

# Draft National Obesity Strategy

**Response to consultation  
November 2021**

## **Recipient**

Australian Government Department of Health

[obesity@health.gov.au](mailto:obesity@health.gov.au) (response submitted via [online survey](#))

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## About Dietitians Australia

Dietitians Australia is the leading voice in nutrition and dietetics in Australia and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia is the national association of the dietetic profession with over 8200 members, and branches in each state and territory. We appreciate the opportunity to provide feedback to the Australian Government Department of Health regarding the draft National Obesity Prevention Strategy.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role in chronic disease prevention and management, including to address the health needs of people living with overweight and obesity.

This submission was prepared by Dietitians Australia staff in collaboration with members following the [Conflict of Interest Management Policy](#). Contributors include Dietitians Australia members with wide ranging expertise in areas including public health, chronic disease management, weight management (including weight centric and weight neutral approaches), obesity prevention, food systems and academia.

## Summary

Dietitians Australia supports government strategies that aim to promote the health of Australians and address key chronic disease risk factors, such as overweight and obesity. We support the draft National Obesity Prevention Strategy, noting the following recommendations:

1. The strategy needs to be accompanied by an implementation plan and evaluation framework that include governance arrangements, targets, agreed evidence-based actions, timeline for implementation and funding plan.
2. Stigmatising language used in parts of the draft strategy needs to be amended.
3. Measures focused on environment and systems changes need to be prioritised.
4. The Sustainable Development Goals (SDGs) should be leveraged more explicitly throughout the strategy and all 17 SDGs should be used to guide each of the strategy's elements.
5. The targets should be aligned with those set out in the draft National Preventive Health Strategy, with the adjustments detailed in the text of this response.
6. Objectives need to be further refined to reflect improved eating patterns and reduction of sedentary behaviour, and a new objective to reduce consumption of unhealthy foods and drinks needs to be added.
7. Two new enablers should be added to safeguard against conflicts of interest in policy development and implementation, and to implement a health-in-all-policies approach.

Dietitians Australia strongly supports all strategies described under each Ambition and does not support the elimination of any. All strategies are needed to effect meaningful changes in health across the population. We make recommendations for further refinement to many of the proposed strategies, the details of which are included in the text of the response below.

## Discussion

Agree.

Dietitians Australia supports a National Obesity Preventive Strategy (NOPS) as a fundamental tool to address overweight and obesity in Australia. We are particularly supportive of the guiding principles, objectives, ambitions, and individual strategies in the draft NOPS, and the inclusion of:

- A strong focus on changes to the environment, in particular the food environment
- Strategies that address broader determinants of health and multisectoral actions beyond the health system
- Focus on reducing stigma and weight-based discrimination

The draft NOPS, however, does not represent a commitment to strong, sustained, best practice action and, in its current form, is unlikely to reduce overweight and obesity and improve the health of Australians.

To ensure its objectives and ambitions are realised, the strategy must be accompanied by:

- **Strong targets** that, at a minimum, align with the National Preventive Health Strategy
- A **national governance committee** to oversee implementation of the strategy, with representation from all governments, led by Health Ministers
- A **national implementation plan** to be developed within 6 months of the strategy's release and including:
  - Agreed evidence-based **actions** for each strategy, with responsibility for each action assigned to federal, state and territory governments or both, as appropriate
  - A **timeline** for implementation and reporting, with the strategy's 10-year timeframe divided into blocks at 3, 6 and 9 years
- A **funding** plan that identifies committed, ongoing and adequate funding from all governments
- A **monitoring and evaluation** framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact
- A process **free from conflicts of interest**

### 9. The current title is National Obesity Prevention Strategy. Does the title reflect the content of the Strategy?

Agree.

Dietitians Australia supports the title, noting the following comments, and the Strategy's focus on prevention.

We note that the content of the strategy is about making it possible to lead a healthier life through access and availability to a healthier food supply and increased opportunity for and engagement with physical activity. The focus on a weight centric outcome in isolation for this is at odds with the strategy's proposal to 'tackle stigma and weight-related discrimination'. If actions are implemented to support the strategy, then undoubtedly health will improve, and this is the central issue. Weight is but a marker of this, and not always the most appropriate one. To align with the strategy's proposal to address stigma, a title like 'national healthy weight strategy' or 'national healthy living strategy' may be more appropriate.<sup>1</sup>

## 10. The Strategy includes two Guiding Principles outlined on page 11 of the draft. Do you agree with the Guiding Principles?

Strongly agree.

Dietitians Australia strongly agrees with the two guiding principles of equity and sustainable development.

### EQUITY

- Action must be taken to address the disproportionate rates of overweight and obesity within some population sub-groups. (Note, when defining these sub-groups, the strategy needs to be broadly inclusive to ensure the needs of **all** disproportionately impacted communities are identified and considered.) The NOPS acknowledges that the *'economic and social barriers that many Australians face make healthy options harder'*. It is important that the NOPS not only acknowledge this but that it includes specific strategies and actions to address it. Society-wide actions are required across sectors to level the playing field. Measures focused on environment and systems changes should be prioritised.
- The strategy and the implementation plan must prioritise strategies and actions that will have most impact on ensuring this guiding principle is honoured. Evidence, outlined in the 2019 review that informed the development of the strategy, shows that:
  - Actions that focus solely on education and behaviour change are likely to have a negative impact on equity, though these actions may play an important role in supporting systems and environment changes.
  - Policies that change the structural conditions and daily living conditions should be prioritised.
- The strategy should include targets to monitor whether progress is equitable. For example, to monitor and report against changes in overweight and obesity, nutrition status, physical activity levels, access to healthy food by age, sex, state, rurality, disability, socioeconomic status, and Aboriginal and Torres Strait Island status. This includes the priority groups identified on p.10 of the draft.

### SUSTAINABLE DEVELOPMENT

We support the objective of sustainable development particularly in the context of environmental protection and social equity. In respect of 'economic growth', this must not be a barrier to evidence-based action that will improve public health outcomes.

Where economic impact is considered in a policy or regulatory context, this must be assessed broadly, and include assessment of the economic impact of poor diet, overweight and obesity and the cost-effectiveness of intervention. Economic impacts of any interventions that affect the food industry must be considered across all sectors. For example:

- There is evidence that there will be no loss of jobs if a health levy on sugary drinks or marketing restrictions are introduced – just shifts in the types of jobs.<sup>2-4</sup>
- Some interventions will have a positive economic effect on the food industry as well as benefiting health. For example, economic modelling suggests a \$10 million marketing spend per year would deliver an increase in vegetable consumption of around 0.5 serves per person, per day within 5 years. This would confer significant economic benefits to vegetable levy payers (\$1 billion net increase in farm income over 11 years), and retailers (cumulative \$1.9 billion over 11 years). It would also reduce government expenditure. If every Australian ate an additional half a cup of vegetables per day, government health expenditure would reduce

by an estimated \$100 million per year (\$60.7 million to the Commonwealth Government and \$39.2 million to the states and territories).<sup>5</sup>

The NOPS recognises the importance of sustainable development as a guiding principle and of the Sustainable Development Goals (SDGs) but provides few actions to ensure this is prioritised throughout the strategy. The SDGs should be leveraged more explicitly throughout the NOPS and all 17 SDGs should be used to guide the NOPS strategies.

**11. The Strategy includes a high-level Vision outlined on page 12 of the draft. Do you agree with the Vision?**

Agree.

**12. The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?**

Strongly disagree.

Dietitians Australia believes one target is not adequate and will not capture all relevant factors that contribute to the objectives and ambitions of the draft NOPS. Additional targets should be included that align with those presented in the draft National Preventive Health Strategy (with the recommended amendments described below) in relation to improving access to and consumption of a healthy diet and increasing physical activity.

Draft National Preventive Health Strategy targets:

1. Not only halting the rise of obesity by 2030 (as per current draft NOPS target) but reversing this trend by 2030 also.
2. Reduce overweight and obesity in children aged 5-17 years by 5% by 2030. We recommend this target be rephrased to 'increase the proportion of children aged 0-17 years experiencing optimal growth and development by 5%'. This phrasing addresses childhood obesity and faltering growth, both of which have significant impacts on health throughout life.<sup>6</sup> Rephrasing the target puts emphasis on growth and development, linking to the guiding principle of equity. This would also link to the National Agreement on Closing the Gap socioeconomic targets 1, 4 and 5.<sup>7</sup> Baseline data could be sources from the Australian Early Development Census.<sup>8</sup>
3. Adults and children (≥9 years) maintain or increase their fruit consumption to an average 2 serves per day by 2030.
4. Adults and children (≥9 years) increase their vegetable consumption to an average 5 serves per day by 2030.
5. Reduce the proportion of children and adults' total energy intake from discretionary foods from >30% to <20% by 2030. We recommend including a sub-target here: 'reduce the consumption of ultra-processed foods to <20% of total energy intake'. Ultra-processed foods should be defined in accordance with the NOVA food processing classification system. These foods are known to have harmful impacts on health, and on the environment. See our response to question 14 for more detail.
6. Reduce the average population sodium intake by 30% by 2030.
7. Increase the proportion of adults and children who are not exceeding the recommended intake of free sugars by 2030. Rather than specific food group or nutrient targets, we recommend a target to increase average Food Variety Scores by 2030. Taking a food variety approach will also future-proof the NOPS against any changes to the Australian Dietary Guidelines that may occur in its review over the next 3-4 years.

8. 50% of babies are exclusively breastfed until around 4 months of age by 2030. We recommend this target be amended to '70% of babies are exclusively breastfed until 4 months of age by 2030'. Australia is already exceeding a 50% target, with 61% of babies being exclusively breastfed at 4-months-old. Breastfeeding alongside introduction of solids until at least 12-months-old (and for as long as the mother and child wish) should be an additional target, consistent with the Infant Feeding Guidelines<sup>9</sup> and aim 1 of the National Breastfeeding Strategy.<sup>10</sup>
9. Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030.

As noted in response to question 10, the strategy should also include targets to monitor whether progress is equitable. Targets should be set to monitor and report against changes in overweight and obesity, nutrition status, physical activity levels, access to healthy food by age, sex, state, rurality, disability, socioeconomic status, and Aboriginal and Torres Strait Island status. This includes the priority groups identified on p.10 of the draft.

### 13. The Strategy includes five Objectives outlined on page 12 of the draft. Do you agree with the Objectives?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
More supportive and healthy environments	x					
More people eating healthy food and drinks	x					
More people being physically active	x					
More resilient systems, people, and communities	x					
More accessible and quality support for people	x					

Dietitians Australia strongly supports these objectives.

We recommend that the detail of the first objective explicitly state that 'more supportive and healthy environments' means reducing the availability of unhealthy foods and drinks in all environments.

We recommend changing the second objective from 'more people eating healthy food and drinks' to '**more people having healthy eating patterns**', as this will better capture the reduced consumption of unhealthy food and drink, as well as increased consumption of healthy food and drink. It also better reflects the Australian Dietary Guidelines and its emphasis on a wide variety of foods, in their optimal serve size and number of serves.

We recommend changing the third objective from 'more people being physically active' to '**more people being physically active and less sedentary**' as this will capture the need for people to be not only more physically active but also less sedentary.

### 14. Are there any Objectives missing?

Yes. Dietitians Australia recommends the inclusion of an additional objective: **More people reducing their consumption of unhealthy food and drinks.**

The NOPS notes that 'unhealthy food and drinks are convenient, can cost less, are aggressively promoted and are available almost everywhere'. To change population diets in any meaningful way,

the NOPS must include an objective to reduce the availability and consumption of unhealthy foods and drinks.

A stand-alone objective is required to reduce the consumption of unhealthy food and drinks to give sufficient attention to the impact these unhealthy food and drinks have on rates of overweight and obesity, and poor health outcomes. A focus on increasing consumption of healthy food is not sufficient.

We note the definition of ‘unhealthy food and drinks’ in the NOPS which states that these are also called discretionary foods and are those foods that are not necessary for a healthy dietary pattern and are too high in fat and/or added sugars, added salt, kilojoules, or alcohol or low in fibre, as described in the Australian Dietary Guidelines (ADGs). The ADGs are currently under review, and we expect that review to consider and incorporate the emerging evidence on the role that level of processing plays in the influence of food on health.

The NOVA classification system is a food classification system which categorises foods by the nature, extent and purpose of industrial food processing. Ultra-processed foods represent the highest level of food processing. These products are designed to be hyper-palatable, affordable, convenient and are often marketed intensively.<sup>11</sup> Ultra-processed foods have known adverse health and environmental impacts, including increased risk of obesity<sup>12, 13</sup> cardiovascular disease, cancer, type-two diabetes, and all-cause mortality,<sup>14-17</sup> greenhouse gas emissions, deforestation, bio-diversity loss, food waste, increased land clearing and water use.<sup>18, 19</sup>

We recommend that the definition of unhealthy food and drinks in the NOPS include ultra-processed foods and aligns with the ADGs as and when they are updated.

We note that all references to ‘unhealthy food and drinks’ in our submission assumes that all ultra-processed food and drinks are unhealthy foods and drinks.

**15. The Strategy includes three Ambitions outlined on page 12 of the draft. Do you agree with the Ambitions?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
All Australians live, learn, work, and play in supportive and healthy environments.	x					
All Australians are empowered and skilled to stay as healthy as they can be.	x					
All Australians have access to early intervention and primary health care.	x					

Dietitians Australia strongly supports these three ambitions. We strongly support the focus on creating environments that promote health, especially changes to the food and social environments.



**16. The Strategy includes three Enablers outlined on page 12 and pages 42-44 of the draft. Do you agree with the Enablers?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Lead the way	x					
Better use of evidence and data	x					
Invest for delivery	x					

**LEAD THE WAY**

Dietitians Australia strongly supports the need for ‘strong national leadership and accountability’. The NOPS must recognise the importance of strong leadership from the Australian Government, including the Prime Minister and the Federal Minister for Health, as well as from state and territory governments. The Australian Government must visibly and strongly support and fund the strategy and preventive health more generally to enable meaningful change nationally. It is vital that all governments across Australia commit to the strategy and prioritise its implementation. To enable and oversee this, we recommend the establishment of a national governance committee, with membership from the Commonwealth and State and Territory Governments, led by Health Ministers. See our response to question 25 for more detail.

We strongly support the need for ‘collaborative government leadership across sectors’ and recommend the adoption of a new stand-alone enabler of a ‘**health-in-all-policies approach**’ to reflect the importance of cross-sectoral, collaborative action. This enabler should be reflected throughout the NOPS and its implementation plan, ensuring that public health is considered when developing or implementing government policy in all areas. This is consistent with the National Preventive Health Strategy – where one of the policy achievements is that ‘a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health’ by 2030.

The NOPS must also ensure that any supporting documents, policies or regulation is developed using a process free from conflicts of interest. We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests be used across all aspects of the NOPS.<sup>20</sup> Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia.<sup>21</sup>

**BETTER USE OF EVIDENCE AND DATA**

Dietitians Australia strongly supports Enabler 2 and the investment in national co-ordination for **sustained data collection and use**. Specific targeted funding for Enabler 2 should be outlined in the implementation plan for the NOPS.

There is also a need for accountability by food companies, including the need for companies to regularly share data (on their products and sales) and mandatory reporting of key indicators related to health and environmental sustainability of food systems to enable analysis of trends over time and to evaluate the impact of policy measures.



## INVEST FOR DELIVERY

Dietitians Australia strongly supports investment to deliver the NOPS, both in terms of financial investment and in building a skilled, well-resourced, well-distributed workforce.

In relation to funding, we recommend the NOPS be accompanied by an implementation plan developed within 6 months by a National Governance Committee, with membership from the Commonwealth and each state and territory government, led by Health Ministers. This implementation plan must include a detailed funding plan that identifies committed, ongoing and adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation.

We strongly support enablers 3.1 and 3.2, to explore new funding mechanisms and to investigate ways of shifting economic policies, subsidies, investment and taxation systems to more strongly benefit healthy eating and active living, positive health outcomes, communities and the environment.

Evidence shows that population-level interventions to improve dietary patterns and reduce overweight and obesity are very cost-effective, with the vast majority being cost-saving in the longer term. Investment in these cost-effective interventions represents an opportunity for governments to save costs as well as improve health outcomes.<sup>22</sup> However, current levels of funding for nutrition and obesity prevention are very low. Significant increases in funding are required to invest in cost-effective and cost-saving interventions. Sixteen cost-effective interventions for Australia were estimated to cost A\$3 billion over the first three years of implementation<sup>22</sup>.

We strongly recommend the introduction of a health levy on sugary drinks by the Australian Government, with revenue from the levy then used to fund evidence-based actions under the NOPS. A health levy on sugary drinks would provide a significant revenue source for the Australian Government, estimated by various studies and reports at between \$400 and \$642 million annually.<sup>23, 24</sup> The health levy on sugary drinks is also predicted to reduce healthcare spending. A 2018 analysis of cost-effective policies to address obesity in Australia by Deakin University identified that a health levy on sugary drinks would save the Australian Government \$1.7 billion in total healthcare cost offsets, whilst costing relatively little (~\$11.8 million) to implement.<sup>25</sup>

Enabler 3.3 is also critical to ensure a skilled workforce to implement strategies and actions. The health promotion and public health workforce in many states and territories has been significantly reduced both in terms of the community-based workforce itself and people with the policy and legislation expertise.

### 17. Are there any Enablers missing?

Yes.

Dietitians Australia recommends two additional enablers be included:

- Policy to **safeguard against conflicts of interest** - we suggest that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests should be used across all aspects of the NOPS.<sup>20</sup> Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia.<sup>21</sup>
- **Health in all policies approach** – making sure public health is a consideration when developing government policy in all areas and at all levels of government – eg planning, transport, agriculture, education and that workforce development supports the skills needed for successful multisectoral action. This is consistent with the National Preventive Health

Strategy – where one of the policy achievements is that ‘a health lens is applied to all policy through ongoing, cross-sectoral partnerships, led by the health sector, at all levels of governments, to address the determinants of health’ by 2030.

## Ambition 1

**18. Ambition 1 Strategies are outlined on pages 15-28 of the draft. Do you agree with the Strategies in Ambition 1?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Strategy 1.1 Build a healthier and more resilient food system.	x					
Strategy 1.2 Make sustainable healthy food and drinks more locally available.	x					
Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.	x					
Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.	x					
Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.	x					
Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.	x					
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.	x					
Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.	x					
Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.	x					
Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.	x					
Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.	x					
Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.	x					

Dietitians Australia strongly supports all strategies under Ambition 1. Comments and further recommendations related to each strategy follow. Under all strategies, we recommend using the term ‘**recommended actions**’ rather than ‘example actions’.

#### STRATEGY 1.1 AND STRATEGY 1.2

Dietitians Australia strongly supports strategies 1.1 and 1.2, however we recommend they be combined and renamed: ‘Build a healthier and more equitable and sustainable food system in Australia that promotes equitable local availability of healthy and sustainable foods and drinks’.

This would reflect that ‘making sustainable healthy food and drinks more locally available’ (current strategy 1.2) is a function of ‘building a healthier and more resilient food system’ (current strategy 1.1) and cannot be seen as an independent strategy. We also believe the focus should be on the system being ‘equitable’ and ‘sustainable’ into the future rather than ‘resilient’ as this reflects the NOPS guiding principles.

The combined strategy would:

- Favour the production, processing and distribution of healthy and sustainable food and drinks.
- Improve food systems while protecting land, sea and biodiversity and reducing waste.
- Implement land use planning and urban design, drive community agriculture initiatives and strengthen Aboriginal and Torres Strait Islander traditional food systems.

The combined strategy should also recognise and strongly acknowledge that the food system in its current form is unsustainable and requires transformation to protect the environment and our ability to continue to supply adequate and healthy food into the future.

We support the example actions from both strategies 1.1 and 1.2 and these should be retained.

In particular, we strongly support the following actions and recommend they are strengthened as follows:

- Funding and encouraging innovation to shift industries that produce and use unhealthy commodities towards healthy food uses and/or new non-food markets. We note this must not be about encouraging minimal reformulation of ultra-processed food.
- Increasing access to local healthy food and drinks in residential areas, through land use planning and policy. This action should be amended to include reducing access to unhealthy food and drinks, as well as increasing access to healthy food. It should be focused on implementing changes to planning regulation and urban design to reduce the density and impact of unhealthy food and drink outlets. This should include proximity to schools and other children’s settings.
- Include actions to support **all** culturally and linguistically diverse populations.

Not only is there a need for a shift away from production of unhealthy foods and drinks but there is also a need to eliminate the use of unsustainable ingredients like palm oil often used in the production of unhealthy options.<sup>26</sup> Ultra-processed foods contribute significantly to unhealthy diets and unsustainable food systems so actions which target these should be a priority.

Dietitians Australia recommends the addition of the following actions to this strategy:

- Adopt a true cost accounting framework for foods.
- Provide subsidies for production methods and/or foods produced through agroecological and regenerative farming practices.

- Development of a National Nutrition Strategy – we recommend the development of a contemporary framework, which integrates current and new guidelines and programs, including the Australian Dietary Guidelines (under review), Nutrient Reference Values, food labelling initiatives (including the Health Star Rating system), with relevant taxes, laws and monitoring systems. This will address the cost and prevalence of diet-related chronic diseases, the nutritional needs of vulnerable and disadvantaged Australians and improve food and nutrition security, sustainability, social equity and productivity.<sup>27</sup>
- Trade agreements influence food environments<sup>28</sup> and we recommend that the Australian Government review and consider the inclusion of ultra-processed food and industrial ingredients in future global free trade agreements, including:
  - Focused ultra-processed food and industrial ingredient import volumes
  - Actual and bound tariff rates for ultra-processed foods and industrial ingredients
  - Tariff-rate quotas for ultra-processed foods and industrial ingredients
  - Tariff differential (if any) between whole foods (minimally processed grains, whole plant foods) and ultra-processed foods, industrial ingredients
  - Anti-dumping and countervailing measures for ultra-processed foods and industrial ingredients
- Increase federal agricultural subsidies to whole fruit and vegetable producers. Evidence suggests that there could potentially be large health benefits for the Australian population and large benefits in reducing health sector spending on the treatment of non-communicable diseases as a result.<sup>29</sup>
- Strengthen capacity of FSANZ to action priority 2 ‘Supporting the public health objectives to reduce chronic disease related to overweight and obesity’ and the objectives of FSANZ according to FSANZ Act 1991 s18(1)(a-c) as part of the Modernisation of the Food Regulation System project.<sup>30, 31</sup>

### STRATEGY 1.3

Dietitians Australia strongly supports this strategy. We recommend that ‘explore’ be replaced with ‘**implement**’ in the strategy title to reflect that there is now sufficient international and Australian based evidence for the implementation of economic measures to curb intake of unhealthy foods and drinks.<sup>24, 29, 32-34</sup> It is also important that the focus is on reducing the affordability and consumption of unhealthy food and drinks and not just shifting purchases towards healthier food and drink options and making them more affordable.

In remote Aboriginal communities there is evidence and active examples of economic and marketing measures in place to shift consumers towards healthier food and drink purchases, including Healthy Stores 2020 policy actions,<sup>35</sup> \$1 dollar water initiatives and across store fruit and vegetable subsidisation.<sup>36</sup> There is not full support or evidence for all economic measures put forward by the House Standing Committee on Indigenous Affairs Inquiry into Food Pricing and Food Security in Remote Indigenous Communities. Unregulated increased store competition within remote communities has the potential to increase access to unhealthy food and drinks and drive down prices for undesirable food options at the expense of lower prices for fruits and vegetables.

Dietitians Australia recommends the addition of the following actions to this strategy:

- A health levy on sugary drinks to increase price by at least 20% should be specifically included as an additional action.<sup>23, 24</sup>

- Regulation of grocery pricing in regional and remote Australia to reduce the cost of fruit and vegetables and increase the cost of unhealthy food and drinks to support healthy eating.
- Restrict temporary price reductions (eg half-price, multi-buys) on unhealthy food and drink products.<sup>37, 38</sup>
- Align with the priority areas of focus identified in the National Alcohol Strategy 2019-2028,<sup>39</sup> including increasing the price and reducing availability of alcohol. Evidence shows that increasing the price of alcohol is likely to deliver the greatest benefits for obesity prevention in Australia.<sup>40</sup>

In relation to the examples of actions listed in strategy 1.3 we note the following:

- We explicitly support retaining the GST exemption on healthy foods as noted in the examples of actions. The economic, social and environmental payback to invest to lift Australia's low vegetable consumption is compelling. There is a strong evidence base for sustained, collaborative effort:
  - A 10% increase in vegetable consumption would reduce annual health expenditure in Australia on certain cancers and cardiovascular diseases alone by \$100 million.<sup>5</sup> That is, 10% of national average 2.5 serves = .25 serve or 18.75g of vegetables
- We suggest strengthening wording around a sugary drinks health levy to '**implement**' rather than 'investigate' policy approaches. Policy options in this space are already very clear. We also suggest removing the words 'while minimising impacts on disadvantaged Australians' - evidence suggests the benefits are stronger for disadvantaged Australians (for taxes on both sugary drinks and unhealthy food).<sup>24</sup>

#### STRATEGY 1.4

Unhealthy food and drinks make up a disproportionate amount of the Australian diet.<sup>12, 41</sup>

Reformulation can be used as a tool to reduce the negative impact of processed food on our health. While efforts to reduce nutrients of concern in processed foods are necessary and have the potential to confer health benefits, they will also be insufficient to improve dietary health if overall dietary patterns remain high in unhealthy food and drinks, particularly ultra-processed foods. This is because epidemiological and experimental studies indicate that an ultra-processed diet may increase risks for obesity and related diseases in ways that extend beyond the nutritional composition of the foods consumed.<sup>12, 14</sup>

We support mandatory reformulation and compositional limits to improve the nutrient profile and serving size of processed foods.

We recognise that industry engagement in reformulation programs is important, but voluntary and industry-led programs have been shown on numerous occasions to be ineffective in achieving public health benefits.<sup>42</sup> It is now time that Australia adopted a mandatory approach.

Dietitians Australia does **not** support the following example actions included in the draft NOPS:

- Working in partnership with industry on reformulation targets, where engagement and implementation is voluntary. Industry should be consulted along with other stakeholders such as public health and consumers but should not have a greater influence nor the final decision-making power.
- Improving the nutrient profile of unhealthy food and drinks through using vegetables, legumes or wholegrain cereals in food service and retail settings. If these foods remain ultra-processed this effort is likely of limited utility to population health. Australians need to eat more of these foods from whole, and minimally processed food sources.

We support the following existing actions, with some amendments:

- Work with the food regulation system to set compositional limits for nutrients of concern (added sugar, salt, saturated fat and trans fat) that can be used in certain processed foods and drinks. In the area of salt reduction, these limits could draw on recent publication by the World Health Organisation of global sodium targets for a wide range of categories.
- Regulation to set maximum serving sizes of unhealthy food and drinks in food service and retail settings, particularly items marketed as for children.

Dietitians Australia recommends addition of the following actions to this strategy:

- Regulation to set compositional limits for added sugar in packaged infant and toddler foods and for sodium in toddler foods.
- Development of a target to reduce ultra-processed foods as a proportion of the food supply as part of efforts to improve the nutritional quality of diets alongside reformulation efforts.

#### STRATEGY 1.5

A key barrier to healthy eating patterns is the overrepresentation of unhealthy food and drinks on supermarket shelves, and the misleading marketing of these products as healthy options on product labels. It is essential that food and drink labelling accurately represents the healthiness of products. Accurate and transparent information on food labels is important in facilitating informed consumer choice. It also has potential to incentivize manufacturers to improve the formulation of their products and/or discontinue less healthy offerings.

The information and example actions under Strategy 1.5 currently reference nutrition information specifically. We believe it is important to extend information on healthiness of products beyond the current focus on specific nutrients to include information on the level of processing of foods. There is evidence that nutrient profile alone is not a satisfactory estimate of the 'healthiness' of foods and that ultra-processing is implicated in contributing to obesity.<sup>12, 14, 43</sup> We anticipate that evidence in this area will be reviewed and incorporated into the updated Australian Dietary Guidelines.

Accessibility and availability of healthy food and drinks are core components of food security, which is an ongoing issue in regional and remote Australia, and a growing issue across the country in the midst of the COVID-19 pandemic.<sup>44-46</sup> Ensuring food security for all people in Australia is essential for health promotion and obesity prevention, and to meet Australia's international obligation to Sustainable Development Goal 2.<sup>47</sup>

Dietitians Australia supports the following existing actions, with some amendments as follows:

- We support the actions related to implementing advisory labels for unhealthy food and drinks. We also suggest that beyond ingredients or nutrients, new health evidence shows that the degree of processing of the food could also be used as a basis for requiring an advisory label, for example on ultra-processed foods.
- We support the increased prominence, promotion and availability of healthy food and drinks in food retail, however this must be strengthened also to include reducing the prominence, promotion and availability of unhealthy food and drinks in food retail. This can encompass measures including limiting the placement of unhealthy food and drinks in supermarkets (at checkouts, ends of aisles, etc) and limits on price promotions (for example, large signs and displays highlighting discounts on unhealthy food and drinks), as well as removing shelf-space allocation differences between socioeconomic areas. This action should be amended to reflect that it must be government-led and mandatory. This should be extended to include reducing the prominence, promotion and availability of unhealthy food and drinks in food retail.



- We support consistent national menu labelling regulation.

Dietitians Australia recommends the following actions be added to Strategy 1.5:

- Mandatory adoption of the Health Star Rating, and continued commitment to further review of the Health Star Rating algorithm to ensure it remains up to date with evolving nutrition science, including consideration of degree of processing in scoring foods.
- Strengthen regulation of nutrition content claims and health claims on food to extend nutrient profiling to products carrying nutrition content claims and replace industry self-substantiation and notification processes with an independent review process. Alcoholic products should also be prohibited from carrying any nutrition content claims.
- Review and update the Nutrient Profiling Scoring Criteria (used to assess eligibility of products to display nutrition content and health claims) to consider level of processing.
- Regulation of infant formula and toddler milk marketing.
- Regulation for labelling and promotion of infant and toddler foods.

#### STRATEGY 1.6

Dietitians Australia strongly supports a strategy to protect children from unhealthy food marketing. The strategy and recommended actions must focus on government regulation to protect children from unhealthy food marketing in all areas of their lives. Industry codes in Australia have been shown on numerous occasions to be ineffective in achieving public health benefits. Government regulation at a federal level is needed, with an independent monitoring system and strong sanctions for breaches.

The following key actions must be included to implement this strategy effectively:

- Protect children from digital marketing by restricting all digital marketing of unhealthy food. User controls will not be effective.
- Ensure public spaces and events are free from unhealthy food marketing, including public transport, public outdoor spaces, education, healthcare, sporting and recreation facilities, cultural institutions and sporting and other events (including sponsorship).
- Introduce time-based restrictions for television, radio, cinema (including online/digital services) from 6am to 9:30pm.
- Prevent unhealthy food companies targeting children, including through sending or displaying marketing directly to children, using techniques or features that appeal to children (prizes, games, characters etc, including on product packaging), or marketing in places or media that are primarily for children.

We strongly support the introduction of restrictions on temporary price reductions and promotions, and this should be extended to capture the placement of unhealthy food (such as at checkouts, ends of aisles, etc) and price promotions (for example, large signs and displays highlighting discounted unhealthy foods) within retail environments and equivalent online.<sup>37, 38</sup> We also support regulation to stop companies targeting particular individuals or population groups with more unhealthy food marketing.

We support some of the current example actions, subject to the following changes/comments:

- The first action should be amended to say: 'Introduce government regulation to restrict unhealthy food and drink advertising during peak television viewing times for children by introducing a time-based restriction from 6am to 9:30pm.'



- The second action should be amended to say: ‘Restrict unhealthy food and drink marketing in public places and at public events, including on public transport and at sporting and other major events.’ The current framing of reducing prominence and visibility is not strong enough.

We note there is an action under the ‘adults’ section that is framed around reducing unhealthy food marketing on publicly-owned or managed settings and promoting healthy lifestyles instead. We do not support that action, as marketing must be restricted, not reduced. Promoting healthy lifestyles is important but the priority should be removing unhealthy food marketing. Similarly, we do not support the action to ‘reduce unhealthy food and drink sponsorship and marketing at sport and major community events’ -- this **marketing must be restricted, not just reduced**.

- The third action should be amended to say: ‘Restrict marketing and promotional activity that use any feature or technique that is likely to appeal to children, including toys, games, characters and prices’. This must include brand marketing and apply to product packaging and promotional activity, as well as other forms of marketing.
- The fourth action around marketing of breastmilk substitutes should be strengthened to refer to implementing regulation, instead of policies. We note the National Breastfeeding Strategy’s recommendation to ‘review regulatory arrangements for restricting the marketing of breastmilk substitutes’.<sup>48</sup>
- We do not support the introduction of user controls or parental controls to limit exposure to digital marketing of unhealthy food. This is not likely to be effective. Instead, what is needed is to restrict all digital marketing of unhealthy food.

#### STRATEGY 1.7

Dietitians Australia recommends that this strategy be reframed to reflect that active transport networks, recreation/sport infrastructure and natural environments are in fact all ‘spaces’. This strategy should also enable the creation of conditions to facilitate active transport and the design of communities to ensure activities of daily living (eg shopping) are within walkable/cyclable distances.

#### STRATEGY 1.8

Dietitians Australia recommends that caution be used when exploring the use of fiscal policies to reduce driving. Families experiencing low income may be inadvertently disadvantaged in forcing them to make choices between paying for transport and paying for essential items such as healthy food options.

#### STRATEGIES 1.7-1.9

Dietitians Australia recommends that these strategies reflect key agreed documents like the Global Action Plan on Physical Activity and the Heart Foundation Blueprint for an Active Australia.<sup>49, 50</sup> These documents provide specific and actionable strategies that have already been committed to and are well aligned with the objectives of the NOPS.

#### STRATEGY 1.10

There is strong evidence around the health and economic benefit of early intervention, particularly the first 2000 days, yet this strategy focuses almost entirely on school-aged children and predominantly on education settings.<sup>51</sup> Dietitians Australia recommends that evidence on the first 2000 days is incorporated, and actions are added to support this.

The following key actions must be included to implement this strategy effectively:

- Implementation of evidence-based programs for families and early childhood education and care (ECEC) settings to promote healthy eating (including breastfeeding) and physical activity from the start of life
- Training of ECEC and maternal and child health workforce
- Regulations to ensure ECEC settings provide healthy and sustainable food and physical activity environments
  - This should include a *minimum* of 20 minutes seated lunchtime – (referring to the amount of time a child can spend eating after sitting down with their meal)<sup>52</sup>
  - Ensuring the provision of freely accessible fresh, clean drinking water

We strongly support the action to ‘establish whole-of-school/facility policies and practices to support healthy behaviours and skills (for example, incorporating movement across the day, healthy school canteens and childcare menus, healthy fundraising)’. This must be government-led and implemented through mandatory government policy or regulation, and effectively monitored and enforced.

#### STRATEGY 1.11

Dietitians Australia supports this strategy and its example actions, however to have the most impact these measures must be government-led so that workplaces are resourced and supported to take action which is monitored and evaluated.

#### STRATEGY 1.12

Dietitians Australia supports this strategy, however we recommend it be strengthened to clearly include the reduction of unhealthy food and drinks as well as increasing availability of healthy food and drinks. As the NOPS notes, most respondents to the 2019 community consultation survey wanted to reduce exposure of unhealthy options in the community.

We also recommend the strategy be strengthened to clarify that these organisations must be required to reduce the availability and promotion of unhealthy food and drinks through mandatory government policy or regulation, and not only through voluntary measures.

### 19. Are there any Strategies missing in Ambition 1?

Whilst Dietitians Australia supports all strategies under Ambition 1, they fail to specifically call out the need to reduce the availability, affordability and consumption of unhealthy food and drinks. Both an increase in healthy food consumption **and** a decrease in unhealthy food consumption are needed for the draft NOPS objections and ambitions to be met.

## Ambition 2

### 20. Ambition 2 Strategies are outlined on pages 29-36 of the draft. Do you agree with the Strategies in Ambition 2?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Strategy 2.1 Improve people’s knowledge, skills and confidence.	x					

Strategy 2.2 Use sustained social marketing.	x					
Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.	x					
Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.	x					
Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.	x					
Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.	x					
Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.	x					

Dietitians Australia strongly supports all strategies under Ambition 2. Comments and further recommendations related to each strategy follow. Under all strategies, we recommend using the term ‘**recommended actions**’ rather than ‘example actions’.

#### STRATEGY 2.1

Dietitians Australia supports the existing actions for this strategy. We strongly support the regular updating of the Australian Dietary Guidelines (ADGs), and that this process be completed free from vested interests. The ADGs must be reviewed regularly to ensure they reflect the most current evidence on healthy eating patterns. The current review of the ADGs must consider and incorporate the emerging evidence on the role that level of processing plays in the influence of food on health.

The ADGs review should include consideration of new evidence in:

- Environmental sustainability
- Ultra-processed foods
- Equity and food security
- Food environments
- Food culture
- Added sugars
- Non-nutritive sweeteners
- Fruit juice
- Alcohol
- Dairy foods – low fat versus full fat
- Wholegrains, not just ‘cereals’

Dietitians Australia recommends the following actions be added to Strategy 2.1:

- Continued investment in children’s food and nutrition education with inclusion of healthy eating, cooking and food preparation skills within school curricula should be a priority.

- Support physical literacy. This should ensure provision of physical literacy programs for children commencing in the early childhood period and continuing throughout the school years, as well as continued support for physical literacy throughout life. These should align with Sport Australia's Physical Literacy Statement and Framework.<sup>53</sup>

It is important that strategies, approaches and programs used to change people's knowledge, skills and confidence are evidence-based and can be scaled up and sustainable within existing service delivery systems. Criteria should be developed to define 'evidence-based scalable and sustainable' programs/strategies and these should be prioritised for implementation. Development of a database of evidence-based scalable and sustainable programs/strategies should be made available for public health agencies, communities and services. The National Cancer Institute in the US has created a database like this which could be used as an example.<sup>54</sup>

#### STRATEGY 2.2

Dietitians Australia strongly supports the development of comprehensive, effective, sustained social marketing campaigns to raise awareness and educate the community as essential to support behaviour change. These campaigns should be well funded by governments to support sustained, comprehensive implementation and should be based on robust evaluation frameworks to evaluate campaign messaging and impact. We recommend that the strategy be amended to reflect the capacity of social marketing campaigns to support and shift behaviour change, as well as facilitate and increase public support for changes made to the environment, such as food labelling reform.

#### STRATEGY 2.3

While this strategy recognises the benefits of investing in early intervention and there is an increased government acknowledgement of the importance of the early years, such as the policy focus on the first 1000 days, in practice, government funding has not shifted towards greater investment in prevention and early intervention.

Enabling access to primary health care and community-based practitioners will remain an unfulfilled ambition without dedicated and sustained investment in integrated early childhood services that improve access to child and allied health care, early childhood education and social care. Design and delivery of these evidence-based programs should ensure equitable service provision based on the principle of proportionate universalism. This is critical. While the prevalence of childhood obesity appears to have plateaued in the past decade or more, this has not occurred in those experiencing social disadvantage. Existing programs may be relatively ineffective for priority population groups.

Establishment of additional multidisciplinary services, improved training for healthcare professionals and monitoring of the provision of evidence-based care are particularly urgent as a recent audit has demonstrated that despite a small increase in the number of multidisciplinary paediatric weight management services in Australia, current services are inadequate to address the issue of paediatric obesity, especially severe obesity. Services have waitlists of up to 12 months and multidisciplinary services are lacking in rural or remote communities.<sup>55</sup>

#### STRATEGY 2.7

Dietitians Australia strongly supports this strategy to reduce the structural and social barriers that create inequities in health and weight. Addressing these barriers through structural interventions or interventions to change people's daily living conditions are fundamental to prevent obesity across the socioeconomic gradient and for those experiencing social and/or economic deprivation.

A 2019 evidence review that informed the development of the NOPS highlighted key social determinants of health that are associated with healthy weight, including socioeconomic status, support during the early years of life, access to green space and paths, working conditions and social

participation.<sup>56</sup> The evidence review identified many effective interventions that influence the structural environment, daily living conditions and community and school settings, which can improve physical activity and weight related outcomes, stating: ‘Evidence exists to support interventions that target improvements to welfare, education, early childhood development, transport access, community infrastructure, and community engagement.’

We strongly support the adoption of actions to address those key areas, in addition to the existing action related to affordable housing. Actions should include:

#### *EDUCATION SUPPORT*

- Support for preschool, primary and secondary schools to provide a healthy food environment for students and ensure that students receive practical education in food literacy.<sup>57</sup>
- Increasing length of time in school.
- Creating comprehensive early childhood education initiatives, including by providing long-term, sustainable funding for universal access to two years of early childhood education and care (ECEC) and scaling up of evidence-based integrated models of ECEC. Integrated ECEC models provide a soft entry point to early intervention and needed services, and reduce stigma.

#### *COMMUNITY SUPPORT*

- Providing holistic school programs and parenting skills programs. These should focus on supporting parental, child and adolescent mental and physical health by implementing and/or scaling up evidence-based home visiting and pre- and postnatal support programs for priority population families and equivalent programs available to families of older children in ECECs, schools and other community settings.
- Strategies to promote community engagement and inclusivity to support social participation. These actions need to be designed, implemented and evaluated collaboratively with communities and their leadership to ensure they are culturally centred and meet community needs.
- Improving provision of and access to public transport.

#### *GOVERNMENT*

- Improving the provision of food and rent subsidy programs.
- Adjusting minimum wage levels and the social protection floor according to regularly costed healthy foods and diets.
- Introducing a health and wellbeing principle as part of local government decision-making when considering land use planning and zoning permissions.
- Governments acknowledging, legitimising and supporting Aboriginal and Torres Strait Islander peoples, in policy, legislation and programs that support autonomy and self-determination.
- Protections for vulnerable remote and regional communities, including:
  - Adjustment of social security payments and remote area allowances
  - Energy security initiatives

- Strengthening of the Australian Drinking Water Guidelines and State and Territory legislation for drinking water quality to ensure sufficient access to high quality, palatable drinking water.
- Taxation policy focused on reducing income inequality.

## 21. Are there any Strategies missing in Ambition 2?

The strategies under Ambition 2 are all important, however, unless they are implemented along-side strategies in Ambition 1 they will have limited effect and will widen inequities.

## Ambition 3

### 22. Ambition 3 Strategies are outlined on pages 37-41 of the draft. Do you agree with the Strategies in Ambition 3?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not relevant to me
Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.	x					
Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.	x					
Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.	x					
Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.	x					

Dietitians Australia strongly supports all strategies under Ambition 3. Comments and further recommendations related to each strategy follow. Under all strategies, we recommend using the term **‘recommended actions’** rather than ‘example actions’.

#### STRATEGY 3.1

Dietitians Australia strongly recommends this strategy be aligned with other strategies relating to the delivery of primary care, such as the draft Primary Health Care 10 Year Plan to address the specific barriers to accessing health care in rural and remote communities. Dietitians Australia supports the Rural Area Community Controlled Health Organisation (RACCHO) model of care proposed by the National Rural Health Alliance.<sup>58</sup> We recommend the addition of the following action to this strategy:

- Fund the development of alternative models of care that address local health care needs, especially in rural and remote communities. For example, the Rural Area Community Controlled Health Organisation (RACCHO) model.

A whole-of-health approach is the standard for other diseases and health conditions, including mental health and eating disorders; nothing less is required for obesity. An evidence-based and person-centred framework for obesity prevention, management and treatment will allow healthcare services and healthcare professionals to fulfil their functions effectively.

While it is appropriate to focus the current strategy on prevention, early intervention and primary care, the strategy must be clear in not perpetuating false dichotomies between prevention and treatment that already undermine the delivery of health and support services to Australians in obesity care and beyond. The forthcoming treatment strategy will need to build on and be aligned with this prevention-focused document, with an implementation plan backed by sustained funding commitments.

Updating the National Clinical Guidelines is a critical step to support an integrated approach to obesity across the health system. Dietitians Australia strongly recommends that the government engages with our association and Accredited Practising Dietitians working in weight management (including both weight-focused and weight neutral approaches) in the review and development of clinical guidelines.

### STRATEGY 3.2

Dietitians Australia supports this strategy to enable assessment and management of risk factors especially given many Australians are unaware they are living with a high risk of chronic disease. Much disease burden could be prevented by reducing and managing risk factors, including overweight and obesity, unhealthy diets, and physical inactivity through primary care, community programs and referrals to allied health professionals like dietitians.

Embedding prevention in the health system requires funding reform to support health professionals to assess and manage risk proactively. Evidence-based risk assessment tools, adequate training and strong referral pathways to risk management programs and allied health professionals, including dietitians, are also needed.

The strategy must prioritise person-centric, transdisciplinary, integrated and effective models of care for children and adults at risk of and living with overweight and obesity. Since no single approach to weight management will work for all, a suite of evidence-based, targeted, stepped-approach options to treat and support people with overweight and obesity must be made available.

Multidisciplinary management interventions led by teams spanning primary care, obstetrics, paediatrics, specialists, nursing, midwifery, nutrition and dietetics, psychology, and others should be designed and funded to work together to support integrated, effective and cost-effective models of care.

Models of care and treatment pathways for people with overweight and obesity must consider opinions of Australians with lived experience of these conditions, including their experience of weight stigma, to ensure that all care is person-centred, appropriate and implementable.

We support the existing actions and recommend the inclusion of the following additional actions:

- Introduce specific item numbers under the Medicare Benefits Schedule for risk factors for chronic disease including overweight and obesity. This should include cover for both physical and psychological support.
- Increase the availability and intensity of services and referral pathways for population groups experiencing higher levels of overweight and obesity.
- Increase the availability and intensity of multidisciplinary paediatric weight management services, including in rural and remote communities.
- Specialised referral and management pathways such as these for children and adults with impaired glucose tolerance and type 2 diabetes should also be considered.



### STRATEGY 3.3

Dietitians Australia supports efforts to reduce stigma and weight bias across the health care system, as well as across the entire community. It remains commonplace for people in the community and those working in healthcare to hold strongly negative views about people living with obesity which impacts on people's perceptions, judgment, behaviour and decision-making.<sup>59, 60</sup> The use of Body Mass Index does not always capture all the complexities of obesity. It can be used to stereotype and stigmatise people and it ignores cultural and socioeconomic contexts. Beyond the physical ailments are a variety of psychological, emotional, and social issues which are associated with being overweight or obese. Weight stigma and bias also intersect with other stigma and bias encountered in the healthcare system and society, particularly for people with disability, First Nations people, and culturally and linguistically diverse people. We agree that stigma can prevent people from seeking health care and it can impact on the quality of care that they receive.<sup>60</sup>

Dietitians Australia recommends the following actions be added to this strategy:

- Educating all health care practitioners on the genetic, environmental, biological, psychological and social contributors to weight gain and loss which has been shown to improve practitioners' attitudes about people with obesity. Education should include examination of the detrimental effects of weight stigma in health care.<sup>60, 61</sup>
- Training all health care practitioners to use respectful language, diversity and zero-tolerance for weight discrimination in clinical settings; and training practitioners to use communication that is person-centred and condition-focused rather than weight-focused.<sup>61</sup>
- Incorporating competency assessments for all health care practitioners to demonstrate stigma-free practice competency.<sup>62</sup>
- Incorporating appropriate infrastructure for the care and management of people with obesity into all health care facilities.<sup>62</sup>

### 23. Are there any Strategies missing in Ambition 3?

Dietitians Australia strongly supports all strategies under Ambition 3 which all contribute to the prevention of overweight and obesity. We also support the need for primary care to shift towards prevention, risk assessment & management of risk to help people stay well for longer (and potentially halt and reverse progression). However, unless these strategies are implemented alongside strategies in Ambition 1, they will have limited effect and widen inequities.

### 24. What do you think are the 5 most important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity?

Strategy	Selection
Strategy 1.1 Build a healthier and more resilient food system.	x
Strategy 1.2 Make sustainable healthy food and drinks more locally available.	x
Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options.	x
Strategy 1.4 Make processed food and drinks healthier by supporting reformulation.	
Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers.	x
Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children.	x

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.	
Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers.	
Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry.	
Strategy 1.10 Enable school and early childhood education and care settings to better support children and young people to build a positive lifelong relationship with healthy eating and physical activity.	
Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers.	
Strategy 1.12 Enable government agencies, care facilities, tertiary and training institutions, sporting and recreation facilities, and community organisations to lead the way by supporting breastfeeding, providing access to healthy food and drinks, and encouraging more physical activity.	
Strategy 2.1 Improve people’s knowledge, skills and confidence.	
Strategy 2.2 Use sustained social marketing.	
Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents.	
Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.	
Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives.	
Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations.	
Strategy 2.7 Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce the structural and social barriers.	x
Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home.	
Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual.	
Strategy 3.3 Support health, social and other care services to enable positive discussion about weight.	
Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity.	

We have selected six strategies in our top 5. This is to reflect that we recommend that strategies 1.1 and 1.2 are combined (see our response to question 18) and both need to be selected to show this combined strategy is in our top 5.

The NOPS must prioritise the implementation and funding of those strategies and actions that are supported by the strongest evidence base. Those strategies and actions will have the most significant impact on reducing overweight and obesity and improving dietary patterns and health across the population. We know that the strategies and actions that will have the most significant impact are those that will create environment and systems change, addressing the food, physical and health environments to influence meaningful change. Strategies must also address social and commercial determinants of health. This is supported by the evidence review completed in 2019 to inform the

development of the NOPS. It is also clear that interventions that change the environment are likely to have a positive impact on equity.

Although we strongly support a focus on policy and regulation to change the food system as the key priority of this strategy, we consider that all the included strategies have an important role to play as part of a comprehensive set of interventions and should remain in the final strategy. We do not recommend the removal of any strategy.

## Making it happen

### 25. Part 4 Making it happen is outlined on pages 45-46 of the draft. Do you have any comments on Part 4 Making it happen?

Dietitians Australia is concerned that the model of flexible implementation as outlined does not present a committed pathway to ensure the strategy is fully implemented at a national level. While we support the ability of governments to tailor implementation to the local context and to build on policies in place or under development, this must be done under a collaborative national approach to implementation that establishes agreed actions and commitments to timely implementation that will lead to significant change at a population level.

A collaborative national approach to implementation should involve:

- A **national governance committee** - established to oversee the implementation of the strategy (the Committee). The Committee must have representation from the Commonwealth and each State and Territory government and be led by Health Ministers to reflect the breadth of the ambitions of the NOPS.
- A **national implementation plan** to be put together by the Committee, in consultation with key stakeholder groups, and signed onto by each jurisdiction within 6 months of the strategy's release. The implementation plan must include:
  - Agreed evidence-based **actions** for each strategy, with responsibility for each action assigned to either federal or state and territory governments or both, as appropriate
  - A **timeline** for implementation and reporting, with the strategy's 10-year timeframe divided into blocks at 3, 6 and 9 years
  - A **funding** plan that identifies committed, ongoing and adequate funding from all governments. Funding commitments from each level of government need to be identified for each strategy, action and for monitoring and evaluation
- A **monitoring and evaluation** framework, requiring regular reporting on implementation and outcomes from each jurisdiction and an independent evaluation of impact.
- A process **free from conflicts of interest**. We recommend that the World Health Organization principles of safeguarding actual, perceived and potential conflicts of interests should be used across all aspects of the NOPS.<sup>20</sup> Similar principles about the need for good governance in health policymaking are also reflected in the NHMRC Guidelines for Guidelines that provide steps to both declare and manage conflicts of interest in health policymaking in Australia.<sup>21</sup>

The strategy must also aim to work with communities, particularly Aboriginal and Torres Strait Islander and other CALD communities, to ensure successful implementation of the strategies, ambitions and actions. The NOPS must include measures to ensure it is meeting the Closing The Gap priority reforms working with communities, including sharing relevant data and information to set and monitor the implementation of efforts.

## 26. Do you have any additional comments on the draft Strategy?

Dietitians Australia makes the following additional recommendations:

- The Strategy must align with the National Preventive Health Strategy as far as possible and must represent a position that is at least equal to, or stronger than, the actions, targets, outcomes and funding mechanisms set out in the National Preventive Health Strategy. These two important strategies must complement and support each other and work together.
- The Strategy and the implementation plan must prioritise those strategies and actions that are supported by the strongest evidence. Interventions recommended by the evidence review must be given priority, with a focus on systems and environment change to achieve significant change at a population level, as well as actions to address social determinants of health and reduce health inequity.
- The strategy overall is focused on increasing availability and consumption of healthy food, with limited focus on reducing availability and consumption of unhealthy food. The strategy must be refocused to give equal or greater priority to reducing availability and consumption of unhealthy food. Both are important and although related, should be distinct goals.
- The definition of unhealthy food should be broader than the current National Obesity Prevention Strategy definition linked to the ‘discretionary food’ definition in the Australian Dietary Guidelines. The Australian Dietary Guidelines are currently under review, and we expect that review to consider and incorporate the emerging evidence on the role that level of processing plays in the influence of food on health, particularly overweight and obesity. Outcomes, targets, strategies and actions should be considered in terms of their application to ultra-processed foods.
- The language throughout the strategy should be strengthened, including a change from ‘example actions’ to ‘recommended actions’. Many strategies and actions use language that do not indicate an intention or commitment to act, including words such as ‘explore’ or ‘investigate’. This wording should be strengthened to ‘implement’ or similar. This is particularly the case where the strategy or action is already supported by a significant evidence base.
- Physical health and mental health are interrelated, however, the strategy fails to mention mental health as an important consideration. Depression, anxiety, severe mental illness can all impact on a person’s eating behaviour, food preferences and intake, and access to food, and can lead to poor health outcomes including unhealthy weight gain or weight loss if left unchecked. Chronic diseases like heart disease, diabetes and cancer (for which overweight and obesity are risk factors) are commonly associated with mental illness, and vice versa.<sup>63</sup>
- The strategy should include measures to mitigate unintended health consequences of public health policies and programs, like the potential for triggering or exacerbating disordered eating behaviours or eating disorders.

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