Have your say on a national obesity strategy

CONSULTATION PAPER

November 2019

COAG HEALTH COUNCIL

Contents

Introduction

Overweight and obesity is a significant issue in Australia, affecting many people and all parts of society.

The Queensland Department of Health is leading the development of a national obesity strategy for Australia on behalf of The Council of Australian Governments (COAG) Health Council. It will be a 10-year framework for action to reduce overweight and obesity.

A national obesity strategy will identify opportunities to create benefits for many people and sectors. It will:

- scale up or leverage current efforts
- be innovative and bold
- involve working together
- fill gaps
- influence the broader social, commercial and cultural determinants of health that can create systemic barriers.

Purpose of the consultation

This consultation is an opportunity to have your say about a national obesity strategy. It is a chance to share your views about what a 10-year strategy to address overweight and obesity in Australia should focus on.

This consultation runs from 4 November to 15 December 2019.
The Social Deck is engaged to facilitate these consultations.

About this consultation paper

This consultation paper has the proposed framework and ideas for consideration to be included in a national obesity strategy. We want to know your views, suggestions, ideas and feedback to shape the final strategy, including what could be done to better support population groups who are unequally affected by overweight and obesity.

Many individuals and organisations have already shared their ideas about addressing overweight and obesity through the *Senate Select Committee Inquiry into the Obesity Epidemic in Australia* (late 2018) and the *National Obesity Summit* (February 2019). These ideas, along with two commissioned evidence reviews and a practice review of state and territory, international, global and consensus strategies and statements, have informed this consultation paper.

Information gathered during these consultations will help to inform a national obesity strategy to be considered by COAG Health Council later in 2020.
For more information and to provide a submission via the survey visit consultations.health.gov.au/population-health-and-sport-division/national-obesity-strategy

How to have your say

To share your views and ideas:

- Complete the online survey. There is a long and short form survey to choose from.
- Participate in a community consultation session
- Participate in the national consultation webinar
- Host a consultation session.

The surveys close at 11:59 pm on Sunday 15 December 2019.

Participating in community consultations

To find out where and when community forums and other consultation sessions are being held visit consultations.health.gov.au. You can also email engage@thesocialdeck.com to express your interest in being involved in a consultation session.

Hosting a consultation session

You can hold a consultation session in your community, within your organisation, club or professional network. To request an engagement kit email engage@thesocialdeck.com.

Help with reading this document

If you have difficulty understanding this document and need a translator or interpreter, please call the Translating and Interpreting Services (TIS National) on 131 450 and ask them to contact The Social Deck on 0491 617 118.

The National Relay Service (NRS) is a service for people who are deaf, hard of hearing and/or have a speech impairment. If you need help contacting us, the NRS can assist. To contact the NRS visit https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service or contact the following numbers:

- TTY – 133 677
- Speak and Listen— 1300 555 727
- SMS relay — 0423 677 767

A summary of this document is also available at consultations.health.gov.au.

Ensuring transparency

We are committed to ensuring that the development of a national obesity strategy is transparent and accountable. We recognise that there are a range of diverse interests and views informing the strategy that sometimes cause tension. By openly acknowledging these conflicting interests we can work to maintain productive and collaborative relationships to achieve the vision of a community and environment that encourages and enables healthy weight for all Australians.

If you participate in the consultation process, you will be asked to consent to your comments being published and to declare any relevant interests you or your organisation may have. It is important to be clear about your and/or your organisation's interests as sometimes interests of different stakeholders may be competing or conflicting.

What is a relevant interest? An interest is anything that can impact individuals or groups, either positively or negatively and could be personal, public, professional, business or financial.

Action is needed now and into the future to address and prevent this major health and societal challenge. Transformative change is possible, and Australia is well placed to lead the way.

The situation

More than 14 million people in Australia are overweight or obese*. This includes 2 in every 3 adults, and 1 in every 4 children[1].

By 2030, 18 million Australians or more than three quarters of the projected Australian population will be overweight or obese[2].

Concerningly, 1 in 5 Australian children aged 2 to 4 years are already overweight or obese[3]. This is associated with a higher likelihood of being obese as an adult and an increased risk of premature death and disability.

Being overweight or obese can have a major impact on a person's life. It affects their health and wellbeing, and their social and economic opportunities. Obesity also impacts communities, society and the economy.

***Overweight and obesity is the excessive fat accumulation that presents a risk to health. Body mass index (BMI) - a person's weight (in kilograms) divided by the square of his or her height (in metres) – is a universally accepted method used to monitor overweight and obesity in populations. An adult with a BMI of 30 or more is generally considered obese. An adult with a BMI equal to or more than 25 is considered overweight. These cut-offs may be different for some ethnic populations. Overweight and obesity in children is classified using World Health Organisation growth charts and based on standard deviations above the median[4].**

OBESITY
IN AUSTRALIA

THE PROBLEM IS **SIGNIFICANT** AND **STARTS EARLY**

1 in 5 2-4 year olds[i]

1 in 4 5-17 year olds[ii]

1 in 2 18-24 year olds[iii]

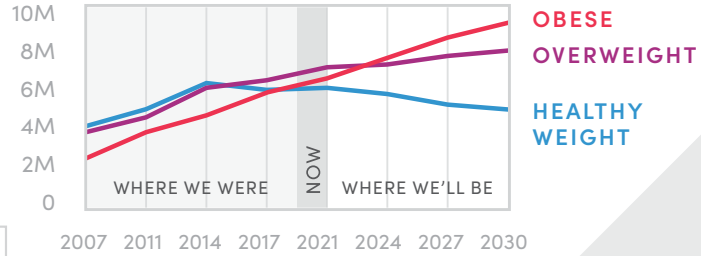
2 in 3 adults[iv]

are either **OVERWEIGHT** or **OBESE**

IT CONTINUES TO **INCREASE**

×2 The number of adults living with obesity has **DOUBLED** in the last 10 YEARS

Number of Australian adults who are **obese, overweight**, and at a **healthy weight** to 2030



If this rate continues, more than **THREE QUARTERS** of the Australian population will be **OVERWEIGHT** or **OBESE** by 2030[v]

OVERWEIGHT & OBESITY AFFECTS SOME **PEOPLE** MORE THAN OTHERS

70% of people with severe or profound **ACTIVITY LIMITATIONS**

7% People living in **REGIONAL AND REMOTE** areas are more likely than those living in major cities[x]

MEN are **1.25x** more likely than women[vi]

78.2% of **65-74** year olds compared to **46%** of 18-24 year olds[vii]

People living in **AREAS OF MOST DISADVANTAGE** are **10%** more likely than those living in areas of **least** disadvantage[xi]

ABORIGINAL AND TORRES STRAIT ISLANDER people are **1.2x** more likely than non-Indigenous people[viii]

Obesity contributes to about **15%** of the **HEALTH GAP** between Aboriginal and Torres Strait Islander people and non-Indigenous people[ix]

IT HAS A **HIGH COST**

INCREASES THE RISK of a range of **CHRONIC HEALTH CONDITIONS**[xii]

$11.8b **COST OF OBESITY** in Australia in 2018[xiii]

$5.4b **DIRECT HEALTH COSTS** (from disability and hospitalisation)

$6.4b **INDIRECT COMMUNITY COSTS** (lost quality of life and wellbeing, premature death and productivity losses)

Causes of increasing overweight and obesity in Australia

Overweight and obesity is a complex, systemic problem with multiple causes. The issue is rooted in people having access to more unhealthy food and drinks, and the sedentary nature of modern living.

Our individual choices are shaped by the environments around us and the resources available to us. This includes our social, cultural, physical, political and economic environments[5].

People's perceptions of what a healthy weight looks like shifts as more Australians become overweight or obese[6]. Being overweight becomes the new normal, however the risks to health and wellbeing remain.

People's perceptions of a healthy lifestyle are shaped by the people, culture and environments around them. Cultural and societal norms can shift to better support healthy weight by valuing active and enjoyable recreation time, changing norms of socialising with alcohol, increasing social connections and reducing a convenience culture.

The types of food and drinks we consume and the amount of physical activity we do, have changed

Food and drinks not essential for health now make up well over 30% of the Australian diet for both children and adults[7]. Driving to work is much more common than walking or riding (69% compared to 5%)[8].

Research shows our environments promote obesity. An average Australian supermarket now stocks about 30,000 packaged foods, with many being highly processed, unhealthy foods[9]. Unhealthy food and drinks are available almost everywhere, are cheap to buy and are heavily marketed. They are hard to resist and influence what we think of as normal, everyday food.

There is now global consensus that increased availability and marketing of cheap, unhealthy food and drinks[10], in combination with a greater use of cars and more sedentary work and leisure activities[11] such as higher screen time[12] are key drivers of overweight and obesity in Australia and other countries.

People are more likely to choose to eat healthy food and drinks and to be more physically active when they are empowered to make these choices. It means the healthy choice must be easier and more desirable - physically, financially and socially - than the unhealthy option.

This is not always the case. In particular, people experiencing social disadvantage may face additional econonomic and social barriers to making healthy choices.

For Aboriginal and Torres Strait Islander people, the drivers of overweight and obesity are even more complex. The impacts of trauma across generations on health cannot be ignored and should be acknowledged and addressed, alongside a positive focus on culture as central to wellbeing.

The opportunity

There is significant commitment across Australia to address overweight and obesity, but amplified action is needed at a local, regional and national level.

Over 90% of Australians think maintaining the community's health is both a government and personal responsibility. There is a genuine need for partnerships and action across government and from many sectors[13].

Australians expect and want governments to act. In 2018, over 60% of Australians supported a larger role for government in acting on people's health (up from 46% two years earlier). They want government to be bolder and to act in areas where government has influence – considering the range of policy, regulatory and financial opportunities available to them[14].

A national obesity strategy will outline what governments could lead and do. But government action is not enough on its own. The strategy will provide focus for many sectors to genuinely work together to magnify impact and create multiple benefits, including social, employment, health, education, infrastructure, agriculture, transport, retail, manufacturing, trade and finance sectors[15] [16].

For example, actions that benefit health can also increase public transport use, support more productive, profitable and environmentally sustainable agriculture and food production, and contribute to a more inclusive society with equal opportunities.

Prevention is key, because it works. Australia's sustained responses to tobacco smoking and communicable diseases such as HIV/AIDS have saved millions of lives. The strategy will focus on preventive actions as when executed well, they are:

- more effective
- less expensive
- have a greater population impact than managing and treating obesity.

Reducing stigma is essential. Weight bias and obesity stigma are forms of prejudice. They can make people living with overweigh or obesity feel marginalised and unequal because of their weight. Some people feel this way at work, at school or when accessing health care[17].

Negative societal attitudes about obesity stigmatise both children and adults and can begin as early as preschool age[18] [19]. School-aged children living with obesity have a higher chance of being bullied[20]. This can trigger feelings of shame, leading to poorer mental health outcomes, including suicide. It can also contribute to lower educational outcomes and affect life opportunities.

The strategy will take a broad approach to obesity enabling a respectful and positive discussion about overweight and obesity. It will avoid blaming individuals and promoting individual weight management approaches by recognising that overweight and obesity is an issue we must address collectively as a society.

About the strategy

Proposed scope

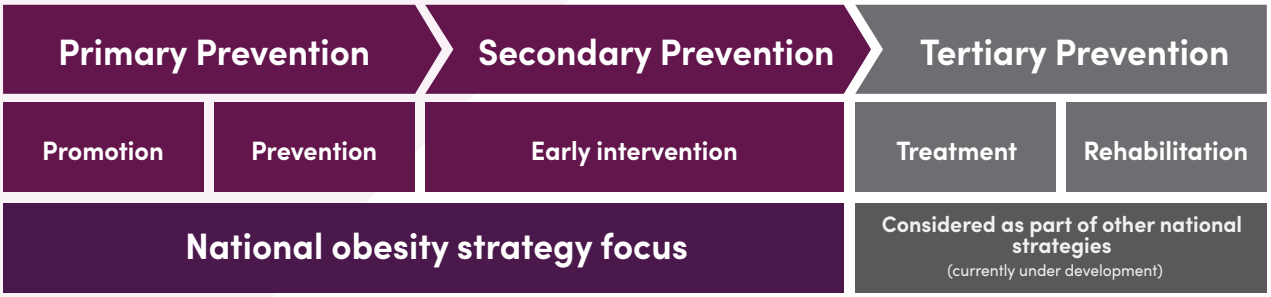
Government leadership for a whole-of-society response - A national obesity strategy will guide sustained preventive action over the next 10 years to reduce overweight and obesity in Australia. The strategy will be a unifying framework, to enable genuine partnerships, improved collaboration and shared responsibility. It will identify strategies for Commonwealth and State and Territory governments, as well as the community and other key stakeholders including, non-government organisations and the private sector.

Prevention is the focus - specifically primary and secondary preventive actions that promote and support:

- healthy eating
- regular physical activity
- a healthy weight for all.

Preventive actions to address environmental and social influences work alongside population approaches that develop skills and knowledge for individuals, families and communities.

Primary prevention reduces the likelihood of developing a disease or disorder and secondary prevention interrupts, prevents or minimises the progress of a disease or disorder at an early stage[21].



The strategy will support all Australians to have a healthy lifestyle, regardless of weight. However, outside the scope of a national obesity strategy is:

- managing and addressing underweight
- tertiary prevention actions (e.g., treatment of obesity and/or obesity-related complications).

What do you think?

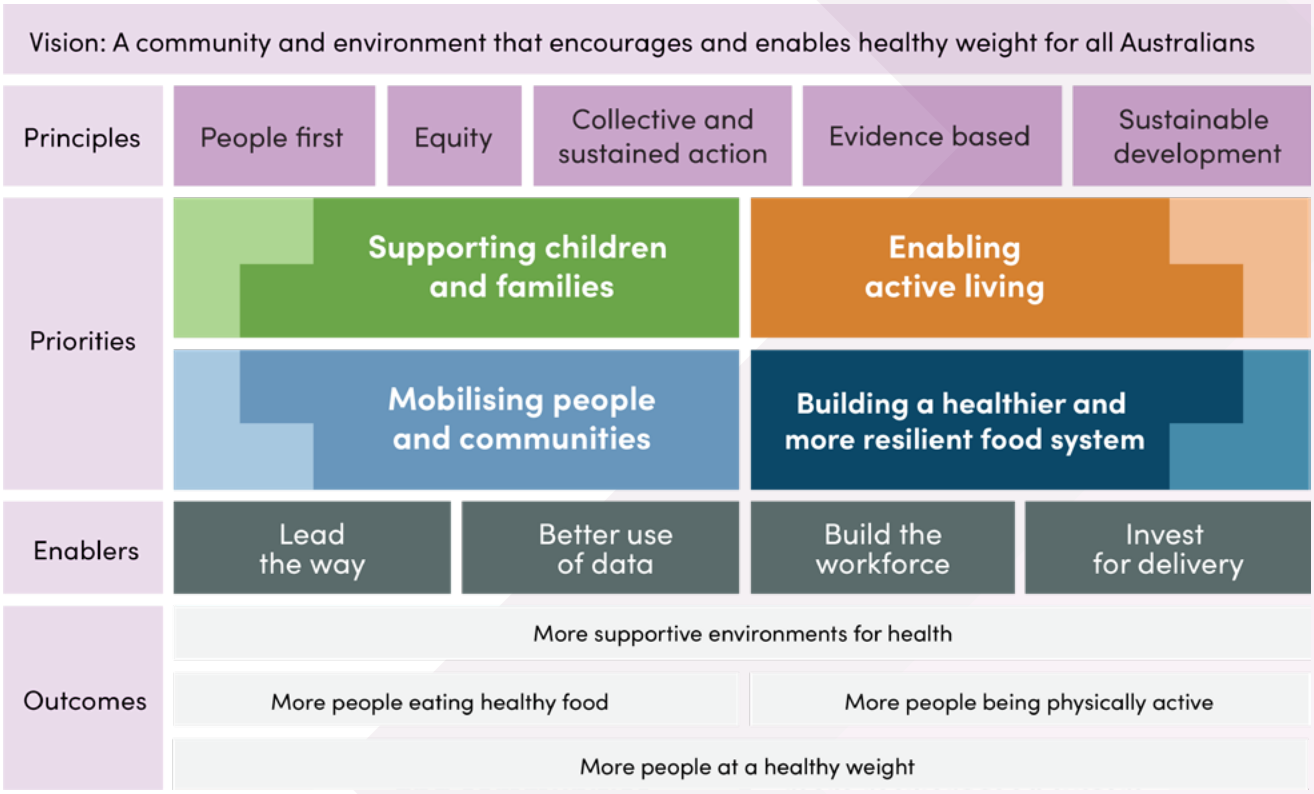
- We want to know what you think about the timeframe for a national obesity strategy and how much you agree or disagree with the proposed scope.
- We also want to know if there is anything in the proposed scope you would change, add or remove for a national obesity strategy?

Go to survey to provide responses

Proposed framework for action

The framework for action proposes:

- five principles to guide strategy development and implementation
- four proposed priority areas with potential strategies and sub-strategies
- enablers that can best support sustained implementation of a national obesity strategy
- outcomes to track progress and measure change.



Proposed vision

A community and environment that encourages and enables healthy weight for all Australians.

Proposed principles

The following principles are proposed to guide the strategy.

1. People first

People are at the centre of the strategy to:

- respect the knowledge, understanding and diversity of people
- value people's culture, perspectives and insights
- promote empowerment and self-determination
- focus on the long-term and build a foundation for future generations.

This principle also recognises the importance of communities and the many roles people hold within them. The strategy will support people through their life, particularly during stages when they're at higher risk of unhealthy weight gain.

2. Equity

Health is a community expectation and a human right. All Australians should have the opportunity to achieve good health and wellbeing through a healthy weight. Some Australians experience poorer health due to their economic and social circumstances and the environments around them. The strategy will work to improve these factors.

The strategy will also work to minimise discrimination and racism and address some of the systemic barriers embedded within our societal structures and history that create this inequity, often from one generation to the next. It will also address the specific needs of populations who are unequally affected by overweight and obesity. These include:

- Aboriginal and Torres Strait Islander people
- people living in regional and remote areas
- people with disability
- people experiencing disadvantage.

3. Collective and sustained action

We all have a moral and ethical responsibility to work together in meaningful partnerships to achieve the change required. Working together facilitates greater ownership, creates better solutions, and increases the chance of sustained and successful action.

The vision may take many years to achieve, however the benefits of healthier eating and more physical activity will be big and ongoing. They will positively affect the health system, the environment and the community.

The strategy will set a framework for how we work together over the short, medium and long term and how we will measure change and respond to emerging needs and changing environments.

4. Evidence-based

The strategy will use the most up-to-date evidence shown to change behaviours, health outcomes and environments to support health. This will include trialling promising or emerging strategies and drawing on international, national and local knowledge and experience.

The strategy is informed by two independent reviews of current evidence:

- Population-level strategies to support healthy weight
- Addressing the social and commercial determinants of healthy weight.

5. Sustainable development

The strategy will focus on better ways of doing things, now and into the future. Chronic diseases, including diseases resulting from overweight and obesity, are closely linked to the three pillars of sustainable development:

- economic growth
- social equity
- environmental protection[22] [23].

The three pillars are interconnected. Addressing human needs including education, social protection, job opportunities and a clean environment can strengthen the economy and reduce inequity. Changes to food supply and transport systems to improve health can have a positive impact on the natural environment, just as changes in the natural environment, such as adverse weather and pollution, can have an impact on health[24].

What do you think?

- We want to know what you think about the proposed guiding principles for a national obesity strategy.
- We also want to know if there is anything about the principles you would change, add or remove?

Go to survey to provide responses

PROPOSED PRIORITY AREAS

The strategy proposes four (4) priority areas:

1. **Supporting children and families:** starting early to support healthy weight throughout life
2. **Mobilising people and communities:** using knowledge, strengths and community connections to enable healthy weight
3. **Enabling active living:** supporting a way of life that helps people move more throughout the day
4. **Building a healthier and more resilient food system:** producing and promoting healthier food and drinks with little impact on the environment

Action in each of these areas is guided by strategies and sub-strategies.

Proposed priority area 1:

supporting children and families

Children deserve a healthy start to life. The path to overweight and obesity can start even before birth. Parent obesity in pregnancy can affect the health of the child later in life, which includes future obesity risk[25] [26].

Breastfeeding has a protective and healthy effect for the mother and her child. Longer periods of breastfeeding are associated with a lower risk of overweight and obesity[27] [28]. The National Health and Medical Research Council recommends:

- exclusive breastfeeding to around 6 months of age
- continued breastfeeding until 12 months of age and beyond.

Recent data shows less than one third (29%) of children were exclusively breastfed to around 6 months and 2 in 5 received breast milk for at least 12 months[29].

The early years set children up for lifelong learning, behaviours and health. Food preferences and dietary habits are established during this time and are closely linked to childhood obesity[30]. Overweight and obesity also increases a child's risk of having poorer physical and mental health in the short term[31]. Later in life, they are more likely to develop a chronic disease at a younger age[32].

Families play a key role in creating healthy environments for their children. They provide food and drink options and opportunities to be active. Some families face circumstances that limit their ability to do this, particularly those experiencing socioeconomic, geographic or cultural disadvantage. This can include perceived higher cost of healthier food[33], reduced availability of fresh food where they live[34] or limited and/or unsafe places to play[35].

Action is needed across the many environments around children and families such as at home, school, child care, the community, advertising and media and recreation and sport. Action is also needed at critical time periods include preconception and pregnancy, the early years and adolescence[36].

Proposed strategies and sub-strategies

1.1 Support prospective and new parents to be healthier at the time of conception and during pregnancy, and to optimise the healthy development of their children during the first 1000 days

1.1.1 Provide healthy eating and drinking and physical activity support for pre-conception and during pregnancy, including specific approaches for prospective parents who are, or at risk of becoming, overweight or obese during pregnancy

1.1.2 Provide support for mothers to breastfeed and continue to breastfeed by implementing the National Breastfeeding Strategy

1.1.3 Explore policy options to strengthen protection of infants and families from the excess availability and marketing of breast milk substitutes

1.1.4 Strengthen healthy eating and physical activity guidance and support for mothers and fathers after birth as they transition and adjust to their new roles as parents

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

1.2 Enable parents, carers and families to encourage lifelong healthy habits for children and young people

1.2.1 Provide guidance to parents, carers and families on appropriate healthy eating and physical activity for children and young people (e.g., appropriate nutrition, portion size, screen time, sleep and regular physical activity)

1.2.2 Support parents, carers and families to purchase, prepare and enjoy healthy food and drinks, whilst limiting unhealthy food and drinks

1.2.3 Encourage parents, carers and families of children and young people to use parks and recreation facilities, to role model active transport and active living, be active with children (co-participation) and restrict screen time

1.2.4 Develop social support options for adolescents to improve physical activity with appropriate and fun peer and community opportunities, including a focus on the role of fathers

1.2.5 Encourage greater availability of healthy food and drinks and limit unhealthy food and drinks at sporting, recreation and community venues, facilities, clubs and events

1.2.6 Increase availability and equitable access to appropriate programs that support weight management for children, young people and their families.

1.3 Enable early childhood education and care settings and schools to adopt whole of facility approaches that better support children to develop healthy eating and physical activity habits and skills

1.3.1 Enhance leadership, professional knowledge, relevant policies and practices, curriculum design and delivery aligned with national guidelines and partnerships within and beyond the early childhood education and care and school community

1.3.2 Establish partnerships to deliver programs where necessary (e.g., healthy breakfast programs, healthy school canteens and childcare menus, active play programs)

1.3.3 Enable after-hours use of school facilities to expand available, accessible and affordable physical activity options and destinations for families and communities

1.3.4 Support safe, active travel to and from early childhood education and care settings and schools through infrastructure and behaviour change programs in collaboration with local communities

1.3.5 Investigate policy and community-led options to extend student retention in schools across the Australian compulsory education period, including focused strategies for Aboriginal and Torres Strait Islander children and children from other priority groups.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Priority area 1: supporting children and families**.
- Do you have ideas for other strategies for supporting children and families that should be included?

Go to survey to provide responses

Proposed priority area 2:

mobilising people and communities

Our society needs to empower individuals and communities to make positive decisions about their health and their environment, by ensuring:

- all Australians have the knowledge, skills, attitudes and motivation to choose healthier options and understand the impact of lifestyle choices on environmental sustainability
- community values and norms are consistent with improved health and wellbeing, and reduced weight bias/obesity stigma and discrimination
- targeted actions for specific communities at greater risk of overweight and obesity that:
  - focus on empowerment and self-determination
  - are appropriate and responsive to needs and circumstances
  - respect socio-cultural perspectives
- Aboriginal and Torres Strait Islander people are empowered to lead initiatives that best benefit individuals and their communities.

Proposed strategies and sub-strategies

2.1 Improve people's knowledge, awareness and skills to enable healthy eating, facilitate active lives and foster healthy social and cultural norms, regardless of their weight

2.1.1 Provide information, education and skill-building programs and initiatives aligned with Australian guidelines for healthy eating, physical activity and sedentary behaviour

2.1.2 Develop and fund ongoing national mass media campaigns to shift expectations, beliefs and social norms whilst minimising weight related stigma

2.1.3 Partner with Aboriginal and Torres Strait Islander people to develop and deliver culturally appropriate and safe social marketing and supporting programs

2.1.4 Partner with culturally and linguistically diverse (CALD) groups to develop and deliver culturally appropriate and safe support programs for early migrants

2.1.5 Partner with people with disability to develop and deliver initiatives to improve healthy eating and physical activity, that are accessible and responsive.

2.2 Engage and support local communities, groups and organisations to develop and lead their own healthy eating and physical activity initiatives through responding to local need, embedding participation and building community capacity

2.1.1 Invest in targeted community capacity building initiatives that activate leadership, drive innovation and support a collective impact approach to create health promoting community places and spaces

2.2.2 Identify a diverse range of local leaders to 'champion' place-based healthy eating and physical activity initiatives and develop a supportive nationwide network and learning community

2.2.3 Ensure local communities have access to health promoting sponsorship options for events and sport and are empowered and informed to consider the impact of unhealthy sponsorship choices.

2.3 Support all people at risk of becoming overweight to access effective weight management interventions without fear of judgement

2.3.1 Encourage evidence-based weight management interventions ensuring a range of delivery modes and accessibility for all, regardless of age, living location, cultural background and income

2.3.2 Advocate for increased intensity of action for population groups experiencing higher levels of overweight and obesity through co-designed effective behaviour change programs

2.3.3 Support those experiencing weight stigma and discrimination and ensure all actions promote positive discussion of weight and prevent weight stigmatization.

2.4 Support health and social services to prioritise the prevention of obesity-related chronic disease

2.4.1 Support better collaboration between sectors dealing with unemployment, social protection and health

2.4.2 Develop labour and social policies that provide secure and decent work for all

2.4.3 Raise incomes of the poorest groups to reflect the real cost of healthy living and increase access to improved living conditions and opportunities for healthy behaviours

2.4.4 Provide professional development for clinicians to support the improvement of healthy eating and physical activity behaviours in their patient/clients

2.4.5 Enable early identification of unhealthy weight gain (including modest weight gain) for patients/clients, with a focus on life course transition points often associated with weight gain and people from at-risk population groups

2.4.6 Increase the availability of and clarity of referral pathways to evidence-based weight management treatments (including community-led programs).

2.5 Enable and support workplaces, healthcare facilities and tertiary institutions to lead by example by creating health promoting places of excellence

2.5.1 Adopt best-practice breastfeeding policies and practices (e.g., facilities, maternity leave, flexible work times for breastfeeding)

2.5.2 Adopt policies and practices that promote and prioritise physical activity, increase access to healthy food and drinks and limit access to, or remove unhealthy food and drinks through catering, vending machines, cafes and canteens

2.5.3 Design buildings that support and encourage healthy behaviours (e.g., stairs, kitchen facilities, end-of-trip facilities, storage, standing desks)

2.5.4 Create physical environments, policies and programs that incentivise and support active travel to work

2.5.5 Offer flexible work options to reduce travel time, freeing up time for meal planning/preparation and physical activity

2.5.6 Offer or facilitate access to multi-component, non-discriminatory programs and information to support healthy eating, physical activity and healthy weight.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Priority area 2: Mobilising peopler and communities.**
- Do you have ideas for other strategies for mobilising people and communities that should be included?

Go to survey to provide responses

Proposed priority area 3:
enabling active living

People are moving less at home, at work, getting to and from places and in leisure time. Modern lifestyles, increased use of technology and reliance on cars contribute to our less active lifestyles[37].

There is less incentive for people to remain active and environments have made it more difficult to be active. Cultural values also influence physical activity levels.

Less than half of all adult Australians (45%) meet the Australian physical activity guidelines[38]. The guidelines also recommend muscle strengthening activity for adults. Only 15% of adults meet both the physical activity and strengthening recommendations.

The findings for children are even more concerning:

- 17% of young children aged 2 to 5 years meet the physical activity guidelines and recommended screen time limit (1 hour per day)
- 12% of children aged 5 to 11 years, and 2% of adolescents aged 11 to 17 years, meet the physical activity guidelines and recommended screen time limit (no more than 2 hours per day)[39].

Active living is a way of life that helps people move more throughout their day. This includes walking to the local shop or riding a bike to school or work. Skills, confidence and knowledge enable people to be active every day. About 40% of children's activity is during free time. Neighbourhood environments need to be activity-friendly for the entire family[40]. Well-lit bikeways and footpaths and good urban design, where people can easily walk around their local community, are some ways to make environments safer.

Proposed strategies and sub-strategies

3.1 Invest in connected active places and spaces in urban, regional and rural areas

3.1.1 Develop and maintain infrastructure that grows participation in sport, active recreation, walking, cycling and public transport use for individuals and families being active together

3.1.2 Create a culture that promotes active travel through safe walking networks, drinking water and pedestrian prioritisation; cycling networks with reduced crash risk; storage and end-of-trip facilities; and efficient, accessible and regular public transport systems with strong connectivity and after-hours service

3.1.3 Apply integrated urban (and regional) design and transport policy, regulations and guidelines to create built environments that prioritise active living for people of all ages and abilities

3.1.4 Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature

3.1.5 Make communities safe with people-friendly spaces that favour people over motorised transport and crime prevention strategies such as community policing techniques, peer-led outreach programs and lighting

3.1.6 Ensure strategic infrastructure policies and plans prioritise investment in public transport, walking and cycling infrastructure

3.1.7 Consider fiscal policies to reduce driving and increase active travel and the availability and quality of recreation and sport facilities and opportunities.

3.2 Motivate and inspire participation in regular physical activity by people of all ages and abilities

3.2.1 Provide a range of fun, local and social active living options that match the interests of various ages and abilities, engage local communities and organisations and build social cohesion

3.2.2 Partner with Aboriginal and Torres Strait Islander people, people living in regional and remote areas, people with disability and people experiencing disadvantage to develop targeted interventions that increase the availability, accessibility and affordability of physical activity opportunities and reduce barriers to active living

3.2.3 Support regular participation initiatives in public spaces that engage large portions of the community e.g., fun runs

3.2.4 Offer free or low-cost access to encourage use of public transport, walking and cycling infrastructure, recreation opportunities, natural environments, sports and active living programs (e.g., subsidies, public liability insurance scheme for cyclists, rental equipment, participation incentives, and after-hours use of public and school sport and recreation facilities)

3.2.5 Build physical literacy and promote community-based active events using evidence-based and sustained social marketing.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Priority area 3: enabling active living.**
- Do you have ideas for other strategies for enabling active living that should be included?

Go to survey to provide responses

Proposed priority area 4:

building a healthier and more resilient food system

The food system is about bringing food to people – from the farm to the fork and beyond. 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 disposed of.

A resilient food system means having the capacity to produce enough healthy and culturally appropriate food to meet people's needs now, and into the future. It has minimal impact on the environment and can survive challenges such as drought or changes to global trade[41].

All parts of the food system are closely linked and influence each other. The food system shapes and is shaped by health; trade; economics; politics; the environment; society and consumer choice[42]. For example, the societal, economic and environmental costs associated with wasted food can be minimised through changes to agriculture, processing, packaging, transport and the way we prepare and eat food.

Food environments are promoting obesity. The availability, affordability, accessibility and marketing of food[43] contributes to overconsumption of unhealthy food and weight gain.

Food consumption data from 2011—12 reported less than 7% of Australians ate a diet for good health consistent with the recommendations of the Australian Dietary Guidelines[44].

Discretionary food and drinks are energy-dense, nutrient-poor and not necessary for a healthy diet. Recent data shows unhealthy food and drinks make up 35% of daily energy intake for adults and up to 41% for children[45]. Data also shows 58% of the household food budget is spent on unhealthy food and drinks[46] [47].

More food and drinks are now being eaten or prepared outside the home. Dining out and fast food make up 27% of the average Australian household food expenditure[48]. Many studies have shown these meals are more likely to be lower in nutrients and higher in sugar, fat and salt than those prepared at home. Increasing the availability of healthier options outside the home is important.

Unhealthy food and drink products are also heavily marketed on outdoor media, television and online, and at retail, food service and other outlets. People are regularly exposed to priority product placement, meal deals and 2 for 1 offers. The marketing of unhealthy food and drinks influences children's preferences and consumption[49] and is related to childhood obesity[50]. Children are vulnerable to the influence of advertising. They can't always tell the difference between factual and promotional information.

An important role of government is to ensure food security for all Australians. Food security impacts healthy eating. It's about having enough food for health and enough money to buy more food. One food rescue organisation has reported that over 710,000 Australians seek food relief each month, with 26% under 19 years of age[51]. Over 1 in 5 (22%) Aboriginal and Torres Strait Islander households report food insecurity, and this is even higher for Aboriginal and Torres Strait Islander people living in remote areas[52].

Financial barriers can lead to filling up on cheaper, unhealthy food and drinks, having long-term health impacts[53]. Lower income households can spend more of their income on food: up to 40% compared to the population average of 12%), with food considered as a more modifiable cost compared to other essential expenses such as housing[54] [55].

Proposed strategies and sub-strategies

4.1 Ensure our food system favours the production, processing and manufacture of healthy and sustainable products

4.1.1 Ensure planning and management policies for land and sea use safeguard food system resilience and productivity

4.1.2 Develop innovative solutions to efficiently use natural resources, maximise biodiversity, minimise wastage, enable business growth and address climate change

4.1.3 Ensure economic policies make production and manufacturing of healthy food and drinks such as fresh fruit and vegetables attractive.

4.2 Increase the availability of healthier, more sustainable food and drinks in the places we live and work

4.2.1 Create easier access to healthy food and drinks in local residential communities through urban agriculture (e.g., community garden initiatives and encouraging home gardens); urban design (e.g., density of fast food outlets and proximity to schools and community services; access to supermarkets and smaller food businesses) and other local community actions (e.g., local food markets, healthy food supply at community events)

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

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

4.3 Make processed food and drinks healthier and more sustainable by limiting energy and nutrients of concern

4.3.1 Work in partnership with industry to establish and monitor reformulation targets for food and drink manufacturers, retailers and caterers

4.3.2 Develop national targets to reduce serving sizes of unhealthy food and drinks in foodservice and retail settings, particularly for food and drink items designed for children

4.3.3 Explore setting compositional limits for nutrients of concern (such as sodium, saturated fat, added sugar and/or energy content) across a range of food and drink types

4.3.4 Reduce food waste during manufacturing and processing and eliminate unnecessary packaging.

4.4 Support targeted interventions that increase the availability, accessibility and affordability of healthy food and drinks for rural and remote communities, communities expriencing disadvantage and Aboriginal and Torres Strait Islander people

4.4.1 Encourage good quality, culturally appropriate, healthy food availability and affordability in stores, workplaces and institutions in rural and remote communities

4.4.2 Investigate partnership arrangements with large supermarkets to offset the price of healthier food and drinks in communities experiencing disadvantage and small remote stores

4.4.3 Celebrate cultural knowledge and diversity by using a self-determination approach to find the best solutions for reducing common barriers to healthy food and drink access, selection and preparation

4.4.4 Build on existing housing initiatives to improve community and household food preparation and storage facilities.

4.5 Reduce exposure to unhealthy food and drink marketing and promotion

4.5.1 Reduce unhealthy food and drink marketing on publicly-owned or managed settings (e.g., public transport infrastructure)

4.5.2 Explore options to reduce unhealthy food and drink advertising prominence in places frequently visited by large numbers of people, especially children (e.g., vending machines, supermarket checkout and aisles, entertainment venues)

4.5.3 Explore options to reduce unhealthy food and drink sponsorship and marketing associated with sport and major community events

4.5.4 Restrict unhealthy food and drink advertising during peak television viewing times for children

4.5.5 Restrict promotions using devices that appeal to children e.g., toys, games

4.5.6 Partner with relevant industry stakeholders to introduce user controls that can limit exposure to digital advertising of unhealthy food and drinks.

4.6 Increase the availability and accessibility of information to support the consumer to make a healthier choice at the time of purchasing food or drinks

4.6.1 Continue to strengthen the uptake of the Health Star Rating system towards universal implementation and continue to consider options for the ongoing enhancement of the system

4.6.2 Introduce front of pack nutrition warning labels for nutrients of concern (e.g., added sugar, sodium, saturated fats, alcohol, energy content) to complement the Health Star Rating system

4.6.3 Support multi-component interventions to improve nutrition information and increase accessibility and prominence of healthier options in supermarkets

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

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

4.7 Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options

4.7.1 Subsidise healthy food and drinks (e.g., fruit, vegetables and water), potentially including transport subsidies to remote communities

4.7.2 Consider emerging evidence and policy approaches that use price to reduce consumption of sugar-sweetened beverages and high sugar snacks

4.7.3 Consider using price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price

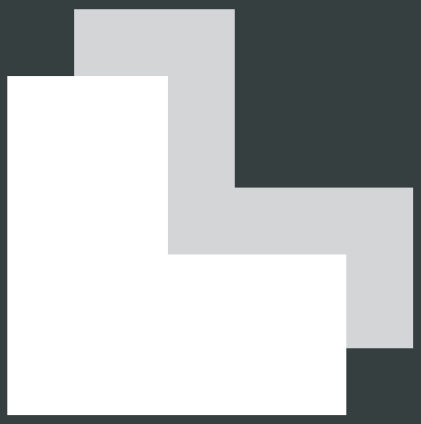
4.7.4 Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products

4.7.5 Explore and consider options for incorporating the cost of obesity and greenhouse gas emissions into the price of food and drinks.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Priority area 4: building a healthier and more resilient food system.**
- Do you have ideas for other strategies for building a healthier and more resilient food system that should be included?

Go to survey to provide responses



PROPOSED ENABLERS

Four pivotal requirements centred around leadership, supportive evidence, a capable workforce and sustained investment will enable effective national action on overweight and obesity.

Proposed enabler 1:

lead the way

Strong national leadership and governance are critical for driving effective change[56]. Government leadership fosters partnerships for system change to deliver better outcomes at the national, state/territory, regional and local levels.

Proposed strategies and sub-strategies

PE 1 **Build and sustain collective commitment to and action for comprehensive and contemporary obesity prevention and health equity efforts**

PE 1.1 Implement strong governance systems to facilitate multiple efforts by many sectors

PE 1.2 Explore new collaborative ways of working with communities that create genuine partnerships, embed the right to self-determination and autonomy, co-develop solutions and elevate community voices to create change in their own communities.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Enabler 1: lead the way.**
- Do you have ideas for other strategies for leading the way that should be included?

Go to survey to provide responses

Proposed enabler 2:
better use of data

Strengthening the evidence and data systems is important to:

- guide where investment is directed
- assess impact
- improve outcomes
- continue to grow the evidence base.

This includes improved sharing of knowledge and data, so we are better informed to make decisions.

Proposed strategies and sub-strategies

PE 2 Use evidence to inform policy and program development and implementation, and determine the effectiveness of collective actions

PE 2.1.1 Update Australian guidelines for healthy eating, physical activity and weight, ensuring they explicitly incorporate environmental sustainability, are based on the latest scientific evidence and are free from industry influence

PE 2.1.2 Conduct regular cross-sector monitoring and evaluation of a national obesity strategy to ensure accountability, continuous improvement and effectiveness of collective action, in consultation with national data agencies and data collection custodians

PE 2.1.3 Support research on obesity systems to grow the evidence base, reduce gaps in knowledge and assess promising approaches

PE 2.1.4 Co-develop evaluation and research approaches that align with community values to acknowledge the deep knowledge and experiences of people working to create change in their own communities and to ensure data sovereignty

PE 2.1.5 Co-develop evaluation and research approaches with Aboriginal and Torres Strait Islander people, utilising cultural and traditional knowledge.

PE 2.2 Build and share knowledge so decisions are better informed

PE 2.2.1 Commit sustained funding to support data collection, shared data systems, enhanced sharing of effective and emerging initiatives and regular population monitoring and surveillance (including at critical life stages, where appropriate, e.g., children) of:

- weight
- nutrition and food and drink consumption
- physical activity, sedentary behaviour and travel patterns
- key features of built and natural environments
- macroeconomic and socio-cultural values relating to obesity, physical activity and healthy eating
- wider commercial, cultural and environmental determinants of obesity.

PE 2.2.2 Boost participation rates in population monitoring and surveillance to ensure accurate and reliable statistics at sub-national levels and representativeness for at-risk population groups

PE 2.2.3 Investigate new data sources to supplement population monitoring and surveillance e.g., supermarket transaction data, Google analytics

PE 2.2.4 Use data to regularly update consumers, communities and stakeholders with independent, accurate and easily understood information

PE 2.2.5 Use data to build connections between communities and the health, social sciences and environmental disciplines

PE 2.2.6 Support a collaborative analysis of research on interventions and strategies (from the systematic reviews, primary and grey literature) addressing healthy eating, physical activity and obesity-related outcomes for Aboriginal and Torres Strait Islander people and other population groups experiencing higher levels of overweight and obesity.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Enabler 2: better use of data.**
- Do you have ideas for other strategies about better use of data that should be included?

Go to survey to provide responses

Proposed enabler 3:
build the workforce

An engaged, empowered and competent workforce is needed within the health sector and other essential supporting sectors. The workforce needs to be supported to address overweight and obesity in Australia and achieve social, economic, and health and wellbeing outcomes.

Proposed strategies and sub-strategies

PE 3.1 Empower and strengthen a skilled workforce to better support individuals and influence community actions and environments that increase healthy weight, whilst reducing obesity stigma, blame and discrimination

PE 3.1.1 Strengthen the confidence and competence of primary health, allied health, and other health professionals to prevent unhealthy weight gain; recognise and address overweight and obesity; and understand stigma, blame and the mental health implications of overweight and obesity

PE 3.1.2 Increase health workforce understanding of equity and social justice and cultural and language competency to respond to the diverse needs of the Australian community

PE 3.1.3 Support the continued growth and development of the Aboriginal and Torres Strait Islander workforce

PE 3.1.4 Embed health promotion and equity into vocational and tertiary training for essential supporting sectors.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies for **Enabler 3: build the workforce.**
- Do you have ideas for other strategies for building the workforce that should be included?

Go to survey to provide responses

Proposed enabler 4:

invest for delivery

Investment in obesity prevention should be commensurate with the high burden of overweight and obesity on the Australian community. While total expenditure on health is increasing, the proportion directed to prevention is small. There is no quarantined prevention funding which means larger, long term sustained investment to address overweight and obesity is rare. Nonetheless, future investment should consider current investment and build on this.

Proposed strategies and sub-strategies

PE 4.1 Provide adequate investment in sustainable interventions that promote healthy weight

PE4.1.1 Provide additional funds for effective delivery of comprehensive, contemporary and sustained actions at an appropriate scale

PE4.1.2 Explore new, innovative funding mechanisms for prevention of overweight and obesity, including a potential prevention investment fund

PE 4.1.3 Ensure formal and informal engagement of public health expertise in trade and investment agreement development processes

PE 4.1.4 Assess health impacts of trade agreements during negotiations to ensure they favour the production and distribution of healthy food and drinks and control that of unhealthy food and drinks

PE4.1.5. Investigate ways of reorienting economic policies, subsidies, investment and taxation systems to best benefit healthy eating and active living, health outcomes, communities and the environment.

What do you think?

- We want to know what you think about the proposed strategies and sub-strategies **Enabler 4: invest for delivery.**
- Do you have ideas for other strategies for investing for delivery that should be included?

Go to survey to provide responses

Implementation and evaluation

A clear governance framework is essential to guide implementation and ensure accountability. Implementation of the strategy will link to and complement the work being done across government that supports the vision. Strong monitoring and evaluation are critical to measure progress toward the vision and build a process of learning and continuous improvement.

The proposed governance, implementation, monitoring, evaluation and reporting processes will bring the strategy to life.

Proposed governance arrangements

The COAG Health Council will be responsible for strategy implementation, monitoring and progress reporting.

While the strategy will be led by Health, to achieve the vision, Health will work with partners across government and the community. Accordingly, the COAG Health Council will be supported by:

- the Australian Health Ministers Advisory Council, and
- a new cross-portfolio federal, state and local government committee with representatives from essential supporting government sectors.

Partnerships with non-government organisations, private sector, population group representatives and community members will inform implementation of the strategy. The Australian Institute of Health and Welfare will support development of indicators and monitoring and reporting.

Proposed implementation

Under the auspices of the Australian Health Ministers Advisory Council, it is proposed that the new cross-portfolio committee will be responsible for developing an implementation plan that will focus on those strategies best pursued at a national level. This approach will be supported by implementation plans developed by each state and territory, in collaboration with local partners and in discussion with other jurisdictions to ensure breadth of coverage and coordination across Australia. The plans will include timeframes and responsibilities for implementation. Resources will be required for implementation.

Proposed monitoring, evaluation and reporting process

Monitoring the implementation of this strategy will require a coordinated national effort. A tiered national evaluation framework will monitor progress and achievements and include:

- indicators to show shorter-term progress
- outcome measures aligned with priority areas, and
- targets.

To ensure a transparent focus on equity, the framework will include indicators, outcomes and targets specifically for population groups experiencing higher levels of overweight and obesity.

Existing data sources will be utilised with potential for additional new measures. Both national measures and jurisdictional information will contribute, and results will be regularly reported to COAG Health Council and available to the public.

Solutions to addressing overweight and obesity in Australia are not static. Incorporating feedback on barriers, enablers and effects of actions on a regular basis is necessary. Building a process of gathering information, reflecting and adapting will strengthen future action to ensure relevance and effectiveness.

What do you think?

- Do you have any comments or feedback on the proposed governance arrangements?
- Do you have any comments or feedback on the proposed implementation of a national obesity strategy? For example:
  - Do you support the development of a national implementation plan supported by state and territory plans?
- Do you have any comments about how the strategy should be monitored and evaluated? For example:
  - Are targets needed? If so, what should they be?
  - How and how often should governments report on progress?

Go to survey to provide responses

Next steps

We appreciate your views and ideas on how to achieve the proposed vision of 'a community and environment that encourages and enables healthy weight for all Australians'. This is an issue that affects the whole community and requires actions from many partners and sectors, including government.

The National Obesity Strategy Working Group will use your feedback to shape a national obesity strategy. The COAG Health Council will consider the strategy in late 2020.

The final strategy will guide government action over the next 10 years to reduce overweight and obesity in Australia. It will also provide a framework for partners, including the non-government and private sector, communities and individuals, to take collaborative action through a shared agenda. Only through the actions of all parts of our community will the vision be achieved.

To share your views and ideas:

1. complete the online surveys
2. participate in a community consultation session
3. participate in the national consultation webinar
4. host a consultation session.

The surveys close at 11:59 pm on Sunday 15 December 2019.

Find out more about the strategy and how to be involved.

What do you think?

› We want to know if you have any other comments or ideas for a national obesity strategy you would like to share with us.

To tell us what you think complete the survey.

Go to survey to provide responses

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