testing for a range of biomarkers); and
- National Aboriginal and Torres Strait Islander Health Survey, previously conducted in 2004-05.

Participants in the Australian Health Survey were asked about their health status, health service use and health risk factors including diet and physical activity. Objective measures, including biomedical samples, will also be collected for weight, height, waist measurement, blood pressure, nutritional status and chronic disease markers. As with previous National Health Surveys, a targeted survey of Aboriginal and Torres Strait Islander Australians is being undertaken.

The results of the Australian Health Survey will provide a comprehensive view of the prevalence of chronic diseases and risk factors in the population, including data on health service usage. The results will create a robust evidence base for accurate estimates of the costs of obesity and the cost-effectiveness of obesity interventions.

The results of the Australian Health Survey will be complemented by longitudinal data on obesity and other chronic disease risk factors collected through a series of cohort studies funded by the Australian Government including the:

- National Longitudinal Study on Male Health, *Ten to Men* which was announced on 6 May 2010 and data collection is expected to commence in 2013;
- Longitudinal Study of Indigenous Children, *Footprints in Time* (commenced 2008);
- Longitudinal Study of Australian Children, *Growing up in Australia* (commenced 2004); and
- Australian Longitudinal Study on Women's Health, *Women's Health Australia* (commenced 1995).

Recommendations 3 and 20

The Committee recommends that the Minister for Health and Ageing work with state, territory and local governments through the Australian Health Ministers' Advisory Council to develop and implement long-term, effective, well-targeted social marketing and education campaigns about obesity and healthy lifestyles, and ensure that these marketing campaigns are made more successful by linking them to broader policy responses to obesity.

The Committee recommends that the Minister for Health and Ageing explore ways to enhance the *How do you measure up?* campaign website and further develop it as a central repository of information about the benefits of healthy eating and exercise.

Agreed.

Following on the success of the *Measure Up* social marketing campaign in raising awareness of the health risks of overweight and obesity, the Australian Government has funded a new phase of the campaign focusing on how people can make lifestyle changes to improve their health. The *Swap It, Don't Stop It* campaign was launched in March 2011 to encourage Australians to swap big for small (portion control); swap often for sometimes (occasional treats); swap fried for fresh (nutritional quality); swap sitting for moving (physical activity); and swap watching for playing (physical activity).

Three bursts of national *Swap It, Don't Stop It* campaign activity were implemented to 30 June 2012 across a broad range of media and platforms. A total of \$18 million has been provided to the states and territories as part of the *National Partnership Agreement on Preventive Health* to complement national social marketing efforts by providing reinforcing local activities.

As part of its role in providing national leadership on the Australian Government's social marketing programs for preventive health, the Australian National Preventive Health Agency is working towards the implementation of a third phase of *Measure Up* from 2013. The initiative will build on existing infrastructure, resources and online tools to provide a long term framework through which to initiate, drive and sustain coordinated obesity prevention social marketing efforts across Australia. The active promotion of partnerships, including between the Commonwealth, state and territory governments, non-government organisations and primary care providers to disseminate information and support healthy lifestyle choices will be a feature of the initiative.

Further information about weight management and healthy lifestyles will be made available through a new national *Healthy Weight Guide*. The focus of the Guide will be on supporting people in the community to achieve or maintain a healthy weight. A feature of the Guide is the involvement of consumers, health professionals, and experts in obesity, nutrition, physical activity and health promotion in its development.

The development of the evidence base for the Guide will draw upon the recent reviews of the *Clinical Practice Guidelines for the Management of Overweight and Obesity* and the *Australian Dietary Guidelines*. The research underpinning the Guide and the new Guidelines will also be used to provide the evidence base for other national obesity prevention interventions.

The *Healthy Weight Guide* is expected to be launched in the first half of 2013. The Guide will be made available through a Healthy Weight website, which will be the key mechanism to provide advice and interactive tools for consumers, and will link to other websites, including appropriate resources on state and territory and non-government organisations' websites. There will also be printed materials available.

Recommendation 4

The Committee recommends that the Minister for Health and Ageing continue to support the Federal Government's Active After-school Communities program and consider ways to expand the program to more sites across Australia.

Agreed.

In January 2011 the Australian Sports Commission released the final report into an evaluation of the Active After-school Communities program. The report found that participation in the program led to less sedentary activity in the after school hours, and increased physical activity among previously inactive children. There was also evidence that participation in the program led children to hold more positive attitudes about physical activity and trying new sports. In May 2012, the Australian Government announced the Active After-school Communities program would continue to December 2013 with \$39.2 million allocated to the program from the 2012-13 Budget.

In addition to this, the Australian Government is committed to improving access to sport for all Australians. In its 2010 policy paper, *Australian Sport: The Pathway to Success*, the Government has made a commitment to increase the number of Australians participating in sport, strengthen sporting pathways to link grassroots and high performance sport, and strive for success. As part of the implementation of this policy, the Australian Government will work with states and territories to assemble data on the sport and recreation facility needs and priorities of communities and regions, to better inform planning and funding decisions.

Recommendation 5

The Committee recommends that the Minister for Health and Ageing work with State and Territory Health Ministers through the Australian Health Ministers' Conference to ensure equity in access by publicly funding bariatric surgery, including multidisciplinary support teams, for those patients that meet appropriate clinical guidelines.

Agreed.

The Australian Government recognises that bariatric surgery should continue to be one of the treatment options available to clinicians managing people with obesity.

The *National Health Reform Agreement* agreed by the Council of Australian Governments on 2 August 2011 commits State and Territory Governments to providing patients with equitable access to services on the basis of need within a clinically appropriate period. Under this Agreement, the Australian and State and Territory Governments are jointly responsible for funding public hospital services, including growth in services and costs. The Australian Government has agreed to provide at least \$16.4 billion in extra public hospital funding to State and Territory Governments between 2014-15 and 2019-20. This funding is in addition to commitments announced through previous iterations of the health reforms, and targeted funding for individual hospitals such as the Royal Hobart. The Commonwealth will meet:

- 45 per cent of efficient growth funding for the period 2014-2015 to 2016-2017, and
- 50 per cent of efficient growth funding from 2017-2018 onwards.

In addition to this, the Australian Government provides Medicare rebates for obesity related services including bariatric surgery that are listed on the Medicare Benefits Schedule (MBS). Rebates for in hospital procedures are 75% of the MBS fee for the applicable surgical procedure. In 2011 the Department of Health and Ageing undertook a review of MBS items for the surgical treatments of obesity. The Medical Services Advisory Committee (MSAC) considered the report in November 2011 and recommended initiatives to improve bariatric procedures and to better define the target groups appropriate for different procedures. On 12 June 2012 the Minister for Health, the Hon Tanya Plibersek endorsed the MSAC recommendations and relevant stakeholders are currently being consulted pending implementation.

Recommendation 6

The Committee recommends that the Minister for Health and Ageing develop a national register of bariatric surgery with the appropriate stakeholders. The register should capture data on the number of patients, the success of surgery and any possible complications. The data that is generated should be used to track the long-term success and cost-effectiveness of bariatric surgery.

Agreed in principle.

Data on bariatric surgery is currently available through the National Hospital Morbidity Database, a compilation of episode-level records from data collection systems in Australian hospitals. The database contains information on admitted patients in almost all hospitals. The database is managed by the Australian Institute of Health and Welfare. Additional data is also available through the analysis of MBS claims for bariatric surgery.

A national register of bariatric surgery would build upon these current data sources to enable the long term tracking of patients and surgical outcomes. To ensure the data produced by the register is suitable for assessing the success of surgery and providing suitable research data, the development of such a register needs to be driven by experts and researchers in obesity surgery. Possible sources of seed funding for the register could include research grants, while ongoing funding could be provided through a levy on surgeries. The Obesity Surgery Society of Australian & New Zealand has initiated a registry which is currently in the final pilot stage of testing with full implementation planned for early 2013. At present the Department of Health and Ageing has not been involved in its development.

The Australian Commission on Safety and Quality in Health Care officially commenced as an independent, statutory authority on 1 July 2011, under the *National Health and Hospitals Network Act 2011*. The key functions of the permanent Commission, as outlined in the legislation, include developing national safety and clinical standards, formulating and implementing national accreditation schemes, national data set development and reporting and publishing on safety and quality. The Commission developed *Strategic and Operating Principles for Clinical Quality Registries* that were endorsed by Health Ministers. These principles could be applied to the development of a national bariatric surgery register. The Commission is currently working on prioritisation criteria, national health data governance arrangements and costed technical options for clinical quality registries. The outputs of this work will be available in 2013. The Commission does not fund or host specific clinical registries. In addition, the Commission is conducting a consultation for the Australian Government Department of Health and Ageing on registers for high-risk implantable devices, regarding recalls and limited post market surveillance.

Recommendation 7

The Committee recommends that the Minister for Health and Ageing place obesity on the Medicare Benefits Schedule as a chronic disease requiring an individual management plan.

Noted.

As reported in *Weighing it up*, the Australian Government currently provides support for individual management plans for patients with a chronic disease through the Chronic Disease Management (CDM) items in the MBS. Although the guidelines for these items do not recognise obesity as a chronic disease, there are circumstances in which a patient with obesity could be eligible for the items, such as when a patient has complications or co-morbidities that may be a result of, or exacerbated by, obesity.

All overweight and obese patients can be provided with obesity prevention and treatment advice through the general time-based GP general attendance MBS items (Level B, C and D consultations). To support these services, the Australian Government has committed \$925,000 for three years from 2009-10 to review the *Clinical Practice Guidelines for the Management of Overweight and Obesity*. The review is being undertaken by the National Health and Medical Research Council and the revised guidelines are expected to be available in early 2013.

A survey of potential users of the new guidelines has found that many health care service providers find it difficult to encourage their patients to discuss their weight and the lifestyle changes they may need. The Australian Government encourages all Australians to talk to their doctors about their weight and if it is found to be a health concern, to pursue the services and treatments they are recommended.

Recommendation 8

The Committee recommends that the Minister for Health and Ageing explore ways that General Practitioners collate data on the height and weight of their patients, and the data be utilised to generate statistics on the level of obesity in Australia.

Agreed in part.

The Australian Government recognises the importance of health screening services offered by general practitioners, including monitoring of patients' weight and their other lifestyle risk factors.

Some obesity statistics are available from the *Bettering the Evaluation and Care of Health* (BEACH) Program, a continuous collection of data on clinical activities in general practice managed by the University of Sydney and funded by industry and government partners including the Australian Government Department of Health and Ageing and the Australian Government Department of Veterans' Affairs. General practitioners participating in the BEACH Program record information about each clinical encounter within a given week, and include details about any screening or assessment undertaken such as the measurement of height and weight. Analysis of the BEACH data provides a useful insight into the relationship between patients' risk factors for chronic disease and the health services they are accessing.

Although very useful for evaluating health care services, the BEACH statistics provide incomplete estimates of the level of obesity in Australia, as the data excludes people who have not recently visited a general practitioner. Accurate statistics on population risk factors such as obesity are best collected through a survey of a randomly chosen sample of the population. The 2011-13 Australian Health Survey provides comprehensive data on the level of obesity in Australia. This includes objective measures of BMI and waist circumference available on children aged 2 years and over and adults as well as a range of related risk factor data.

Recommendation 9

The Committee recommends that the Minister for Health and Ageing work with State and Territory Health Ministers through the Australian Health Ministers' Advisory Council to consider adopting a tiered model of health care for obesity management, incorporating prevention, community-based primary care and acute care.

Agreed.

Through its commitment to reforming Australia's health system, the Australian Government is working in partnership with the states and territories to improve health outcomes for all Australians by implementing new arrangements for a nationally unified, locally controlled and sustainable Australian health system. The latest *National Health Reform Agreement*, agreed by the Council of Australian Governments on 2 August 2011, aims to: improve patient access; ensure the sustainability of public hospital funding; improve standards, transparency, performance, responsiveness and accountability of services; and improve the provision of primary health care, aged care and disability services.

The continuity of care for obesity is expected to receive significant gains from the establishment of the new national network of Medicare Locals responsible for planning, integration and coordination of primary health care services in their region. Medicare Locals will have strong links to their local communities, health professionals, service providers including obesity clinics, and consumer and patient groups, enabling them to respond effectively to local needs. Medicare Locals will:

- be responsible for making it easier for patients and service providers to navigate the health care system;
- support health professionals to provide better co-ordinated care;
- facilitate improved access to services for patients; and
- encourage greater integration between the primary health care, hospital and aged care sectors.

Medicare Locals will also present a valuable opportunity for encouraging the uptake of evidence-based practices in the management of obesity and have been identified as a stakeholder for the revised *Clinical Practice Guidelines for the Management of Overweight and Obesity*.

Additional gains in coordinated and integrated primary health care will be pursued by the Australian Government through joint planning of primary health care with State and Territory Governments, including planning at regional levels through Medicare Locals. The final draft National Primary Health Care Strategic Framework has been submitted to the Standing Council on Health (SCoH) for out-of-session consideration and endorsement. The Framework will be supported by bilateral agreements which are being developed with each state and territory.

Recommendation 10

The Committee recommends that the Treasurer and the Minister for Health and Ageing investigate the use of tax incentives to improve the affordability of fresh, healthy food and access to physical activity programs for all Australians, particularly those living in rural and remote areas.

Noted.

The Australian Government considers that the primary role of the tax system is to raise revenue, and that assistance to promote particular social outcomes is best delivered through direct outlay programs. The Australian Government uses financial incentives to promote public health benefits where appropriate, such as increasing the excise on tobacco by 25 per cent from 30 April 2010, and removing the tax loophole on alcopops. However, financial incentives need careful design and execution.

Under the income tax law, tax deductions are generally allowed for losses or outgoings incurred in gaining or producing assessable income. Generally, for a deduction to be allowed there needs to be an essential connection between the expense and the individual's income producing activities such that the expenditure is incurred as part of the operations by which the taxpayer earns income. In the case of gym memberships, this is a private expense; it is not incurred in relation to the performance of duties for which the person is being paid.

The Australian Government does not consider that the tax law should be amended to provide tax deductions for the costs of physical activity programs as the deductions would not provide timely assistance to Australians in greatest need of assistance.

Currently in Australia foods such as hot takeaways, confectionery, snacks, ice-cream, biscuits and soft drinks are subject to the Goods and Services Tax, whereas fresh, healthy food is not. Through the *Australia's Future Tax System Review* (2008-09), chaired by the then Secretary to the Treasury, Dr Ken Henry AC, the Australian Government has considered options for taxing unhealthy or 'junk' foods. Such taxes may create an incentive for consuming fresh, healthy food, however the review found that:

While obesity does involve significant health and productivity costs, the relationship between these costs and the consumption of particular products is complex. The risk of obesity is affected by lifestyle, such as diet and physical activity, as well as inherited and social influences.

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

Recommendation 11

The Committee recommends that the Minister for Health and Ageing commission research into the effect of the advertising of food products with limited nutritional value on the eating behaviour of children and other vulnerable groups.

Agreed in principle.

Limiting children's exposure to the marketing of unhealthy foods was a recommendation in the National Preventative Health Taskforce's report *Australia: The Healthiest Country by 2020*. In response¹ to this report the Australian Government described current mandatory and voluntary initiatives designed to limit the impact of unhealthy food and beverage marketing. All food and beverage marketing is subject to Government regulation via the Australian Communication and Media Authority (ACMA) Children's Television Standards (CTS). There are two voluntary industry initiatives which aim to reduce children's exposure to unhealthy food: the *Responsible Marketing to Children Initiative* and the Australian Quick Service Restaurant Industry's *Initiative for Responsible Advertising and Marketing to Children* both managed by the Australian Food and Grocery Council. The Australian Government undertook to monitor the impact of the industry initiatives to ensure their effectiveness in reducing children's exposure to advertising of energy-dense, nutrient-poor foods and beverages.

Evidence provided by the South Australian Minister for Health at the August 2011 meeting of the Australian Health Ministers' Conference (AHMC) indicated that the voluntary initiatives to reduce children's exposure to television advertising of unhealthy food have not been successful. Following a discussion of this evidence, Australia's Health Ministers agreed to ask the:

- Australian Health Ministers' Advisory Council to work with the ANPHA and South Australia to organise a national seminar in 2012 of key stakeholders to discuss action on unhealthy food advertising;
- Australian National Preventive Health Agency (ANPHA) to review recent monitoring of food advertising, related evidence, relevant reports, and report back in 2012; and
- Food Regulation Standing Committee (FRSC) to provide advice by early 2012 on how best to develop an appropriate set of definitions and criteria for determining "unhealthy" – i.e.: energy-dense and nutrient-poor food and drink.

In response to the first action above, a national seminar on food marketing to children was hosted by SA Health and ANPHA in Adelaide on 9 May 2012. As a result of the seminar, a time-limited National Working Group on Food Marketing to Children (Working Group) was established and included representatives from industry, public health and government. With the objective of reducing children's exposure to the advertising and marketing of unhealthy food, the Working Group agreed to explore a number of issues for potential further action to strengthen the self-regulatory initiatives. This process did not yield further commitments

¹ Commonwealth of Australia (2010) Taking Preventative Action. A response to Australia: The healthiest country by 2020 - The report of the National Preventative Health Taskforce.

from either the advertising or the food industries to strengthen their codes and voluntary initiatives.

In response to the second action, ANPHA commissioned an independent contractor to undertake a review of the most recent monitoring research on children's exposure to food and beverage marketing on television. The review concluded that there was a low amount of unhealthy food advertising during C (Children) and none in P (Pre-school) rated programs, consistent with the current self-regulatory initiatives but that advertising of unhealthy food and beverages remained high in programs with large numbers of children watching that are not covered by the self-regulatory initiatives.

In response to identified needs from the Working Group and the Government's response to the Preventive Health Taskforce, ANPHA is drafting a monitoring framework that will enable interested parties to undertake consistent, robust measurement of children's exposure to unhealthy food marketing and advertising on television. ANPHA intends to conduct a public consultation early in 2013 and expects to release the framework as a guideline standard, under the *Australian National Preventive Health Agency Act 2010*.

In response to the third action requested by Health Ministers, SA Health and ANPHA have requested advice from FRSC regarding the best approach to develop criteria to define what an unhealthy food is in the context of advertising to children. However, due to the complexities of the issue and the work currently being undertaken around front-of-pack labelling and health claims, FRSC will provide further evidence to inform definitions and criteria for healthy and unhealthy foods once this work is completed.

The South Australian Government and ANPHA reported back to the Standing Council on Health (formerly AHMC) in November 2012. The Chair of the Legislative and Governance Forum on Food Regulation, (the Forum), the Hon Catherine King, has responded on behalf of FRSC to advise that FRSC's advice will be provided to the Forum for consideration at its June 2013 meeting and that a response will be provided to the Standing Council on Health following that meeting.

Recommendation 12

The Committee recommends that the Federal Government use the results of the Food Standards Australia New Zealand food labelling review to create a set of standard guidelines to ensure that food labels provide consistent nutritional information. Using these guidelines the Federal Government should work with industry to develop and implement these standardised food labels within a reasonable timeframe.

Agreed.

The *Review of Food Labelling Law and Policy* was commissioned by the Australia and New Zealand Food Regulation Ministerial Council (ANZFRMC) on behalf of the Council of Australian Governments. The Review was conducted by an expert panel chaired by Dr Neal Blewett AC, and had broad terms of reference covering all aspects of food labelling, including front-of-pack labelling. The final report, *Labelling Logic: Review of Food Labelling Law and Policy (2011)*, makes a number of recommendations relating to the provision of nutritional information and the use of front-of-pack labels.

On 9 December 2011 the Legislative and Governance Forum on Food Regulation (that replaced the ANZFRMC), agreed to a response to the *Labelling Logic* report, including the development of an easily understood, interpretive front-of-pack food labelling system. The system will be developed in consultation with industry, public health and consumer stakeholders. The aim of the system will be to avoid proliferation of different front-of-pack labelling systems and the potential for consumer confusion from conflicting or inconsistent messages.

In addition to this, the Food Regulation Forum also agreed to:

- a framework to guide food labelling decisions, prioritising (in order), food safety, preventive health and consumer values;
- the development of a comprehensive National Nutrition Policy; and
- the development of guidelines for the role of food standards in supporting public health objectives.

Once complete, these initiatives will support ongoing good practice in food labelling of nutrition and other health information.

Recommendation 13

The Committee recommends that the Federal Government work with all levels of government and the private sector to develop nationally consistent urban planning guidelines which focus on creating environments that encourage Australians to be healthy and active.

Agreed.

As noted in the *Weighing it up* report, the Department of Health and Ageing funded the development of a web-based national planning guide *Healthy Spaces and Places*, that encourages all levels of government and the private sector to cooperate in planning, establishing, managing and investing in healthy urban environments. The guide is available at www.healthyplaces.org.au.

The Australian Government Department of Infrastructure and Transport has established a Major Cities Unit which provides advice to the Australian Government on issues of policy, planning and infrastructure that have an impact on our cities and suburbs. This includes publishing an annual *State of Australian Cities* report which provides an important evidence base for future policy, including issues such as obesity, physical activity, and active travel. The Major Cities Unit is also developing a position paper on active travel – walking and cycling – and the incidental exercise associated with using public transport.

A new National Urban Policy – *Our Cities, Our Future* – was released on 18 May 2011 and sets the Australian Government's objectives and directions for preparing Australia's cities for the decades ahead. It recognises the critical roles that State, Territory and Local Governments, the private sector and individuals play in planning, managing and investing in cities. This is the first time that an Australian Government has sought to outline its overarching goals for the nation's cities and the role it has in making them more productive, sustainable and liveable. One of the policy's priorities is to improve public health outcomes in our major cities, 'through better designed built environments and transport networks that encourage active travel, recreational and incidental exercise, social interaction and enjoyment of the natural environment.'

Creating Places for People - an urban design protocol for Australian cities was launched on 30 November 2011. *Creating Places for People* complements the National Urban Policy and other national guidelines and tools such as *Healthy Spaces and Places*. The Protocol has a consistent theme of improving healthy and active lifestyles through the urban environment and one of its principles is to create environments that are easy to walk and bicycle around. A wide range of organisations including State, Territory and local government, industry and community contributed to the development of the Protocol and have strongly affirmed their support for this document as an initiative facilitated by the Commonwealth government. The Protocol is available at www.urbandesign.gov.au

Alongside the National Urban Policy, the Australian Government announced a \$20 million Liveable Cities program for State, Territory and local Governments, potentially in partnership with the private sector, to fund projects aimed at improving the productivity, sustainability and liveability of our cities. The program is available for planning, feasibility assessment, design and/or capital works projects that improve access to jobs and housing, enhance the liveability of our cities, and deliver higher quality public spaces and streetscapes to benefit local businesses, communities and visitors, such as projects that promote or incorporate active travel through walking and cycling.

Recommendation 14

The Committee recommends that the Minister for Health and Ageing fund research into the causes of obesity and the success or otherwise of interventions to reduce overweight and obesity.

Agreed.

The Australian Government recognises the importance of producing good quality research into the causes of obesity and the success of obesity interventions.

The majority of obesity related research funding is provided through the National Health and Medical Research Council (NHMRC). The Australian Research Council also funds some research into obesity causes, treatment and prevention. The new Australian National Preventive Health Agency manages a preventive health research fund which will focus on translational research, and as such is expected to include research into the success or otherwise of interventions to reduce overweight and obesity.

NHMRC has made obesity prevention and treatment a major focus for the triennium 2010-2012, and has committed to funding obesity intervention research through its Project Grant scheme. The Project Grant Funding Policy identified obesity intervention as a strategic plan initiative, stating it represents a serious and growing national health concern and an increasing burden on the health care system.

NHMRC provided \$31.5 million for research on obesity in 2010, of which approximately \$8.8 million funded 61 grants investigating the causes of obesity. These grants covered a wide range of disciplines and include:

- research investigating the genetic, cellular and metabolic causes of obesity;
- public health studies investigating lifestyle, socioeconomic and environmental risk factors for obesity;
- neurological causes such as the regulation of appetite and satiety; and
- diet, exercise and nutritional studies.

In addition to research into the causes of obesity, two NHMRC grants worth \$389,040 were provided for research into the effectiveness of obesity interventions.

Recommendation 15 and 16

The Committee recommends that the Minister for Health and Ageing adopt a phased approach regarding regulations on the reformulation of food products. Industry should be encouraged to make changes through self-regulation but if industry fails to make concrete changes within a reasonable timeframe the Federal Government should consider regulations.

The Committee recommends that the Minister for Health and Ageing engage with peak bodies such as the Australian Food and Grocery Council, the Dietitians Association of Australia, and the Heart Foundation, to develop and implement a *Healthy Food Code of Good Practice* tailored to Australian conditions.

Agreed.

The Australian Government is committed to working with the food industry to address a range of public health goals and has formally engaged with industry through the *Food and Health Dialogue* and the *Industry Partnership*.

The *Food and Health Dialogue* comprises representatives from the Australian Food and Grocery Council, the National Heart Foundation, the Public Health Association of Australia, Woolworths, Food Standards Australia New Zealand, the Commonwealth Scientific and Industrial Research Organisation (CSIRO), the Quick Service Restaurant (QSR) Forum and State and Territory Governments. The Dietitians' Association of Australia participates in the Food and Health Dialogue Executive meetings as an observer. The Dialogue provides a framework for government, industry and public health groups to work collaboratively, on a voluntary basis, to change the formulation of commonly eaten processed and pre-packaged foods and promote healthier food.

One of the key activities of the *Food and Health Dialogue* is food reformulation, with a focus on reducing salt, saturated fat, energy and added sugar and increasing beneficial nutrients and food components such as fibre, wholegrains, fruit and vegetables. To date, reformulation targets have been agreed for bread, breakfast cereal, processed meat, soup, simmer sauces and savoury pies. Participants have also agreed to portion sizing principles and consumer messaging strategies in line with the Australian Dietary Guidelines. Further categories have been engaged and negotiations are ongoing – these include cheese, savoury crackers, potato and corn chips and the QSR sector.

The Australian Government welcomes the commitment of Australia's food industry to the health goals of the *Food and Health Dialogue*. Further work with the food industry will arise in the implementation of the Legislative and Governance Forum on Food Regulation's response to the *Labelling Logic* review.

The Australian Government funds the *Industry Partnership* through the *National Partnership Agreement on Preventive Health*. The *Industry Partnership* enables the Government, in consultation with the states and territories, to partner with various sectors of the food, fitness and weight management industries to support the implementation of programs to encourage changes in policies and practices consistent with the Government's healthy living agenda. Key activities under the *Industry Partnership* include:

- establishing a set of principles to guide government engagement with industry;
- convening a series of Food Innovation Workshops whereby industry, government and research bodies involved in food innovation shared experiences around food reformulation; and
- developing a comprehensive Food Composition Database (FCDB) to support the monitoring and surveillance of activities under the Food and Health Dialogue.

Recommendation 17

The Committee recommends that the Minister for Health and Ageing review the adequacy of regulations governing weight loss products and programs with the intention of ensuring that they can only be sold and promoted if nutritionally sound and efficacious.

The review should also examine ways to improve industry compliance with the Weight Management Council of Australia's Weight Management Code of Practice.

Agreed.

On 8 December 2011 the Australian Government announced a package of reforms for the Therapeutic Goods Administration (TGA) to improve the regulation of medicines and medical devices. *TGA reforms: A blueprint for TGA's future* has arisen from a number of recent reviews of the TGA regulatory system, which identified concerns with transparency and consumer understanding of TGA processes. These reforms will include significant changes to the way complementary medicines, including those making claims about weight loss, are promoted to consumers.

The report *Labelling Logic: Review of Food Labelling Law and Policy (2011)* also made a number of recommendations to enhance consumer protection in relation to health claims including in relation to complementary medicines and dietary supplements. On 7 December 2012 the Legislative and Governance Forum on Food Regulation agreed to a new food standard to regulate nutrition content claims and health claims on food labels and in advertisements. Standard 1.2.7, Nutrition, Health and Related claims, became law on 18 January 2013. Food businesses have three years to meet the requirements of the new Standard.

In addition to these regulatory activities, the *Healthy Weight Guide* (refer to response to Recommendation 3) will include information which will enable consumers to make informed choices about weight management products and programs.

Recommendation 18

The Committee recommends that the Minister for Health and Ageing encourage private and public employers to adopt programs and incentives that will promote active and healthy lifestyle choices by all Australians within the workplace.

Agreed

The Australian Government is making a significant investment in health promotion in workplaces through the *National Partnership Agreement on Preventive Health* (the National Partnership). Through the National Partnership, the Australian Government is providing up to \$294.3 million over seven years for the *Healthy Workers* initiative. Of this, up to \$289.1 million will be provided to states and territories to deliver healthy living programs and activities in and through the workplace. Funding has now been allocated and activities, which are detailed in state and territory implementation plans, have commenced. These plans can be accessed at:

http://www.federalfinancialrelations.gov.au/content/npa/health_preventive.aspx

Effort will focus on decreasing rates of overweight and obesity, increasing levels of physical activity and intake of fruit and vegetables, as well as reducing harmful levels of alcohol consumption and increasing smoking cessation.

The Commonwealth is using \$5.2 million to provide soft infrastructure to support workplace health promotion programs under the initiative. This infrastructure includes:

- a national healthy workplace charter which was launched in August 2011 and sets out the principles of how workplaces can promote and support healthy lifestyle choices. The *Joint Statement of Commitment: Promoting Good Health at Work* was agreed by the Minister for Health and Ageing, Unions and Employer Representative Peak Groups;
- a workplace health promotion information portal and toolkit for employers that will bring together a wide range of resources, including those in jurisdictions;
- a national quality framework for workplace based healthy living programs and activities; and
- national awards for excellence in workplace health programs which will be implemented by the Australian National Preventive Health Agency.

Performance benchmarks for the National Partnership relevant to the *Healthy Workers* initiative and *Weighing it up – Obesity in Australia* include measures of the proportion of adults at unhealthy weight, daily fruit and vegetable consumption and the proportion of adults participating in physical activity.

Recommendation 19

The Committee recommends that the Federal Government continue to support initiatives such as community garden projects, cooking classes and the Stephanie Alexander Kitchen Garden Program, in order to teach children and adults about:

- The benefits of growing and eating fresh fruit and vegetables; and
- Preparing and enjoying healthy and nutritious meals.

Agreed.

Building on the success of the *Stephanie Alexander Kitchen Garden National Program*, noted in *Weighing it up*, the Australian Government has committed a further \$5.4 million (GST Exclusive) over 3 years from 1 July 2012, in addition to the previously committed \$12.8 million announced in the 2008-09 budget. The program to date has reached 178 schools nationally and aims to reach up to 400 new schools by 2014-15.

The Australian Government is also providing \$71.8 million through the *Healthy Communities* initiative of the *National Partnership Agreement on Preventive Health*. *Healthy Communities* supports local government areas to deliver effective community-based physical activity and dietary education programs as well as developing supportive environments for healthy lifestyle behaviours. Although these programs vary according to the needs of the communities, many involve community garden projects, cooking classes and even shopping trips to help consumers better understand how to make good food choices in the supermarket.

Also under the National Partnership, the *Healthy Children* initiative is providing up to \$325.9 million from the Australian Government to the states and territories to implement programs and activities that promote greater levels of physical activity and better nutrition. Programs and activities will be delivered in settings such as child care centres, preschools, schools, multi-disciplinary service sites and family centres and will be targeted to children and young people aged from birth to 16 years of age. This funding has now been allocated and activities, which are detailed in state and territory implementation plans, have commenced. These plans can be accessed at:

http://www.federalfinancialrelations.gov.au/content/npa/health_preventive.aspx

Following the success of the Australian Government's *Building Healthy Communities* program in rural and remote areas, the Australian Government has also provided \$18 million from January 2010 to June 2013 to fund 34 projects under the Rural Primary Health Services Program's *Preventative Health Initiative*. The 34 projects are developing the capacity of small rural and remote communities through activities such as developing community gardens, community kitchens, cookbooks using local produce including bush foods, healthy eating programs in remote schools and training local people to lead healthy eating and physical activity programs. Resources developed as part of the *Preventative Health Initiative* can be adapted for use by community groups who are interested in improving health in their own local area.