

Response ID ANON-27C4-K5E7-V

Submitted to **National Strategic Framework for Chronic Conditions: Online Public Consultation on the second draft.**
Submitted on **2016-06-20 06:57:27**

SECTION A - DEMOGRAPHICS

1 Please provide your name.

Name:

Robyn Chuter

2 Where are you based?

List of Australian States and Other:

NSW

If Other, please specify.:

3 Please provide your email address.

Email:

robyn@empowertotalhealth.com.au

4 Are you providing your response on behalf of an organisation?

Yes

If YES, please specify.:

Vegan Australia

5 Are you providing your response:

As a health professional

If Other, please specify.:

6 If applicable, please specify your or your organisation's area of expertise.

Specify you or your organisations area of expertise:

Health practitioner with over 20 years of experience in chronic disease reversal using nutritional measures.

7 Do you identify yourself as an Aboriginal or Torres Strait Islander person?

No

8 In which country were you born?

Australia

If Other, please specify.:

SECTION B - THE STRUCTURE OF THE FRAMEWORK

9 The structure of the Framework is appropriate and easy to follow. (Relates to the entire Framework)

Structure - Structure:

Agree

10 Please explain your selection. (100 word limit)

Text box to explain your selection:

11 "Part 1: Setting the Scene" provides adequate context and background for the Framework. (Relates to pages 5-12 of the Framework)

Setting the Scene - Setting the scene:

Disagree

12 Please explain your selection. (100 word limit)

Text box to explain your selection:

There is insufficient attention paid to structural factors that impact on the development of chronic disease, such as a food system geared toward the production and consumption of foods which increase the risk of developing chronic disease. The WHO and European Union have both urged that chronic disease prevention and control considerations should be integrated into policies across all government departments, and that fiscal policies should be employed (such as Denmark's saturated fat tax, Hungary's "junk food tax," and France's tax on sweetened drinks) to promote healthy eating (see http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf, http://apps.who.int/iris/bitstream/10665/44009/1/9789241597418_eng.pdf and http://ec.europa.eu/health/nutrition_physical_activity/docs/childhoodobesity_actionplan_2014_2020_en.pdf, <http://www.bmj.com/content/344/bmj.e2931>).

13 The Vision reflects the intent of the Framework and its Objectives. (Relates to page 14 of the Framework)

Vision - Vision:

Agree

14 Please explain your selection. (100 word limit)

Text box to explain your selection:

15 The Principles are appropriate and comprehensive. (Relates to page 14 of the Framework)

Principles - Principles:

Disagree

16 With regard to the Principles, is anything missing or what should change? (200 word limit)

Text box to explain what is missing or what should change:

There should be an emphasis on taking a whole-of-government approach i.e. formation and review of policies in each sector that has an impact on health - including agriculture, education and town planning - should explicitly take into account the impact of these policies on prevention and mitigation of chronic disease.

The WHO emphasises that "National food and agricultural policies should be consistent with the protection and promotion of public health" (http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf), yet the Framework's 'Determinants of Health' section (p. 12) omits any mention of such policies.

The North Karelia Project provides an excellent example of the effectiveness of a well-planned whole-of-government approach in reducing chronic disease. Coronary heart disease mortality was reduced by 73% among 30-64 year old males, cancer and all-cause mortality were reduced, and general population health was improved through a portfolio of interventions that encouraged movement toward a more plant-based diet with reduced salt and sugar consumption; smoking cessation; and increased physical activity. Individual measures included subsidising dairy farmers to switch to crop cultivation; working with food manufacturers to reduce the amount of fat, salt and sugar in processed foods; and developing innovative school- and community-based nutrition education programs.

17 The Framework identifies the key Enablers to assist in achieving the Vision of the Framework. (Relates to page 14 of the Framework)

Enablers - Enablers:

Disagree

18 With regard to the Enablers, is anything missing or what should change? (200 word limit)

Text box to explain what is missing or what should change:

The 6 categories of Enablers identified are all connected in some way to the health care system, but chronic conditions are contributed to by many factors that lie outside this sector. There is an urgent need for Enablers - either individuals or organisations - capable of facilitating the development of policies co-ordinated across multiple government sectors, that promote prevention and mitigation of chronic disease; for example, agricultural and fiscal policies that support production and consumption of health-promoting foods while discouraging production and consumption of foods known to contribute to chronic conditions (such as animal products and refined carbohydrates).

Enablers capable of developing industry partnerships that produce beneficial health outcomes are also urgently required; a successful model can be found in the UK's Food Standards Agency's collaboration with the food industry, to devise a program of voluntary salt reduction which achieved a 15% drop in 24-h urinary sodium over 7 years (see <http://www.nature.com/jhh/journal/v28/n6/full/jhh2013105a.html>).

19 Overall, the three Objectives of the Framework appropriately identify the key areas for action to address chronic conditions in Australia. (Relates to page 16 of the Framework - specific questions relating to each Objective will be addressed in Section C of the survey)

Objectives - Objectives:

Agree

20 With regard to the three Objectives overall, is anything missing or what should change? (200 word limit)

Text box to explain what is missing or what should change:

SECTION C - OBJECTIVES, STRATEGIC PRIORITY AREAS AND OUTCOMES

21 The information provided in Objective 1 and its Strategic Priority Areas adequately addresses the key issues relating to the prevention of chronic conditions. (Relates to pages 18-24 of the Framework)

Objective 1 SPA's - Objective 1 and its related Strategic Priority Areas:

Disagree

22 Please explain your selection. (400 word limit)

Text box to explain your selection:

Inadequate attention is paid to the pivotal role of nutrition in primordial, primary and secondary prevention of chronic disease. Specifically, consumption of animal products in anything other than small amounts on an occasional basis is linked to a higher risk of overweight and obesity, coronary heart disease, type 2 diabetes, hypertension, metabolic syndrome and cancer, especially of the colon, gastrointestinal tract and prostate; vegans, who consume no animal products, enjoy the highest level of protection against all these diseases (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4073139/>).

The Framework describes "high blood pressure, high blood cholesterol, overweight or obesity [and] impaired glucose tolerance" as "biomedical risk factors" (p. 19) but does not explicitly link them to consumption of animal products. Failing to make this link explicit inclines both health professionals and lay people to the false conclusion that these risk factors are beyond their control, and require medical intervention.

23 With regard to the four (4) Strategic Priority Areas in Objective 1, is anything missing or what should change? (400 word limit)

Text box to explain your what is missing or what should change:

24 The Phased and Aspirational Outcomes identified in each of the four (4) Strategic Priority Areas will contribute to achieving Objective 1.

Objective 1 Outcomes - Objective 1 Outcomes:

Disagree

25 With regard to the Outcomes in Objective 1, is anything missing or what should change? (400 word limit)

Text box to explain what is missing and what should change:

Phase 1 Outcomes in Strategic Priority Areas 1.1, 1.3 and 1.4 should include increased nutritional literacy in health and medical professionals, particularly awareness of the proven benefits of a plant-based diet in preventing and even reversing many chronic diseases (<http://www.ncbi.nlm.nih.gov/pubmed/23704846>), and improved skills in counselling patients/clients, especially those at heightened risk of or already diagnosed with chronic conditions, to adopt a well-planned plant-based diet for both primary and secondary prevention purposes.

Additions to the Example measures of progress on p. 20 should include reduced mean population intake of animal products, refined carbohydrates and vegetable oils; and increased mean population intake of protective plant foods especially whole fruits, vegetables, whole grains and legumes. The Example measures of progress on p. 22 should include proportion of children receiving a nutritious plant-based diet..

26 The information provided in Objective 2 and its Strategic Priority Areas adequately addresses the key issues relating to the provision of effective and appropriate care to support people with chronic conditions and optimise quality of life. (Relates to pages 25-34 of the Framework)

Objective 2 SPAs - Objective 2 and its related Strategic Priority Areas:

Disagree

27 Please explain your selection. (400 word limit)

Text box to explain your selection:

The Strategic Priority Areas focus on delivery of medical care for management of chronic conditions, neglecting the substantial literature demonstrating that many of these conditions, including advanced coronary artery disease, high blood pressure, type 2 diabetes and various autoimmune diseases (see references in # 28 below) can be managed more effectively and at a substantially reduced economic cost, and can even be reversed, through adoption of a wholefood, plant-based diet.

28 With regard to the five (5) Strategic Priority Areas in Objective 2, is anything missing or what should change? (400 word limit)

Text box to explain what is missing or what should change:

A sixth Strategic Priority Area - utilising existing knowledge to reverse chronic conditions rather than manage them - should be added. A wealth of scientific literature exists indicating that switching to a wholefood, plant-based diet is more effective for weight loss and for reduction of elevated blood pressure, cholesterol, triglycerides and glucose than more modest dietary changes, and in many cases, is more effective than medical management (see <http://www.ncbi.nlm.nih.gov/pubmed/25592014>, <http://care.diabetesjournals.org/content/29/8/1777>, <http://www.ncbi.nlm.nih.gov/pubmed/24566947>, <http://www.ncbi.nlm.nih.gov/pubmed/23695207>, <http://www.ncbi.nlm.nih.gov/pubmed/20425575>, <http://www.ncbi.nlm.nih.gov/pubmed/25198208>, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2677007/pdf/ajcn8951588S.pdf>, <http://www.ncbi.nlm.nih.gov/pubmed/11252685>, <http://www.ncbi.nlm.nih.gov/pubmed/11416824>).

A wholefood plant-based diet has even been found to reduce painful diabetic neuropathy, a condition for which no effective medical treatment exists (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450462/>, <http://www.tandfonline.com/doi/abs/10.3109/13590849409003592>).

Even mental health appears to be improved on a wholefood plant-based diet, with a recent study showing reduced depression and anxiety and improved workplace productivity (<http://www.ncbi.nlm.nih.gov/pubmed/24524383>).

29 The Phased and Aspirational Outcomes identified in each of the five (5) Strategic Priority Areas will contribute to achieving Objective 2.

Objective 2 Outcomes - Objective 2 Outcomes:

Disagree

30 With regard to the Outcomes in Objective 2, is anything missing or what should change? (400 word limit)

Text box to explain what is missing or what should change:

The assumption underlying the existing Outcomes is that medical management of chronic conditions is the only possibility. Additional Outcomes which acknowledge that management and even reversal of many chronic conditions through diet and lifestyle change is possible, as detailed above, need to be added, along with acknowledgment that this option offers substantial cost savings both for individuals and society as a whole, not to mention substantial improvement in the quality of life of patients with chronic conditions who opt for it.

Such Outcomes may include the number of medical schools which have compulsory training in therapeutic nutrition; improved knowledge of the application of therapeutic nutrition among health care practitioners; and more facilities in hospitals, outpatient clinics and schools which focus on patient/community education in both the theoretical and practical dimensions of wholefood plant-based eating.

<https://www.midland-memorial.com/classes-and-events/eventdetail.aspx?Id=13509&vt=0&sd=4/2/2016> and <https://www.youtube.com/watch?v=JBLqBdgXnyg> provide examples of such initiatives that are already operating in hospitals, and <http://greenbronxmachine.org/> in schools.

31 The information provided in Objective 3 and its related Strategic Priority Areas adequately addresses the key issues relating to priority populations. (Relates to pages 35-39 of the Framework)

Objective 3 and SPAs - Objective 3 and its related Strategic Priority Areas:

Disagree

32 Please explain your selection. (400 word limit)

Text box to explain your selection:

Once again, the need to address structural factors that impact on risk of developing chronic disease (such as 'food deserts' in outer suburban areas and lack of availability of affordable fresh produce in remote areas) is neglected.

33 With regard to the two (2) Strategic Priority Areas in Objective 3, is anything missing or what should change? (400 word limit)

Text box to explain what is missing or what should change:

As stated above, a whole-of-government approach, as well as strategic partnerships with industry, are required in order to ensure that at-risk populations throughout Australia have access to fresh fruits and vegetables, whole grains and legumes, and receive culturally-appropriate support to adopt healthy, plant-based eating patterns that will reduce their risk of chronic conditions and improve their management.

34 The Phased and Aspirational Outcomes identified in each of the Strategic Priority Areas will contribute to achieving Objective 3.

Objective 3 Outcomes - Objective 3 Outcomes:

Disagree

35 With regard to the Outcomes in Objective 3, is anything missing or what should change? (400 word limit)

Text box to explain what is missing or what should change:

Outcomes should include measures of access to nutritious food and competency in healthy meal planning, e.g. number of at-risk communities with a grocery store within walking distance; number of schools in at-risk areas that have a kitchen garden and healthy food preparation program; number of at-risk communities that have community gardens and low-cost, culturally sensitive cooking classes that teach wholefood plant-based nutrition.

FINAL COMMENTS

36 Please provide any other comments you may have on the Framework. (500 word limit)

Text box to explain your reasons for providing comment :

The Framework's narrow focus on addressing the prevention and treatment of chronic conditions through the health system is disappointing, and out of step with World Health Organization and European Union policies which urge a whole-of-government approach.

A whole-of-government approach is required to achieve primordial, primary and secondary prevention of chronic conditions, with the health, agricultural, education and planning and environment departments playing primary roles. Co-ordination between these sectors is essential to ensure the generation of policies that positively impact on individuals' and communities' risks of developing chronic disease.

Encouraging the adoption of a wholefood plant-based diet by all Australians would dramatically reduce risk factors for many chronic conditions, including obesity, type 2 diabetes, ischaemic heart disease, many types of cancer and some mental health conditions. For those already suffering from chronic conditions, incorporation of a wholefood plant-based diet into their treatment plan is a powerful secondary prevention strategy, and may result in reduced medication usage and in some cases, reversal of the condition.