Public Health Association
AUSTRALIA

Inquiry into Diabetes in Australia

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Introduction

PHAA welcomes the opportunity to provide input to this important inquiry.

The PHAA is Australia's peak body for public health, advocating for policies through which fewer people will suffer diseases that could have been prevented, or die earlier than they might.

Our expertise is in preventive health, and as such with reference to this Inquiry our focus is not on the treatment of diabetes, but on what governments can do to prevent Australians developing diabetes in the first place.

We see this inquiry as a platform for advancing a strong agenda for reform regarding the causes of overweight and obesity, which is of course a major driver of diabetes.[1] PHAA supports evidence-based treatments, non-stigmatising health services and equitable access for the management and treatment of obesity and we refer the committee to organisations that specialise in these areas for guidance on treatment and management policies.

This submission will focus on term of reference 4, and will present evidence on how to prevent and reduce overweight and obesity, the risk factor responsible for over 55% of the total disease burden due to type 2 diabetes.[1]

PHAA also works closely with a variety of associated health sector organisations, who have worked together to find common policy positions on this matter. We believe that your committee will find the public health sector has identified well thought-out, evidence-based policy solutions, found common cause and policy alignment, and stands ready to vigorously assist governments to achieve reform and investment programs.

We look forward to further assisting your inquiry, and we are happy to appear at committee hearing if you wish.

TOR 4 – interrelated health issues between diabetes and obesity

Term of Reference 4 is the focus of our submission. It reads as follows:

> "Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity."

An obesity prevention policy package

In association with other expert stakeholders, we propose that the Committee support, and recommend that the Government adopt, a major obesity prevention policy package.

Such a package is justified on financial grounds alone. Policies that prevent obesity are very much less expensive to implement and are more cost effective than the cost of managing diabetes. Diabetes and overweight/obesity respectively cost an estimated $14.6 billion and $8.6 billion to the Australian economy annually.[2,3] By contrast, policy interventions to prevent obesity are cost effective,[4] typically ranging between $15-170 Million, with costs concentrated in the initial three years of implementation and benefits lasting over much longer periods.[4] At present around two thirds of Australians are obese or overweight.[5] If that rate was

to improve, the savings to governments and the population through reduced treatment costs, as well as wider prevented productivity losses, would be very significant.

The causes of obesity are varied, but can largely be attributed to the contexts in which people live, rather than to individual choices. Unhealthy settings make it difficult to follow healthy eating and physical activity patterns by shaping and constraining the options that are available to people.[6] To adequately address this multi-faceted health concern, it will take several different policies delivered together as a package.[7] Without a comprehensive and coordinated approach we will not see meaningful and sustained improvements in the prevention of diabetes and obesity.

The proposed package aligns with government policy, including both the National Preventive Health Strategy, National Obesity Strategy, and the recently released Measuring What Matters Framework.

The Organisation for Economic Co-operation and Development has found that obesity prevention packages in Australia would be highly cost effective, providing an overall return on investment of about $4 for every $1 spent between 2020 and 2050 and save $57 million in health costs per year.[7] Adopting the proposed policy package to improve health outcomes would also improve Australia's overall economic vitality by reducing workforce absenteeism and strengthening overall productivity.

We strongly urge the Australian Government to implement the suite of polices proposed here, to improve the healthiness of Australia's food system, which is critical to the wellbeing of all Australians.

The proposed package

Our package of policy initiatives includes the following 12 items (note the order of initiatives is not indicative of importance):

1. Implement the National Obesity Strategy (NOS) and National Preventive Health Strategy (NPHS) through the Australian Centre for Disease Control (ACDC).
2. Comprehensive regulation to protect children from unhealthy food marketing.
3. 20% health levy on sugary drinks manufacturers.
4. Increase fruit and vegetable intake by improving knowledge, access, and affordability.
5. Mandating an enhanced and strengthened HSR system across the packaged food supply.
6. Mandatory added sugar labelling across the packaged food supply.
7. Stronger regulation of infant and toddler foods and breastmilk substitutes.
8. A food regulatory system that puts public health first, free from the influence of harmful industries.
9. Mandatory reformulation targets to improve the composition of the packaged food supply.
10. Development and continued resourcing of a national obesity prevention social marketing campaign.
11. Development of a National Nutrition Strategy.
12. Implement policies to reach NOS and NPHS physical activity targets.
13. Address structural problems with health funding system.

1. Implementing the NOS and NPHS strategies through the Centre for Disease Control

The NPHS and NOS are cross-partisan strategies that are strongly supported by Australia's peak health bodies. However, despite the broad support, implementation to date has been thin. The establishment of the Australian Centre for Disease Control (ACDC) presents a clear opportunity to provide the high-level coordination required to implement these government Strategies,[6] of which the proposed package of policies outlined in this submission would form part.

Assigning such a role to the ACDC would also be consistent with the Government's election commitments; the Australian Labor Party's 2022 election policy platform states that:

"The [A]CDC will:

- ensure ongoing pandemic preparedness;
- lead the federal response to future infectious disease outbreaks; and
- work to prevent non-communicable (chronic) as well as communicable (infectious) diseases."[8]

Prevention of chronic disease is central to the role of the ACDC.[6] It would be a serious failure of vision to establish an ACDC with infectious disease prevention as its sole focus. Indeed, Australians with chronic diseases were more likely to fall severely ill or die from COVID-19.[9] The majority of the burden of disease affecting Australians stems from chronic, but preventable, non-communicable diseases.[5]

Preventing obesity/overweight means preventing chronic conditions like type 2 diabetes, heart disease, kidney disease, dementia, some cancers and many more.[1] Potentially improving health outcomes for the two-thirds of Australians who are obese/overweight.[5]

Given the significant proportion of Australians set to benefit from obesity/overweight prevention, two national Strategies and this evidence-based policy package, launching a major effort at preventing obesity/overweight is ideally placed to be the first chronic disease focus for the ACDC. The evidence and solutions relating to obesity/overweight are clear, widely supported by health sector stakeholders, and stand ready to be implemented.

PHAA recommends:

- Fully implementing and funding the NPHS and the NOS.
- Establishing the ACDC with non-communicable disease prevention as an initial and unmovable focus alongside communicable disease prevention.
- The delivery of the obesity prevention policy package be in the initial remit of the ACDC.

2. Comprehensive regulation to protect Australian children from unhealthy food marketing

In Australia, children should enjoy their environments free from targeted, unhealthy food marketing.

Unhealthy food and beverages, constantly pushed to children by a food industry focussed on profit, has a negative impact on children's dietary intake and weight.[10] Voluntary industry initiatives have proven to be insufficient to prevent overweight/obesity amongst children. Any attempts to tackle childhood obesity must include regulatory and statutory actions to reduce children's exposure to the marketing of products that cause harm.[10]

PHAA Recommends:

- Development of national regulation or legislation to reduce children's exposure to unhealthy food and beverage marketing, including Government-endorsed criteria to determine which foods and beverages

can/cannot be marketed to children, as well as implementation of a comprehensive regulatory framework that covers all mediums and settings where children are exposed to unhealthy food marketing. This should include the following actions:[11]

i. TV, radio and cinemas are free from unhealthy food marketing from 6am to 9.30pm
ii. Prohibit processed food companies from targeting children with marketing.
iii. Ensure public spaces and events are free from *all* unhealthy food marketing.
iv. Protect children from online marketing of unhealthy food.

- Establish an effective monitoring and complaints mechanism with significant sanctions for breaches.
- Administrative and governance processes must be transparent, independent, and accountable.
- Provision for systematic, independent review of the regulatory scheme.

3. Apply a 20% health levy on manufacturers of sugary drinks

Over one-third of Australian adults and almost half of all children, consume sugar-sweetened beverages (SSBs, e.g., soft drinks) at least once a week.[5] SSBs provide minimal or no nutritional benefit, while their consumption has been associated with excess weight gain, dental decay and other chronic diseases.[12] A health levy on SSBs can positively influence the environment in which people live and are likely to be more effective and equitable than interventions that directly target individual behaviour change.

Real-world evaluations demonstrate that after SSB health levies have been introduced, purchases of SSBs decrease[13] and manufacturers of high- and mid-sugar drinks significantly reformulated their products to reduce sugar content.[14] Australian modelling suggests that a 20% SSB health levy would raise an estimated $642 million annually and the population would save $299 million in out-of-pocket healthcare costs.[15] Population groups who more frequently purchase SSBs are likely to be the most responsive to price changes and to receive the greatest health gains;[16] with any additional cost being offset by savings to individual healthcare expenditure in the longer term.[15]

PHAA recommends:

- Implementing a 20% health levy on sugar sweetened beverage manufacturers, with a tiered approach (based on sugar content). The levy should be implemented as an excise tax on companies.[17]
- Ensure all Australians have access to, and are encouraged to drink free, clean and palatable drinking water as an alternative to SSBs.
- Simultaneous restrictions on price promotions (e.g., multi-buy offers) should be introduced to avoid loopholes that keep SSBs cheaper.[18]

4. Improve fruit and vegetable intake

Less than 10% of adults and children eat the recommended amount of both fruits and vegetables.[6] Yet regular consumption of nutritious produce is effective in reducing the risk of becoming obese/overweight and has co-benefits such as improved mental health.[19] Reasons for low intake include strong marketing by the snack and processed food sector, cost of living and work life balance pressures, and lack of public knowledge regarding storage and preparation of vegetables.[20] Cost of living and food security inequitably impacts First Nations people, with 22-31% of households being food insecure[21] (compared to 4% of non-Indigenous households).[22]

With millions of tonnes of fruit and vegetables produced and sold domestically in Australia each year,[23] nutritious produce should be accessible and affordable for all Australians. To improve fruit and vegetable intake, the barriers to accessing and utilising them must be removed. This means a multi-faceted policy reform which makes produce affordable, regulates unhealthy food (snack and processed food) marketing, and ensures education on how to utilise fruits and vegetables in quick and affordable meals.

PHAA recommends:

- Continue to ensure fruit and vegetables are exempt from goods and services tax.
- Subsidise cost of fruit and vegetables for all, including freight costs of produce to rural and remote communities to aid increased consumption.
- Social marketing programs for fruit and vegetables.
- Utilise the knowledge from First Nations led organisations during creation of the National Strategy for Food Security in Remote First Nations Communities.
- Incentivising stores to promote healthier options over discretionary items, for example health ratings that improve when more fruit and vegetable varieties are available and less than 40% of refrigerator facings made up of SSBs.[24]

5. Food Labelling – Health Star Rating

Front-of-pack labelling (FoPL) systems can provide information to support individual decision-making and encourage positive industry reformulation of products.[25] The FoPL Health Star Rating (HSR) system aims to support the public to make more informed purchases regarding the nutritional content of an item. After being in operation for seven years, however, HSR labels are still only displayed on approximately 41% of products on shelves.[26] Key changes that align with international best practice and evidence are required for all Australians to gain full benefit from the system.[27]

PHAA recommends:

- Mandatory implementation of HSR on all packaged products.
- Improve governance by avoiding (not managing) commercial conflicts of interests.
- Revise the HSR algorithm to better align with relevant dietary guidelines, identify and resolve current anomalies where unhealthy products score highly, address concerns around ultra-processing, and incorporate other developments in nutrient classification systems.
- Improve the graphical display of the HSR logo, including to incorporate/mandate colours.
- Reintroduce regular and transparent monitoring.
- Educate the public about the HSR system and the Australian Dietary Guidelines (ADGs).

6. Food labelling – Added sugar

Over half of the daily sugar consumed by Australians are 'free' or 'added' (this does not include naturally occurring sugars, such as in dairy milk and fruit) and the majority of the added sugars come from energy-dense and nutrient-poor items.[28] Labelling should clearly communicate the added sugar in a product to ensure all sugar content in an item is clearly identifiable and to encourage positive industry reformulation.

Currently, these labels do not report added sugar adequately. For instance, food labelling reports sugar only as a total in the nutrition information panel (NIP), making it hard to differentiate between natural and added sugar.(29) Additionally, on the mandatory list of ingredients, added sugars may appear under at least 40 different names, making it a challenge for many people to identify foods containing added sugars and to limit consumption as recommended by the ADGs.[29]

PHAA recommends:

- Adoption of a clear definition of the terminology around added and free sugars that encompasses all additives that contribute to sugar and energy content.
- Mandatory quantification of added sugars as a subset of total sugars in the NIP.
- Update the statement of ingredients to identify sugar-based ingredients on all foods and beverages.
- An education campaign to enhance the public's ability to read and interpret the information.

7. Greater Regulation of Infant and Toddler Foods and Breast Milk Substitutes

In Australia, ready-made baby and toddler foods make up half or more of the meals and snacks eaten by around 40% of children under three years of age.[30] Yet baby and toddler foods in Australia are failing to meet several World Health Organization (WHO) nutrition recommendations and are not providing the nutritional requirements that children need to grow and develop.[31]

Additionally, more can be done to promote the benefits of, and remove the barriers to, breastfeeding. This should be achieved through regulation for appropriate parental leave, safe places for mothers to breastfeed in public and marketing of infant formula which better aligns with the WHO 1981 International Code of Marketing of Breastmilk Substitutes (to which Australia is a signatory).

PHAA recommends:

- Improving nutritional advice given during antenatal services and embedding food and nutrition support into existing playgroups and parenting groups.
- Mandating legislation to prevent unethical marketing of infant formula and toddler milks.
- Preventing food companies from adding sugars to foods for infants and young children.
- Limit the amount of salt added to foods for young children.
- Ensure the labelling and promotion of foods for infants and young children is in line with international recommendations as set out by the WHO's nutrient promotion and profile model.[32]

8. A food regulatory system that puts public health first

WHO has identified that despite conflicts of interest, the unhealthy food industries influence policy deliberations and monitoring to prioritise the continued manufacture, marketing and sale of harmful products, above the interest of the public's health.[33] In particular, conflicts between private interests (e.g. sales growth) and public health goals, may hinder effective, evidence-based nutrition policy action.[33] Governments must lead efforts to minimise (or preferably eliminate) commercial conflicts of interests and prioritise public interest.

The FSANZ Act Review provides an opportune moment to ensure the prioritisation of public health through Australia's food regulatory system.

PHAA recommends:

- The Commonwealth, state and territory governments adopt the conflict-of-interest principles as adopted for the ADGs review. Further guidance can be found within the WHO technical guide on managing conflicts of interest in nutrition policy decision-making and programme implementation.[33]
- Governments should reform the existing public-private partnership approach to nutrition policy in Australia, particularly for the HSR and Healthy Food Partnership.
- Any consultation on nutrition policy with the food industry must be transparent and consistent with WHO guidance.[33]
- The FSANZ Act review should:
    - Prioritise public health in legislated objectives and in outcomes, and adopt a definition of public health that includes long-term health and protection from diet-related chronic diseases.
    - Increase transparency of FSANZ processes.
    - Improve FSANZ resourcing and capabilities, especially with respect to determining the public health impact of decisions both in the short- and long term.
    - Require cost-benefit analyses or similar to quantify health impacts (including metrics such as burden of disease and health service use and costs).

9. Mandatory reformulation targets to improve the composition of the packaged food supply

Unhealthy products containing large amounts of cheap additives like added sugars, sodium, and saturated fat are very profitable for manufacturers, but are detrimental to population health.[34] In order to place health over profits, Government-led mandatory reformulation targets must be developed for added sugars, sodium, and saturated fat across the packaged food supply. Mandatory reformulation can improve Australian eating patterns and bolster other reforms in this package, like HSR and SSB.

To date, voluntary reformulation targets set by the Healthy Food Partnership have not improved the nutritional composition of packaged foods. Therefore, the Healthy Food Partnership should comply with best practice and enforce mandatory reformulation targets that align with the evidence base.

PHAA recommends:

- Healthy Food Partnership create mandatory reformulation targets for added sugars, sodium, and saturated fat across the packaged food supply.
- Targets should be set according to current evidence and free from conflicts of interest.
- Rigorous, independent monitoring and evaluation to assess progress must be instituted.

10. Develop and implement a National Nutrition Strategy

Diet-related diseases are closely tied to unhealthy dietary patterns which are influenced by food environments that heavily promote the excess consumption of discretionary items that it makes readily available and accessible.[35] Such food environments are influenced by political, economic, commercial and social factors as part of the broader food and nutrition system.[35]

It needs to be easier for Australians to enjoy and maintain healthy eating patterns in accordance with the ADGs, such a reality could see the disease burden incurred by type 2 diabetes reduced by 41%.[36] A National Nutrition Strategy would provide an overarching framework for coordinated action to improve population dietary patterns across Australia and ideally make healthy eating patterns achievable for all Australians.

To achieve this, the Strategy should aim to improve nutrition, food environments and dietary patterns, reduce inequalities and inequities in food systems, support sustainable agriculture and other environmental practices and ultimately reduce the incidence and prevalence of diet-related diseases.[37]

PHAA recommends:

- A National Nutrition Strategy founded on the principles of long-term health, equity, environmental sustainability and monitoring, surveillance and evaluation.
- Commissioning a discussion paper informed by the best available evidence for the purpose of commencing public consultation on a National Nutrition Strategy.
- Commitment to a comprehensive, ongoing national food and nutrition monitoring program.
- A National Nutrition Strategy that aligns with the NOS, NPHS and National Breastfeeding Strategy.
- Avoiding commercial conflicts of interest by excluding harmful industries from the development and monitoring of the Strategy.

11. Development and continued resourcing of a national obesity prevention social marketing campaign

Campaigns such as *Live Lighter* and *Go for 2&5* have shown that well designed and executed social marketing campaigns can be effective in changing health knowledge, attitudes and behaviours while avoiding negative stereotypes of overweight/obesity.[38–40] *Live Lighter*'s messaging about positive habit change alongside graphic imagery saw a reduction in SSB consumption amongst studied populations and $3.1 million of healthcare costs saved over the lifetime of those aged 25–49 years.[41] *Go for 2&5* promoted healthy eating patterns though media, events and point of sale advertising and saw a net increase in the average number of daily fruit and vegetable servings per person.[40]

Such campaigns tend to actively engage with and conduct research and evidence review, which not only provides campaigns with regularly updated evidence-driven messaging to keep the issue relevant, the research findings can also be applied directly to policy reforms. For example, the smoking cessation *Quit* campaign's plain packaging and graphic imagery policy reform was derived from consistent research and successfully increased public awareness of smoking harms, while decreasing the prevalence of smoking.[42]

Ongoing resourcing is essential to realise the full potential of these campaigns. Considering the severe health harms of obesity, a consistent, evidence based, well-resourced and persistent campaign must be established to ensure more Australians can live healthier lives.

PHAA recommends:

- The Australian Government fund and implement national social marketing campaigns that are evidence-based and designed to effect behaviour change, both for dietary and physical activity behaviours.
- An obesity prevention and action campaign must be established with the commitment of ongoing resourcing, continuous research, and advocacy with up-to-date evidence-based policy reforms.

12. Implement policies to reach NOS and NPHS physical activity targets

Regular moderate intensity physical activity leads to a decreased risk of all-cause mortality and improves psychological, physiological and social health.[43] This includes reducing the risk of developing diabetes and helping to control weight.[43] Physical inactivity is responsible for between 10 and 20% of the disease burden for related chronic conditions in Australia.[44]

The NPHS and NOS outline ambitious, yet achievable targets to increase physical activity.[45,46] To realise these targets, the Government should produce and enact an implementation timeline which sees the establishment of a national target oversight committee, investment of appropriate and ongoing funding, identification of evidence-based strategies to reach targets and creation of continued monitoring and evaluation frameworks.

PHAA recommends:

- Creating an implementation timeline which sees full funding, oversight, monitoring, evaluation, and identification of evidence-based strategies.
- Recognising key priority action areas: whole-of-school physical activity programmes, improving active transport and land use, healthcare, sport and recreation for all and community-wide programmes.[47]

13. Structural problems with health funding system

13.1 Investment in effective treatments and management for obese people is essential

This submission has deliberately focussed on initiatives to help prevent weight gain and obesity. But there is no doubt that resources are needed to provide treatment assistance to people who are currently overweight or obese, with a view to avoiding further weight gain or assisting people to lose weight.

This inquiry will no doubt hear many proposals for new treatment approaches increased investment in existing solutions, which will involve significant additional costs to the health system for services from clinical dietitians, bariatric surgeons, and others, as well as through new or additional pharmaceutical aids to weight loss. We unreservedly acknowledge the role for better treatment. We also reinforce to the Committee that there are very significant health benefits to be made from addressing the obesogenic environment through the preventive policies which we propose in this submission. Prevention will ensure a healthier environment for people to avoid becoming obese or overweight. It will also help create an easier environment for people to manage weight and successfully treat or manage obesity. Good prevention policy is also, ultimately, beneficial to subsequent treatment outcomes for each individual.

13.2 Investment in programs and policies that advance prevention of obesity is also vital.
From the growth rate of people in Australia being classified as overweight and obese over the past 20 years, it is clear that efforts to slow and then turn that tide are vital for the health of future generations, and to stem the growing costs of managing this risk factor and the subsequent health care costs of addressing the eventual chronic diseases.

13.3 Mechanisms exist to assess the benefits and cost effectiveness of treatment options.
Australia handles competing proposals for pharmaceutical expenditure through the evidence-based mechanism of the Pharmaceutical Benefits Advisory Committee (PBAC), through which drugs are assessed for their efficacy and cost effectiveness. Similar rigorous expenditure prioritisation mechanisms are needed to assess the value of preventive investments in to improve health, as well as (or in competition with) proposals for high-cost treatment expenditures. Generally speaking, those drugs which meet the PBAC criteria and are recommended, are then listed on the Pharmaceutical Benefits Schedule. In the case of some drugs, this can trigger very large uncapped and long-term cost commitments. Applications have already been lodged and considered regarding some weight loss pharmaceuticals.[48] While they have not yet been successful, the expectation is that the applications will be modified, and attempts will continue. Some estimate that, given the high proportion of the Australian community who are currently Obese – the costs of such pharmaceuticals could grow into the one or two billion dollars per year range, or more. And ongoing and increasing costs over the forward estimates.

13.4 There is no mechanism to systematically assess benefit and cost effectiveness of Preventive health.
Yet there is no equivalent, clear, objective mechanism within the Australian Government to make such assessments regarding the most cost-effective public health or preventive interventions that might help reduce levels of obesity. These assessments are left to an ad hoc process of Departmental and Government prioritisation subject to influence from vested interests, political whim and other opaque vagaries.

13.5 Nor is there a mechanism to compare across investment options, treatment, early detection or prevention.
Nor is there any mechanism by which a comparative assessment is made to judge the proper spread of investment across a range of potential solutions (e.g., pharmaceuticals, clinical dietary advice, surgery or prevention interventions). When governments tackle health challenges where both prevention and treatment options are available, there should exist a rational resource allocation mechanism to determine how health investment should be best prioritised or broadly apportioned, to achieve the maximum benefit, short and long term.

There is no existing expenditure assessment and determination mechanism that compares the health and economic benefits of competing prevention and treatment proposals. The absence of an expert mechanism to provide the clear independent expert assessment of competing program proposals is a source of serious

concern, and is a structural health funding flaw on which this committee may wish to make strong recommendations to Government.

PHAA recommends:

- The Committee make recommendations to Government to establish a rigorous, evidence-based mechanism for evaluating the health and economic benefits of proposals for preventive programs across the health portfolio, with a view to prioritising the most cost-effective programs through which the health system brings about the greatest possible population health over the long term.

Conclusion

PHAA supports this inquiry and will support a robust report that: acknowledges the role obesity/overweight prevention has in ensuring fewer Australian's live with type 2 diabetes and many other chronic health conditions, and also incorporates the obesity prevention policy package to meaningfully address the increasing rates of obesity/overweight.

We are particularly keen that the following points from our submission are highlighted:

- Implementation of the 13-point obesity prevention policy package,
- Establish obesity prevention to be a founding priority of the ACDC and ensure the ACDC oversees the administration of the obesity prevention policy package.
- Recommend Government to establish a rigorous, evidence-based mechanism for evaluating the health and economic benefits of proposals for preventive programs across the health portfolio.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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