

VCAT Proceeding P505/2020

2-4 and 8-10 Station Street, Mansfield

Expert Witness Statement of A/Prof Gary Sacks

31 January 2021

Prepared for Keep Mansfield Healthy Inc

1. Introduction

- a) I, Gary Sacks, c/o Global Obesity Centre, Deakin University, 221 Burwood Highway, Burwood 3125, have been requested to prepare an expert witness statement by Keep Mansfield Healthy Inc related to the likely health impacts on children living in the Mansfield Local Government Area (LGA) if a convenience restaurant is developed on the land at 2-4 and 8-10 Station Street, Mansfield.
- b) I am an Associate Professor and Heart Foundation Future Leader Fellow at the Global Obesity Centre at Deakin University where I have been employed in an academic role since 2007. I have a PhD in Public Health (2011), in addition to undergraduate degrees in Economics (2001) and Information Systems (2002).
- c) I am an international research leader in public health with a focus on obesity prevention policy. I lead a substantial research program at Deakin University focused on policies for preventing obesity and improving population diets. I have published >120 peer-reviewed journal articles in the area of obesity prevention, and I have received over \$15 million of grant funding for research into obesity prevention over the last 10 years. I have co-authored multiple reports for the World Health Organisation on obesity prevention. I have delivered >30 presentations on obesity prevention as an invited speaker at international and national conferences.
- d) In December 2020, I was engaged by Keep Mansfield Healthy Inc to prepare a policy brief on the relationship between unhealthy food environments and health. Keep Mansfield Healthy Inc paid Deakin University for my services in preparing the policy brief. Keep Mansfield Healthy Inc has also agreed to pay Deakin University for my services in preparing this expert witness statement. Prior to my interactions with Keep Mansfield Healthy Inc regarding the policy brief and this expert witness statement, I had had no other dealings with Keep Mansfield Healthy Inc or their representatives.

2. Instructions that define the scope of this report

All instructions that define the scope of my expert witness statement are set out in a letter from Keep Mansfield Healthy Inc dated 28 January 2021 and contained in Annexure A to this report.

3. Facts, matters and all assumptions upon which the report proceeds

The report proceeds on the basis that the proposed convenience restaurant will:

- a) Predominantly sell convenience foods that can be generally considered unhealthy (that is, high in energy, added sugar, sodium and/or saturated fat).
- b) Be a nationally and/or internationally recognised brand.
- c) Have an operating business model (e.g. long opening hours, drive-through facilities for placing orders) that is designed to be generally convenient for residents.

4. Documents and other materials instructed to consider

In preparing this report, I was instructed by Keep Mansfield Healthy Inc to consider the Keep Mansfield Healthy Statement of Grounds and the relevant VCAT Permit Application material.

5. Literature or other material used in making the report

In preparing this report, I relied on:

- a) My knowledge of the relevant academic literature, informed by >13 years experience working in the field of obesity prevention and supplemented by a specific search of the academic literature conducted in December 2020. The relevant literature that I relied upon is cited in the accompanying policy brief (*'The relationship between unhealthy food environments and health: A policy brief prepared for 'Keep Mansfield Healthy', December 2020'*).
- b) The best available data on population dietary intake and body weight for Victoria and the Mansfield LGA specifically.
- c) Descriptions of the types of food outlets currently operating in Mansfield LGA, as provided to me through conversations with representatives of Keep

Mansfield Healthy Inc, Mansfield District Hospital and the local council in Mansfield.

- d) Additional information contained in the accompanying policy brief (*'The relationship between unhealthy food environments and health: A policy brief prepared for 'Keep Mansfield Healthy', December 2020'*).

6. Identity and qualifications of the person who carried out any tests or experiments relied upon in making the report

Nil

7. Summary of opinion

Based on my expertise in public health and obesity prevention, and considering the best available evidence, I am of the opinion that the development of a convenience restaurant on the land at 2-4 and 8-10 Station Street, Mansfield is likely to have a significant negative impact on the health of children in the Mansfield LGA.

Specifically, I am of the opinion that the development is: (1) unlikely to support healthy diets in the Mansfield LGA community; and (2) likely to run counter to efforts to prevent unhealthy weight gain in children living in the Mansfield LGA.

Unhealthy diets, overweight and obesity are the greatest risk factors for death and disease in Australia.¹ One in four Victorian children are now overweight or obese and face an increased lifetime risk of disease and early death.² Children with obesity also face increased stigma and bullying, impacting on their emotional wellbeing. They also tend to perform worse academically than their peers.³

Unhealthy food environments (i.e., food environments in which foods that contain high levels of energy, added sugar, sodium, and/or saturated fat are highly accessible, relatively cheap and heavily promoted) are a major driver of obesity and related non-communicable diseases.⁴

There is evidence that regularly eating meals out of home, particularly at fast food outlets, is associated with increased risk of unhealthy diets and obesity.^{5,6}

Compared to meals prepared at home, those eaten out of the home tend to be served as larger portion sizes, are more energy dense, and are higher in saturated fats and sodium, all factors associated with higher obesity risk.^{5,7}

There is international evidence that greater access to fast food outlets is associated with significant weight gain in children.⁸ There is also evidence that exposure to fast food outlets is associated with reduced fruit and vegetable consumption.⁹

The best available evidence indicates that the prevalence of overweight and obesity in children living in the Mansfield LGA is significantly lower than the overall regional prevalence.¹⁰ Specifically, the RESPOND project assessed the prevalence of overweight and obesity in children in the Mansfield LGA in 2019 finding it to be 20.8% for boys and 24.4% for girls, both being significantly lower than the overall regional prevalence of 34.9% and 35.3% respectively.¹⁰

The relative healthiness of food environments in the Mansfield LGA likely makes an important contribution to the relatively low overweight and obesity rates observed in children living in the Mansfield LGA, amongst other factors. While a comprehensive survey of the healthiness of the food retail environment in Mansfield has not been conducted, there are indications that the current food environment is relatively healthy compared to other parts of the region and is likely to be supporting healthy diets in the community. The development of the proposed convenience restaurant is highly likely to reduce the healthiness of food environments in Mansfield LGA. Accordingly, the development is likely to undermine efforts to support healthy diets and prevent unhealthy weight gain in the Mansfield LGA community.

The close proximity (<400m) of the proposed convenience restaurant to a primary school is likely to increase the accessibility of highly convenient, relatively cheap unhealthy food for children in the Mansfield LGA. In addition, the close proximity of the proposed convenience restaurant to a primary school is likely to increase the exposure of children in the Mansfield LGA to the marketing and branding of the operator of the restaurant. There is substantial international evidence that the exposure of children to marketing and branding of unhealthy foods is harmful to their diets.^{11,12,13}

Further details substantiating my opinion are available in the accompanying policy brief (*'The relationship between unhealthy food environments and health: A policy brief prepared for 'Keep Mansfield Healthy', December 2020'*). I can expand on these opinions to the Panel, if required, during the hearings.

8. Provisional opinions not fully researched

Nil

9. Questions falling outside expert opinion

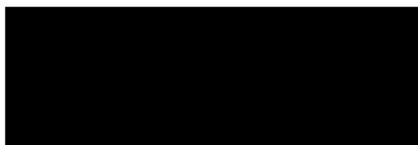
Nil

10. Report incomplete or inaccurate in any respect?

No

11. Declaration

I have made all the inquiries that I believe are desirable and appropriate and that no matters of significance which I regard as relevant have to my knowledge been withheld from the Tribunal.



A/Prof Gary Sacks
29 January 2021

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Annexure A - Letter from Keep Mansfield Healthy Inc

28 January 2021

Associate Professor Gary Sacks
Faculty of Health, Deakin University
[REDACTED]

Dear Associate Professor

**VCAT Proceeding P505/2020
Planning Permit Application P119/19
2-4 and 8-10 Station Street, Mansfield**

As previously discussed, I wish to engage you to give expert evidence at the VCAT hearing of this matter on behalf of Keep Mansfield Healthy Inc.

The VCAT hearing is a merits review brought by a permit applicant, 140 High Street Pty Ltd, of Mansfield Shire Council's decision to refuse to grant a permit for the development of the land at 2-4 and 8-10 Station Street, Mansfield, for a convenience restaurant.

Keep Mansfield Healthy Inc objected to the planning permit application for the development and has lodged a statement of grounds opposing the appeal of Council's decision on health grounds. A copy of our statement of grounds is attached for your information.

Keep Mansfield Healthy Inc requests you to prepare an expert witness statement detailing your expert opinion about the likely health impacts (if any) on children living in the Mansfield Local Government Area (LGA) if a convenience restaurant is developed on the land at 2-4 and 8-10 Station Street, Mansfield.

Specifically, given your expertise in public health and the prevention of obesity and related diseases, please provide your opinion about whether the development of a convenience restaurant on the land at 2-4 and 8-10 Station Street, Mansfield is likely to:

- Support healthy diets in the Mansfield LGA community;
- Contribute to children living in the Mansfield LGA gaining significant weight.

Please ensure your expert witness statement is prepared in accordance with [VCAT Practice Note PNVCAT2 – Expert Evidence](#). I draw your attention to paragraph 11, page 3 in the Practice Note which lists the matters which must be included in an expert witness report.

Please also ensure you understand your duties as an expert witness to the Tribunal. As set out at paragraphs 8, 9 and 10 of the Practice Note:

- your paramount duty is to the Tribunal rather than to us at Keep Mansfield Healthy Inc;
- you have an overriding duty to assist the Tribunal on matters relevant to your expertise;

- you are not an advocate for any party to the proceeding (including Keep Mansfield Healthy Inc).

Your expert evidence is required to be filed with VCAT and served on all parties to the proceeding by 4.30 pm on 1 February 2021.

Whilst the hearing is listed for 5 days commencing on 15 February 2020, we anticipate you will only be required to attend (via Zoom) for a half to one of those days.

Should you have any questions please contact me at any time on 0418540223.

Yours sincerely



Dr Graham Slaney
Keep Mansfield Healthy Inc

The relationship between unhealthy food environments and health

A policy brief prepared for 'Keep Mansfield Healthy'

December 2020



This document was prepared by Jane Jacobs, Dr Claudia Strugnell and A/Prof Gary Sacks from the Global Obesity Centre, Institute for Health Transformation, Deakin University

VicHealth supported the funding of this report with a grant to Keep Mansfield Healthy Incorporated



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Unhealthy diets and obesity are major public health problems in Australia

Unhealthy diets and excess body weight are leading contributors to poor health in Australia.¹ Of the total cardiovascular disease burden in Australia, estimated to affect 1.2 million adults,² 35% is attributable to dietary risk factors, and 28% is attributable to overweight and obesity.¹ In Australia, two out of three adults and one in four children are overweight or obese,³ with Australia having the fifth highest prevalence of overweight and obesity across all OECD countries.⁴ It is estimated that overweight and obesity costs the Australian economy \$21 billion annually, particularly due to costs associated with healthcare and reduced productivity.⁵

Overweight and obesity are not distributed equally within the Australian population, with those living with socio-economic disadvantage and/or in rural locations more likely to be affected.^{6,7} The most recent Victorian Population Health Survey, conducted in 2017, identified that 74% of the **Mansfield** Local Government Area (LGA) adult population were overweight or obese,⁸ which is broadly in line with the Victorian state average. A comprehensive childhood obesity monitoring initiative was undertaken in the region in 2019 as part of the RESPOND project.⁹ Prevalence of overweight and obesity levels in children living in the **Mansfield** LGA were found to be 20.8% for boys and 24.4% for girls, both being significantly lower than the overall regional prevalence of 34.9% and 35.3% respectively.¹⁰

Current Australian diets are unhealthy

- Only 7% of Australians consume diets that meet the Australian Dietary Guidelines,¹¹ with at least 35% of adult's energy intake and 41% of children's energy intake coming from 'less healthy' food and drinks.^{*12}
- The amount of money Australians spend on meals outside of the home has increased significantly, from 25% of total food expenditure in 1988/1989 to 34% in 2015/2016.¹³
- The 2017 Victorian Population Health Survey showed that **Mansfield** adult residents' consumption of take-away food and sugar-sweetened beverages were similar to Victorian averages.⁸

Unhealthy food environments contribute to unhealthy diets

Drivers of unhealthy diets

Unhealthy food environments are a major driver of obesity and related non-communicable diseases (NCDs).¹⁴ Like most other high-income countries, Australian food environments are typically dominated by highly accessible, relatively cheap and heavily promoted foods that contain high levels of sodium, saturated fat and added sugar.¹⁵

Relationship between fast food intake and unhealthy diets/obesity

Regularly eating meals out of home is associated with increased risk of unhealthy diets and obesity.^{16,17} Compared to meals prepared at home, those eaten out of the home tend to be served as larger portion sizes,¹⁸ are more energy dense, and are higher in saturated fats and salt,^{19,20} all factors associated with higher obesity risk. Indeed, a systematic review of longitudinal studies that

* Defined in accordance with the Australian Dietary Guidelines, including products containing high levels of saturated fat, added salt and added sugar, such as processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks, and sugar-sweetened soft drinks.



followed participants for at least 10 years found evidence that eating out of home frequently, particularly at fast food outlets, was associated with higher body weight increases over time.¹⁷ A review focussing exclusively on children also found evidence of associations between consuming food away from home and childhood obesity.¹⁶ This association is apparent in children as young as three years old, with a study in the United Kingdom (UK) finding that over a one year period, higher weekly fast food consumption was associated with increasing weight status in 3-5 year olds.²¹

Food retail environments and unhealthy diets/obesity

Internationally, longitudinal studies indicate strong associations between the 'healthiness' of food retail environments and obesity, with a 5-year study including all Swedish children aged 0-14 years (almost 1 million children) finding 14% increased risk of obesity occurring in children with greater access to fast food outlets around their home.²² Similarly, a UK study found children with greater access to fast food outlets were more likely to have significant weight gain over a 6 year period than those with no access.²³ There is also evidence that exposure to fast food outlets is associated with reduced fruit and vegetable consumption.²⁴

In Australia, a recent systematic review including 60 Australian studies found that existing studies of the relationship between food retail environments and dietary intake or obesity levels included wide variation in the way food retail environments and dietary intake were measured.²⁵ The review found that studies often adopted very limited measures of food environments (eg. looking at density of supermarkets only, not taking into account density of fast food outlets) or dietary intake measures (eg. looking at fruit intake only) making it difficult to draw conclusive findings within and across studies.²⁵ Moreover, existing Australian studies typically have not appropriately taken into account the way that people interact with food environments (eg. they focussed on the food retail environment around homes, without taking into consideration the impact of environments around work, recreation or schools).²⁶

A recently published study conducted in Perth is the only comprehensive examination of the relationship between food retail environments and health in the Australian context over time.²⁷ The authors found that an increase in the number of healthy food outlets around residents' homes was associated with healthier diets.²⁷

There is only limited research that has comprehensively examined the relationship between the healthiness of food environments in rural/regional Australia and relevant health outcomes. A study in New South Wales (NSW) found greater availability of unhealthy food outlets within 2km of residents' homes to be associated with unhealthier dietary intake.²⁸ Two studies based in different rural areas of Victoria found relatively low availability of healthy food options in these regions.^{29, 30}

The lower overweight and obesity rate in children living in **Mansfield**, compared to other parts of Victoria, may partly be reflective of the relatively higher socio-economic position of the LGA, but is likely to also reflect other important aspects of the healthiness of food environments and culture within the **Mansfield** area.¹⁰ While a comprehensive survey of the healthiness of the food retail environment in **Mansfield** has not been conducted, there are indications that the current food environment is relatively healthy compared to other parts of the region and likely to be supporting healthy diets in the community.



Policies for improving food environments

Global

There is global recognition that improving the healthiness of food environments requires a comprehensive societal response, including government policies and wide-scale action from the food industry, and there is global consensus on the areas for action.^{31, 32} Creating health-promoting environments is one of six objectives identified in the World Health Organization's (WHO) Global NCD (Non Communicable Disease) Action Plan, with the aim of achieving a zero percentage increase in obesity in adults and children by 2025.³² This plan outlines how exposure to risk factors, such as unhealthy food environments, begins in childhood and carries through to adulthood, highlighting the importance of creating environments that support healthy choices.³²

International

Internationally, there are several examples of governments that have taken policy action to limit the placement or density of fast food outlets.

- In the UK, 33 Local Planning Authorities have used their planning powers to regulate the growth of fast food outlets by imposing fast food exclusion zones around places associated with children and families, including schools, parks and sports centres.^{33, 34} Regulations vary between local government areas, but generally prohibit the establishment of new fast food outlets within a defined distance of the designated site.³⁴ Approximately 20 of these exclusion zones are directly associated with schools, with other regulations, such as limiting opening hours,³⁴ also aimed at reducing the consumption of fast foods by school aged children.
- A similar approach has been encouraged in Ireland, with a 2018 'Report on Tackling Childhood Obesity' recommending the use of local planning powers to stop the proliferation of fast food outlets within school neighbourhoods,³⁵ with a number of local government areas adopting this policy.
- In South Korea, the 'Special Act on Children's Dietary Life Safety Management' includes 'green food zones' whereby food deemed unhealthy (primarily fast food and sugar sweetened beverages) are banned from sale within 200m of schools.³⁶

National

In line with the WHO Global NCD Action Plan, the Australian government developed the National Strategic Framework for Chronic Conditions in 2017.³⁷ The first objective of this plan identifies prevention as the key to improving the health of Australians, in particular recognising 'the relationship and interaction between health related behaviours and the environments in which people live'³⁷.

The importance of addressing obesity at a national level is recognised with the ongoing development of the National Obesity Strategy³⁸. The National Obesity Strategy consultation documents outline the need for population level approaches and community driven action, with rural populations highlighted as a key target.³⁹ Priority areas include improving availability and access to healthier food and drink and a focus on urban design that promotes healthy lifestyles, including diet.³⁹

State

The Victorian Government has set an ambitious goal of reducing obesity over the period to 2025.⁴⁰ The current Victorian Public Health and Wellbeing Plan (2019-2023) includes 'Increasing healthy eating' as one of the ten priorities set out in the plan, and one of four highlighted as



requiring ‘targeted, collective and coordinated action’.⁴¹ Within this priority, reducing access to, and purchasing of, unhealthy food and drink is a key component of achieving healthier communities. This plan also acknowledges the key role that the built environment plays in the consumption of unhealthy food. This role of the built environment links into the Victorian ‘Health 2040’ document which includes ‘building healthy neighbourhoods’ as one of the focus areas.⁴²

A number of other Australian states, including South Australia and Queensland, have included health considerations as part of their planning policies. The South Australian Planning, Development and Infrastructure Act 2016 includes the need for neighbourhoods to be ‘planned, designed and developed to support active and healthy lifestyles’ as part of the ‘Activation and liveability principles’ of the Act.⁴³ The South Australian government has also identified improving local food environments as a priority area to promote stronger and healthier communities as part of their State Public Health Plan.⁴⁴ The Queensland State Planning Policy outlines ‘liveable communities’ which ‘support wellbeing and enhance quality of life’ as a key state interest that needs to be considered for local planning.⁴⁵ Within the guiding principles of this Policy is also the need for development outcomes to support the ‘objectives, needs and aspirations of the community’. The Queensland Department of Health, along with the Heart Foundation, has also developed the Active Healthy Communities website which provides resources for local governments concerning the impact of built environments, and includes strategies to limit expansion of fast food outlets, particularly around children-centred facilities.⁴⁶

Local

At the local government level, the **Mansfield** Shire Council has developed their own Health and Wellbeing Plan.⁴⁷ This plan was constructed through consultation with community stakeholders who identified key priority areas for the Mansfield region. The first priority of this plan focuses on ‘healthy lifestyles’, with important considerations identified as healthy eating and access to ‘junk food’ and healthy food. The Plan includes a focus on the inter-relation between these factors and their contribution to overweight and obesity risk, and includes a commitment to address these risk factors through community action.

Conclusion

Unhealthy diets contribute to obesity and poor health in Australia, particularly in rural populations. The critical need for widespread, comprehensive action from multiple levels of government to address obesity and improve population diets is well recognised. Policies to limit the proliferation of unhealthy food outlets, particularly around schools, have been implemented internationally as a key part of strategies to improve population diets.



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