



**Australian Government**

**Department of Health**

Australian Government Department of Health  
Submission to the Senate Select Committee Inquiry  
into the Obesity Epidemic in Australia

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## Acronyms and Abbreviations

|                 |                                                              |
|-----------------|--------------------------------------------------------------|
| ABS             | Australian Bureau of Statistics                              |
| ADGs            | Australian Dietary Guidelines                                |
| AGTHE           | Australian Guide to Healthy Eating                           |
| AHMAC           | Australian Health Ministers Advisory Council                 |
| AHS             | Australian Health Survey                                     |
| AIHW            | Australian Institute of Health and Welfare                   |
| ASC             | Australian Sports Commission                                 |
| BMI             | Body mass index                                              |
| BSR             | Bariatric Surgery Registry                                   |
| CHC             | Council of Australian Governments' Health Council            |
| CSIRO           | Commonwealth Scientific and Industrial Research Organisation |
| The Department  | Australian Government Department of Health                   |
| Forum           | Australia New Zealand Ministerial Forum on Food Regulation   |
| FRSC            | Food Regulation Standing Committee                           |
| FSANZ           | Food Standards Australia New Zealand                         |
| HPE             | Health and Physical Education                                |
| HSR             | Health Star Rating                                           |
| MBS             | Medicare Benefits Schedule                                   |
| MSAC            | Medical Services Advisory Committee                          |
| NHMRC           | National Health and Medical Research Council                 |
| NHRA            | National Health Reform Agreement                             |
| NHS             | National Health Survey                                       |
| NHSC            | National Healthy School Canteens                             |
| NSO             | National Sporting Organisation                               |
| RWG             | Reformulation Working Group                                  |
| The Partnership | Healthy Food Partnership                                     |
| PSWG            | Portion Size Working Group (of the Healthy Food Partnership) |
| TAPPC           | The Australian Prevention Partnership Centre                 |
| TIS NBSU        | Tackling Indigenous Smoking National Best Practice Unit      |

## Executive Summary

The Australian Government Department of Health (the Department) recognises the significant impact obesity and lifestyle related chronic conditions place upon the health of individuals, as well as the burden these conditions place on Australia's health system and economy. Obesity is a complex public health issue, with multiple contributing factors that require multi-faceted responses from governments, community and industry as well as behaviour change by individuals and families.

The Government's approach to addressing high rates of overweight and obesity is to promote healthy lifestyles, physical activity and good nutrition. This is achieved by implementing policies and programs which educate and encourage Australians to adopt and maintain behaviours that support a healthy lifestyle. In implementing policies and programs the Department collaborates with other government agencies, state and territory governments, non-government organisations, health professionals and the food industry.

The Department is delivering a number of policies and programs focussing on encouraging a healthy lifestyle and tackling obesity. Key areas of focus include prevention, cross government activities, research, policy and guidelines.

To avoid duplication this submission does not include the prevalence and trends of overweight and obesity in Australia; causes of the rise of overweight and obesity; or the harm to health associated with obesity, as these matters will be covered by the Australian Institute of Health and Welfare submission.

## Obesity Prevention

### Nutrition Initiatives

#### Health Star Rating System – Front of Pack Labelling

The [Health Star Rating \(HSR\) system](#) is a voluntary front-of-pack labelling scheme that was developed by the Australian and state and territory governments in collaboration with industry, public health and consumer groups. The scheme was developed in consultation with FSANZ and other technical and nutrition experts.

The HSR system rates the nutritional profile of packaged food and assigns it a rating from ½ a star to 5 stars. It provides a quick, easy, standard way to compare similar packaged foods. The more stars, the healthier the choice.

The food industry voluntarily commenced implementation of the HSR system in June 2014. As at April 2018, 165 companies had adopted the HSR system with over 10,300 products displaying the HSR graphic.

Monitoring and tracking of consumer awareness, attitudes and interaction with the HSR system in Australia is regularly undertaken. Results from the most recent monitoring report<sup>1</sup> show that the HSR is well recognised with many consumers noting that the HSR system helps them to choose healthier options within the product category.

There are numerous anecdotal reports of reformulation where companies have reformulated products to achieve higher HSRs by reducing sugar, fat and/or salt and increasing fibre content. Early published research is beginning to confirm this, reporting that food manufacturers and retailers are reformulating products to reduce negative and increase positive nutritive components. A recent study examined the impact of the HSR system on pre-packaged food reformulation measured by changes in energy density between products with and without HSR and found those with a HSR label led to greater reductions in energy density than food products without a HSR label.<sup>2</sup>

An independent five year review of the HSR system is currently under way, with a review report due to be provided to the Commonwealth and State and Territory Ministers responsible for food, the Australia and New Zealand Ministerial Forum on Food Regulation (Forum) in 2019. Consultations on the five year review are seeking the views of a diverse and comprehensive range of stakeholders.

#### Other Food Labelling Activities

Preventive health, including consideration of activities that address overweight and obesity, is recognised as a priority area of the food regulation system. To this effect a number of current activities are being undertaken aimed at providing consumers with additional

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<sup>1</sup> National Heart Foundation of Australia, 2018, Report on the monitoring of the implementation of the Health Star Rating system: Key findings for Area of Enquiry 2 – Consumer awareness and ability to use the Health Star Rating system correctly, available at <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/monitoring>

<sup>2</sup> Mantilla Herrera AM, Crino M, Erskine HE, Sacks G, Ananthapavan J, Mhurchu CN, Lee YY; Cost-Effectiveness of Product Reformulation in Response to the Health Star Rating Food Labelling System in Australia [Nutrients](#). 2018 May; 10(5): 614.

information to assist them in eating a healthy diet. This work is in addition to food labelling which already exists to assist consumers in purchasing healthy food options such as the Nutrition Information Panel (NIP).

The outcomes of each of the below initiatives will be provided to the Forum, which makes decisions on the most appropriate measures to implement. [Attachment 1](#) provides additional information on the food regulation system including the role of Food Standards Australia New Zealand (FSANZ) in developing standards.

#### ***Energy labelling of alcoholic beverages***

Consideration is being given to options for energy labelling of alcoholic beverages. This work links to Recommendation 26 of the 2011 report Labelling Logic: Review of Food Labelling Law and Policy *“that energy content be displayed on the labels of all alcoholic beverages, consistent with the requirement for other food products”*. A consultation paper on options for providing consumers with information on energy content of products, will be available for consultation in late 2018.

#### ***Sugar free claims on alcohol labelling***

FSANZ undertook a technical assessment in relation to Standard 1.2.7 of the Australia New Zealand Food Standards Code, to address concerns sugar free claims on alcoholic beverages are misleading, and that alcohol is being promoted as a healthier choice for consumers when public health advice is to limit alcohol intake. Further work will occur to ensure that regulatory mechanisms are in place so that statements made relating to sugars do not mislead consumers.

#### ***Sugar labelling***

Excess sugar consumption has been identified as an area of concern in Australia. In particular a consumer’s ability to identify and limit consumption of products with high added sugars has been identified as being limited due to the current nature of labelling. To investigate this further a program of work was undertaken including:

- a literature review by FSANZ on consumer understanding and behaviour with regard to sugar and use of sugar information on food labels;
- identification of international approaches to sugar labelling; and
- an update of the policy context in relation to sugar.

Work is being progressed to provide better information about added sugars to enable consumers to make informed choices. Public consultation on policy options for sugar labelling is being undertaken until 19 September 2018, with a final decision on any changes to labelling requirements expected in late 2018.

#### ***Fats and oils labelling***

The Australian Dietary Guidelines (ADGs) identify limiting the intake of foods containing high saturated fat and replacing these with foods high in predominantly poly and

monounsaturated fats. Research has shown that consumers are confused about different types of fats within food products. Work is being progressed to better identify mechanisms to provide consumers with information about different fats and oils in line with the ADGs.

### **Healthy Food Partnership**

On 8 November 2015, the Australian Government announced the [Healthy Food Partnership \(the Partnership\)](#): a new, non-regulatory, collaboration of public health groups, food industry bodies and government.

The Partnership is aimed at tackling obesity, encouraging healthy eating and empowering food manufacturers to make positive changes to their product portfolio. The Partnership aims to improve the dietary habits of Australians by making healthier food choices easier and more accessible and by raising awareness of better food choices and portion sizes.

Diverse stakeholders come together under the Partnership to bring forward ideas, co-design, and then guide and support the implementation, monitoring and evaluation of voluntary initiatives. Work to date has been on the development and design process of activities focused on the following areas:

- support to industry to reformulate their foods, supported by the Health Star Rating system;
- supporting consumers to eat appropriate levels of core foods such as fruit, vegetables, whole grains, meat, fish and dairy, and appropriate levels of energy intake;
- educating consumers on appropriate portion and serve sizes; and
- improving consumers' knowledge and awareness of healthier food choices, including through developing and publicising tools and resources to consumers and health professionals.

A wide range of activities which target different parts of the food environment (manufacture, retail, preparation, consumption, supply chain, awareness) will have individual and cumulative impact on the foods and nutrients consumed by Australians.

With some Partnership activities expected to begin implementation from late 2018 / early 2019, an implementation plan and a monitoring and evaluation plan will also be developed.

Outlined below are brief updates on the progress of three of the Partnership's five working groups, as at 11 May 2018.

### ***Food Service Working Group***

#### ***International Food Service Initiatives***

The Food Service Working Group, through the Department of Health, commissioned the Sax Institute to conduct an evidence check on international food service initiatives. This report

has been published on the Australian Prevention Partnership Centre (TAPPC) website, and a link provided from the Partnership website.

#### *Food Service Pledge Scheme*

The Partnership has agreed to implement a Food Service Pledge Scheme through which Australian food service businesses will be able to commit to pledges, with the broader purpose of making the food supply in Australia healthier. Under the Pledge Scheme, food service businesses will make pledges and commit to voluntary actions to improve the diets of Australians. It is anticipated that the pledge scheme will begin implementation from late 2018 / early 2019.

#### ***Reformulation Working Group***

The Reformulation Working Group has focused its efforts on identifying nutrients and food categories to target for reformulation, determining draft targets for the identified food categories and nutrients, and developing a document that provides a rationale for reformulation.

Food categories identified for nutrient reformulation targets (with the focus in the first instance being on products at the retail level) include bread, breakfast cereal, cheese, crumbed and battered proteins, flavoured milk, gravies and sauces, muesli bars, pizza, processed meat, ready meals, sausages, savoury biscuits, savoury pastries, snacks, soft drinks and energy drinks, soups, sweet bakery and yoghurt.

An extended period of public consultation on the draft targets will commence in the second half of 2018.

#### ***Portion Size Working Group***

##### *TAPPC Evidence Review - Effective Portion Size Strategies*

The Department commissioned, on behalf of the Portion Size Working Group, a review of evidence on *Effective Portion Size Strategies*. This report was prepared by TAPPC and a link is available on the Partnership website. The findings from the report have been used by this working group in developing their recommendations and suggested activities.

##### *Terminology used to describe food and beverage portions*

Through a review of the scientific literature and government and policy documents, the working group identified that there was duplication and confusion in the terminology used to describe food and beverage portions. As a result, the working group developed a factsheet to provide guidance on the recommended terms to use on product labels, for public health education, and in food service.

##### *Priorities*

The working group was tasked to:

1. Define and promote appropriate portion sizes;
2. Work with industry and food service to optimise portion size; and

3. Undertake educative programs on portion size and portion guidance with consumers.

The working group's final recommendations will be presented to the next meeting of the Healthy Food Partnership Executive Committee, currently scheduled for August 2018.

### **Get Up and Grow**

The [\*Get Up & Grow\*](#) resources provide practical information and advice to support staff and carers in early childhood settings and families of young children with information on breastfeeding, infant formula, introducing first foods, healthy foods and drinks, and physical activity. The resources include a director/coordinator book, a staff and carer book, a cooking for children book, a family book, six posters, fourteen brochures and four stickers.

Specific *Get Up and Grow* resources for Aboriginal and Torres Strait Islander childcare educators, families and carers have been developed and include a staff handbook, seven brochures and five posters.

The *Get Up & Grow* resources are available in English and nine non-English languages (Traditional Chinese, Vietnamese, Filipino, Korean, Indonesian, Malaysian, Arabic, Turkish and Spanish).

### **feedAustralia IT Program**

*feedAustralia* IT program is a menu planning tool that is designed to be implemented by child care services to provide the children attending the childcare service with menus that are aligned with the ADGs and meet the Australian Children's Education and Care Quality Authority ratings for nutrition.

The tool is based on the NSW child care Nutritional Guidelines 'Caring for Children' and works by providing a platform to enter all meals and snacks, quantities required, and recipes for a childcare service and ensure that the ADGs are being met or assist the service to make changes to meet these guidelines.

### **Nutrition-related grants for Indigenous communities**

The Government also provides funding to the following organisations for nutrition activities in Indigenous communities.

- General Practice Queensland Ltd (Tucka-Time) – This school-based program runs in six sites across Queensland to educate Aboriginal and Torres Strait Islander children about making healthy living choices, focus on prevention of overweight and obesity and increase overall health and wellbeing. The Tucka-Time program engages Aboriginal and Torres Strait Islander children in a learning program about healthy eating choices on a budget, goal setting, self-esteem, resilience and decision making.
- EON Foundation Inc – This organisation delivers food and nutrition focused healthy lifestyle and disease prevention programs in remote indigenous communities and schools in Western Australia. EON works in partnership with the communities and

schools to develop and grow edible gardens to provide a secure, cheap supply of fresh food and delivers a nutrition, cooking and hygiene education program.

- Benchmark – nutrition – This program aims to develop and deliver a Nutrition Support Program to provide skills and knowledge for a variety of health professionals working within Indigenous health.
- Tackling Indigenous Smoking (TIS) National Best Practice Unit (NBPU), Ninti One - An audit of nutrition and obesity resources to assist TIS workers and organisations to develop programs for clients using an evidence-based, holistic approach to reducing tobacco use and adopting healthy lifestyles. While the TIS program focuses on tobacco use, a holistic approach to health and well-being leading to healthy lifestyles for Aboriginal and Torres Strait Islander people remains important.

The TIS NBPU conducted an audit of nutrition and obesity resources to assist TIS workers and grant recipients develop a stronger holistic approach to healthy lifestyle and wellbeing of the Aboriginal and Torres Strait Islander population, that complements the TIS program. Specifically, the audit evaluated evidence-based nutrition and obesity prevention resources for Aboriginal and Torres Strait Islander peoples, focussing on resources based on current Australian dietary guidelines and including resources consistent with online video materials within the scope of the review.

- SecondBite – this organisation focuses on redistributing surplus food to people who need it across Australia. This activity connects SecondBite’s existing partners to six Indigenous communities in Queensland and New South Wales to expand distribution of fresh fruit and vegetable and increase the delivery of nutritious meals.

## Physical Activity Initiatives

### Healthy Weight Guide website

The Healthy Weight [website](#) provides useful advice to encourage physical activity and healthy eating to achieve and maintain a healthy weight including allowing users to record and track their weight. The website provides an interactive platform for monitoring physical activity and food consumption and allows you to set goals in these areas.

### The Girls Make Your Move campaign

The *Girls Make Your Move* campaign was launched in February 2017 and aims to encourage and motivate young women aged 12-21 years to participate in physical activity and sport. It reinforces the many benefits of an active life, whether through recreation, incidental physical activity or sport.

The *Girls Make Your Move* campaign is a highly visual social media-led campaign which also uses television, cinema, search and display, and outdoor sites as its advertising channels. The campaign has been supported by partnerships and sponsorships of events such as the: Colour Run, WA Day, Mother’s Day Classic, Parkrun, Australian Open and City to Surf.

The evaluation research report showed the campaign has reached 83% of girls aged 12–19, with an average exposure to the campaign up to 4.8 times. Physical activity undertaken as a result of the campaign is reported at 23%, which means each year about 347,000 people have been more motivated to move in light of the campaign.

Further evaluation information can be found on the [website](#).

### **Healthy Heart Initiative**

The Healthy Heart Initiative aims to increase people's activity levels and healthy lifestyles through two key activities:

- The Prime Minister's One Million Steps – A Heart Foundation-led program to implement a physical activity innovation challenge in the school, university and community environments.
- The Healthy Heart Partnership – a Royal Australian College of General Practitioners program to develop education and training material for GPs to support Australians achieve a healthy lifestyle through increased physical activity and better nutrition.

### **Targeted programs**

The Government has provided funding to a range of organisations to deliver physical activity focused activities. These include:

- Exercise Sports Science Australia: funding to deliver the Exercise is Medicine training workshops to GPs to encourage health care providers to review and assess every patient's physical activity levels at every visit.
- ReLink Australia: funding to deliver a program to break down the barriers of isolation and inactivity in disadvantaged Australians to promote fitness, fun and social skills.
- Big Issue Community Street Soccer Program: this program provides disadvantaged and marginalised Australians with the opportunity to improve their health and positively change their lives through participation in an organised community-based sporting activity.

The Australian Sports Commission is also undertaking significant initiatives that target physical inactivity and obesity including the: Sporting Schools Program; Youth Participation Pilot Program; Physical Literacy; and National Approach to Learning through Movement. These initiatives are detailed in [Attachment 2](#).

### **Future physical activity initiatives**

Measures announced in the 2018 Budget aimed at increasing levels of physical activity include:

- A participation grants program targeted at less active Australians – “Getting more Australians, more active, more often.”

- A physical activity program for older Australians aimed at increasing levels of physical activity in Australians aged 65 years and over to improve their overall health and wellbeing. The grants program will support Australian national sporting organisations and non-government organisations to develop and implement local, community-based activities which promote physical activity among senior Australians. Grant recipients will promote their activities with targeted messaging to people in their networks, including workplaces, aged care services, retirement villages, sports and recreation centres.
- The establishment of a competitive community sport infrastructure grants program to fund small to medium scale projects, with a particular focus on improvements to existing sport facilities. The program aims to ensure more Australians have access to quality sporting facilities, encouraging greater community participation in sport and physical activity, while help ensure the surge in women's sport is supported by appropriate infrastructure.
- Extension of the Sporting Schools Program. The Sporting Schools Program provides opportunities for children to participate in sport at no cost, reduces the demand on parents, and helps build an active culture in Australia.

### Healthy Pregnancies

This initiative was announced as part of the 2018 Budget. There is strong evidence that the early years of a child's life have a significant impact on their future development, health, learning and overall wellbeing. The health status of parents has a significant influence on the health of the developing child. Both underweight and overweight parents and the quality of nutrition during pregnancy can result in lifelong changes in gene expression in the child and lead to an increased risk of obesity in the child and in later life. There is evidence that interventions prenatally, during pregnancy and in the neonatal period may be far more effective in preventing obesity than at any other life stage.

This initiative capitalises on the opportunity to support attitudes and behaviours at a time when parents are highly responsive to encouragement and support to manage their weight, improve dietary habits, increase rates of physical activity, and achieve cumulative benefits for both parent and child. Parents will often make decisions in the interests of their future child that they would not make solely for the benefit of their own health. Working in partnership with health professionals, and leveraging existing government programs, this initiative will deliver simple and effective guidance to parents-to-be on healthy weight, optimal nutrition and appropriate physical activity prior to and during pregnancy.

Maternal obesity and excess weight gain during pregnancy increase the risk of complications such as pre-eclampsia, stillbirth and neonatal deaths. Maternal obesity also increases a woman's risk of gestational diabetes and type 2 diabetes later in life.

## **Bariatric Surgery**

The Australian Government is committed to ensuring that all Australians are able to access high quality health care by providing both free and subsidised health care services. This includes providing Medicare benefits (rebates) for privately rendered services listed on the Medicare Benefits Schedule (MBS) and free hospital services for public patients in public hospitals.

Conditions such as obesity can occur across a wide spectrum of severity and in a broad range of circumstances, including patients with obesity and other comorbidities. There are a range of services listed on the MBS that may be relevant to a patient with obesity; however, the only MBS items that are specific to obesity are for bariatric surgery, which are discussed further at [Attachment 3](#). As most MBS items have broad use and MBS data does not record the reasons why a service is provided, utilisation of MBS services for obesity beyond bariatric surgery cannot be quantified.

## **Cross-Government Initiatives - COAG**

The COAG Health Council has requested that the Australian Health Ministers' Advisory Council (AHMAC) explore targeting activities relating to obesity prevention at children. The aim of this work is to limit the impact of unhealthy food and drinks on children and to enhance adherence with the dietary guidelines. Five key action areas of work have been identified and are articulated below.

### **School-based efforts to encourage and support healthy eating**

This action area aims to develop initiatives that encourage and support healthy eating in schools. The focus of work is two initiatives to strengthen healthy eating practices in schools. The first will support teachers to integrate food and nutrition into their classroom learning program. The second will develop good practice standards for healthy eating that takes a whole school approach, building on the successes of healthy school canteens.

### **Improve food and drinks associated with children's sport and recreation**

A range of opportunities to encourage change in the sport and recreation sector are being discussed with the Committee of Australian Sport and Recreation Officials. However, change within sporting organisations is difficult due to the potential impact upon revenue streams for many volunteer-run community clubs and associations. As a national first step, it is proposed that a joint Health and Sport Minister's statement be developed that acknowledges the importance of both healthy eating and physical activity for children's health and wellbeing. A statement is anticipated to be submitted to COAG Health Council and the meeting of the Sport and Recreation Ministers for endorsement later in 2018.

### **Food promotion to children in education and sport and recreation settings**

This initiative aims to develop a scheme to assess which food and drinks are suitable to promote to children, and limit their exposure to marketing of unsuitable foods.

### **Limiting the availability of sugar-sweetened drinks and unhealthy food in public healthcare facilities**

It is proposed that collective national goals, principles and minimum nutrition standards be developed by jurisdictions by the end of 2018. Implementation of these outcomes by jurisdictions would ensure that food and drink supply in health care facilities is consistent with the ADGs.

### **Strengthened collaboration between health and food regulation**

It is recognised that there are voluntary and regulatory actions that can be undertaken within the food regulation system which can contribute to increasing consumer awareness of healthy eating habits. To achieve this collaboration between health and food regulatory sectors is required. Activities in this area have focused on a review of fast food menu board labelling, a policy think tank to identify new activities that can be undertaken and work around better guidance on discretionary foods.

#### ***Menu Board Labelling***

To date, New South Wales, South Australia, the Australian Capital Territory, Queensland and Victoria have passed legislation to implement fast food menu labelling schemes. A review of fast food menu board labelling is currently underway.

The review will consider the effectiveness of the fast food menu labelling schemes in use in Australia. Stakeholder consultation, via two food industry roundtable sessions and an online public consultation paper has been completed. The outcomes of the review and how to progress this will be considered by the Forum.

#### ***Policy Think Tank***

A policy think tank was held in March 2018 to identify new potential ideas where food regulatory activities could be adopted to address obesity. The think tank was attended by 69 participants from government, academic and non-government sectors. Recommendations from this think tank and any relevant actions moving forward will be considered by Commonwealth and State and Territory Ministers responsible for food in late 2018.

#### ***Discretionary Food Guidance***

Dietary patterns characterised by excess dietary saturated fat, sodium, added sugars and alcohol are associated with increased health risk. Foods containing high saturated fat, sodium, added sugars are often considered to be discretionary and sit outside the five core food groups identified in the ADGs. However the ADGs have often been criticised for not clearly identifying what foods are considered discretionary. To address this, the Department has commissioned NHMRC to review the evidence and reports about consumer, clinician, educator and industry understanding of the current 'discretionary' food category associated with the ADGs. NHMRC will report on possible definitions of discretionary food and drinks suggested by the review that could support the ADGs, be tested in further consultation activities, and be used in a range of policy contexts.

## Research and Data

### Australian Atlas of Healthcare Variation

In the [Australian Atlas of Healthcare Variation](#) series, the Australian Commission on Safety and Quality in Health Care (the Commission) examines health care use. The Atlas series highlights variation by mapping the use of health care according to where people live, investigating reasons for variation that may be unwarranted, and providing specific achievable actions to reduce unwarranted variation.

The second Atlas, released in 2017, examined a number of clinical conditions where obesity is a risk factor. These included chronic disease and infection – potentially preventable hospitalisations, cardiovascular conditions, and knee replacements.

In response to the findings in the second Atlas, the Commission made two recommendations related to obesity:

Recommendation 5b. The Australian Government and state and territory health departments to promote routine measurement and recording of obesity markers, such as BMI and waist circumference for all adults and children who attend primary care or an outpatient clinic, or who are admitted to a health service, to facilitate strategies to manage obesity being included as options in healthcare decision-making.

Recommendation 5d. The Council of Presidents of Medical Colleges to progress its work on obesity by identifying actions that can be taken by professional colleges and societies to improve the prevention and management of obesity.

The Australian Government will consider these recommendations within the context of any future review of the Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia.

### The Australian Prevention Partnership Centre

The Australian Government has invested \$10 million through the Medical Research Future Fund to support the Australian Prevention Partnership Centre (TAPPC), through the Sax Institute, to deliver the *Boosting Preventive Health Research Program* over three years from 2017-18 to 2019-20.

Under the Program, TAPPC will lead a national research collaboration of researchers, policy-makers and practitioners to generate low-cost, translatable and scalable evidence-based solutions that promote better health choices, prevent disease and keep people out of hospital.

This funding supports research into a range of topics including:

- tackling childhood obesity, encouraging better nutrition and increasing physical activity for all Australians;
- encouraging people to make smarter lifestyle choices; and

- encouraging better health, food and activity choices for at-risk populations such as Aboriginal and Torres Strait Island people and people living with complex and chronic diseases, including mental illness.

Of the ten research projects that TAPPC is leading and facilitating, the majority are directly or indirectly related to tackling obesity-related issues:

- harnessing big data and dynamic simulation modelling to tackle child and adolescent overweight and obesity and unsustainable healthcare expenditure in Australia;
- generating and translating knowledge in health promotion and lifestyle improvement prior to and during pregnancy to reduce the burden of maternal obesity;
- diet and chronic disease prevention: Supporting implementation of priority actions in the food and nutrition system;
- harnessing the power of physical activity for improving the Australian prevention system;
- strengthening the role of Primary Health Networks in the prevention of chronic disease; and
- improving Aboriginal food security and dietary intake: Approaches for remote and urban communities.

These projects are at varying stages of implementation and will deliver explicit strategies for translating the research into policy and practice, including the production of best-practice guidelines, tools and interventions to optimise prevention efforts nationally.

### **National Health Survey and Australian Health Survey**

The data underpinning the Department's policy and program work in obesity prevention includes the [National Health Survey \(NHS\)](#), and the [2011-13 Australian Health Survey \(AHS\)](#).

The ABS is funded to perform the NHS every six years. The Department provides matching funding to enable the NHS to be performed every three years. The NHS is the primary source of overweight and obesity statistics for the Australian population, and different demographic groups, and for national, state, Primary Health Network and international reporting. In addition, the NHS collects data on the association of overweight and obesity with self-reported chronic conditions, consumption of sweetened beverages, fruit and vegetables, and physical activity.

The 2011-13 AHS was the largest and most comprehensive health survey ever conducted in Australia, and included the NHS, as well as nutrition, physical activity and biomedical measures for the whole Australian population including Aboriginal and Torres Strait Islander people. In addition to the features provided by the NHS, the AHS allowed for the association between overweight and obesity to both diagnosed and un-diagnosed chronic conditions through the biomedical measures as well as the association with detailed dietary intake

including consumption of added sugars, saturated fats, discretionary foods and other foods and nutrients.

## Policy and Guidelines

### National Strategic Framework for Chronic Conditions

The primary role of the [Framework](#) is to provide high level guidance to inform the development and implementation of policies, strategies, actions and services to address chronic conditions in Australia. It establishes the policy context and evidence-based strategic priority areas where action should occur. It describes the results of actions, rather than the specific actions required.

The Framework moves away from a disease-specific approach and better caters for shared health determinants, risk factors and multi-morbidities across a broad range of chronic health conditions. It recognises overweight and obesity as a biomedical risk factor – that is, a state or function of the body that contributes to the development of chronic conditions.

The Framework is supported by a range of guidelines, resources and activities which promote behaviours that support a healthy weight and lifestyle.

### Clinical Practice Guidelines for the Management of Overweight and Obesity in Adults, Adolescents and Children in Australia

These [guidelines](#) are intended for use by clinicians, including general practitioners, primary health care nurses, primary health care professionals and allied health professionals. They provide evidence-based advice to clinicians to assist patients to make decisions about weight loss interventions including healthy eating plans, increased physical activity and behavioural modification.

### Australian Dietary Guidelines

The 2013 [ADGs](#) and supporting resources are part of the Government's Eat for Health program which provides evidence-based advice on the types and amounts of foods to eat for good health, a healthy body weight and the prevention of chronic conditions such as obesity. The ADGs recommend eating a balanced diet based on the five food groups, and that consumption of foods high in saturated fat, added salt, added sugar and alcohol be limited. They apply to all Australians from 6 months to 70 years of age, as well as those with common health conditions, such as being overweight.

The ADGs underpin all Australian Government initiatives that promote healthier diets in the population. The [Australian Guide to Healthy Eating](#) (AGTHE) 'plate' image is the key educational resource which translates the dietary recommendations into the proportion of the five food groups to eat from each day. Supporting resources for use by health professionals, educators and consumers include the:

- AGTHE and the Australian Dietary Guidelines posters in various sizes

- Healthy Eating Brochures for Adults, Children, Pregnant women, and Infant feeding
- Consumer information and resources on the Eat for Health website

Additional information on the ADGS, including their development is available on the Eat for Health [website](#).

### **Indigenous Guide to Healthy Eating**

In recognition of the poorer nutrition and health outcomes for the Aboriginal and Torres Strait Islander population, the AGTHE was adapted to meet the specific needs of this audience.

The *Aboriginal and Torres Strait Islander Guide to Healthy Eating* is a food selection guide which visually represents the proportion of the five food groups recommended to eat from each day which also takes into account Indigenous cultural preferences and food availability in urban, rural and remote regions throughout Australia.

### **National Healthy School Canteen Guidelines**

These [guidelines](#) and resources provide national guidance and training to help canteen managers across Australia to make healthier food and drink choices for school canteens. They build on activities of state and territory governments and encourage a nationally consistent approach to promoting healthy food through Australian school canteens. The guidelines include three components: a national food categorisation system for school canteens; training materials for canteen staff; and an evaluation framework.

Implementation of the guidelines is at the discretion of each state or territory government. Some states and territories have implemented the guidelines in full; others incorporated components of the guidelines within their own system.

### **Australian National Breastfeeding Strategy**

Guideline four of the ADGs aims to encourage, support and promote breastfeeding. This is based on well-established evidence that breastfeeding has a range of long-term health and other benefits for infants and mothers. There is convincing evidence that, compared to infants who are formula-fed, being breastfed is associated with reduced risk of becoming obese in childhood, adolescence, and early adulthood.

The Department is developing an enduring [Australian National Breastfeeding Strategy](#) in partnership with all states and territories. The draft Strategy proposes an enabling and empowering environment that protects, promotes and supports breastfeeding. The Strategy recognises that breastfeeding protects children against illnesses and reduces the risk of overweight and obesity. It is anticipated that the Strategy will be finalised by the end of 2018.

### **Pregnancy Care Guidelines**

The [Pregnancy Care Guidelines](#) (formerly known as the Antenatal Care Guidelines) are designed to support Australian maternity services to provide high-quality, evidence-based

antenatal care to healthy pregnant women. They are intended for all health professionals who contribute to antenatal care including midwives, obstetricians, general practitioners, practice nurses, maternal and child health nurses, Aboriginal and Torres Strait Islander health workers and allied health professionals.

The guidelines cover a broad range of topics, including clinical assessments, social and emotional screening, routine and targeted maternal health tests, fetal chromosomal anomalies, common conditions in pregnancy and lifestyle considerations. Nutrition and physical activity are also amongst the topics included.

The latest guidelines recognise that body mass index (BMI) prior to pregnancy, and weight gain during pregnancy, are important determinants of health for both mothers and babies. They recommend that health professionals discuss weight gain, diet and physical activity with all pregnant women. They also recommend that women are offered the opportunity to be weighed at every antenatal visit, and encourage self-monitoring of weight.

Selected topics of the guidelines are currently being reviewed and a further update of the guidelines is expected to be released late in 2019. This review will consider when maternal weight and height should be measured and BMI calculated in pregnant women, lifestyle interventions that are effective in preventing excessive weight gain in pregnant women, and specific risk assessments that may be appropriate for pregnant women with high or low BMI at the first antenatal visit.

### **Australia's Physical Activity & Sedentary Behaviour Guidelines**

These [guidelines](#) are available for all Australians and provide guidance on what duration and intensity of exercise and sedentary behaviour is considered appropriate for each age group to benefit their overall health and wellbeing.

The guidelines are supported by a rigorous evidence-based review process that considered: the relationship between physical activity (including the amount, frequency, intensity and type of physical activity) and health outcome indicators, including the risk of chronic disease and obesity; and the relationship between sedentary behaviour/sitting time and health outcome indicators, including the risk of chronic disease and obesity. Guidelines currently exist for infants, toddlers and pre-schoolers (birth-5 years); children (5-12 years); young people (13-17 years); adults (18-64) and older Australians (65 years and older).

The guidelines are widely used and promoted by health services across Australia, including primary and community health care services.

### **National Sport Plan**

To support the promotion of physical activity, the Government has committed to the development of a national sport plan which is expected to be released soon. The aim is to articulate clear policy objectives in relation to sports participation, recreation and physical activity, high performance, and sports integrity.

The plan has been informed by a public consultation process across numerous sectors which focused on understanding Australia's expectations of the sports sector, including our goals for sporting and physical activity participation as well as cultural and public health outcomes.

The national sport plan will address areas including:

- increasing physical activity at a population level, with a focus on groups that traditionally under-participate in sport and physical activity; and
- improving physical activity and physical literacy in children and schools (including the role of parents).

## Conclusion

As detailed above, the Australian Government is undertaking considerable work to address obesity, in collaboration with state and territory governments, public health bodies and industry. However, the factors contributing to obesity are complex and multi-faceted, and evidence shows more needs to be done.

The [COAG Performance Reporting Dashboard](#) recently released by the Productivity Commission shows that Australia is not on track to meet the National Healthcare Agreement goal of increasing the proportion of adults at a healthy body weight by five percentage points to 41.9%. The Government is committed to continue working with state and territory jurisdictions and the Food Regulation Standing Committee to ensure a comprehensive and nationally-consistent approach to this public health challenge.

The Department of Health welcomes the opportunity to discuss this submission further with the Committee if required.

## **Attachment 1 – Australia’s Food Regulation System**

### **Food Regulation in Australia and New Zealand**

Australia’s food regulation system is a cooperative bi-national arrangement involving Australia and New Zealand. This joint system is made up of the laws, policies, standards and processes that we use to make sure our food is safe to eat.

The overriding aim of the food regulation system is to:

- protect the health and safety of consumers by reducing food-related risks;
- help consumers make informed choices about food by making sure they have information they need and are not misled;
- support public health by promoting healthy food choices; maintaining and enhancing the nutritional qualities of food and responding to specific public health concerns;
- support a strong, sustainable food industry that offers a diverse, affordable food supply that also benefits the Australian and New Zealand economies.

In Australia, responsibility for the food regulatory system occurs at all levels – Commonwealth, State, Territory and local governments.

The food regulation system is overseen by the Forum which comprises of ministerial representatives from all Australian Governments (Commonwealth and states and territories) and the New Zealand Government.

The Forum has responsibility for:

- the development of domestic food regulation policy;
- the development of policy guidelines for setting domestic food standards;
- the promotion of harmonised food standards within Australia and with Codex Alimentarius (domestic and export standards with international food standards set by Codex Alimentarius);
- the general oversight of the implementation of domestic food regulation and standards; and
- the promotion of a consistent approach to the compliance with, and enforcement of, food standards.

The FRSC is the sub-committee of the Forum, responsible for coordinating policy advice to the Forum and ensuring a nationally consistent approach to the implementation and enforcement of food standards. It establishes working groups as required when mapping out the steps required for developing a specific policy.

FRSC membership closely mirrors the Ministers represented at the Forum, and includes senior officials of relevant government Departments (i.e.; Health, Primary Industries, Consumer Affairs) responsible for developing food policy and the Australian Local

Government Association (ALGA) participating as a full member of FRSC. The Chief Executive of Food Standards Australia New Zealand participates as an observer.

### ***Food Regulation Priorities 2017-2021***

Three key priorities have been set for the Food Regulation for the period 2017-2021:

- Priority 1: Reducing foodborne illness, particularly related to *Campylobacter* and *Salmonella*;
- Priority 2: Supporting the public health objectives to reduce chronic disease related to overweight and obesity;
- Priority 3: Maintaining a strong, robust and agile food regulation system.

Priority 2: Supporting the public health objectives to reduce chronic disease related to overweight and obesity integrates the obesity prevention activities that CHC, AHMAC, Forum and FRSC oversee and implement.

### **Food Standards Australia New Zealand's role in the food regulation system**

Food Standards Australia New Zealand (FSANZ) is an independent statutory authority established under the *Food Standards Australia New Zealand Act 1991* (the FSANZ Act).

FSANZ is responsible for developing and maintaining food standards for Australia and New Zealand. Food standards developed and gazetted by FSANZ are compiled as the *Australia New Zealand Food Standards Code* (the [Food Standards Code](#)). These standards, including for labelling, apply to food produced for sale in, or imported to, Australia and New Zealand.

In developing food standards, FSANZ's primary objectives, in descending order of priority, are the protection of public health and safety, the provision of adequate information relating to food to enable consumers to make informed choices and the prevention of misleading or deceptive conduct.

The FSANZ Act also requires standards to be based on risk analysis using the best available scientific evidence, promote consistency with international standards, promote an efficient and internationally competitive food industry and promote fair trading in food products. Standards must also be developed with regard to policy guidelines developed by the Australia and New Zealand Ministerial Forum on Food Regulation.

Food standards play a role in protecting the health and safety of consumers and make a positive contribution to longer term public health objectives, especially when part of a coordinated set of strategies aimed at improving diet-related public health.

## Food labelling standards

Food labels are a major source of food information. Food labelling standards aim to ensure there is adequate labelling information to enable consumers to make informed choices. Food labels can also be a useful tool for consumers to assist them make food choices consistent with dietary guidance and to support nutrition education activities.

The Food Standards Code<sup>3</sup> includes standards for nutrition and ingredient labelling as well as nutrition content and health claims.

Standard 1.2.8 of the Code requires most packaged foods to be labelled with a nutrition information panel (NIP). The NIP provides information on the average amount of energy (in kilojoules or both in kilojoules and kilocalories), protein, fat, saturated fat, carbohydrate, sugars and sodium in a serving or in 100 g (or 100 mL) of the food. This allows consumers to make decisions about foods based on their nutritional content and to compare the nutritional content of food products.

Standard 1.2.7 (Nutrition, Health and Related claims) of the Food Standards Code specifies the requirements and conditions for making voluntary nutrition content claims (e.g. 'low fat', 'no added sugar', 'diet') and health claims (e.g. weight loss) about food on labels and in advertising.

## Science-based food standards

High quality science is at the core of FSANZ's work. FSANZ undertakes and publishes a range of social science research and literature reviews to better understand consumer awareness, attitudes and behaviours in relation to food labelling and consumption. Recent examples of this are:

- [FSANZ \(2016\) Consumer Label Survey 2015, Food labelling use and understanding in Australia and New Zealand.](#)
- [FSANZ \(2008\). Consumer Attitudes Survey 2007. A benchmark survey of consumers' attitudes to food issues.](#)
- [FSANZ \(2016\) Rapid evidence assessment on consumer knowledge, attitudes and behaviours relating to sugars, fats and oils in the ingredients list.](#)
- [FSANZ \(2017\) Literature review on consumer knowledge, attitudes and behaviours relating to sugars and food labelling.](#)

FSANZ also undertakes nutrient monitoring activities and publishes a number of food composition databases. The primary purpose of these databases is to underpin standards development. They are also used to support research on diet and disease and in education to help consumers make better informed food choices.

## Attachment 2 – Australian Sports Commission Activities

The Australian Sports Commission (ASC) is acutely aware of the obesity epidemic within Australia, and the link and role that physical activity and sport plays in addressing this.

The ASC's Play.Sport.Australia strategy notes the link between sport, childhood obesity and a healthy country. Regular physical activity during childhood and adolescence helps to regulate body weight and establish health promoting lifestyle behaviours that reduce risk factors associated with obesity and chronic diseases.

The ASC's Clearinghouse for Sport documents the Government and independent research on childhood obesity and physical activity, and can be accessed [here](#). It also documents the research completed on [Preventative Health, Sport and Physical Activity](#).

Major societal trends impact and link both physical activity rates and obesity:

- Eighty-one per cent of Australian children are not meeting the recommended physical activity guidelines
- Almost 70% of adults are sedentary or have low levels of physical activity
- Less than 30% of young people (5-17 year olds) meet the recommended "no more than 2 hours of screen-based entertainment" per day

For this Senate Select Committee, the ASC has compiled information on initiatives that combat physical inactivity, and through that, obesity. These initiatives do either or both of these two things:

1. Provide access to quality programs that get people moving – particularly those who are least active
2. Encourage behaviour change to more active lifestyles – including through research

Challenges and opportunities have also been included. Combatting physical inactivity and increasing sport participation for a healthier Australia remains a key goal of the ASC.

### **Sporting Schools Program**

<https://www.sportingschools.gov.au/about>

Sporting Schools is a \$200 million Australian Government initiative designed to help schools to increase children's participation in sport, and to connect them with community sporting opportunities. The Australian Sports Commission (ASC) has partnered with more than 30 national sporting organisations (NSOs) to deliver sport before, during and after school hours.

Sporting Schools provides a program for primary schools and a targeted program for Year 7 and 8 students in secondary schools. Sporting Schools programs are provided free to children and their families, underpinned by the quality assurance of NSO-endorsed sporting products.

Since the commencement of Sporting Schools in 2015, 6,570 schools have been funded to deliver over 32,000 programs. More than 3.8 million opportunities to participate in these

programs have been created. Each program consists of four sessions of activity, with each session lasting between 45-60 minutes.

The ASC engaged ORIMA Research to undertake an independent national evaluation of the Sporting Schools program during 2016. The evaluation found that:

- The Program is providing improved access to sport amongst groups for whom access is often problematic – especially children living in remote and regional areas, children from low socio-economic households, and children from diverse cultural groups
- The program offers high quality sport participation opportunities in schools that would otherwise not exist
- The Program enables children to sample and experience sports with no financial outlay or time commitment expected of parents, overcoming two of the most common barriers to children's exposure to, and participation in sport
- 82% of school principals (n=2020) agreed that participation in the program increased the total amount of time children were spending on sport in schools
- 95% of principals (n=2054) consider the program to be effective in increasing children's opportunities to play sport
- 95% of school principals (n=2054) consider the program to be effective in increasing the value schools place on sport

### **The Youth Participation Pilot Program**

[https://www.ausport.gov.au/participating/youth\\_participation\\_research\\_project](https://www.ausport.gov.au/participating/youth_participation_research_project)

The ASC partnered with La Trobe University's Centre for Sport and Social Impact to conduct a research pilot involving secondary schools and sport sector partners to evaluate, measure and report on the impact of interventions targeting the cohorts that demographically make up a large portion of youth disengaged from sport. The findings build upon existing global research to provide a better understanding of what is successful in the Australian school context.

The findings from the pilot can be used to inform the actions that sport and education can take to increase youth participation in sport and physical activity. Particularly it supports sports' ability to develop youth specific products for the school market. The findings will also continue to support the ASC's expansion of the \$200 million Australian Government Sporting Schools program into secondary schools.

### **Physical Literacy**

[https://www.ausport.gov.au/participating/physical\\_literacy](https://www.ausport.gov.au/participating/physical_literacy)

Physical Literacy is about building the skills, knowledge and behaviours to help us lead active lives. Better physical literacy amongst Australians will see better physical activity and sport participation.

The ASC has created an:

- Australian Definition of Physical Literacy – to provide a shared understanding of what physical literacy is, and
- Australian Standard of Physical Literacy – to provide a shared understanding of what a person can learn to improve their physical literacy, how they can learn it and how it can be measured.

In a world first, this work defines the contribution of physical activity to holistic development in the Australian context; provides a framework for progression and measurement across the lifespan; and offers a consistent understanding and approach that will help Australians to identify and develop the necessary skills, knowledge and behaviours to be physically active for life.

The ASC seeks to increase awareness and reach in areas which have direct impact on physical activity and physical literacy levels.

### **National Approach to Learning through Movement**

Inspiring and supporting young people to be active and fostering quality learning through movement are well-documented solutions to the inactivity problem. Yet while much is known about how to improve the situation, Australia currently lacks a national strategy to tackle physical inactivity, which sets it apart on the international stage.

The ASC is seeking to address these issues through leading the development of a *National Approach to Learning Through Movement*, working in partnership with Departments of Sport and Recreation across Australia, and through consultation with Education and Health sectors. The ASC has laid important foundations towards the development of an approach that seeks to address physical inactivity through fostering quality and consistent learning through movement, and which utilises the evolving concept of Physical Literacy. Physical literacy contributes to the core components of whole-child development (physical, psychological, cognitive, and social) supporting health and lifelong wellbeing. With well-developed physical literacy skills in early life, Australians will be more likely to have the confidence and capability to participate and to be physically active throughout their lives.

Preliminary discussions suggest there is support across these systems for a nationally coordinated policy response.

The ASC recently engaged Dr Glenn Savage from the University of Western Australia to undertake a broad literature and policy review to generate a knowledge base and inform the development of a national approach to learning through movement for children and young people. The report provides eight recommendations to support the further development of a national approach to tackling physical inactivity and fostering learning through movement.

## **Other Initiatives**

The following initiatives are not directly associated with the ASC, but have been used to inform its work and may be of interest to the Senate Select committee.

### ***The Australian Health Policy Collaboration (AHPC)***

<https://www.vu.edu.au/australian-health-policy-collaboration>

The AHPC is a think-tank working to improve health and reduce preventable chronic disease in Australia.

In 2016 the AHPC published '[Getting Australia's Health On Track](#)' which presents 10 priority policy actions that, together, will help get Australia on track to reach the 2025 targets and significantly reduce preventable illness and disability in the population. One priority action area is to halt the rise in obesity.

The AHPC also conducts active research via interventions in the City of Brimbank, Victoria – a collaboration between the City and AHPC to deliver long-term, place-based programs. Using this City as a beacon site the AHPC can test and demonstrate health interventions that work.

The report '[Physical Activity, Sport and Health in the City of Brimbank](#)' summarises the key indicators of participation in physical activity and sport, together with potentially related key demographic characteristics and indicators of health and education, for the City.

Amongst the findings:

- Participation in leisure-time PA is associated with lower prevalence of overweight and obesity.
- Participation in sport by children aged 5-9 years is associated with lower overall (all-age) prevalence of overweight and obesity.

### ***LOOK Lifestyle Study***

<http://www.look.org.au/v2/our-research/the-need-for-research>

Initially funded by the Commonwealth Education Trust, the study is now run by the Australian National University and Canberra Hospital and directed by Professor Richard Telford AM, formerly of the Australian Institute of Sport. The LOOK study is a collaborative, multidisciplinary longitudinal study beginning in childhood and finishing in old age.

Its main objective is to determine how physical activity and early physical education impact upon quality of life not just in childhood and adolescence but right through a lifetime

Of interest is its research findings relating to the Effects of Physical Activity and obesity:

- Children who become relatively fatter in primary school are less active but consume no more kilojoules than their peers. Conversely the leanest children are the most active and also consume more kilojoules.
- Less active and fatter children develop higher insulin resistance by age 12.
- The low-density lipoprotein (LDL)-cholesterol level of pre-teenage children is sensitive to change in adiposity; reduced adiposity leads to reduced LDL-cholesterol.
- Less active children have less well developed eye-hand coordination.
- Less active and fatter children have higher stress levels and less positive body image.
- Fatter and less fit children have increased arterial stiffening.

### ***Physical Activity in Australian Schools***

A range of initiatives, activities and mandates provide opportunities for children to be physically active in schools. These include:

- Curriculum and non-curriculum activities.
- Government initiatives and programs to increase physical activity in schools.
- Offerings from external organisations provided at-cost to schools.

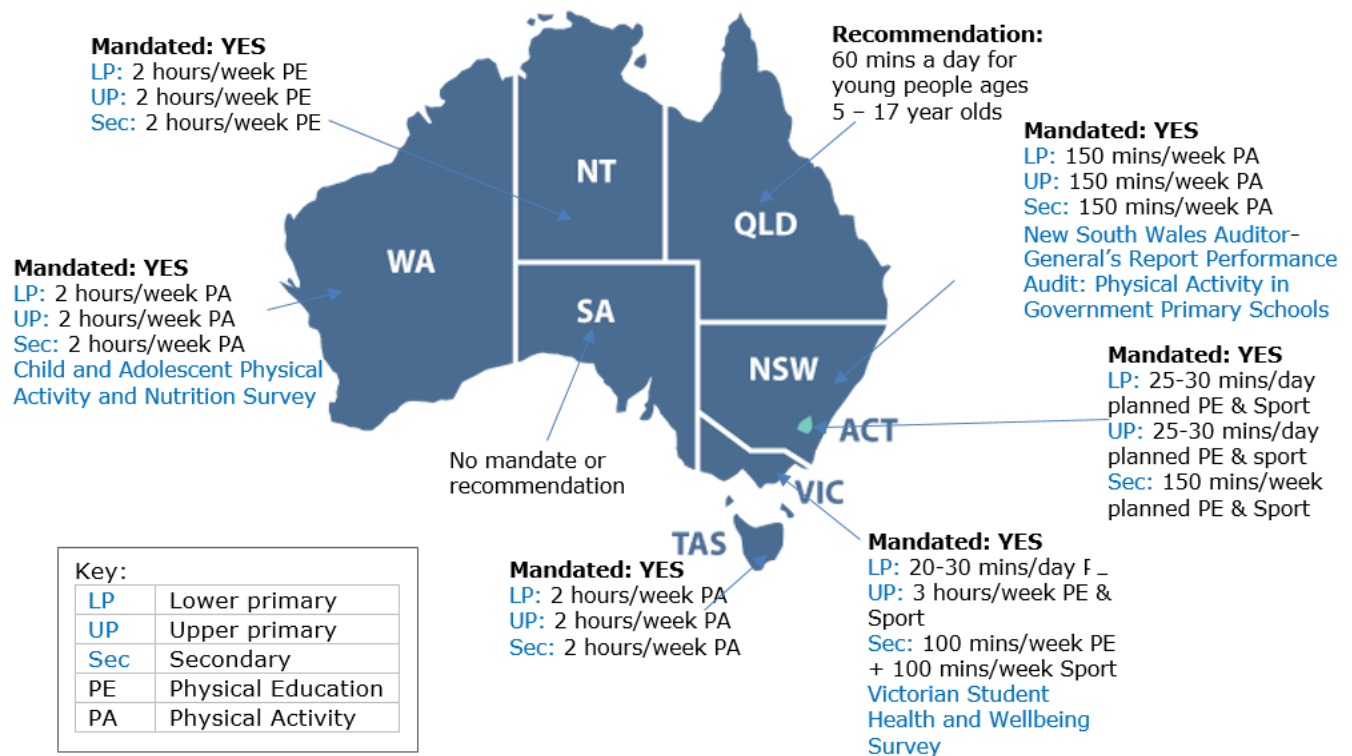
There are challenges with regards to gathering and understanding the data on physical education, sport and physical activity in schools:

- With no requirement for jurisdictions to measure delivery, there is limited understanding of the exact amount of physical activity occurring in schools, highlighting an opportunity to improve standards, measurement and data collection.
- All schools are now required to report student achievement in line with the *Australian Curriculum: Health and Physical Education*, however, this data describes student learning and outcomes related to the curriculum rather than time engaged in physical activity.

Health and Physical Education (HPE) is a mandated subject area of the Australian Curriculum F-10. It is recommended that the physical education component makes up one hour per week of a school's curriculum (80 hours per year).

Nationally there is no mandate relating to sport and physical activity requirements in addition to HPE.

The below figure shows **Jurisdictional Mandated Hours** (sport, physical activity and physical education).



A major challenge is experienced with physical activity in the curriculum: time spent in HPE lessons does not necessarily equate to students being physically active. Research has found that in some schools, the average amount of time spent on moderate to vigorous physical activity in class has been reported as being less than ten minutes a day. ([Brain Boost: How sport and physical activity enhance children's learning - what the research is telling us, Curtin University, March 2015](#))

## Non-Curriculum Physical Activity

### Leading Australian Physical Activity initiatives associated with schools by Jurisdiction

Physical activity delivered outside of the HPE curriculum varies greatly between jurisdictions and between individual schools. Even within the larger scale physical activity initiatives described below, implementation varies from school to school.

Students may participate in organised School Sport (either within or across school sectors) where schools compete against each other in regular competitions for selected sports. These opportunities typically begin around year 5/6, continuing through to the end of Secondary School. Participation may be restricted to students identified as 'talented', with students withdrawn from class time to participate or non-participating students may be offered alternate activities.

### Attachment 3 – Medicare Benefits – bariatric surgery

The Medicare Benefits Schedule (MBS) contains a number of items that can be claimed for bariatric (weight loss) surgery that would allow private patients to receive a Medicare rebate if they were to undergo a bariatric procedure that is listed on the MBS and performed by a privately practicing surgeon. MBS benefits are not intended to fully cover the cost of doctors' charges. The Australian Government has no authority to set the fees charged by doctors nor can it require doctors to charge only the MBS fee for a particular service. Bariatric surgery is recommended for patients with clinically severe obesity which generally refers to a patient with a BMI of 40kg/m<sup>2</sup> or more, or a patient with a BMI of 35kg/m<sup>2</sup> or more with other major medical co-morbidities (such as diabetes, cardiovascular disease, cancer).

Bariatric surgery is available to public patients in some public hospitals, however waiting lists can be long and availability may depend on the severity of the patients' condition. The National Health Reform Agreement (the NHRA), signed by the Australian Government and states and territories in 2011, agrees the financial and governance arrangements for Australian public hospital services. The NHRA acknowledges that states and territories are the system managers of their respective hospital systems, and are responsible for the day-to-day administration of public hospital services within their jurisdictions. This includes the management of waiting lists for services such as bariatric surgery. Under the NHRA access to public hospital services by public patients is to be on the basis of clinical need and within a clinically appropriate period, and must be offered free of charge.

Total MBS expenditure for bariatric surgery services listed on the MBS in 2016-17 was approximately \$23.3 million<sup>4</sup>. Of the eight MBS items, five of the items are primary surgical procedures (items 31569-31581), including sleeve gastrectomy (31575) and placement of adjustable gastric band (31569). Item 31584 is claimed for the surgical reversal of a bariatric procedure, and is commonly followed by another bariatric procedure on the same occasion. In 2016-17 there were approximately 25,000 primary and surgical reversal (items 31569-31584) MBS listed bariatric procedures performed in Australia. Item 31587 is for the adjustment of a gastric band and is performed as a routine and minor out-of-hospital procedure, and item 31590 is for the surgical revision of the gastric band port and is performed as an in-hospital procedure.

The current bariatric surgery items were MBS listed on 1 July 2013, following review by the Medical Services Advisory Committee (MSAC). The MSAC is an independent expert committee that advises the Government on whether a medical service should be publicly funded based on an assessment of its safety, effectiveness and cost effectiveness, using the best available evidence. In 2011, the MSAC agreed that bariatric surgery is a valuable intervention that is likely to be cost-effective but long-term data was lacking.

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<sup>4</sup> Source: Department of Human Services, Medicare Australia Statistics, 2018.

In March 2018, the MSAC considered the utilisation of the current bariatric surgery items. MSAC requested further work be done by the Department to investigate obesity treatments and pathways for treatments currently available in Australia. MSAC is expected to consider this work later in 2018.

The Australian Commission on Safety and Quality in Health Care promotes clinical quality registries as an important mechanism to drive change and lead to improved patient care and outcomes. The Commonwealth supports clinical quality registries and is currently developing a national strategy for clinical quality registries, focused on strengthening the clinical trials environment and facilitating ongoing sustainability. The Commonwealth also provides funding to the Monash University School of Public Health for the ongoing delivery of the Bariatric Surgery Registry (BSR).

The BSR was established in 2009 and a pilot registry was rolled out in 2012. For the past four years the BSR has been predominantly funded by the Commonwealth Government. It is managed by the Monash University School of Public Health with support from the Australian & New Zealand Metabolic and Obesity Surgery Society.

The BSR enables the collection of quality long-term data and information that assists with measuring and improving the outcomes of bariatric surgery across Australia and New Zealand in both public and private hospitals. The data collected is expected to be used to inform future review of the safety, effectiveness and cost-effectiveness of current and emerging surgical technologies designed to manage obesity – a key risk factor for preventable chronic diseases, such as heart disease and diabetes.