

## Collective Response to the National Obesity Strategy Consultation - 13 Dec 2019

The following points outline the major feedback from the Collective for Action on Obesity. These reflect the Collective's core principles and have been derived from consultation with Collective leaders and members.

- **General:** We applaud the following in the Consultation Paper:
  - The proposed principles, including the need for collective and sustained action
  - Recognition of weight stigma as an important issue
  - Recognition of systemic barriers and a comprehensive set of prevention strategies and sub-strategies targeting people's environments
  - Supporting the need for broader community leadership and action at local, regional and national levels
- **Lived experience:** we believe that the voice of those with lived experience needs to be explicitly considered in the development of the NOS.
- **Vision of the framework:** The stated goal of a 'healthy weight for all' risks increasing shame and a sense of failure by setting unrealistic targets for people. We suggest instead using 'healthier' or 'healthiest weight' or 'reducing impact from overweight and obesity' at the population level. Whereas some people living with obesity may never be able to meet the definition of a 'healthy weight,' they can nonetheless improve their health, reduce the severity of obesity, or not gain further weight, which should be encouraged and celebrated as successes. Additionally, the definition of a 'healthy weight' is a challenge if based primarily on BMI. What is considered a healthy weight varies with age, across ethnic groups and with the distribution of excess fat within the body. BMI, weight distribution, and cardiometabolic measures combined are good indicators of health impacts from overweight and obesity. According to the World Health Organisation overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health.
- **Drivers of obesity:** The strategy document outlines various drivers of obesity including social, cultural, physical, political and economic environments but does not include a reference to the biological drivers of obesity. The biological drivers of obesity, including genetics, epigenetics, early life effects and hormonal changes from weight loss, have been well established. It is important to include these in the narrative around the challenges to attaining a healthier weight, and to be open with people about why weight management is challenging. This is important to help avoid blame and shame related to weight regain and unmet expectations. A narrative focused solely on individual choices helps perpetuate weight stigma, whereas in our experience, explaining the powerful biological drivers of overweight and obesity as a "chronic relapsing disease process" helps to frame a more productive discourse.
- **Prevention versus treatment:** An emphasis on both prevention and treatment/care is important if we are to take on the challenge of obesity. Treatment and prevention strategies are complimentary. These are not dichotomous - there is a continuum from primary prevention through to tertiary medical intervention. We believe that it is important to invest in "prevention at every stage", to slow the further progression of obesity and to invest in support, treatment and care to help those that are living with obesity and want to do something about it (adults, adolescents and children).
- Health is a basic human right and obesity is a major barrier to a healthy Australia as it impacts one third of the adult population. We therefore feel strongly that treatment needs, in some form, to be added to the scope of the strategy. If it is considered helpful, we offer to work with Collective treatment experts as well as key groups including those listed below (and potentially others) to build upon strategies 2.3 and 2.4, which do include treatment elements.
  - Australian Nursing & Midwifery Federation (ANMF)

- The Royal Australian College of General Practitioners (RACGP)
  - The Royal Australasian College of Physicians (RACP)
  - The Australian Medical Association (AMA)
  - Australian & New Zealand Metabolic and Obesity Surgery Society (ANZMOSS)
- If treatment remains out of scope, then the strategy needs to be clearly titled as prevention.
  - **Historical context:** It is a positive step that a National Obesity Strategy (NOS) is being developed. However, it is also important to recognise that several high-quality national strategies and plans have been developed previously that have not been implemented or sustained successfully on a national scale. In addition to urging that the recommendations of such previous strategies and plans are used to help inform the NOS, we believe strongly that investing in action and implementation will be critical. We therefore strongly support commitment to enablers, governance and accountability frameworks.

Thank you in advance for considering our feedback.

**The Collective for Action on Obesity**