

Consultation report

# SUMMARY

November 2020

Action is needed now to address the current levels of overweight and obesity in Australia.



In 2018 the former COAG Health Council committed to developing a national obesity strategy for Australia. The strategy is proposed to be a 10-year framework for action to reduce overweight and obesity.

A consultation process to inform the strategy was undertaken between November 2019 and December 2019, and further targeted consultations were completed in February 2020. The purpose of the consultations was to hear from interested community members and organisations about what they think a national obesity strategy should cover.

A total of 81 proposed sub-strategies were presented in a [consultation paper](#) for public comment. These were informed by extensive evidence, as well as previous consultations with stakeholders.

For more detailed information from the consultation, [see the full consultation report.](#)

## NATIONAL CONSULTATION PARTICIPATION

We engaged face-to-face with **620** people in:



**7** Community forums



**39** Community discussions, mini-workshops and pop-ups

**1** National webinar

We received:



**1038**  
Short survey responses



**342**  
Long survey responses

from individuals and organisations

## Common and key themes raised by participants:



### A FOCUS ON POPULATION-LEVEL INTERVENTIONS

Participants wanted population-level interventions and system changes to be prioritised in the strategy. Many suggested restructuring priority areas so that strategies that address system change and in particular, food systems, come first.



### INTENTION NEEDS TO LEAD TO ACTION

Participants wanted to see whole-of-government, sustained action and a commitment at all levels to ensure a strategy will be resourced, implemented, reported on and evaluated.



### ADDITIONAL EFFORTS ARE NEEDED FOR PRIORITY POPULATION GROUPS

Almost all participants agreed specific efforts and measures are needed to address overweight and obesity amongst priority population groups. They said a focus on equity is very important.



### STIGMA AND UNINTENTIONAL CONSEQUENCES NEED TO BE AVOIDED AND REDUCED

Participants wanted to ensure any negative impacts on people are avoided and suggested strategies should be designed with the input of consumers.

[Read more in the full consultation report.](#)



## Key areas from the Consultation Paper people supported:

Participants supported government leadership for a holistic, equitable and systems approach to the prevention of overweight and obesity. Participants particularly supported:

### PREVENTION

Prevention is critical to achieving population-level change.

Participants said investment in prevention will help to reduce the burden of overweight and obesity over time. It would also set the foundation for community-based prevention programs.

### SYSTEMS APPROACH

Current 'systems' greatly affect consumer choices. Addressing the food system should be the first priority.

The strategy to 'ensure our food system favours the production of healthy and sustainable products' received the greatest level of support.

### EQUITY

Socio-economic determinants and environmental factors impact choice.

Many participants suggested prioritizing equity, particularly to ensure that the delivery of any strategies does not further exacerbate inequities for priority populations.

### SUSTAINED AND COLLECTIVE ACTION

Programs and investment should avoid a 'start and stop' approach as this reduces sustained impact.

95% of respondents agreed 'the strategy should encourage government leadership for collaborative, whole-of-society action'. Participants suggested governments need to work with all sectors, not just health.

## Top 5 areas people focused on:



### 1 SUPPORTING BETTER ACCESS TO AFFORDABLE, HEALTHIER FOOD AND DRINKS

Participants reported unhealthy food and drinks are currently the easier and more accessible option. They are more available and more affordable, particularly in regional, rural and remote areas and lower socio-economic communities. Making healthier food and drinks an easier and more convenient option for people and families will better enable population-level change in behaviours.



### 2 THE PRICE OF FOOD AND DRINKS

Community members said they believe healthier foods cost more than unhealthy, processed or packaged foods and that this made it difficult for them to choose the 'healthier' option. Participants suggested:

- subsidising fresh, healthier foods
- using price to make unhealthy options less attractive, as long as this did not make food purchasing more inequitable for those on lower incomes.



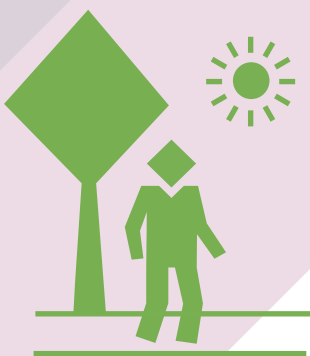
### 3 REDUCING ADVERTISING AND EXPOSURE TO UNHEALTHY FOOD AND DRINKS

Exposure to marketing and advertising of 'junk food' or unhealthy options, particularly targeted at their children, had a big impact on parents' ability to make better food and drink choices for their family.



### 4 SETTINGS WHERE PEOPLE LIVE, WORK AND SPEND TIME

Community members and many organisations suggested focussing efforts on settings where people live, work and spend time each day. They noted people's behaviours towards food choices and being physically active were most influenced in their day-to-day settings. Participants were also concerned about exposure to unhealthy food and drinks in settings, such as schools, workplaces and sporting clubs and events.



### 5 INFRASTRUCTURE AND URBAN DESIGN THAT PROMOTES HEALTHY LIFESTYLES

Participants gave strong support to investing in infrastructure and urban planning that would promote healthy lifestyles. This included:

- better walking and cycling infrastructure with provision of shade
- making planning decisions that promote production of fresh, healthy food in urban settings and closer to where people live
- ready access to good quality drinking water in urban, regional and remote settings.

# Key results from the community short survey:



## FOOD AND DRINKS

- ▶ The most significant barrier to consuming healthier food and drinks was that 'there are too many unhealthy and processed food and drinks available'.
- ▶ The strategy which received the most support was 'ensure our food system favours the production of healthy and sustainable products' with **88%** rating this as very or extremely helpful.
- ▶ This was closely followed by:
  - ▶ 'Develop ways to make good quality, culturally appropriate, healthy food and drinks more available and affordable in communities that are currently worse off' (**87%** rated this as very or extremely helpful).
  - ▶ 'Increase the availability of healthier, more sustainable food and drinks in the places we live and work' (**86%** rated this as very or extremely helpful).
  - ▶ More than **80%** rated 'look at ways of changing the price of food and drinks to shift consumer purchases towards healthier options' as very or extremely helpful.
  - ▶ 'Reduce exposure to marketing and promotion of unhealthy food and drinks' also received majority support (**78%** rated this as very or extremely helpful).



## HEALTHCARE

- ▶ Healthcare was overall rated as less important than strategies that reduced exposure to unhealthy food and drinks and improved availability and affordability of healthier options.
- ▶ Just **over two-thirds** said 'having appropriate weight management programs accessible to all people' would be very or extremely helpful.



## PHYSICAL ACTIVITY

- ▶ The most significant barriers to being physically active were difficulty using public transport or active travel options (**71%**), followed by concern about being shamed or experiencing prejudice if they engage in physical activity (**69%**).
- ▶ **85%** rated both 'invest in safe, people-friendly spaces designed to encourage people to be active' and 'invest in and promote green spaces and natural environments' as very or extremely helpful.
- ▶ **88%** rated the strategy to 'make walking, riding, public transport and participation in sport and recreation a more convenient and affordable option for people' as very or extremely helpful.



## COMMUNITY

- ▶ Majority of people supported strategies to reduce exposure of unhealthy options in the community (schools, workplaces, hospitals and other places) and to ensure these places make the healthier options the most desirable.
- ▶ **80%** rated 'healthy policies and practices in schools and promotion of healthy behaviours in education curriculum' as very or extremely helpful. **80%** also said that 'practices in early childhood education and care settings that promote healthy behaviours' would be very or extremely helpful.

# Developing the strategy

## The framework

Participants agreed with a comprehensive strategy that focuses on broader system changes as well as supporting individuals. Many suggested the framework for the strategy should prioritise addressing social and environmental factors, before focusing on interventions targeting individuals.

Participants wanted to make sure there is a clear logic for how strategies are prioritised and when and how they are implemented, and that the intent of each strategy is clear. The framework should build on the evidence which supports the strategies, their potential impact and how they will lead to change.

## The scope

Participants suggested the focus of a national obesity strategy should be broader than weight and include healthy lifestyles. They suggested language in the strategy should be bolder and more inspiring, and needed to avoid worsening stigma, especially for people who are living with obesity. Participants identified mental health and treatment as missing from the current scope of the strategy.

## Community-driven and led

Participants suggested a stronger focus on community-led approaches, including actions to support community responses. This was particularly important for priority populations including people living in regional, rural and remote areas, Aboriginal and Torres Strait Islander communities and people from a culturally and linguistically diverse background.

## Implementation

In regards to implementation and reporting, participants commonly agreed with having:

A **government-led strategy**, led by the Commonwealth (because a national approach is needed), centrally coordinated at a state/territory level and implemented at a local level.

**Committees** to advise on development, implementation and evaluation of strategies and which include a wide representation of people and stakeholders.

**Two-year implementation plans** with clear responsibility for action. Dedicated implementation plans for rural and remote and Aboriginal and Torres Strait Islander communities.

Monitoring and evaluation to **measure progress** using data in areas such as food consumption and production, health and wellbeing data and indicators, awareness and attitudes, and participation.

**Meaningful reporting** linked to the outcomes that strategies should achieve towards the prevention of overweight and obesity. Regular open public reporting.

**Targets** (shorter- and longer-term) to ensure accountability and to be able to track progress. Targets for national, state/territory and local community change were also suggested.

## WHAT'S NEXT?

The National Obesity Strategy Working Group will consider the consultation report and the associated comments from individuals and organisations as well as the outcomes of the Senate Select Committee Inquiry into the Obesity Epidemic (2018), a National Obesity Summit held in 2019, and the vast range of evidence that informs the approach for the prevention of overweight and obesity.

A draft strategy will be developed for consideration by Health Ministers.

For information about next steps and to stay up-to-date, [visit the consultation hub](#).

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This report was prepared under the auspices of the former COAG Health Council. Copies of the report and enquiries about the content should be directed to Executive Director, Preventive Health Branch, Queensland Health, email: [NOS\\_Secretariat@health.qld.gov.au](mailto:NOS_Secretariat@health.qld.gov.au)

### DISCLAIMER

The views contained in this Summary Report do not necessarily reflect the views of the National Obesity Strategy Working Group, or government, or indicate a commitment to a particular course of action.