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## **AMA submission to Department of Health consultation on the draft *National Obesity Prevention Strategy 2022-2032***

### **Via consultation hub**

#### ***Do you agree with the overall approach of the Strategy?***

***Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me***

The Australian Medical Association (AMA) agrees with the overall approach of the draft Strategy and is supportive of it as a vital tool to address overweight and obesity. In principle, the draft Strategy presents an accurate understanding of the problem of obesity in Australia, including its health impacts and underlying drivers. In particular, the AMA appreciates the clear acknowledgement in the draft of the influence of healthy (and unhealthy) environments, and the social determinants of health. The draft appropriately reflects the consensus among many public health groups that although addressing individual behaviours is a necessary part of obesity prevention, wide scale societal, cultural and commercial changes are needed for prevention to be truly effective.

However, the AMA is concerned that the draft Strategy will have limited impact on obesity rates in Australia without specific and evidence-based actions for each sub-strategy. Being a multi-government Strategy, clarity is also needed on the responsibilities of each government, including who will implement what, how, and by when. Full AMA support for this Strategy is contingent on the Strategy being complemented with a detailed implementation plan within 6 months of the Strategy's finalisation. An implementation plan should outline a suite of targets aligning with the National Preventive Health Strategy; the development of a national governance committee to oversee the Strategy's implementation; specific actions for each sub-Strategy with the responsible entity assigned; a funding plan that sets out ongoing funding from all governments; a monitoring and evaluation framework; and a framework to protect against conflicts of interest.

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

***Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me***

The AMA agrees that the current title appropriately conveys the content of the draft Strategy. The AMA is pleased to note the inclusion of primary care and early intervention as important aspects of a spectrum of prevention, with General Practitioners (GPs) playing a vital role in helping patients to adopt healthy behaviours and avoid preventable complications.

As noted in our correspondence with Minister Hunt in August 2021, the AMA strongly supports the completion of further work on an obesity management and treatment strategy. Although prevention is a necessary focus of policy in the first instance, addressing obesity management and treatment must also be considered as a matter of urgency. The reality is that two thirds of Australian adults are already above a healthy weight, and policies improving access to, and availability of patient-centred, evidence-based management and treatment programs are essential. The AMA looks forward to contributing to a further consultation process regarding this.

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

Equity - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Sustainable Development - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

The AMA is strongly supportive of each of the overarching principles for the draft Strategy.

Equity must be a central principle for any preventive health policy, including those relating to overweight and obesity. These are health conditions that affect Australians disproportionately, with some communities and individuals at significantly higher risk. As outlined in the AMA's Position Statement [\*Obesity – 2016\*](#), the elderly, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people, and people with certain disabilities are all at a higher risk of obesity when compared to the general Australian population. In addition, as acknowledged in the draft Strategy, economic barriers make healthy choices difficult for many Australians. While efforts to shift individual behaviour and increase awareness are needed, the Strategy must prioritise actions that address the fundamental causes of ill-health – including changes to the food environment, socio-economic inequality, insecure work, and discrepancies in living conditions. Successful prevention relies on programs and interventions being targeted and culturally appropriate, acknowledging that approaches and funding will necessarily differ between communities to achieve optimal results.

Sustainable development is another suitable principle to guide a National Obesity Prevention Strategy. The AMA appreciates the strong connections between health, social equity, environmental protection and economic growth, and the need for these to be considered in policy setting processes and program planning. In particular, the health impacts of climate change are of growing concern to medical professionals, and consideration of environmental factors in all health policies is essential. Assessing the environmental impacts of the actions under this Strategy, as well as measuring and acknowledging the obesity prevention benefits of environmental policies, are important ways to ensure that sustainable development is truly an underlying principle of the Strategy. The AMA would like to see a clearer commitment to aligning actions with the 17 Sustainable Development Goals throughout the Strategy.

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

**Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

The AMA is supportive of the proposed Vision in the draft Strategy.

***The Strategy includes a Target outlined on page 12 of the draft. Do you agree with the Target?***  
*Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me*

The AMA is supportive of the addition of a measurable target to the Strategy, but considers that a single target is insufficient to successfully guide the implementation of the Strategy and encourage ambitious action across governments, sectors and communities. Measurable outcomes are needed to track progress within each of the draft Strategy's objectives, to better understand where policies and programs are having positive impacts, and where more actions are needed. Dedicated and ongoing funding in each objective area is vital to ensure that these targets are realistic and achievable.

The AMA joins with other public health stakeholders in calling for further targets in the Strategy to reflect, at a minimum, the relevant targets proposed in the draft National Preventive Health Strategy. These include:

- Upgrading the current target to reverse the rise in obesity by 2030, rather than halting the rise;
- Reduce overweight and obesity in children aged 5-17 years by 5% by 2030;
- Adults and children over 9 years maintain or increase their fruit consumption to an average of 2 serves by day by 2030;
- Adults and children over 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;
- 50% of babies are exclusively breastfed until around 4 months of age by 2030;
- Reduce the prevalence of insufficient physical activity amongst children, adolescents and adults by 15% by 2030.

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

More supportive and healthy environments - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

More people eating healthy food and drinks - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

More people being physically active - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

More resilient systems, people, and communities - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

More accessible and quality support for people - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

As outlined in our [2019 submission](#) regarding this Strategy, the AMA supports the focus of these objectives, but considers the use of the word ‘more’ to be too ambiguous for a document of this nature. The addition of clear targets under each objective, as suggested above, would add clarity to these objectives.

The objectives chosen appropriately acknowledge the multi-faceted and complex task that obesity prevention represents. Actions are needed to address nutrition and physical activity, increase access to services, and improve the systems and environments that Australians live, work, and play within.

***Are there any objectives missing?***

While the AMA supports the positive framing of the objectives, the current objectives do not explicitly address the consumption of unhealthy and ultra-processed foods, which are a significant contribution to excess energy intake and obesity. Recent Australian research has demonstrated a strong dose-response relationship between the consumption of ultra-processed foods and obesity indicators ([ref](#)). The AMA would support the addition of an objective that specifically seeks a reduction in the consumption of unhealthy processed foods, alongside an increase in healthy food consumption.

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

All Australians live, learn, work and play in supportive and healthy environments - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

All Australians are empowered and skilled to stay as healthy as they can be - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

All Australians have access to early intervention and primary health care - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

The AMA is strongly supportive of the three Ambitions.

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

Lead the way - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Better use of evidence and data - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Invest for delivery - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

The AMA is strongly supportive of the three enablers as key foundations to the delivery of a successful Strategy. For Enabler 1 ‘Lead the Way’, the AMA supports the collaboration between

the Australian and state and territory governments on the development of this Strategy, but feels that the importance of leadership from the Australian Government in particular must be emphasised to a greater extent. All governments must show leadership in this policy space by committing dedicated funding and prioritising the implementation of the Strategy. The AMA agrees with the need for co-design and delivery of Strategy actions with affected communities, especially where actions are targeted to specific groups. Local community leaders have a deep understanding of the values, barriers, and opportunities in their areas and are vital to ensure cultural safety in policy and program delivery.

For Enabler 2 ‘Better use of evidence and data’, the AMA appreciates the need for increased and sustained data collection as outlined in the draft Strategy, and particularly notes the importance of Enabler 2.5 ‘Share outcomes and lessons of effective and emerging actions’. Evaluation of the effects of programs and policies is vital for decision-makers, and to ensure that funding is allocated to programs that are achieving positive results. The Strategy’s implementation plan must outline a framework in which evaluation results are collected and shared.

From the AMA’s perspective, Enabler 3 ‘Invest for Delivery’ is the most important Enabler to facilitate the implementation of the Strategy. Without new and sustained funding from the Australian and state and territory governments, this Strategy will remain theoretical and have little impact on obesity rates in Australia. The release of the Strategy must be accompanied by a funding announcement by each government, along with associated information on timelines, responsibilities and reporting mechanisms. The AMA is [strongly supportive of](#) the ongoing prevention fund under an independent governance mechanism proposed in the draft National Preventive Health Strategy, with an aim of delivering 5% of health funding towards prevention by 2030. It is important that funding for the Obesity Prevention Strategy is considered as part of prevention funding more generally, including as part of this mechanism.

### ***Are there any Enablers missing?***

As outlined in response to Question 8, the current draft Strategy is lacking an implementation plan to guide and ‘enable’ the Strategy to be put into practice. An implementation plan should outline a suite of targets aligning with the National Preventive Health Strategy; the development of a national governance committee to oversee the Strategy’s implementation; specific actions for each sub-Strategy with the responsible entity assigned; a funding plan that sets out ongoing funding from all governments; a monitoring and evaluation framework; and a framework to protect against conflicts of interest.

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

Strategy 1.1 Build a healthier and more resilient food system - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.2 Make sustainable healthy food and drinks more locally available - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.3 Explore use of economic tools to shift consumer purchases towards healthier food and drink options - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.4 Make processed food and drinks healthier by supporting reformulation - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.5 Make healthy food and drinks more available and accessible and improve nutrition information to help consumers - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.6 Reduce exposure to unhealthy food and drink marketing, promotion and sponsorship especially for children - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

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 - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.8 Grow participation in walking, cycling, public transport, active recreation and sport by minimising cost and access barriers - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.9 Build the capacity and sustainability of the sport and active recreation industry - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

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 - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 1.11 Enable workplaces to better support the health and wellbeing of their workers - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

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 - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

The AMA supports the intent and focus of the 12 sub-strategies listed under Ambition 1. As outlined in our Position Statement [Obesity – 2016](#), and our previous [submission](#) regarding this Strategy, environments, including the price and availability of food and physical surroundings, and social determinants, such as income, education, work, and housing, have a strong relationship with obesity risk. The impact of these factors mean that providing more information or education to consumers about healthy behaviours can only go so far in influencing their decisions. Creating environments that both support and encourage good health should be the focus of prevention efforts in the first instance, and the AMA considers that Ambition 1 appropriately acknowledges this, especially via sub-strategies 1.1, 1.2, 1.3, 1.7, and 1.8.

As outlined in our earlier responses, sub-strategies should be supported by additional specific, tangible and evidence-based actions. The AMA would like to see added for example:

- Under Strategy 1.1, an acknowledgement that the food system includes the food relief sector, which engages with Australians already at a higher risk of obesity, and the need to increase the availability of healthy and fresh food for Australians seeking food relief;
- Under Strategy 1.2, the identification of food deserts through town planning, embedding access to fresh food in these areas along with new residential areas, including incentives for the establishment of fresh food businesses;
- Under Strategy 1.3, a commitment to implement a content-based tax on sugar-sweetened beverages, as outlined in the AMA's research paper '[A tax on sugar-sweetened beverages: Modelled impacts on sugar consumption and government revenue](#)';
- Under Strategy 1.4, incentivising the reformulation of unhealthy products through the Health Star Rating System, including consideration of mandating the HSR system on all packaged foods, rather than working in partnership with industry alone to set reformulation targets,
- Under Strategy 1.7, specific actions to improve access to public transport, active travel, public open and green space in rural areas rather than in cities alone;
- Under Strategies 1.8 and 1.9, consideration of international benchmarks for physical activity policy, for example the World Health Organisation's [Global Action Plan on Physical Activity](#).

***Are there any Strategies missing in Ambition 1?***

Please see additional recommended actions above.

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

Strategy 2.1 Improve people's knowledge, skills and confidence - Strongly Agree/**Agree**/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 2.2 Use sustained social marketing - Strongly Agree/**Agree**/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents - Strongly Agree/**Agree**/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood - Strongly Agree/**Agree**/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 2.5 Engage and support local communities and organisations to develop and lead their own healthy eating and physical activity initiatives - Strongly Agree/**Agree**/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 2.6 Support targeted actions that enhances active living and healthy food and drink opportunities within priority populations - *Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me*

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 - *Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me*

The AMA is supportive of the sub-strategies listed under Ambition 2, noting that the majority of these sub-strategies relate to shifting or influencing individual behaviour and choices. These sub-strategies are important but will have little effect without the system-level change needed to address overweight and obesity in an equitable manner. The AMA is strongly supportive of Strategy 2.7 and its focus on reducing structural barriers as a result. The focus on building preventive behaviours among children and adolescents is positive, given that this has a strong influence on health in later life.

The AMA would like to see the addition of the following recommended actions:

- Under Strategy 2.2, add an action to evaluate and amend media campaigns as relevant, depending on impact, effectiveness and relevance;
- Under Strategy 2.2, ensure that mass media campaigns are delivered across a range of platforms and targeted to relevant platform demographics;
- Under Strategy 2.7, only one action is suggested to reduce structural barriers to good health, despite equity and social determinants being a focus of the Strategy overall. The AMA recommends the following recommended actions to this sub-Strategy:
  - Ensure that all individuals have access to means that support adequate standards of living, including access to a healthy diet, regardless of their participation in paid employment;
  - Improve the provision of subsidies for healthy foods;
  - Improve the provision of and access to public transport, and safe, convenient and accessible public green spaces; and
  - Implement programs to improve social participation.

### ***Are there any Strategies missing in Ambition 2?***

Please see recommended additional actions listed above.

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

Strategy 3.1 Enable access to primary health care and community-based practitioners and services in the community and at home - *Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me*

Strategy 3.2 Increase clarity and uptake of models of care and referral pathways that focus on the individual - *Strongly Agree/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me*

Strategy 3.3 Support health, social and other care services to enable positive discussion about weight - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

Strategy 3.4 Strengthen the confidence and competence of the primary health care workforce to prioritise the prevention of obesity - **Strongly Agree**/Agree/Neither agree or disagree/Disagree/Strongly Disagree/Not relevant to me

General Practitioners (GPs) are central to the primary care of, and early intervention for, people who are overweight or obese. Improving access to GP-led multidisciplinary care for weight management is the best way to ensure that primary care is coordinated, patient-centred, and useful. As outlined in our [previous submission](#) regarding this Strategy, medical practitioners are a highly trusted source of information, and advice around losing or managing weight from a medical practitioner both increases motivation to lose weight and increases engagement in weight loss behaviours.

GPs need support to provide this role effectively. Discussions about weight can be sensitive, and GPs want to maintain trusting and comfortable relationships with their patients. In addition, it can be difficult to have a comprehensive discussion about weight management during a short consult in which a patient may be presenting with multiple other health issues for consideration. Delivery of the proposed actions (along with additional actions recommended below) under Ambition 3 will support GPs to effectively engage in and prioritise obesity prevention. As mentioned in response to earlier questions, the AMA looks forward to participating in a further policy process regarding the full spectrum of obesity management and treatment in the near future.

The AMA would like to see the addition of the following recommended actions within the sub-strategies:

- Under Strategy 3.1, Address the inequity of access to GP-led primary care and early intervention by correcting the GP maldistribution through effective, sustained and professionally credible incentives for recruitment, and retention of fully credentialled and resourced GPs;
- Under Strategy 3.2, Increase access to GP Management Plans for people who are overweight or obese, to enable greater GP-led multidisciplinary care with the involvement of allied health professionals;
- Under Strategy 3.2, The development of an accessible referral resource for doctors that is regularly maintained to support referral to support services within the local community; and
- Under Strategy 3.3, Include comprehensive advice and education on sensitive discussions about weight in the NHMRC's *Clinical Guidelines for the Management of Overweight and Obesity*.

***Are there any Strategies missing in Ambition 3?***

Please see additional recommended actions above.

***What do you think are the 5 most important Strategies and the 5 least important Strategies, considering all Strategies across each of the 3 Ambitions, to address overweight and obesity? Please select 5 only in each column.***

Most important:

- Explore use of economic tools to shift consumer purchases toward healthier food and drink options
- Build a healthier and more resilient food system
- Make healthier food and drinks more available and accessible and improve nutrition information to help consumers
- Enable and empower priority populations to have the same opportunities as others by supporting relevant sectors to reduce structural and social barriers
- Increase clarity and uptake of models or care and referral pathways that focus on the individual

***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?***

There is insufficient detail provided in Part 4 ‘Making it happen’ to give the AMA confidence that the Strategy and its actions will be implemented effectively. The AMA is concerned that the terminology of ‘flexible implementation’ is not an indication of genuine commitment and accountability from all governments involved. The AMA supports the development of a structured and collaborative implementation plan, with room for governments to tailor programs and actions to their communities and contexts as relevant. As mentioned in response to earlier questions, this implementation plan should include:

- a suite of targets aligning with the National Preventive Health Strategy;
- the development of a national governance committee to oversee the Strategy’s implementation;
- specific actions for each sub-Strategy with the responsible entity assigned;
- a funding plan that sets out ongoing funding from all governments;
- a monitoring and evaluation framework; and
- a framework to protect against conflicts of interest.

***Do you have any additional comments on the draft Strategy?***

Overall, the AMA is supportive of the draft Strategy as a positive and constructive approach to addressing overweight and obesity in Australia. The acknowledgement and focus on underlying drivers of obesity, and the appreciation for the importance of supportive environments, is commendable. As referenced throughout this submission, our main concern is with the lack of clarity about how the Strategy will be implemented.

The AMA would support a strengthening in wording throughout the document to convey a clear intention from governments to follow through on the proposed activities in the Strategy, including changing “example actions” listed under each sub-strategy to “recommended actions”, and replacing words like ‘explore’ and ‘investigate’ with ‘commit to’ or ‘implement’.

The AMA would also support the inclusion of a greater level of evidence to support the proposed actions throughout the document. This will be especially important in an implementation plan, which should provide further detail on the specifics of each recommended action. Where

evidence for actions is lacking, a clear commitment to regularly evaluate and review actions is needed, in order to ensure that funding is used effectively.

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