# National Obesity Prevention Strategy

## 2022 - 2032

Enabling Australians to eat well and be active

DRAFT

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# Introduction

Australians want governments, communities and businesses to work together to reduce obesity.[1] We will all benefit from changes that make it easier to live healthier lives.

Obesity is a world-wide issue. It is also a huge challenge because we have one of the highest rates of obesity in the world.[1] About **14 million Australians are overweight or obese**[2]—that's 2 in every 3 adults, and 1 in 4 children.[3]

Without further action we face a future with more weight-related chronic diseases and early death, greater vulnerability to infectious diseases, and huge costs to health care, economic development, and community wellbeing. The coronavirus (COVID-19) pandemic has shown that people with obesity or chronic diseases get sicker and are more likely to die from infectious diseases.[4]

The root causes of overweight and obesity are complex and deeply embedded in the way we live. It is not simply a lack of self-control. Unhealthy food and drinks are often more convenient. They are heavily promoted, available almost everywhere, and often cheaper than healthier alternatives. Advances in technology and the sedentary nature of modern living means we don't move as much as we used to. This creates unhealthy environments and conditions that make it harder for us to choose a healthy lifestyle.

Australia has committed to the World Health Organization's global target *to halt the rise in overweight and obesity.*[5] This focus presents us with an important opportunity to make significant improvements in the lives of Australians.

Despite the complexity, change is possible, and Australia can lead the way.

**An ambitious 10-year framework for action to prevent and reduce overweight and obesity in Australia.**

Over the next 10 years, **the National Obesity Prevention Strategy** will guide all governments and our many partners as we take actions to change the current conditions that promote weight gain. It will guide us to:

- make systemic changes to better support all Australians to maintain a healthy weight, and prevent weight gain in people with overweight or obesity
- develop prevention strategies to improve the environments and conditions around us, and support and empower people to live healthier lives
- better embed prevention and early intervention into our primary health care system
- have more positive discussions about healthy weight.

The views of more than 2,500 Australians and organisations, together with reviews of the latest evidence and best practice, helped us develop this strategy.

There is no simple solution. We need time and gradual shifts. We need stronger cross-sectoral government leadership and commitment, enduring partnerships and to work together to achieve change throughout our society.

Together we can create change and build **an Australia that encourages and enables healthy weight and healthy living for all.**

1 'Obesity' is sometimes used to mean 'overweight and obesity' in this strategy.

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# Part 1:
Why we’re taking action

## Obesity has major impacts on individuals and communities

Living with overweight or obesity can have major impacts on a person’s life. It can affect a person’s health and wellbeing, including their mental health, and their social and economic opportunities. Obesity is a major cause of preventable chronic diseases including heart disease, type 2 diabetes and some forms of cancer.

## Unhealthy weight gain starts early and continues to grow

Childhood obesity affects growth and development. Targeted prevention actions at critical points in life—such as during pregnancy, the early years, adolescence, or when leaving school or home as a young adult—can help to reduce the risk of childhood and subsequent adult obesity.[6]

**Overweight and obesity affects young Australians**

*Figure 1: Rates of obesity in Australia for children and young people[7]*

For both men and women the biggest increase in excess weight gain is from childhood to early adulthood. Weight gain then continues into middle age. By 45–54 years, 83% of men and 74% of women are overweight or obese.[8]

## Obesity affects some people more than others

Obesity is unfairly distributed with some Australians at higher risk. The economic and social barriers that many Australians face make healthy options harder . These barriers can also limit a person's options, or ability to be heard, when making health care decisions.[9]

## We must tackle stigma and weight-related discrimination

Unconscious or intentional weight bias and obesity stigma results in people being treated differently or unfairly because of their weight. This can make people feel marginalised. It is pervasive in society—in the community, at work, at school, or when accessing health care.[10]

Negative attitudes about unhealthy weight stigmatises children and adults, and can begin as early as preschool age.[11] School-aged children with unhealthy weight are more likely to be bullied.[12] This can trigger feelings of shame and can lead to mental health issues, suicide, lower educational outcomes and affect life opportunities.

As a society, we must tackle the issue and have respectful and positive discussions about weight. It is time to shift away from blaming individuals and from focusing on individual weight management, and to turn our attention to strategies that address the causes of obesity in our society.

## The costs are significant

The financial and other costs of obesity are large and continue to rise[13], with broader impacts on communities, society, the economy, and the natural resources and ecosystems on which we depend.[14] If we don't take action obesity may cost an estimated $87.7 billion in just 10 years.[15] And to cover the costs of obesity, each Australian pays an additional $678 in taxes each year.[16]

*Figure 2: The cost of obesity in Australia in 2018[17]*

# Addressing the causes of obesity

Our food (energy in), physical activity (energy out), biological characteristics and our environments all affect our weight.[18] Social, cultural, physical, political and economic factors, as well as the resources we can access, all influence the options available to us and the choices we make.[19]

## Environments that promote obesity

Our environments and lifestyles have made us less physically active. More machines and technologies, as well as traditional urban design, encourage us to drive and have led to more sedentary work and leisure activities[20], and much more screen time[21].

Unhealthy food and drinks are convenient, can cost less, are agressively promoted and are available almost everywhere. Many are highly processed, packaged to appeal and very profitable to manufacturers because they mostly use cheaper ingredients such as salt, added sugar and fat.[22][23]

Neighbourhood food environments influence access to healthy options, with a much higher concentration of fast food outlets in areas of most disadvantage and around schools.[24] Larger supermarkets are less accessible in regional and remote areas than major cities.[25]

So, try as we might to be healthy, unhealthy options are far more convenient especially when we are time poor. This undermines our efforts to eat healthy, and changes what we understand to be normal, everyday diets.

Few Australians meet the national guidelines for physical activity, sedentary behaviour, or diet.[26] [27] [28]

*Figure 3: Food intake and activity levels among Australian adults*[29] [30] [31]

## Influences on our choices and behaviours

Our social circumstances and physical environments have the biggest impact on our individual behaviours. But we also know people are more likely to choose healthy options when they are enabled and empowered to do so. This includes having knowledge, skills (such as cooking or physical activity skills), motivation and support available to them.

Other factors also have an impact on our behaviours and our ability to maintain a healthy weight.

For example, having adequate sleep assists with maintaining a healthy weight and helps to regulate appetite for both children[32][33] and adults[34]. Adults who sleep for '5 hours or fewer' a night are 55% (or 1.5 times) more likely to be obese than those who sleep more than 5 hours.[35]

Public perception of healthy weight has also changed. Overweight and obesity has become more common and 'normalised'. This means people are less likely to recognise it as a health issue, despite the risks.[36]

## Health and social supports don't prioritise addressing obesity

Some people face barriers that limit their ability to get the help they need. Health and social support might not be accessible, available, well-coordinated, holistic, or offered in a way that is right for them.

Weight-related discrimination can lead to feelings of shame and failure. This can prevent people from seeking help.[38] Health professionals who see unhealthy weight might also be uncomfortable raising it with individuals  or referring them to support services.

> In Australia, for every 200 children who visit their family doctor, 60 are overweight or obese, but only one is offered weight management support.[37]

## Obesity and mental wellbeing are linked

Poor mental health and wellbeing can contribute to overweight and obesity. The impacts of trauma, medications that cause weight gain and disordered eating behaviours (such as restrictive dieting and binge eating), can enhance the links between mental health and obesity.

In turn, being overweight or obese and having poor nutrition can also negatively affect a person's mental health.[39] This includes the impacts that weight-related stigma and discrimination can have on a person's self-esteem, mental wellbeing and feelings of inclusion. Impacts can be higher in populations who are already vulnerable to mental health issues through racism and other forms of discrimination.

# **Part 2:** Developing the Strategy

Strong evidence was used to develop the National Obesity Prevention Strategy. This included:

- two independent evidence reviews
- a comprehensive analysis of best practice, in Australia and internationally, including strategic plans, government commitments, and other global consensus documents.

Consultation has so far occurred with more than 2,500 individuals and organisations, including through:

- a Senate Select Committee Inquiry into the Obesity Epidemic
- a National Obesity Summit
- national public consultations.

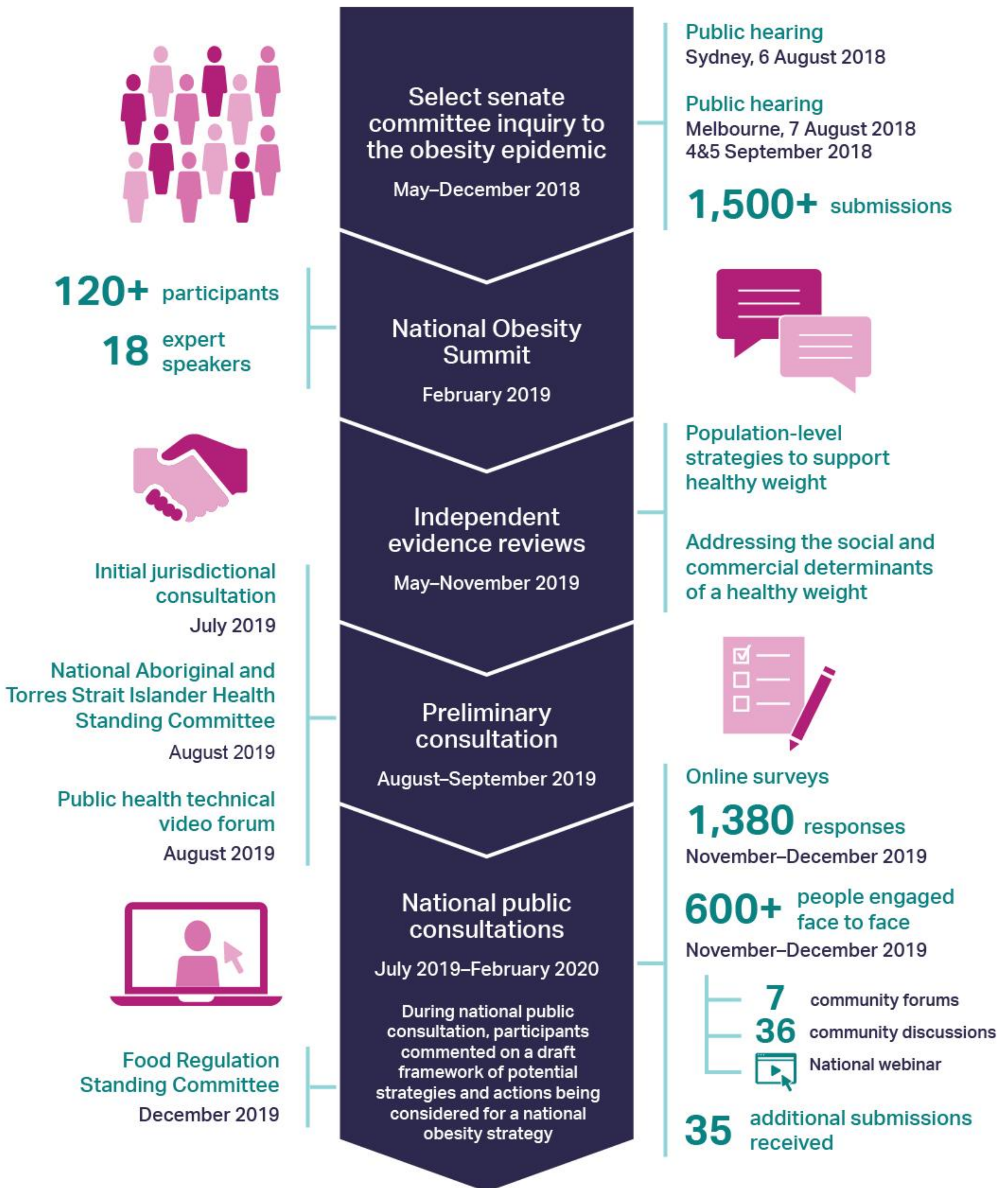


*Figure 4: The process and extensive input gathered from evidence, experts, and the community to develop the National Obesity Prevention Strategy*

# What people said

During the first public consultation period, common themes highlighted the need to:

- **focus on population-level interventions and system changes**, which greatly affect the options available to consumers, starting with food systems
- **invest in prevention**, as it sets the foundation for community-based prevention initiatives and programs
- **take whole-of-government sustained action**, with strong leadership from multiple sectors and at multiple levels, to ensure appropriate resourcing, implementation, and measurement of change
- **put extra focus on priority population groups**, making sure strategies don't further increase inequities, while also addressing broader socioeconomic determinants and environmental factors
- **make sure any action avoids and reduces stigma and unintentional consequences**, and is designed with the input of the community, including those who are overweight or obese.

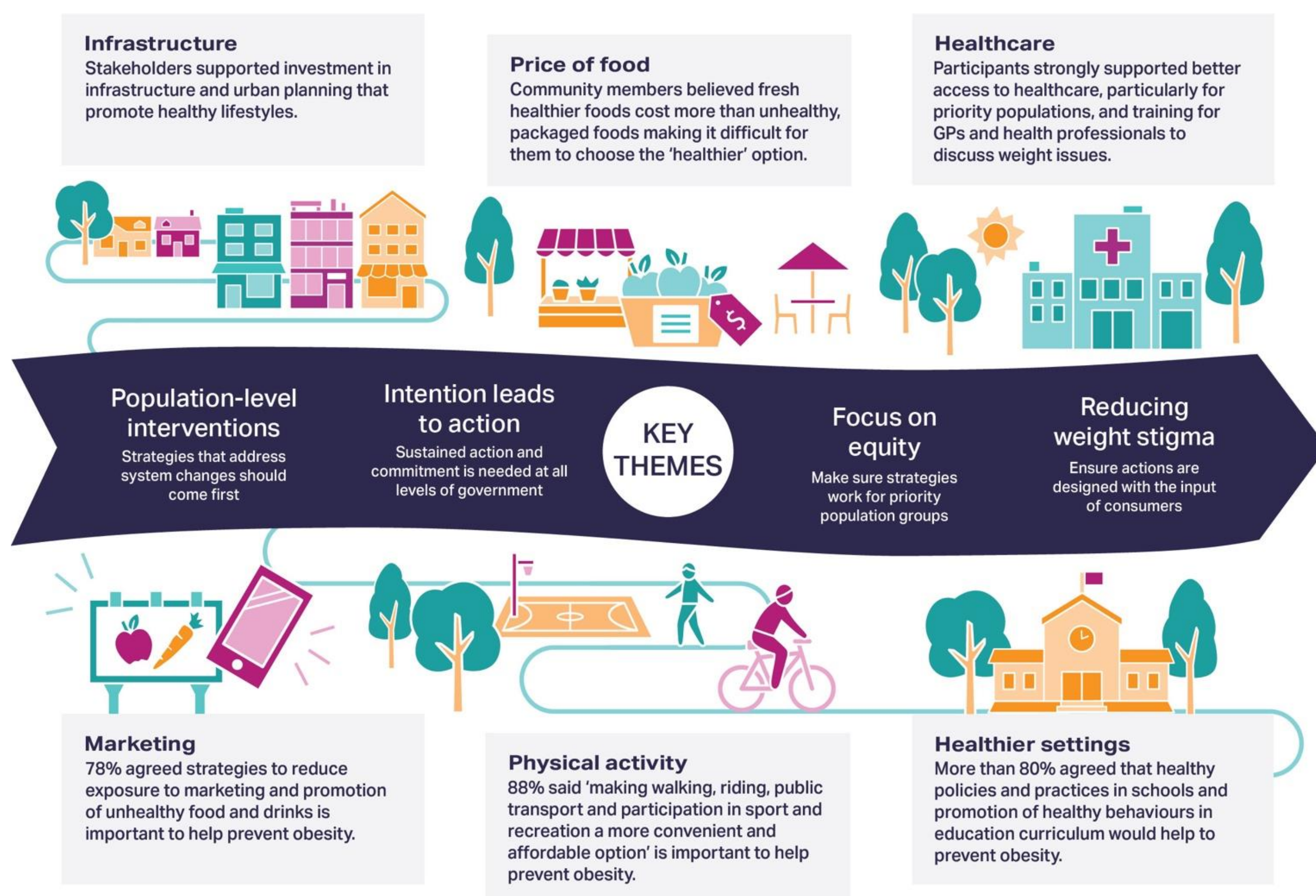


*Figure 5: The key themes from the public consultation process (2019/2020)*

The **national consultation report** and **summary** provides further detail of the public consultation findings.

# Acting on the opportunities for change

The National Obesity Prevention Strategy encourages and guides governments and our partners to act on the opportunities for change—that is changes in society, our environments and food systems to reduce the rates of overweight and obesity over time.

## Focusing on prevention

There is a strong social, economic and health case for investing more in preventing obesity.[40] Chronic disease prevention, if done well:

- reduces personal, family and community impacts
- improves the use of stretched health care resources
- boosts economic performance and productivity.[41]

**Every $1 we invest in obesity prevention has a return of up to $6**

*Figure 6: Return on investment of taking preventive action* [42]

## Building on existing effort

The Strategy complements and builds on existing commitments across Australia to reduce obesity and make a difference locally, regionally and nationally.

Reforms to food regulations and standards, and other national collaboration will continue, including:

- strengthening our actions to reduce the impact of unhealthy food and drinks on children
- strengthening of the front of pack nutritional labelling of food and drinks
- our work on the many national and state/territory strategies and plans that directly or indirectly address overweight and obesity in Australia (see Appendix 2)
- other complementary national strategies, such as the proposed National Preventive Health Strategy.

Collectively, our impact is starting to show with national childhood rates of overweight and obesity stabilising. But we have more to do.

Just as the increase of overweight and obesity has occurred over time, so too will its decrease. The action we take must focus on long-term results, both for individuals and the population. Measuring changes over the short, medium and longer term will help to track our progress.

## Taking shared actions for shared benefits

Many factors influence, and are influenced by, obesity. The benefits of collective action have a wide reach—across the social, employment, health, education, infrastructure, agriculture, environment, transport, retail, manufacturing, trade, and finance sectors.[43] [44]

Leaders in sectors beyond health are recognising they are part of the solution and can embrace opportunities to help reduce overweight and obesity through the plans of their multiple sectors, leading to many co-benefits.

The Strategy highlights what governments and other stakeholders can do to make a difference. While government leadership is critical, governments can't do it alone. We must work together on integrated actions that complement each other.[45]

## Universal approaches, complemented by targeted actions

To help support all Australians a holistic approach is taken. It focuses on strategies that are universal (can apply to everyone) while also being flexible to ensure they work for different communities and people. The strategies complement each other to:

- keep people well and prevent unhealthy (and further) weight gain, by creating supportive environments that empower people to choose healthy options
- identify unhealthy weight gain at various life stages, with early action to prevent further progression and reverse small increases in weight
- enable people with obesity to access early and appropriate support to prevent further weight gain, complications, and associated diseases such as type 2 diabetes, heart disease, and some cancers
- prevent weight regain through healthy and sustained behaviour change for those who have been overweight or obese in the past.

**Universal strategies** work to positively shift environments and conditions to create big impacts for everyone, no matter where they live, or their cultural identity, gender, age, health or weight status. These include

- legislative reform
- policy changes
- changes to our physical environments.

These measures can be more effective in reducing inequalities, and do not rely on individual behaviour change.[46]

**Targeted actions** that are led by, or co-designed with, specific communities that have greatest opportunity for improvements due to avoidable inequities and adverse social circumstances. The following groups of people will be engaged as a priority:

- Aboriginal and Torres Strait Islander peoples
- people with disability
- people experiencing socioeconomic disadvantage
- people living in regional, rural and remote areas
- culturally and linguistically diverse groups.

Priorities and strategies may cut across priority groups.

# Guiding principles

Two principles guide implementation at all levels of action:

## 1. Equity

Some Australians unfairly experience poorer health due to circumstances and environments that are, at times, out of their control. These circumstances are shaped by the distribution of resources, money, and power, which connect to the broader determinants of health, including employment, income, housing, and education.[47]

The Strategy recognises that Aboriginal and Torres Strait Islander peoples experience systemic injustices because of government policies, legislation and societal structures, which continue to have significant intergenerational impacts and perpetuate racism, discrimination, and bias.

Strategies will aim to redress interpersonal and institutional discrimination, and systemic barriers that have created community distrust and subsequent health inequity.

Implementation will focus on ways to enable and support self-determination, empowerment, and cultural safety, especially among Aboriginal and Torres Strait Islander peoples. Our strong partnerships will ensure we are able to draw on the deep knowledge, strength, resilience, and diversity of people to create responsive solutions which fairly and equitably reach all parts of our communities.

## 2. Sustainable development

Sustainable development encompasses social equity, environmental protection and economic growth.[50] [51] A strong focus on sustainable development as we implement the Strategy will help us achieve benefits far beyond health and work to minimise potential adverse impacts.

For example, integrating physical activity actions into the places people live, work and play can help increase jobs, infrastructure and productivitiy whilst creating sustainable communities. Changes to the food supply to improve health can reduce environmental impacts, like pollution. In turn, a better natural environment benefits health and wellbeing.[52]

Australia has a shared responsibility for global health, and is a signatory to the United Nations 17 Sustainable Development Goals (SDGs) . Reducing obesity and addressing its roots causes will help achieve these global actions, through direct and indirect pathways of influence (see Appendix 1). There are 17 SDGs, including SDG3 *Good health and wellbeing*, which prioritises preventing and controlling chronic diseases. The SDGs recognise the intrinsic link between people's health and planetary health, as well as the role of environmental sustainability in improving health.[48] [49]

# Framework for action

## Vision

**For an Australia that encourages and enables healthy weight and healthy living for all.**

## Target

**Halt the rise in obesity by 2030**: as a signatory to the World Health Organization Global Target.[2]

## Objectives

1. More **supportive and healthy environments**
2. More people eating **healthy food and drinks**
3. More people **being physically active**
4. More **resilient systems, people, and communities**
5. More **accessible and quality support** for people.

## Ambitions

**All Australians**:

1. **live, learn, work, and play in supportive and healthy environments**: creating environments that make it easier to lead healthier lives
2. **are empowered and skilled to stay as healthy as they can be**: building knowledge, skills, strengths, and community connections to support healthy eating and physical activity, and enable healthy weight
3. **have access to early intervention and primary health care**: ensuring a skilled workforce and referral to appropriate services, including helping people who experience a greater risk of overweight or obesity to take early action, and supporting those with overweight or obesity to access better support.

These ambitions will be achieved through evidence-informed **strategies** over the next 10 years**,** which the Australian Government and state and territory governments have committed to.

**Examples of action** are provided for governments, non-government organisations and communities to consider for implementation in conjunction with their current approaches to prevent and reduce overweight and obesity.

## Enablers

Three enablers will provide the foundations for successful preventive action for overweight and obesity, and will drive fundamental societal and system changes. They are the critical structural components in government that are essential to guide the implementation of the Strategy.

1. **Lead the way**: collaborative government providing strong leadership and fostering partnerships and social responsibility across all sectors at all levels.
2. **Use evidence and data more effectively**: contribute to strengthening the evidence base and data systems for overweight and obesity monitoring and support.
3. **Invest for delivery**: appropriate and sustained funding to prevent overweight and obesity and to build workforce capacity for change across sectors.

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[2] *The target to halt the rise in obesity is set by and dependent on Australia as a signatory to the World Health Organiszation Global Non-communicable Diseases (NCD) Target number 7 to 'Halt the rise in diabetes and obesity by 2025. The Global Action Plan has been extended to 2030.*

*Figure 7: National Obesity Prevention Strategy map*

# Part 3:

## Achieving our ambitions

**Ambition 1**

**Creating supportive environments**

**Ambition 2**

**Empowering people to stay healthy**

**Ambition 3**

**Access to early intervention and primary health care**

# Ambition 1:

## All Australians live, learn, work and play in supportive and healthy environments

Ambition 1 has three parts that focus on changing the systems, environments and social determinants that affect Australians' opportunities to live active and healthy lives.

- A resilient and sustainable food system
- A strong physical activity system
- Settings that support healthy behaviours

# A resilient and sustainable food system

The food system brings food to people. It is how our food is grown, processed, transported, marketed, sold and consumed—from farm to fork, and everything in between, including waste.

We need to produce and provide enough healthy food for everyone now and into the future. Our food system should have minimal impact on the environment and be robust enough to face challenges like drought or changes to global trade.[53] The rich knowledge and understanding of country and land/sea management that Aboriginal and Torres Strait Islander peoples have actively fostered for over 50,000 years will be recognised and embedded into relevant policy and practice improvements.

Our food system shapes, and is shaped by, health, trade, economics, politics, the environment, society and consumer choice.[54] Action across all parts of the system will influence the availability, affordability, accessibility, and marketing of food and drinks.[55] This will help reduce our overconsumption of unhealthy food and drinks, and resulting weight gain.

## Strategy 1.1

### **Build a healthier and more resilient food system** that favours the production, processing and distribution of healthy food and drinks. Improve food systems, while protecting economic growth, land, sea and biodiversity, and reducing waste.

Our current food system promotes obesity by favouring the production and supply of unhealthy food and drinks, which are often highly processed and packaged, and can be cheaper than healthier products. This leads us to consume too many unhealthy foods and drinks that are not essential for health.

Australians want a healthier food system. In the 2019 community consultation survey[56], respondents said the most significant barrier to consuming healthier food and drinks was that ‘there are too many unhealthy and processed food and drinks available’.

Australia is considered a food secure nation because we produce more food than we eat. Exports support Australian jobs and the economy while contributing to global food security through international trade. Despite our food surplus, about 11% of the food we consume is imported. Imported foods are mostly processed products, demand for which is driven by taste and food preferences.[57]

**Examples of actions**

- Assess the health impacts and other co-benefits of economic policy, including international trade and investment agreements, to influence and support a healthier food and drinks supply chain.
- Fund and encourage innovation to shift industries that produce and use unhealthy commodities towards healthy food uses and/or new non-food markets.

## Strategy 1.2

### Make sustainable healthy food and drinks more locally available.

Implement land use planning and urban design, drive community agriculture initiatives and strengthen access to traditional hunting, fishing and gathering practices and rights with Aboriginal and Torres Strait Islander peoples.

With our increasingly urban living and globalised food markets we have become disconnected from where our food is grown and produced.

Better planning can foster local environments that encourage, rather than inhibit, healthy lifestyles. For example, urban agriculture supports greater access to local healthy food. It can be achieved through:

- preserving agricultural land in and around urban areas
- more local farmers markets
- having community, school and home gardens.

This increases food literacy, healthy food consumption and community participation.[58]

Planning decisions have led to local concentration of fast food outlets and convenience stores, which is linked with higher obesity.[59]

Accessing traditional foods already helps alleviate food insecurity for almost half the people in remote Aboriginal and Torres Strait Islander communities experiencing food insecurity.[60] Including bush tucker in community gardens, where possible, provides extra food security, and maintains and strengthens cultural connection, community ownership, and cross-cultural understanding.[61] Valuing and supporting indigenous ecological knowledge, leadership and sustainably sourced bush food enterprises can have cultural, social, environmental and economic benefits while enabling care for country.[62]

**Examples of actions**

- Ensure that land use planning schemes protect high-quality agricultural land in and around urban areas and on the rural-urban fringe.
- Increase access to local healthy food and drinks in residential areas, through land use planning and policy (for example, fewer fast food outlets around schools and community services, but more smaller healthy food businesses, and establish local agricultural initiatives like farmer’s markets, community gardens, home gardens).
- Support sustainable access to traditional bush foods and food sharing networks by Aboriginal and Torres Strait Islander peoples, especially those living in remote communities and outstations.

## Strategy 1.3

### **Explore use of economic tools to shift consumer purchases** towards healthier food and drink options and make them more affordable. Establish actions across the food supply chain from farming to retail.

Australians spend more than half (58%) of the average household food budget on unhealthy food and drinks, with up to 27% of this on dining out and fast food.[63] [64]

The cost of food and drinks influences consumption and availability. Heathier foods (such as fresh fruit and vegetables or wholegrain bread) are sometimes more than 30% more expensive in regional, rural and remote areas than in major cities.[65] Costs are highest in remote communities located more than 2,000 km from a capital city, due to transport costs and less competition. This affects food security.[66]

Food insecurity results in poorer health including a higher burden of preventable chronic disease (such as obesity) and lower levels of educational attainment. More than 710,000 Australians seek food relief each month from charities and community groups that work with Foodbank. Of these, 26% are aged under 19 years.[67]

**Examples of actions**

- Retain the goods and services tax (GST) exemption on basic healthy foods (for example, fruit and vegetables, meat, eggs, bread, some dairy products, other basic items).
- Investigate policy approaches that use price to reduce consumption of sugar-sweetened beverages and snacks high in sugar, salt and/or saturated and trans fat while minimising impacts on disadvantaged populations.
- Implement recommendations of the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities.
- Build partnerships with supermarket chains and remote stores to encourage stocking affordable healthier food and drinks in regional, rural and remote areas and communities experiencing disadvantage. This could include subsidising healthy food and drinks and using transport subsidies.

## Strategy 1.4

### **Make processed food and drinks healthier** by supporting reformulation efforts that limit energy and nutrients of concern (such as added sugar, salt, and/or saturated and trans fat) and reduce serving sizes.

Australian supermarkets stock about 30,000 packaged foods and drinks with many being highly processed and unhealthy.[68] Less than half of all packaged foods available in Australia and New Zealand have been assessed as being healthy, based on nutritional criteria.[69]

Government policies to support industry actions, such as reformulation, could lead to changes in consumption of nutrients of concern.[70]

People now consume more food and drinks outside the home and these meals are more likely to be larger, lower in nutrients, and higher in sugar, salt and/or fat.[71] The fast food and takeaway services industry are dominated by large businesses in Australia who made $16.9 billion in 2019–20.[72]

**Examples of actions**

- Work in partnership with industry to establish, monitor and strengthen reformulation targets for food and drink manufacturers, retailers and caterers.
- Work with the food regulation system to set compositional limits for the amount of nutrients of concern (such as added sugar, salt, saturated fat and/or trans fat) that can be used in certain foods and drinks.
- Increase nutrient density of unhealthy food and drinks through using vegetables, legumes or wholegrain cereals in food service and retail settings
- Reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly items designed for children.

## Strategy 1.5

### **Make healthy food and drinks more available and accessible and improve nutrition information to help consumers** make healthier choices at the time of purchase.

People find it hard to know whether foods are healthy or not, especially processed and packaged foods. Enabling consumers to easily see and understand nutritional and/or energy content helps to inform healthier choices and influences purchasing behaviour.

Australians buy their food and drinks largely from supermarkets—more than two-thirds of all food and drink spending (excluding alcohol) is at supermarkets[73], with 60% of all grocery sales at the two big supermarket chains.[74]

Many supermarket purchases are on impulse with product packaging influencing choice[75] and food preferences.

About one in four (23%) Australian consumers said the front-of-pack Health Star Rating helped them choose healthier packaged and processed food and drinks with more stars.[76]

**Examples of actions**

- Continue to improve the Health Star Rating system including stronger implementation and alignment with Australian Dietary Guidelines and Nutrient Reference Values.
- Implement policy or regulations that require prominent advisory labels for unhealthy ingredients (such as added sugar, salt, saturated and/or trans fats, alcohol).
- Work with supermarkets and food retailers to increase the prominence, promotion and availability of healthy food and drinks in food retail, consistent with the Australian Dietary Guidelines, including removing shelf-space allocation differences between socioeconomic areas.
- Adopt consistent national regulation for businesses to display energy content (kilojoules) of standardised ready-to-eat-food on menus and at point of sale.

## Strategy 1.6

### **Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children** and where large numbers of people gather and transit through. This could include publicly-owned or managed settings, sports and major community events, and television and digital platforms.

Australians are regularly exposed to unhealthy food and drink marketing which influences preference and consumption, especially for children.[77] This includes multi-media advertising, sports sponsorship, food packaging, retail product placement, meal deals and multi-buy offers. Food companies spend more than $550 million on advertising of unhealthy food and (non-alcoholic) drinks in Australia.[78]

An average child aged 5–8 years who watches about 80 minutes of television per day is exposed to 827 advertisements and four hours of unhealthy food advertising each year on free-to-air television.[79]

Australian children spend about two hours online outside of school hours on weekdays and more than 2.5 hours each day on weekends.[80] They access digital technologies on multiple devices where they are exposed to digital marketing.[81]

Unhealthy food and drink sport sponsorship is a marketing tactic that undermines the health promoting benefits of sport. Almost three in four (75%) parents feel elite sports sponsorship influences their children. Most children (69%) see brand sponsors of their community sporting club as 'cool', and 59% want to buy their sponsor's products.[82]

**Examples of actions**

Children

- Embed stronger regulation to restrict unhealthy food and drink advertising during peak television viewing times for children.
- Reduce the prominence and visibility of unhealthy food and drink advertising in places visited by large numbers of people, especially children (like vending machines, supermarket checkouts and aisles, entertainment and sporting venues).
- Restrict promotions of unhealthy food and drinks when using devices that appeal to children like toys and games.
- Implement policies that further protect infants and families from the excess availability and marketing of breast milk substitutes, toddler milks and follow on formulas.

Whole population

- Reduce unhealthy food and drink marketing on publicly-owned or managed settings (like public transport infrastructure), and promote healthy lifestyles instead.
- Introduce user controls (including parental controls) to limit exposure to digital advertising (including social media) of unhealthy food and drinks.
- Investigate temporary price reductions and promotions (for example, half-price, multi-buys, upsizing) on unhealthy foods and drinks.
- Work with supermarket chains to prevent the targeting of advertising and promotion of unhealthy foods and drinks to more at-risk people and communities, currently done through differential advertising and promotions between socioeconomic areas.
- Reduce unhealthy food and drink sponsorship and marketing at sport and major community events.

# A strong physical activity system

When access to physical activity is convenient, affordable and safe, people are more likely to be active in their everyday lives. A good physical activity system helps people to connect with culture, nature, sports and active travel, and to move more throughout the day.

Benefits of physical activity extend beyond the positive effects it has on the physical and mental health and wellbeing of individuals across their life.[83 84] Physical activity brings people and communities together. More active forms of travel (such as walking and cycling) also benefit the environment.

Our technological advancements, modern way of life and transport systems favour cars. This makes public transport and active transport options much harder. Driving to work (69%) is much more common than walking or riding (5%).[85] The high number of cars on our roads can also make it more difficult for people to be active.[86]

Cultural values, environmental barriers, attitudes and social norms also influence physical activity levels. In the 2019 community survey, 69% of respondents said significant barriers to participating in physical activity included being:

- shamed or experiencing prejudice
- time-poor
- in poor health or injury, especially for older Australians.[87]

## Strategy 1.7

**Build more connected and safe community spaces** that inspire people of all ages, abilities and cultures to engage in regular physical activity. Integrate these spaces with active transport networks, recreation and sport infrastructure, and with natural environments.

Urban planning and design can create neighbourhoods that are activity friendly for everyone. This includes:

- accessible, interconnected and well-lit bikeways
- wide footpaths with shaded tree canopy
- access to the natural environment
- safe streetscapes and community spaces for social engagement[88] within 400–800 metre walking distance.

Supportive local environments are especially important for families as 40% of children's physical activity occurs during free time outside of school.[89] Making public transport accessible can add eight minutes to a person's daily physical activity level—public transport users are 3.5 times as likely as car drivers to reach a daily 10,000 steps a day.[90 91]

**Examples of actions**

- Improve land use planning and policy coordination to give all people better access to natural environments, public open space and active transport networks.
- Invest more in public transport infrastructure and services (including after-hours), so using public transport is more convenient, safe, accessible and sustainable.
- Increase investment in cities and neighbourhoods that prioritise access for pedestrians of all ages and abilities. This includes supporting safe, shaded, connected and well-maintained pathways, and slower posted speed limits, including in in-fill developments and large scale urban renewal projects.
- Build, maintain and extend safer, segregated networks of pathways and amenities for bicycle riders and other non-motorised forms of transport (such as skateboards, scooters and wheelchairs) in cities and neighbourhoods, especially around schools.
- Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature, making sure they are accessible for all abilities and ages.
- Develop, maintain and extend infrastructure in all communities that grows participation in sport and active recreation, to enable individuals and families to be active together.

## Strategy 1.8

## Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.

Connecting people with appropriate and affordable sport, active recreation, and play:

- encourages regular physical activity
- fosters community development, social integration and positive mental health
- contributes to tourism, employment and infrastructure.[92]

Cost can be a barrier to physical activity. Australians spend about $11 billion a year on sport and physical activity. It adds significant cost to a household budget which partly explains why people on low-incomes or who are unemployed are less likely to take part.[93]

**Examples of actions**

- Promote and support active travel for adults and children (for example, through integrated land use planning and transport policy, accessible change rooms and free end-of-trip facilities, participation incentives, reduced car registration for bicycle commuters).
- Offer free or low-cost physical activity and free use of active recreation opportunities including access to natural environments and after-hours use of public, school sport and recreation facilities.
- Set fiscal policies that reduce driving and increase active travel and public transport use (such as road use charging, fuel levy, subsidised public transport).
- Use subsidies and vouchers and design programs to help increase participation in sport and active recreation, particularly for priority groups (for example, low-income individuals and families, new migrants, people who are inactive, people with disability).
- Make recreation and sport facilities more available, of higher quality and accessible to all ages and abilities (for example, through rental equipment, children practice/parent train programs).
- Implement more regular and free physical activity initiatives and events for the community that promote mass participation in physical activities. These should be fun, inclusive and appropriate and held in accessible spaces, with a focus on those least likely to participate.
- Connect people with appropriate and inclusive physical activities and providers/organisations in their community who deliver these activities, focusing on priority groups and key life transition points (like leaving school, starting a family, retirement).

## Strategy 1.9

### **Build the capacity and sustainability of the sport and active recreation industry to create and expand pathways** to promote lifelong participation in physical activity which encourages and builds cohesion within communities.

More than 17 million Australians aged over 15 years took part in weekly organised sport or physical activity in 2018–19.[94]

The sport and active recreation industry in Australia is a network of both large and small clubs and organisations that supports physical activity participation and helps to build strong social connections in the community. But the costs of delivering sport and recreation opportunities are increasing and some organisations are struggling to meet the financial, administrative and legal requirements for operation.

The COVID-19 pandemic has also had an impact on participation and volunteer rates in community sport, affecting club viability[95]. Encouraging re-engagement and participation in active recreation and sport will help support the economic recovery of community sporting clubs and the mental and physical health of members. Retaining volunteers is also important. Volunteering has positive mental, physical and social benefits and conservatively contributes about $3 billion to the sports industry, equivalent to 90,000 jobs.[96]

**Examples of actions**

- Implement fiscal policy approaches to improve viability of community sport and active recreation clubs and organisations (for example, providing subsidies, incentives and tax deductions such as for facilities and equipment, and reducing rental and utilities costs).
- Enable the sport and active recreation industry to innovate their use of existing facilities and infrastructure to increase physical activity participation, catering for all ages, abilities and family status.
- Boost the viability and sustainability of the sport and active recreation industry by improving economies of scale to reduce operating costs for clubs and organisations. Implement shared service models for administration functions (such as finance, human resources, legal, communications) and ensure opportunities to share resources (such as playing fields, equipment, gyms, clubhouses).
- Invest in the growth and development of coaches and trainers to increase enjoyment and lifelong participation in physical activity of participants.
- Support the growth and development of sport and physical activity events and tourism activities that promote healthy lifestyles and that are commercially viable, particularly in rural and regional communities.

# Settings that support healthy behaviours

We spend much of our lives in workplaces, schools, and places of care. We can improve both individual and community health and wellbeing by making sure that these places better support healthy lifestyles.

Through supportive leadership, policies, environments, knowledge, and culture that promote good health in local communities and settings, we can encourage and nurture healthy behaviours.[97]

Governments can lead the way by making sure government institutions and facilities, and those funded by government, provide access to healthier food and drinks, promote physical activity opportunities, and reduce sedentary behaviour.

## Strategy 1.10

**Enable school and early childhood education and care settings to better support children and young people** to build a positive lifelong relationship with healthy eating and physical activity. Integrate actions across leadership, policy, teaching and learning, environments and partnerships.

Actions in schools are a high priority for the community. In the 2019 community consultation survey, 80% of respondents said 'healthy policies and practices in schools and promotion of healthy behaviours in education curriculum' would be very or extremely helpful to prevent overweight and obesity in our communities.[98]

Early childhood education and care helps to create stronger families by helping children with their development and social interactions, while enabling parents to work. Attendance increases with age—more than 82% of children attend formal early childhood education and care by the age of 4.[99]

Alongside the home, these settings are important in promoting, and modelling key messages like getting enough sleep, being active, managing screen time, healthy eating, and the benefits of breastfeeding.

**Examples of actions**

- Establish effective shared leadership across education and health and build professional knowledge and skills to embed physical activity, healthy eating, and wellbeing across the learning and school environment.
- Embed healthy eating, physical activity, and wellbeing into curriculum design and delivery, aligned with national guidelines.
- Establish whole-of-school/facility policies and practices to support healthy behaviours and skills (for example, incorporating movement across the day, healthy school canteens and childcare menus, healthy fundraising).
- Build partnerships for co-benefits within and beyond school and early childhood education and care communities and deliver programs like healthy breakfast, active play, safe active travel.
- Create safe and inclusive physical environments and infrastructure to support healthy behaviours and skills (like school kitchens, school gardens, active play areas).
- Provide after-hours use of school facilities to expand available, accessible, and affordable physical activity options and destinations for families and communities.

## Strategy 1.11

**Enable workplaces to better support the health and wellbeing of their workers**. Establish facilities, policy, practice, programs, and incentives to:

- increase physical activity, active travel, and healthy eating
- reduce sedentary behaviour
- support breastfeeding.

When workplaces create healthy environments through integration of policies, programs, and physical and social environments it benefits everyone. Organisations and workplaces that help their staff to be healthy benefit from:

- greater productivity, staff satisfaction and retention
- reduced absenteeism, stress and anxiety
- reduced workers compensation costs.[100]

Workplaces that support breastfeeding promote the health and wellbeing of both mother and child. Longer breastfeeding is associated with a lower risk of overweight and obesity. But many mothers stop breastfeeding when they return to work.[101] [102]

**Examples of actions**

- Offer flexible work options to reduce travel time, freeing up time for meal planning and preparation, family time and physical activity.
- Adopt best-practice breastfeeding policies and practices (for example, facilities, maternity/parental leave, flexible work times for breastfeeding).
- Create physical environments and policies that encourage and prioritise physical activity, support active travel and reduce sedentary behaviour.
- Increase access to healthy food and drinks and limit access to, or remove, unhealthy food and drinks (for example, in catering, vending machines, cafes, canteens).
- Design buildings and facilities that support and encourage healthy behaviours (like stairs, kitchen facilities, end-of-trip facilities, height adjustable desks, breastfeeding facilities).
- Increase access to evidence-based non-discriminatory programs and information to support healthy eating, physical activity, and healthy weight.

## Strategy 1.12

### **Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way** by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.

Community members and organisations have suggested focusing efforts on settings where people live, work, and spend time each day.

The majority of respondents to the 2019 community consultation survey wanted to reduce exposure of unhealthy options in the community (such as schools, workplaces, hospitals, and other places) and to ensure these places offer healthier options.[103]

**Examples of actions**

- Require that policies and practices across settings include healthy and local food and drink procurement, and that they provide, cater, fundraise for and prepare healthier food, especially in government institutions.
- Ensure tertiary and training institutions provide safe, affordable and appropriate sport and active recreation amenities, with more healthy food and drink options in catering, food service and vending machines.
- Provide training and support so people have the skills and confidence to prepare and provide healthy appropriate food and drinks that are enjoyed in community and care settings, like aged care and supported living and accommodation.

# Ambition 2:

## All Australians are empowered and skilled to stay as healthy as they can be

People who are empowered have the authority, opportunity, motivation, and resources to apply their skills and knowledge. They can more strongly represent their own interests in a responsible and self-determined way. When combined with education and skill-building it helps people make informed decisions and adopt healthy behaviours.

We need to better understand the barriers people face and what motivates them to eat healthy and be more active. It is the people that the initiatives are intended for who are best-placed to lead and inform change. So, partnering with local communities and people from diverse cultures and environments is critical to developing and delivering effective strategies for all.

Social norms play a critical role in how we view and understand healthy weight and healthy behaviours. Focusing on both individual behaviour change and changes in attitudes in society and local communities is required.

## Strategy 2.1

### **Improve people's knowledge, skills and confidence** to lead active lives and to buy, prepare and enjoy healthy food and drinks in line with national guidelines.

Community consultation highlighted the strong need for education programs that promote practical skills in healthy cooking, growing food, and physical activity (such as fundamental movement skills). This included for children and young people, people with disability, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people from lower socioeconomic backgrounds.[104]

There is often a perception that eating a healthy diet is more expensive. This is not necessarily the case. Compared to the cost of current (unhealthy) diets, a healthy diet can be less expensive but does require knowledge and skills to budget, plan, prepare and maintain.[105]

Alcohol is deeply embedded in Australian social and cultural activities. Improving understanding that regular alcohol consumption can impact health and wellbeing and be a contributor to weight gain and obesity is important.[106] For middle-aged Australian adults (aged 51-70 years), alcoholic drinks account for around 22% of unhealthy food and drink intake.[107]

**Examples of actions**

- Provide engaging information, education, and skill-building initiatives, including online, that promote and align with the Australian guidelines for healthy eating, alcohol, physical activity, and sedentary behaviour, with further tailoring of messages and information for priority groups.
- Regularly update and widely promote Australian guidelines for healthy eating, physical activity, and sedentary behaviour, ensuring they remain based on scientific evidence (including environmental sustainability research), and are free from vested influence.

## Strategy 2.2

**Use sustained social marketing** to foster healthy social and cultural norms, reduce weight stigma, and build health literacy to help people make healthy choices. Include targeted social marketing for at-risk life stages and priority groups.

Food and drinks are a big part of cultural identity and are often integral to social, religious and cultural celebrations. The food industry strongly influences and shapes cultural norms through advertising and indirectly through their role as authorities on food, nutrition and lifestyle.[108]

Shifting social and cultural norms can change people's attitudes and motivate them to eat and drink healthy and be more active. Some mass media campaigns aimed at changing health-related behaviours at the population level have been effective when integrated with broader initiatives.[109]

We must also help people identify credible health information and sources to overcome the potential harm from online lifestyle advice by unqualified influencers who share opinions, rather than scientific evidence.[110]

**Examples of actions**

- Deliver ongoing evidence-informed mass media social marketing campaigns, integrated with local actions and tailoring of message for priority groups. Ensure use of positive language to reduce weight related stigma while encouraging healthier eating and being more physically active.
- Invest in communication campaigns that promote the many social, economic and environmental co-benefits of physical activity especially active travel.
- Partner with Aboriginal and Torres Strait Islander peoples, community-controlled organisations and communities to develop and deliver culturally safe and responsive social marketing.

## Strategy 2.3

### **Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents**, with focused actions for critical life stages (pre-conception, pregnancy, new parenthood, early years).

Much of the average child's diet is made up of unhealthy food and drinks (Figure 7).[111] Many children exceed screen time guidelines and do not get enough physical activity. And many are sleep deprived which is a risk factor for overweight and obesity.[112 113 114]

Starting early can empower parents and families to be role models for healthy behaviours and help children enjoy healthy foods and physical activity, which develops positive lifelong habits.[115] This can equip young people with the healthy living skills they need for life.

Pathways to overweight and obesity can start even before birth, so intervening early is important in preventing intergenerational obesity.[116] The first 1,000 days of life, from a woman's pregnancy (conception) to her child's second birthday influences the likelihood of obesity in infancy, childhood, and later in life.[117118] Breastfeeding is also a factor with longer periods of breastfeeding associated with a lower risk of childhood overweight and obesity.[119120] Most mothers in Australia initiate breastfeeding (96%), but these rates drop off as babies grow, with only 15% of babies exclusively breastfed until 6 months of age.[121]

*Figure 8: The unhealthy food and drink intake of children and physical activity levels of children and young adults.[122 123]*

**Examples of actions**

- Embed support for healthy eating and physical activity into standard maternal health service practice (before, during and after pregnancy). This should include targeted approaches during pre-conception for prospective parents who are, or are at risk of becoming, overweight or obese, and for women with diabetes in pregnancy, especially those from priority groups.
- Strengthen and provide healthy eating and physical activity guidance and support for parents after birth, as they transition and adjust to their new roles.
- Support women to breastfeed, and continue to breastfeed, by implementing the Australian National Breastfeeding Strategy: 2019 and Beyond.
- Support parents, carers and families to give their infants, children and adolescents healthy food and drinks (for example, appropriate nutrition when introducing solids, responsive feeding, food portion size), encourage movement (for example, limit screen time, motor skill development, regular physical activity) and sufficient sleep.
- Encourage and support parents, carers and families to positively influence children's physical activity levels through role modelling and co-participation (in active recreation, active transport, active living) and restricting screen time.

## Strategy 2.4

### **Engage and support young people to embed healthy behaviours as they transition to adulthood** and harness their passion for sustainable development and better mental and physical health and wellbeing.

As children move into adolescence and early adulthood it is a time of rapid physical, cognitive and emotional growth. Young people transition to greater independence where parents/caregivers have less influence. They take responsibility for their own health, housing, relationships and income (work, study). With increasing autonomy, social networks take on a higher importance and influence.

One of the biggest shifts in excess weight gain occurs in the transition to adulthood, with an increase in overweight and obesity from 25% of children (5-17 years) to 50% of young adults (18-24 years).

Targeted consultations with young Australians identified significant concerns about environmental sustainability, which influences the foods they eat and products they buy. Young people recognise the need to provide affordable, inclusive and safe physical activity options to help prevent the drop off in physical activity participation seen in adolescence. They also recognise the strong relationship between mental and physical health, the environment and the need to approach healthy lifestyles from a holistic perspective.

*Figure 9: Physical activity and fruit and vegetable consumption of young people*[124]

**Examples of actions**

- Invest in low or no cost approaches to provide cooking skills and education to young people with a focus on low-income groups.
- Develop and implement targeted and inclusive ways to support young people to continue participating in physical activity and sport through high school and the transition to work or further study.
- Partner with young people to develop appropriate peer and community-based social supports to enhance and support their physical activity, healthy eating, and wellbeing.
- Ensure consultation and co-design with different age groups and diverse communities of young people and young adults (such as those based in rural and remote areas, living with disabilities, LGBTIQA+ communities, refugee and migrant communities) about new activities and facilities in their local public spaces, with plans designed to be inclusive, be age and culturally appropriate, and meet the local community preferences.

## Strategy 2.5

### **Engage and support local communities and organisations** to develop and lead their own healthy eating and physical activity initiatives.

Community consultations clearly identified the need for community leadership, shared decision-making and community-driven approaches.[125] These were particularly important for Aboriginal and Torres Strait Islander communities where local community leadership in all aspects of design, development and delivery of actions is critical to achieve change.

There are many examples of successful evidence-informed programs and initiatives that have taken a community-led approach to reducing and preventing obesity in communities which involve partnerships across sectors and government, business and community. These should be used to guide the design of community-driven solutions.

**Examples of actions**

- Support community-led active living and healthy eating initiatives that build skills, are relevant for various interests, ages, and abilities, engage local communities and organisations, and build social cohesion.
- Support Aboriginal and Torres Strait Islander peoples, communities and community-controlled organisations to lead decision-making, planning, design, evaluation and implementation of locally responsive, accessible and culturally appropriate preventive health actions.
- Invest more in community initiatives that encourage leadership, promote self-determination, drive innovation, and support cooperation to create community places and spaces that promote good health.
- Support diverse local leaders to 'champion' healthy eating and physical activity initiatives in their communities, supported by a nationwide knowledge network and learning community.

## Strategy 2.6

**Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.** Find the best community-led solutions that celebrate cultural knowledge, diverse experience and skills, and promote self-determination.

The following groups of people will be engaged as a priority:

- Aboriginal and Torres Strait Islander peoples
- some culturally and linguistically diverse groups
- people with disability
- communities experiencing disadvantage
- people living in regional, rural and remote communities.

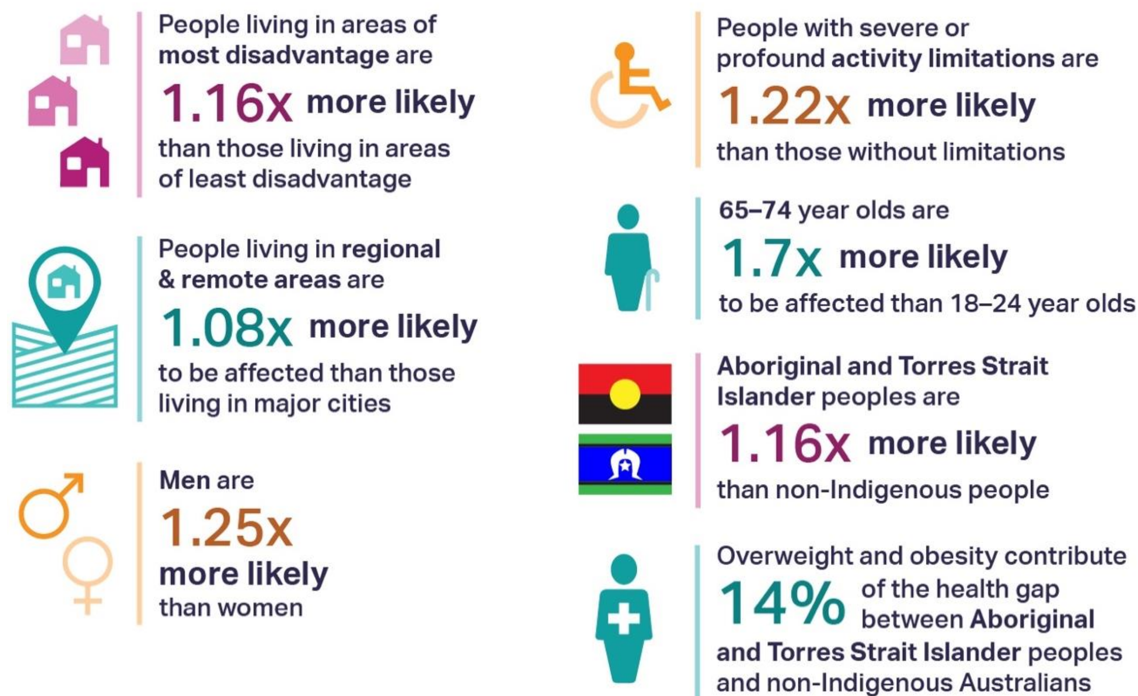


*Figure 10: Comparative rates of overweight and obesity in priority populations*[126 127 128]

**Examples of actions**

- Co-develop and implement culturally appropriate and responsive actions that increase physical activity levels and make quality healthy food and drinks more available, accessible and affordable in the long term.
- Co-design and deliver holistic healthy living support programs that are accessible, responsive, culturally appropriate and safe.
- Co-design evaluation and research approaches that align with community values, recognise the deep knowledge and experiences of people working to create change in their own communities and work towards data sovereignty.

## Strategy 2.7

### **Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers** that create inequities in health.

When people's life circumstances get better they are more likely to be empowered to make healthier choices. Changing social and economic structures improves daily living conditions like employment, income, transport access and housing. This, in turn, can make healthy options more affordable and improve food security. For Aboriginal and Torres Strait Islander communities, issues stemming from colonisation, racism, and relationships to the wider community also have an impact.[129]

Lower income households can spend up to 40% of their income on food compared with 12% of the general population.[130] [131] Income and living expenses are a major barrier to a healthy diet. Financial constraints result in people buying cheaper, unhealthy food and drinks, which has long-term health impacts.[132133]

Food insecurity is an issue for many Australians. It is one of the main drivers of unhealthy weight in Aboriginal and Torres Strait Islander communities—more than 1 in 5 (22%) Aboriginal and Torres Strait Islander households report food insecurity, and this is even higher in remote areas.[134]

**Examples of actions**

- Build on existing affordable housing initiatives to improve community and household amenity (including reducing overcrowding, improving household food preparation and storage facilities).

# Ambition 3:

## All Australians have access to early intervention and primary health care

Better access to support healthy lifestyle changes and weight management will benefit many Australians. Many factors affect people's access to early intervention and primary health care including where they live, their access to income, their culture or religion.

Obesity happens over time. Once a person is obese, losing weight is difficult, even with intervention.[135] This means strategies to both prevent initial weight gain and further weight gain (including reversing smaller increases in weight) are important. For those with overweight or obesity, even a 5–10% weight loss benefits their physical health.[136] [137]

Every day, thousands of Australians connect with the health care system. These contacts are an opportunity for health professionals to discuss, assess and refer their patients to appropriate programs and support.

To improve the health system response, we need to embed a greater focus on overweight and obesity in clinical practice, and support upskilling of the workforce such as through continuing professional development. This includes enabling routine weight monitoring, particularly at important life stages like childhood, adolescence, early adulthood and pregnancy.

Strategies will work to better coordinate across health and other social support services and programs, with clear referral pathways. This promotes better and earlier access to appropriate support to improve health and wellbeing and reduces the cost and burden of preventable chronic disease. People living with severe obesity often need more individualised and intensive clinical support and services, informed by clinical practice guidelines.[138]

## Strategy 3.1

**Enable access to primary health care and community-based practitioners and services in the community and at home.** Enable locally responsive and culturally safe approaches that support healthy lifestyles, weight management and self-management without fear of judgement.

Health professionals—including doctors, nurses, midwives and allied health (such as dietitians, psychologists, physiotherapists, exercise physiologists)—are well placed to discuss healthy lifestyle changes with their patients and identify those at risk of unhealthy weight gain early. They can also monitor and manage weight and complications, and provide referral to appropriate support.

But health, social and other care professionals often do not identify unhealthy weight gain. With most Australians (84%) visiting a general practitioner (GP) each year many opportunities for intervention are missed. The Aboriginal and Torres Strait Islander health workforce, especially in the community-controlled sector, is an integral part of mainstream health care, providing culturally appropriate services to Aboriginal and Torres Strait Islander peoples.

People with obesity want greater support from health professionals for weight management[139], but often do not know how to raise or discuss weight issues. For every 1,000 GP visits by adults in Australia, only eight receive weight management support, despite a 28% prevalence of adult obesity.[140] While children and adolescents with obesity regularly use health care services the primary reason for their visit is usually not obesity.[141]

Increasing access to accessible health, social and community-based support and services will assist health professionals as they upskill and improve patient care.

**Examples of actions**

- Embed person-centred approaches to primary health care so people are empowered to get support, and systems can respond to their specific needs and preferences.
- Ensure early intervention services consider various delivery modes (including digital) that are affordable and accessible for all, regardless of age, where they live, cultural background or income.
- Provide access to local programs, information and support for healthy eating, physical activity and healthy weight that are inclusive, evidence-based and designed with local communities to meet local needs.
- Create new standards for healthy eating, physical activity and weight management programs to establish a consistent expectation for consumers about evidence-based programs.
- Increase availability and equitable access to culturally appropriate family-focused programs that support healthy lifestyles and/or weight management for children and young people.
- Promote and enable access to primary health care services at critical life stages, such as diabetes advice and support and services for women with pre-existing or gestational diabetes, including post-natal care and follow up for birth parents, and children as they develop.

## Strategy 3.2

### **Increase clarity and uptake of models of care and referral pathways that focus on the individual,** and foster integrated, coordinated, and continuous support to prevent and manage unhealthy weight gain and complications.

Well-coordinated health and social services that work together and focus on prevention and early intervention can better address needs and improve access to support in the short and longer term.[142]

Screening (including growth monitoring in infants, children and adolescents) and early intervention (which helps people be more active and eat more healthy food and drinks), is the first line of prevention and weight management in primary health care.[143] It also has health benefits other than weight loss.[144] Even modest weight loss (5–10%) in adults with overweight or obesity can achieve many health benefits.[145]

Many health professionals do not feel comfortable raising weight-related issues, or are not aware of the support or referral options available.[146] Clearer models of care (to prevent, identify and address unhealthy weight) with integrated referral pathways can create better care and improve health outcomes.

**Examples of actions**

- Update the 2013 National Health and Medical Research Council's *Clinical practice guidelines for managing overweight and obesity in adults, adolescents and children*.
- Enable practitioners to embed prevention and optimal care into everyday practice including supporting healthy lifestyle changes, and health and social outcomes, in addition to weight management, with clear referral pathways to community services and support.
- Improve the functionality of existing jurisdictional digital health infrastructure—such as the National Health Services Directory and clinical information management systems—to improve health and other professional referral pathways and people's access to appropriate local services and programs.
- Provide access to effective psychosocial treatment (such as counselling, cognitive behaviour therapies) and social support services (such as employment, housing and transport).
- Improve integration and uptake of existing and complementary care plans, such as GP chronic disease management, mental health and National Disability Insurance Scheme plans.

## Strategy 3.3

### **Support health, social and other care services to enable positive discussion about weight** through better understanding of weight stigma, blame, and the mental health implications of overweight and obesity.

People living with obesity experience stigma in the health system and by health care professionals.[147] [148] This affects their quality of care and leads to negative social, psychological, and physical health outcomes, including avoiding health care.[149] [150]

Health professionals are worried about compromising patient trust and how impacts of discussing an upsetting and stigmatising topic might affect a patient's wellbeing.[151] Other barriers include uncertainty about appropriate language and what advice to offer, lack of confidence, and lack of effective individualised treatment or referral options.[152]

We can improve positive discussions about weight through professional development. This will build the confidence and skills of health professionals so they can better support their patients and minimise weight bias and stigma.[153] This may need to be complemented by addressing structural barriers such as time, local service capacity and equipment.[154]

**Examples of actions**

- Strengthen pre-service and existing training and professional development opportunities for health, social and other care professionals through:
    - building understanding of the multiple causes of obesity and the systemic barriers that perpetuate inequity
    - skill development in shared decision making and discussing weight without judgement.
- Build cultural competency and skills of medical, health, social and other care providers, to empower people, be responsive to their diverse needs and strengths, and consider the systemic barriers that create inequity.

## Strategy 3.4

### **Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity** while preventing weight stigma.

GPs see weight management and referral as being within their scope of practice[155] [156], but there is confusion about roles and responsibilities.[157]

Community consultation showed that both the health sector and the community felt we should:

- encourage health professionals to discuss weight and associated risks with clients
- train health professionals, especially community health practitioners in regional, rural and remote areas
- give the health workforce, most commonly GPs, better information, tools and guidance about how to discuss weight issues with patients
- upskill our health workforce to help prevent and reduce obesity for people in priority groups, such as Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people with disability.[158]

**Examples of actions**

- Build the primary health care workforce capacity to support healthy eating and physical activity for all patient/clients, regardless of weight status.
- Support the primary health care workforce to better identify unhealthy weight gain early so they can provide appropriate early intervention, opportunistic engagement and support without judgement. This would need special focus on life transition points often associated with weight gain and for people from at-risk population groups.
- Enable the primary health care workforce to effectively prevent weight-related complications and manage any co-morbidities.

# Enablers guiding implementation

Acting on these enablers will set the foundations to shift decision-making towards more innovation and broader systems thinking.

Using and sharing data, combined with securing sustained investment, will help the Australian Government, state and territory governments, local government, non-government organisations, communities, and businesses to work together to achieve our ambitions.[159]

## Enabler 1:
## Lead the way

**Strong national leadership** and accountability drives change and generates long-term momentum for sustained and collective action.[161]

Collaborative government leadership across sectors will help to foster partnerships that can change the system, delivering better results and mutual benefits at the national, state/territory, regional and local levels.

> More than 90% of Australians think the community's health is both a government and personal responsibility. Australians want government to be bolder and to act in areas where they have influence.[160]

A broad response to obesity requires whole-of-government and cross-sector multi-stakeholder actions. Working together increases co-ownership, and creates more sustainable solutions and inspires future collective action.[162] [163]

Initiatives work best when the people they are intended for take the lead in the design and delivery of solutions, services, policy and systems. There is a need for genuine policy and place-based partnerships to build and strengthen structures that ensure Aboriginal and Torres Strait Islander peoples—including Elders, Traditional Custodians, Native Title holders, communities and organisations—share decision-making authority.

Co-design and delivery of actions with individuals and communities leads to better solutions that are more likely to succeed in changing unhealthy norms and environments. A participatory approach positively builds on existing strengths and motivations, and helps tackle contextual barriers (such as time, safety, culture or geography). This has been shown for many population groups, including Aboriginal and Torres Strait Islander peoples.[164].

**Enabler 1.1: Consider and act on opportunities to drive a collaborative approach for obesity prevention, aligning with national prevention accountability mechanisms** emerging from national policy reforms.

**Enabler 1.2: Build and sustain a collective commitment to strong and relevant multi-sector obesity prevention and health equity efforts**.

**Enabler 1.3: Foster inclusive participatory processes at all levels** (including organisational governance), so a diversity of people, circumstances, experience and insights inform and co-develop actions.

**Enabler 1.4: Create genuine partnerships where people and the community lead, co-develop and deliver responsive solutions that** embed the right to self-determination and autonomy.

# **Enabler 2:**
# Better use of evidence and data

The Strategy is underpinned by the latest evidence from science, research, and evaluation. When policy is evidence-informed, it strengthens the whole system and gets the right conditions, programs, services, and supports to those who need them the most.[165] [166]

This approach will be continued during implementation. We will consider promising or emerging approaches from international, national, and local knowledge and experience.

Strengthening the evidence and data systems is important to guide investment, assess impact, get better results, and grow the evidence base. This includes building and sharing data, knowledge and evidence so we are better informed to make decisions. The Strategy values culturally appropriate research and evidence that works towards data sovereignty, with community influencing data collection, use and ownership.

**Enabler 2.1: Invest in and build national coordination capacity** for sustained data collection, shared data systems, and regular population monitoring and surveillance.

Including for priority population groups and critical life stages of:

- height and weight
- food and drink consumption and nutrient intake
- food security
- health literacy
- physical activity, sedentary behaviour and travel patterns
- healthy places, including built and natural environments (such as local communities, schools, early childhood education centres, workplaces)
- food system changes
- macroeconomic and sociocultural values relating to obesity, physical activity, and healthy eating
- wider political, commercial, cultural and environmental determinants of obesity.

**Enabler 2.2: Better measure and record regular child growth monitoring (including Aboriginal and Torres Strait Islander children) and adult weight status over time.** This includes investigating options to better access existing jurisdictional data on weight status (state/territory, national) and opportunities to use these data for clinical practice improvement activities across settings.

**Enabler 2.3: Better use descriptive and predictive data analytics to unlock the potential of existing data and information** and strengthen capabilities to gain critical insights that inform decision making, system integration and continuous improvement.

**Enabler 2.4: Access research and development funding to grow the evidence base**, reduce gaps in knowledge and assess promising approaches to prevent obesity in the community.

**Enabler 2.5: Share outcomes and lessons of effective and emerging actions** to inform decision making, share knowledge, and build connections between consumers, communities, stakeholders, and the health, social sciences, and environmental sectors.

# **Enabler 3:**
# Invest for delivery

Sustainable investment for delivery is about ensuring there is capacity for change. This includes building the skills of a competent workforce, harnessing the strengths in the system, and moving beyond traditional ways of working.

Actions to address obesity and investment can be made more sustainable by:

- building on existing strategic commitments, policies, and datasets
- engendering community ownership
- influencing social norms.[167]

While total spending on health care is increasing, the proportion directed to prevention remains small. Investment for solutions should reflect the high burden of obesity on the community.

**Enabler 3.1: Explore new funding mechanisms** to invest more into delivering sustainable actions to prevent obesity, at an appropriate scale.

**Enabler 3.2: Investigate ways of shifting economic policies, subsidies, investment and taxation systems** to more strongly benefit healthy eating and active living, positive health outcomes, communities and the environment.

**Enabler 3.3: Empower and strengthen a skilled workforce** to lead, collaborate and integrate obesity prevention and health equity efforts to support healthy weight and generate benefits across sectors.

**Enabler 3.4: Strengthen professional development and vocational and tertiary training in all relevant sectors** to build understanding of prevention, cultural safety and competency and mental wellbeing (including reducing weight stigma, blame, racism and discrimination).

**Enabler 3.5: Strengthen the Aboriginal and Torres Strait Islander workforce** to focus effort towards achieving health equity and contributing to a culturally-safe service and support system. This will empower communities to take the lead and partner in the delivery of solutions to increase healthy food and drink options, including access and availability, and to increase physical activity opportunities.

# Part 4:
# Making it happen

## Flexible implementation

The objectives, strategies and enablers of this strategy create a pathway towards achieving healthy weight and healthy living for all Australians.

The Strategy also provides examples of evidence-informed actions, including universal and targeted measures, for the Australian Government and state and territory governments to consider.

Flexible implementation at local, state and territory and national levels will help minimise duplication, focus effort and maximise collective impact.

The Australian and state and territory governments will be able to take joint actions or actions specific to their jurisdiction. These will build on policies and actions already in place or under development.

Elements of success to drive cross-sector collaboration and whole of government actions include:

- structures and systems supportive of multi-sectoral action
- clear vision and leadership
- political will and an environment supportive of problem solving and acting on opportunities at all levels
- strong partnerships
- collaboration early in the process
- relationships built on trust[168]

The Australian and state and territory governments can determine the most appropriate actions that meet their needs, leverage existing commitments, and complement current and new partnerships—across government portfolios, non-government, private sector, community-controlled organisations (including the National Aboriginal Community Controlled Health Organisation and jurisdiction affiliates), academia, and the community.

Obesity prevention actions can be integrated with existing and future strategic plans. This enables governments to fast-track actions for priority areas and respond to emerging issues and any associated health, social and economic impacts. The approach is consistent with recent collaborative efforts across government that resulted in actions to further limit the impact of unhealthy food and drinks on children.

# Ensuring accountability

The Australian Government and state and territory governments share accountability for implementing the Strategy and achieving its vision, target and objectives. Local governments also play an important role.

We will review our progress every three years using existing reporting processes (such as annual reports). An end-point review will describe the lessons and collective impact over the life of the Strategy. It will identify areas for further action, to help us develop and implement the next strategy.

To ensure accountability and a coordinated national effort, a cross-jurisdictional governance mechanism will oversee the implementation of the Strategy. The governance mechanism is yet to be established but will consider alignment with the new National Federation Reform Council structure and the development of the National Preventive Health Strategy.

# Monitoring progress

Monitoring implementation of the Strategy will involve national collaboration to measure cumulative change, share lessons, inform continuous improvements and celebrate successes.

We will monitor progress towards the target *to halt the rise in obesity by 2030*, which is consistent with the World Health Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases. The global target relates to the prevalence of overweight and obesity in adolescents and adults. In 2017-18 we have measured national population data for overweight and obesity in Australia for children (aged 2–17 years) and adults (18 years and older) and this data allows us to continue reporting trends. Using these data the Australian Institute of Health and Welfare (AIHW) will prepare a baseline report against the target with progress incorporated in implementation reviews.

Ensuring representative population-level data for overweight and obesity at the state and territory level needs further consideration.

Strategy achievements and progress will be monitored using **change indicators** from the AIHW's *A framework for monitoring overweight and obesity in Australia*.[169]

The AIHW framework includes prevalence and incidence of overweight and obesity combined with other data to understand:

- the factors that influence overweight and obesity including shifts in environments, policies and regulations (National Obesity Prevention Strategy objectives 1 and 4)
- changes to people's behaviours, knowledge and skills (strategy objectives 2 and 3)
- people's access to health care and support (strategy objective 5).

The AIHW framework also recognises the need to assess health inequalities and social determinants of health to inform policies, programs and services.

Where required, further indicators will be developed using existing local and national data sources. Governments will monitor and evaluate actions that they implement to inform future implementation and the evidence-base for obesity prevention.

# Glossary

**Active travel** is a mode of transport that involves physical activity, such as walking and cycling, to get from one destination to another. This includes travel to and from the places we live, work, learn, visit and play. It is a subcategory of physical activity.

**Critical life stages** are life events that are likely to increase the risk for weight gain. These can be physical (for example puberty, pregnancy and menopause), or social/behavioural (for example leaving sport, quitting smoking, retirement).

**Cultural safety** – Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need.

**Early intervention** is the provision of support or interventions to a person or family at-risk of becoming overweight (at the high end of the healthy weight range) and also for those already overweight, to prevent progression to obesity and a foreseeable decline in their health.

**Exercise** is a subcategory of physical activity that is planned, structured and repetitive, and aims to improve or maintain one or more components of physical fitness.

**Food security** means all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.

**Food system** is the complex interconnected activities that bring food to people. Food is produced, harvested or slaughtered; cleaned and often processed in some way; stored, packed, transported, traded; marketed and sold to people for preparation in their own homes or in a range of commercial or institutional food services. Any waste is repurposed or disposed of.

**Healthy eating** means eating a variety of nutritious foods each day that give you the nutrients you need to maintain your health and reduce the risk of diet-related chronic diseases, in line with Australian Dietary Guidelines.

**Healthy weight** is a body mass index (BMI) of 18.5 to 24.9 in adults (See overweight and obesity).

**LGBTIQA+** is an evolving acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms (such as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.

**Nutrients of concern** means those nutrients that are overconsumed (on average) by Australians above the recommended daily limits, including sodium, saturated fat and added sugar.

**Obese** is considered a body mass index (BMI) of 30 or more in adults (see overweight and obesity definition)

**Overweight and obesity** is excessive fat accumulation that presents a risk to health. Body mass index (BMI) is a person's weight (in kilograms) divided by the square of his or her height (in metres), which is a practical and accepted method used to monitor overweight and obesity in populations. An adult with a BMI equal to or more than 25 is considered overweight. An adult with a BMI of 30 or more is generally considered obese, with a BMI of 35 or more as an indicator of severe obesity. Cut-offs may be different for some ethnic populations. In individuals, BMI measurement does not necessarily reflect body fat distribution or describe the degree of fatness in different individuals[170]. Overweight and obesity in children is classified using World Health Organisation growth charts and based on standard deviations above the median[171]

**Person-centred approaches** are where the person are central to decision-making regarding services, support and treatment they are offered and/or receive. The approach focuses on the person as an individual and what they can do, not their condition or disability.

**Physical activity** is any bodily movement produced by skeletal muscles that require energy expenditure. It includes all activities, at any intensity, performed during any time of day or night such as incidental activity, exercise, sports, active recreation, active travel (which includes walking, cycling and other wheeled non-motorised forms of transport)

**Primary health care** is the first point of contact people have with the health system and can include services delivered to individuals by general practice, allied health, social services, community health and community pharmacy and broader population level/public health functions.

**Responsive feeding** means feeding practice that encourage the child to eat autonomously and, in response to physiological needs, which may encourage self-regulation in eating and support cognitive, emotional, and social development.

**Screen time** is a term for activities done in front of a screen such as watching television or using a device like a computer, tablet or games console. It is usually sedentary in nature and can be for work, study/learning or leisure.

**Sedentary behaviour** means sitting or lying down for long periods of time, except when sleeping.

**Self determination** is an ongoing process of choice, by which a person has the freedom to control their own life and determine their own political, economic, social and cultural economic and pollical needs. It is about having a voice in decision-making about policies, programs and services that directly affect them, and respecting and supporting these decisions. The right to self-determination has specific application to Aboriginal and Torres Strait Islander people, as Australia's first people.

**Severe obesity** is a BMI of 35 or more in adults (see overweight and obesity definition)

**Unhealthy food and drinks** also called discretionary food and drinks are energy-dense, nutrient-poor, are high in added sugars, saturated fat and/or added salt and are not necessary for a healthy diet, as described in the Australian Dietary Guidelines.

**Urban agriculture** includes planning for the preservation of urban and peri-urban agricultural land as well as other local agriculture initiatives including community gardens, home grown food and local markets

**Weight management** are a broad range of support, services or interventions for a person or family with overweight or obesity that works to prevent further weight gain, support weight loss and help to enhance health and wellbeing. They can be delivered by a range of professionals and peer and/or community supports.

# Appendices

## Appendix 1: Links with Sustainable Development Goals

**The National Obesity Prevention Strategy aligns with the United Nation's Sustainable Development Goals.**

*Figure 11: Links with Sustainable Development Goals*

# Appendix 2: Related Strategies

Below is an outline of some strategies that the National Obesity Prevention Strategy interconnects and coordinates with. These strategies were considered during Strategy development.

*Figure 12: Related strategies*

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