



# The Obesity Collective

Public consultation on the refresh of the National Strategic Framework  
for Chronic Conditions - Australian Government Department of Health

## Part 1: Overview of the Framework

1. Which stakeholder group best describes you? Please tick all that apply.\*

- Federal Government
- State Government
- Local Government
- National private non-government organisation
- **National not for profit non-government organisation**
- Jurisdictional private non-government organisation
- Jurisdictional not for profit non-government organisation
- Academic or researcher Health professional/clinician
- Consumer/person living with a chronic condition
- Family member or carer of a person living with a chronic condition
- Interested member of the public
- Prefer not to say

2. Have you engaged with and used the Framework, and if so, how?

Please tick all that apply.

- To improve my understanding of the healthcare system
- An organisation that I am engaged with shared the document with me
- I have discussed it with a healthcare professional
- I am a health professional who has used the Framework to inform my clinical practice
- I read it out of personal interest
- To guide the development of policies, programs and/or projects for the organisation I represent
- My organisation has shared this document with our members/consumers
- To guide our organisation's funding models and initiatives

- **I, or the organisation I represent, have not utilised the Framework in any capacity**
- I, or the organisation I represent, did not know about the Framework prior to this consultation

**Re Q 3.** The Vision of the Framework (Vision) is: “All Australians live healthier lives through effective prevention and management of chronic conditions.”

3. *To what extent do you agree the Vision is still relevant?*

**Agree**
Somewhat agree
Neither agree nor disagree
Somewhat disagree
Disagree
Not applicable

The vision: **X**  
*“All Australians live healthier lives through effective prevention and management of chronic conditions.”*  
 is still relevant:

*(Optional): Please provide further comments about your response, including any suggested amendments to the Vision.*

**No response.**

**Re Q4:** There are 7 enablers to achieving the Vision included in the Framework. Each of these enablers are shown below.

4. *Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).*

|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9        | 10       |
|--|---|---|---|---|---|---|---|---|---|----------|----------|
| 1. Governance and leadership — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance. |   |   |   |   |   |   |   |   |   |          | <b>X</b> |
| 2. Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its  |   |   |   |   |   |   |   |   |   | <b>X</b> |          |



full scope of practice and is responsive to change.

3. Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health.

4. Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes

5. Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes

6. Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives.

7. Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term.

X

X

X

X

X

*(Optional): Are there any other enablers you think should be included in the Framework?*

Link with enablers set out in the National Preventive Health Strategy and the National Obesity Strategy, to ensure consistency.



## Part 2: Objectives of the Framework

### Objective 1: Focus on prevention for a healthier Australia

**Re Q 5:** The Framework identifies determinants of health that influence the prevention, treatment and management of chronic conditions. Several are listed below. These are commonly referred to as the social, cultural, environmental and economic or commercial determinants of health.

- Employment
- Income level
- Living in a rural/regional/remote location
- Education
- Language and writing skills
- Refugee or migration status
- Housing
- Living with a disability
- Promotion of unhealthy products
- Social connection
- Racism and discrimination
- Air and water quality
- Climate change
- Opportunities to take part in physical activity
- Weight related stigma
- Access to safe, nutritious and culturally appropriate food

*5. Please discuss which, if any, of the above determinants of health have most significantly impacted you or the work of your organisation. Additionally, are there any other determinants of health that you think the Framework should focus on? If yes, please note them. (Optional):*

We believe that the listed the social, cultural, environmental and economic or commercial determinants of health are interdependent and work in concert and it is not possible to single out those that have most impact on our work.

However, The Obesity Collective is pleased to note that Weight Stigma is being recognised as an important determinant of health that influence the prevention, treatment and management of chronic conditions. We believe that a failure deal with this issue is a major barrier to the effective implementation of any healthcare and disease prevention strategy in Australia.

Weight stigma is associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem. This stigma can also lead to delayed presentations for

screening and lower quality of care for patients with obesity, contributing to poorer health outcomes and increasing risk of mortality.

**Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life**

**Re Q 6:** One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care. Pages 35-36 of the Framework discuss this in further detail.

*6. To what extent do you agree with the following statements*

|   | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|-------|----------------|----------------------------|-------------------|----------|----------------|
| Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers. |       |                |                            |                   | X        |                |
| Australians with chronic conditions can easily access specialty healthcare services when required.  |       |                |                            |                   | X        |                |

*(Optional): Please provide further comments about any of your responses to the previous statements.*

The Obesity Collective is particularly concerned about access to appropriate and high-quality weight management services in both the primary and specialist health care. The lack of training and competence within primary care to effectively manage weight issues in those living with a chronic condition compromises their care and contributes to deterioration of their condition. This situation is often exacerbated if combined with weight bias and stigmatisation that remains prevalent in health care providers. The lack of tertiary weight management services throughout Australia and the extraordinary waitlist times for those fortunate enough to be able to access such a service is contributing to significant mental health issues in addition to the deterioration of physical health when weight issues are left unmanaged.



In addition, the cost of effective pharmaceutical and bariatric surgery options for weight management and lack of public provision or subsidiary for such options creates enormous social disparity in healthcare access. This is particularly critical in dealing with obesity as severe clinical obesity is significantly more prevalent in priority and disadvantaged communities.

**Re Q7:** Another of the aspirational outcomes of Objective 2 of the Framework is effective sharing of information and data. Pages 37-38 of the Framework discuss this in further detail.

7. *To what extent do you agree with the following statement.*

|  | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|--|-------|----------------|----------------------------|-------------------|----------|----------------|
| I have access to health information and data, and use this to help make decisions regarding the prevention, diagnosis, treatment and management of chronic conditions. |       |                |                            |                   | X        |                |

*(Optional): Please provide further comments about your response, and if appropriate, provide examples of ways you have or have not used information and data.*

Whilst there is some regular collection of data around chronic conditions including obesity and associated weight issues, this data is often not comprehensive nor sufficiently detailed or comprehensive enough to be analysed in terms of priority population and geographical regions. In addition, limited data is collected on the social, cultural, environmental and economic or commercial determinants of health which is required to assist with planning and evaluation of preventive programs and services.

There is also no commitment to ongoing regular monitoring of key behavioural risk factors such as diet, physical activity and sleep.



The National Obesity Strategy and National Preventive Health Strategies both discuss data and set out actions that need to be taken to ensure data collection is improved.

### Objective 3: Target priority populations

**Re Q 8:** The Framework aims to act as a broad overarching guidance document that is inclusive of the full spectrum of chronic conditions.

8. To what extent do you agree with the following statements (populations)?

|   | Agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Disagree | Not applicable |
|---|-------|----------------|----------------------------|-------------------|----------|----------------|
| 1. Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework. |       | X              |                            |                   |          |                |
| 2. The Framework is representative of the diversity of population groups in Australia.  |       | X              |                            |                   |          |                |
| 3. The Framework recognises the individual needs of the many different groups in Australia.   |       |                |                            | X                 |          |                |
| 4. The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups.                         |       |                | X                          |                   |          |                |



*(Optional): Please provide further comments about any of your responses to the previous statements.*

The Framework does address the needs of different listed population groups and the need for targeted and tailored interventions.

However, the Obesity Collective believes that the failure to recognise clinical obesity as a chronic condition compromises the ability to meet the needs of all of these priority populations as well as a very large proportion of Australian living with obesity and other adiposity-related chronic conditions.

Re Q9: The Framework includes the following list of priority populations, but notes this list is not exhaustive.

- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with disability
- People with mental illness
- People who are, or have been incarcerated

*9. Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.*

The Obesity Collective agrees with the listed priority populations but would suggest recent migrants and refugees as an addition to this list.

We believe that whilst these priority populations face additional barriers to the effective management and prevention of chronic conditions that almost everyone with severe obesity and associated weight concerns could be considered as disadvantaged as they have very limited access to appropriate and affordable weight management services throughout Australia.



## Part 3: Focus on the Future

10. Potential barriers for people with chronic conditions are shown below. Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)?

- Difficulty in finding an appropriate healthcare provider or facility
- Long wait lists
- Lack of coordinated care and communication between health professionals
- Lack of information sharing and exchange between healthcare providers
- Financial cost of healthcare
- Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers
- Limited understanding of the healthcare system by patients and/or carers
- Limited knowledge of some chronic conditions by healthcare professionals
- Stigma associated with chronic conditions and risk factors
- Stigma of accessing healthcare
- Not being able to attend appointments due to geographical location/transport
- Difficulty using technology to receive or navigate healthcare services
- Lack of health promotion education and prevention activities
- Low English proficiency and other language challenges
- Limited availability of publicly funded health programs
- Lack of access to research and data
- Lack of culturally safe healthcare

*(Optional): Are there any other barriers that you would like to draw attention to?*

The Obesity Collective believes that all the listed barriers are important considerations in actions to improve the management and prevention of chronic conditions. However, we would like to highlight the importance of dealing with weight stigma and bias as an important primary step to reducing or avoiding a number of other barriers to effective management of chronic conditions. As noted previously, weight stigma is associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem. This stigma can also lead to delayed presentations for screening and lower quality of care for patients with obesity, contributing to poorer health outcomes and increasing risk of mortality.

Another key barrier requiring urgent action is the lack of access and limited availability of publicly funded weight management services – especially for those with severe and complicated clinical obesity.

**Re Q 11:** As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework.

*11. Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies?*

- **Yes**
- No
- Not applicable

*(Optional): Please elaborate on your response.*

We support a review of all the condition specific action plans as some of these are now dated. This will help ensure a commonality in approach but also allow for an update of approaches and recommendation within separate documents to draw on more recent understandings and benefit from the structure of the national Strategic Framework.

However, the Obesity Collective would also strongly recommend the inclusion of clinical obesity as a chronic condition in its own right as indicated in our statement below.

**Re Q 12:** The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions.

It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists.

*12. Do you support this approach?*

- **Yes**
- No
- Not applicable

**Re 13:** Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.

- Multi-disciplinary care
- Managing multimorbidity
- Continuity of care across life stages
- Transitions of care as a patient moves across and through the health system
- Enhanced and targeted support for priority populations
- Health promotion and education
- Self-management
- Life stage transitions
- Embedding prevention in the continuum of care

13. Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?

- **Yes**
- No
- Not applicable

*(Optional): Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.*

We would also like to add the creation of healthy environments that enable and promote improved health behaviours (such as better nutrition, physical activity and sleep).

**Re Q 14:** A large number of resources, training modules, tools and guidelines have been developed to support the prevention, treatment and management of chronic conditions. There is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact. Use of emerging digital technologies provide opportunities for enhanced chronic conditions management into the future. This will be a key consideration for the refresh of the Framework.

*14. Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions.*

The Obesity collective would be happy to contribute any of its training modules and resources around stigma and obesity management and prevention to this process

**Re Q 15:** COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions.

15. Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight.

The COVID-19 pandemic highlighted the important interaction between infectious and chronic disease, the importance of having health care services for the management and prevention of chronic disease in place and the need to maintain these services throughout healthcare emergencies.

The interaction between obesity and Covid 19 was significant. Research has shown that clinical obesity worsened the impact of Covid 19 infection and Covid 19 management and prevention led to weight gain and worse health outcomes for those living with obesity.

(<https://www.obesityevidencehub.org.au/collections/impacts/impact-of-obesity-on-covid-19-outcomes> for discussion of this evidence). It is likely that poor management of weight and higher levels of weight gain during the pandemic will lead to higher levels of associated chronic condition over time.

This highlights the need to pay closer attention to the management and prevention of chronic conditions in planning for infectious disease outbreaks.

16. Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future? Please select up to 5 options.

- Greater promotion of the Framework to peak bodies to increase awareness
- Greater promotion of the Framework to health professionals and researchers to increase awareness
- Greater promotion of the Framework to consumers and the general public to increase awareness
- **Increased focus on how organisations can work together to improve the management of chronic conditions**
- Improve the collaboration between state and territory governments and the federal government
- Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans
- Refresh the content of the Framework to focus on emerging risks and issues (e.g. the use of e-cigarettes)
- Refresh the content of the Framework so it reflects the post COVID-19 health landscape
- **Increased focus on the importance of lived experience in the Framework**
- **Greater emphasis on the needs of priority populations**

## Part 4: Summary

*17. In 1000 words (6000 characters) or less, please provide any additional feedback on the Framework including any other opportunities to improve the Framework.*

The Obesity Collective is the peak body for obesity in Australia. It is a national umbrella coalition with a vision to reduce the health and wellbeing impacts of obesity in Australia. Working together to raise awareness of the science and reality of obesity and promote evidence-based prevention and treatment action through a strong, cooperative and inclusive network.

The Obesity Collective wishes to register its disappointment with the failure of the National Strategic Framework for Chronic Conditions to recognise clinical obesity as a chronic condition. Whilst there may remain controversy around whether obesity should be defined as a disease there is almost universal agreement among health organisations and agencies that clinical obesity is a serious, chronic, relapsing health condition. In addition, the Australian Government has recently released a well-considered and accepted National Obesity Strategy that reinforces as well as complements the listed strategies to address other chronic conditions. In defining obesity as solely a risk factor rather than a chronic condition, the current chronic disease framework confuses the risk factor represented by elevated BMI with the condition of clinical obesity. This differential is a major principle of discussions within the Lancet Commission on the Definition and Diagnosis of Clinical Obesity which indicates that obesity (just like other chronic conditions such as diabetes) can be both a risk factor as well as a discrete condition.

The association between elevated BMI (especially when greater than the cut points used to characterise obesity in the population) and a number of serious chronic conditions is incontrovertible and thus it is appropriate to identify high BMI as a major risk factor for ill health. However, there is also significant evidence from research and clinical practice that obesity can cause illness independently of other comorbidities, thus supporting the recognition of clinical obesity as an independent, chronic health condition.

In addition, the Obesity Collective wants to re-iterate that the causes and effects of obesity are systemic, varied and go far beyond individual responsibility and control. It has been clearly established that obesity results from a complex interplay of biological and societal factors and that powerful genetic, epigenetic and biological drivers promote weight gain and subsequently make it difficult to achieve and maintain weight loss. As such, the combination of a strong physiological drive and a potent obesogenic environment forms the basis for the development and progression of obesity.

The Obesity Collective is strongly supportive of the focus on reducing weight stigma within the refresh of the National Strategic Framework for Chronic Conditions. We firmly believe that blaming individuals doesn't work, is counterproductive and has been a distraction from a broader understanding of the drivers of obesity and the strategies to address them. To address obesity and other weight issues, we must address weight stigma (negative stereotypes about, attitudes towards someone based on their body size or shape). Weight stigma is prevalent and arises in part from the lack of understanding about the many drivers of obesity that are outside of a person's control. Stigma manifests in negative stereotypes – including that people with obesity are lazy, ignorant, and lack willpower – and leads to discrimination. It can result in misguided policies and interventions, undermines access to evidence-based treatment and support, and delays or derails important research. **Stigma is also a major barrier to evidence-based prevention actions and access to equitable healthcare.**

