AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

Response to the National Obesity Strategy

December 2019

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to contribute to the development of a national strategy focusing on obesity prevention.

Below is a subset of the questions in the consultation survey.

Q8. Timeframe of a national obesity strategy. Why do you think the proposed timeframe of 10 years is about right?

There are many evidence-based interventions that could be implemented during a 10-year period. We recommend a mid-point review of the strategy and its implementation.

It is also important to continue to monitor interventions and evaluate outcomes beyond the timeframe, to adjust interventions based on their efficacy and to measure long-term effects.

It is also important to recognise that benefits to population weight will take time and be the result of a combination of interventions, rather than to expect short-term benefits from individual interventions. Small changes to individual weight can result in meaningful benefits at the population level.

Q10. Thinking specifically about the proposed scope for a national obesity strategy, is there anything you would change, add or remove?

The role for food and alcohol industry should be limited to partnerships around implementation and should NOT include development of health policy, due to a clear commercial conflict of interest. Industry responses to the obesity consultation should be considered with regard to any declared or apparent conflict with the public health goal to reduce obesity (e.g. organisations that develop unhealthy food should be identified as having a clear conflict).

The strategy should not focus on tertiary prevention actions to treat overweight and obesity, nor underweight as neither of these components have been included in the initial scope and they have not been part of the evidence review. This should be clear in the strategy's name – e.g. National Obesity Prevention Strategy.

This strategy also needs to focus on prevention of obesity to make the best use of resources for prevention – focusing on population level, systems approaches.

We note that the clinical guidelines for weight management require an evidence-based update to inform the **treatment** of obesity in a clinical setting, and this could better address treatment of obesity.

Q12. The proposed guiding principles for a national obesity strategy.

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

Equity - We recommend putting Equity first as this addresses the inequities in obesity prevalence across certain population groups and highlights the need for change.

People first - While people-first is intended to represent the needs of individuals, there is a risk that it transfers responsibility to the individual. Obesity is often viewed as an individual responsibility and accompanied by stigma and blame. The strategy should be very clear that it focuses on **population-based responses to create environments** that support healthy weight and reduce obesity. We suggest this principle should be reconsidered as 'Creating supportive environments.'

Collective and sustained action – Governments are required to lead action to prevent obesity in Australia, through policies, regulation and legislation to create healthy food and physical environments that support health. Sustained action is essential for long-term benefits. Obesity requires a long-term approach and incremental reductions in population weight can reduce disease risk and benefit health systems. Collective action is required across levels of government and sectors, but it must be very clear that the

food and beverage industry has a commercial conflict of interest and should not be involved in policy decision making.

Sustainable development – Australia has committed to the 2030 sustainable development goals. But we need to ensure that this principle revolves around creating healthy and sustainable environments for food production in alignment with Dietary Guidelines rather than focusing on 'economic growth' and 'strengthening the economy'.

Q16. Proposed Priority 1: Supporting children and families – starting early to support healthy weight throughout life.

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

We recommend changing the order of priority areas so that 'Building a healthier and more resilient food system' is the first priority – as this is the major contributor to overweight and obesity. Children and young people are a target group – but the overall focus should be on creating healthy food systems across the population.

We recommend prioritising systems-based approaches over individual approaches. This focuses on creating environments that support parents, children and adolescents to eat well and be active – rather than focusing on individual behaviours. We recommend changing this priority to be 'Creating environments that support children and families'

We prioritise the following strategy:

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.

Priority areas include:

- increased availability of healthier foods for children and young people
- improving the school curriculum to include healthy eating and physical education, and creating tools and programs for children to share their knowledge and skills with family
- improving the healthiness of school canteens
- improving infrastructure to increase active travel – through government grants to address local infrastructure improvements.

Strategy 1.3: This section should include nutrition education and physical education as part of the school curriculum for primary and high school students – to encourage a good understanding of nutrition from an early age and enable children to develop the skills to cook and eat well, as well as be physically active as part of everyday life. Providing children with the tools to share their learnings with their family can extend the reach of these programs – with broader benefits.

We also suggest including strategies to enable adolescents to eat well, through learning about healthy eating and cooking at school, and restricting online advertising and promotions for unhealthy foods and alcohol (e.g. social media influencers, apps with giveaways and deals).

Specific examples could include: Government grants for active travel to create infrastructure for safe travel to and from schools; government subsidies for physical activity (e.g. NSW active kids vouchers) could be extended to subsidies for cooking and nutrition; campaigns to shift awareness and change behaviour regarding walking and cycling to schools; the UK Daily Mile exercise program for school children; funding for school kitchen gardens; and unhealthy food and alcohol marketing restrictions around schools and childcares.

Q22. Proposed Priority 2: Mobilising people and communities – using knowledge, strengths and community connections to enable healthy weight.

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

The focus should be on population-based approaches to improving nutrition and activity and reducing unhealthy weight. The first sentence of this priority should be changed as it still puts the onus on the individual "Our society needs to empower individuals and communities to make positive decisions about their health and their environment." The priority is for government sectors and levels of government to work together and invest in policies to create environments and structures that enable and empower people to support healthy diets and activities.

Government support is crucial to enable communities to be funded and to develop policies to support active environments, e.g. through local grants improving access to healthy foods, community gardens, local markets, reduced fast food and alcohol outlets, and infrastructure to support safe play in local parks, walking groups and cycleways to promote fewer car trips for short journeys around the community.

Our top priorities are:

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 people's weight.

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

Further comments

Strategy 2.1 A commitment to communicating the benefits of healthy eating and reducing unhealthy food is essential. We support a national campaign, extending on the LiveLighter campaigns in WA and Victoria, which have been evaluated as leading to behaviour change and improvements in health, and cost-effective. A national campaign should communicate information in a non-stigmatising and non-judgemental manner. Variants can be developed in consultation with priority population groups to be culturally appropriate and target disparities.

Strategy 2.4 addresses social determinants of health, requiring collaboration across governments sectors, as well as clinical leadership to enable clinicians to discuss weight with patients at an early stage. Examples of programs to assist people to reduce their weight and risk of disease: Queensland *My health for life* and Diabetes Victoria *Life!* identify people at high risk and provide support to help them make changes to reduce risk factors for chronic disease, including obesity. These would be good examples to include in the strategy and seek to upscale across the country.

Strategy 2.5 focuses on specific employment areas but could be extended to create broader healthier communities and environments through government policies:

- promote and prioritise physical activity, increase access to healthy foods and remove unhealthy food and drinks
- urban design principles that support and encourage healthy behaviours (e.g. Healthy Active by Design website: https://www.healthyactivebydesign.com.au/
- support active travel to work, schools and for short trips around the community through urban planning that creates the infrastructure for safe active travel.

Q25. Proposed Priority 3: Enabling active living – supporting a way of life that helps people move more throughout the day

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

This priority should be changed to "Create environments that enable active living."

Physical activity is an important driver, but it is not the main contributor to unhealthy weight. This priority should focus on infrastructure and changes to the built environment to support and encourage movement for recreation, exercise, short trips and as part of active commutes to work and school.

The priority strategy for this section should be:

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

Refer to the Heart Foundation Blueprint for an Active Australia for more detail:
https://www.heartfoundation.org.au/for-professionals/physical-activity/blueprint-for-an-active-australia

The focus of 3.2 on motivate participation puts the focus on individuals rather than population-based approaches to increase activity. We suggest focusing on enabling participation – and noting that changes to the environment (including school physical education) have a wider reach.

Q33. Proposed Priority 4: Building a healthier and more resilient food system – producing and promoting healthier food and drinks with little impact on the environment

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

This priority area is most important and should be the first priority in the strategy, recognising the impact of unhealthy diets in increasing rates of obesity. We recommend renaming to 'Building a healthier and more resilient food **environment**.'

To improve diets, it is crucial to address the obesogenic environment with accessible, available, affordable and heavily promoted unhealthy foods and drinks.

This is consistent with the evidence review, which highlights that interventions related to food systems had positive effects in improving healthy eating – especially through government policies, regulation and legislation.

Priority strategies

We recommend prioritising the following strategies – which have a systems approach:

- 4.5 Reduce exposure to unhealthy food and drink marketing and promotion
- 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.
- 4.7 Explore policy options related to the price of food and drinks to help shift consumer purchases towards healthier options.

Strategy 4.1 should not be the leading priority for creation of a healthy food system. This prioritises 'business growth' when it should be prioritising the production of healthy foods to reduce obesity. It is important to ensure that food production is aligned with the Dietary Guidelines to enable Australians to eat well and healthily, and minimise environmental impacts.

Strategy 4.3 needs to be strengthened in relation to food reformulation targets. The Healthy Food Partnership established a consultation on reformulation targets in late 2018 but there are no public targets and timeframes. The wording of actions should be stronger, e.g. "Set targets and timeframes for manufacturers to reduce salt, sugar and saturated fats in foods, with transparent monitoring and accountability." If voluntary targets are not met by the timeframes, these should be mandated to improve the food supply across the population.

This is a cost-effective and feasible approach to improve the healthiness of foods and it can have benefits across population groups, without requiring individual behaviour change.

Strategy 4.4 should include the availability of free, clean water for all Australians – including in rural and remote areas, as well as urban areas. This is an important strategy to reduce consumption of unhealthy drinks in place of water and increase water, consistent with the Dietary Guidelines.

We strongly support **strategy 4.5** – reducing and restricting unhealthy food marketing.

WHO states that unhealthy food marketing is a clear contributor to childhood obesity. We support restricting unhealthy food marketing to children to reduce pester power and limiting marketing of unhealthy children's foods to parents.

'Partner with relevant industry' is problematic as industry self-regulation has been clearly demonstrated to be ineffective in reducing marketing of unhealthy foods to children. Children and adolescents are also regularly exposed to unhealthy food advertising online and their data is used to target advertising through social media, apps, influencers, games etc. Governments have a responsibility to protect the rights of children and adolescents to a safe space online, without being targeted by unhealthy food and drink manufacturers.

Strategy 4.6 should also include:

- Mandating the Health Star Rating system if voluntary targets are not being met or on track to be met.
- Energy labelling on alcoholic beverages
- Added sugars labelling on the Nutrition Information Panel.

Strategy 4.7 should be strengthened to 'implement a sugary drinks levy' rather than explore options. The UK example of a sugary drinks levy has resulted in reformulation across many products to reduce the sugar content of drinks. The voluntary sugar reduction initiatives in the UK have resulted in inconsistent changes across products.

Q34. Priority areas. Before we move on to the next section of the survey, do you have any other feedback about the four priority areas you have just read about:

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 health weight
3. Enabling active living – Supporting a way of life that helps people move throughout the day
4. Building a healthier and resilient food system – Producing and promoting healthier food and drinks with little impact on the environment

These priority areas should be reordered and reworded:

1. Building a healthier and resilient food **environment**
2. **Creating environments** for active living
3. Mobilising people and communities
4. Supporting children and families

The current ordering of the priority areas does not reflect the burden. Unhealthy diets are the major cause of overweight and obesity, and it is necessary to create a food environment that supports healthy eating.

The second priority should focus on creating environments that enable active living – as people require safe locations and infrastructure to be active.

We recommend strengthening the language in many policy actions, e.g. 'consider', 'encourage', 'enable', 'explore' which are vague and not tied to a specific action and outcome. We also suggest attributing responsibility for each action in the strategy to clearly identify accountability.

Q36. Proposed Enabler 1: Lead the way – collective commitment and action for obesity prevention and health equity across governments

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

Lead the way – collective commitment by governments is a crucial enabler. However, this section needs much more detail.

This section should articulate how the governance would work – i.e. a steering group across sectors at federal level, state/territory level, with local council engagement.

The relevant sectors should be articulated, e.g. Education, Transport, Environment, Infrastructure, Agriculture. This steering group should be supported at the highest level to ensure engagement and commitment across areas beyond Health. It encompasses the idea of health in all policies to create healthy food and physical environments and enable people to eat well and be active.

The governance should explicitly rule out partnerships with the food and alcohol industry, due to commercial conflicts of interest, and extend to disclosure of industry meetings with government.

Q39. Proposed Enabler 2: Better use of data – sharing knowledge and data and using evidence to develop policies and programs and make sure collective actions are effective

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

Data is important and we support long-term data collection and monitoring. However, this should not be prioritised over leadership, which receives much less attention in the consultation paper and is arguably more important.

There is much existing research on interventions to reduce overweight and obesity, and we support immediate action to implement evidence-based interventions (e.g. from ACE obesity prevention study).

Q41. Proposed Enabler 3: Build the workforce – support development of an engaged, empowered and skilled workforce that can better support individuals and influence community actions and environments

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

A skilled workforce is important to support obesity prevention and promote healthy weight. This should also include skilled communicators for school education in nutrition, food preparation and physical education.

This enabler should support action at the population and community levels and should not be prioritised over leadership and investment.

Q43. Proposed Enabler 4: Invest for delivery - Adequately funding sustainable interventions and preventative actions, and exploring economic policies and trade agreements to positively impact on overweight and obesity rates, communities and the environment

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

'Invest for delivery' and 'Lead the way' are the core enablers and both highlight the need for government to prioritise prevention.

Currently chronic disease treatment and management receives more than one-third of the health budget each year, while prevention is allocated less than 1.5%. A sustained commitment to funding prevention and health promotion is crucial and would have long-term benefits in health and wellbeing, reduced healthcare costs, increased engagement in society and productivity.

There are major fiscal opportunities to create investment in prevention including a sugary drinks levy (estimated $400m per year in revenue), a volumetric tax for all alcoholic drinks (estimated $2.7b per year in revenue), a prevention future fund (or the Medical Research Future Fund) with a long-term investment and allocation for prevention. For example, the UK government committed to sugary drinks levy and allocated revenue to tackle childhood obesity.

Q46. Proposed governance arrangements for a national obesity strategy

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

It is important that this strategy is led from the top and with bipartisan support through COAG. We support the engagement across sectors and across levels of government. We highlight that the food and alcohol industry should not be included in the policy development stage, due to the clear commercial conflict of interest.

We support AIHW's role in developing indicators, monitoring and public reporting, noting that regular commitment to Australian Health Surveys by ABS will contribute to data collection.

Q47. Proposed implementation for a national obesity strategy

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

A comprehensive implementation plan is vital to support the strategy. There is a risk that momentum will be lost if implementation detail is not included in the strategy or very soon afterwards.

We strongly support implementation detail including:

- Prioritisation of actions
- SMART targets (specific, measurable, attributable, realistic, time-bound)
- Interim targets and review
- Responsibilities for actions
- Funding
- Independent monitoring and public reporting
- Evaluation.

Q48. Proposed monitoring, evaluation and reporting process for a national obesity strategy

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

The outcomes should be regularly reported to the public – including through setting interim targets and an interim review of progress. Monitoring must be independent and assess implementation across all levels of government (federal, jurisdictional and local government).

Q49. *Do you think targets are needed for the strategy? If so, what should they be?*

Absolutely. Targets should be SMART – specific, measurable, attributable, realistic and time-bound – with transparent monitoring. Targets are essential to inform the implementation of this strategy. Without clear targets, timeframes, responsibilities and monitoring – there is reduced incentive and lack of clarity to drive action. Targets should also relate to reducing the disparities between population groups.

An overarching target should be set with details on the current context of overweight and obesity (baseline), and projections to meet the target by 2030. The strategy should also highlight the projected context of overweight and obesity by 2030 if no actions are undertaken.

Targets should be linked to existing targets and commitments where possible, such as the Australian commitment to the WHO NCD 2025 target to halt the rise in obesity and diabetes by 2025, or the NSW Premier's commitment to reduce childhood obesity by 5% by 2025.

https://www.who.int/beat-ncds/take-action/targets/en/

A more ambitious target could focus on reducing the prevalence of obesity and reducing disparities. Modelling can help to identify a realistic target and the combination of interventions required to meet this target – e.g. The Australian Prevention Partnership Centre (TAPPC) modelling informed the feasibility of the NSW Premier's target to reduce childhood obesity and overweight by 5% by 2025. The modelling highlighted that significant commitment would be required to meet this target (i.e. a combination of interventions and funding) and the need for buy-in across many sectors. Modelling should be undertaken in conjunction with setting a target to inform the feasibility and extent of actions required.

Other relevant targets include:

- Improving Australian diets to align with the Dietary Guidelines (targets for increasing fruit and vegetables, reducing discretionary foods, reducing sugary drinks)

- Reducing children's exposure to unhealthy food marketing

- Improving food labelling (through uptake of Health Star Rating on products)

- Improving food reformulation (through compositional limits and uptake by manufacturers)

- Increasing physical activity on a population basis and increasing the number of children who use active travel to get to school.

Q50. *Do you have any suggestions for what a national obesity strategy could be called?*

We suggest National Obesity Prevention Strategy.

We understand the possible benefits of focusing on healthy weight (rather than obesity) in the title in terms of achieving and maintaining a healthy weight, but recognise that this could also include underweight and eating disorders, as well as treatment of obesity.

Given that this strategy has not included either of these areas in the scope and evidence review, we suggest clearly stating the purpose of this strategy in the title – hence National **Obesity Prevention** Strategy**.**

Q51. *Lastly, do you have any final comments or ideas regarding the proposed national obesity strategy?*

Support

We strongly support the development of the obesity prevention strategy, including a comprehensive set of actions to tackle obesity in Australia. We highlight the need for government to provide leadership and support the strategy with long-term funding and sustained action.

The wording of many strategies should be strengthened to reflect the vast amount of available evidence in this area (including the evidence review). For example, change 'investigate options' to 'implement policies.'

Prioritisation

There are many actions to address obesity in the overarching strategy and it is crucial that these are prioritised, so that the most urgent and most effective options are funded and implemented first.

The strategy needs to **prioritise population and systems approaches** to create healthier food and physical environments, above targeted individual approaches. Small changes towards a healthy weight

(through improvements in diet and increased activity) can have meaningful impact at the population level in reducing the effects of overweight and obesity and reducing the impact on chronic disease.

There is evidence that some chronic conditions are occurring in younger populations, likely linked to rising childhood obesity rates. If all Australians were a healthy weight, we could reduce diabetes burden by 53%, chronic kidney disease by 38%, stroke by 22%, heart disease by 25% and some cancers by up to 38% (AIHW).

We support the Tipping the Scales priority actions as a set of evidence-based initiatives, endorsed by over 35 leading community, public health, medical and academic groups. We suggest prioritising these initiatives in the strategy.

https://www.opc.org.au/what-we-do/tipping-the-scales

Alcohol

Finally, we note that alcohol is inconsistently included in the strategy. Alcohol provides kilojoules without nutritional benefits and can contribute to unhealthy weight gain, thus increasing disease risk, as well as being an independent cause of chronic disease. The ACE-obesity prevention study rated volumetric alcohol taxation as the most cost-effective intervention to address obesity.
http://www.aceobesitypolicy.com.au/

We suggest a more consistent consideration of alcohol's contribution to overweight and obesity in the strategy.

About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and Stroke Foundation. Members work together to collectively advocate for prevention, integrated risk assessment, early detection and effective management of chronic disease risk.