

# Response to Draft National Preventive Health Strategy

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## **Recipient**


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## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Department of Health regarding the draft National Preventive Health Strategy.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are the qualified and credentialed food and nutrition experts with a variety of roles in primary, secondary and tertiary preventive health. APDs guide policy and programs in the population to support improved dietary patterns, support people with established disease to improve their food choices, contribute to food reformulation in industry and lead food services in hospitals and other care settings.

This submission was prepared by Dietitians Australia staff with member input, following the [Conflict of Interest Management Policy](#) and process approved by the Board of Dietitians Australia. Contributors have wide ranging expertise in areas including health of First Nations peoples, public health, food systems, paediatrics, mental health, disability and academia.

## Summary

Overall, the Strategy is promising. Dietitians Australia strongly supports the compassionate lens applied to the determinants of health, and strongly supports the systems focus of the Strategy.

We have few recommendations to further strengthen this landmark government Strategy:

1. Active collaboration with states and territories, and clear agreements about jurisdictional responsibility and commitments
2. Multi-partisan commitment to the Strategy that would see the plan carry across any changes to government in the next 10 years.
3. Add further detail about implementation, including commitment of senior bureaucrats to carry out the Strategy, and mechanisms of community co-design of programs.
4. Setting the Strategy in motion, with funding and assurance for:
  - a. Creating the 'Prevention Fund' independent advisory mechanism.
  - b. Determining the appropriate funding for the 'Prevention Fund', either through existing budget resources or through new revenue streams.
  - c. Programs in the Blueprint for Action, such as implementation of a National Food & Nutrition Strategy and a healthy levy on sugary beverages.

## Discussion

### Vision

To improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors, and addressing the broader causes of poor health and wellbeing.

[Draft National Preventive Health Strategy 2021–2030](#) (p8)

#### Do you agree with the vision of the Strategy?

Strongly agree.

Dietitians Australia supports the vision of the Strategy. It is essential that all life stages are included and determinants of health outside an individual's control are acknowledged and addressed.

### Aims and targets

#### 1. Australians have the best start in life.

- The proportion of the first 25 years lived in full health will increase by 2% by 2030.

#### 2. Australians live as long as possible in good health.

- Australians will have an additional two years of life lived in full health by 2030.

#### 3. Health equity for target populations.

- Australians in the two lowest SEIFA quintiles will have an additional three years of life lived in full health by 2030.
- Australians in regional and remote areas will have an additional three years of life lived in full health by 2030.
- The rate of Indigenous-specific general practitioner health checks increases 10% year-on-year across each age group.

#### 4. Investment in prevention is increased.

- Investment in preventive health will rise to be 5% of total health expenditure by 2030.

[Draft National Preventive Health Strategy 2021–2030](#) (p8)

#### Do you agree with the aims and their associated targets of the Strategy?

Agree.

Dietitians Australia supports the aims and their associated targets. We strongly support the target to increase investment in preventive health to 5% of total health expenditure. This will bring Australia in line with international leaders on preventive health investment. An increase in preventive health investment will also reduce costs in the rest of healthcare spending in the long term.

We have two minor comments:

- Consider rewording ‘years of life lived in full health’ to a phrase that better reflects use of quality-adjusted life years (QALY) or disability-adjusted life years (DALY) in target measurement, rather than years of life lost (YLL).
- Targets for equity could be strengthened to actual health outcomes for First Nations peoples, Culturally and Linguistically Diverse (CALD) populations and people with disability.

## Principles

1. Multi-sector collaboration
2. Enabling the workforce
3. Community engagement
4. Empowering and supporting Australians
5. Adapting to emerging threats and evidence
6. The equity lens

[Draft National Preventive Health Strategy 2021–2030](#) (p8)

### Do you agree with the principles of the Strategy?

Strongly agree.

We are glad to see the clarification and further development of goals from the last consultation to the principles in the draft Strategy. The principles identified in the draft Strategy will guide Australia’s preventive health action in a positive direction.

## Enablers

1. Leadership, governance and funding
2. Prevention in the health system
3. Partnerships and community engagement
4. Information and health literacy
5. Research and evaluation
6. Monitoring and surveillance
7. Preparedness

### Do you agree with the enablers of the Strategy?

Strongly agree.

Dietitians Australia strongly supports the enablers identified in the Strategy. Each of these enablers is essential for the Strategy to realise its vision. It is promising to see recommendations from our previous submission, including health literacy as an enabler, applied in the draft Strategy. This is indicative of a genuine and effective consultation process led by the Department of Health.

## Do you agree with the policy achievements for the enablers?

Agree.

### 1. Leadership, governance and funding

- The priorities for preventive health action are informed by a national, independent governance mechanism that is based on effectiveness and relevance.
- Preventive health and health promotion activities in Australia are sustainably funded through an ongoing, long-term prevention fund rebalancing health action.
- The governance mechanism will provide advice on the direction of the prevention fund.
- A health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health.

[Draft National Preventive Health Strategy 2021–2030](#) (p32-33)

We are glad to see an independent governance mechanism responsible for actions and funding as a policy achievement for Enabler 1. Long-term, sustainable funding is essential to preventive health actions. Preventive health actions take a long time and long-term funding means stakeholders can plan for the future, roll out pilot projects and be assured they have the resources to monitor and evaluate programs. The mechanism could be similar to Medicare or the Pharmaceutical Benefits Scheme. A Prevention Fund with dedicated funding for prevention and provision on independent evidence-based advice on resource allocation will be of great benefit to Australia.

It is also promising to see the desired achievement of a health lens being applied to all policy, as was recommended in our previous submission. An example of applying a health lens across portfolios is the healthy choices policy guidelines for sport and recreation centres in Victoria.<sup>1</sup> Leadership across the Victorian Government saw that new sports and recreation facilities were required to adopt these policy guidelines. The result was healthy choices being the easiest and most obvious choice at these new sports and recreation facilities. More ongoing cross-sectoral partnerships at all levels of government could have similar positive outcomes, particularly for the intersect between climate and health. Dietitians are a crucial part of the health workforce who should be involved in applying a health lens across policy areas.

## 2. Prevention in the health system

- Increased investment in resilient system infrastructure, particularly service models, workforce roles and capacities and funding levers, enables preventive health to be embedded across the health system.
- The inherent preventive health capabilities of primary health care professionals, including GPs, allied health, pharmacists and nurses, are better supported and integrated within health services.
- The public health workforce is ‘future proofed’ through the enhancement of availability, distribution and of the capacity and skills of the workforce.
- Improved cultural safety across the Australian health system to improve access to appropriate and responsive health care for Aboriginal and Torres Strait Islander peoples, and the prioritisation of care through ACCHSs.
- Enhanced continuity of care for patients, within the primary health care system, is supported through a voluntary enrolment mechanism – allowing practices to plan and monitor individual health risks.
- Social prescribing is embedded in the health system at a local level with a focus on self-care support.
- Regional prevention frameworks are established to achieve sustained collaborative referral and monitoring arrangements.

[Draft National Preventive Health Strategy 2021–2030](#) (p34-35)

We strongly support enabler 2 and its desired policy achievements. We look forward to reading more detail about implementation of several policy achievements in the Blueprint for Action. These include:

- Prevention in primary care – Greater access to dietitians through government-funded consultations (eg more Medicare-funded consultations, dedicated items for preventive care, funding for dietitian support in NDIS plans).
- Continuity of care voluntary enrolment mechanism – Pathways for allied health referral and adequate funding for continuity of care are essential. This must include pathways between acute and primary health or community settings. For example, older adults identified in a hospital stay as at risk of malnutrition are referred to a community dietitian on discharge, to prevent malnutrition and associated poor health outcomes.
- Enhanced availability, distribution, capacity and skills of workforce – The current workforce is overstretched, for example the 90% reduction in dietitian and nutritionist positions in Queensland over the past decade.<sup>2</sup> The workforce must be supplemented by more publicly funded positions for dietitians and other allied health.
- Social prescribing – Publicly-funded training on social prescribing, its use and practicalities (eg local cooking classes, weekly dinner with friends, online produce swap groups).
- Distributing the workforce – A balance of experienced and emerging practitioners should be distributed across metropolitan, regional, rural and remote areas; across geographical areas in low SEIFA quintiles; and across the acute and preventive health workforce.

### **3. Partnerships and community engagement**

- Innovative partnerships are established between and within sectors that influence health, to ensure shared decision-making and to drive evidence-based change.
- Partnerships with the community are strengthened and informed by a national consumer engagement strategy that prioritises co-design approaches.
- Communities are supported to collaboratively deliver place-based, evidence-informed preventive health action that is response to local circumstances.
- Public health policies, strategies, and multi-sectoral action for prevention are protected from real, perceived or potential conflicts of interest through a national evidence-based approach and transparent stakeholder engagement processes.

[Draft National Preventive Health Strategy 2021–2030](#) (p36)

We are supportive of enabler 3 and its desired policy achievements. We recommend the Department consider rephrasing the policy achievements to focus on the outcomes of partnerships, rather than establishment of partnerships, over the next 10 years. We also note a potential typo in policy achievement 3 – ‘health action that is response’ is written rather than ‘health care that is responsive’.

We strongly support that all preventive health actions should be protected from conflicts of interest. This is particularly relevant to actions related to food supply and the climate-health intersect. This was a recommendation from our last submission and we are pleased to see it reflected in the draft Strategy.

We support these desired policy achievements and look forward to reading more detail about how this will be conducted in the Blueprint for Action.

#### 4. Information and health literacy

- Consumers are informed by a national platform that provides or identifies credible, evidence-based health information.
- A national health literacy strategy is developed and implemented, and guides health service improvements.
- Health and health care information is tailored and translated for all Australians (including Aboriginal and Torres Strait Islander communities, people with disability and CALD communities).
- The health workforce is supported in building the health literacy capacity of themselves, their communities, patients and clients.
- Concise, valid and reliable measures are used to improve and monitor national health literacy levels of Australians.

[Draft National Preventive Health Strategy 2021–2030](#) (p37)

We strongly support enabler 4. We are glad to see health literacy as a key feature of enabler 4. This was a recommendation from our previous submission.

A one-stop-shop for consumers to identify credible information will be helpful to support preventive health action. It is important the platform is well-maintained with current evidence and does not unnecessarily duplicate credible information available elsewhere (eg HealthDirect website). The platform should be accessible for people without internet access or computer skills (eg complementary hotline, website and app). Health information also includes information on food packaging about nutritional value, allergens and environmental sustainability. This information must be readily accessible and accurate when purchasing in-store, online and in advertising. This should all be considered in the health literacy strategy and national platform for health information.

Tailoring and translation of information for different communities should be done in consultation with those communities. Development and implementation of a health literacy strategy should be likewise, in addition to consultation with schools and community groups on implementation.

Supporting the health workforce to build health literacy of themselves and others must be done with consideration of how overstretched the workforce currently is. Appropriate training and resourcing, including full-time-equivalent of dedicated positions, must be available if expecting the health workforce to take on this responsibility. We look forward to reading more detail about how this will be conducted in the Blueprint for Action.

We also look forward to reading how food literacy is incorporated into the health literacy strategy, and the National Preventive Health Strategy Blueprint for Action. Food literacy is “the scaffolding that empowers individuals, households, communities or nations to protect diet quality through change and strengthen dietary resilience over time. It is composed of a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet needs and determine intake.”<sup>3</sup> Food literacy directly impacts health and should be factored into the Strategy.



## 5. Research and evaluation

- A systematic approach to the prioritisation of preventive health research is established.
- The development, testing and evaluation of preventive health interventions in Australia are enhanced.
- Partnerships with those that are affected, drive the development, implementation and evaluation of interventions.
- Partnership research and interventions in specific population groups, including Aboriginal and Torres Strait Islander people, rural and remote Australians, and other diverse groups, are prioritised.
- Bidirectional prevention partnerships are established between policy makers and researchers to enable the development of evidence-informed policy and to ensure research aligns with the strategic direction of governments.
- Collaborative partnership research models are well established between researchers, policy makers, health care professionals and consumers to ensure evidence translation and knowledge exchange.
- National guidelines are developed to ensure high-quality evaluation is a key part of preventive health policy and program development and implementation.
- Increased evaluation of local initiatives across different settings and communities to inform opportunities for scaling up at the national level.
- A widely accessible mechanism to enhance sharing of information on best practice interventions is established.

[Draft National Preventive Health Strategy 2021–2030](#) (p38)

We support the desired policy achievements for enabler 5. Research and evaluation are integral for understanding future opportunities, but also to determine whether current actions should be repeated, modified, or ceased.

The following implementation points should be discussed in the Blueprint for Action:

- Evaluation of key public initiatives such as the Australian Dietary Guidelines.
- Financial levers to support prioritisation of preventive health research (eg research fellowships with government agencies, research grants, dedicated funding to university sector).
- Research by universities and agencies on nutrition science, health behaviours and food systems that are both healthy and environmentally sustainable, as outlined in the decadal plan for the science of nutrition.<sup>4</sup>
- Combined action of enabler 5 with principle 1 (multi-sector collaboration) to see research priorities include urban land design, nutrition-sensitive agriculture, health effects of climate change and mitigating those effects.
- Engagement between researchers and policymakers is essential. This needs to be an open channel of communication. We suggest that research drives or directs or supports strategic development of governments. Current reading is as though governments manipulate research to suit their agenda, which is not the case.

## 6. Monitoring and surveillance

- A preventive health governance mechanism supports the monitoring and surveillance of this Strategy.
- National data sets, including the AIHW's Burden of Disease Study and the National Primary Health Data Asset, are compiled and published regularly, and include anthropometric (i.e. height, weight etc.), biomedical and environmental measures.
- A set of nationally agreed prevention monitoring indicators, including definitions and measures of the wider determinants of health, are established and monitored.
- A national prevention monitoring and reporting framework is utilised by all levels of government.

[Draft National Preventive Health Strategy 2021–2030](#) (p39)

We support enabler 6 and its desired policy achievements. We recommend that:

- National data sets must include the National Nutrition and Physical Activity Survey. Accurate information on the food supply and dietary patterns is necessary to develop and implement interventions to support dietary patterns and food systems that are both healthy and sustainable.
- Prevention monitoring indicators for the wider determinants of health include:
  - Mandatory malnutrition screening using a validated malnutrition screening tool in residential and home aged care. This data would be used to track nutritional status and implement strategies to address malnutrition among older Australians.
  - Food security screening. This data would inform transformation for accessible, affordable and nutritious food system.
  - Standardised measurements help comparisons over reporting periods.
  - Climate and environmental health risks.
  - Prevention workforce skills, capacity and distribution, including dietitians in different settings (eg food systems, policy, community care, public health campaigns).

## 7. Preparedness

- A national strategic plan addressing the impacts of environmental health, including horizon scanning to identify and understand future threats, is developed and implemented in alignment with this Strategy and the work of the Environmental Health Standing Committee (enHealth).
- Evidence-based approaches to identify and address current and emerging pressures on the most vulnerable parts of the health system caused by climate change, are developed and implemented.
- Stronger infrastructure to support the rapid drawing together of leaders from different fields and from different jurisdictions – to develop national and local responses.
- Public health workforce is ‘future proofed’ through the enhancement of availability, distribution and the capacity and skills of the workforce.
- The provision of tailored, culturally appropriate and accessible information for all Australians is prioritised during an emergency response to ensure effective messaging and distribution of public health advice.
- A national framework is implemented in all states and territories to distribute close to real-time, nationally consistent air quality information, including consistent categorisation and public health advice. In addition, a 24-hr hour average nationally consistent framework is implemented to provide further public health advice for periods of prolonged air pollution.

[Draft National Preventive Health Strategy 2021–2030](#) (p40-41)

We support enabler 7 and its desired policy achievements. We strongly support the explicit inclusion of the impact of climate and ecological impact on health. We recommend the Blueprint for Action includes food resilience and sustainable food systems for adequate food supply at times of extreme weather events.

### **Immediate priorities**

1. Governance mechanisms
2. Increased investment in prevention
3. A national platform providing credible and reliable health information
4. Embedding prevention in primary health care and aligning with the Primary Health Care 10 Year Plan
5. National consumer engagement strategy
6. National health literacy strategy
7. Enhanced public health workforce planning
8. Ongoing national data sets to support the monitoring and evaluation of this Strategy and a National Prevention Monitoring and Reporting Framework

[Draft National Preventive Health Strategy 2021–2030](#) (p42)

The immediate priorities of the Strategy must be updated to include:

- Development of a national food and nutrition strategy to explore and address:
  - Dietary guidelines for all Australians, including Dietary Guidelines for Older Australians
  - Food literacy
  - National and household food security
  - Nutrient composition and sustainability of the food supply
  - Support for nutrition-sensitive agriculture
  - Food labelling, marketing, advertising
  - Financial levers to promote healthy food choices eg GST-free core foods, health levy on sugary beverages
- Mitigating and preventing further impacts of climate on health, including the impact on national food security.

## Focus areas

1. Reducing tobacco use
2. Improving access to and the consumption of a healthy diet
3. Increasing physical activity
4. Increasing cancer screening and prevention
5. Improving immunisation coverage
6. Reducing alcohol and other drug harm
7. Protecting mental health

[Draft National Preventive Health Strategy 2021–2030](#) (p43)

### Do you agree with the seven focus areas?

Strongly agree.

Each of these areas has a significant impact on public health and has tangible preventive measures that can be applied.

### Do you agree with the targets for the focus areas?

Agree.

#### 2. Improving access to and the consumption of a healthy diet

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
- Reduce overweight and obesity in children aged 5-17 years by 5% by 2030
- Adults and children ( $\geq 9$  years) maintain or increase their fruit consumption to an average 2 serves per day by 2030
- Adults and children ( $\geq 9$  years) increase their vegetable consumption to an average 5 serves per day by 2030
- Reduce the proportion of children and adults' total energy intake from discretionary foods from  $>30\%$  to  $<20\%$  by 2030
- Reduce the average population sodium intake by 30% by 2030
- Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030
- 50% of babies are exclusively breastfed until around 4 months of age by 2030

[Draft National Preventive Health Strategy 2021–2030](#) (p48-50)

Our response to this question is targeted to focus area 2: improving access to and the consumption of a healthy diet. We support the intention of the targets to be predominantly focused on dietary patterns and food-based rather than weight-based indicators. We have several recommendations to strengthen the targets:

- In regard to overweight and obesity, Dietitians Australia continues to advocate for awareness about the importance of weight-stigma-free health support for every body. High body mass, poor food choices, inactivity and economic disadvantage are risk factors to a range of chronic conditions including type 2 diabetes and heart disease. Just under half of Australian adults report having one or more chronic conditions. Without providing appropriate support, we face a society that will become overrun by the social and economic impacts of poor health.
- Rephrase the childhood obesity target to ‘increase the proportion of children aged 0-17 years experiencing optimal growth and development by 5%’. This phrasing addresses childhood obesity and faltering growth, both of which have significant impacts on health throughout life.<sup>5</sup> Rephrasing the target puts emphasis on growth and development, linking to Strategy aim 1 (best start), aim 3 (health equity) and principle 7 (equity lens). This would also link to the National Agreement on Closing the Gap socioeconomic targets 1, 4 and 5.<sup>6</sup> Baseline data could be sources from the Australian Early Development Census.<sup>7</sup>
- Rather than specific food group or nutrient targets, consider a target to increase average Food Variety Scores by 2030. Taking a food variety approach will also future-proof the Strategy against any changes to the Australian Dietary Guidelines that may occur in its review over the next 3-4 years.
- Amend target 8 to 70% of babies exclusively breastfed until 4 months of age. Baseline figures in Table 8 of the draft Strategy state that we are already exceeding a 50% target, with 61% of babies being exclusively breastfed at 4-months-old. Breastfeeding alongside introduction of solids until at least 12-months-old (and for as long as the mother and child wish) should be an additional target, consistent with the Infant Feeding Guidelines<sup>8</sup> and aim 1 of the National Breastfeeding Strategy.<sup>9</sup>
- Add a target to decrease the proportion of households experiencing household food insecurity. Food insecurity is not consistently measured at a national level, but estimates show up to 21% of Australians experience household food insecurity.<sup>10, 11</sup> Three in five (61%) of people experiencing food insecurity have accessed food relief programs in 2020.<sup>12</sup> A target to decrease prevalence of household food insecurity links to aim 3 (health equity), enablers 2 (prevention) and 3 (partnerships), and the very appropriate title for focus area 2 “Improving access to and the consumption of a healthy diet”. It also relates to Australia’s international obligations to Sustainable Development Goal 2 (zero hunger) and its targets.<sup>13</sup>
- Add a target to decrease rates of malnutrition among older adults (aged ≥70 years) in residential and home aged care to <5%. Malnutrition contributes to serious health complications and poor quality of life.<sup>14</sup> This target would link to aim 2 and its target (years lived in full health), aim 3 (health equity) and enabler 2 (prevention in health system).

### **3. Increasing physical activity**

### **6. Reducing alcohol and other drug harm**

### **7. Protecting mental health**

[Draft National Preventive Health Strategy 2021–2030](#)

Other focus areas of particular interest to Dietitians Australia are physical activity, alcohol and mental health. We are supportive of these topics being focus areas of the Strategy. We are also supportive of the targets. Dietitians have a role in achieving these targets and should be involved in preventive health actions.

## Do you agree with the policy achievements for the focus areas?

Agree.

### 2. Improving access to and the consumption of a healthy diet

- Nutrition and food action in Australia is guided by a specific national policy document
- Nutrition information and guidance is translated and widely communicated for all health literacy levels
- Decreased structural and environmental barriers to breastfeeding through policy action
- Australian Dietary Guidelines are supported by a communication and social marketing strategy
- Healthy eating is promoted through widespread multi-media education campaigns
- Ongoing access to adequate and affordable healthy food options are available to all Australians, including older Australians
- Consumer choice is guided by the Health Star Rating system which is displayed on all multi-ingredient packaged food products
- Exposure to unhealthy food and drink marketing for children is restricted, including through digital media
- Reduced sugar, saturated fat and sodium content of relevant packaged and processed foods through reformulation & serving size reduction
- Relevant guidelines and policies are regularly updated using the latest scientific evidence
- Consumer choice is guided by energy and ingredient labelling on all packaged alcoholic products
- The nutritional & health needs of priority populations are met through co-designed, community-based programs that are culturally appropriate
- Restricted promotion of unhealthy food and drinks at point of sale and at the end-of-aisle in prominent food retail environments, and increased promotion of healthy food options

[Draft National Preventive Health Strategy 2021–2030](#) (p48-50)

Our comments are targeted to focus area 2. We support the intention of the desired policy achievements and have recommendations to strengthen them. Several recommendations are re-framing similar to policy achievements for focus area 3 (physical activity), as these policy achievements are more systems-focused.

- Re-order policy achievements into themes for ease of reading. These could be national guidelines, social and product marketing, food supply, food labelling.
- The specific national policy document guiding nutrition and food actions should be the National Food & Nutrition Strategy. Development of this food and nutrition strategy should be in partnership with Dietitians Australia, and guided by the 2013 scoping study<sup>15</sup> on the topic. An updated scoping study should also be completed.
- Better access to dietitians for primary, secondary and tertiary prevention of chronic health conditions. This includes publicly-funded positions and funding through Medicare, DVA, NDIS and a Prevention Fund.

- Rephrase policy achievements with reference to education to instead focus on social marketing. Social marketing incorporates an element of cultural shift that education does not. A good model for this is focus area three achievement 'Behavioural and social marketing approaches are used to modify the travel behaviours of Australians to be more active' which can be re-worded to be about healthy eating behaviours.
- Add policy achievements relevant to food security for consistency with information in the background for focus area 2, and the suggested target recommended in our response to the previous question. These should include regular measurement of household food security using validated tools (eg USDA Household Food Security Survey Module<sup>16</sup>) and overhaul of Australia's charity-reliant food relief system. The United Nations
- Specify how access to adequate and affordable healthy food options will be available to all Australians. This should include financial levers (eg GST-free core foods, subsidies for core foods, health levy on sugary beverages), agreement with retail outlets to prioritise healthy foods and supply arrangements in remote areas. If not specified in the Strategy document, these details must be at least in the Blueprint for Action.
- The Health Star Rating system is one element to aid consumer choice. The current wording of the policy achievement suggests it is the best and only element. This point should be amended to refer to food labelling and marketing that is truthful and supports informed consumer choice. Continued review of the Health Star Rating system and its effectiveness in reformulating the food supply is necessary. Innovations in food labelling to promote informed consumer choice should continue to be considered, and not limited by this Strategy.
- Add policy achievement about awareness of the role of dietitians in all levels of prevention. In particular, referral to dietitians from other health professionals, community workers, schools and aid organisations to support Australians to develop and maintain healthy eating behaviours. This links to principle 1 (multi-sector collaboration), principle 2 (enabling the workforce), enabler 2 (prevention in health system) and 3 (community engagement).
- Add policy achievement to revise the outdated Clinical Practice Guidelines for the management of overweight and obesity.<sup>17</sup> Since the release of the guidelines, nutrition research has evolved to support a variety of weight-centric and weight-neutral approaches. It is vital the guidelines reflect the evolving nature of this research to support the needs of Australians. Dietitians Australia continues to advocate for the awareness about the importance of stigma-free health support for every body.
- Add policy achievements related to childhood, from early years to adolescence. These should include support for pre-school, primary and secondary schools to a) provide a healthy food environment for students and b) ensure that students receive practical education in food literacy.
- Add policy achievement for community-delivered locally designed programs that support healthy eating behaviours, which are inclusive and promote social connection through food and nutrition. This links to principle 3 (community engagement), principle 4 (empowering and supporting), enabler 3 (partnerships), and targets for focus area 2. This also relates to food culture work the Department of Health is currently engaged in.
- Add policy achievements related to older adults. These should include implementation of mandatory malnutrition screening and development and implementation of a national policy for nutrition care in residential aged care.<sup>14, 18, 19</sup>
- Support of the Australian Dietary Guidelines with a communication and social marketing plan must include Dietary Guidelines for Older Australians.<sup>14</sup>



Addition of these recommended policy achievements increases the total number but this is commensurate with the number of targets for this focus area. This also highlights the need for a National Food & Nutrition Strategy.

**3. Increasing physical activity**

**6. Reducing alcohol and other drug harm**

**7. Protecting mental health**

[Draft National Preventive Health Strategy 2021–2030](#)

Other focus areas of particular interest to Dietitians Australia are physical activity, alcohol and mental health. We are supportive of the policy achievements for these focus areas. In particular, we are supportive of physical activity achievements unrelated to body size and focussed on numerous other benefits of physical activity. Dietitians should be involved in professional education and public health interventions related to these focus areas. This should be reflected in the Blueprint for Action.

## Continuing strong foundations

### Do you agree with this section of the Strategy?

Agree.

Current preventive health actions must be evaluated to support their continuation and inform any improvements. These include:

- National Breastfeeding Strategy
- National Obesity Prevention Strategy
- Build on the National Congress on Food, Nutrition and the Dining Experience in Aged Care with a National Nutrition Care Policy for Aged Care which includes the development and rollout of National Menu Guidelines for Residential Aged Care.
- Review of the Australian Dietary Guidelines, including Dietary Guidelines for Older Australians and the Aboriginal and Torres Strait Islander Guide to Healthy Eating, and supporting social marketing to support guidelines
- Health Star Rating and other food labelling actions

### General feedback

- We strongly support the systems approach taken throughout the Strategy.
- We would like to reiterate that it is essential that substantial funding is committed to establishing, implementing and evaluating the Strategy.
- Suggest using phrasing like ‘adults with overweight or obesity’ rather than ‘overweight and obese adults’ throughout the Strategy. This is akin to phrasing like ‘adults with diabetes’ rather than ‘diabetic adults’.
- Page 43 – Suggest replacing ‘obesity’ with ‘malnutrition’ in paragraph 5 referring to the COVID-19 pandemic. Malnutrition has a greater impact on susceptibility to preventable illness than obesity does. This has been clearly demonstrated in recent crises in the aged care sector.
- Page 49 – Dot point 8 reads ‘In 2007-2008...’. This should likely read ‘2017-2018’ based on the following text and reference.

## References

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