



## Response to the Draft Queensland Prevention Strategy 2023-2032 Strengthen 2023-2025 Action Plan

We applaud Health and Wellbeing Queensland and the Queensland Government for the national leadership involvement in the development of the National Obesity Strategy and now for drafting the Queensland Obesity Prevention Strategy in a collaborative way with community engagement.

There are a range of really positive aspects of the strategy, some including:

- Framing obesity as a collective challenge, with a mindset and paradigm shift from just personal responsibility to a collective responsibility
- Recognition of the complex interplay of social, environmental, and economic determinants which are often outside of an individual's control
- The overarching narrative focusses on the need for both prevention and treatment
- Recognition of the need to address weight stigma, bias and discrimination
- Systems thinking with the intention for cross-sectoral collaboration between multiple agencies of government, community and industry.
- Pragmatic consideration of the investment and preparation phases to achieve benefits

### Our recommendations to strengthen the draft Strategy and Action Plan:

#### **1. Greater recognition of the different drivers of obesity and therefore needs based on a person-centred approach in healthcare**

People are living with obesity for different reasons. The strategy focusses mostly on diet and physical activity which are important but there are other factors at play too such as mental health and trauma, poverty/disadvantage, sleep, medicines, and genetics. The strategy could build on the recognition of the many drivers with this point even if action in these areas is managed through other initiatives.

The point of different drivers also relates to better health system support for someone, including the need for a respectful, person-centred approach that beyond just recommending someone 'eat less and walk more.' In addition, people with more severe obesity may need multidisciplinary, ongoing chronic care support which goes beyond just pharmaceuticals and/or surgery.

#### **2. Greater focus on improved food environments to tackle obesity**

To address the interaction between environments and obesity, inclusion of policies focussed on food environments through tighter controls over advertising on

government property and improving access to basic healthy foods in remote and disadvantage populations may strengthen efforts to improve nutrition and tackle obesity.

### 3. National collaboration is critical

The national working groups are an important initiative to help recognise joint priorities and efficiencies through collaboration. Based on the different State and Territory and Commonwealth strategies and initiatives, there appears to be overlaps in areas such as resource hubs, training, community education, language and integrated care goals. It may be more efficient and effective to considering creating more national resources together to fill important gaps as well as advocating for the environment and health system changes required at a national level. Collaboration could be a 5<sup>th</sup> enabler for change in the strategy.

### 4. Framing the challenge

- We support the approach to discuss obesity on a health policy level and to not recommend the term be used in health appointments with individuals. We recommend framing on advocacy and campaigns be tested with the public.
- We hope that the principle of avoiding weight stigma flows through to the public health campaigns as we know these can unintentionally perpetuate weight stigma with an overemphasis on personal responsibility.
- Perhaps consider reframing the below line in the report which could be misinterpreted as pinning prevention against treatment focusses (when we need both). It could be framed as the value of prevention and early intervention in avoiding health conditions, noting that the body fights weight loss for some.

*“Prevention actions, when implemented well, are more effective, less expensive and have a greater population impact than treating and managing chronic disease, such as obesity.”*

- Not everyone living with a BMI above 30 will have associated health problems. It is also common that weight does not reduce to within healthy BMI range even with intensive intervention such as bariatric surgery. Therefore, we recommend a change in terminology throughout the plan from a healthy weight to a person’s healthiest weight.
- Depending on the situation, for some people maintaining weight or avoiding gaining more is a valuable goal. Also, even if someone is not able to lose weight, if they take steps to improve their nutrition, physical activity, sleep, and mental health, they will be healthier and that should be considered a positive step regardless of weight.

