

SUBMISSION

Tuesday, 19 March 2024

AMA submission to Department of Health and Aged Care's Feasibility study on options to limit unhealthy food marketing to children: Policy options for public consultation.

Submitted via survey: <https://consultations.health.gov.au/chronic-disease-and-food-policy-branch/public-consultation-feasibility-study-on-options-t/>

Introduction

The AMA is pleased to make a submission into the Department of Health and Aged Care's public consultation on the feasibility study on options to limit unhealthy food marketing to children.

The Department of Health and Aged Care has engaged a project team led by the University of Wollongong to deliver this study, with the goal of investigating options to limit unhealthy food marketing to children. The study is looking into available options to limit such marketing, including relevant costs and benefits, feasibility, acceptability, impact on priority populations and monitoring and evaluation implications. The project team includes experts in nutrition, unhealthy food marketing to children and health economic analysis. Recommendations will be provided to Government for consideration by mid-2024.

The AMA is concerned by the continued, targeted marketing of unhealthy foods and drinks to children. Children are easily influenced by marketing, and this marketing – which takes place across all mediums, from digital and broadcast media to product packaging and outdoor promotion of billboards and at sports grounds. This marketing undermines healthy food education and normalised consumption of unhealthy food. Eating habits and attitudes start early, and the options presented in this feasibility study provide options to establish healthy food consumption habits from the start, it is much more likely that they will continue throughout adolescence and into adulthood.

The AMA has long called for a ban on the marketing of unhealthy food to children, as noted in our [Obesity \(2016\)](#) position statement. Research suggests that on average children see 17.4 food promotions each hour they are on the internet, meaning an average of 168.4 food promotions seen each week. Of these promotions, 99.5% would not be permitted to be marketed based on nutrient profiling criteria.¹ This goes against the intent of the [National Preventative Health Strategy 2021-30](#), which states that by 2023 – children's exposure to unhealthy food and drink marketing, branding and sponsorships should be further restricted across all forms of media, including through digital media.²

4a). Which is the most appropriate policy objective?

- To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years).

- **To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years) AND to improve children's dietary intakes (medium-term objective, within 3-4 years).**
- Other, specify below.

Please provide evidence/rationale for your selection. This may include: i. costs and benefits; ii. barriers and enablers; iii. impact on priority populations; and iv. monitoring and evaluation. Include references where possible.

Answer:

The AMA supports policy option 1.2. We recommend policy objectives that includes exposure to and power of marketing, as well as improvement in children's dietary intakes. Improvement in diet must be included as an objective of the policy. This will help to ensure policy is designed and monitored with improvement in diet as a focus, as diet improvement is ultimately what the policy should aim to achieve.

Further work will be required to develop a monitoring framework for both the element looking at exposure to and power of marketing, and the diet element when the policy is further developed. The AMA recommends this be done in consultation with health professionals and public health experts.

The AMA suggests the following points are considered, in the monitoring of these policy objectives:

- Regular, comprehensive monitoring of children's dietary intakes will be needed to effectively monitor the effect of this policy, and this is not currently happening.
- Improvement in diet should be defined by reference to the Australian Dietary Guidelines and should have a focus on a decrease in consumption of discretionary foods and foods that are high in added sugars/sodium and/or saturated fat.
- Monitoring must include data on Australian children as a whole, as well as particular subgroups, including children of different ages, Aboriginal and Torres Strait Islander children, children in low socio-economic groups, children with disabilities, children from cultural and linguistically diverse backgrounds and children in rural and remote areas.
- We support the improvement in children's diets as being a medium-term objective of the policy, although we are concerned that it may not be reasonable to expect to see this outcome within the proposed 3-4-year time period.

4b). Which policy approach has the greatest chance of achieving the policy objective(s)?

- Status quo, which relies on a self-regulatory approach whereby food marketing is governed by industry Codes of Practice.
- **A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government.**

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 2.2 and strongly recommends a mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government, as this is essential to ensure the policy is effective.

The AMA strongly opposes retaining the status quo and self-regulation. Allowing the processed food and/or advertising industries to set their own rules does not effectively protect children from exposure to unhealthy food marketing. This is supported by evidence from around the world, as set out in the consultation paper, and demonstrated by the past and current rules that industry sets, monitors and enforces for itself in Australia.

5. Which age definition is most appropriate?

- **Children are defined as less than 18 years of age.**
- Children are defined as less than 15 years of age.

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 3.1 to define a child as under 18 years.

Any policy that did not define children as under 18 years old would fail to reflect international recommendations, would be out of step with wider government regulation relating to children and would not be fit for purpose in achieving the policy objectives to reduce children's exposure to unhealthy food marketing or to improve children's diets. As the consultation paper notes, children of all ages are negatively influenced by unhealthy food marketing. Children aged 14-18 years consume the highest amount of unhealthy food, and children use and engage more with screen-based media as they get older, with a peak in adolescence. It is critical to include all children in the policy.

The AMA highlights the Australian Government's recent response to the Privacy Act Review Report, where it said it would apply protections to all children under 18 years of age. The same approach should be adopted here.

6a). Which food classification approach has the greatest chance of achieving the policy objective(s)?

- **A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products.**
- A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands (without referring to a specific product) would be exempt from restrictions.
- A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products. Marketing of food brands would only be permitted when a healthy food product owned by the brand was included in the marketing content.

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 4.1 and recommends a food classification approach that includes all marketing of food brands that are strongly associated with unhealthy food products. If brand marketing is not covered, companies that mostly sell and are essentially synonymous with unhealthy food, like global fast-food chains or soft drink companies, will simply replace their unhealthy food advertising with advertising that prominently features their brand either alone or placed with a healthier food in their product line. This will significantly reduce the effect of the policy and may mean that it cannot achieve its objectives.

For example, option 4.2 will allow major fast-food brands, sugary drink companies and confectionery companies to advertise in children’s social media feeds, on billboards and in prime-time television so long as the ads feature only the brand and not a product.

Option 4.3 will allow fast food chains to advertise their brand to children anywhere they want to, as long as they show a ‘healthy’ product, such as a bottle of water or salad, somewhere in the advertisement. These products are unlikely to be purchased by children, and do not reflect fast food brand’s top selling products.

To support this policy, an appropriate definition of a ‘brand strongly associated with unhealthy food’ or similar will need to be developed in consultation with public health experts, with careful consideration of how it will apply to different brands in practice. The brands of highest concern are those that are well-known, are frequent advertisers and that are mostly known for unhealthy foods that contribute to poor diets and overweight and obesity, and/or are likely to appeal to children.

6b). Which specific food classification system do you prefer?

- National interim guide to reduce children’s exposure to unhealthy food and drink promotion
- FSANZ Nutrient Profile Scoring Criteria
- Health Star Rating System
- **Other**

Please provide evidence/rationale for your selection:

Answer:

The AMA supports a definition of unhealthy food that:

- reflects the Australian Dietary Guidelines, noting they are currently under review, and best captures foods that are discretionary and/or should be limited in accordance with the guidelines;
- is category based, with clear categories of discretionary food that cannot be advertised at all. Some categories that should be considered include sugary drinks, confectionery, desserts and ice-creams, sweet snacks, drinks sweetened with non-nutritive sweeteners, fast food meals such as burgers, chips, pizzas, fried foods, pies, cakes and others;
- applies appropriate nutrient thresholds to some food categories that can include healthy and unhealthy products, such as breakfast cereals and yoghurts; and
- applies effectively to fast food and meals as well as packaged food.

To achieve this, the COAG National interim guide to reduce children’s exposure to unhealthy food and drink promotion (COAG guide) could be used as a starting point and expanded and refined in line with those criteria, in consultation with public health experts. The Australian Government can also refer to other existing category and nutrient threshold-based models, such as the World Health Organization nutrient profile models, including one tailored to the Western Pacific Region that Australia, as a region member, was consulted on during development.

Although the COAG guide is a good starting point, the AMA does not support its use without further improvement. This is because it excludes some key categories of unhealthy products, including those that are commonly marketed to children, for example high sugar breakfast cereals.

The AMA strongly opposes the use of the Health Star Rating or the FSANZ Nutrient Profiling Scoring Criteria as these have not been designed for this purpose and are unlikely to effectively align with the

dietary guidelines, as they permit some foods high in sugar/salt/saturated fat to achieve a high rating. Evidence shows these models are more likely than other models to permit foods to be marketed.^{3 4}

7. Which option for restricting TV food advertising has the greatest chance of achieving the policy objective(s)?

- Restrict unhealthy food advertising on TV between 5:30am and 11:00pm. Restrictions apply across all TV services and platforms.
- Restrict unhealthy food TV advertising that is 'directed to children', including in children's programs (C and P programs), on children's channels and during children's peak viewing times (based on the number of children watching). Restrictions apply across all TV services and platforms.
- **Restrict unhealthy food advertising on all broadcast media between 5:30am and 11:00pm (all TV services and platforms, radio, cinema, podcasts and music streaming services).**
- Other, please specify below.

Please provide evidence/rationale for your selection:

Answer

The AMA strongly supports option 5.1.3 to restrict all unhealthy food marketing on all broadcast media between 5.30am and 11pm. As outlined in the consultation paper, evidence shows the highest numbers of children watch TV during these hours, and the policy should protect children during those times.

This policy option should apply to radio and cinema, as well as all streaming services, subscription and catch-up TV, radio and movie services (unless they are captured by a broader restriction on digital marketing). It should also apply to podcasts and music streaming services. It is important to ensure that regulation is comprehensive, future proofed and extends to similar platforms to those where there is evidence of exposure and impact, where it can reasonably be assumed that a similar effect would be seen.

The AMA does not support the option to restrict only TV advertising that is directed to children, as this is unlikely to effectively protect children, at the times they are likely to be watching. A focus on TV alone will also not be sufficient to effectively protect children, and policy should be expanded to all broadcast media as listed above. A comprehensive approach that is simple to apply will best achieve the policy objectives.

8. Which option for restricting online food marketing has the greatest chance of achieving the policy objective(s)?

- Restrict all 'paid for' (monetary and non-monetary) marketing for unhealthy foods through online media. Restrictions apply across all online communication technologies.
- **Restrict all marketing for unhealthy foods through online media. This includes all marketing that has been 'paid' for (monetary and non-monetary) and 'non-paid' marketing where a company has acted to promote an unhealthy food (e.g. through sharing user content or encouraging user generated content with the intention of promoting an unhealthy food or brand).**
- Other, please specify below.

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 5.2.2 to restrict all paid and non-paid unhealthy food marketing on online media. As the consultation paper outlines, children spend significant amounts of time online, are exposed to large amounts of unhealthy food marketing during online activity and are negatively influenced by it.

Online or digital media is an important part of children's lives. They use it for education, to access information, to communicate with friends and family and for leisure time. Children use digital media in much the same way that adults do, and we know that they use many of the same platforms. This means that a broad restriction on all digital marketing of unhealthy food will best protect children online.

The AMA does not support allowing unpaid advertising of unhealthy food online as this may result in some significant gaps. For example, we highlight the consultation paper's explanation, that the websites and social media pages of companies that make unhealthy food, are popular with and often targeted to children. If this is permitted, it is likely that brands will expand this further and increase unpaid advertising online to the greatest extent possible. Such content can promote engagement and then be shared online without payment by users through their social media networks, amplifying its reach and impact. The policy must ensure that this type of marketing is not permitted.

9. Which option for restricting outdoor food advertising has the greatest chance of achieving the policy objective(s)?

- **Restrict unhealthy food advertising on all outdoor media.**
- Restrict unhealthy food advertising on outdoor media at government-owned and managed places, on public assets, within 750m around schools and along major transport corridors.
- Other, please specify below.

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 5.3.1 to restrict unhealthy food marketing on all outdoor media, and recommend this be broadly defined to include all public spaces and events. Limiting protection to near schools and/or government-controlled assets will not best protect children as although these are important settings, it is not comprehensive. Children see unhealthy food marketing placed outdoors as they travel and go about their daily lives in their community, and the policy should apply to all public advertising that children may see, regardless of where it is placed.

This policy should include all public outdoor advertising, as well as public transport vehicles and infrastructure, education, healthcare, sporting and recreation facilities, cultural institutions, for example libraries, museums and galleries, sporting, cultural and music events, and shopping centres. The policy should also extend to marketing on retail outlets and restaurants that is displayed so it can be seen from the street.

10. Do you support restricting marketing on food packaging?

- **Yes**
- No

Please provide evidence/rationale for your selection:

Answer:

The AMA strongly supports option 5.4.1 to restrict child-directed marketing on unhealthy food packaging.

As the consultation paper outlines, product packaging is a common and influential form of marketing to children, with cartoon characters and other features that have strong appeal to children commonly used. The policy must ensure that unhealthy food products cannot use packaging that includes features that are likely to appeal to children, including images, activities, competitions, promotions, characters, or prizes that are likely to appeal to children.

11. Do you support restricting food sponsorship of sports, arts and cultural events?

- Yes**
- No

Please provide evidence/rationale for your selection:

Answer:

The AMA strongly supports option 5.5.1 to restrict unhealthy food sponsorship of sports, arts and cultural events. Children should be able to play sport, watch their favourite sports stars play and go to art and cultural events without being bombarded with marketing for unhealthy food.

This policy should stop all sponsorship by brands that are strongly associated with unhealthy food, with an appropriate definition being developed in consultation with public health experts. All forms of sport sponsorship by unhealthy food brands at all levels, from children's sporting activities to professional sports, should be restricted.⁵ As outlined in the consultation paper, Australian children have significant engagement with sport as both players and as spectators, and unhealthy food sponsorship is common at the community level and extensive at the professional level.

The AMA recognises the importance of children's and community sport to population health, and the challenges of securing funding to support those organisations. This does not mean, however, that the processed food industry should be enabled to target unhealthy food marketing at children. Although, as the consultation paper notes, sponsorship income is not a major proportion of revenue for community sport organisations, we encourage government to consider and implement alternative funding proposals, noting these are also set out in the consultation paper.

This policy should apply not only to sports and activities where children are participants, but all sporting, art and cultural events where children are likely to be in attendance. The policy must also extend beyond sport to arts and cultural events. This is particularly important to ensure the policy is future proofed, and to stop expansion of unhealthy food sponsorship into new activities that children may engage with.

12. Which option for restricting retail marketing has the greatest chance of achieving the policy objective(s)?

- Status quo - food marketing within food retail outlets is determined by the retail industry.
- Restrict placement-based promotions of unhealthy foods within food retail outlets (e.g. end-of-aisle, check-outs).

- Restrict price-based promotions of unhealthy foods within food retail outlets (e.g. multi-buys, temporary price promotions).
- **Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets.**

Please provide evidence/rationale for your selection:

Answer:

The AMA supports option 5.6.4 to restrict both placement and price-based promotion of unhealthy food within in-store and online retail environments.

The AMA recommends the introduction of:

- restrictions to ensure that retailers cannot place unhealthy food in prominent locations in store, such as near the point of sale (checkouts) and at the ends of aisles, and online, such as at the top of search results or prominently featured on a webpage or mobile app; and
- restrictions on price promotions designed to encourage purchasing of unhealthy foods. This should include restrictions on temporary price discounts and multibuys (e.g. Buy 2 for \$5) for unhealthy foods.

Any restrictions on retail marketing must apply equally to the in-store, print, and online environments, including both apps and webpages.

Although this policy focuses on unhealthy food, it is also critically important that the Australian Government also introduces policies to increase affordability and accessibility of healthy foods across Australia, with particular focus on priority populations, including Aboriginal and Torres Strait Islander people, people in low socio-economic groups and people living in rural and remote areas.

Restrictions on price promotions are reflected in the National Obesity Strategy and restricted promotion of unhealthy food and drinks at the point of sale and end of aisle in prominent food retail environments is included in the National Preventive Health Strategy. Evidence shows that unhealthy food and drinks are more likely to be price promoted than healthier foods, with larger discounts applied. Price promotions lead people to buy more unhealthy food than they usually would, and do not save consumers money overall (See the [Obesity Evidence Hub page on unhealthy food price promotions](#) for more detail on the evidence).

The AMA is concerned that the definition of what is considered a retail environment is not clearly explained in the consultation paper. We recommend it be broadly defined to include any significant environment where unhealthy food is bought and sold, including fast food restaurants This policy could also be expanded to ensure it is future-proofed and captures all forms of unhealthy food marketing within in-store and online retail environments, such as on-shelf promotions, interactive displays and promotions within branded apps.

13. Do you support restricting unhealthy food marketing 'directed' to children, in addition to policy options 5.1-5.6?

- **Yes**
- No

Please provide evidence/rationale for your selection:

Answer:

Yes, the AMA supports option 5.7 to ensure that there are no gaps that allow the processed food industry to use marketing tactics that target children. We support this only as a restriction in addition to other policy options and not as a stand-alone policy.

It is important to include a specific restriction on marketing targeting children in addition to other setting and media-based restrictions that focus on children's exposure. That is because, even if all of those policies set out above were implemented together, there may still be some gaps. The exact nature of those gaps cannot be identified until the policy elements and details are finalised.

It is important that all marketing that targets children is not permitted. This must include:

- marketing that uses any feature or technique that is likely to appeal to children including images, activities, characters, and prizes, including on product packaging.
- marketing in any physical place or form of media that is primarily for children.
- marketing sent or displayed directly to a child by email, text message or in any other way.

14. Which media and settings do you see as the top priority for action? Please rank in order from 1 (highest priority) to 7 (lowest priority).**Answer**

1. Online
2. Broadcast media (TV, radio, cinema, podcasts, streaming services)
3. Sponsorship
4. Retail
5. Outdoor
6. Marketing 'directed' to children.
7. Food packaging

While priority should be given to those forms of marketing that children are most exposed to and that are most likely to impact children, The AMA strongly recommends a comprehensive package of restrictions that are evidence-based.

The AMA strongly supports a comprehensive policy that combines all elements recommended in our response together, to effectively protect children from exposure to unhealthy food marketing. It is important to consider the likely shift in marketing practices that will occur if restrictions are introduced in one or two areas and not in others. This policy must be future-proof in its design.

Our prioritisation is on the assumption that the policy options we have supported will be adopted in each media/setting and reflects the options that we think will have the most significant impact on children's exposure to unhealthy food marketing, on reducing the power of that marketing and on children's diets.

15. Is there any other information you would like to share to inform this consultation process?**Answer**

As the consultation paper outlines, there is clear evidence that shows Australian children are exposed to high amounts of unhealthy food marketing as they go about their daily lives, and that unhealthy food marketing negatively influences the foods that children prefer, choose and eat. The AMA believes that comprehensive regulation to protect children from unhealthy food marketing is an important policy able to create a healthier food environment, support Australian children to grow up in a world that promotes their health and puts health above the processed food industry's profits.

Regulation to protect children from unhealthy food marketing should form part of a comprehensive set of actions to improve diets and reduce overweight and obesity in Australia, guided by the National Preventive Health Strategy and the National Obesity Strategy.

Effect on health equity

Policies to protect children from unhealthy food marketing are also highly likely to have a positive impact on health equity. As the consultation paper outlines, international evidence suggests that children of ethnic minority and lower socio-economic position are at higher risk of exposure to unhealthy food marketing, and the impact of the marketing is likely to be higher for these children. This suggests policies to protect children from unhealthy food marketing are likely to have a positive impact on health equity. This is supported by Australian research finding that restrictions on food marketing to children on television were likely to have greater health benefits and greater health care cost savings for children of lower socio-economic position than for those of higher socio-economic position.⁶

The AMA understands that further analysis on the cost-effectiveness and health equity impacts of policy options will be conducted as part of this feasibility study and we strongly support this inclusion.

Consideration for health literacy and public education

The AMA recognises that a concerted effort must be made to ensure policy that impact the diverse communities of Australia, work in the best interest of all needs, accessibility, and health literacy levels, educating the public through the process to development new policy. This must include an effort to counter the powerful marketing techniques of brands, with education campaigns helping children to make informed choices towards healthy food choices.

The AMA has called for the Australian Government to invest in long-term, robust online advertising to counter health misinformation, including on social media channels. This should include campaigns on the health risks associated with harmful products such as junk food. Media companies must also acknowledge their public health responsibility and work actively to counter product health misinformation on their platforms. This is relevant to unhealthy food marketing, where 'health claims' are made on unhealthy products.

Impact of food security on healthy food choices

The AMA also wishes to highlight to the Australian Government the links between food security and access to healthy food choices, noting that limiting marketing of unhealthy food to children is only part of the equation as families must be able to access affordable, fresh and healthy food options as the alternative. This was noted in the findings of the Inquiry into Food Security, which found that the inequity of access to health food was a serious concern for Australians, especially in rural and remote areas, and those from low socio-economic backgrounds.⁷

An example of this is the impact that lack of food security is having on Aboriginal and Torres Strait Islander communities. The Coalition of Peaks is focussed on addressing the urgent need for action on the long-standing issue of food security for remote communities that was only magnified during the COVID pandemic. The Coalition of Peaks is advocating for a fully-funded Strategy including improvements to infrastructure, affordability and focused on community control compared to commercial interests, with funding recently allocated towards the National Strategy for Food Security.⁸ CSIRO has also noted the importance of enabling equitable access to healthy and sustainable diets, in their Reshaping Australian Food Systems report.⁹

Cost effectiveness

As the consultation paper outlines, there is clear evidence that policies to protect children from unhealthy food marketing are cost-effective. This outcome can be expected because of the significant costs linked to overweight and obesity, and diet-related non-communicable disease incurred by both governments and individuals. The AMA acknowledges that limiting of burden of disease associated with overweight and obesity, propelled by unhealthy food, is a smart economic driver for introducing this policy.

Monitoring, evaluation, and enforcement

The AMA supports the development of a comprehensive monitoring and evaluation framework as part of the policy design, and this should be subject to further consultation with public health and consumer organisations. The framework must be government led and the food and advertising industries should have no role in monitoring and evaluation, but should be required to provide data to inform these monitoring processes if required. Monitoring and evaluation must aim to assess implementation, understand impact, and consider improvements. The AMA also recommends the development of a strong enforcement framework.

Policy development and conflict of interest

Further policy development will be needed to translate these policy options into comprehensive regulation. This should be subject to further consultation with public health and consumer organisations. The AMA recommends the development of a stakeholder engagement and conflict of interest policy to ensure that the detail of policy and legislation is developed without inappropriate influence from the processed food, advertising, and related industries.

Contact

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¹ Kelly B BR and Freeman B. (2021) Social online marketing engagement (SoMe) study of food and drink brands: Real time measurement of Australian children. *Journal of Medical Internet Research*. 2021;23(7):e28144.

² Australian Government (2021) National Preventative Health Strategy. Retrieved 20/02/23 from: <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>.

³ Watson WL, Khor PY, Hughes C. Defining unhealthy food for regulating marketing to children—What are Australia's options? *Nutrition & Dietetics*. 2021;1–9

⁴ Watson WL, Richmond K, Hughes C. Comparison of nutrition profiling models for food marketing regulation. *Nutrition & Dietetics*. 2023; 80(4): 372-376

⁵ WHO Guideline: Policies to protect children from the harmful impact of food marketing: WHO guideline. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO

⁶ Brown V, Ananthapavan J, Veerman L, Sacks G, Lal A, Peeters A, Backholer K, Moodie M. The Potential Cost-Effectiveness and Equity Impacts of Restricting Television Advertising of Unhealthy Food and Beverages to Australian Children. *Nutrients*. 2018 May 15;10(5):622.

⁷ Australian Government (2023) *Final Report on Inquiry into Food Security in Australia*, Retrieved 05/03/24 from: <https://www.aph.gov.au/foodsecurity>

⁸ Coalition of Peaks (2024) Next Step Towards Closing the Gap. Retrieved 05/03/2024 from: <https://www.coalitionofpeaks.org.au/media/next-step-towards-closing-the-gap>

⁹ CSIRO (2023) *Reshaping Australian Food Systems*. Retrieved 05/03/24 from: <https://www.csiro.au/en/work-with-us/services/consultancy-strategic-advice-services/CSIRO-futures/Agriculture-and-Food/Reshaping-Australian-Food-Systems>