Obesity Collective Response to the Draft Obesity Prevention Strategy

November 2021

We support the need for a National Obesity Strategy and thank the teams responsible for progressing it. The COVID-19 pandemic has shown why it is more important than ever to set a strong agenda for addressing obesity, namely:

1. People with obesity are at greater risk from COVID-19;
2. Obesity is more prevalent among our most vulnerable and socioeconomically disadvantaged populations;
3. COVID-19 restrictions and economic impacts have made it more difficult for people with obesity to seek treatment and manage their health.

We applaud many aspects of the draft strategy, particularly those that focus on system level change, collective action, creating healthier environments, addressing social disadvantage and inequity and the need to reduce stigma. However, we feel that, like its predecessor reports and strategies, this strategy places too much emphasis on individual responsibility and risks missing the opportunity to have transformational impact across the whole of society.

As we have seen with the COVID pandemic, our community's health is everyone's business. Obesity is one of the main drivers of disease and disability in our country, and there is widespread recognition that more needs to be done to reduce this burden. We need a paradigm shift to build back better and then focus on maintaining health and wellbeing as a high priority for everyone's benefit.

We have four major recommendations to improve the NOS for transformational impact:

1. Raise awareness across society on the science of obesity and need for changes beyond the individual

People with obesity are not treated fairly in society, including by the health system, due largely to a lack of understanding or a misunderstanding of the science and reality of obesity. In our experience, a key to overcoming many limitations to action is to raise awareness that obesity has powerful underlying biological causes, which are exacerbated in our obesogenic environment, particularly with social disadvantage, and can accumulate across generations.

The biology of obesity sets individuals on a slippery slope, which begins at a healthy weight with preventive options (to make healthier personal lifestyle choices), but then requires increasing professional and ultimately multidisciplinary medical intervention. The steepness of this biological slippery slide is determined by genetic and epigenetic effects, with a major on-ramp to the slide being socioeconomic disadvantage.

It is critical that people in general and particularly healthcare professionals understand that obesity is more than a failure of individual responsibility. Effective prevention and treatment strategies and initiatives require an understanding of the determinants, biology, and pathophysiology of obesity. As we have seen in focus group research, a better understanding of the science combined with personal stories helps people to come to the conclusion that obesity related judgements are unfair and an oversimplification of the challenge.

A recognition of the many complex drivers of obesity helps to reduce harmful weight stigma and substantiate the need for investment in prevention at every stage, to slow the further progression of obesity, and to invest in evidence based and person-centered support, treatment, and care to help those that are living with obesity.

The strategy, communications, and implementation plans need to include education components on the biology and science of obesity to support the need for systems action (prevention and treatment) and reduce stigma.

2. Strengthen commitments to improve environments

It is a positive step forward that the strategy acknowledges system issues, recognising that social, cultural, physical, political and economic factors influence obesity and that there is a major need to improve our

environments. However, many of the strategies still ultimately focus on personal choice and the wording around commitments to improve environments is weak and vague. These need to be strengthened.

Personal understanding and skills for healthy lifestyles are important for everyone; however, continuing to focus mostly on individual responsibility for obesity, as we have for many years, won't provide any benefits if the major system barriers and drivers aren't addressed. An approach that relies too much on "eat better and move more" risks:

- Excusing effective action by other sectors, notably the processed food and beverage industries, which produce and market the products that are, unequivocally, a major contributor to the obesity epidemic in Australia and globally.
- Enforcing stigma and blame across society, including within the health system.
- Failing to provide governments with the *social license to act upon the evidence* - it pushes obesity back to being a matter of personal responsibility and leads to the usual nanny state tropes.
- Perpetuating false dichotomies that continue to impede effective action, notably between "prevention" and "treatment".

Social disadvantage and social determinants such as education, income and housing can have considerable impacts on people's opportunities to be healthy and well in general, including obesity risk. In addition, weight stigma can exacerbate socio-economic disadvantage through reduced educational, social and employment opportunities. Just trying to educate people in these situations about healthy lifestyles, without supportive policy level changes will be ineffective and likely to exacerbate stigma and blame for individuals and families.

The strategy needs to include clearer and more tangible descriptions and commitments to improving our environments for everyone's health.

3. Obesity must become integrated core business for the health system

A whole of health approach is the standard for other diseases and health conditions, including mental health, cardiovascular disease, and eating disorders. The same is required for obesity. An overarching framework for obesity prevention, management and treatment is required for healthcare professionals, which is evidence-based, person-centred and supports positive relationships with food and body image. Urging people to lose weight without appropriate tools, evidence-based options and referral pathways, risks doing more harm than good.

Comprehensively updating the National Clinical Guidelines is a critical step to support an integrated approach to obesity across the health system.

4. Establish clear governance, funding, and accountability frameworks

Clear governance, funding, and accountability frameworks will be required to successfully coordinate, manage and oversee system-wide changes across jurisdictions, sectors and government portfolios. There are some good examples provided in the NOS, but there is a lack of detail on implementation and evaluation. Notably, there is a lack of commitment to reducing the 'burden of disease' or the health impacts from obesity, including chronic diseases. Tangible and measurable actions, timelines and targets are missing and the commitments for change are weaker compared to other national health strategies. Committing to a focused set of mutually acceptable and openly reported indicators that have value at the State, Territory and National level would be an important driver of change.

It is important to recognise that several high-quality national strategies and plans related to obesity have been developed previously that have not been implemented or sustained successfully on a national scale. There is a high risk that piecemeal smaller initiatives will not have scalable, sustainable impact unless actively considered within a broader systems approach and accountability.

There are a range of relevant national health strategies that have been released or are in development (e.g. Prevention, Nutrition, Primary Health, Health Literacy) and it is unclear how these will be aligned and implemented together. Coordinated and sustained action across society is required, including local communities, businesses, non-profits, health, academia and government.

To drive impact and value for Australian communities, there needs to be a commitment for publicly available and transparent implementation plans/blueprints. These plans will need commitments and action beyond health portfolios and so will require clear whole of government leadership, commitment, investment and coordination. The strategy should define a clear oversight structure with reporting lines and more detailed mechanisms for review of progress.

Ranking of initiatives

We generally do not rank initiatives because obesity is a systems challenge for which a wide range of cross sector actions is needed. However, we do feel the below Strategies should be a high priority to be further developed, whereas those that are focused simply at educating people more are of lower priority.

- **Strategy 1.1**: Build a healthier and more resilient food system that favours the production, processing and distribution of healthy food and drinks. Improve food systems, while protecting economic growth, land, sea and biodiversity, and reducing waste.
- **Strategy 1.6**: Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children and where large numbers of people gather and transit through. This could include publicly-owned or managed settings, sports and major community events, and television and digital platforms.
- **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. Integrate these spaces with active transport networks, recreation and sport infrastructure, and with natural environments.
- **Strategy 3.2:** Increase clarity and uptake of models of care and referral pathways that focus on the individual, and foster integrated, coordinated, and continuous support to prevent and manage unhealthy weight gain and complications.
- **Strategy 3.3:** Support health, social and other care services to enable positive discussion about weight through better understanding of weight stigma, blame, and the mental health implications of overweight and obesity.

Additional feedback points:

- An additional guiding principle of 'anti-stigma' would be warranted and in line with the details outlined in the strategies
- Please use person first language consistently
- The introduction could include a definition of obesity that clarifies the focus is on health impacts from additional adiposity. Referring to just BMI would be an oversimplification.
- The link between trauma and obesity is relevant and missing
- Weight stigma is prevalent across the preconception, pregnancy and postpartum periods and needs to be specifically addressed
- Actions should be evidence informed but the unavailability of evidence around a potentially useful strategy (as a result of novelty or limited current research) should not be used as a reason for inaction on the issue
- Page 3 – 'obesity is unfairly distributed' – This entire paragraph could be clearer. Perhaps test this language with non-public health experts as it might increase negative perceptions
- Page 9 – long term results are important to highlight, however, health improvements can happen faster than reductions in population level BMI

- Page 11 - While the prevalence of childhood obesity appears to have plateaued in the past decade or more, this has not occurred in those experiencing social disadvantage. Existing programs may be relatively ineffective for priority population groups
- Strategy 1.5: Need to consider food delivery apps and health information available to consumers
- Strategy 1.7: Consider adding water fountains and benches/seats that can accommodate larger body sizes