National Obesity Strategy

2022–2032

Enabling Australians to eat well and be active

Health Ministers' Meeting

The National Obesity Strategy 2022-2032 was prepared under the auspices of the Health Ministers Meeting.

The Strategy may be downloaded from this website.

Enquiries about the Strategy should be directed to obesity@health.gov.au

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Introduction and Strategy overview

Australians want governments, communities and businesses to work together to reduce obesity.[i] We will all benefit from changes that make it easier to live healthier lives.

Obesity is a world-wide issue that contributes to physical, psychological and metabolic health problems. Australia has one of the highest rates of obesity in the world, in 2017-19 Australia ranked fifth among OECD countries with one third (31%) of Australian adults living with obesity.[1] About **14 million Australians are living with overweight or obesity**[2] - that's 2 in every 3 adults, and 1 in 4 children.[2]

Without further action we face a future with more weight-related chronic diseases and early death, greater vulnerability to infectious diseases, and significant costs to health care, economic development, and community wellbeing. The coronavirus (COVID-19) pandemic has shown that people with obesity or chronic diseases get sicker and are more likely to die from infectious diseases.[3] There is also evidence that COVID-19 continues to influence Australians' eating and sedentary behaviour patterns.[4]

The root causes of overweight and obesity are complex and deeply embedded in the way we live. It is not simply a lack of self-control. Unhealthy food and drinks are often more convenient. They are heavily promoted, available almost everywhere, and in some instances are cheaper than healthier alternatives. Advances in technology and the sedentary nature of modern living means we don't move as much as we used to. This creates unhealthy environments and conditions that make it harder for us to choose a healthy lifestyle.

Australia has committed to the World Health Organization's (WHO) global target to *halt the rise in overweight and obesity*.[5] This focus presents us with an important opportunity to make significant improvements in the lives of Australians.

The Strategy highlights what governments and other stakeholders can do to make a difference. While government leadership is critical, governments can't do it alone. Government, industry, the community, and individuals also need to take action, we must all work together on integrated actions that complement each other.

Despite the complexity, change is possible, and Australia can lead the way.

[i] 'Obesity' is sometimes used to mean 'overweight and obesity' in this Strategy.

An ambitious 10-year framework for action to prevent and reduce overweight and obesity in Australia.

Over the next 10 years, the **National Obesity Strategy** will guide all governments and our many partners as we take actions to change the factors that promote unhealthy weight gain and to support those living with overweight and obesity. It will guide us to:

- make systemic changes to better support all Australians to maintain a healthy weight, prevent further weight gain and reduce weight in people already living with overweight or obesity
- develop prevention strategies to improve the environments and conditions around us, and support and empower people to live healthier lives
- better embed prevention, early intervention and treatment into our health care system
- have more positive discussions about healthy weight across society.

The views of more than 2,750 Australians and organisations, together with reviews of evidence and recommendations from authoritative sources (e.g., WHO) helped us develop this Strategy.

There is no simple solution. We need time and gradual shifts. We need stronger cross-sectoral government leadership and commitment, enduring partnerships and to work together to achieve change throughout our society.

Strategy overview

The Strategy's vision is for an Australia that encourages and enables healthy weight and healthy living for all.

The Strategy's goal is for more people to maintain a healthy weight, through achieving two targets:

- halt the rise and reverse the trend in the prevalence of obesity in adults by 2030, and
- reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030.

These are aspirational targets which require a societal and sustained approach for change. They will be achieved through action across three ambitions:

All Australians live, learn, work, play and age in supportive, sustainable and healthy environments: creating environments that make it easier to lead healthier lives.

All Australians are empowered and skilled to stay as healthy as they can be: building knowledge, skills, strengths, and community connections to support healthy eating and physical activity, and enable healthy weight.

All Australians have access to early intervention and supportive health care: ensuring a skilled workforce and referral to appropriate treatments and services, including helping people who experience a greater risk of overweight or obesity to take early action, and supporting those with overweight or obesity to access better support.

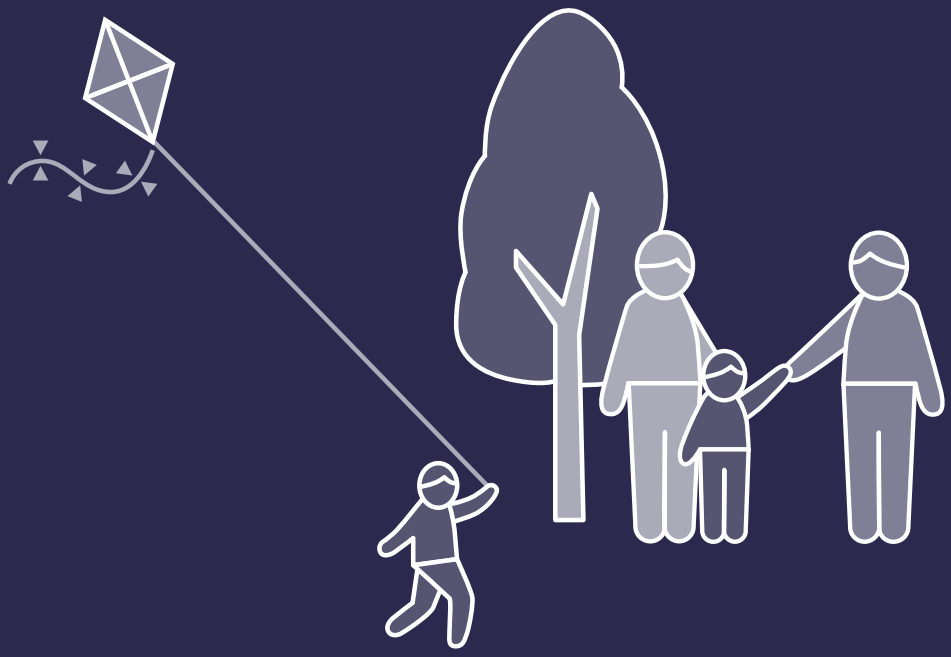
Implementation will be guided by four principles:

- creating equity
- tackling weight stigma and discrimination
- addressing wider determinants of health and sustainability
- empowering personal responsibility.

Inclusive participatory processes and genuine partnerships will be built to develop co-designed responses.

Three enablers will guide implementation:

- leadership
- use of evidence and data
- investment for delivery.



Part 1:

Why we're taking action

Obesity impacts on many individuals and communities

Living with overweight or obesity can have major impacts on a person's life. It can affect a person's health and wellbeing, including their mental health, and their social and economic opportunities. Obesity increases the risk of preventable chronic diseases including heart disease, type 2 diabetes and at least thirteen forms of cancer.

Unhealthy weight gain starts early and increases with age

Childhood obesity affects growth and development. Targeted prevention actions at critical points in life - such as during pregnancy, the early years, adolescence, or when leaving school or home as a young adult - can help to reduce the risk of childhood and subsequent adult obesity.[6]

For both men and women, the biggest increase in excess weight gain is from childhood to early adulthood. Weight gain then continues into middle age. By 45–54 years, 83% of men and 74% of women are overweight or obese.[7]

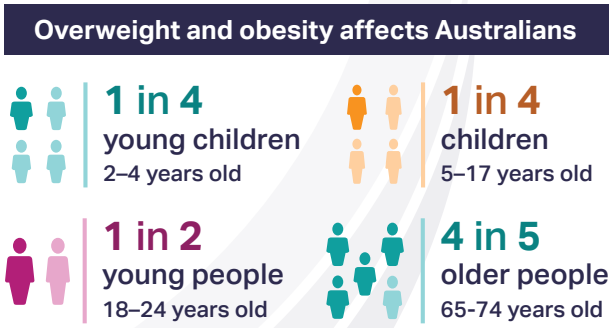


Figure 1: Proportion of people living with overweight or obesity in Australia for selected age groups[7]

Obesity affects some people more than others

Obesity is unfairly distributed, and some Australians are at higher risk. The economic and social barriers that many Australians face make choosing healthy options harder. These barriers can also limit a person's options, or ability to be heard, when making health care decisions.[8]

We must tackle stigma and weight-related discrimination

Unconscious or intentional weight bias and obesity stigma results in people being treated differently or unfairly because of their weight. This can make people feel marginalised. It is pervasive in society - in the community, at work, at school, or when accessing health care.[9]

Negative attitudes about unhealthy weight stigmatises children and adults and can begin as early as pre-school age.[10] School-aged children with unhealthy weight are more likely to be bullied.[9] This can trigger feelings of shame and can lead to mental health issues, suicide, lower educational outcomes and affect life opportunities.

As a society, we must tackle the issue and have respectful and positive discussions about weight. It is time to shift away from blaming individuals and to turn our attention to strategies that address the broader causes of obesity in our society.

The personal and societal costs are significant

The financial and other costs of obesity are significant and continue to rise[11], with major impacts on individuals and on communities, society, the economy, and natural resources and ecosystems.[12] If we don't act, obesity may cost an estimated $87.7 billion in just 10 years.[13] And to cover the costs of obesity, each Australian pays an additional $678 in taxes each year.[14]

Figure 2: The cost of obesity in Australia in 2018[11]

Addressing the causes of obesity

Biology (including genetics), early life experiences, psychology and our environment (which promotes unhealthy lifestyles) all play a part in affecting our energy balance and body weight.[15] Social, cultural, physical, political, economic and commercial environments, as well as the resources we can access, all influence the options available to us and the choices we make.[16] Given the broad influences on obesity, a collective responsibility for action is needed to create positive change. Every Australian, community and sector has a role to play in addressing obesity in Australia.

Environments that promote obesity

Our environments and lifestyles have made us less physically active. More machines and technologies, as well as traditional urban design, encourage us to drive and have led to more sedentary work and leisure activities[17], and much more screen time.[18]

Unhealthy food and drinks are convenient, in some instances can cost less than healthier food and drinks, are aggressively promoted and are available almost everywhere. Many are highly processed, packaged to appeal and very profitable to manufacturers because they mostly use cheaper ingredients such as salt, added sugar and fat.[19,20]

Neighbourhood food environments influence access to healthy options, with a much higher concentration of fast food outlets in areas of most disadvantage and around schools.[21] Larger supermarkets are less accessible in regional and remote areas than major cities.[2]

So, try as we might to be healthy, unhealthy options are far more convenient especially when we are time poor. This undermines our efforts to eat healthy and changes what we understand to be normal, everyday diets.

Few Australians meet the national guidelines for physical activity, sedentary behaviour, or diet.[22,23,24]

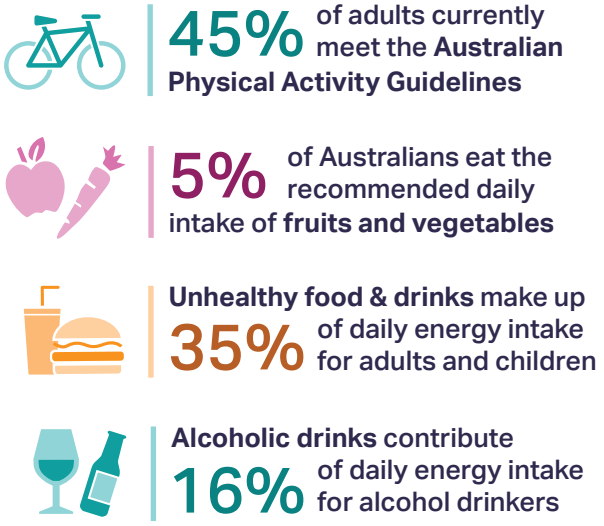


Figure 3: Food intake and activity levels among Australian adults[25,26,27]

Influences on our choices and behaviours

Many Australians consume more energy than they need through unhealthy diets that are high in sugar, saturated and/or trans fats and alcohol. These diets are high in discretionary foods such as processed meats, savoury pastries, fried foods, confectionary, cakes, biscuits and soft drinks.[28] The Australian Dietary Guidelines recommend the healthiest diets are based on whole foods such as vegetables, fruit, wholegrain cereals, nuts, seeds, dairy products and alternatives, and lean meat/chicken/fish/eggs/tofu/tempeh/legumes.[23]

We know that our social circumstances and physical environments have the biggest impact on our individual behaviours, however, people are more likely to choose healthy options when they are enabled and empowered to do so. This includes having knowledge, skills (such as cooking or physical activity skills), motivation and support available to them.

Other factors also have an impact on our behaviours and our ability to maintain a healthy weight. For example, having adequate sleep assists with maintaining a healthy weight and helps to regulate appetite for both children[29,30] and adults.[31] Adults who sleep for '5 hours or fewer' a night are 55% (or 1.5 times) more likely to be obese than those who sleep more than 5 hours.[31]

Public perception of healthy weight has also changed. Overweight and obesity has become more common and 'normalised'. This means people are less likely to recognise it as a health issue, despite the risks.[32]

Health and social supports don't prioritise addressing obesity

Some people face barriers that limit their ability to get the help they need. Health and social support might not be accessible, available, well-coordinated, holistic, or offered in a way that is right for them.

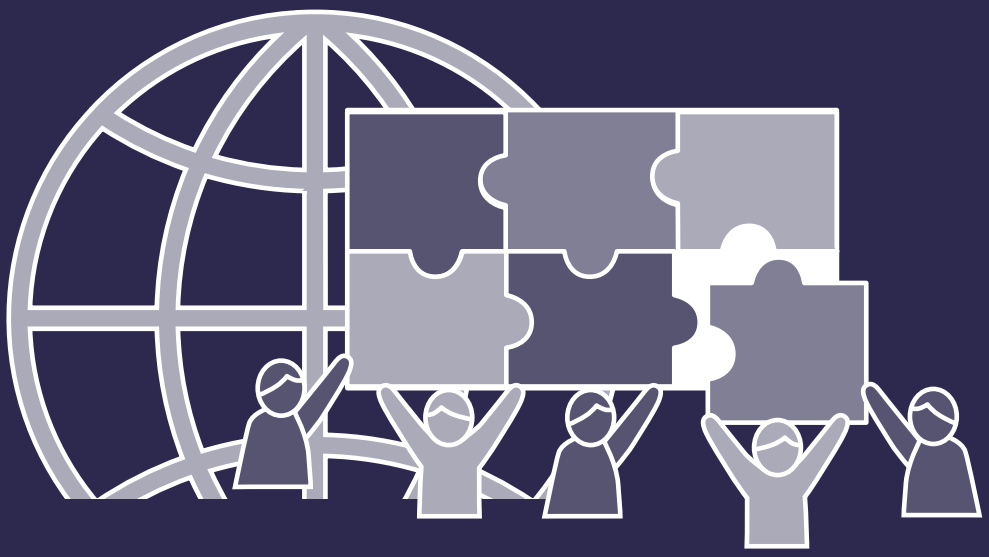
Weight-related discrimination can lead to feelings of shame and failure. This can prevent people from seeking help.[33] Health professionals who see unhealthy weight might also be uncomfortable raising it with individuals or referring them to support services.

In Australia, for every 200 children who visit their family doctor, 60 are overweight or obese, but only one is offered weight management support.[34]

Obesity, mental wellbeing and disordered eating are linked

Poor mental health and wellbeing can contribute to overweight and obesity, for example, through disordered eating patterns (such as binge eating or restrictive dieting) or the impacts of trauma and medications that cause weight gain. People living with obesity have a higher risk of disordered eating (such as restrictive dieting and binge eating), and people who have unhealthy weight loss practices can be at higher risk of obesity.

In turn, being overweight or obese and having poor nutrition can also negatively affect a person's mental health.[35] This includes the impacts that weight-related stigma and discrimination can have on a person's self-esteem, mental wellbeing and feelings of inclusion. Impacts can be higher in populations who are already vulnerable to mental health issues through racism and other forms of discrimination.



Part 2:

Developing the Strategy

The National Obesity Strategy Working Group, consisting of the Australian Government and all state and territory governments, was formed to oversee the development of a Strategy.

The Working Group drew on available evidence and authoritative recommendations to develop the National Obesity Strategy. This included:

- two independent evidence reviews
- a comprehensive analysis of Australian and international strategic plans, government commitments, and other global consensus documents.

The Strategy was also informed by:

- a Senate Select Committee Inquiry into the Obesity Epidemic
- a National Obesity Summit
- two national public consultations.

The first public consultation reached approximately 2,500 individuals and organisations and focused on what a national obesity strategy should address and achieve, views on and support for specific strategies, and what might be needed to ensure a national obesity strategy is effectively implemented and measured.

The second public consultation was undertaken to seek feedback on the draft Strategy, with approximately 250 individuals and organisations responding.

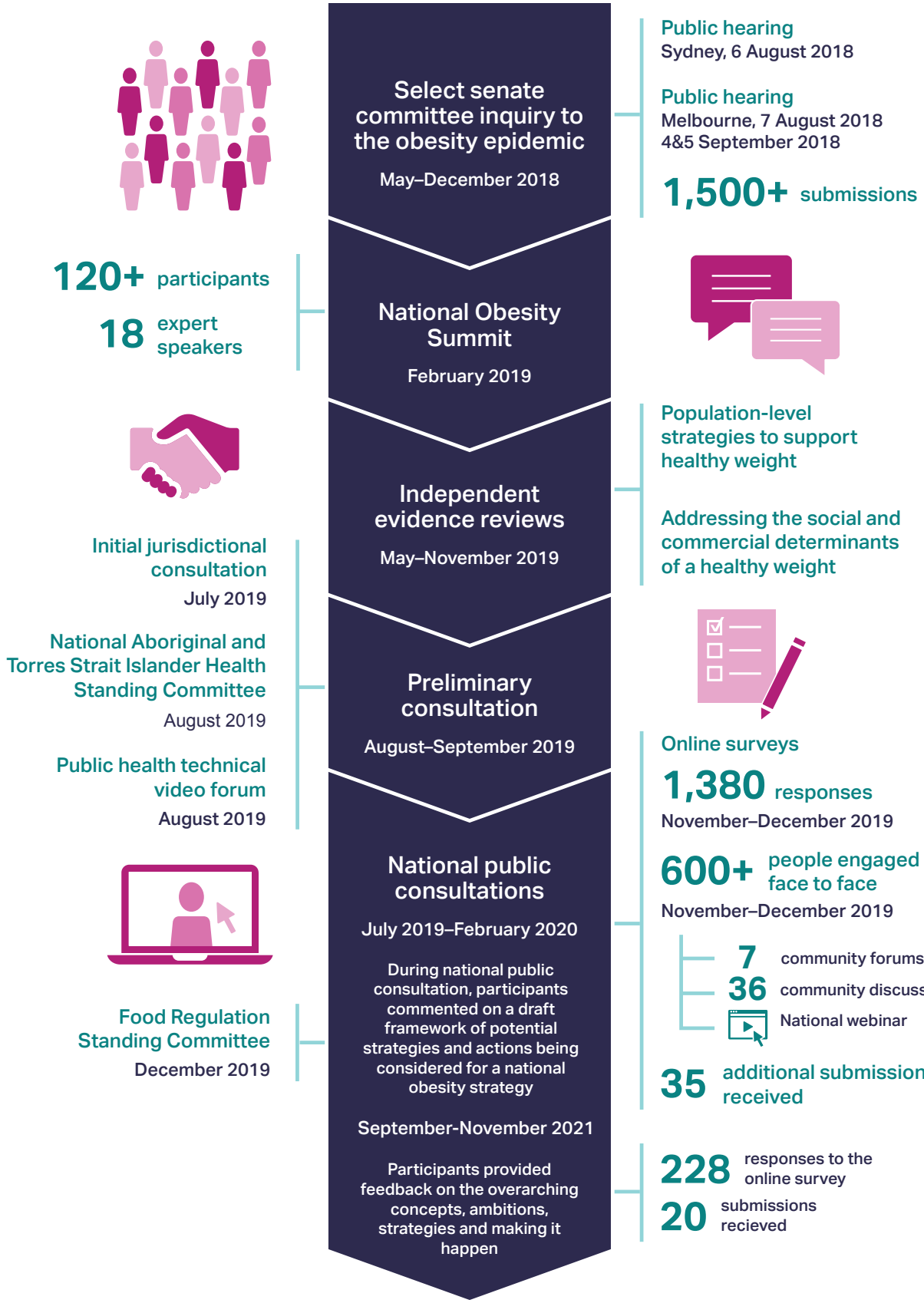


Figure 4: The process to develop the National Obesity Strategy

What people said

During the first public consultation period, common themes highlighted the need to:

- **focus on population-level interventions and system changes** which greatly affect the options available to consumers, starting with food systems
- **invest in prevention** as it sets the foundation for community-based prevention initiatives and programs
- **take whole-of-government sustained action**, with strong leadership from multiple sectors and at multiple levels, to ensure appropriate resourcing, implementation, and measurement of change
- **put extra focus on priority population groups**, making sure strategies don't further increase inequities, while also addressing broader socioeconomic determinants and environmental factors
- **make sure any action avoids and reduces stigma and unintentional consequences**, and is designed with the input of the community, including those who are overweight or obese.

The national consultation report and summary provides further detail of the public consultation findings.

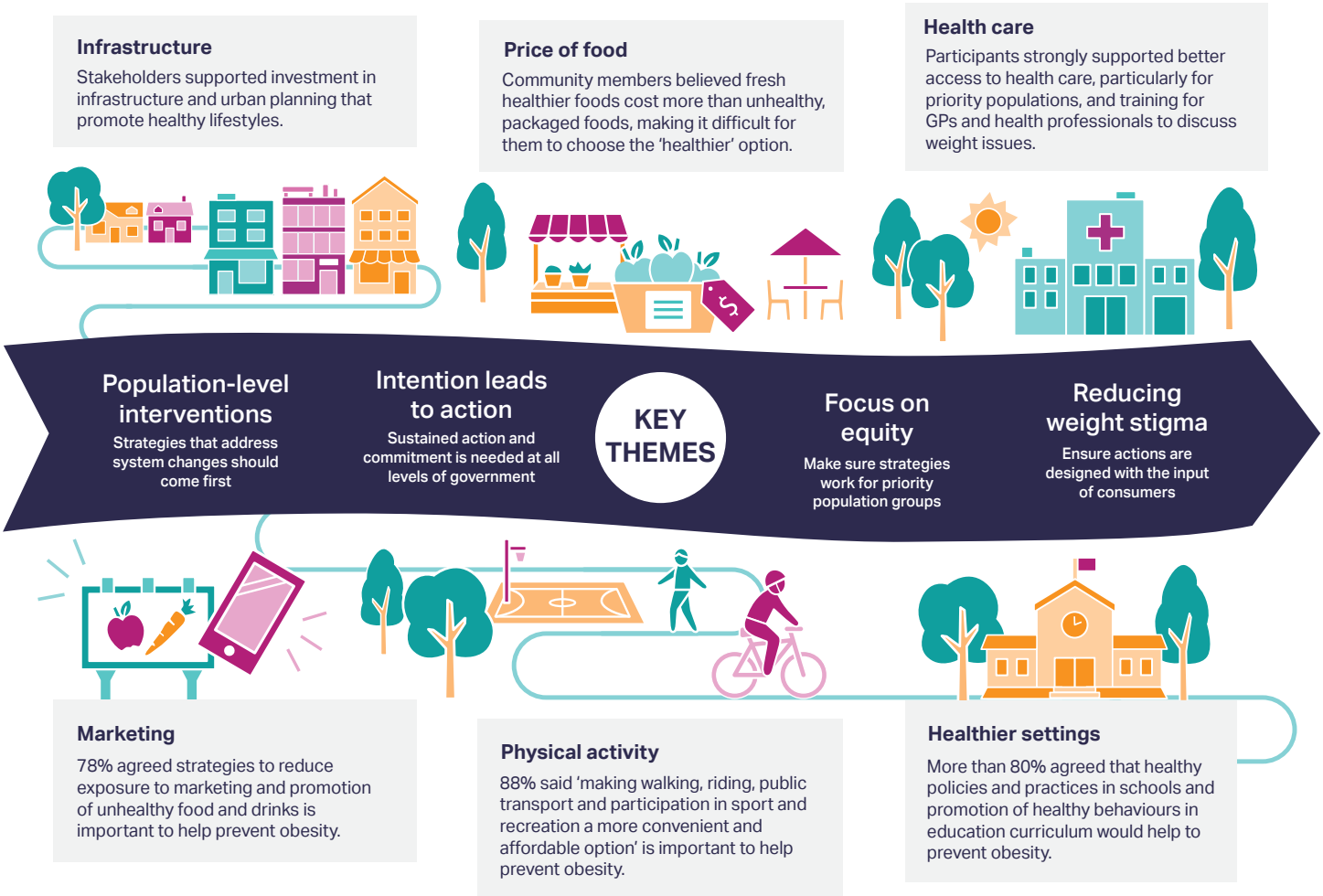


Figure 5: The key themes from the public consultation process (2019/2020)

The second consultation raised themes consistent with the first round of consultation, including reducing **weight stigma**, a focus on **equity** and **priority populations** and a **whole of government** response. In addition, respondents also highlighted the need to:

- ensure actions benefit all Australians, **regardless of weight status** and with a focus on **health gain**
- acknowledge the links between obesity, **disordered eating and mental health**
- clarify how the **principles** are enacted and identify levels of **evidence** for example actions
- ensure people living with obesity have equitable access to the **full range of evidence-based treatment**, including pharmacotherapy, surgery and other medical interventions
- broaden **targets**, and clarify mechanisms for **monitoring and evaluation**
- increase focus on the role of the **health system** in supporting people who seek assistance and treatment
- clarify mechanisms for **implementation and governance.**

Acting on the opportunities for change

The National Obesity Strategy encourages and guides governments and our partners to act on the opportunities for change - that is changes in society, our environments and food and physical activity systems to support people to live their healthiest lives and reduce the prevalence of overweight and obesity over time.

Focusing on prevention

There is a strong social, economic and health case for investing more in obesity prevention.[36] Chronic disease prevention, if done well:

- reduces personal, family and community impacts
- improves the use of stretched health care resources
- boosts economic performance and productivity.[37]

Prevention occurs along a continuum, and in the context of this Strategy includes:

- primordial prevention, including the creation of enabling environments, such as access to healthy food
- primary prevention, to reduce risk factors such as low physical activity levels
- secondary prevention, or early identification of unhealthy weight gain and management
- tertiary prevention, to increase health and reduce harms for people living with obesity through support and treatment.

While the Strategy has a strong emphasis on primordial, primary and secondary prevention, Ambition 3 includes reference to support services for those people living with obesity who seek support to manage their health. This is particularly important, given the high prevalence of established obesity and the need to offer the best available interventions to prevent further medical complications for Australians living with obesity.

Every $1 we invest in obesity prevention has a return of up to $6

Figure 6: Return on investment of taking preventive action[36]

Building on existing effort

The Strategy complements and builds on existing commitments to reduce obesity and make a difference locally, regionally and nationally.

National collaboration will continue, including:

- strengthening our actions to reduce the impact of unhealthy food and drinks on children
- reforms to food regulations and standards
- our work on the many national and state/territory strategies and plans that directly or indirectly address overweight and obesity in Australia (see Appendix 2).

Collectively, our impact is starting to show with national childhood rates of overweight and obesity stabilising. But we still have more work to do.

Just as the increase of overweight and obesity has occurred over time, so too will its decrease. The action we take must focus on long-term results, both for individuals and the population. Measuring changes over the short, medium and longer term will help track our progress.

Taking shared actions for shared benefits

Many factors influence, and are influenced by, obesity. The benefits of collective action are far reaching - across the social, employment, health, education, infrastructure, agriculture, environment, transport, retail, manufacturing, trade, and finance sectors.[38,39]

Leaders in sectors beyond health are recognising they are part of the solution and can embrace opportunities to help reduce overweight and obesity through the plans of their multiple sectors, leading to many co-benefits.

The Strategy highlights what governments and other stakeholders can do to make a difference. While government leadership is critical, governments can't do it alone. We must work together on integrated actions that complement each other.[40]

Using universal approaches, complemented by targeted actions

To help support all Australians, a holistic approach will be taken. To reduce health inequities, actions will be universal (can apply to everyone) while also being flexible to ensure they work for different communities and people and at a scale and intensity that is proportionate to the level of disadvantage.[41] The strategies complement each other to:

- keep people well and prevent unhealthy (and further) weight gain, by creating supportive environments that empower all people to choose healthy options
- identify unhealthy weight gain at various life stages, with early action to prevent further progression and reverse small increases in weight
- enable people living with obesity to access early and appropriate support and treatment to improve health, prevent further weight gain, complications and associated diseases such as type 2 diabetes, heart disease, and some cancers
- prevent weight regain through healthy and sustained behaviour change for those who have been overweight or obese in the past.

Universal strategies work to positively shift environments and conditions to create big impacts for everyone, no matter where they live, or their socioeconomic status, cultural identity, gender, age, health or weight status. These include:

- legislative reform and policy change
- changes to our physical, social and economic environments.

These measures can be more effective in reducing inequalities, and do not rely on individual behaviour change.[42]

Targeted strategies focus on people at greater risk or those for whom specific actions are required. Actions should be led by, or co-designed with, specific communities that have the greatest opportunity for improvements due to avoidable inequities and adverse social circumstances. Co-design can support culturally appropriate and responsive actions and identify community-led solutions that celebrate cultural knowledge, diverse experience and skills, and promote self-determination.

Focusing on and working with priority populations

While this Strategy is for all Australians, some population groups have a higher prevalence of overweight or obesity, have specific needs or require additional support to reduce health inequities (for example people living with obesity, people from culturally and linguistically diverse backgrounds, people with mental illness and LGBTIQA+ communities).

This Strategy also recognises that there are important opportunities for prevention across the life course, in particular:

- the first 1000 days (preconception, pregnancy and the early years)
- adolescence and early adulthood.

While the actions in this Strategy can benefit all Australians, the Strategy acknowledges the need to engage priority groups and stakeholders to inform and co-design targeted actions so that they are relevant to their needs and circumstances.

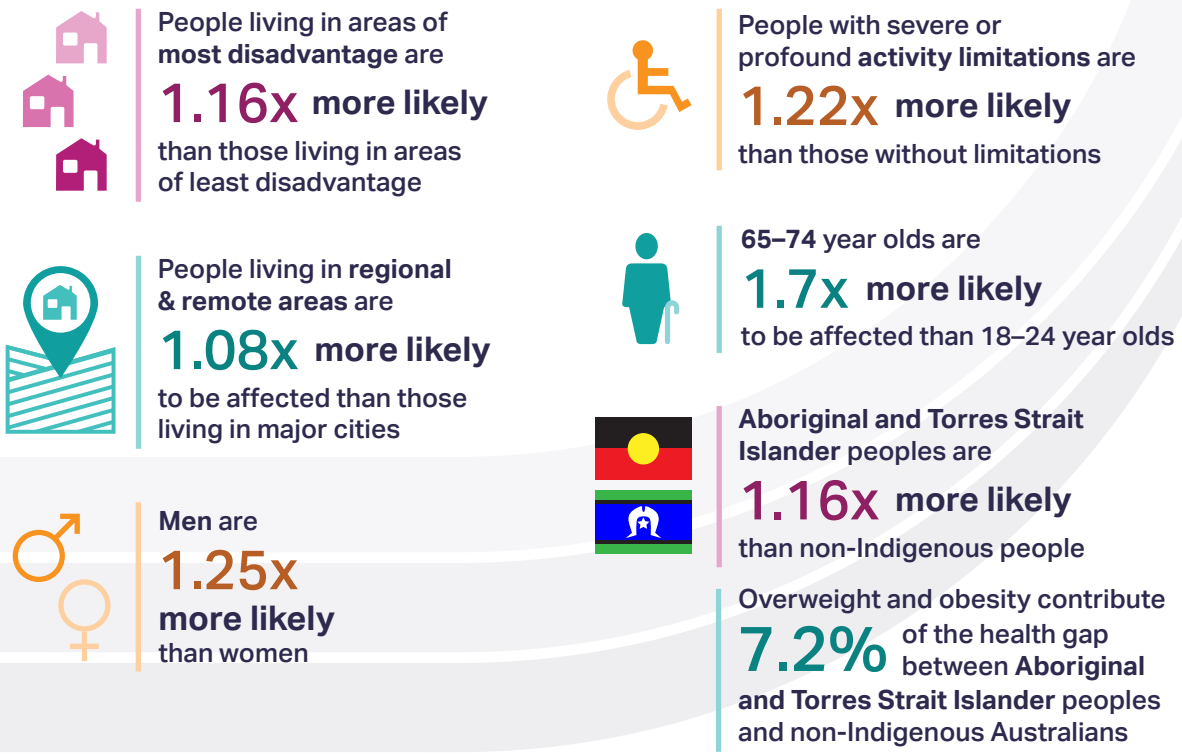


Figure 7: Comparative rates of overweight and obesity in priority populations[43,44,45]

Aligning implementation with the National Preventive Health Strategy 2021-2030

This Strategy links with, contributes to and will benefit from policy achievements within the National Preventive Health Strategy 2021 – 2030.[28]

To ensure consistency between both documents, throughout this Strategy, specific reference is made to the National Preventive Health Strategy, where relevant to the ambitions and strategies. Examples include establishing national policy documents to address food security in priority populations, physical activity, and nutrition and food action.

This Strategy will also leverage developments in national preventive health policy and infrastructure, as outlined in the National Preventive Health Strategy as actions to mobilise a prevention system. Examples include increased investment in prevention, a national platform for evidence-based health information, nationally agreed prevention and wellbeing indicators, and an independent governance structure.

Furthermore, the National Preventive Health Strategy outlines lessons from the past and the COVID-19 pandemic. These lessons have informed the development of this Strategy.

Guiding principles

Four principles will guide implementation at all levels of action: creating equity, tackling weight stigma and discrimination, addressing the wider determinants of health and sustainability and empowering personal responsibility to enable healthy living. While the Ambitions note how each principle is reflected in the strategies and actions, implementers are encouraged to apply these principles in the development, delivery and evaluation of activities.

1. Creating equity

Some Australians unfairly experience poorer health due to circumstances and environments that are out of their control. These circumstances are shaped by the distribution of resources, money, and power, which connect to the broader determinants of health, including employment, income, housing, and education.[46]

To ensure groups with poorer health outcomes achieve greater improvements in health, the Strategy focuses on cross-government approaches to address the underlying determinants of health and building healthy environments for all Australians. It also calls for targeted and tailored interventions for those who need more support and addressing the inequitable access to the full range of evidence-based treatment including obesity surgery, which is largely performed in the private health system.

The Strategy recognises that Aboriginal and Torres Strait Islander peoples experience systemic injustices because of government policies, legislation and societal structures, which continue to have significant intergenerational impacts and perpetuate racism, discrimination, and bias. Strategies will aim to redress interpersonal and institutional discrimination, and systemic barriers that have created community distrust and subsequent health inequity.

This Strategy will also focus on ways to enable and support self-determination, empowerment, and cultural safety, especially among Aboriginal and Torres Strait Islander peoples. Strong partnerships will further ensure we are able to draw on the deep knowledge, strength, resilience, and diversity of people to create responsive solutions which fairly and equitably reach all parts of our communities.

2. Tackling weight stigma and discrimination

Weight stigma and discrimination is common across society. It is pervasive in the media, impacting educational and employment outcomes and the quality of health care for people living with obesity. It can lead to mental health problems which can then lead to the development of mental illness. Bouts of depression, low self-esteem, anxiety, disordered eating patterns (e.g., binge eating, emotional eating, restrictive eating), substance abuse, and suicidal thoughts and behaviours can result from experiencing weight stigma and discrimination.[47,48]

Weight bias and stereotyping can portray people living with obesity as lacking will power and can overemphasise personal responsibility.[49] However obesity is a complex issue; biology (including genetics), early life experiences, psychology and our environment which promotes unhealthy lifestyles all play a part. Furthermore, it is very difficult to lose weight and keep it off once obesity is established.

Acting on obesity and reducing weight stigma is a collective responsibility.

3. Addressing wider determinants of health and sustainability

With so many of the factors influencing the health of Australians sitting outside of the health system (the wider determinants of health), including social, cultural, economic, structural and environmental, multi-sector collaboration and partnerships are critical to improving obesity prevalence in Australia. For example, there are a number of underlying drivers of obesity including food and agriculture, transport, urban design and land use systems.[50] Collaboration between sectors, led by the health sector, will result in more successful individual and system-based outcomes. For governments, obesity must be a consideration of all policy makers, both within health and broader government portfolios.

Australia has a shared responsibility for global health and is a signatory to the United Nations (UN) 17 Sustainable Development Goals (SDGs). Reducing obesity and addressing its root causes will help achieve these global actions, through direct and indirect pathways of influence (see Appendix 1). There are 17 SDGs, including SDG3 *Good health and wellbeing*, which prioritises preventing and controlling chronic diseases. The SDGs recognise the intrinsic link between people's health and planetary health, as well as the role of environmental sustainability in improving health.[51]

Integrating physical activity opportunities into the places people live, work and play can increase jobs, infrastructure and productivity and lead to environmental co-benefits. Changes to the food systems and supply can positively impact health as well as improve environmental factors, including agriculture, water, energy and land. This results in an improved natural environment to support further health and wellbeing benefits.[50]

4. Empowering personal responsibility to enable healthy living

There is significant value in being healthy and maintaining health throughout life, this includes a healthy weight. Australians in good health not only reduce their risk of chronic disease and other health complications but are able to lead fulfilling and productive lives.

Making healthy choices is not always easy and people can only realise their full health potential when the places where they live, learn, work, play and age, preference healthier lifestyles. The Strategy recognises the importance of ensuring all Australians are empowered, enabled and supported to make the best possible decisions about their health. This includes having appropriate information, and practical transferable skills to understand their options, and importantly, recognise misinformation.

The obesity challenge in Australia is a shared responsibility and society, community and individuals all need to play their part. This includes every Australian taking responsibility for their health and their lifestyle choices. Healthy lifestyle behaviours, including healthy eating, regular physical activity and adequate sleep, and enhanced self-care are central in obesity management. Obesity occurs due to an energy imbalance between kilojoules consumed and expended. This is a result from a complex interplay of biology, genetics, psychology and lifestyle choices all influenced by social, cultural and physical environments. Individuals need both improvements in their everyday environments plus advice and support to be empowered to improve their health and wellbeing.[52] COVID-19 has exemplified the need to act, demonstrating the severity of living with chronic conditions such as obesity, with these individuals at much higher risk of poor outcomes and mortality during the pandemic.[53,54]

Small behaviour changes towards a healthier lifestyle have positive health effects. Empowering Australian families and communities to live their healthiest lives is a critical piece of the policy response.

Framework for action

The framework for action provides a high level overview of the Strategy and integrates relevant components of the National Preventive Health Strategy (NPHS)[28], Australia's commitment to the WHO Global Non-communicable Diseases target[5] and the Australian Institute of Health and Welfare's (AIHW) framework for monitoring overweight and obesity in Australia.[55] The overarching logic is presented in Appendix 3.

Vision

For an Australia that encourages and enables healthy weight and healthy living for all

Aim

Fewer people's health and wellbeing is impacted by overweight or obesity

- Reduce deaths, hospitalisations, and burden of disease due to overweight and obesity (AIHW)
- Reduce individual, health and national economic costs due to overweight and obesity (AIHW)

Goal

More people maintain a healthy weight

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030 (NPHS, WHO)[ii]
- Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030 (NPHS)

[ii] The target to halt the rise in obesity is set by and dependent on Australia as a signatory to the WHO Global Non-Communicable Diseases Target number 7 to 'Halt the rise in diabetes and obesity by 2025'. The Global Action Plan has been extended to 2030.

Objectives

People increase their consumption of healthy food and drinks and decrease their consumption of discretionary foods

Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030 (NPHS)

Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030 (NPHS)

Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030 (NPHS)

Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030 (NPHS)

At least 50% of babies are exclusively breastfed until around 6 months of age by 2025 (NPHS)

People increase their physical activity and reduce their sedentary behaviour

Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by at least 15% by 2030 (NPHS)

Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030 (NPHS)

Ambitions[iii]

These ambitions will be achieved through evidence-informed **strategies** over the next 10 years, which the Australian Government and state and territory governments have committed to.

All Australians live, learn, work, play and age in supportive, sustainable and healthy environments

Creating environments that make it easier to lead healthier lives.

All Australians are empowered and skilled to stay as healthy as they can be

Building knowledge, skills, strengths, and community connections to support healthy eating and physical activity, and enable healthy weight.

All Australians have access to early intervention and supportive health care

Ensuring a skilled workforce and referral to appropriate treatment and services, including helping people who experience a greater risk of overweight or obesity to take early action, and supporting those with overweight or obesity to access better support.

[iii] A set of nationally agreed indicators, including definitions and measures of the wider determinants of overweight and obesity, will be established and monitored as part of the NPHS implementation.

Example actions are provided for governments, non-government organisations and communities to consider for implementation alongside their current approaches to prevent and reduce overweight and obesity. Actions in this Strategy are informed by evidence and the source is identified in the following way.

- refers to actions identified through the Strategy evidence reviews.[56,57]
- refers to actions identified from authoritative sources (e.g., reports, strategies and frameworks from government or respected health agencies such as the WHO).
- refers to actions identified through consultations.

Stakeholders should consider a range of factors when identifying a balanced portfolio of actions. Where actions are more innovative, implementers should ensure evaluation addresses knowledge gaps and builds intervention evidence specific to the Australian context.

Enablers

Three enablers will provide the foundations for successful preventive action for overweight and obesity and will drive fundamental societal and system changes. They are the critical structural components in government that are essential to guide the implementation of the Strategy.

Lead the way

Collaborative government providing strong leadership and fostering partnerships and social responsibility across all sectors at all levels.

Use evidence and data more effectively

Contribute to strengthening the evidence base and data systems for overweight and obesity monitoring and support.

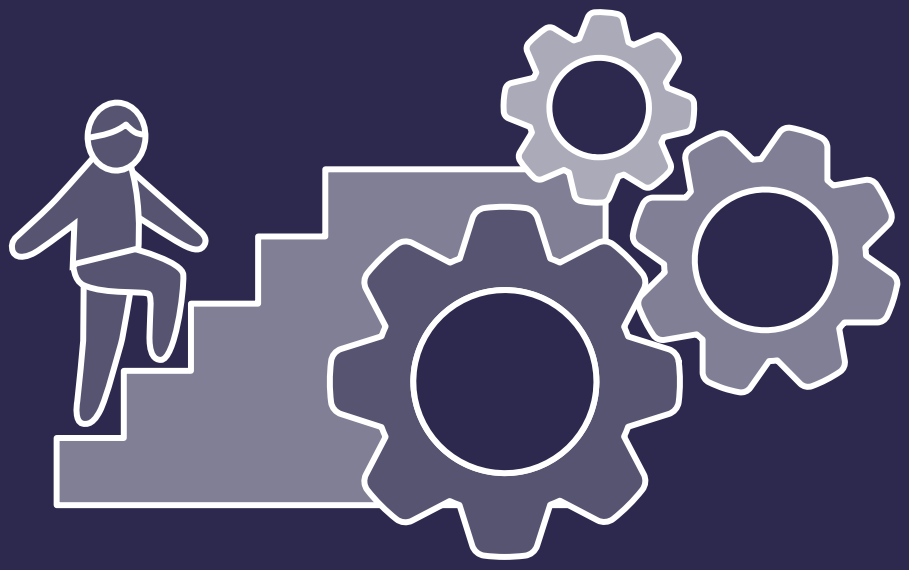
Invest for delivery

Appropriate and sustained funding to prevent and treat overweight and obesity and to build workforce capacity for change across sectors.

For an Australia that encourages and enables healthy weight and health living for all

Food = food and drinks

Figure 8: National Obesity Strategy map



Part 3:

Achieving our ambitions

Ambition 1

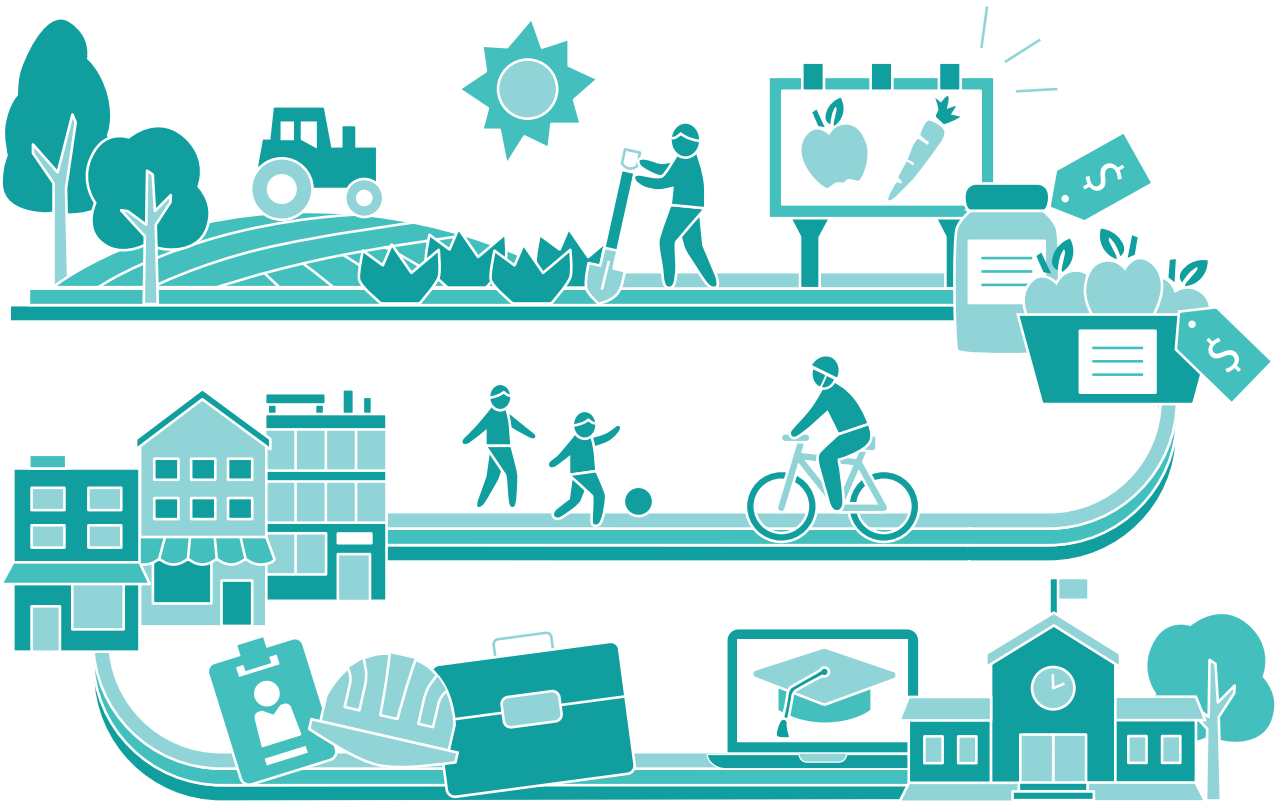
Creating supportive, sustainable and healthy environments

Ambition 2

Empowering people to stay healthy

Ambition 3

Access to early intervention and care



Ambition 1:

All Australians live, learn, work, play and age in supportive, sustainable and healthy environments

Ambition 1 focuses on changing the systems, environments and commercial determinants that affect Australians' opportunities to live active and healthy lives: A healthy, equitable and sustainable food system; a strong and equitable physical activity system; and settings that support healthy behaviours.

Ambition 1 reflects the Strategy principles in the following ways:

- **Creating equity:** Changes in the food and physical activity environments will benefit all Australians. Strategies 1.2 and 1.3 include example actions that relate to food security, and Strategies 1.3 and 1.8 include example actions to minimise cost and access barriers.
- **Tackling stigma and discrimination:** Strategies and actions are universal and seek to address our modern, obesogenic environment. Changes in the food and physical activity environments acknowledge the multiple causes of obesity.

- **Addressing wider determinants of health and sustainability:** Strategies 1.1, 1.2, 1.7 and 1.8 include actions specific to producing and enabling healthy food, active travel and green space.
- **Empowering personal responsibility to enable healthy living:** Strategies 1.4, 1.5, 1.10, 1.11 and 1.12 include actions that empower and support individuals to make healthier choices.

Related commitments, plans and reports include:

- 2030 Agenda for Sustainable Development (UN)[51]
- Framework Convention on Climate Change (UN)[58]
- Global Strategy on Health, Environment and Climate Change 2020 (WHO)[59]
- Australia's Strategy for Nature 2019–2030[60]
- National Food Waste Strategy
- Australia and New Zealand Food Regulation Priorities 2017–2021[61]
- House of Representatives Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities 2020[62]

A healthy and equitable food system

The food system brings food to people. It is how our food is grown, processed, transported, marketed, sold and consumed - from farm to fork, and everything in between, including food loss and waste.

We need to produce and provide enough healthy food for everyone now and into the future. Our food system should have minimal impact on the environment and be robust enough to face challenges like drought or changes to global trade.[63] The rich knowledge and understanding of country and land/sea management that Aboriginal and Torres Strait Islander peoples have actively fostered for over 50,000 years will be recognised and embedded into relevant policy and practice improvements.

Our food system shapes, and is shaped by, health, trade, economics, politics, the environment, society and consumer choice.[64] Action across all parts of the system will influence the availability, affordability, accessibility, and marketing of food and drinks.[65] This will help reduce our overconsumption of food and drinks, including unhealthy options, and resulting weight gain.

Ambition 1 includes actions across the food system to better support healthy eating.

The example actions include food regulation options that have been identified for investigation at a national level, by Food Ministers and the Healthy Food Partnership. Implementers should consider challenges for rural and remote areas and communities experiencing disadvantage.

Strategy 1.1

Build a healthier food system that favours the production, processing and distribution of healthy food and drinks.

Our current food system promotes obesity by favouring the production and supply of unhealthy food and drinks, which are often highly processed and packaged, and can be cheaper than healthier products. This leads us to consume too many unhealthy foods and drinks that are not essential for health.

Australians want a healthier food system. In the 2019 community consultation survey[66], respondents said the most significant barrier to consuming healthier food and drinks was that 'there are too many unhealthy and processed food and drinks available'.

Australia produces much more food than it consumes, exporting around 70% of agricultural production. Australia is one of the most food secure countries in the world. Exports support Australian jobs and the economy while contributing to global food security through international trade. About 11% of the food we consume is imported. Imported foods are mostly processed products, demand for which is driven by taste and food preferences.[67]

The example actions aim to improve food systems, while protecting economic growth, land, sea and biodiversity, and reducing food loss and waste.

Example actions

- Assess the health impacts and other co-benefits of economic policy, including international trade and investment agreements, where relevant, to influence and support a healthier food and drinks supply chain.
- Fund and encourage innovation to shift domestic industries towards healthy food and/or new non-food markets.

Strategy 1.2

Make sustainable healthy food and drinks more accessible.

With our increasingly urban living and globalised food markets we have become disconnected from where our food is grown and produced.

Better planning can foster local environments that encourage, rather than inhibit, healthy lifestyles. For example, urban agriculture supports greater access to local healthy food. It can be achieved through:

- preserving agricultural land in and around urban areas
- more local farmers markets
- having community, school and home gardens.

This can increase food literacy, healthy food consumption and community participation.[68]

Planning decisions have led to local concentration of fast food outlets and convenience stores, which are linked with higher obesity rates.[69]

Accessing traditional foods helps alleviate food insecurity for some people in remote Aboriginal and Torres Strait Islander communities experiencing food insecurity.[70] Including bush tucker in community gardens, where possible, provides extra food security, and maintains and strengthens cultural connection, community ownership, and cross-cultural understanding.[71] Valuing and supporting Indigenous ecological knowledge, leadership and sustainably sourced bush food enterprises can have cultural, social, environmental and economic benefits while enabling care for country.[72]

The example actions seek to influence land use planning and urban design, drive community agriculture initiatives and strengthen access to traditional hunting, fishing and gathering practices and rights for Aboriginal and Torres Strait Islander peoples.

Example actions

- Ensure that land use planning schemes protect high-quality agricultural land in and around urban areas and on the rural-urban fringe.
- Increase access to local healthy food and drinks in residential areas, through land use planning and policy (for example, fewer fast-food outlets around schools and community services, more small healthy food businesses, and local agricultural initiatives like farmer's markets, community gardens, home gardens).
- Support community-led approaches to increase sustainable access to healthier foods, traditional bush foods and food sharing networks by Aboriginal and Torres Strait Islander peoples, especially those living in remote communities and outstations.
- Consider and embed sustainable changes to food distribution systems to enable reliable provision of safe nutritious food for all Australians.
- Provide health advice on local and state development policies, plans and proposals.
- Ensure sufficient access to high quality, safe and palatable drinking water.

Strategy 1.3

Explore and implement use of economic tools to shift consumer purchases towards healthier food and drink options.

Australians spend more than half (58%) of the average household food budget on unhealthy food and drinks, with up to 27% of this on dining out and fast food.[73,74]

The cost of food and drinks influences consumption and availability. Heathier foods (such as fresh fruit and vegetables or wholegrain bread) are sometimes more than 30% more expensive in regional, rural and remote areas than in major cities.[23] This affects food security.[75]

Food insecurity results in poorer health including a higher burden of preventable chronic conditions (such as obesity) and lower levels of educational attainment. More than 710,000 Australians seek food relief each month from charities and community groups that work with Foodbank. Of these, 26% are aged under 19 years.[76]

The example actions span the food supply chain from farming to retail and aim to make healthier options more affordable.

Example actions

- Investigate economic and investment policies to make farming, production, and manufacturing of healthy food and drinks—like fresh fruit and vegetables—attractive.
- Utilise financial incentives to encourage the consumption of basic healthy foods (for example, fruit and vegetables, meat, eggs, bread, some dairy products, other basic items).
- Consider policy approaches that use price to reduce consumption of sugar-sweetened beverages while minimising impacts on disadvantaged populations.
- Consider policy approaches that use price to reduce consumption of alcoholic beverages, potentially through a uniform volumetric tax and/or a floor price.
- Review and implement relevant evidence-based recommendations of the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities.
- Build partnerships with supermarket chains and remote stores to encourage stocking affordable healthier food and drinks in regional, rural and remote areas and communities experiencing disadvantage.

Strategy 1.4

Make processed food and drinks healthier.

Australian supermarkets stock about 30,000 packaged foods and drinks with many being highly processed and unhealthy.[23] Less than half of all packaged foods available in Australia and New Zealand have been assessed as being healthy, based on nutritional criteria.[77]

Government policies to support industry actions, such as reformulation, could lead to changes in the consumption of nutrients of concern (such as added sugar, salt, and/or saturated and trans-fat).[78]

People now consume more food and drinks outside the home and these meals are more likely to be larger, lower in nutrients, and higher in sugar, salt and/or fat.[79] The fast food and takeaway services industry are dominated by large businesses in Australia who made $16.9 billion in 2019–20.[80]

The example actions support reformulation efforts that limit energy and nutrients of concern and reduce serving sizes.

Example actions

- Work in partnership with industry to establish, monitor and strengthen reformulation targets for food and drink manufacturers, retailers and caterers.
- Through the food regulation system, consider other innovative policy or regulations to support healthy food and drink choices, for example, labelling, and compositional limits for added sugar, salt, saturated fat and/or trans-fat that can be used in certain foods and drinks, including for babies and toddlers.
- Improve the nutrient profile of unhealthy food and drinks through using vegetables, legumes or wholegrain cereals in food service and retail settings.
- Reduce serving sizes of unhealthy food and drinks in food service and retail settings, particularly items designed for children.

Strategy 1.5

Improve nutrition information to help consumers make healthier choices at the time of purchase.

Many people find it hard to know whether foods are healthy or not, especially processed and packaged foods. Enabling consumers to easily see and understand nutritional and energy content helps to inform healthier choices and influences purchasing behaviour.

Australians buy their food and drinks largely from supermarkets - with more than two-thirds of all food and drink spending (excluding alcohol) at supermarkets,[81] and 60% of all grocery sales at the two big supermarket chains.[82]

Many supermarket purchases are made on impulse with product packaging and food preferences influencing choice.[83]

About one in four (23%) Australian consumers report that the front-of-pack Health Star Rating helps them choose healthier packaged and processed food and drinks.[84]

Example actions

- Continue to improve the Health Star Rating system including stronger implementation, the potential for mandating the system if targets are not met, and alignment with Australian Dietary Guidelines and Nutrient Reference Values.
- Consider other policies or regulations to support people to make healthier food and drink choices (such as information on unhealthy ingredients including added sugar, salt, saturated and/or trans fats, alcohol).
- Work with supermarkets and food retailers to increase the prominence, promotion and availability of healthy food and drinks in food retail, consistent with the Australian Dietary Guidelines, including removing shelf-space allocation differences between socioeconomic areas.
- Adopt consistent national regulation for businesses through the food regulation system, to display energy content (kilojoules) of standardised ready-to-eat-food on menus and at point of sale.

Strategy 1.6

Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.

Australians are regularly exposed to unhealthy food and drink marketing which influences preference and consumption, especially for children.[85] This includes multi-media advertising, sports sponsorship, food packaging, retail product placement, meal deals and multi-buy offers. Food companies spend more than $550 million on advertising of food and (non-alcoholic) drinks in Australia, with the majority of promoted products high in fat, sugar and salt.[86]

An average child aged 5–8 years who watches about 80 minutes of television per day is exposed to 827 advertisements and four hours of unhealthy food advertising each year on free-to-air television.[87] Australian children spend about two hours online outside of school hours on weekdays and more than 2.5 hours each day on weekends.[88] They access digital technologies on multiple devices where they are frequently exposed to digital marketing.[89]

Unhealthy food and drink sport sponsorship is a marketing tactic that undermines the health promoting benefits of sport. Almost three in four (75%) parents feel elite sports sponsorship influences their children and most children (69%) see brand sponsors of their community sporting club as 'cool', and 59% want to buy their sponsor's products.[90]

The example actions focus on places where large numbers of people gather and transit through and includes publicly owned or managed settings, sports and major community events, and television and digital platforms.

Example actions

Children

- Consider policies to reduce the exposure of unhealthy food and drink advertising across all audio-visual media.
- Reduce unhealthy food and drink advertising, branding and sponsorship in places visited by large numbers of people, especially children (like vending machines, supermarket checkouts and aisles, entertainment and sporting venues).
- Implement policies that further protect infants and families from the excess availability and marketing of breast milk substitutes, toddler milks and follow-on formulas, including reviewing regulatory arrangements for restricting the marketing of breastmilk substitutes.
- Restrict promotions of unhealthy food and drinks when using devices that appeal to children like characters, toys, games, and prizes.

Whole population

- Reduce unhealthy food and drink marketing on publicly owned or managed settings (like public transport infrastructure) and promote healthy lifestyles instead.
- Reduce unhealthy food and drink sponsorship and marketing at local and major sporting and community events.

- Explore options for restricting temporary price reductions and promotions (for example, half-price, multi-buys, upsizing) on unhealthy foods and drinks.
- Introduce user controls (including parental controls) to limit exposure to digital advertising (including social media) of unhealthy food and drinks.
- Work with supermarket chains to prevent the targeting of advertising and promotion of unhealthy foods and drinks to more at-risk people and communities, currently done through differential advertising and promotions between socioeconomic areas.

A strong and equitable physical activity system

When access to physical activity opportunities is convenient, affordable and safe, people are more likely to be active in their everyday lives. A strong and equitable physical activity system helps all people to connect with culture, nature, sports and active travel, and to move more throughout the day.

Benefits of physical activity extend beyond the positive effects it has on the physical and mental health and wellbeing of individuals across their life.[91,92] Physical activity brings people and communities together. More active forms of travel (such as walking and cycling) also benefit the environment.

Our technological advancements, modern way of life and transport systems favour cars. This makes public transport and active transport options much harder. Driving to work (69%) is much more common than walking or riding (5%).[93] The high number of cars on our roads can also make it more difficult for people to be active.[94]

Cultural values, environmental barriers, attitudes and social norms also influence physical activity levels. In a 2019 community survey, 69% of respondents said significant barriers to participating in physical activity included being:

- shamed or experiencing prejudice
- time-poor, or
- in poor health or injury, especially for older Australians.[18]

Strategies and actions should consider challenges for rural and remote areas, disadvantaged groups and inclusive approaches, for example women and girls, LGBTIQA+ communities and older people.

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

Urban planning and design can create neighbourhoods that are activity friendly for everyone. This includes:

- accessible, interconnected and well-lit bikeways
- wide footpaths with shaded tree canopy
- access to the natural environment
- safe streetscapes and community spaces for social engagement
- short (400–800 metre) walking distance to local destinations including shops, schools, parks, and transport stops.[95]

Supportive local environments are especially important for families as 40% of children's physical activity occurs during free time outside of school.[96] Making public transport accessible can add eight minutes to a person's daily physical activity level - public transport users are 3.5 times as likely as car drivers to reach 10,000 steps a day.[97,98]

The example actions focus on creating places that inspire people of all ages, abilities and cultures to engage in regular physical activity, and integrating these spaces with active transport networks, recreation and sport infrastructure, and with natural environments.

Example actions

- Improve land use planning and policy coordination to give all people better access to natural environments, public open space and active transport networks.
- Invest more in public transport infrastructure and services (including after-hours), so using public transport is more convenient, safe, accessible, timely and sustainable.
- Increase investment in cities and neighbourhoods that prioritise access for pedestrians of all ages and abilities. This includes supporting safe, shaded, connected and well-maintained pathways, and slower posted speed limits, including in-fill developments and large-scale urban renewal projects.
- Build, maintain and extend safer, segregated networks of pathways and amenities for bicycle riders and other non-motorised forms of transport (such as skateboards, scooters and wheelchairs) in cities and neighbourhoods, especially around schools.
- Conserve and develop open spaces, green networks, recreation trails and ecologically diverse natural environments that enable active interaction with nature, making sure they are accessible for all abilities and ages.
- Develop, maintain and extend infrastructure in all communities that grows participation in sport and active recreation, including parks, play equipment and outdoor gyms to enable individuals and families to be active together.
- Provide health advice on local and state development policies, plans and proposals.

Strategy 1.8

Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.

Connecting people with appropriate and affordable sport, active recreation and play:

- encourages regular physical activity
- fosters community development, social integration and positive mental health
- contributes to tourism, employment and infrastructure.[94]

Active travel can be impacted by perceived amenity as well as safety concerns (including parental concerns about danger from traffic, personal safety and among older people, fear of falling).[99]

Cost can be a barrier to physical activity. Australians spend about $11 billion a year on sport and physical activity. It adds significant cost to a household budget which partly explains why people who are on low-incomes or who are unemployed are less likely to take part.[100]

Example actions

- Promote and support safe active travel for adults and children (for example, through integrated land use planning and transport policy, accessible change rooms and free end-of-trip facilities, participation incentives, reduced car registration for bicycle commuters).
- Offer free or low-cost physical activity and free use of active recreation opportunities including access to natural environments and after-hours use of public, school sport and recreation facilities.
- Use subsidies, vouchers and other financial incentives and design programs to help increase participation in sport and active recreation, particularly for priority groups (for example, individuals and families who are on low incomes, new migrants, people who are inactive, people with disability, people in rural and remote areas).
- Explore existing fiscal policies to ensure they appropriately incentivise active travel and public transport use.
- Make recreation and sport facilities more available, of higher quality and accessible to all ages and abilities (for example, through rental equipment, children practice/parent train programs).
- Implement more regular and free physical activity initiatives and events for the community that promote mass participation in physical activities. These should be fun, inclusive and appropriate and held in accessible spaces, with a focus on those least likely to participate.
- Connect people with appropriate and inclusive physical activities and providers/organisations in their community who deliver these activities, focusing on priority groups and key life transition points (like leaving school, starting a family, retirement).

Strategy 1.9

Build the capacity and sustainability of the sport and active recreation industry.

More than 17 million Australians aged over 15 years took part in weekly sport or physical activity in 2018–19.[101]

The sport and active recreation industry in Australia is a network of both large and small clubs and organisations that support physical activity participation and helps to build strong social connections in the community. But the costs of delivering sport and recreation opportunities are increasing and some organisations are struggling to meet the financial, administrative and legal requirements for operation.

The COVID-19 pandemic has also had an impact on participation and volunteer rates in community sport, affecting club viability.[102] Encouraging re-engagement and participation in active recreation and sport will help support the economic recovery of community sporting clubs and the mental and physical health of members. Retaining volunteers is also important. Volunteering has positive mental, physical and social benefits and conservatively contributes about $3 billion to the sports industry, equivalent to 90,000 jobs.[103]

The example actions aim to create and expand pathways to promote lifelong participation in physical activity which encourages and builds cohesion within communities.

Example actions

- Consider additional fiscal policy options to improve viability of community sport and active recreation clubs and organisations (for example, providing subsidies, incentives and equipment, and reducing rental, insurance and utilities costs).
- Enable the sport and active recreation industry to innovate their use of existing facilities and infrastructure to increase physical activity participation, catering for all ages, abilities and family status.
- Boost the viability and sustainability of the sport and active recreation industry by improving economies of scale to reduce operating costs for clubs and organisations. Implement shared service models for administration functions (such as finance, human resources, legal, communications) and ensure opportunities to share resources (such as playing fields, equipment, gyms, clubhouses).
- Invest in the growth and development of coaches and trainers to ensure safe and inclusive cultures and environments and to increase enjoyment and lifelong participation in physical activity of participants.
- Support the growth and development of sport and physical activity events and tourism activities that promote healthy lifestyles and that are commercially viable, particularly in rural and regional communities.

Settings that support healthy behaviours

We spend much of our lives in workplaces, schools, and places of care. We can improve both individual and community health and wellbeing by making sure that these places better support healthy lifestyles.

Through supportive leadership, policies, environments, knowledge, and culture that promote good health in local communities and settings, we can encourage and nurture healthy behaviours.[104]

Governments can lead the way by making sure government institutions and facilities, and those funded by government, provide access to healthier food and drinks, promote physical activity opportunities, and reduce sedentary behaviour.

Strategy 1.10

Enable school and early childhood education and care settings to better support children and young people to be healthier.

Actions in schools are a high priority for the community. In the 2019 community consultation survey, 80% of respondents said 'healthy policies and practices in schools and promotion of healthy behaviours in education curriculum' would be very or extremely helpful to prevent overweight and obesity in our communities.[66]

Early childhood education and care helps to create stronger families by helping children with their development and social interactions, while enabling parents to work. Attendance increases with age - more than 82% of children attend formal early childhood education and care by the age of four.[105]

Alongside the home, these settings are important in promoting and modelling key messages like getting enough sleep, being active, managing screen time, healthy eating, and the benefits of breastfeeding.

The example actions aim to build a positive lifelong relationship with healthy eating and physical activity. Within settings, actions should integrate leadership, policy, teaching and learning, environments and partnerships.

Example actions

- Establish effective shared leadership across education and health and build professional knowledge and skills to embed physical activity, healthy eating, and wellbeing across the learning and education environment.
- Embed healthy eating, physical activity, and wellbeing into early childhood and school curriculum design and delivery, aligned with national guidelines.
- Establish whole-of-school/facility policies and practices to support healthy behaviours and skills (for example, incorporating movement across the day and reducing sitting, healthy school canteens and childcare menus, healthy fundraising).
- Build family and community partnerships within and beyond school and early childhood education and care communities to support learning outcomes and deliver programs like healthy breakfast, active play, safe active travel.
- Create safe and inclusive physical environments and infrastructure to support healthy behaviours and skills (like community kitchens, food gardens, active play areas).
- Provide after-hours use of school facilities to expand available, accessible, and affordable physical activity options and destinations for families and communities.

Strategy 1.11

Enable workplaces to better support the health and wellbeing of their employees.

When workplaces create healthy environments through integration of policies, programs, and physical and social environments it benefits everyone. Organisations and workplaces that help their staff to be healthy benefit from:

- greater productivity, staff satisfaction and retention
- reduced absenteeism, stress and anxiety
- reduced workers compensation costs.[106]

Workplaces that support breastfeeding promote the health and wellbeing of both mother and child. Longer breastfeeding is associated with a lower risk of overweight and obesity. Many mothers stop breastfeeding when they return to work.[107,108]

The example actions seek to establish facilities, policies, practices, programs, and incentives to increase physical activity, active travel, and healthy eating, reduce sedentary behaviour and support breastfeeding. It is important to consider and address the challenges facing shift workers.

Example actions

- Offer flexible work options to reduce travel time, freeing up time for meal planning and preparation, family time and physical activity.
- Adopt best-practice breastfeeding policies and practices (for example, facilities, maternity/parental leave, flexible work times for breastfeeding).
- Create physical environments and policies that encourage and prioritise physical activity, support active travel, reduce sedentary behaviour and stress.
- Increase access to healthy food and drinks and limit access to, or remove, unhealthy food and drinks (for example, in catering, vending machines, cafes, canteens).
- Design buildings and facilities that support and encourage healthy behaviours (like stairs, kitchen facilities, end-of-trip facilities, height adjustable desks, breastfeeding facilities).
- Increase access to evidence-based non-discriminatory programs and information to support healthy eating, physical activity, and healthy weight.

Strategy 1.12

Enable government agencies and other organisations to support health and wellbeing of citizens and customers.

Community members and organisations have suggested focusing efforts on settings where people live, work, and spend time each day.

Most respondents to the 2019 community consultation survey wanted to reduce exposure to unhealthy options in the community (such as schools, workplaces, hospitals, and other places) and to ensure these places offer healthier options.[66]

The example actions encompass government settings, aged care facilities, out of home care, tertiary and training institutions, sporting and recreation facilities and community organisations, with a focus on supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.

Example actions

- Require that policies and practices include healthy and local food and drink procurement, preparation, provision, catering and fundraising, especially in government institutions.
- Ensure tertiary and training institutions provide safe, affordable and appropriate sport and active recreation amenities, with more healthy food and drink options in catering, food service and vending machines.
- Provide training and support so people have the skills and confidence to prepare and provide healthy appropriate food and drinks that are enjoyed in community and care settings, like aged care and supported living accommodation.

Ambition 2:

All Australians are empowered and skilled to stay as healthy as they can be

While this Strategy recognises that obesity is not just a matter of personal responsibility, building health literacy for healthy lifestyles is one component of a comprehensive approach to obesity prevention.

Physical literacy relates physical, psychological, social and cognitive capabilities to support movement and physical activity, relative to an individual's situation and context, throughout the lifespan.[109] Food literacy relates to understanding healthy eating, and being able to plan, select and prepare healthy foods. The Health Star Rating (HSR) is a front-of-pack labelling system that rates the overall nutritional profile of packaged food and assigns it a rating. A key objective of HSR is to enable consumers to compare similar packaged foods in order to make healthier choices.

People who are empowered have the authority, opportunity, motivation, and resources to apply their skills and knowledge. They can more strongly represent their own interests. Education and skill-building also help people make informed decisions and adopt healthier behaviours.

We need to better understand the barriers people face and what motivates them to eat healthier foods and be more active. Partnering with local and diverse communities is critical to developing and delivering effective strategies for all.

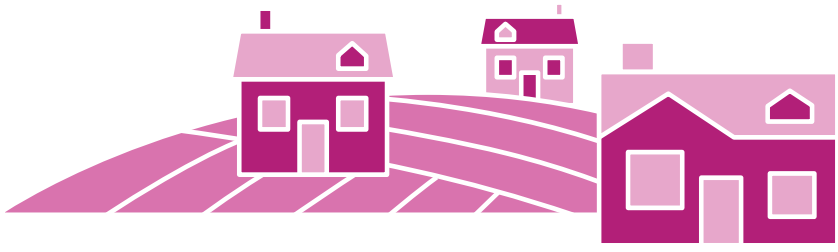
Social norms play a critical role in how we view and understand healthy weight and healthy behaviours. Focusing on both individual behaviour change and changes in attitudes in society and local communities is required.

Ambition 2 reflects the Strategy principles in the following ways:

- **Creating equity:** Strategy 2.6 focuses the role of health in supporting cross-government approaches to reduce social and structural barriers to health and Strategies 2.1, 2.2 and 2.4 include tailored and co-designed actions.
- **Tackling stigma and discrimination:** Strategy 2.2 recognises the need to carefully develop, test, and evaluate social marketing and communications that use appropriate language, imagery and messages, to avoid weight stigma and potential for adverse impacts while encouraging healthy eating and physical activity, and Strategies 2.1, 2.2 and 2.4 include tailored and co-designed actions.
- **Addressing wider determinants of health and sustainability:** Strategies 2.1, 2.2 and 2.4 acknowledge environment and health co-benefits.
- **Empowering personal responsibility to enable healthy lifestyles:** All strategies in Ambition 2 include actions that empower and support individuals to make healthier choices.

Related strategies:

- The Australian Physical Literacy Framework 2019[109]
- National Health Literacy Strategy (forthcoming, as outlined in the NPHS)
- Australian National Breastfeeding Strategy: 2019 and beyond[110]
- Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health 2015[111]
- National Alcohol Strategy 2019-2028[112]
- Sport 2030 National Sports Plan[113]
- Getting Australia Active III[114]



Strategy 2.1

Improve people's knowledge, skills and confidence to lead active lives and to buy, prepare and enjoy healthy food and drinks.

Community consultation highlighted the strong need for education programs that promote practical skills in healthy cooking, growing food and physical activity (such as fundamental movement skills). This included programs for children and young people, people with disability, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people from lower socioeconomic backgrounds.[66]

There is often a perception that eating a healthy diet is more expensive. This is not necessarily the case. Compared to the cost of current (unhealthy) diets, it is possible for a healthy diet to be less expensive, but this does require knowledge and skills to budget, plan, purchase and prepare healthy food.[73]

Alcohol is deeply embedded in Australian social activities. Regular alcohol consumption can impact health and wellbeing and be a contributor to weight gain and obesity.[115] For middle-aged Australian adults (aged 51-70 years), alcoholic drinks account for around 22% of unhealthy food and drink intake.[116]

The example actions relate to national guidelines, including the Aboriginal and Torres Strait Islander Guide to Healthy Eating.[117]

Example actions

- Provide engaging information, education, and skill-building initiatives, including online, that promote and align with the Australian guidelines for healthy eating, alcohol, physical activity, sedentary behaviour and sleep, with further tailoring of messages and information for priority groups and life stages.
- Regularly update and widely promote Australian guidelines for healthy eating, physical activity, sedentary behaviour and sleep guidelines, ensuring they remain based on scientific evidence (including environmental sustainability research), and are free from vested influence.

Strategy 2.2

Use social marketing to foster healthy social and cultural norms, reduce weight stigma and help people make healthy choices.

Food and drinks are a big part of cultural identity and are often integral to social, religious and cultural celebrations. The food and beverage industry strongly influences and shapes cultural norms through advertising and indirectly through their role as perceived authorities on food, nutrition and lifestyle.[118,119]

Shifting social and cultural norms can change people's attitudes and motivate them to eat and drink healthier food and be more active. Some mass media campaigns aimed at changing health-related behaviours at the population level have been effective when sustained and integrated with broader initiatives.[56]

We must also help people identify credible health information and sources to overcome the potential harm from online lifestyle advice by unqualified influencers who share opinions, rather than scientific evidence.[120]

The example actions include a focus on building health literacy and targeted social marketing for at-risk life stages and priority groups. Social marketing can also increase public support for broader policy changes to support healthy choices. A range of communication methods and platforms will need to be used, with messages tailored to different groups and using positive, culturally safe language to avoid weight related stigma while encouraging healthier eating, sleeping, and being more physically active. A Framework to Guide Assessment of Weight-related Health Promotion Messages has been developed by the National Eating Disorders Collaboration to minimise risk.[121]

Example actions

- Deliver ongoing evidence-informed social marketing, including mass media campaigns, integrated with local actions and tailoring of messages for priority groups.
- Partner with Aboriginal and Torres Strait Islander peoples, community-controlled organisations and communities to develop and deliver culturally safe and responsive social marketing.
- Invest in communication campaigns that promote the health, social, economic and environmental co-benefits of physical activity, especially active travel, and of minimally processed foods.
- Harness major sporting events over the next decade to promote lifelong participation in sport and living a healthy lifestyle.

Strategy 2.3

Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.

Much of the average child's diet is made up of unhealthy food and drinks.[27] Many children exceed screen time guidelines and do not get enough physical activity. And many are sleep deprived which is a risk factor for overweight and obesity.[30,91,122]

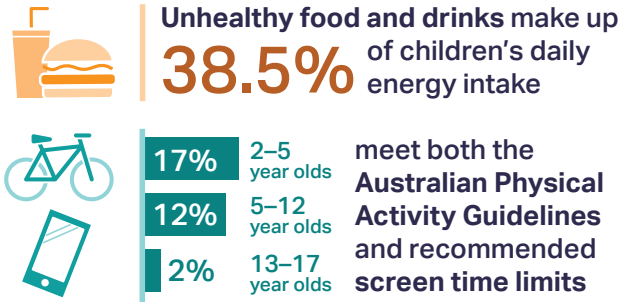


Figure 9: The unhealthy food and drink intake of children and physical activity levels of children and young adults.[25,27]

Starting early can empower parents and families to be role models for healthy behaviours and help children enjoy healthy foods and physical activity, which develops positive lifelong habits.[123] This can equip young people with the healthy living skills they need for life.

Pathways to overweight and obesity can start even before birth, so intervening early is important in preventing intergenerational obesity.[124] The first 1,000 days of life, from a woman's pregnancy (conception) to her child's second birthday influences the likelihood of obesity in infancy, childhood, and later in life.[125,126] Breastfeeding is also a factor with longer periods of breastfeeding associated with a lower risk of childhood overweight and obesity.[107,108] Most mothers in Australia initiate breastfeeding (96%), but these rates drop off as babies grow, with only 29% of babies exclusively breastfed until 6 months of age.[2]

Example actions

- Embed support for healthy eating, sleeping and physical activity into standard maternal health service practice (before, during and after pregnancy). This should include targeted and sensitive approaches during pre-conception for prospective parents who are, or are at risk of becoming, overweight or obese, and for women with diabetes in pregnancy, especially those from priority groups.
- Strengthen and provide healthy eating, sleeping and physical activity guidance and support for parents after birth, as they transition and adjust to their new roles.
- Support women to breastfeed, and continue to breastfeed, by implementing the Australian National Breastfeeding Strategy: 2019 and Beyond.
- Support parents, carers and families to give their infants, children and adolescents healthy food and drinks (for example, appropriate nutrition when introducing solids, responsive feeding, food portion size), encourage movement (for example, limit screen time, motor skill development, regular physical activity) and sufficient sleep.
- Encourage and support parents, carers and families to positively influence children's physical activity levels through role modelling and co-participation (in active recreation, active transport, active living) and restricting screen time.

The example actions focus on critical life stages (pre-conception, pregnancy, new parenthood, early years). It is important to recognise that parenting decisions are personal and different for every family.

Strategy 2.4

Engage and support young people to embed healthy behaviours as they transition to adulthood.

As children move into adolescence and early adulthood it is a time of rapid physical, cognitive and emotional growth. Young people transition to greater independence where parents/caregivers have less influence. They take responsibility for their own health, housing, relationships work and study. With increasing autonomy, social networks take on a higher importance and influence.

One of the biggest shifts in excess weight gain occurs in the transition to adulthood, with an increase in overweight and obesity from 25% of children (5-17 years) to 46% of young adults (18-24 years).[7]

Targeted consultations with young Australians identified significant concerns about environmental sustainability, which influences the foods they eat and products they buy. Young people recognise the need to provide affordable, inclusive and safe physical activity options to help prevent the drop off in physical activity participation seen in adolescence. They also recognise the strong relationship between mental and physical health, the environment and the need to approach healthy lifestyles from a holistic perspective.

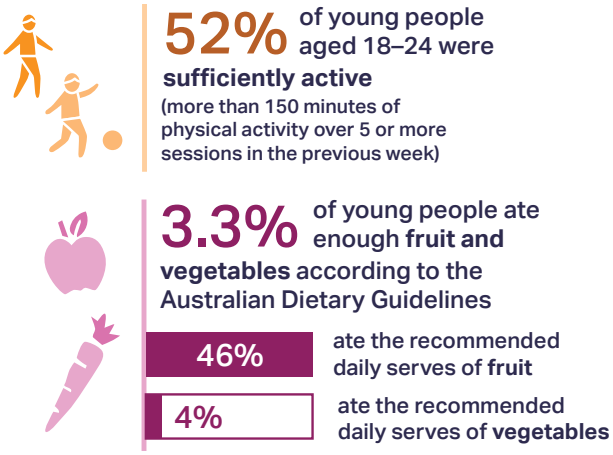


Figure 10: Physical activity and fruit and vegetable consumption of young people[127]

Example actions

- Partner with young people to develop appropriate peer and community-based social supports to enhance and support their physical activity, healthy eating, sleep and wellbeing.
- Invest in low or no cost approaches to provide cooking skills and education to young people with a focus on groups with low incomes.
- Develop and implement targeted and inclusive ways to support young people to continue participating in physical activity and sport through high school and the transition to work or further study.
- Ensure consultation and co-design with different age groups and diverse communities of young people and young adults (such as those based in rural and remote areas, living with disabilities and LGBTIQA+, Aboriginal and Torres Strait Islander, refugee and migrant communities) about new activities and facilities in their local public spaces, with plans designed to be inclusive, be age, gender and culturally appropriate, and meet the local community preferences.

The example actions aim to harness young people's passion for sustainable development and better mental and physical health and wellbeing. Actions should consider taking a gendered approach as young women are less active and more likely to adopt unhealthy weight control behaviours.[2,128]

Strategy 2.5

Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.

Community consultations clearly identified the need for community leadership, shared decision-making and community-driven approaches.[66] These were particularly important for Aboriginal and Torres Strait Islander communities where local community leadership in all aspects of design, development and delivery of actions is critical to achieve change.

There are many examples of successful evidence-informed programs and initiatives that have taken a community-led approach involving partnerships across sectors, government, business and community. Community-driven solutions should be used, including those that generate income for the community.

Example actions

- Support community-led active living and healthy eating initiatives that build skills, are relevant for various interests, ages, and abilities, engage local communities and organisations, and build social cohesion.
- Support Aboriginal and Torres Strait Islander peoples, communities and community-controlled organisations to lead decision-making, planning, design, evaluation and implementation of locally responsive, accessible and culturally appropriate preventive health actions.
- Invest more in community initiatives that encourage leadership, promote self-determination, drive innovation, and support cooperation to create community places and spaces that promote good health.
- Support diverse local leaders to 'champion' healthy eating and physical activity initiatives and events in their communities, supported by a nationwide knowledge network and learning community.

Strategy 2.6

Enable and empower priority populations to have the same opportunities as others.

When people's life circumstances get better, they are more likely to be empowered to make healthier choices. Changing social and economic structures improves daily living conditions like employment, income, transport access and housing. This, in turn, can make healthy options more affordable and improve food security. For Aboriginal and Torres Strait Islander communities, issues stemming from colonisation, racism, and relationships to the wider community also have an impact.[129]

Households who have lower incomes can spend up to 40% of their income on food compared with 12% of income in the general population.[118,130] Income and living expenses are a major barrier to a healthy diet. Financial constraints result in people buying cheaper, unhealthy food and drinks, which has long-term health impacts.[15,131]

Food insecurity is an issue for many Australians. It is one of the main drivers of unhealthy weight in Aboriginal and Torres Strait Islander communities - more than 1 in 5 (22%) Aboriginal and Torres Strait Islander households report food insecurity, and this is even higher in remote areas.[132]

The broader determinants of health are beyond the control of individuals and are outside the direct role of the health system.[28] The example actions identify opportunities for health agencies to lead discussions and partner with other government departments and non-government organisations to identify opportunities for cross-government partnerships for multiple social and health benefits.

Example actions

- Explore mechanisms to ensure that the incomes of those experiencing economic disadvantage meet the real cost of healthy living.
- Work with the education sector to investigate and implement appropriate self-determined policy and community-led options to increase attendance and retention of students until Year 12.
- Apply a health lens to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health.
- Develop a national policy document to address food security in Aboriginal and Torres Strait Islander communities and other priority populations.
- Build on existing affordable housing initiatives to improve community and household amenity (including reducing overcrowding, improving household food preparation and storage facilities).

Ambition 3:

All Australians have access to early intervention and supportive health care

While healthier environments and empowering people to stay healthy will help everyone, regardless of weight, some people may also seek help to improve their health and can benefit from better access to tailored support. Programs and services occur across a continuum and include information and coaching to guide personal lifestyle change, community and virtual programs, support from allied health professionals, multidisciplinary care and more intensive medical intervention.

Many factors affect people's access to early intervention, and supportive health care including where they live, their income, their culture or religion.

Obesity happens over time. It is very difficult to lose weight and maintain weight loss once obesity is established, even with intervention.[13] This means strategies to both prevent initial weight gain and further weight gain (including reversing smaller increases in weight) are important. For people living with obesity, evidence-based treatment such as very low-calorie diets, linked with hunger suppression medication, and bariatric surgery are of benefit to a significant number of people. This can potentially help avoid the many

complications associated with obesity: type 2 diabetes, metabolic syndrome, atrial fibrillation, obstructive sleep apnoea, polycystic ovarian syndrome and an increased risk of some cancers. Bariatric surgery can achieve around a 25-30% weight loss.[133,134,135] However, even a 5-10% weight loss has significant health benefits.[136,137]

Every day, thousands of Australians connect with the health care system, including GPs, community based allied health professionals and state and territory health systems. These contacts are an opportunity for health professionals to sensitively raise, discuss, assess and refer their patients to appropriate programs, behavioural support and where necessary, medical and/or surgical intervention.

To improve the health system response, we need to embed a greater focus on overweight and obesity in clinical practice, and support upskilling of the workforce through continuing professional development. This includes recognition of the complexity of the drivers of obesity and the range of supports and treatments that may be required for some individuals. It also includes enabling routine weight monitoring, particularly at important life stages like childhood, adolescence, early adulthood and pregnancy.

Strategies will work to better coordinate support across health and other social services and programs, with clear referral pathways. This will promote better and earlier access to appropriate support to improve health and wellbeing. People living with severe obesity often need more individualised and intensive clinical support and services, informed by clinical practice guidelines.[136] It is important for people living with overweight and obesity to have access to information on evidence-based prevention, weight management and treatment options.

Ambition 3 reflects the Strategy principles in the following ways:

- **Creating equity:** Strategies 3.3 and 3.4 include a focus on developing cultural competence, being responsive to diverse needs and people/population groups at higher risk.
- **Tackling stigma and discrimination:** Strategies 3.1 and 3.2 include a focus on a person-centred approach to care, Strategies 3.3, 3.4 and 3.5 focus on training health professionals to have positive discussions and provide non-judgemental support for people living with obesity.
- **Addressing wider determinants of health and sustainability:** Strategy 3.1, 3.2, 3.3, 3.4 and 3.5 include the need to consider social, cultural, economic, structural and environmental factors, and multi-sector collaboration and partnerships to improve obesity prevalence in Australia.
- **Empowering personal responsibility to enable healthy living:** Strategy 3.1 includes actions that empower and support individuals to make healthier choices.

Related plans, guidelines and reports:

- Australia's Long Term National Health Plan 2019[138]
- Australian Government's Primary Health Care 10 Year Plan (forthcoming)
- Australia's Digital Health Strategy[139]
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023[140]
- National Aboriginal Community Controlled Health Organisation (NACCHO) and Royal Australian College of General Practice (RACGP) National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people (third edition)[141]

Strategy 3.1

Enable access to primary health care, community-based practitioners and health services.

Health professionals - including doctors, nurses, midwives and allied health (such as dietitians, psychologists, physiotherapists, exercise physiologists) - are well placed to discuss healthy lifestyle changes with their patients and identify those at risk of unhealthy weight gain early. They can also monitor and manage weight and associated complications and provide referral to appropriate support services.

The Aboriginal and Torres Strait Islander health workforce, especially in the community-controlled sector, is an integral part of mainstream health care, providing culturally appropriate services to Aboriginal and Torres Strait Islander peoples.

Health, social and other care professionals often do not identify unhealthy weight gain. With most Australians (84%) visiting a GP each year many opportunities for intervention are missed.

Some people with obesity want greater support from health professionals for weight management[142], but often do not know how to raise or discuss weight issues. For every 1,000 GP visits by adults in Australia, only eight receive weight management support, despite a 31% prevalence of adult obesity.[143] While children and adolescents with obesity regularly use health care services the main reason for their visit is usually not obesity.[144]

Increasing health professionals' access to clinical education on the availability of health, social and community-based support will improve patient care. This will require investment in health system infrastructure including digital health technologies.

The example actions aim to enable locally responsive and culturally safe approaches that support healthy lifestyles and weight management without fear of judgement.

Example actions

- Promote and enable access to healthy lifestyle and weight management services at critical times, such as diabetes management, pre-and post-natal care for parents, and children as they develop.
- Embed person-centred approaches to health care so people are empowered to get support, and systems can respond to their specific needs and preferences. 
- Provide access to local programs, routinely measuring body mass index (BMI), talking to patients about supports for healthy eating, physical activity and weight loss treatments that are inclusive, equitably available, evidence-based and designed with communities to meet local needs. 
- Increase availability and equitable access to culturally appropriate family-focused programs that support healthy lifestyles and/or weight management for children and young people. 
- Ensure early intervention services consider various delivery modes (including telehealth and other digital technology) that are affordable and accessible for all, regardless of age, where they live, cultural background or income. 
- Create new standards for healthy eating, physical activity and weight management programs to establish a consistent expectation for consumers about evidence-based programs. 
- Embed information and advice in routine clinical practice (including maternal and child health, Aboriginal and Torres Strait Islander health, aged care, cardiac rehabilitation and oral health services) and programs (for example integrated care, chronic disease management and Quitline). 

Strategy 3.2

Improve uptake of integrated models of care and referral pathways that focus on the individual.

Health and social services that work together and focus on prevention and early intervention can better address needs and improve access to support in the short and long term.[145]

Screening (including growth monitoring in infants, children and adolescents) and early intervention is the first line of prevention and weight management in health care.[136,146]

Many health professionals do not feel comfortable raising weight-related issues or are not aware of the support or referral options available.[147] Clearer models of care (to prevent, identify and address unhealthy weight) and integrated referral pathways can improve the patient journey and health outcomes.

The example actions aim to foster integrated, coordinated, and continuous support to prevent and manage obesity, unhealthy weight gain and complications.

Example actions

- Update the 2013 National Health and Medical Research Council's Clinical practice guidelines for managing overweight and obesity in adults, adolescents and children.
- Enable practitioners, primary health networks (PHNs) and health services to embed prevention and optimal care into everyday practice including supporting healthy lifestyle changes, and health and social outcomes, in addition to weight management, with clear referral pathways to services and support, including specialist services.
- Improve the functionality of existing jurisdictional digital health infrastructure – such as the National Health Services Directory and clinical information management systems – to improve health and other professional referral pathways and people's access to appropriate local services and programs.
- Provide access to effective psychosocial and social support (such as counselling, cognitive behaviour therapies, non-government services).
- Improve integration and uptake of existing and complementary care plans, such as GP chronic disease management, Aboriginal and Torres Strait Islander 715 health assessment, mental health and National Disability Insurance Scheme plans.
- Develop guidance and tools to support health professionals to ask, assess, advise, assist and arrange support and services.
- Investigate potential for peer support and impacts on health and wellbeing.
- Ensure that those with severe or refractory obesity have access to specialist obesity management services that provide the full range of treatment options.

Strategy 3.3

Addressing and treating unhealthy weight while preventing weight stigma.

Obesity is a chronic, relapsing condition. As body fat increases, our biology makes it more and more difficult to lose weight and keep it off. Therefore, it is critical to invest in evidence-based support, treatment and care to help slow the further progression of obesity. GPs see weight management as being within their scope of practice,[148,149,150] but there are often difficulties in accessing GPs, particularly in regional and remote areas. Anecdotally, there is uncertainty about timing and choice of treatment and referral options.

Whilst multifaceted behavioural intervention is key for the treatment for overweight and obesity, GPs need support to navigate when to use additional therapies and treatment.[135,151,152] This includes understanding when to use pharmacotherapies and referral to specialised services where consideration of advanced interventions such as bariatric surgery can be used in order to achieve sufficient weight loss to improve the health or quality of life of their patients.

A shift in the health system is also needed to provide equitable access to medical and surgical obesity treatments. Bariatric surgery is currently the most efficacious long-term treatment for adults with obesity,[134] noting over 90% of all bariatric surgery is currently performed in the private system. In 2015-16, 24,000 bariatric surgery procedures were performed in Australia with only 950 of these performed in public hospitals.[153]

During consultation, respondents called for a greater investment in treatment options for adults and children already living with obesity. These included:

- reducing long waiting lists for specialist weight management services, particularly in paediatrics and in rural and remote communities.
- providing a framework and guidance for better management of overweight and obesity at the community level, including improving equitable access to medications and treatment interventions.
- funding obesity-specific health care measures, including screening, that support the time needed for GPs to discuss overweight and obesity with patients.
- funding obesity care plans with increased number of sessions with dietitians, psychologists and exercise physiologists.

Example actions

- Develop a national framework to provide clear guidance to facilitate equitable access to the full range of proven interventions and specialist obesity treatment and management services, including bariatric surgery and very low-calorie diets.
- Improve equitable access to TGA-approved obesity medications and treatment interventions.
- Support health professionals to develop comprehensive obesity management plans that take into consideration of mobility issues, comorbidities, age and financial circumstance.
- Build the evidence base for effective obesity interventions, including behavioural, surgical and pharmacotherapy interventions.

Strategy 3.4

Support health, social and other care providers to enable positive discussion about weight.

People living with obesity experience stigma and discrimination in the health system and from health care professionals.[154,155] This affects their quality of care and leads to negative social, psychological, and physical health outcomes, including avoiding health care.[156,157]

Health professionals are worried about compromising patient trust and how raising weight as an issue may affect a patient's wellbeing.[158] Other barriers include uncertainty about appropriate language and what advice to offer, lack of confidence, and lack of effective individualised treatment or referral options.[147]

We can improve positive discussions about weight through professional development. This will build the confidence and skills of health professionals so they can better support their patients and minimise weight bias, stigma and discrimination.[159] This may need to be complemented by addressing structural barriers such as time, local service capacity and equipment.[158]

The example actions aim to establish a better understanding among health care professionals of weight stigma, the complex causes and the mental health and other implications of overweight and obesity.

Example actions

- Strengthen pre-service and existing training and professional development opportunities for health, social and other care professionals through:
  - » building understanding of the multiple causes of obesity and the systemic barriers that perpetuate inequity
  - » skill development in shared decision making and discussing weight without judgement.
- Build cultural competency and skills of medical, health, social and other care providers, to empower people, be responsive to their diverse needs and strengths, and consider the systemic barriers that create inequity.
- Develop and/or update codes of practice for obesity prevention and management for relevant professional groups.

Strategy 3.5

Strengthen the confidence and competence of the health care workforce to prioritise the prevention of obesity while preventing weight stigma.

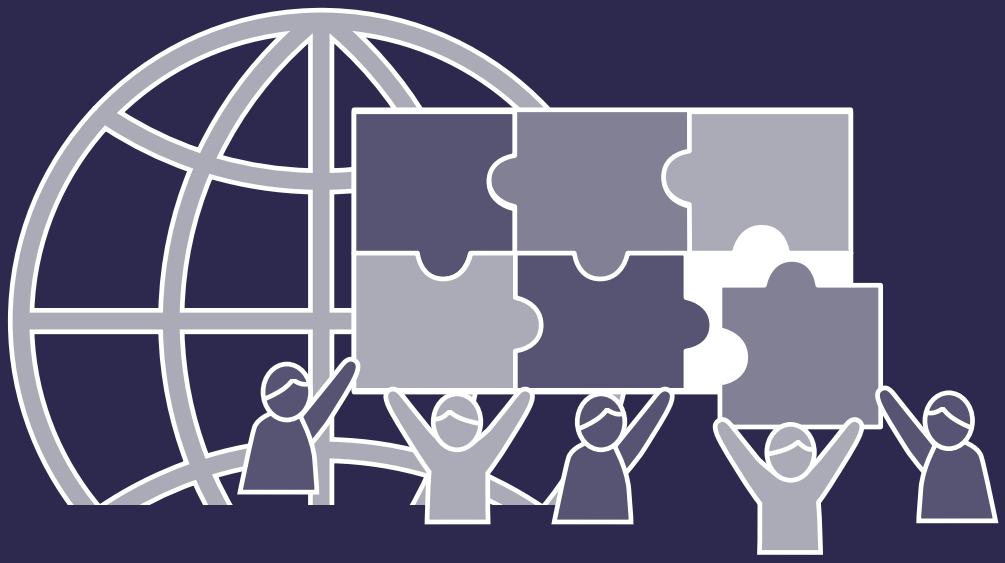
GPs have a crucial role to play in discussing overweight and obesity concerns with their patients. However, GPs are often concerned about how to raise these issues. Barriers to effective conversations include appropriate language, lack of time, concerns about compromising mutual trust and rapport and about patient readiness. They also are concerned about patients' mental health and how this may be impacted by discussing a potentially upsetting and stigmatising topic. A further barrier identified was the lack of effective and individualised treatment and/or referral options.[158]

Community consultation showed that both the health sector and the community felt we should:

- encourage health professionals to discuss weight and associated risks with clients
- train health professionals, especially community health practitioners in regional, rural and remote areas
- give the health workforce, most commonly GPs, better information, tools and guidance about how to discuss weight issues with patients
- upskill our health workforce to help prevent and reduce obesity for people in priority groups, such as Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people with disability.[66]

Example actions

- Support the health care workforce to better identify unhealthy weight gain early so they can provide appropriate early intervention, opportunistic engagement and support without judgement. This would need special focus on life transition points often associated with weight gain and for people from at-risk population groups.
- Develop a medical toolkit to assist health professionals to address the key barriers to discussing, supporting and treating overweight and obesity.
- Build the health care workforce capacity to support healthy eating, physical activity and sleep for all patient/clients, regardless of weight status, through education, training, professional networks and quality improvement programs.
- Enable the health care workforce to effectively prevent weight-related complications and manage any co-morbidities.



Part 4:

Making it happen

Enablers guiding implementation

Acting on these enablers will set the foundations to shift decision-making towards more innovation and broader systems thinking.

Using and sharing data, combined with securing sustained investment, will help the Australian Government, state and territory governments, local government, non-government organisations, communities, and businesses to work more effectively together to achieve our ambitions.[40]

Enabler 1:
Lead the way

Strong national leadership and accountability drives change and generates long-term momentum for sustained and collective action.[160]

Collaborative government leadership across sectors will help to foster partnerships that can change the system, delivering better results and mutual benefits at the national, state and territory, and regional and local levels.

A broad response to obesity requires whole-of-government and cross-sector multi-stakeholder actions. Working together increases co-ownership, creates more sustainable solutions and inspires future collective action.[39,40]

Initiatives work best when the people they are intended for take the lead in the design and delivery of solutions, services, policy and systems. There is a need for genuine policy and place-based partnerships to build and strengthen structures that ensure priority groups, including Aboriginal and Torres Strait Islander peoples – including Elders, Traditional Custodians, Native Title holders, communities and organisations – share decision-making authority.

Co-design and delivery of actions with individuals and communities leads to better solutions that are more likely to succeed in changing unhealthy norms and environments. A participatory approach positively builds on existing strengths and motivations, and helps tackle contextual barriers (such as time, safety, culture or geography). This has been shown for many population groups, including Aboriginal and Torres Strait Islander peoples.[161]

More than 90% of Australians think the community's health is both a government and personal responsibility. Australians want government to be bolder and to act in areas where they have influence.[8]

Enabler 1.1

Consider and act on opportunities to drive a collaborative approach for obesity prevention, aligning with national prevention accountability mechanisms emerging from policy reforms including health care reform and the National Preventive Health Strategy.

Enabler 1.2

Build and sustain a collective commitment to strong and relevant multi-sector obesity prevention and health equity efforts.

Enabler 1.3

Foster inclusive participatory processes at all levels (including organisational governance), so a diversity of people with varied circumstances, experience and insights inform and co-develop actions.

Enabler 1.4

Create genuine partnerships where people and the community lead, co-develop and deliver responsive solutions that embed the right to self-determination and autonomy.

Enabler 1.5

Protect policy decisions from vested interest and conflict of interest, whilst strengthening implementation partnerships with industry and business partners. Where possible, jurisdictions will establish high level agreement and/or processes to harmonise state and territory regulatory approaches.

National Preventive Health Strategy statement on vested interest and conflict of interest

Consistent with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases, public health policies, strategies and multi-sectoral action must be protected from undue influence by any form of vested commercial interest. Real, perceived or potential conflicts of interest must be proactively identified, acknowledged and managed for all aspects of preventive health work, not just in the space of preventing and managing chronic conditions. An evidence-based approach to monitor and address these conflicts will be integral to a strong prevention system.

Enabler 2:
Use evidence and data more effectively

The Strategy is underpinned by the latest evidence from science, research and evaluation. When policy is evidence-informed, it strengthens the whole system and gets the right conditions, programs, services, and supports to those who need them the most.[137,162] This approach will be continued during implementation. We will consider promising or emerging approaches from international, national, and local knowledge and experience.

Strengthening the evidence and data systems is important to guide investment and action, assess impact, get better results, and grow the evidence base. This includes building and sharing data, knowledge and evidence so we are better informed to make decisions. Researchers, policy makers, practitioners, communities and consumers must all contribute to building the evidence base, ensuring that research meets the needs of the system and communities, and that research can be effectively translated into action. The Strategy values culturally appropriate research and evidence that works towards data sovereignty, with community influencing data collection, use and ownership.

To effectively inform investment and action, data and evidence needs to be reliable, accurate and timely. Surveillance data need to be collected using comparable indicators and methods. Research and evaluation needs to use rigorous methods that provide answers to address gaps in the evidence base, including questions about implementation, outcomes and scalability of actions. Economic analyses are required that strengthen our understanding of the economic impact of obesity and of current and innovative policies, programs and services, from a societal perspective.

Enabler 2.1

Invest in and build national coordination capacity for sustained data collection, shared data systems, and regular population monitoring and surveillance, including for priority population groups and critical life stages. This should include measures for:

- height and weight
- food and drink consumption and nutrient intake
- food security
- health literacy
- physical activity, sedentary behaviour and travel patterns
- healthy places, including built and natural environments (such as local communities, schools, early childhood education centres, workplaces)
- food system changes
- macroeconomic and sociocultural values relating to obesity, physical activity, and healthy eating
- wider political, commercial, cultural and environmental determinants of obesity.[iv]

[iv] Key data sources for monitoring relevant indicators are referenced in the National Preventive Health Strategy including the ABS National Health Survey, which will be conducted approximately every three years and the National Nutrition and Physical Activity Survey, anticipated to be completed again in 2023 as part of Intergenerational Health and Mental Health Study.

Enabler 2.2

Better measure and record regular child growth monitoring (including Aboriginal and Torres Strait Islander children) and adult weight status over time. This includes investigating options to better access existing jurisdictional data on weight status (state/territory, national) and opportunities to use these data for clinical practice improvement activities across settings.

Enabler 2.3

Better use of descriptive and predictive data analytics to unlock the potential of existing data and information and strengthen capabilities to gain critical insights that inform decision making, system integration and continuous improvement.

Enabler 2.4

Establish a systematic approach to the prioritisation of obesity prevention research and evaluation to address key knowledge gaps, including economic analyses.

Enabler 2.5

Access funding to evaluate promising and more innovative actions to grow the evidence base and to support the translation of evidence into action.

Enabler 2.6

Share outcomes and lessons of effective and emerging actions to inform decision making and action, share knowledge, and build connections between consumers, communities, stakeholders, and the health, social sciences, and environmental sectors.

Enabler 3: Invest for delivery

Sustained investment for delivery is about ensuring there is capacity for change. This includes building the skills of a competent workforce, harnessing the strengths in the system, and moving beyond traditional ways of working.

Actions to address obesity and investment can be made more sustainable by:

- building on existing strategic commitments, policies, and datasets
- engendering community ownership
- influencing social norms.[163]

While total spending on health care is increasing, the proportion directed to prevention remains small. Investment for solutions should reflect the high burden of obesity on the community.

Enabler 3.1

Explore new funding mechanisms to invest more in delivering sustainable actions for primordial and primary prevention of obesity, at an appropriate scale through the National Preventive Health Strategy processes which aim to achieve 5% of total health expenditure for preventive health.

Enabler 3.2

Explore opportunities for funding to support primary and public health systems to identify and manage overweight and obesity, including Medicare Benefit Scheme (MBS) rebates and alternative funding models through the National Health Reform Agreement.

Enabler 3.3

Investigate ways of shifting economic policies, subsidies, investment and taxation systems to benefit healthy eating and active living, positive health outcomes, communities and the environment more strongly.

Enabler 3.4

Empower and strengthen a skilled workforce, including those working with priority populations, to lead, collaborate and integrate obesity prevention and health equity efforts to support healthy weight and generate benefits across sectors.

Enabler 3.5

Strengthen professional development and vocational and tertiary training in all relevant sectors to build understanding of prevention, cultural safety and competency and mental wellbeing (including reducing weight stigma, blame, racism and discrimination).

Enabler 3.6

Strengthen the Aboriginal and Torres Strait Islander workforce to focus effort towards achieving health equity and contributing to a culturally safe service and support system. This will empower communities to take the lead and partner in the delivery of solutions to increase healthy food and drink options, including access and availability, and to increase physical activity opportunities.

Strategy implementation

The objectives, strategies and enablers of this Strategy create a pathway towards healthy living and achieving healthy weight for all Australians.

The Strategy also provides examples of evidence-informed actions, including universal and targeted measures, for the Australian Government and state and territory governments to consider.

The Australian, state and territory governments will:

1. build on jurisdictional level obesity prevention and treatment policies and actions already in place or under development, including identifying priority actions, and
2. within the first 6 months, establish an agreement to work on joint priorities and action to provide additional impetus tackling both prevention and treatment.

While Australian and state and territory governments will determine the most appropriate actions for their jurisdiction, it is recognised that to be effective, a portfolio of actions across all Ambitions is required for an effective response.

This will include leveraging existing commitments and complementing current and new partnerships - across government departments, non-government, private sector, community-controlled organisations (including the NACCHO and jurisdictional affiliates), academia, and the community.

Elements of success to drive cross-sector collaboration and whole of government actions include:

- structures and systems supportive of multi-sectoral action
- clear vision and leadership
- political will and an environment supportive of problem solving and acting on opportunities at all levels
- strong partnerships
- collaboration early in the process
- relationships built on trust[164]

Obesity prevention actions will also be integrated with existing and future commitments, including the National Preventive Health Strategy[28], priorities of the food regulatory system and other related strategic plans and reports (Appendix 2). This will enable governments to fast-track actions for priority areas and respond to emerging issues and any associated health, social and economic impacts. The approach is consistent with recent collaborative efforts across government that resulted in agreement to develop options to further limit the impact of unhealthy food and drinks on children.

A balanced portfolio of actions

A balanced mix of actions at national, state and local levels is needed to meet the objectives of this Strategy. Jurisdictional portfolios should draw on the actions outlined in this Strategy and adapt and refine these for their circumstances. In doing so, assessment of the jurisdictional context and the input of local experts and stakeholders will be critical in achieving an appropriate portfolio mix. At a local level the portfolio approach can help to decide the best distribution of resources relevant to a geographical area or population.

Criteria for selecting actions may include effectiveness and cost-effectiveness, equity, costs, acceptability, timing, uncertainty and sustainability. The starting point should be the analysis of current practice and local opportunities. The decision-making process should also identify where evidence is lacking and outline questions for further research and evaluation.

The mix of actions in a portfolio should be as comprehensive as possible. Actions should span the three ambitions and include public policy, legislation and regulation, incentives (financial and non-financial), services and programs, education and skill development, communication, collaboration, and community and organisational development. It will also be important to include both tried and true, evidence-based actions, as well as some that are promising and innovative; to include actions that will provide some early wins; and to ensure sufficient focus on actions that address broader socioeconomic determinants and environmental factors to reduce inequity.[165]

Ensuring accountability

The Australian Government and state and territory governments share accountability for implementing the Strategy and achieving its vision, targets and objectives. Local governments, non-government organisations, businesses and community organisations will also play an important role.

To ensure accountability and a coordinated national effort, a cross-jurisdictional governance mechanism will oversee the implementation of the Strategy and monitor progress. The governance mechanism will link to the:

1. National Health Reform Agreement prevention and wellbeing stream[166] and the new National Federation Reform Council structure
2. National Preventive Health Strategy independent governance mechanism.

National reporting will be consistent with the proposed National Health Reform Agreement prevention monitoring and reporting framework, including outcomes and progress measures.

An independent mid-term review will inform ongoing implementation of the Strategy and an end-point review will describe the lessons and collective impact over the life of the Strategy and inform future action. Both reviews will be made publicly available.

Implementation and monitoring of state and territory efforts will be subject to existing jurisdictional governance arrangements.

Monitoring progress

The National Preventive Health Strategy and the AIHW's framework for monitoring overweight and obesity in Australia[55] outline indicators, targets and achievements relevant to the monitoring of obesity, the causes of obesity and relevant risk factors and impacts.

The AIHW framework includes prevalence and incidence of overweight and obesity and other indicators to understand:

- changes in people's behaviours (Strategy objectives 1 and 2)
- the factors that influence overweight and obesity including shifts in environments, policies and regulations (Strategy ambitions 1 and 2)
- people's access to health care, both support and treatment (Strategy ambition 3).

The AIHW framework also recognises the need to assess health inequalities and social determinants of health to inform policies, programs and services.

Monitoring implementation of the Strategy will involve national collaboration to measure cumulative change, share lessons, inform continuous improvements and celebrate successes. Refinement of the framework for monitoring and reporting of obesity indicators will include:

- establishing and monitoring a set of nationally agreed indicators, including definitions and measures of the wider social and environmental determinants of overweight and obesity
- developing and implementing standard approaches to the creation, access and sharing of data from all Australian governments.

We will monitor progress towards the targets outlined in the framework for action. In 2017-18 we measured national population data for overweight and obesity in Australia for children (aged 2–17 years) and adults (18 years and older) and this data provides a baseline against which to report trends. Using available baseline data and building on newly agreed indicators through the processes outlined in the National Preventive Health Strategy, the AIHW will regularly report against the targets.

Glossary

Active travel is a mode of transport that involves physical activity, such as walking and cycling, to get from one destination to another. This includes travel to and from the places we live, work, learn, visit and play. It is a subcategory of physical activity.

Critical life stages are life events that are likely to increase the risk for weight gain. These can be physical (for example the early years, puberty, pregnancy and menopause), or social/behavioural (for example leaving sport, quitting smoking, retirement).

Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need.

Early intervention is the provision of support or interventions to a person or family at-risk of becoming overweight (at the high end of the healthy weight range) and also for those already overweight, to prevent progression to obesity and a foreseeable decline in their health.

Exercise is a subcategory of physical activity that is planned, structured and repetitive, and aims to improve or maintain one or more components of physical fitness.

Food security means all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.

Food system is the complex interconnected activities that bring food to people. Food is produced, harvested or slaughtered; cleaned and often processed in some way; stored, packed, transported, traded; marketed and sold to people for preparation in their own homes or in a range of commercial or institutional food services. Any food loss and waste is repurposed or disposed of.

Healthy eating means eating a variety of nutritious foods each day that give you the nutrients you need to maintain your health and reduce the risk of diet-related chronic diseases, in line with Australian Dietary Guidelines.

Healthy weight is a body mass index (BMI) of 18.5 to 24.9 in adults (see overweight and obesity).

LGBTIQA+ is an evolving acronym that stands for lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual and many other terms (such as non-binary and pansexual) that people use to describe their experiences of their gender, sexuality, and physiological sex characteristics.

Nutrients of concern means those nutrients that are overconsumed (on average) by Australians above the recommended daily limits, including sodium, saturated fat and added sugar.

Mental illness is a diagnosable illness that affects a person's thinking, emotional state and behaviour, and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships.

Mental health problems is a broader term including mental illnesses, symptoms of mental illnesses that may not be severe enough to warrant the diagnosis of a mental illness, as well as mental health-related crises such as having thoughts of suicide.

Obese is considered a body mass index (BMI) of 30 or more in adults (see overweight and obesity definition).

Overweight and obesity is excessive fat accumulation that presents a risk to health. Body mass index (BMI) is a person's weight (in kilograms) divided by the square of his or her height (in metres), which is a practical and accepted method used to monitor overweight and obesity in populations.

An adult with a BMI equal to or more than 25 is considered overweight. An adult with a BMI of 30 or more is generally considered obese, with a BMI of 35 or more as an indicator of severe obesity. Cut-offs may be different for some ethnic populations. In individuals, BMI measurement does not necessarily reflect body fat distribution or describe the degree of fatness in different individuals.[167] Overweight and obesity in children is classified using WHO growth charts and based on standard deviations above the median.[52]

Person-centred approaches are where the person is central to decision-making regarding services, support and treatment they are offered and/or receive. The approach focuses on the person as an individual and what they can do, not their condition or disability.

Physical activity is any bodily movement produced by skeletal muscles that require energy expenditure. It includes all activities, at any intensity, performed during any time of day or night such as incidental activity, exercise, sports, active recreation, active travel (which includes walking, cycling and other wheeled non-motorised forms of transport).

Primary health care is the first point of contact people have with the health system and can include services delivered to individuals by general practice, allied health, social services, community health and community pharmacy and broader population level/public health functions.

Responsive feeding means feeding practices that encourage the child to eat autonomously and, in response to physiological needs, which may encourage self□regulation in eating and support cognitive, emotional, and social development.

Screen time is a term for activities done in front of a screen such as watching television or using a device like a computer, tablet or games console. It is usually sedentary in nature and can be for work, study/learning or leisure.

Sedentary behaviour means sitting or lying down for long periods of time, except when sleeping.

Self-determination is an ongoing process of choice, by which a person has the freedom to control their own life and determine their own political, economic, social, cultural and economic needs. It is about having a voice in decision-making about policies, programs and services that directly affect them, and respecting and supporting these decisions. The right to self-determination has specific application to Aboriginal and Torres Strait Islander people, as Australia's first people.

Severe obesity is a BMI of 35 or more in adults (see overweight and obesity definition).

Social inequities describe the differences in health between groups defined on the basis of socioeconomic conditions, the material, social, political, and cultural conditions that shape our lives and our behaviours.[168]

Unhealthy food and drinks also called discretionary food and drinks are energy-dense, nutrient-poor, are high in added sugars, saturated fat and/or added salt and are not necessary for a healthy diet, as described in the Australian Dietary Guidelines. There is an increasing interest in the link between ultra-processed foods and health. While there is no standard definition, ultra-processed foods are highly processed at an industrial scale with ingredients rarely used in kitchens.

Urban agriculture includes planning for the preservation of urban and peri-urban agricultural land as well as other local agricultural initiatives including community gardens, home grown food and local markets.

Weight management are a broad range of support, services or interventions for a person or family with overweight or obesity that works to prevent further weight gain, support weight loss and help to enhance health and wellbeing. They can be delivered by a range of professionals and peer and/or community supports.

Appendices

Appendix 1: Alignment with the UN Sustainable Development Goals

Ensure all people can fulfil their basic needs

1 No poverty

Develop solutions to achieve better nutrition and food security for all

2 Zero hunger

Ensure healthy lives and promote wellbeing for all at all ages

3 Good health and well-being

Support quality education for all to improve health and reduce health inequality

4 Quality education

Empower women and girls and remove barriers that impact health

5 Gender equality

Increase job creation and economic productivity

8 Decent work and economic growth

Build resilient infrastructure that supports economic development and human wellbeing

9 Industry, innovation and infrastructure

Ensure societal systems protect and support the needs of the most vulnerable populations

10 Reduced inequalities

Foster healthier cities and regional and rural communities, with active living and local food access

11 Sustainable cities and communities

Enable sustainable production and supply for responsible consumption or use

12 Responsible consumption and production

Protect health of all from climate risk

13 Climate action

Promote sustainable production and living to improve health and wellbeing

14 Life below water

15 Life on land

Foster effective and inclusive collaborative partnerships

17 Partnerships for the goals

Appendix 2: Related strategies

Below is an outline of some strategies that the Strategy interconnects and coordinates with. These strategies were considered during development of the Strategy.

Global commitments

- 2030 Agenda for Sustainable Development (UN)
- Convention on the Rights of the Child (UN)
- Global Action Plan on Physical Activity 2018–2030 (WHO)
- WHO Regional Action Framework on Protecting Children from the Harmful Impact of Food Marketing in the Western Pacific (WHO)
- Decade of Action on Nutrition 2016-2025 (UN)
- Framework Convention on Climate Change (UN)
- International Covenant on Economic, Social and Cultural Rights (UN)

International Strategies

- Ending Childhood Obesity – Implementation Plan 2017 (WHO)
- Global strategy on health, environment and climate change 2020 (WHO)
- Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020 (WHO)
- INFORMAS [International Network for Food and Obesity/Non-communicable diseases (NCDs) Research]
- NOURISHING Framework (World Cancer Research Fund)
- Other countries (including New Zealand Childhood Obesity Plan 2015, Scotland's Diet and Healthy Weight Delivery Plan 2018; England Childhood Obesity: A Plan for action, Chapter 2, 2018)

National Obesity Strategy

Other national strategies

- Australia and New Zealand Food Regulation Priorities 2017–2021
- Australia's Digital Health Strategy
- Australia's Long Term National Health Plan
- Australia's Strategy for Nature 2019–2030
- Australian National Breastfeeding Strategy: 2019 and beyond
- Australian National Diabetes Strategy 2021 - 2030
- Closing the Gap Partnership Agreement 2019–2029
- Getting Australia Active III
- Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health 2015
- National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 - 2023
- National Action Plan for the Health of Children and Young People 2020-2030
- National Agreement on Closing the Gap, 2020
- National Alcohol Strategy 2019-2028
- National Food Waste Strategy
- National Health Care Agreement 2012
- National Men's Health Strategy 2020-2030
- National Preventive Health Strategy 2021-2030
- National Strategic Framework for Chronic Conditions 2017
- National Women's Health Strategy 2020-2030
- Primary Health Care 10 Year Plan (forthcoming)
- Sport 2030 National Sports Plan
- The Australian Physical Literacy Framework 2019
- The Fifth National Mental Health and Suicide Prevention Plan 2017

Related State and Territory strategies, plans and policies

For example: population health/preventive health, Aboriginal and Torres Strait Islander peoples, transport, education, infrastructure, regional development, environment.

International/ domestic action

by community and non-government organisations, business sector, research and academia, professional associations, consumer groups and individuals.

Appendix 3: Strategy framework logic[vi,vii]

Aim Fewer people's health and wellbeing is impacted by overweight or obesity.

- Reduce deaths, hospitalisations, and burden of disease due to overweight and obesity
- Reduce individual, health and national economic costs due to overweight and obesity

Ambitions

Creating supportive, sustainable and healthy environments

All Australians live, learn, work, play and age in supportive, sustainable and healthy environments

Empowering people to stay healthy

All Australians are empowered and skilled to stay as healthy as they can be

Access to early intervention and care

All Australians have access to early intervention and supportive health care

Enablers

- Lead the way
- Use evidence and data more effectively
- Invest for delivery

Objectives & targets

People increase their consumption of healthy food and drinks and decrease their consumption of discretionary foods

- Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030
- Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030
- Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030
- Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030
- At least 50% of babies are exclusively breastfed until around 6 months of age by 2025

People increase their physical activity and reduce their sedentary behaviour

- Reduce the prevalence of physical inactivity amongst children, adolescents and adults by at least 15% by 2030
- Reduce the prevalence of Australians (≥15 years) undertaking no physical activity by at least 15% by 2030

Goal & targets

More people maintain a healthy weight

- Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
- Reduce overweight and obesity in children and adolescents aged 2-17 years by at least 5% by 2030

[vi] Refer to the AIHW 'A framework for monitoring overweight and obesity in Australia' and the National Preventive Health Strategy for relevant indicators

[vii] A set of nationally agreed indicators, including definitions and measures of the wider determinants of overweight and obesity, will be established and monitored as part of the NPHS implementation

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