

Response ID ANON-D6TS-MYZJ-B

Submitted to Draft National Obesity Prevention Strategy
Submitted on 2021-11-03 14:28:13

Section 1: Privacy information

1 Do you consent to your submission being published on the Department's website, and accessible to the public, including persons overseas, in accordance with the following preference:

Publish response without my name but including my organisation's name

2 Please read and agree to the below declarations:

I have read, understood and consent to the above statements.:

Yes

Section 2: Introduction

3 What is your name?

Name:

Michele Herriot

4 What is your email address?

Email:

Secretary@healthpromotion.org.au

5 What is the name of your organisation?

Organisation (if not representing an organisation you can enter 'member of community'):

Australian Health Promotion Association

6 Are you completing this survey on behalf of your organisation?

Yes

7 What sector do you represent? You may select more than one option.

Health professions, Health promotion

Section 3: Overarching concepts

8 Do you agree with the overall approach of the Strategy?

Agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

AHPA strongly supports the National Obesity Preventive Strategy (NOPS) as a fundamental tool to address overweight and obesity in Australia. The guiding principles, objectives, ambitions, and individual strategies in the draft NOPS are good, and we particularly support the strong focus on changes to the environment, both for food and physical activity; and strategies that address broader determinants of health and multisectoral actions beyond the health system. This is in line with AHPA's vision and goals.

Our rating is agree rather than strongly agree as we feel the draft shows insufficient commitment to strong, sustained, best practice action meaning it will be challenging to reduce overweight and obesity and improve the health of Australians – the intention of the strategy.

We would like to see the inclusion of:

- strong targets that, at a minimum, align with the National Preventive Health Strategy (NPHS).
- a national governance committee to oversee implementation of the strategy, with representation from all governments, led by Health Ministers (we have also argued in relation to the NPHS).
- a national implementation plan to be developed within 6 months of the strategy's release and including:
 - o agreed evidence-based actions for each strategy, with responsibility for each action assigned to federal, state and territory governments or both, as appropriate.
 - o a timeline for implementation and reporting, with the strategy's 10-year timeframe divided into blocks at 3, 6 and 9 years.
 - a monitoring and evaluation framework and requirements are critical and often missing from obesity related plans (UK review Is Obesity Policy in England Fit for Purpose). A nationally coordinated reporting system covering on implementation and outcomes and an independent evaluation of impact would strengthen the document.

• a process free from conflicts of interest.

As with all plans funding is crucial to implementation – this should be long term, adequate and spread across jurisdictions.

9 The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Strongly agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

10 The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles?

Guiding Principles - Equity:

Strongly agree

Guiding Principles - Sustainable development:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Equity

We strongly support the principle of equity and embedding an equity focus into all actions. Action across sectors to address the determinants of health and wellbeing is important to address inequities in health status, physical activity and diet. Population groups with poorer health face economic and social barriers. Society wide actions are required across sectors to level the playing field and measures focused on environment and systems changes should be prioritised.

We have argued in relation to the NPHS that actions that focus solely on education and behaviour change are out of date and likely to have a negative impact on equity. Rather the priority should be policies that change the structural conditions and daily living conditions.

Sustainable development

The objective of sustainable development is important and relevant particularly in the context of climate change, environmental protection and social equity.

We have concerns about the inclusion of economic growth - it must not be a barrier to evidence-based action that will improve public health outcomes. There are positive economic impacts from many strategies that will improve healthy eating, physical activities and supportive environments. The growing focus on a wellbeing economy takes these variables into account beyond financial accounting only.

11 The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision?

Strongly agree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

12 The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?

Disagree

You can explain your selection or provide comments in the text box if you wish. (250 word limit):

AHPA believes there is value in having more than one target reflecting the factors that contribute to the objectives and ambitions of the draft NOPS. Alignment with the NPHS also makes sense.

Having targets related to food and physical activity in the draft NPHS but not the NOPS is confusing. Consistency would see targets related to improving access to, and the consumption of, a healthy diet and increasing physical activity, and arguably changing the current NOPS target to not only halting the rise of obesity by 2030 but reversing this trend by 2030 also.

We understand from experts in this area that the inclusion of a target related to reducing the proportion of total energy intake from discretionary foods (ultra-processed foods) to less than 20% of total energy intake, is warranted. With the critical focus on climate we note that these foods impact negatively on the environment via greenhouse gas emissions, deforestation, bio-diversity loss, food waste, increased land clearing and water use.

13 The Strategy includes five Objectives outlined on page 12 of the draft. Do you agree with the Objectives?

Do you agree with the Objectives? - More supportive and healthy environments:

Strongly agree

Do you agree with the Objectives? - More people eating healthy food and drinks:

Strongly agree

Do you agree with the Objectives? - More people being physically active:

Strongly agree

Do you agree with the Objectives? - More resilient systems, people, and communities:

Strongly agree

Do you agree with the Objectives? - More accessible and quality support for people:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

We strongly support these objectives, though they are loosely worded making evaluation difficult. Recognising the importance of reducing the availability of unhealthy food and drinks (eg hardware stores, health care settings etc) in one of the food related objectives would be an enhancement.

We recommend changing the third objective from 'more people being physically active' to 'more people being physically active and less sedentary' given the importance of sedentary behaviour on health outcomes.

14 Are there any Objectives missing?

You can provide comments in the text box if you wish.:

The NOPS notes that 'unhealthy food and drinks are convenient, can cost less, are aggressively promoted and are available almost everywhere'. To change population diets in any meaningful way, the NOPS must include an objective to reduce the availability and consumption of unhealthy foods and drinks.

A stand-alone objective is required to reduce the consumption of unhealthy food and drinks to give sufficient attention to the impact these unhealthy food and drinks have on rates of overweight and obesity, and poor health outcomes. A focus on increasing consumption of healthy food is not sufficient.

15 The Strategy includes three Ambitions outlined on page 12 of the draft. Do you agree with the Ambitions?

Ambitions - All Australians live, learn, work, and play in supportive and healthy environments.:
Strongly agree

Ambitions - All Australians are empowered and skilled to stay as healthy as they can be.:
Agree

Ambitions - All Australians have access to early intervention and primary health care.:
Agree

You can explain your selections or provide comments in the text box if you wish.:

We support these three ambitions. In particular we strongly support the focus on creating environments that promote health, especially changes to the food and social environments. Further they have an overarching focus on health, rather than representing nutrition and physical activity as separate, distinct and competing focuses (a tension in this field). This is important for implementation where health promotion practitioners very often work in both areas with communities, settings, policies and programs. Keeping a focus on the integration of nutrition and physical activity also makes it harder for the food industry to criticise food related strategies and argue the solution is simply more physical activity.

In relation to Ambition 3 we have concerns that there could be too much focus on individuals getting their weight 'managed' by clinicians and the ultimate goal being individual weight loss, despite clear recognition in the Strategy that the environment is not supportive of this. This would then make individuals feel at fault and would reinforce stigmatisation in healthcare settings. Healthcare settings need to address stigmatisation of people with overweight and obesity among clinicians, not worry about individuals losing weight

16 The Strategy includes three Enablers outlined on page 12 and pages 42-44 of the draft. Do you agree with the Enablers?

Enablers - Lead the way:
Strongly agree

Enablers - Better use of evidence and data:
Strongly agree

Enablers - Invest for delivery:
Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Lead the way: AHPA understands the importance of leadership in promoting health and preventing illness, especially given the pressures from the acute care sector for funding and attention. Strong leadership from the Australian Government, including the Prime Minister and the Federal Minister for Health, mirrored by state and territory governments' leadership and integrated approaches are necessary to make progress on NOPS implementation. It is vital that all governments across Australia commit to the strategy and prioritise its implementation. Establishing a national governance committee to manage implementation and be accountable is recommended. Such structures have existed in the past and contributed to coordinated progress.

Further, given the determinants of health and poor health we strongly support the need for 'collaborative government leadership across sectors'. Health in All Policies is now a well established approach to working multisectorally and collaboratively and addressing the policies and practices of different sectors, including health, to achieve win win outcomes. This also requires strong leadership and commitment from Health Ministers and the Prime Minister and Premiers. This approach is strongly promoted in the NPHS and applies equally to NOPS.

WE also support strategies to ensure that any supporting documents, policies or regulation are developed using a process free from conflicts of interest

which is particularly relevant in this field.

Re Evidence and data: We strongly support Enabler 2 and the required investment in national co-ordination for sustained data collection and use. Specific targeted funding for Enabler 2 should be outlined in the implementation plan for the NOPS. The Australian Journal of Health Promotion (<https://www.healthpromotion.org.au/journal/journal-overview>) has published extensively on research related to nutrition, physical activity and weight covering policies, programs and practice within health and beyond.

Invest for delivery

We strongly support investment to deliver the NOPS, both in terms of financial investment and in building a skilled, well-resourced workforce.

Enabler 3.3 is also critical to ensure a skilled workforce to implement strategies and actions. The health promotion and population health workforce in many states and territories has been significantly reduced both in terms of the community-based workforce itself and people with policy and legislation expertise. Without rebuilding this expertise NOPS implementation will be impeded. Registered Health Promotion Practitioners are well placed to undertake this work and the associated competencies are aligned with the requirements for NOPS implementation (<https://www.healthpromotion.org.au/our-profession/practitioner-registration>)

Further there is a growing evidence base about the type of skills needed to work across sectors and training to support such skills will be an enabler.

In relation to funding, we recommend the NOPS be accompanied by an implementation plan developed within 6 months by a National Governance Committee, with membership from the Commonwealth and each state and territory government, led by Health Ministers. This implementation plan must include a detailed funding plan that identifies committed, ongoing and adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.

We strongly support the introduction of a health levy on sugary drinks by the Australian Government, with revenue from the levy then used to fund evidence-based actions under the NOPS. A health levy on sugary drinks would provide a significant revenue source for the Australian Government, estimated by various studies and reports at between \$400 and \$642 million annually. (Veerman JL, Sacks G, Antonopoulos N, Martin J, "The impact of a tax on sugar-sweetened beverages on health and health care costs; a modelling study",)

17 Are there any Enablers missing?

You can provide comments in the text box if you wish.:

We have suggested above there be a policy on conflict of interest. This could be considered an enabler of rational, informed evidence based implementation.

We have also highlighted the importance of embedding a Health in All Policies approach throughout the NOPS implementation. Listing this as an enabler would help ensure it is not overlooked.

Section 4: Ambition 1 - All Australians live, learn, work, and play in supportive and healthy environments.

18 Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?

Ambition 1 - Strategy 1.1 Build a healthier and more resilient food system.:

Strongly agree

Ambition 1 - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

Strongly agree

Ambition 1 - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

Strongly agree

Ambition 1 - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

Agree

Ambition 1 - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

Strongly agree

Ambition 1 - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

Strongly agree

Ambition 1 - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

Strongly agree

Ambition 1 - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

Strongly agree

Ambition 1 - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

Strongly agree

Ambition 1 - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

Strongly agree

Ambition 1 - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

Strongly agree

Ambition 1 - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

We recommend in all strategies that the language is strengthened around the actions by calling them 'recommended actions' instead of 'example actions'.

We strongly support strategies 1.1 and 1.2, however we suggest they are combined and renamed: 'Build a healthier and more equitable and sustainable food system in Australia that promotes equitable local availability of healthy and sustainable foods and drinks'.

This would reflect that 'making sustainable healthy food and drinks more locally available' (current strategy 1.2) is a function of 'building a healthier and more resilient food system' (current strategy 1.1) and cannot be seen as an independent strategy. A focus on the system being 'equitable' and 'sustainable' into the future reflects the NOPS guiding principles.

This strategy would:

- favour the production, processing and distribution of healthy and sustainable food and drinks
- improve food systems while protecting land, sea and biodiversity and reducing waste
- implement land use planning and urban design, drive community agriculture initiatives and strengthen Aboriginal and Torres Strait Islander traditional food systems.

re 1.3

Discussion about use of a sugary drinks tax has been underway for well over a decade. It is time to implement rather than explore. Policy options in this space are already very clear. We also suggest removing the words 'while minimising impacts on disadvantaged Australians' - evidence suggests the benefits are stronger for disadvantaged Australians (for both SSB and food taxes)

Additional actions for this strategy should be added:

- A health levy on sugary drinks to increase price by at least 20% should be specifically included as an additional action.
- Regulation of grocery pricing in regional and remote Australia to reduce the cost of fruit and vegetables and increase the cost of unhealthy food and drinks to support healthy eating.
- Restrict temporary price reductions (e.g., half-price, multi-buys) on unhealthy food and drink products.

Re 1.4 we support reformulation but evidence of action to date suggests that doing this with the food industry does not produce significant change of the type needed to make a difference.

Re 1.6 We strongly support a strategy to protect children from unhealthy food marketing. The strategy and recommended actions must focus on government regulation to protect children from unhealthy food marketing in all areas of their lives. Industry codes in Australia have been shown on numerous occasions to be ineffective in achieving public health benefits. Australia has been discussing this for well over a decade and it is time for serious action. Government regulation at a federal level is needed, with an independent monitoring system and strong sanctions for breaches.

Re 1.7 This is an important physical activity related strategy. Making environments conducive to physical activity in all forms is good for health and the environment and communities. It could be clearer that active transport networks, recreation/sport infrastructure and natural environments are all 'spaces'. This strategy should also enable the creation of conditions to facilitate active transport and the design of communities to ensure activities of daily living (e.g. shopping) are within walkable/cyclable distances.

The physical activity strategies could be strengthened and reflect key agreed documents like the Global Action Plan on Physical Activity and the Heart Foundation Blueprint for an Active Australia. These documents provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the NOS. Urban planning, nature based activities, workforce skills both within health and beyond all warrant inclusion.

19 Are there any Strategies missing in Ambition 1?

You can provide comments in the text box if you wish.:

Reducing the availability, affordability and consumption of unhealthy food and drinks requires a specific strategy.

Section 5: Ambition 2 - All Australians are empowered and skilled to stay as healthy as they can be.

20 Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

Ambition 2 - Strategy 2.1 Improve people's knowledge, skills and confidence.:

Agree

Ambition 2 - Strategy 2.2 Use sustained social marketing.:

Strongly agree

Ambition 2 - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

Strongly agree

Ambition 2 - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

Agree

Ambition 2 - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

Strongly agree

Ambition 2 - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

Strongly agree

Ambition 2 - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Re 2.1 puts the emphasis firmly on individuals to 'be better', an unfair, ineffective, and potentially harmful ambition. We have concerns about this especially considering the lack of evidence provided that knowledge and skills are lacking.

Re 2.2 appears to conflate social marketing and mass media campaigns. Ambitions 1 and 2 combined are a social marketing approach. Mass media campaigns could play a role in combating stigma and building support for policy changes. We do not support a focus on individual-level changes like 'making healthier choices'

Re 2.7 (Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers that create inequities in health) could be part of Ambition 1. Putting it in Ambition 2 suggests that communities are expected to do the work, yet they are already facing the considerable barriers. If however the focus is to reduce the structural and social barriers that create inequities in health and weight through structural interventions or interventions to change people's daily living conditions this is supported.

We understand that evidence exists to support interventions that target improvements to welfare, education, early childhood development, transport access, community infrastructure, and community engagement.

21 Are there any Strategies missing in Ambition 2?

You can provide comments in the text box if you wish.:

No

Section 6: Ambition 3 - All Australians have access to early intervention and primary health care.

22 Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

Ambition 3 - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

Strongly agree

Ambition 3 - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

Strongly agree

Ambition 3 - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

Strongly agree

Ambition 3 - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

Strongly agree

You can explain your selections or provide comments in the text box if you wish.:

Re 3.3 this is very important and the major thing that needs to change in healthcare settings, rather than trying to get more healthcare practitioners to focus on weight (which would be unhelpful when it comes to reducing stigma, not the other way around).

We support efforts to reduce stigma and weight bias across the health care system, and also across the entire community. It is common for people in the community and those working in healthcare to hold strongly negative views about people living with obesity which impacts on people's perceptions, judgment, behaviour and decision-making. We agree that stigma can prevent people from seeking health care and it can impact on the quality of care that they receive.

Education and training for practitioners around the various contributors to weight gain and loss, use of respectful language and competencies should be included.

23 Are there any Strategies missing in Ambition 3?

You can provide comments in the text box if you wish.:

No

24 What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.

5 most/least important strategies - Strategy 1.1 Build a healthier and more resilient food system.:

5 most important Strategies

5 most/least important strategies - Strategy 1.2 Make sustainable healthy food and drinks more locally available.:

5 most/least important strategies - Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.:

5 most important Strategies

5 most/least important strategies - Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.:

5 most/least important strategies - Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.:

5 most/least important strategies - Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.:

5 most important Strategies

5 most/least important strategies - Strategy 1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity.:

5 most important Strategies

5 most/least important strategies - Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.:

5 most important Strategies

5 most/least important strategies - Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.:

5 most/least important strategies - Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.:

5 most/least important strategies - Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.:

5 most/least important strategies - Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.:

5 most/least important strategies - Strategy 2.1 Improve people's knowledge, skills and confidence.:

5 most/least important strategies - Strategy 2.2 Use sustained social marketing.:

5 most/least important strategies - Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.:

5 most/least important strategies - Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.:

5 most/least important strategies - Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.:

5 most/least important strategies - Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.:

5 most/least important strategies - Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.:

5 most/least important strategies - Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.:

5 most/least important strategies - Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.:

5 most/least important strategies - Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.:

5 most/least important strategies - Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.:

You can explain your selections or provide comments in the text box if you wish.:

Section 7: Making it happen

25 Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

You can provide comments in the text box if you wish.:

We would like to reiterate our support for the NOPS but also urge the following:

- A national governance system
- A commitment to a collaborative approach across jurisdictions and across sectors
- Development of an implementation plan within 6 months to ensure rapid progression of the evidence based actions and include timelines, indicators and a monitoring and reporting framework (eg the Primary Health Care 10 year plan).
- A focus on evidence based strategies addressing the determinants of health and eschewing stigmatising approaches
- Establishment of a conflict of interest policy to avoid undue process
- A focus on building the number and skills of health promotion practitioners to implement the actions
- work with communities, particularly Aboriginal and Torres Strait Islander communities, to ensure successful implementation of the Strategies Ambitions and Actions.

AHPA is happy to be involved in the implementation of this important Strategy.

26 Do you have any additional comments on the draft Strategy?

You can provide comments in the text box if you wish.:

NO