Public Health Association of Australia submission on draft National Obesity Strategy

Contact for recipient:
Department of Health
The Social Deck
E: engage@thesocialdeck.com
T: 0491 617 118

Contact for PHAA:
Terry Slevin – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au T: (02) 6285 2373

15 December 2019
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preamble</strong></td>
<td>3</td>
</tr>
<tr>
<td>The Public Health Association of Australia</td>
<td>3</td>
</tr>
<tr>
<td>Vision for a healthy population</td>
<td>3</td>
</tr>
<tr>
<td>Mission for the Public Health Association of Australia</td>
<td>3</td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>PHAA Response to the consultation questions</strong></td>
<td>4</td>
</tr>
<tr>
<td>Section 1: Proposed timeframe and scope for a national obesity strategy</td>
<td>4</td>
</tr>
<tr>
<td>Section 2: Proposed principles to guide a national obesity strategy</td>
<td>7</td>
</tr>
<tr>
<td>Section 3: Proposed priority areas and strategies for a national obesity strategy</td>
<td>7</td>
</tr>
<tr>
<td>Section 4: Proposed enablers for a national obesity strategy</td>
<td>37</td>
</tr>
<tr>
<td>Section 5: Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy</td>
<td>45</td>
</tr>
<tr>
<td><strong>Conclusion</strong></td>
<td>48</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>49</td>
</tr>
</tbody>
</table>
Preamble

The Public Health Association of Australia

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

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

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

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

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

Vision for a healthy population

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

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

Mission for the Public Health Association of Australia

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

PHAA welcomes the opportunity to provide input to the draft National Obesity Strategy.

PHAA Response to the consultation questions

Section 1: Proposed timeframe and scope for a national obesity strategy

**Question 7: It is proposed that a national obesity strategy will guide action over the next 10 years – from 2020 to 2030. Do you think this timeframe is too short, about right or too long?**

The proposed timeframe is in line with other similar strategies, and allows time for implementation and evaluation before Strategy is updated to incorporate current and emerging issues.

However, there will need to be targets and milestones set against regular timeframes within the 10-year strategy to assist monitoring of progress, and to allow for revisions to the Strategy as new evidence arises.

**Question 8: Why?**

It is pleasing to see the Government commit to a 10-year timeframe to address this problem. This will allow time to build momentum.

However, if strategies are fixed and rigid, they may not be adequate in addressing the changing dynamic of society (including responses from industry, groups and individuals to preventive measures). It is essential to have strategy review point/s to ensure any key learnings are able to be integrated. A regular interim review process – such as every 2 years – focused on process objectives and intermediate outcomes as well as longer term outcomes, may be helpful. This is consistent with the Australian Policy Cycle.

This need for regular policy review is driven by the nature of obesity itself. The prevalence of obesity in Australia has risen from 1 in 5 adults (19%) to 1 in 3 adults (31%) in just over 20 years (1995 to 2017/18). By 2025, it is estimated that of Australian adults over 20 years, 75% of women and 80% of men will be overweight or obese as well as one third of children aged 5-19 years. This avoidable public health emergency requires deliberate coordinated action at all levels to address the causes to reduce the significant societal and individual impact of being overweight and obese.

Obesity is a complex problem, caused by many inter-connected factors that contribute to an individual’s behaviour, including their socioeconomic background, living environment and capability to make healthy choices. To address obesity we need the Government to determine policy and lead, and for public and private organisations and individuals to work together in dynamic, flexible ways.

The benefit of focusing on obesity reduction is that we can observe changes in the outcome measure ‘obesity’ on an annual basis. However, we should not lose sight of the fact that this is a long term outcome for which we are not likely to see significant changes for a number of years.
Question 9: To what extent do you agree or disagree with each of the following components in the proposed scope for a national obesity strategy?

<table>
<thead>
<tr>
<th>Component</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Strategy should encourage government leadership for collaborative, whole-of-society action.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should identify actions for Commonwealth and State and Territory governments.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should identify actions that will involve non-government organisations and other community stakeholders.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should identify actions that will involve the private sector.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should focus on primary and secondary preventive actions that promote and support healthy eating, regular physical activity and a healthy weight for all.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should <strong>not</strong> focus on tertiary prevention actions to treat overweight and obesity.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>The Strategy should <strong>not</strong> focus on actions to manage and address underweight.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Question 10: Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove?

Clarify the focus and scope – starting with the name of the strategy

We recommend the strategy be named the **Obesity Prevention Strategy**, as tertiary level treatment is not the priority.

We also recommend very clearly defining the scope of the strategy to make it achievable. Specifically, the Strategy should have the goal of reducing the onset and prevalence of overweight and of obesity through a prevention (non-medicalised) approach.

On an international scale, obesity has been recognised as a ‘disease process’ by the American Medical Association (AMA), the World Obesity Federation and the World Health Organisation (WHO\(^4\)). Recognising obesity as a disease creates a sense of urgency, increases investment and recognises that obesity is not a result of individual responsibility, potentially reducing stigmatisation\(^5\).

A comprehensive obesity prevention approach would focus on strategic actions to prevent obesity. While it is appropriate to acknowledging the evidence regarding the role of a range of individual level factors...
including biology, genetics and psychology in the development of obesity, undue focus on these factors may contribute to greater stigma.\textsuperscript{6,7} Importantly, obesity and depression have a significant and bidirectional association.\textsuperscript{8} The strategy should acknowledge this and consider complementary mental health strategies and actions that could be included. Unless the strategy addresses the fact that many Australians who are not overweight or obese also have poor nutrition and do not engage in sufficient physical activity for health benefit, the Strategy may actually contribute to stigma\textsuperscript{9} as well as undermine the potential of other health policies.

\textit{Define and manage industry involvement}

It is important that the Strategy more clearly defines the role of industry, and is transparent at every stage of the process with regard to industry engagement. Government, not the private sector, should lead and take responsibility for defining and delivering this strategy.

We agree in principle that the Strategy should identify actions for non-government stakeholders including the private sector. As some policies to build a healthier and more resilient food system may impact the profitability of some sectors of the food industry, it is critically important that the role of the food and beverage industry (including alcohol) be limited to the implementation of policies, but not the design of policies\textsuperscript{10-12}.

It is important, especially for prevention, that policies address the structural, upstream determinants of obesity, i.e. the availability, affordability, acceptability and awareness of healthy and unhealthy foods.\textsuperscript{13} When the food industry participates in the design of food and nutrition policies, resulting policies tend to focus on individual education and behaviour change, and are consequently less comprehensive and impactful.\textsuperscript{14,15}

Commercial interests are necessarily primarily focused on profit have a strong conflict of interest. This conflict is not addressed simply by stating that it exists. The Strategy should focus on ways in which industry can be influenced through regulatory measures or otherwise to provide healthy food options, control marketing to children, and provide more informative and less misleading and deceptive food labelling and promotion.

With these issues in mind, there should be an overarching approach for dealing with industry’s conflict of interest in contributing to this Strategy and to obesity policy in general, and likewise for ensuring that government interaction with industry and its lobbyists is made transparent to the public.

Ideally, there would be a clear statement at the political level that industry will not be involved in the development of the Strategy, following Canada’s lead in the development of their Food Policy.
Section 2: Proposed principles to guide a national obesity strategy

**Question 11:** Please rate how important you think each of the following proposed principles are for guiding the development and implementation of a national obesity strategy?

<table>
<thead>
<tr>
<th>Principle</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>People First - the Strategy is person-centred, meaning it recognises the unique situations, experiences and strengths of individuals</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Equity - the Strategy will promote equity, acknowledging some people and groups need additional supports to achieve good health</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Collective and Sustained Action - the Strategy will promote partnerships and ongoing shared commitment from government and other key stakeholders</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Evidence-Based - the Strategy will be informed by up-to-date evidence and promising or emerging strategies</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Sustainable Development - the Strategy will align with the pillars of sustainable development: economic growth, social equity and environmental protection</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Question 12:** Thinking about the five proposed guiding principles, is there anything you would change, add or remove?

**Use of individual-focused language**

The language currently in the draft Strategy is in too many cases person-centred, focusing on the unique situations, experiences and vulnerabilities of individuals. This places too much emphasis on individuals, and is not an appropriate focus for a population strategy. The focus should instead be on communities, ages and stages. It would make better sense to use ‘people’ terminology in ways which would emphasise that the Strategy is concerned to promote self-determination of individual health, as well as to acknowledge that the beneficiaries of this strategy are people rather than economic considerations such as growth, business profitability, etc.

A socio-ecological framework would further acknowledge the importance of addressing the complex system impact of health issues, such as obesity at multiple levels\(^\text{16}\). Such a framework breaks down the interplay of multifaceted determinants to understand the impacts on health, and therefore fits alongside systems theory. Because this is inherently a preventative strategy, the key focus should be better to list the macro social and environmental aims, followed by local policies, and then finally individual behaviour-
change strategies. The number of behaviour change strategies should not outweigh strategies targeted at more upstream determinants.

The reference to ‘economic growth’ must not be allowed to introduce into the Strategy any sense that social, environmental and health policy should be distorted to feed claimed needs for increased business activity to have precedence. The Strategy’s concern must remain fundamentally one of sound health policy.

**Define and manage industry involvement**

The principle of Collective and Sustained Action needs clarification regarding the roles of the actors in the partnerships. As outlined in response to Question 10, because of the powerful conflict of interest which exists, the role of industry should be in implementing, not deciding, regulatory policies.

### Section 3: Proposed priority areas and strategies for a national obesity strategy

Firstly, a general comment relating to questions 13 through 34: in line with the discussions about trying to encourage a focus on upstream determinants, we suggest that the ordering of priorities be flipped, i.e. a healthier food system should be “priority 1”, etc.

**Question 13: Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life.**

[The] first proposed strategy for this priority area is: Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days.

**Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:**

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide healthy eating and drinking support and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide support for mothers to breastfeed and continue to breastfeed by implementing the National Breastfeeding Strategy</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Explore policy options to strengthen protection of infants and families from excess availability and marketing of breast milk substitutes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their new roles as parents

Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for infants (e.g., appropriate introduction of solids, responsive feeding, portion size, screen time, motor skill development)

Comments:

Priority of focus of action

The focus on overweight and obesity prevention across the life course is important, and there should be particular emphasis on the first 1,000 days in particular, as well as the following 2,000 days of life (pregnancy to toddlerhood). In addition, the prevention strategy should focus on and prioritise the important environmental and systemic factors to prevent obesity.

We recommend that the actions be reordered in order of macro and system first, down to individual behaviour strategies. The Strategy actions should be reordered to read “(1) Strengthen policy protection of infants and families from excess availability and marketing of breast milk substitutes”, “(2) implementing the National Breastfeeding Strategy”, etc.

Targeted child and family specific initiatives would be specific priority sub-sets for targeted populations. Mobilising people and communities then focus on how to action these effectively (systems).

Educational strategies will have limited impact without environmental changes. Educational strategies should be considered as part of a well-funded comprehensive social marketing campaign but as stand-alone items they will have minimal effect.

Strengthen action statements

There is an urgent need to take policy action rather than to explore policy options, and indeed this is true throughout this Strategy.

We recommend rewording this action to read “Strengthen protection of infants and families from excess availability and marketing of breast milk substitutes”. The language should also call for implementation and action as a priority17,18.

Strategies need to include creation of supportive environments regarding fortified milks for toddlers. This is a growing market and misleading labelling on formulas and milks marketed as "toddler drinks" works to confuse parents about their healthfulness or necessity19. As well as enabling environments (breastfeeding friendly) the regulatory system should include tighter restrictions on marketing of breast milk substitutes and follow on formulas (up to 36 months of age).

There are several risk factors in the first 1000 days of a child’s life that are associated with the development of overweight and obesity20. This includes modifiable behaviours such as breastfeeding, maternal prepregnancy overweight, smoking during pregnancy, and rapid infant weight gain20.
A recent systematic review of 46 interventions delivered by health professionals in the first 1,000 days that aimed to prevent childhood obesity found only 4 which had positive impacts on both children’s weight outcomes and behavioural outcomes of parents. However, there were a further 6 interventions that demonstrated positive impacts on child weight outcomes only, and 22 trials that had positive impacts on behavioural outcomes only. The authors identified several behaviour change techniques that were associated with intervention effectiveness, namely: problem solving, review of behaviour goal(s), feedback on behaviour, feedback on outcome(s) of behaviour, social support, instruction on how to perform a behaviour, demonstration of the behaviour, and information about health consequences. It is suggested that such techniques be incorporated into research and practice.

From a local perspective, the same review identified a number of local intervention trials (INFANT trial in Melbourne, NOURISH trial in Brisbane/Adelaide, Healthy beginnings in NSW and POI trial in New Zealand) that resulted in a reduction in BMI z scores at 18 and 24 months to a moderate degree.

The Healthy Beginnings trial in NSW, involving 8 home visits over 24 months, demonstrated significant improvements in weight outcomes at intervention end, but unfortunately these results were not sustained at 1.5 and 3 years post end of study. This suggests that investing in such programs, as well as creating more systematic and environmental changes that allow families to access healthier options, will need to be sustained beyond the first 1,000 days to maintain results.

**Build on, strengthen current effective actions**

The Strategy must call for enhancement of current resources across government agencies at both national and state levels.

At the same time, as a nation we should avoid investing in duplicating initiatives/websites, but should focus on enhancing effective ones such as Raising Children Network and Health Direct site, both funded by Australian Government. This creates challenges for multiple agencies working with parents to promote messages that are consistent.

The strategy should highlight the need for utilisation of already established evidence-based forums for new parents in regards to not just education about the “what” of introduction to solids education, but the “how” and “why” components: include initiatives/programs delivered through state-wide maternal and child health services delivered via new parent groups eg: INFANT, Healthy Beginnings. The Strategy needs to support and encourage parents thinking about food to have them consider their own eating, noting that intergenerationally-transmitted disordered eating issues are widespread.

**Health professional resources**

Training for health professionals regarding healthy life scripts appropriate for pregnant women is important. Physical activity messaging often suggests women should discontinue or not commence physical activity during pregnancy. There is a significant gap in key health (midwifery / child health) and childcare provider nutrition knowledge and skills.
### Question 14: Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life

The second proposed strategy for this priority area is: Enable parents, carers and families to encourage lifelong healthy habits for children and young people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I'm not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support parents, carers and families to purchase, prepare and enjoy healthy food and drinks, whilst limiting unhealthy food and drinks.</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Encourage parents, carers and families of children and young people to use parks and recreation facilities, role model active transport and active living, be active with children (co-participation) and restrict screen time</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Encourage greater availability of healthy food and drinks, whilst also limiting unhealthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Increase availability of, and equitable access to, appropriate programs that support weight management for children, young people and their families</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Comments:

Evidence informed advice

The Strategy should be based on credible, reliable evidence-based information, particularly in the area of dietary recommendations throughout the lifecourse. To this end we support and encourage the continued use and timely update and dissemination of the National Health and Medical Research Council’s (NHMRCs) guidelines (Australian Dietary Guidelines, Infant Feeding Guidelines, Australian Guide to Healthy Eating, Clinical management of Overweight and Obesity for adults and children) and evidence-informed physical activity guidelines.

Message tone regarding overweight and obesity

One key role for a the Strategy will be in setting the tone and adoption for messaging regarding overweight and obesity. It is essential that the Strategy avoids stigma and negative body image, but instead takes a positive approach. The Strategy should focus on ‘active and healthy’ policies that support healthy eating and physical activity for children, young people and their families.

There is also a need to provide evidence-informed, age-appropriate advice on growth and development. These proposals acknowledge and are in response to other unreliable and often harmful misinformation regarding diet in particular. There needs to be evidence-based advice that guides the development of all actions, including environmental actions, as well as to inform strategies that provide individual advice and guidance. The absence of such recommendations from a national strategy would undermine the necessary comprehensive approach and likely reduce the likelihood of processes to inform the evidence base, eg. recommendations that are the basis of NHMRC Dietary Guidelines, Infant Feeding Guidelines and the Australian Guide to Healthy Eating and the Clinical Management Guidelines for Overweight and Obesity as well as Physical Activity and Sedentary Behaviour Guidelines that form the basis of all actions including the environmental strategies.

The Strategy should support age-paced parenting information systems to provide guidance in line with child development utilising technological prompts. This could be built into a national website program such as Raising Children Network to enable health services to link parents to timely up to date information. Strategic dissemination strategies across all sectors should be encouraged. It is important to note that education on its own has limited effect, multi-component community-based interventions have demonstrated effect on weight.

Clear alignment of early childhood strategies to education, as well as school readiness, needs to be articulated here to promote collective action. Without a whole of government/community approach across the strategies and sub-strategies, the potential of this national approach will be minimised.

There is a need to clarify sub-strategy 4, Develop fun peer and community activities that enable adolescents to engage in physical activity, including a focus on the role of fathers. The rationale for this sub-strategy is unclear and appears to combine evidence without apparent justification. Are fathers in fact more likely to be physically active than mothers? PHAA recommends this wording be amended to refer to all parents, not just fathers.

Finally, we recommend strengthening sub-strategy 5 to limit the availability of unhealthier foods and drinks, and increase the availability of healthy food and drinks, at sporting, recreation and community venues, facilities, clubs and events. There has been a lot of encouragement to date, but stronger action is needed.
**Question 15: Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life**

The third proposed strategy for this priority area is: Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills.

**Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:**

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance leadership, professional knowledge, relevant policies</td>
<td>☐ ☐ ☑ ☐ ☑ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and practices, curriculum design and delivery aligned with national guidelines, and partnerships within and beyond the early childhood education and care and school community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs)</td>
<td>☐ ☐ ☑ ☑ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities</td>
<td>☐ ☐ ☑ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities</td>
<td>☐ ☐ ☑ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate policy and community-led options to extend student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups</td>
<td>☐ ☐ ☐ ☑ ☑ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

This section could identify strategies to address social disadvantage at the broad social protection level.

It is important for the Strategy to focus on addressing the increasing reinforcements of sedentary behaviour across settings (work, school and social environments). In addition to promoting physical activity,
it is crucial that interventions emphasise the importance of decreasing sedentary behaviour environments\textsuperscript{24}. That said, addressing physical activity should not be presented as being more important than healthy eating.

Government guidelines for healthy food provision at schools exist. Rather than partnerships to deliver programs, increased government support and resourcing is needed to implement existing early childhood and school food policies. Where partnerships are used, they must not be delivered or funded by organisations with a conflict of interest, such as sugar-sweetened beverage manufacturers or fast-food companies.

Two of the proposed ideas have many benefits, but are not strongly related to obesity. These are: (1) facility use such as use of school facilities out of hours, and (2) student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups.

It is welcome that a social determinants of health approach is included. Educational attainment is a fundamental driver of good health and wellbeing and improving school retention is critical to improve overweight and obesity across the population. However rather than merely ‘investigate’ policy in this area, there should be stronger immediate commitment to implement policies and support communities to extend student retention in schools.

**Question 16: Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life**

Thinking about the strategies you just read for supporting children and families, are there any additional strategies you think should be included to start early to support healthy weight throughout life?

This section should identify strategies to address social disadvantage to further the aims of the UN Sustainable Development Goals (note: see also our comments under Q20, below).

Regarding Action 2 – *Establish partnerships etc* – any of these types of programs that are delivered by the voluntary and community sector need to be targeted, and integrated into broader strategies and government led. For example, the Strategy could call for governments to ensure that charitable systems that provide food to vulnerable groups are nutrition-focused and provide appropriate food.

The Strategy should clearly prioritise interventions designed to address environmental and systemic factors above those designed to address individual and behavioural factors, in order to be most effective and equitable. Sound foundations with environmental and systemic policies need to be laid down first, to enable effective and lasting individual behavioural change. Interventions targeting individual behavioural change are limited when individuals are not supported by environmental factors to allow and support them to make the proposed changes. Some of these education strategies are therefore likely to have little impact, and would be a low priority.

In addition, while noting that food marketing is addressed in elsewhere in the Strategy, it should be repeated here that parents face substantial ‘pester power’ from children, which behaviour is deliberately instigated by the ubiquitous marketing of unhealthy food and beverages that specifically targets children. Children and parents can be supported to avoid such impacts through implementing policies that prevent marketing that targets or resonates which children (defined as <18 years), especially in environments frequented by children and parents (i.e. sports, schools, community events, social media etc), and including through product sponsorship forms of marketing.
**Question 17: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

The first proposed strategy for this priority area is: Improve people’s knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of their weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour</td>
<td>☐ ☐ ☑ ☑ ☒ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms, whilst minimising weight-related stigma</td>
<td>☐ ☐ ☑ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs</td>
<td>☐ ☐ ☑ ☑ ☒ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants</td>
<td>☐ ☐ ☑ ☑ ☒ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity that are accessible and responsive</td>
<td>☐ ☐ ☑ ☑ ☒ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

We note that the consultation document descriptor states that ‘our society needs to be empowered...’. In this spirit, this section should also affirm that all Australians should have the capacity to act on their knowledge, rather than knowledge alone. In the absence of such capability, knowledge alone does not give people effective choice.

Comprehensive, multi-strategy social marketing campaigns have an important role to play in obesity prevention, but must not be the only means by which the issue is addressed.

When used, social marketing campaigns must be carefully designed with an equity lens from the outset so that the messaging resonates with all members of society, not just those who have the social and economic
resources to respond to and act on the messaging. The social marketing campaign needs to be a comprehensive one, including but not limited to mass media. For example the Western Australian Government’s LiveLighter campaign evaluation showed population level benefits including:

- Increases in the proportion of respondents likely to avoid purchasing junk food at fast food outlets (increase of 14%), petrol stations (increase of 11%), vending machines (increase of 9%), and supermarkets (increase of 7%)\(^{25}\).

- A 2016 Cancer Council Victoria’s healthy lifestyle campaign demonstrated a reduction of 9% sugary drink consumption amongst adults who were regular soft drink consumers during the period of the paid campaign on sugary drinks (31% of the population pre-campaign to 22% post campaign)\(^{26}\).

- The Victorian campaign also achieved significant cut-through amidst a media environment containing much editorial, advertising and entertainment content about being overweight. This demonstrates that there is a strong media appetite for this type of content and a receptive audience who are primed to receive it\(^{26}\).

- 92% of survey respondents were in favour of government supporting such media campaigns in Victoria\(^{27}\).

- Importantly, the campaign was not associated with an increase in stereotypes held about overweight individuals\(^{26}\).

There is good evidence that investment in healthy lifestyle campaigns can be very cost effective. This is based on research from a 2016 Victorian campaign that demonstrated:

- Every dollar invested in the campaign will return an estimated $5.22.

- A six-week sugary drink public education mass media campaign run 12 times over three years in Victoria, costing $9.8 million, would save $51.4 million in healthcare costs, 2,744 years of life and 4,540 Health-adjusted life years due to reduced sugary drink intake, lower bodyweight, and reduced morbidity and mortality of obesity-related diseases over a lifetime.

- The Victorian sugary drink public education mass media campaign could prevent 1,982 new cases of obesity-related diseases (type II diabetes mellitus, osteoarthritis, IHD, HHD, stroke, and colorectal, breast, endometrial and kidney cancers) and 277 fewer deaths over a lifetime.

- The Victorian sugary drink public education mass media campaign is highly cost-effective, improving health and saving costs compared with no campaign\(^{28}\).

Some of these ideas are about partnerships, and it would be beneficial to define the role the government in these partnerships. For example, government partnering with organisations, and/or government enabling effective partnerships within these populations.

Partnering with culturally and linguistically diverse communities is an excellent foundation to developing culturally appropriate and acceptable responses to overweight and obesity. At a population level, not all culturally and linguistically diverse groups are vulnerable to overweight and obesity. Therefore, priority should be given to ethnic groups at higher risk, such as those from Oceania, North Africa and Middle East\(^{29}\), immigrants in the early-mid settlement period who are gaining weight faster than those who have been in Australia for longer\(^{29}\), and immigrant families who are arriving with children and adolescents\(^{30}\).

There is good evidence that sustained, well-executed social marketing is effective in improving nutrition knowledge, attitudes and consumption behaviour, for example, the Go for 2&5© campaign\(^{31, 32}\).
**Question 18: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

The second proposed strategy for this priority area is: Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Identify a diverse range of local leaders to ‘champion’ place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Ensure local communities have access to health promoting sponsorship options for events and sport, and are empowered and informed to consider the impact of unhealthy sponsorship choices</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

Obesity reduction should be a shared goal across government organisations with targets that promote collective action. For example, obesity should be a priority for Primary Health Networks.

Reducing unhealthy sponsorship of sports at community events can be achieved longer term through policies preventing unhealthy sponsorship. In the short term, to help enable clubs and facilities to make the shift away from unhealthy sponsors, Government could buy out unhealthy sports sponsorship, as demonstrated through Healthway’s Sponsorship program in Western Australian. Evidence shows that the value of unhealthy sports sponsorship is very low ($200-$800 per club). This could be done as part of the multi-component social marketing campaign.

Further, it would be helpful for schools to have access to alternative sponsorships – some information on this is available from a Health Impact Assessment (HIA) made for the draft regulation ‘Advertising and Promotion of Unhealthy Foods and Non-Alcoholic Beverages to Children Regulation’ in Fiji.

Targeted community capacity building initiatives would be ideally matched to evidence of inequities in overweight and obesity. For example, people who live in disadvantaged neighbourhoods, people living in regional and remote areas, people who lack social networks, communities experiencing racism and/or discrimination, communities who have poor English-language proficiency, or those who experience other barriers to accessing universal services. For these groups, targeted responses are preferable, as it is unlikely...
that other universal policy responses (targeted at the general population) will achieve the reach needed to support a healthy bodyweight.

**Question 19: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

The third proposed strategy for this priority area is: Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.

*Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:*

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based weight management interventions, ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight-related stigmatisation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

The Strategy should ensure that there is an adequately sized and skilled workforce to advise consumers on appropriate weight management. Human and financial resources and organisational factors were the main barriers to meeting obesity, and public health nutrition and physical activity outcomes.

The Strategy should engaging with appropriate professionals – eg: dietitians, psychologists – to provide evidence-based advice to help reduce weight stigma and invest in additional local resources to promote self-esteem and social connection. The Strategy should aim to strengthen the use of the medical care plans by GPs – GPs need to create these so people have access to these allied health services.

Regarding sub-strategy 3: Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight-related stigmatisation, this should be reworded to focus on advocating for changes to obesogenic environments, as well as combating adverse messaging that creates or reinforces stigma. Stereotypes allow for discrimination against people with obesity across workplace, health care, educational institutions and mass media. In fact, this type of discrimination is associated with increased rates of poor eating behaviours, decreased drive to participate.
in physical activity, poorer weight loss and lower self-esteem among both adults and children\textsuperscript{35-37}. In addition, individuals who experience discrimination are less likely to utilise health care services\textsuperscript{35}.

The media portrayal of obesity is an influential social factor to consider. Obesity Australia provide obesity media guidelines for language, images and portrayal of individuals with obesity, if used, this may help to reduce the stigmatisation and subsequent effects surrounding obesity\textsuperscript{37}.

Finally, we suggest removing ‘advocate’ and just increase the availability and intensity of services and referral pathways for population groups experiencing higher levels of overweight and obesity, through effective co-designed behaviour change programs.

**Question 20: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

The fourth proposed strategy for this priority area is: Support health and social services to prioritise the prevention of obesity-related chronic disease.

*Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:*

<table>
<thead>
<tr>
<th>Support better collaboration between sectors dealing with unemployment, social protection and health</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develop labour and social policies that provide secure and decent work for all</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provide professional development for clinicians to support the improvement of healthy eating and physical activity behaviours in their patient/clients</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and people from at-risk population groups</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increase the availability of, and clarity of referral pathways to, evidence-based weight management treatments (including community-led programs)</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Comments:

The Strategy should reference the UN Sustainable Development Goals (SDGs). In particular, there is a higher prevalence of obesity and overweight among groups rendered vulnerable due to poverty, inequality, and justice. Australia has made commitments to action address the 17 interconnected Goals and collectively across the globe to achieve them all by 2030. Relevant SDGs include:

- SDG 1 (no poverty)
- SDG 2 (zero hunger)
- SDG 3 (Good health and well-being)
- SDG 4 (quality education)
- SDG 5 (gender equality)
- SDG 7 (affordable and clean energy)
- SDG 8 (decent work and economic growth)
- SDG 10 (reduce inequalities)
- SDG 11 (sustainable cities and communities)
- SDG 12 (responsible production and consumption)
- SDG 13 (climate action)
- SDG 14 (life below the water)
- SDG 15 (Life on the land)
- SDG 16 (peace, justice and strong institutions)
- SDG 17 (partnerships)

The Strategy must prioritise the causes of the causes – the environmental and systemic factors associated with obesity. Thereby, a multi-sectorial approach to obesity that includes a focus on unemployment, social protection, and health is required to create and promote healthy food environments.

Professional development for clinicians to increase skills and confidence in engaging patients in weight related care is very important, as opportunities are very limited. This is likely to have less measurable impact on obesity rates than some of the systems and environmental actions – however, doctors really want this information and are a credible source of nutrition information.

This and other systems supports for the early identification of unhealthy weight gain, (specifically life course transition points and people from at-risk population groups) using additional considerations to assess accuracy of BMI in individual assessment (muscle vs fat and body fat distribution).

LiveLighter’s national Shape of Australia survey 2017 found: 34% of Australian adults survey turn to their doctor to get information on ‘healthy weight’ or ‘weight loss’. This was the second highest source after ‘the internet’. A large study in 11 countries found most people with overweight (68%) would like their health professional to initiate a conversation about weight, and only 3% were offended by such a conversation38.

We also need better systems in primary care, such as routine weight of patients and review of risk factors. A retrospective analysis of general practice data from Melbourne showed that only 22.2% of adults had their body mass index (BMI) recorded, and only 4.3% had a recorded waist circumference39.

Lack of referral pathways, as well as referral to healthy lifestyle programs are major concern for medical practitioners. The NHMRC Clinical Practice Guidelines for the management of overweight and obesity 2013, have been rescinded due to their age, there does not appear to be a plan to update these It is also unclear which people with obesity are eligible for a GP management plan and team care arrangement. Many GP’s are hesitant to use GPMP’s because of ambiguity with the rules. And there are limited affordable referral options for ongoing support / treatment. Most states have support programs with eligibility requirements, but the referral pathway is not always clear39-42.
**Question 21: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

The fifth proposed strategy for this priority area is: Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt best-practice breastfeeding policies and practices (e.g., workplace facilities, maternity leave, flexible work times to allow for breastfeeding)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Adopt policies and practices that promote and prioritise physical activity, increase access to healthy food and drinks, and limit access to, or remove unhealthy food and drinks through catering, vending machines, cafes and canteens</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Design buildings that support and encourage healthy behaviours (e.g., stairs, kitchen facilities, end-of-trip facilities, storage, standing desks)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Create physical environments, policies and programs that incentivise and support active travel to work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Offer flexible work options to reduce travel time, freeing up time for meal planning/preparation and physical activity</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Offer or facilitate access to multi-component, non-discriminatory programs and information to support healthy eating, physical activity and healthy weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

The strategy needs to prioritise these types of higher level policy targets and strategies. While educational and behavioural programs are needed and are indeed effective, we won’t achieve obesity reduction across a population without these higher level enabling policy changes. It is not enough to just know what we
should eat and do in terms of exercise, but we need the conditions to enable us to do these things. These are crucial to the success of this strategy.

Breastfeeding strategies are important, but their implementation needs to be considered. For example, the wording should be strengthened to highlight the government’s role in supporting workplaces to adopt best practice policies and practices.

**Question 22: Proposed priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight**

**Thinking about the strategies you just read for mobilising people and communities, are there any additional strategies you think should be included to mobilise people and communities to use knowledge, strengths and community connections to enable healthy weight?**

The Strategy overall should prioritise environmental and systemic changes needed to support individual and behavioural changes. The priorities and strategies throughout should be reframed and reordered with the following ideas in mind:

- Support health and social services to prioritise the prevention of obesity-related chronic disease.
- There is a lot covered under this proposed priority; perhaps divide it into two priorities:
  - one that focuses on systems thinking and reorientating sectors to prioritise obesity prevention and healthy food environments.
  - another should focus on health system policy and structural elements including reviewing and publishing clinical guidelines and providing funding and clear pathways for GP’s and other health professionals to assist their patients to prevent and manage weight gain.
- Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence.
- Improve people’s knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of people’s weight.
  - Suggest reframing to environments that promote healthy food and physical activity. This should include comprehensive social marketing campaigns that raise awareness of the issues and are non-stigmatising or judgemental. It should also be designed and delivered with hard to reach groups in mind.
- Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity.
  - One clear action for this priority is removing unhealthy sponsorship of community sports and other places children and local community members attend.
- Support all people who are at risk of becoming overweight to access effective weight management interventions without fear of judgement.
  - On this last point, note the NHMRC guidelines and professional development for health professionals. In NSW, over 60% of allied health professionals believed that providing weight management advice was within their scope of practice, 81% gave physical activity advice and 57% dietary advice. The NHMRC Clinical Practice Guidelines for the Management of overweight and Obesity are not routinely utilised by these practitioners and there is a need for evidence based allied health professional guidelines. The massive open online course (MOOC) platform has been used to provide flexible participation, for example, The science of weight loss: Dispelling Diet Myths covers weight management concepts, dietary assessment, identifying fads and non-credible approaches, successful weight loss and maintenance strategies.
Question 23: Proposed priority 3: Enable active living – supporting a way of life that helps people move more throughout the day

The first proposed strategy for this priority area is: Invest in connected active places and spaces in urban, regional and rural areas.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Suggested Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and maintain infrastructure that grows participation in sport, active recreation, walking, cycling and public transport use to encourage individuals and families to be active together</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Create a culture that promotes active travel through safe walking networks, drinking water stations and pedestrian prioritisation; cycling networks with reduced crash risk; storage and end-of-trip facilities; and efficient, accessible and regular public transport systems with strong connectivity and after-hours service</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Apply integrated urban (and regional) design and transport policy, regulations and guidelines to create built environments that prioritise active living for people of all ages and abilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Make communities safe with people-friendly spaces that favour people over motorised transport, and crime prevention strategies, such as community policing techniques, peer-led outreach programs and lighting</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ensure strategic infrastructure policies and plans prioritise investment in public transport, walking and cycling infrastructure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Consider fiscal policies to reduce driving and increase active travel and the availability and quality of recreation and sport facilities and opportunities</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**Comments:**

Priority area (3) appears to be written to a higher level compared to the specific strategies outlined in the food system priority area (4), outlined in later questions below.

We would highlight the importance of equitable provision of urban design to promote health and wellbeing. There should be a sub-strategy to influence developers to invest in health promoting urban design. Local governments’ development requirements are often fought by developers due to cost. Governments should increase efforts to influence both public and private development design.

There are some important matters covered here, including urban design laws to encourage exercise, reduce car reliance, build safer roads/spaces for cycling, and encourage transport mode linkages through simple means such as public transport bike carriers.

Walking is often ranked the most popular form of physical activity for Australians\(^46\), however, in this strategy, walking is only mentioned four times. Providing more Australians from all socio-economic groups with access to safe and satisfying walking opportunities should be central to this strategy. Although there are conflicting findings regarding the link between neighbourhood walkability and weight\(^47\), a recent large cohort study (of over 7500 people) suggests that people living in "very car-dependent" locations are predicted to engage in 19% less moderate to vigorous physical activity per day than people living in "very walkable/walker's paradise" locations\(^48\). Engaging in vigorous activity is recommended as protective against all causes of mortality\(^49\).

Walking infrastructure is not only about the building of bike paths and walking paths but about how easy it is to walk to: dining and drinking; groceries; shopping; errands; parks; schools and; cultural & entertainment\(^50\). Walking infrastructure should also be about the experience of walking, currently the experience of walking in most non-inner city locations in Australia is a car centric experience. Road crossings and traffic flow are set up with cars in mind, a pedestrian arriving at an intersection is likely to have to wait for more than a full cycle of the traffic lights (usually in the hot sun) before being given the 'green walking man' sign to walk.

There are few trees to shade foot paths, there are few overpasses over busy roads and bus shelters are generally inadequate and do not provide protection from heavy rain and hot sun. The car centric nature of our suburbs also impacts cyclists. Most roads in Australia and particularly outside of inner city metropolitan areas are not made to accommodate cyclist and, therefore, as cycling is not a normalised behaviour, cars are not considerate of cyclists. Instead of viewing cyclist and walkers positively, as people who are helping to make road traffic less congested, car drivers view pedestrians and cyclists as a hindrance. As suggested by Hrelja, “In the attractive city, walking, cycling, and public transport play more important roles than before, and car traffic should be accorded a correspondingly lower priority”\(^51\).
**Question 24: Proposed priority 3: Enable active living – supporting a way of life that helps people move more throughout the day**

The second proposed strategy for this priority area is: Motivate and inspire participation in regular physical activity by people of all ages and abilities.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a range of fun, local and social active living options that match the interests of various ages and abilities, engage local communities and organisations, and build social cohesion</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Partner with Aboriginal and Torres Strait Islander people, people living in regional and remote areas, people with disability, and people experiencing disadvantage, to develop targeted interventions that increase the availability, accessibility and affordability of physical activity opportunities and reduce barriers to active living</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Support regular participation initiatives in public spaces that engage large portions of the community (e.g., fun runs)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Offer free or low-cost access to encourage use of public transport, walking and cycling infrastructure, recreation opportunities, natural environments, sports and active living programs (e.g., subsidies, public liability insurance scheme for cyclists, rental equipment, participation incentives, and after-hours use of public and school sport and recreation facilities)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Build physical literacy and promote community-based active events using sustained, evidence-based social marketing</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

Increase inclusiveness of programs to ensure people feel comfortable to join and supported if they have special needs. For example, the Active and Healthy Recovery project provided Mental Health First Aid.
training for community physical activity providers and then promoted providers with this training through the City of Gold Coast Active and Healthy program.

Opening of stairwells for incidental activity. Barriers to this include extensive WH&S engineering requirements to repurpose.

Social marketing needs to develop action messages that can resonate in local contexts. The Obesity Community Jury were surprised at the amount of services and activities currently available in their region for people who were overweight or obese. As they had considered themselves reasonably informed, this led them to recommend that all organisations increase the awareness of existing programs through effective and new ways of advertising. Improved advertising of current programs was considered beneficial to both the public and health providers by raising awareness, providing education and potentially promoting cross organisational referrals.

**Question 25: Proposed priority 3: Enable active living – supporting a way of life that helps people move more throughout the day**

*Thinking about the strategies you just read for enabling active living, are there any additional strategies you think should be included to support a way of life that helps people move more throughout the day?*

Suggestions would include:

- Flexible work arrangements
- Building design, and in particular stairwell access
- National bikeways
- Policies to promote bike storage on public transport
- Mixed land use
- Walking school bus

There is also a need to focus on workplaces such as penalties for workplaces that do not provide opportunities for physical activity or sufficient rest time as this also prevents people from healthy exercising, being active among family members, or preparing healthy meals after work because they are too exhausted after being on their feet all day.

Exercise and ‘healthy food option’ rest ‘stops’ or ‘hubs’ for truck drivers, travellers.
**Question 26: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The first proposed strategy for this priority area is: Ensure our food system favours the production, processing and manufacture of healthy and sustainable products.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

Initial note: we recommend that this should be presented not as priority 4, but as priority 1 – re-ordering the priorities conveys an sense of importance.

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure planning and management policies for land and sea use safeguard food system resilience and productivity</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop innovative solutions to efficiently use natural resources, maximise biodiversity, minimise wastage, enable business growth and address climate change</td>
<td></td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure economic policies make production and manufacturing of healthy foods and drinks, such as fresh fruit and vegetables, attractive</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Overall, we note that these propositions might usefully be removed from the ‘actions’ and instead used as underpinning principles.

Planning and management policies for land and sea use safeguard food system resilience and productivity are important, but are unlikely to affect obesity.

Healthy foods and drinks typically require less manufacturing; economic policies should look to maximise the extent to which healthy foods are available and affordable.

Regarding the development of innovative solutions, this is highly important, but outside of scope current, requires a separate climate change, land use and food systems strategy with actions relevant to the Australian context. Cross sectoral approach required.

According to the 2019 IPCC Climate Change and Land report the global food system, including pre- and post-production activities, accounts for “21-37% of total net anthropogenic GHG emissions (medium confidence)” and 70% of global fresh-water use (medium confidence). Therefore, this priority area needs to more clearly acknowledge the current significant impact of the global food system on the environment and commit in concrete terms to mitigation, adaptation and resilience to natural hazards actions with the food system to achieve co-benefits to the environment and human health.

We also believe that the proposed priority area listing should be in line with the evidence that dietary risk factors contributed to 11 million deaths and 255 million disability adjusted life years globally in 2017. In addition, malnutrition in all its forms (high BMI, dietary risks and child and maternal undernutrition)
contributes to disease burden more than cumulative burden of the next three subsequent contributors\textsuperscript{54}. Therefore, proposed priority 4 should be the leading and most heavily weighted priority within the Strategy.

**Question 27: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The second proposed strategy for this priority area is: Increase the availability of healthy, more sustainable food and drinks in the places we live and work.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Create easier access to healthy food and drinks in local residential communities through:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• urban agriculture (e.g., community garden initiatives and encouraging home gardens);</td>
</tr>
<tr>
<td>• urban design (e.g., density of fast food outlets and proximity to schools and community services; access to supermarkets and smaller food businesses); and</td>
</tr>
<tr>
<td>• other local community actions (e.g., local food markets, healthy food supply at community events)</td>
</tr>
<tr>
<td>Not at all important</td>
</tr>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

Encourage land use planning policies that protect high-quality agricultural land on the urban fringe and ensure that planning decisions achieve the policy intent

| Not at all important | Slightly important | Moderately important | Very important | Extremely important | I’m not sure |
| ☐ | ☐ | ☐ | ☒ | ☐ |

Establish policies on food and drink procurement, catering, and provision across all government departments and settings to encourage healthy eating and drinking

| Not at all important | Slightly important | Moderately important | Very important | Extremely important | I’m not sure |
| ☐ | ☐ | ☐ | ☒ | ☐ |

Comments:

Policies on food and drink procurement could be extended to organisations and settings in receipt of government funding.

Concerning the third row above, it is important that public health stakeholders design the policies and nutrition criteria underpinning the policies. Once these independent parameters are set, then the food industry can be involved in working out how these guidelines can be implemented. This is important to ensure that the definitions of ‘healthy eating and drinking’ are rigorous and not subject to conflicts of
interest. The scope of this item should also be stated to extend to government owned facilities such as swimming pools, etc.

Regarding the encouragement of better land use planning policies, in our view this is a highly important strategy because “urban expansion is projected to lead to conversion of cropland leading to losses in food production (high confidence)”\(^52\). Therefore, land use planning decisions must prioritise agriculture in peri-urban areas to minimise risk of food and nutrition insecurity due to longer food supply chains with increased exposure to natural disasters as well as overall decreased availability of healthy and nutritious food in urban areas\(^59\). Land use planning decisions should have positive triple-bottom line outcomes. As examples:

- “urban green infrastructure that can reduce climate risks in cities”\(^52\)
- “improving connectivity between rural, peri-urban, and urban supply and demand”\(^66\)

However, this strategy requires a coordinated cross-sectoral approach between planning, environment, agriculture and health, across national and state jurisdictions, due to the complexity of decision making and food supply chains, and may remain outside of scope and implementation capacity of the Strategy.

Regarding the proposal to establish policies on food and drink procurement, this is a highly important strategy and mandatory policies with associated guidelines on transitioning to healthy procurement, catering and provisioning in all local, state and federal government owned, operated and funded settings should be established. Settings should include early childcare centres, primary and high schools, hospitals, recreation centres and libraries, as well as government departments.

The Strategy should continue to support the GST exemption on basic healthy foods to make them affordable.

**Question 28: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The third proposed strategy for this priority area is: Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work in partnership with industry to establish and monitor reformulation targets for food and drink manufacturers, retailers and caterers</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Develop national targets to reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly for food and drink items designed for children</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Comments:

This is an important strategy, however this statement needs to be more explicit in regard to the energy and nutrients of concern. Therefore, a suggested rewording is ‘Make processed food and drinks healthier and more sustainable by limiting nutrients of concern, such as salt, free sugar (as per WHO guidelines) and saturated fat, so as to minimise energy dense and nutrient poor products’.

Regarding ‘working in partnership’ with industry, the formulation of targets for food and drink products are important in principle, however these targets should be established by public health professionals and organisations prior to industry consultation due to the commercial conflict of interest of industry, with an inherent interest to increase product sales and economic return. The food manufacturing industry must only be involved in implementation of the targets through product reformulation.

Salt reduction can be done successfully, but not as relevant for obesity. Reformulation of other nutrients is substituting one ultra-processed food for another.

National targets for serving sizes should be there, but as a low priority. If such guidance is voluntary, is would be of little ultimate effect. Some merit in having caps on portion of food fast food outlets where whole item likely to be eaten – needs monitoring and accountability.

In terms of foods sold in supermarket, unlikely to have much effect as packs are usually not single serve and it results in a change in serve written in the NIP only.

There is a pressing need to encourage people to not eat discretionary foods. Changing the content of non-nutritious foods and for them to remain non-nutritious will only encourage people to continue to consume them.

In regard to points 1 and 3, it is important to establish who will be responsible for setting these targets and limits. Industry developed reformulation targets tend to be much lower and have longer timeframes than what can be achieved with stronger government pressure. For example, in the UK, soft drink companies rapidly reduced sugar content in their products in one year before a levy on sugar content came into effect. Australia has taken a partnership approach to reformulation since the Food and Health Dialogue, with minimal impact. There is little evidence that voluntary reformulation initiatives, in the absence of a sugar levy or penalising labelling system, are an efficient strategy (note that the Australian soft drink industry’s voluntary commitment achieved only a 7 percent reduction between 2015-18, compared with a 29 percent reduction over the same time period in the UK, largely due to the implementation of a sugar levy). Reformulation targets need to be supported with other measures that pressure companies to meet the target.

Regarding the goal of reducing food waste, what is presented in the draft strategy represents lower level action in comparison to the major need for upstream climate change mitigation and adaptation actions related to agriculture and land use.
Finally, we note that there is good potential to learn from European experiences. In Norway, the government has worked with food and drink manufacturers to cut the sugar in added-sugar soft drinks by 30%. Annual consumption of sugar per person has fallen by over 1kg a year since 2000 - falling from 43kg to 24kg per person from 2000 to 2018. In addition, it has had a sugar tax in place since 1922.

**Question 29: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The fourth proposed strategy for this priority area is: Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities experiencing disadvantage, and Aboriginal and Torres Strait Islander people.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encourage good quality, culturally appropriate, healthy food availability and affordability in stores, workplaces and institutions in rural and remote communities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Investigate partnership arrangements with large supermarkets to offset the price of healthier food and drinks in communities experiencing disadvantage and small remote stores</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Celebrate cultural knowledge and diversity by using a self-determination approach to find the best solutions for reducing common barriers to healthy food and drink access, selection and preparation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Build on existing housing initiatives to improve community and household food preparation and storage facilities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

This is a very important element of the overall strategy, due to the high prevalence of obesity and diet-related NCDs in low socio-economic status communities, rural areas and Aboriginal and Torres Strait Islander people⁶¹. Key principles that need to be embedded within the National Obesity Strategy in regard to Aboriginal and Torres Strait Islander people include:

- First and foremost, self-determination for Aboriginal and Torres Strait Islander people requires **acceptance of Uluru Statement of the Heart** to ensure there is constitutional recognition and voice for First Nations people, “When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country”⁶².
Co-creation and co-design of policy affecting Aboriginal and Torres Strait Islander people is essential, ensuring shared power, vision and goals between stakeholders, empowering the community and valuing Aboriginal knowledge.\(^{63}\)

Acknowledgement, inclusion and fostering of Indigenous agricultural practices is essential in “overcoming the combined challenges of climate change, food security, biodiversity conservation, and combating desertification and land degradation (high confidence)”.\(^{56}\)

Increased ownership and agency in Aboriginal and Torres Strait Islander communities over the sale and provision of food to ensure it is culturally appropriate, and where this is not possible, mandatory regulation of industry on the provision of economically accessible and healthy food and drink products.

Potential benefits and feasibility of offsetting healthy food prices in remote stores has already been investigated through outback stores, implement rather than investigate.

**Question 30: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The fifth proposed strategy for this priority area is: Reduce exposure to unhealthy food and drink marketing and promotion.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce unhealthy food and drink marketing on publicly-owned or managed settings (e.g., public transport infrastructure)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Explore options to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkouts and aisles, entertainment venues)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Explore options to reduce unhealthy food and drink sponsorship and marketing associated with sport and major community events</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Restrict unhealthy food and drink advertising during peak television viewing times for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Restrict promotions using devices that appeal to children (e.g., toys, games)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Partner with relevant industry stakeholders to introduce user controls</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
that can limit exposure to digital advertising of unhealthy food and drinks

**Comments:**

Rather than ‘explore’ we suggest all statements should be strengthened to ‘implement’, through actions including:

- Take actions to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkouts and aisles, entertainment venues).
- Government buy-out and/or policies to achieve reduction (removal of) unhealthy food and drink sponsorship and marketing associated with sport and major community events.
- Restrict unhealthy food and drink advertising during peak television viewing times for children (defined as <18 years) needs to be achieved through regulation. Has been shown many times self-regulation has been ineffective.
- Government should lead and oversee an approach aimed at reducing exposure to junk food on digital devices. It needs a broad preventative approach not individual user options. We would rate this as extremely important and high priority if government take a broad approach and lead on this. If they partner with industry and have individual user controls it’s less effective / important.

Other observations made under Question 28, above, are also relevant here.

**Question 31: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The sixth proposed strategy for this priority area is: Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th>Suggested Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to strengthen the uptake of the Health Star Rating system towards universal implementation and continue to consider options for the ongoing enhancement of the system</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, high energy content) to complement the Health Star Rating system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
Support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets □ □ □ □ ☒ □

Adopt consistent national regulation on menu energy (kilojoule) labelling in businesses that sell ready-to-eat-food □ □ □ ☒ □ □

Consider adoption of sustainability indicators that provide clear consumer information on the environmental impacts of food and drink products □ □ □ ☒ □ □

Comments:

PHAA has argued that HSR needs to be made a mandatory practice. It is not clear what the sentence “support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets” actually refers to. Supermarkets already have ‘healthy’ food and labelling. Junk food / sugary drink free checkouts and cessation of discounting of junk would be most useful interventions in supermarkets. Shelf-labelling of nutrition (eg HSR on shelf) has been identified as a promising option for intervention.

We welcome the link to sustainability here. There is a potential for this to increase longevity outcomes if obesity policy is linked to other health priorities, and there is a strong overlap between ‘sustainable’ foods and healthy foods.

We are less supportive of the idea that the Strategy should focus on individual behaviour change, and/or call for individual behaviour change action. There is currently no best practice and would be highly complex to implement due to the range of environmental indicators and diversity of production areas in Australia and internationally.

Regarding support for multi-component interventions, the present statement is broad and encompasses numerous elements, with potential difficulty to identify clear mandates. It would be an improvement if singular interventions that are achievable to implement and mandate are recommended including:

- healthy checkout intervention i.e. replacing sugar confectionary with fruit and healthy snacking items, as a win-win for consumers due to a positive shopping experience, and business as a responsible branding opportunity
- restricting price promotion on sugar-sweetened beverages which are currently consistently discounted and underpin public health strategies

Regarding the 4th row above, dealing with regulation on menu energy labelling, there is a need to reflect on how this currently applies only to large chain franchisees which are not in rural areas. Regulation needs to apply across smaller take-away outlets as well.
**Question 32: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment**

The seventh proposed strategy for this priority area is: Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this strategy:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I'm not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subsidise healthy food and drinks (e.g., fruit, vegetables and water), potentially including transport subsidies to remote communities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Explore and consider options for incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

In regard to point (2), dealing with sugar-sweetened beverages (SSBs), a 2017 Deakin University study investigated the modelled health benefits of a 20% sugar sweetened beverage tax across different socio-economic groups. It was found that such a tax would result in 175,300 Health adjusted life year (HALY) gains with cost savings of $1733 million over the lifetime of the population. The health benefits would be shared evenly across socio-economic positions, although the average tax paid per capita was estimated to be $3.80 higher in the most disadvantaged SEIFA quintile, compared to the highest quintile. However, it is suggested that the tax revenue ($642.9 million) could be used to assist disadvantaged groups.

We strongly recommend that you consider emerging evidence and policy approaches that use price to reduce consumption of SSBs and high sugar snacks. Regulation should have the general impact of increasing overall price differential between healthy and unhealthy foods. There is abundant information that such price signals are effective.
A very recent study shows public support for SSB-related policies (e.g. tax and warning labels)\textsuperscript{71}. Another study on a citizen's jury shows public support for a range of obesity policy measures after considering the topic evidence\textsuperscript{72}.

It is foreseeable that the sugary drink industry will argue that there is no evidence that this policy will reduce overweight and obesity (which is somewhat true, albeit misleading—obesity and overweight are multifactorial and no single intervention is sufficient) and that it will hurt their industry and cost jobs\textsuperscript{73}-\textsuperscript{75}. However, there is strong evidence that increasing the price of sugary drinks will both reduce purchases of these products \textit{and} compel the soft drink industry to reduce the sugar in these products to escape the tax\textsuperscript{76}-\textsuperscript{81}. It is important that this policy initiative is framed as not acting in isolation as a silver bullet, but rather \textit{supporting} other policy objectives, such as 4.3.1 and 4.3.3 (reformulation of foods to reduce nutrients of concern), 4.2.3 (availability of healthy drinks) as well as the broader aim of 4.7 to make healthy foods and beverages more affordable than unhealthy foods and beverages.

In regard to point (5) – \textit{incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks} – this requires a look at the long food supply chain we have in Australia, and a particular focus on the distribution systems for food and beverages.

\textbf{Question 33: Proposed priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment}

\textit{Thinking about the strategies you just read for building a healthier and more resilient food system, are there any additional strategies or recommendations you think should be included to produce and promote healthier food and drinks with little impact on the environment?}

A healthy food environment is uniquely important in delivering an impactful and sustainable strategy to address unhealthy weight. PHAA recommends prioritising priority area 4 strategies as they focus on creation of healthier food environments rather than focus on individual behaviour change. Global evidence shows that creation of environments that promote healthier foods while discouraging purchase of unhealthy foods and drinks are more impactful and sustainable than strategies that require individual behaviour change.

Adopting and implementing strategic actions to create environment that reinforces and encourages dietary patterns that are consistent with the recommendations of the Australian Dietary Guidelines will benefit individual, population and planetary health. Plant based foods that are not ultra-processed are good for human and environmental health, and many of the strategies that discourage consumption of ultra-processed foods will be beneficial for human health and reduction of overweight and obesity as well as environmental sustainability.

This section should also include a review of the FSANZ Code for making health and nutrition claims – as per \textbf{PHAA policy on this issue}. In its current form the Nutrient Profiling Score isn’t applied to products displaying nutrient content claims which leads to these claims frequently being used on unhealthy products. This is misleading to consumers and does not support consumers in making healthy informed decisions.

We also strongly recommend strengthening the language in these strategies as many of them are currently framed to ‘explore’ options but selecting the implementation method and implementing them early in the life of the Strategy will enable population shifts in dietary patterns (a precursor to population weight changes) to occur earlier.
Question 34: Do you have any other feedback about the 4 priority areas?

PHAA supports the selection of the four priority areas. Greater clarity on some elements e.g. clinical strategies, would improve the cohesiveness of the strategic approach.

We observe that the level of detail on Priority 4 is disproportionate to other strategies.

At the high level the proposals here seem to cover many issues, but at an implementation level the presentation may create difficulties with oversight and accountability. For example, the clinical strategies around health professional upskilling and provision of patient services is scattered throughout the four priority areas. Equally in the children and families section there are actions about information provided to families followed by long term environmental shifts that will require action from multiple sectors.

We note that the four areas presented in the evidence review are more logical to follow and cover the same actions, namely food systems, physical activity, society and culture, and health systems.

Section 4: Proposed enablers for a national obesity strategy

Question 35: Proposed enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments.

The proposed strategy for this enabler is: Build and sustain collective commitment to, and action for, comprehensive and contemporary obesity prevention and health equity efforts.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this enabler:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I'm not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement strong governance systems to facilitate multiple efforts by many sectors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Explore new collaborative ways of working with communities that create genuine partnerships, embed the right to self-determination and autonomy, co-develop solutions and elevate community voices to create change in their own communities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments:

The launch of the obesity prevention strategy is the right time to establish a new collaborative approach to obesity prevention in Australia. This must be backed up by the implementation approach which contributes to self-determination, individual and community empowerment and community-led partnerships to address the drivers of overweight and obesity.
**PHAA submission on draft National Obesity Strategy**

**Question 36: Proposed enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments**

Are there any additional strategies or recommendations you think should be included to enable a strong national leadership and governance to deliver better outcomes at the national, state/territory, regional and local levels?

PHAA recommends the Strategy explicitly rules out partnerships with / involvement in setting policies and actions by companies and their employees that have commercial interests in conflict with public interests in regulatory policy-making.

**Question 37: Proposed enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective**

The first proposed strategy for this enabler is: Use evidence to inform policy and program development and implementation, and determine the effectiveness of collective actions.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this enabler:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I'm not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Conduct regular cross-sector monitoring and evaluation of a national obesity strategy to ensure accountability, continuous improvement and effectiveness of collective action, in consultation with national data agencies and data collection custodians</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Support research on obesity systems to grow the evidence base, reduce gaps in knowledge and assess promising approaches</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Co-develop evaluation and research approaches that align with community values to acknowledge the deep knowledge and experiences of people working to create change in their own communities and to ensure data sovereignty</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>
Co-develop evaluation and research approaches with Aboriginal and Torres Strait Islander people, utilising cultural and traditional knowledge

Comments:

Treatment options need to be acknowledged and monitored alongside prevention.

The NHMRC clinical practice guidelines for management of overweight and obesity should also be updated. Regularly monitor the food supply, dietary intake, and application of the national policies, eg the Breast Feeding Code, Baby Friendly Hospitals, comprehensive food insecurity measures. Develop and apply indices to geographically show areas of risk of food stress.

Question 38: Proposed enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective

The second proposed strategy for this enabler is: Build and share knowledge so decisions are better informed.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this enabler:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commit sustained funding to support data collection, shared data systems, enhanced sharing of effective and emerging initiatives, and regular population monitoring and surveillance of weight status and variables associated with overweight and obesity, including wider commercial, cultural and environmental determinants of obesity</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boost participation rates in population monitoring and surveillance to ensure accurate and reliable statistics at sub-national levels and representativeness for at-risk population groups</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate new data sources to supplement population monitoring and surveillance (e.g., supermarket transaction data, Google analytics)</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td>☐ ☐ ☐ ☒ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Use data to regularly update consumers, communities and stakeholders with independent, accurate and easily understood information

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Use data to build connections between communities and the health, social sciences and environmental disciplines

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Support a collaborative analysis of research on interventions and strategies (from systematic reviews, and primary and grey literature) addressing healthy eating, physical activity and obesity-related outcomes for Aboriginal and Torres Strait Islander people and other population groups experiencing higher levels of overweight and obesity

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

**Comments:**

The Strategy should utilise existing ABS surveys (including health and social surveys) to quantify the relationship between overweight, obesity, predictors and outcomes, including food insecurity and indicators relevant to the SDGs.

The Strategy should call on governments to expand and routinely conduct national food and nutrition and physical activity monitoring and surveillance systems.

There is a need to explore options to implement national data collection tool that enables multiple sectors to monitor locally as well as state and national (reduce silos): eg BMI, physical activity and sedentary behaviour data for:

- Education
- Sport
- Workforce
- Health
- Council
- Transport
- Department of communities
- Primary Health Networks
- Private health insurance

In addition, we suggest that there is a need for the Strategy to stress the importance of strengthening food security related questions within the population monitoring component of the National Nutrition and Physical Activity (NNPA) surveys.
**PHAA submission on draft National Obesity Strategy**

**Question 39: Proposed enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and to make sure collective actions are effective**

Are there any additional strategies you think should be included to strengthen evidence and data systems to help guide investment, assess impact, improve outcomes, and continue to grow the evidence base?

Greater utilisation of the informed advice provided by affected community. While key agencies are often aware of Community Jury’s and other informed consultations the information may not be utilised or sought out when reviewing the evidence (publication delays)\(^{72,83}\). A Community Jury on initiating weight management conversations in Primary Care suggests informed people affected by overweight and obesity in Australia believe GPs should discuss weight management with their patients. GPs should feel reassured that discussions are likely to be welcomed by patients, particularly if embedded within a more holistic focus on person-centred care.

**Question 40: Proposed enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments**

The proposed strategy for this enabler is: Empower and strengthen a skilled workforce to better support individuals and influence community actions and environments that increase healthy weight, whilst reducing obesity stigma, blame and discrimination.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this enabler:

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the confidence and competence of primary health, allied health, and other health professionals to prevent unhealthy weight gain among patients; recognise and address overweight and obesity; and understand stigma, blame and the mental health implications of overweight and obesity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Increase health workforce understanding of equity and social justice, and cultural and language competency to respond to the diverse needs of the Australian community</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Support the continued growth and development of the Aboriginal and Torres Strait Islander workforce</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Embed health promotion and equity into vocational and tertiary training for essential supporting sectors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Comments:

The Strategy should help to strengthen the confidence and competence of primary health, allied health, and other health professionals to promote healthy weight maintenance among patients; recognise unhealthy excess weight; and offer evidence based non-stigmatising advice and treatment.

The Strategy could include some acknowledgement of the role of community champions, particularly in the development of targeted approaches to bridge the gap in health inequity. It may not be a specific ‘workforce’ as such, but these individuals will be important in driving community-level change and would benefit from some investment in capacity building.

**Question 41: Proposed enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments**

Are there any additional strategies you think should be included to develop an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments?

The NICE guidelines (UK) provide a comprehensive continuum (prevention through to treatment) and offer suggested monitoring and evaluation strategies.\(^84\)

Clarify use and interpretation of BMI (population measure compared to individual measure), as BMI is not a direct measure of adiposity.
**Question 42: Proposed enabler 4: Invest for delivery – Adequately fund sustainable interventions and preventive actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment**

The proposed strategy for this enabler is: Provide adequate investment in sustainable interventions that promote healthy weight.

Please rate the extent to which you think each of the following proposed ideas is important for guiding action under this enabler:

<table>
<thead>
<tr>
<th>Idea</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
<th>I’m not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide additional funds for effective delivery of comprehensive, contemporary and sustained actions at an appropriate scale</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Explore new, innovative funding mechanisms for prevention of overweight and obesity, including a potential prevention investment fund</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Ensure formal and informal engagement of public health expertise in trade and investment agreement development processes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Assess health impacts of trade agreements during negotiations to ensure they favour the production and distribution of healthy food and drinks and control that of unhealthy food and drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and drinking, active living, health outcomes, communities and the environment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Comments:**

This enabler addresses an extremely important upstream influence on food systems and nutrition, and represents a tangible step towards multi-sectoral engagement and policy coherence for obesity prevention. However, funding needs to include broadened scope and / or additional Medicare Item Number to incentivise lifestyle interventions and early intervention.

PHAA argues strongly for governments – national and state – to commit to a 3-point plan, the elements of which are:
• A commitment to rebalance the relative shares of overall national health expenditure (in particular, public sector health expenditure) so that illness prevention represents at least 5% of investment, and illness treatment no more than 95%, to be achieved over a 5-10 year timeframe

• Establishment of an independent national panel, akin to the PBAC and MBAC panels – tasked to make evidence-based determinations, independent of government or commercial interests, about which preventive health measures are most cost-effective and deserving of available public investment

• Bringing together the above two points, a mechanism to allow governments – including local governments – and their health instrumentalities to access public funding, based on the independent panel endorsement of preventive health programs, drawing on the public funds committed towards the 5% target.

There is potential for the integration of investment in nutrition and sustainable financing from trade and investment to create some confusion as they are very separate policy areas and governed by different sectors. Separating these into two separate enablers would support implementation.

An additional action for financing is a review of current taxation and subsidies to identify opportunities for investment and revenue generation that represent both innovative financing and new incentives to promote healthy eating and activity. For example, restructuring corporate tax breaks for research & development or marketing (which already exist) to preference healthy food. Similarly, taxing unhealthy foods such as sugar-sweetened beverages and earmarking a proportion of the revenue for obesity prevention or public and active transport.

An additional action for trade agreements is to address the limited opportunity for meaningful input into negotiations by the health sector through creating new mechanisms for health sector consultation.

An additional action for trade agreements is to examine the best way to ensure that policy space can be protected. For example, mandatory front of pack nutrition labelling has been raised at the WTO and other forums as a Technical Barrier to Trade, despite being a globally recommended intervention for obesity and non-communicable disease prevention. There are opportunities to build health considerations into agreement and there needs to be investigation into which option is best for Australia.

We suggest a rephrase of the final action to highlight the potential for policy to create incentives (e.g. fiscal, co-regulatory, regulatory) for food system actors to invest in healthy foods, as well as community-level incentives (e.g. price, marketing) for consumers to shift to healthier options at point-of-purchase: Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to create incentives across communities and food systems to support healthy eating and drinking, active living, health outcomes, communities and the environment

Question 43: Proposed enabler 4: Invest for delivery – Adequately fund sustainable interventions and preventive actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

Are there any additional strategies you think should be included to provide adequate and sustainable investment in overweight and obesity prevention?

City Deals might provide an example of large scale, national investment that could be oriented more systemically to achieve population health gains (in addition to economic and environmental gains).
Section 5: Proposed implementation, monitoring, evaluation and reporting of a national obesity strategy

Question 44: Proposed governance arrangements for a national obesity strategy

Do you have any feedback about the proposed governance arrangements for a national obesity strategy?

See comment on the importance of excluding organisations/representatives with a conflict of interest above. The Strategy should not be governed under a structure where there is no outcome accountability, as has happened with the National Men’s Health Strategy.

The High-Level Panel of Experts on Food Security and Nutrition state “Coordination is necessary both vertically (among different ministries and from the national to the local level) and horizontally (across sectors and multiple stakeholders). Effective implementation further requires clear definitions of the roles and responsibilities of all stakeholders and accountability based on trust, inclusiveness, transparency and verification”56. Therefore, the proposed governance structure needs strengthening in terms of outlining the governmental sectors involved to ensure high level decision making and change can occur in regard to cross-sectoral economic and environmental policy to achieve improved nutrition and health outcomes.

Question 45: Proposed implementation for a national obesity strategy

Do you have any feedback about the proposed implementation for a national obesity strategy?

The implementation plan should be comprehensive including measurable targets for each action with timeframes. It also needs to be suitably resourced.

Question 46: Proposed monitoring, evaluation and reporting process for a national obesity strategy

Do you have any feedback how the Strategy should be monitored, evaluated and reported?

As per Changes in weight status of children and adults in Queensland and Australia: 2017–18 report85, data on measured weight status is reportable for most Hospital and Health Services (HHSs) and Primary Health Networks (PHNs) in Queensland. While rates are important indicators, we shouldn’t ignore the denominator, and subsequently fail to quantify the size of the local issue in areas with low rates.

The true prevalence of unhealthy weight in the Gold Coast is likely to sit somewhere between National and State estimates, of which the latest available evidence suggest may be between 22 and 23 percent in children and between 59.5 and 52.8 in adults, respectively. Regardless of which statistic we use, it tells us that almost one in four children and three in five adults in the Gold Coast experience unhealthy weight.

Despite the reported proportions, a greater number of Gold Coast adults experienced overweight and obesity than Darling Downs HHS, who reported the highest rate (approximately 250,000 compared to 140,000, respectively). As demonstrated, the outcomes of comparing rates and counts are not equal. When we compare by rates, we tend to ignore the denominator, and subsequently fail to quantify the size of the local issue. In this case, that the Gold Coast has 100,000 more adults who experience unhealthy weight than Darling Downs HHS.

While important, our HHS rate tells us little about the distribution of unhealthy weight locally. Like Brisbane North and South HHSs, the Gold Coast experiences a high degree of population and geographic diversity. Some of our suburbs would easily be experiencing rates comparable or greater than Darling Downs HHS, and part of our work is to better document and communicate these inequities. A review of reported pre-
pregnancy BMI for women who gave birth at Gold Coast Hospital showed that 35% were unhealthy weight, however when this was broken down by suburbs there were clear areas where unhealthy weight was more than twice as likely to be experienced (northern growth corridor) compared to our coastal suburbs. This would be the same for physical activity or sedentary data. Irrespective of the difference in rates between Queensland and national regions, we know far too many people are not sufficiently physically active for their health and wellbeing. For this reasons the Active and Healthy City Strategy’s aim to address low physical activity levels and obesity, is well founded. We have identified that future government and non-government data surveillance and research is needed to accurately measure the distribution of child and adult behaviours across the Gold Coast, either with further data collection or exploration of existing local data sources. In addition we need agreed key statements that help our decision makers and community better understand the information presented and the growing areas of need in our community. This is key to Gold Coast being able to better support evidence based, targeted interventions and explore innovative solutions into the future.

Finally, responsible agencies should monitor and report on the Strategy. Indicators are to be identified and agreed upon at the outset. Reporting should be on an annual basis - not just at the outcome level but on process progress indicators as well.

**Question 47: Do you think targets are needed for the Strategy? If so, what should they be?**

Targets are necessary and should be aligned to investments. While trying to reduce disparities, targets should also try to reduce the size of the problem in all communities. To achieve this the Strategy will need to invest in strategies to reduce inequities and innovation which opens opportunities to all communities to reduce obesity burden.

In particular, targets should be adopted for the food environment, labelling of food, for amount of junk food and alcohol marketing, targets for shifts in dietary patterns (short and medium term) and plateausing or reversing rates of obesity in the medium to long term.

However targets need to be evidence based, not just arbitrary. Some targets will be process-based, others outcome-based, depending on each action and will change from year to year. Progress needs to be transparent, and reviewed and amended as required. However a record of all changes and the justification for them should be kept. Changes should only be made after broad community consultation and agreement.

**Question 48: Do you have any suggestions for what a national obesity strategy could be called?**

Earlier we mentioned that the document should be reframed as an obesity prevention strategy. We note the Consultation Paper states “Reducing stigma is essential… enabling a respectful and positive discussion about overweight and obesity” and therefore question if the current name of the Strategy is aligned with this statement. However, we don’t currently have any alternate suggestions apart from broadening the title infer ‘healthy lifestyles’ or ‘healthy environments +/- for healthy living’.

Options for an actual title might include:

- *National Obesity Prevention Strategy*
- *Active and Healthy Australia*
- another positive name that does not include ‘obesity’.
**Question 49: Do you have any final comments or ideas regarding the proposed national obesity strategy?**

This Strategy is a highly important exercise for the health of Australians. A comprehensive multi-component national Obesity Prevention Strategy is required urgently to reduce the impact of and prevent weight gain in Australia.

The Strategy should recognise that there are numerous additional health and social benefits that will be achieved beyond addressing overweight and obesity as a result of addressing the causes of inequity and improving dietary quality and physical activity across the population. For example, any interventions that successfully target the reduction of discretionary foods containing added sugar will have a positive effect on dental caries (reduce tooth decay), increasing the consumption of nutritious five food group foods increases diet quality and has independent and additional protective effects against diet-related illnesses (e.g. osteoporosis, some cancers), and a health levy of 10% - 20% to reduce consumption of added sugar would increase government revenue or could result in hypothecated funding for other health initiatives.

The Strategy should pay attention to the unsettled national approach to financing preventative health services. Funding for preventive policies are not continuous, and policies often differ between levels of government, which can undermine local level action. Even state funding is typically distributed to meet a particular KPI, and most Hospital and Health services are dependent on already stretched staff to implement programs, as there is no funding dedicated for dedicated preventive health resources at local level.

There should be more recognition of the vital role of actors at a distance from the main governments. For example, in many cases available investment goes to resource planning at central agencies, but not to local grassroots planning. Local governments and agencies are the frontline of actual delivery, and should be more fully recognised.

Ambiguous responsibility boundaries are also a major issue. The Strategy should address this to the extent possible. Attention should be paid to the mismatch of federal and statewide KPIs.

Finally, as mentioned at various points above, priorities in presentation matter. The document should give precedence to the environment, social and national policy strategies first, followed by local policies and then behaviour change strategies last to align with evidence of effectiveness.
Conclusion

PHAA supports the broad directions of the draft National Obesity Strategy. The Government is to be commended on producing a draft Strategy which includes the most important prevention strategies for obesity. However, we are keen to ensure it clearly prioritises the causes of obesity, in line with this submission. We are particularly keen that the following points are highlighted:

- Environmental and systemic factors should be clearly prioritised over individual level and behavioural factors
- The language in many areas could be strengthened, with many of the suggestions ready for implementation rather than requiring any further investigation
- The role of industry must be clearly defined and limited to implementation, not policy decision making

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to reducing obesity in Australia.

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

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

Kathryn Backholer and Penny Love
Co-Conveners, PHAA
Food and Nutrition Special Interest Group

13 December 2019
References


60. KPMG. Sugar Reduction Pledge by the Australian non-alcoholic beverage industry: 2018 Aggregation Report. 2019.


